



# AFRICARE FOOD SECURITY REVIEW



Number 22

September 2008

## Critical Resource Information Brief (CRIB) #3: Proxy Indicators for Identifying HIV-Affected Households

### Africare Health, Nutrition, and HIV/AIDS Working Group<sup>i</sup>

**Objectives:** This Critical Resource Information Brief (CRIB)<sup>ii</sup> provides a list of proxy indicators from Food and Nutrition Technical Assistance (FANTA) and World Food Programme (WFP) (2007), as well as Save the Children (2004) and United Nations (UN) WFP (2008) for identifying people living with HIV (PLHIV) and their households. The aim is to provide Africare staff and field staff from other Title II Cooperating Sponsors with the critical information needed to select the most promising and appropriate proxy indicators for identifying HIV-affected individuals and households in a quick reference format. Field teams that intend to more specifically target HIV-affected households in their food security initiatives should use this brief to select a number of proxy indicators to field test and validate.

**Background:** FANTA and WFP (2007) provide a list of possible proxy indicators to use for identifying households affected by HIV in their guidance on Food Assistance Programming in the Context of HIV. Save the Children (2004) produced a list of proxy indicators and the lessons that had been learned at that time about their utility. After the FANTA and WFP guide was published (2007), UNWFP (2008) produced a detailed guide on HIV/AIDS Analysis: Integrating HIV/AIDS in Food Security and Vulnerability Analysis. This guide on vulnerability mapping considering HIV includes guidance on adding proxy indicators for HIV into household food security surveys (2008: 29-37). All of resources should be consulted for more detailed information on proxy indicators and other issues relevant to monitoring HIV-affected households.

Africare has conducted two pilot projects in Burkina Faso and Rwanda on direct distribution of food assistance to PLHIV by working through HIV/AIDS community support associations, thereby ensuring food assistance was going to PLHIV (Maslowsky et al. 2008). Beneficiaries are required to show proof through their associations of their HIV sero-positive status to participate in these interventions. For these households, known to be affected by HIV in Burkina Faso, Africare has also explored the relationship between the socio-economic characteristics of the households of PLHIV and food insecurity (Badiel et al. 2008). Considering Africare's intent to further expand its consideration and targeting of HIV/AIDS-affected households, Africare's Health, Nutrition, and HIV/AIDS Working Group identified the need to have reliable proxy indicators for identifying HIV-affected households as it moves to areas where HIV-status is not as well known and as it moves toward assessing the participation of HIV-affected households in general food security activities. One of the recommendations from the study by Badiel et al. (2008) was that (along with proxy indicators for PLHIV) Africare should develop/select, field test, and validate indicators for households affected by HIV in other ways (such as those caring for orphans and vulnerable children, those that have recently suffered the loss of a family member due to AIDS, and those which have merged due to impact of HIV). Therefore, the scope of this CRIB was expanded from focusing on PLHIV to focusing on HIV-affected households. Africare's attention to HIV follows the specific directive of the USAID strategic plan to target vulnerable groups (including those affected by HIV) in Title II programming (USAID 2005).<sup>iii</sup> This is intended to build the capacity of field staff in identifying and targeting vulnerable populations as outlined in the Africare Institutional Capacity Building (ICB) grant.<sup>iv</sup>

*This publication was made possible through support provided by the Office of Food for Peace, Bureau of Democracy, Conflict and Humanitarian Assistance, U.S. Agency for International Development, under the terms of Award No. AFP-a-00-03-00052. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.*

**Critical Information:**

To appropriately select and use proxy indicators for targeted interventions and tracking participation of HIV-affected households in food security activities, program staff must have a clear understanding of critical distinctions between targeting food insecurity, targeting individuals and households affected by HIV, and multiple criteria to identify the most vulnerable households and individuals. While it is now recognized that the special constraints of HIV-affected households make it necessary to specifically address and target this vulnerable group, it is equally important to keep in mind that over targeting HIV-affected households can create resentment within communities since not all vulnerable households are affected by HIV and not all HIV-affected households are food insecure.

Some of the indicators in the list provided below may not be appropriate for certain regions. In order to establish accurate and meaningful proxy indicators projects need to understand the impacts of HIV on households in the context of the intervention area. In addition to the consideration of the context, it is important to note that application of proxy indicators can be unreliable and that many have only recently been introduced (few studies exist that have extensively explored the accuracy of proxy indicators across regions). Therefore, projects need to validate specific proxy indicators with field experience and data. Information on the specific context of HIV in an intervention area can be obtained from knowledgeable sources (including home-based care centers, health care centers, NGOs and especially from PLHIV and HIV-affected households). Engaging people affected by HIV from the start and throughout the project will greatly improve project targeting and impact. However, projects must look for ways to involve HIV-affected individuals and households that do not create resentment within the communities by other vulnerable groups (e.g., by including other types of stakeholders as well) and that do not increase (but rather decrease) stigma of HIV for those involved or in the community in general. There is a certain amount of error in using proxy. UN WFP (2008:25) recommends triangulating (comparing proxy indicator patterns and trends to other HIV data, such as prevalence rates in the region) to assist in identifying excessive errors associated with specific proxy indicators.

**Potential Proxy Indicators for HIV-Affected Households**

Possible Proxy Indicator	Topic	Source	Comments on Use
1. Chronically ill <sup>v</sup> household head (condition prevents full functionality of individual for at least 3 of last 12 months)	morbidity	FANTA/WFP (2007) UNWFP (2008)	Record sex, age, and type of condition, asking about previous work patterns prior to illness will illustrate relative impact and may relate to vulnerability of the household. Does not distinguish AIDS from other chronic illnesses
2. Number of chronically ill adults (age range will be context-specific) <sup>vi</sup>	morbidity	FANTA/WFP (2007) UNWFP (2008)	Record sex, age, and type of condition, asking about previous work patterns prior to illness will illustrate relative impact and may relate to vulnerability of the household. Does not distinguish AIDS from other chronic illnesses
3. Recent death of a household member (last 12 months)	mortality	FANTA/WFP (2007)	Record actual date of death, sex, age, and cause of death if possible, asking about previous work patterns prior to illness will illustrate relative impact and may relate to vulnerability of the household.
4. Recent death of an adult (age range will be context specific) <sup>vii</sup>	mortality	FANTA/WFP (2007) & Save the Children (2004)	Record actual date of death, sex, age, and cause of death if possible, asking about previous work patterns prior to illness will illustrate relative impact and may relate to vulnerability of the household.

<b>Possible Proxy Indicator</b>	<b>Topic</b>	<b>Source</b>	<b>Comments on Use</b>
5. Hybrid mortality households which have experienced both a recent adult death and have a chronically ill household member.	mortality and morbidity	FANTA/WFP (2007)	These households may be highly affected.
6. Presence of orphans	HH demographics	FANTA/WFP (2007)	Record age, sex, and number of orphans. Explore whether orphan is originally from the household, if one or both of his/her parents died or if adopted from another household, and if one (and which one) or both of parents died.
7. Number of orphans	HH demographics	FANTA/WFP (2007)	Record age, sex, and number of orphans. Explore whether orphan is originally from the household, if one or both of his/her parents died, or if adopted from another household, and if one (and which one) or both of parents died.
8. Effective dependency ratio (number of productive or active HH members compared to number of unproductive or inactive HH members)	HH demographics, morbidity	FANTA/WFP (2007) and Save the Children (2004)	Effective dependency ratios measure the ratio of productive to non-productive household members and capture the impact of chronic illness and death on the household. This gets away from dependency ratios based on age since in the HIV context burden of work is often taken on by children and elderly. Save the Children cautions that this is less affective as proxy at HH level and better used as proxy for prevalence rates in community.
9. Household member not been fully functional for 3 of the last 12 months.	Morbidity	UNWFP (2008)	This may indicate chronic illness which is often used as a proxy for HIV. Clarify that the condition is not long-term since birth or an accident.
10. Recent loss of labor in HH or labor poor household	Morbidity, mortality, HH demographics	Save the Children (2004)	An aggregate category that may combine several other proxy indicators such as child-headed, elderly-headed, chronically ill households. May be too indistinct to illustrate variations between households, it would have to be tested and validated. (Save the Children 2004: 19)
11. Changes in livelihood sources	Livelihood strategies	Badiel et al. (2008)	Note that it may also be changes in livelihood strategies (adoption of labor-saving techniques for agriculture). This is not an established indicator and needs to be explored through further research, probably as one of a number of indicators (i.e., not to be used as only proxy indicator)
12. Female/widow headed household	HH demographic, mortality	Save the Children (2004)	Not to be used as only proxy indicator as there are many causes for female-headed households, may be more useful at community level as proxy for prevalence.

Possible Proxy Indicator	Topic	Source	Comments on Use
13. Elderly-headed household	HH demographic, mortality	Save the Children (2004)	Not to be used as only proxy indicator as there are many other reasons for elderly-headed households.
14. Child-headed household	HH demographic, mortality	Save the Children (2004)	Less likely than female or elderly headed household to have other causes, potentially strong proxy indicator.
15. Grandparent with grandchildren HH	HH demographic, mortality	Save the Children (2004)	Potentially strong proxy indicator, it is best to gather data through HH demographic data rather than direct questions as it may be recognized as associated with HIV and stigma may prevent accurate reporting or cause household harm.
16. Presence of malnourished adults in HH	Morbidity	Save the Children (2004)	Unreliable indicator not recommended since there are many potential causes and no widely agreed upon measure (BMI or MUAC) for determining malnutrition.

Sources: FANTA and WFP (2007: 49), Badiel et al. (2008), Save the Children (2004: 19) UNWFP (2008).

#### **Additional References:**

Africare Health, Nutrition, and HIV/AIDS Working Group. 2008. Critical Resource Information Brief (CRIB) #1: Selecting FANTA Indicators for Nutrition Education for PLHIV. *Africare Food Security Review*, No. 20, September, <http://www.africare.org/news/tech/ASFR-intro.php#paper20>. Washington DC: Africare/Headquarters, Office of Food for Development.

Africare Health Nutrition and HIV/AIDS Working Group. 2008. Critical Resource Information Brief (CRIB) #2: Use of FANTA's Food Assistance Programming in the Context of HIV Guide. *Africare Food Security Review*, No. 21, September, <http://www.africare.org/news/tech/ASFR-intro.php#paper21>. Washington DC: Africare/Headquarters, Office of Food for Development.

Africare Health, Nutrition, and HIV/AIDS Working Group. 2008. Critical Resource Information Brief (CRIB) #4: Selecting FANTA Indicators for Food Programming for PLHIV. *Africare Food Security Review*, No. 25, September, <http://www.africare.org/news/tech/ASFR-intro.php#paper25>. Washington DC: Africare/Headquarters, Office of Food for Development.

BADIEL, Baya Valentin; Jean Parfait DOUAMBA; Leah A.J. Cohen; and Manuel TAHYO. 2008. Use of MAHFP to Track Vulnerability in HIV/AIDS-Affected Households in Food Security Programs in Burkina Faso: A Focus on Food Security Status, Household Risk Factors, and Selected Nutritional Concerns Specific to HIV/AIDS. *Africare Food Security Review*, No. 24, July, <http://www.africare.org/news/tech/ASFR-intro.php#paper24>. Washington DC: Africare/Headquarters, Office of Food for Development.

Food and Nutrition Technical Assistance (FANTA) Project and World Food Programme (WFP). 2007. *Food Assistance Programming in the Context of HIV*. Washington, DC: FANTA Project, Academy for Educational Development. Accessed July 2008: <http://www.fantaproject.org/publications/fapch.shtml>.

Hammink, William to USAID/W and Overseas Distribution Lists, FFP Cooperating Sponsors. 8 August, 2007. *Information Bulletin (FFPIB). Memorandum for all Food for Peace Officers and Cooperating Sponsors, New Reporting Requirements for Food for Peace*. Washington DC: DCHA/FFP. Available July 2008 at [http://www.usaid.gov/our\\_work/humanitarian\\_assistance/ffp/fy08\\_ffpib\\_new\\_reporting.pdf](http://www.usaid.gov/our_work/humanitarian_assistance/ffp/fy08_ffpib_new_reporting.pdf).

Maslowsky, Stacey; Sidikiba Sidibé; and Leah A.J. Cohen. 2008. Direct Distribution of Commodities for People Living with HIV/AIDS: Lessons Learned from Rwanda and Burkina Faso. *Africare Food Security*

Review, No. 11, March, <http://www.africare.org/news/tech/ASFR-intro.php#paper11>. Washington DC: Africare/Headquarters.

Save the Children. 2004. *Food Security, Livelihoods and HIV/AIDS: A Guide to the Linkages, Measurement and Programming Implications*. London: Save the Children.

United Nations World Food Programme (UNWFP). 2008. *HIV/AIDS Analysis: Integrating HIV/AIDS in Food Security and Vulnerability Analysis*. Rome, Italy: WFP, Vulnerability Analysis and Mapping Branch and HIV/AIDS Service.

USAID/FFP/DCHA (USAID Office of Food for Peace Bureau for Democracy, Conflict and Humanitarian Assistance). 2005. *Strategic Plan for 2006-2010*. Washington DC: USAID. Available July 2008 at [http://www.usaid.gov/our\\_work/humanitarian\\_assistance/ffp/ffp\\_strategy.2006\\_2010.pdf](http://www.usaid.gov/our_work/humanitarian_assistance/ffp/ffp_strategy.2006_2010.pdf).

### **Recommended Citation Format:**

Africare Health, Nutrition, and HIV/AIDS Working Group. 2008. Critical Resource Information Brief (CRIB) #3: Proxy Indicators for Identifying HIV-Affected Households. *Africare Food Security Review*, No. 22, September, <http://www.africare.org/news/tech/ASFR-intro.php#paper22>. Washington DC: Africare/Headquarters, Office of Food for Development.

---

***Africare Food Security Review***  
***Managing Editor: Leah A.J. Cohen***  
***Editorial Advisors: Della E. McMillan, Harold V. Tarver, and Bonaventure B. Traoré***  
<http://www.africare.org/news/tech/ASFR-intro.php>

*For comments or questions about this series please contact Office of Food for Development at Africare/Washington at [offd@africare.org](mailto:offd@africare.org).*

---

<sup>i</sup> Members of the Health, Nutrition, and HIV/AIDS Working Group include Stacey Maslowsky, Sidikiba Sidibé, Alassane Aguilu, Grace Kamba, Ignatius Kahiu, Valentin Badiel, Mahamat Saleh Radjab, and Pascal Payet. A critical need for capacity building in developing an M&E system for assessing progress in Africare's new activities in nutrition education for PLHIV was identified at the 2008 Africare Tools workshop by the Africare Health, Nutrition and HIV/AIDS Working Group. Leah A.J. Cohen (AFSR managing editor and consultant, Africare/Headquarters) produced the text to accompany this list of indicators and finalized the paper. Stacey Maslowsky (former Food for Development manager, Africare/Headquarters), Della E. McMillan (AFSR advisory board member and consultant Africare/Headquarters), Bonaventure Traoré (AFSR advisory board member and former country representative in Guinea), and Sidikiba Sidibé (project coordinator for Africare's Title II efforts in Rwanda) provided essential input in the review process of this CRIB.

<sup>ii</sup> Africare's Critical Resource Information Briefs are designed to provide a forum for Africare working groups to identify and efficiently respond to areas of urgent need in capacity building. The short format ensures that staff in the field can download and incorporate the information quickly and effectively. Another focus of the Africare CRIBs has been to provide as many direct website addresses for additional resources as possible to facilitate reference and readership of those materials from the field.

<sup>iii</sup> This CRIB is one of a series of published and upcoming briefs and papers on lessons learned that are aimed at building capacity for food and nutrition programming in the context of HIV/AIDS (Maslowsky et al. 2008, AFSR No. 11; Sidibé In Press, AFSR No. 13; Africare Health, Nutrition, and HIV/AIDS Working Group, 2008, AFSR No. 21; Africare Health, Nutrition, and HIV/AIDS Working Group 2008, AFSR No. 22; Badiel et al. 2008, AFSR No. 24; Africare Health, Nutrition, and HIV/AIDS Working Group 2008, AFSR No. 25).

<sup>iv</sup> Africare ICB Strategic Objective One: Title II field level impact increased by developing better methodologies for enhancing local capacity to identify and reduce food insecurity in vulnerable groups including HIV/AIDS affected households.

<sup>v</sup> There can be misunderstandings about what chronic illness is, it is defined by UNWFP (2008:25) as an individual being ill for more than three months in the past 12 months.

<sup>vi</sup> FANTA/WFP recommends age range of 18-59; however Save the Children (2004: 19) recommends that this be determined based on context, which is more appropriate for Africare's work on proxy indicators.

<sup>vii</sup> FANTA/WFP recommends age range of 18-59; however Save the Children (2004: 19) recommends that this be determined based on context, which is more appropriate for Africare's work on proxy indicators.