RESEARCH SUMMARY
The Well-Being of Children Affected By HIV/AIDS in Lusaka, Zambia, and Gitarama Province, Rwanda: Findings from a Study

Introduction

In sub-Saharan Africa, an estimated 12 million children currently under the age of 18 have lost one or both parents to AIDS. Despite the recognition of the magnitude and significant consequences of this problem and increasing attention and resources devoted to these children, few evidence-based answers are available to such basic questions as "which children are in the greatest need of assistance?" and "what interventions are most effective?" Thus, donors, policymakers, and program managers have often been forced to make decisions regarding allocation of scarce resources for children affected by HIV/AIDS using little evidence about which children are most in need of assistance and what types of interventions would be most effective in helping them.

The Community REACH program is conducting an effectiveness study in two countries of selected interventions targeting orphans and children with chronically ill caregivers, ages 6–19.[1] Data were collected from intervention group households with orphans or children with a chronically ill caregiver receiving interventions (selected from project registers) and comparison group of households not receiving interventions selected using a "nearest neighbor" approach. This research is being implemented in collaboration with Community REACH grantees CARE Rwanda, Bwafwano, and Project Concern International (PCI) Zambia.

Community REACH has also produced a companion report titled "A Costing Analysis of Community Based OVC Programs: Results from Rwanda and Zambia," which provides information regarding the costs of these service delivery programs.

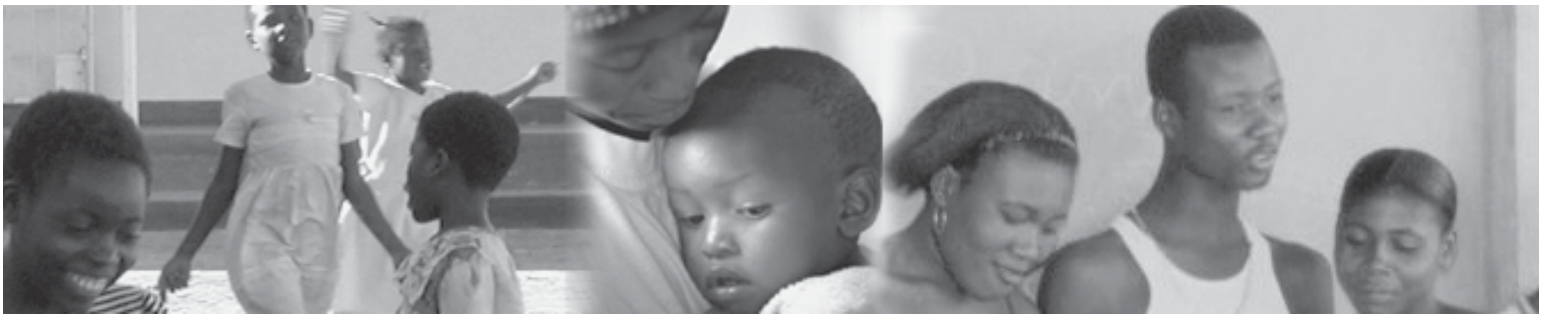
Objectives of the report

The objective of this research summary is to analyze data from the first round of data collection to compare differences in measures of educational, socioeconomic, health and nutritional, and psychological well-being among three groups of children in the comparison sample only: 1) orphans, 2) children who are not orphans but have a chronically ill caregiver, and 3) other children (non-orphans that do not have an ill caregiver).[2]

Exploring differences among these groups is critical, as programs for orphans and children with chronically ill caregivers are designed with the assumption that these groups of children are disadvantaged relative to other children.

The research questions examined in this research summary are:

- Do households with orphans and/or children ages 6–19 with a chronically ill caregiver have lower socioeconomic status than households that do not have orphans or children with a chronically ill caregiver in this age group?
- Do orphans and children ages 6–19 with a chronically ill caregiver have lower levels of educational, socioeconomic, health and nutritional, and psychological well-being as compared to other children in the same age group?



Methods

The research design used to assess the effects of the intervention is a modified quasi-experimental pre-test/post-test study design. The first round of data collection was conducted in mid-2003, and the same respondents will be interviewed in mid-2005. This report is based on analyses of data from the first round of data collection and includes only the comparison sample respondents. The primary objective of this report is to answer the question "Which children are most in need of assistance?"

The Zambia data used for the analyses in this paper included 496 primary caregivers, 504 children ages 6–12 and 563 adolescents ages 13–19. The Rwanda data used for this report included 570 primary caregivers, 656 children ages 6–12, and 402 adolescents ages 13–19. Data were cleaned and analyzed using SPSS software.

For the analyses of the education, socioeconomic, and health and nutrition data, bivariate analyses and Pearson chi-square tests were used to test associations among the groups of children and various measures of well-being. Household-level socioeconomic measures were also calculated using standard of living indices (SLI). Scales intended to measure various aspects of psychological well-being were constructed, and the reliability of these scales was assessed using the internal consistency method.

Results from Zambia and Rwanda

- *Education:* Approximately 70 percent of 6–12-year-olds in both countries was enrolled in school, but only about 50 percent of 13–19-year-olds is in school. Findings did not suggest that there are any differences in school enrollment among orphans, children with chronically ill caregivers, and other children ages 6–19 in Zambia and Rwanda.

- *Socioeconomic Status:* At the individual level, orphans and children with a chronically ill caregiver are worse off with regard to possession of a blanket, shoes, and extra set of clothes compared to other children in both countries.

- *Health and Nutrition:* Lower proportions of orphans and children ages 6–12 with chronically ill caregivers in particular have indicators of good health compared with other children in Zambia and Rwanda.

- *Risk behaviors:*Findings do not suggest any differences in age of sexual debut among orphans, children with chronically ill caregivers, and other children in Zambia and Rwanda.

- *Risk knowledge:* Higher proportions of orphans in both Zambia and Rwanda are knowledgeable about HIV/AIDS than are other children.

Children on the playground at the Bwafwano Community Health Clinic in Zambia. *(PCI Zambia)*

Key findings specific to Zambia

- *Socioeconomic Status:* Households with orphans and children living with chronically ill caregivers have lower socioeconomic status compared with households that do not have these groups of children in Zambia.

- *Health and Nutrition:* Orphans and children with chronically ill caregivers have lower food intake than other children in Zambia.

- *Risk behaviors:* Higher proportions of orphans and children with chronically ill caregivers have ever consumed alcohol compared with other children in Zambia.

The Community Rapid and Effective Action for Combating HIV/AIDS (REACH) Leader with Associates (LWA) award is a global USAID program funded through the Global Bureau for Health's Office of HIV/AIDS managed by the international non-governmental organization Pact, with Futures Group providing monitoring and evaluation. This dynamic USAID funding mechanism quickly makes funds available to non-governmental organizations (NGOs) for HIV/AIDS grants. Areas of intervention encompass the entire HIV/AIDS prevention-to-care continuum. Through the Associate Award Mechanism USAID missions and bureaus have the opportunity to develop country- or region-specific NGO grant programs.

- *Risk knowledge:* Children with chronically ill caregivers are less knowledgeable about HIV/AIDS than are other children in Zambia.

Key findings specific to Rwanda

- *Socioeconomic Status:* There is no difference in household wealth among households with orphans, children living with chronically ill caregivers, and other children in Rwanda.
- *Health and Nutrition:* There is no difference among the three groups of children in terms of food intake in Rwanda, and the overall level of food intake appears low.
- *Risk behaviors:* Lower proportions of orphans and children living with chronically ill caregivers report ever having consumed alcohol compared with other children in Rwanda.
- *Psychological well-being:* Orphans and children with chronically ill caregivers ages 6–12 demonstrate slightly higher levels of worry than other children in Rwanda. Children with chronically ill caregivers ages 6–12 have higher levels of burden than other children in Rwanda.

Program and policy implications based on results that are consistent across both countries

- Educational programs should target all out-of-school children, not only orphans and children with chronically ill caregivers. Adolescents ages 13–19 in particular need encouragement and support to stay in school.
- Program implementers need to develop proven and sustainable interventions to help improve the individual material well-being of children. In addition, programs should consider providing assistance with basic needs and include children with chronically ill caregivers.
- Policies should ensure that national maternal and child health (MCH) programs give particular attention to orphans and children with chronically ill caregivers. In particular, the primary caregivers of these children, some of which are very young (15–24) or older (50+), need to be targeted by health promotion campaigns that typically reach mothers ages 25–49.
- Program implementers need to develop programs that help orphans translate their increased HIV/AIDS knowledge into safe behavior. These children should also be encouraged to educate their peers.

	Orphans and/or CWCIC* worse off than other children	Orphans and/or CWCIC* similar to other children	Orphans and/or CWCIC* better off than other children
Education		No difference in both countries	
SES	Households with orphans, CWCIC are less well-off in Zambia Orphans, CWCIC in particular have fewer personal possessions in both countries	No difference in household wealth in Rwanda.	
Health and Nutrition	Orphans, CCWIC have lower food intake in Zambia Orphans, CWCIC in particular have worse health indicators in both countries	No difference in food intake in Rwanda.	
Risk behaviors and knowledge	Orphans, CWCIC are more likely to have ever had alcohol in Zambia CWCIC are less knowledgeable about AIDS in Zambia	No difference in sexual debut in both countries	Orphans,CWCIC less likely to have ever had alcohol in Rwanda Orphans more knowledgeable about AIDS in both countries
Psychological well-being	Orphans, CWCIC 6–12 have slightly higher levels of worry in Rwanda CWCIC 6–12 have higher level of burden in Rwanda	No difference in psychological well-being in Zambia	

*Children with chronically ill caregivers

Conclusions

There appears to be no uniform approach to identifying children in need of assistance in AIDS-affected communities in sub-Saharan Africa. The results from this report do not present a simple story regarding children affected by HIV/AIDS in these areas of Zambia and Rwanda, as many findings from this study are not consistent across both countries. Program implementers and policymakers must use existing data or collect additional data to ensure that programs for children affected by HIV/AIDS are context specific.

Orphanhood status should not be the sole criterion for eligibility for interventions. The findings from this report suggest that, in general, the magnitude of differences in well-being among orphans, children with chronically ill caregivers, and other children is not large. NGOs should identify target groups through the use of a variety of measures.

Children with chronically ill caregivers should be treated as a distinct group from orphans. The results from this report suggest that these children may have different needs and vulnerabilities than orphans. Children in AIDS-affected areas are often referred to as "orphans and vulnerable children" or "OVC." Use of this terminology, however, is not very descriptive for the non-orphans in this group of children, and policymakers and program implementers may not make necessary distinctions among orphans, children with chronically ill caregivers, and other vulnerable children in the community as a result.

A Rwandan mother and her infant. *(CARE Rwanda)*

Measurement of psychological well-being of children in HIV/AIDS-affected areas in sub-Saharan Africa should be further investigated and refined. Given the possible adverse psychological consequences of a parent's illness and death, program implementers desperately need reliable and valid methods to measure the psychological well-being of children and determine their needs.

The full baseline and costing reports can be accessed at *www.pactworld.org/reach/OVCResources/*.

Notes

[1] Community REACH conducted the baseline study, and MEASURE Evaluation will complete the endline survey.

[2] As the children from intervention households were already exposed to interventions for six to twelve months prior to the survey, this study does not use data relating to these children.

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