

# **WHAT CAN WE DO TO MAKE A DIFFERENCE?**

## **Situation Analysis Concerning Children and Families Affected by AIDS**

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## OVERVIEW<sup>1</sup>

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The nature and intensity of the family and child welfare problems caused by HIV/AIDS and the responses needed vary among communities and countries. In any particular situation, the impacts of HIV/AIDS on children and families are the product of many, interrelated factors: the local pattern of the spread of HIV, economic activities, service availability, resources, public knowledge and awareness, the social environment, culture, the legal environment, leadership, and many others. For interventions to be effective and resources to be used well, it is essential that interventions are developed and informed by a working understanding of which factors are the most significant and how these factors relate to each other in causing or mitigating problems.

Government ministries, nongovernmental organizations (NGOs), international aid organizations, religious bodies, the private sector, and community groups all have a stake in ensuring the protection and well-being of children and families. And all of these groups of organizations have roles to play in this process. If such groups/organizations are to put together a network of interventions that will make a real difference, they need to know how and where it is best to intervene. No single group/organization has the capacity to develop a response that will be both effective and of a scale that matches the problems faced. Organizations need to work together, developing a shared understanding of the situation that they are facing and making sound decisions on what actions will be most effective and what entities should carry out these actions.

Situation analysis and monitoring are essential to planning and implementing effective interventions to benefit children and families affected by HIV/AIDS. In order for interventions to produce sustainable results on a significant scale, they must be based on a comprehensive understanding of the realities that such children and families face.

### **What is Situation Analysis?**

Situation analysis is a process of gathering and analyzing information to guide planning and action. In this instance, it involves gathering information about the epidemic and its consequences, household and community coping responses, and relevant policies and programs. It concludes with analyzing the information gathered, identifying geographic and programmatic priorities, and making specific recommendations for action. Situation analysis provides a basis to make hard choices about how and where to direct available resources to benefit the most seriously affected children and families.

A situation analysis should be more than a technical exercise to generate information. It should be a process that helps build consensus among key stakeholders. A situation analysis conducted

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<sup>1</sup> Most of the Overview comes from Finding a Way Forward: Principles and Strategies to Reduce the Impacts of AIDS on Children and Families, John Williamson, November 1999.”

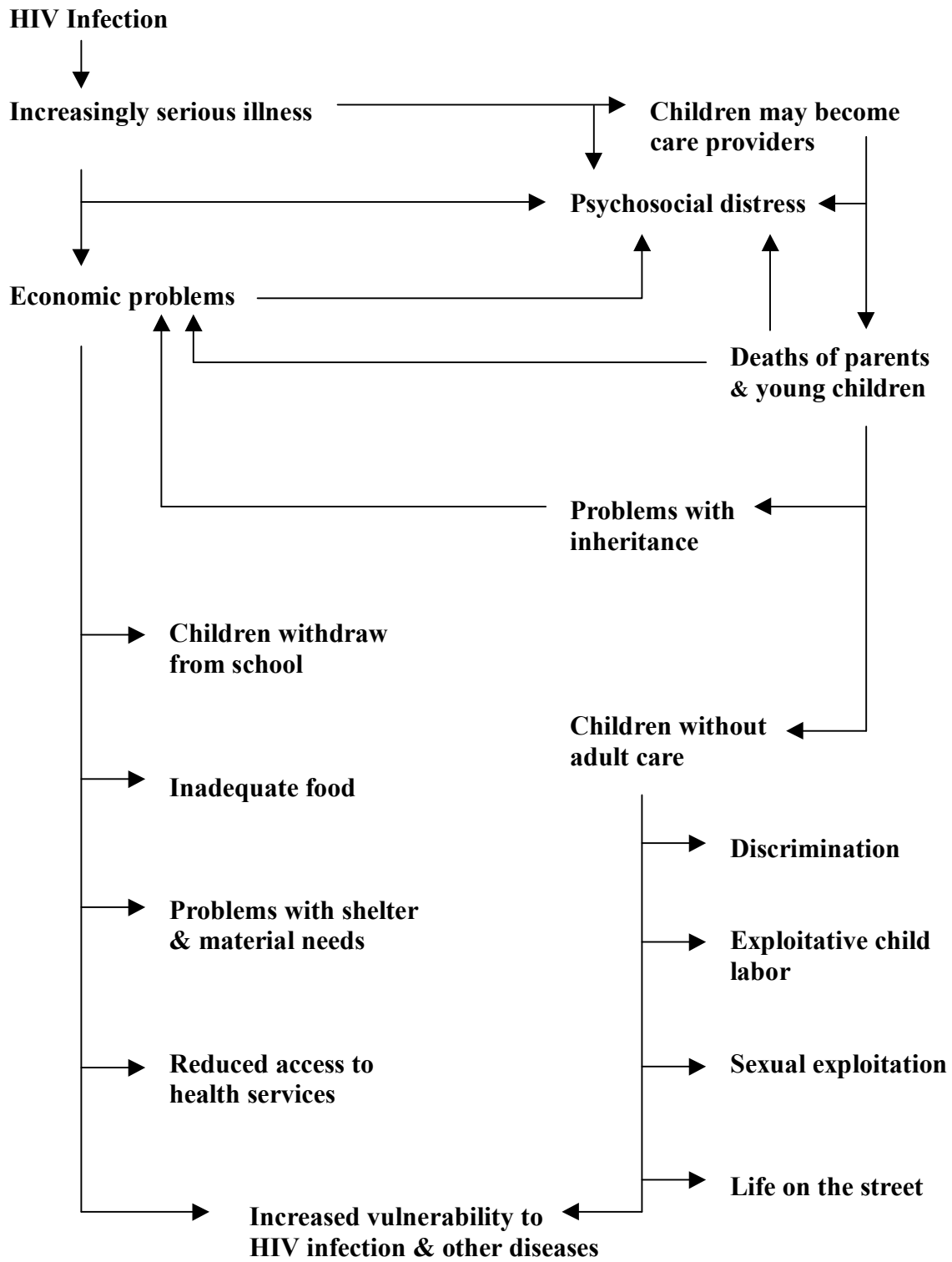
as a broadly inclusive, highly participatory process provides a vital opportunity to bring together key participants—those already engaged and those who will need to be—and to identify in broad terms the best way forward. Key participants might include relevant ministries, international organizations, donors, NGOs and their coordinating bodies, associations of people living with HIV/AIDS, religious bodies, women's associations, members of seriously affected communities, university departments, civic organizations, youth groups, the business community, or other concerned groups. Key stakeholders who participate actively in a situation analysis process are more likely to feel ownership of and commitment to the findings of a situation analysis.

For a situation analysis to provide useful guidance on how problems among the most vulnerable children and families can be addressed effectively and at scale, it must produce information needed for geographic targeting and identify key interventions that can be implemented at scale and can produce sustainable results. Even if cost-effective responses to the most critical needs of vulnerable children and families are developed rapidly, sufficient resources are not likely to be available for them to be uniformly implemented throughout a given country. A situation analysis should identify those geographic areas where families and communities are having the most difficulty protecting and providing for the most vulnerable children. The process must therefore include identifying any available census or reliable survey information on orphaning and adult mortality; considering the pattern in which the epidemic is spreading and its effects on different farming systems and other economic activities; using health, nutrition, education, and other vulnerability indicators; and assessing the geographic reach and effectiveness of current services. Mapping such information can help identify geographic priorities.

## **The Web of Problems**

Action to address the impacts of HIV/AIDS differs from one community to another because the problems develop in different ways. The types of HIV/AIDS-related problems that develop in an area, the nature and intensity of the problems, and the means by which people can cope with problems largely depends on the local context. Local context influences where and why problems occur and their degree of severity. Figure 1 shows the progression of and relationships among the various problems HIV/AIDS can cause at the household level.

**Figure 1. PROBLEMS AMONG CHILDREN AND FAMILIES AFFECTED BY HIV/AIDS**



These aspects of the local context and the ways they interrelate should be given particular attention in a situation analysis. The most significant aspects of the local context must be identified in order to plan effective interventions and adjust them as the situation changes. Identifying ways that the context causes and affects problems helps to identify opportunities for strategic interventions.

Even if there are no models to impose, there is much to be learned from one country to another about the ways that problems evolve and about the means by which potentially effective interventions can be mounted. Each country should focus not only on its own situation, but also on the situation in other countries with similar problems. There is much that can be shared and learned across borders. A literature review that includes the "gray" literature of unpublished reports should be part of a situation analysis.

### **Why Do a Situation Analysis?**

A situation analysis should lead to a working understanding of priority issues. It should generate credible technical information on the current and future magnitude of orphaning and other impacts of HIV/AIDS on children and families. For program heads and policy makers, it should provide clear answers to the question, "Why should I care about these issues?" Participating groups should work together to compile and analyze information on issues such as the following:

- The nature and pattern of the HIV/AIDS epidemic within the country
- Trends in orphaning
- The types and scale of current and projected problem situations
- Household coping strategies
- The means by which knowledge and attitudes about HIV/AIDS affect these coping strategies
- Implications of demographic patterns on the epidemic and concentrations of problems
- Economic vulnerabilities and resources
- Social, cultural, and religious influences and resources
- Community support for AIDS-affected households
- Availability and accessibility of existing services, including education, health, and social services

- Interventions that have the potential to be effective and sustained at scale

Taking such information into consideration, participants must develop recommendations for specific actions. Simply making a wish list of things that should be done is not sufficient to generate action. So far as possible, participants should recommend what needs to be done and specify which body or bodies should be responsible within a specific time frame. In formulating their recommendations, participants should first consider as a whole the situation they have described, and then organize and integrate their recommendations, identifying priorities among them, resources required, specific responsibilities, and timing. ***If a situation analysis is to lead to effective decision-making, planning, and action, it must not become an end in itself, but a springboard for building consensus and momentum toward specific actions.***

One of the products of a situation analysis should be a system to monitor the effects of AIDS on children and families. The situation analysis process should identify sources of information to be used to monitor the effects of AIDS and should produce a recommendation on who should be responsible for periodically compiling, analyzing, and disseminating such information. A situation analysis provides a valuable picture of the impacts of HIV/AIDS and responses to them, but conditions will continue to evolve along with the epidemic, as will other factors that influence poverty and vulnerability. The situation analysis gradually becomes a less accurate representation of reality, so periodic monitoring is needed to help guide and adjust interventions.

## **The Process**

The process of carrying out a situation analysis can be as important as its findings. It should be designed to build consensus and working relationships among the government bodies, organizations, donors, and grassroots groups currently or potentially involved with problems caused by HIV/AIDS. It should increase their awareness of problems, generate commitments to respond, and lay the groundwork for collaborative action. Participants should also use the findings to mobilize policy makers and stimulate public concern and action.

Situation analysis is described here from a country-wide perspective, as a process that begins at the national level then continues at the community level in geographic areas identified as being of particular concern. Situation analysis can be done with a more limited geographic scope, but even where the focus is on a particular district or community, attention must be given to national laws, policies, and structures that affect the area concerned.

The time and effort required for a situation analysis varies from country to country. It depends on what is required to produce an adequate basis for planning and action. Up to a point, more effort will produce more useful results, but the process should not become an end in itself, nor should it consume a disproportionate share of the resources available for addressing the children and families who are its focus.

A situation analysis must take into account a wide range of conditions that interact as a situation evolves. Situation analysis involves a relatively intensive effort to collect information over a



limited period. The usefulness of its findings and recommendations will fade over time, so it should be used to lay the groundwork for ongoing monitoring of the key issues identified. Figure 2 provides an overview of elements typically included in a situation analysis.

	<i>Planning</i>	<i>Information Gathering</i>		<i>Analysis</i>
		<b>National Level</b>	<b>Local Level</b>	
<b>Activities</b>	Engage all key actors  Define: - objectives - technical scope - geographic coverage - process and participation - skills needed - budget(s)	Collect and review existing: Reports and other documents Statistics  Identify existing programs  Interview key informants	Collect reports and statistical information  Carry out focus group discussions in priority areas  Interview key informants	Identify the most urgent problems the causes coping strategies key aspects of context  Identify potential intervention strategies and measures
<b>Outputs</b>	A written plan, including the responsibilities of each participating body	Overview of problems context of problems coping strategies relevant laws and policies relevant services  Initial mapping of most seriously affected populations Service areas of existing programs	In-depth understanding of problems context of problems coping strategies relevant laws and policies services  Refined information on the extent of existing services	Report with overview of problems identification of priority issues identification of key intervention points recommendations for action key information and sources for ongoing monitoring

## PLANNING

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A situation analysis can be a vital basis for action or a waste of time and resources, depending largely on how it is planned. This section identifies key issues in planning a situation analysis.

**Participation** As an HIV/AIDS epidemic progresses, its effects on children and families are greater than any one governmental or organizational body can address by itself. Involving strategically important groups in the situation analysis not only increases the kinds of technical expertise available, but also may generate commitment among participants to the eventual recommendations. Involving representatives of HIV/AIDS-affected communities can help ensure the findings and recommendations will be on target. Being more inclusive requires more time, but it can help accelerate subsequent action. Involving groups in developing a shared understanding of key issues and consensus about priorities can lay the groundwork for collaborative action. Following are some groups that might be involved:

- Ministries with responsibilities in such areas as health, social welfare, education, nutrition, community development, youth, gender, agriculture, planning, and registration of NGOs
- Child- and family-oriented NGOs
- Organizations engaged in grassroots development
- Religious bodies
- International organizations, such as UNICEF, the World Bank, UNDP, and UNAIDS
- University departments with expertise in such areas as social welfare, social research, public health, education, nutrition, demography, anthropology, and public policy
- Associations and support organizations for people living with HIV/AIDS
- Bilateral donors
- Foundations

Involving too many groups can make a process unworkable and it is critical to have a structure and process that enables all participants to contribute according to their strengths and to emerge from the process with a sense of ownership of the findings and commitment to their implementation. The following text box gives an overview of how the participation of a variety of bodies and a range of technical issues were addressed in Zambia.

## Situation Analysis of Orphans and Vulnerable Children in Zambia 1999

During the second half of 1999, multiple groups collaborated to carry out a situation analysis concerned with orphans and vulnerable children in Zambia.

The aim of the study was to understand the current situation of orphaned children in Zambia and to assess current models of care in order to strengthen and improve strategies that aim to address the needs of individuals, households and communities dealing with orphanhood. Its objectives were as follows:

- Establish the incidence of orphaned children, both now and for the future
- Identify serious problems facing families and communities coping with orphans and the causes of the problems
- Assess the community responses to the situation of those children left with only one parent or no parents
- Assess the models of care and identify successes, best practices, and areas of further development
- Recommend to government, the Task Force for orphans, NGOs, and other cooperating partners, appropriate strategies that would address the needs of communities dealing with orphaned children

The study was managed by a steering committee with members from government ministries, international donors, the United Nations, an NGO umbrella group, and other organizations with relevant expertise. Specifically, these included representatives of the Government of Zambia Social Recovery Project (funded by the World Bank); Zambia AIDS Related Tuberculosis Project; UNICEF; USAID; Nutrition and Household Food Security Monitoring System; the Participatory Assessment Group; the Children in Need Network; and the Ministries of Community Development and Social Services, Education, and Health. Funding for the situation analysis was provided by UNICEF, USAID, The Swedish Development Agency, and the Social Recovery Project.

The steering committee supervised the work of five teams of local consultants, each of which produced a report on its respective area within the study. Support for the day-to-day work of the teams of consultants was divided among the funding bodies. The teams/areas included

1. Literature review
2. Data review and enumeration (search and analysis of existing statistical data)
3. Community response (impact, perceptions, and coping at the community level—using participatory methods)
4. Institutional response (profiles of each program addressing needs among orphans and a summary overview and assessment of this sector)
5. Perceptions of care (in-depth analysis of specific programmatic approaches)

In addition to the reports prepared on each of these areas, there was a summary report, synthesizing the findings of the five teams and making recommendations. These were combined in the final report, *Orphans and Vulnerable Children: A Situation Analysis, Zambia 1999*. Field work for the situation analysis began in June 1999, reports were completed by November, and they were presented at a national orphans workshop in December. Participants in that workshop developed a plan of action to respond to the priorities identified.

There were advantages and disadvantages to having all five teams at work at the same time. This approach facilitated communication and discussion of issues between the teams. Key issues were identified by each team independently then discussed and compared. Some felt, though, that if the literature, data, and institutional response reviews had been done first, key issues would have been identified for more in depth analysis in the community response and perceptions of care components of the study. Findings of the situation analysis have been used in the design of national-level programs

**Definition of the Objectives** A first step is to define the results the situation analysis is to produce. The following suggest the kinds of objectives that might guide a situation analysis:

1. Identify the ways that children, families, and communities are being affected by the HIV/AIDS epidemic, including
  - problems they are experiencing
  - ways they are coping with problems
  - factors that influence problems or coping, positively or negatively
2. Quantify, so far as possible, the effects of HIV/AIDS on children and families and project how the nature and magnitude of these problems can be expected to change over time.
3. Describe the current roles, programs, service coverage, and alternative approaches of the government bodies, international organizations, NGOs, religious bodies, civic organizations, and grassroots groups currently or potentially involved in responding to problems among children and families affected by HIV/AIDS.
4. Identify the following:
  - priorities among the problems identified
  - geographic areas for priority attention
  - potentially effective policies, programs and other action
5. Lay the groundwork for monitoring the effects of HIV/AIDS on children and families as well as the impact of interventions.

**Technical skills needed** The team that carries out a situation analysis will deal with information from such fields as public health, social welfare, child welfare, economics, community development, anthropology, psychology, and law. They will identify and collect information in administrative documents, studies, reports, and program descriptions. Direct research in affected communities requires skills in interviewing as well as group and community work. It may also involve special skills in conducting surveys, focus groups, or other information gathering methods selected.

Findings in one technical or geographic area will raise issues to consider in others. During the situation analysis team members should come together regularly to share their findings, questions, and observations.

**The geographic scope** of a situation analysis may be the entire country or some portion of it. Programs addressing HIV/AIDS-related problems are often concentrated in the area where such problems first generated serious concern. It is likely that other seriously affected areas will have received little attention. It is important to include such neglected areas.

**Children who live outside regular family and community structures** must be given particular attention in a situation analysis. They face special problems, and their situation may help identify weaknesses in family and community coping capacity. Unless specific efforts are made to include them, they may be overlooked in a broadly focused situation analysis, because of their marginal status. Street children tend to be at high risk of becoming infected with HIV, and some are likely to be on the street because they have been orphaned by AIDS. Abandoned infants, children in institutional care, the children of sex workers and those directly involved in prostitution, and other children in especially difficult circumstances deserve careful attention.

**The time frame** for carrying out a useful national situation analysis can range from a few weeks to several months. The time needed is influenced by such factors as the size of the country, the advancement of the epidemic, the breadth of the epidemic, the diversity of the most seriously affected populations, and their economic activities. Operational factors that may affect the time frame are the sense of urgency for initiating programs, the number of organizations involved, the existence and quality of any previous assessment work, and the resources available for the situation analysis.

**Determine the resources required.** If more than one organization is involved, each will have to define the staff time and other resources it will commit to the process and/or the additional funds it will need to carry out its respective areas of responsibility.

## GATHERING INFORMATION

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A situation analysis draws information from many sources using a variety of data gathering methods. The first stage, at the national level, should produce a broad picture of the problems people are experiencing and the reasons why they are experiencing them. It should also provide an overview of relevant laws, policies, and services. This information provides the background for an in-depth investigation of these issues and coping strategies at the family and community level.

### Key Issues

**Methods for gathering information** Every approach to gathering information has strengths and limitations. Using multiple sources and methods helps confirm major findings. Some of the methods that have been used include the following:

- reviewing existing statistical data
- reviewing existing reports and other descriptive information
- interviewing key informants
- compiling case histories of affected children and families (presented so as to guard the confidentiality of those concerned)
- conducting research among affected children and families
- conducting in-depth interviews among those affected
- using focus group discussions and other group interview methods among affected families, community members, and/or key informants.<sup>1</sup>

**Coping Mechanisms** Individuals and families cope with the effects of HIV/AIDS primarily by using their own resources and by making changes in the way they live. The most important social safety nets for most people in the developing world are family, kinship, and community networks. These coping mechanisms must be a major focus of a situation analysis. Information gathering for situation analysis includes noting agency responses to people's problems, but these are largely secondary to what individuals, families and communities do to help themselves. Programs primarily have significance to the extent they support (or possibly undermine) people's ability to cope. Focus group discussions can be used to collect relevant information.

**Quantify Problems** A weak point in some of the situation analyses on children and families affected by AIDS has been a failure to identify the magnitude of problems. A description of problems can raise awareness, but policy makers and donors need to know the breadth of the problems and the number of people affected by them, if they are to commit resources. Quantification of information is necessary in order to put HIV/AIDS-related problems in perspective with other problems. Wherever possible, collect statistical data covering several years to identify trends in problems that arise as well as the magnitude of them. Where necessary, prepare estimates of trends for future problems, explaining the basis on which they are made.

**Concise household-level case studies** are a valuable way to explain the often complex interaction of HIV/AIDS, contextual factors, and problems of children and families. They present issues with a human face in a way statistical data cannot and can clarify its implications.

**Ethical issues** must be given serious attention in planning and gathering information. Information on the health status and serostatus of individuals is confidential. Do not ask community informants to identify those they believe are affected by HIV/AIDS or compile lists of affected children or households.

**Key Informants** Prior to conducting community-level work, interview key informants involved with affected families, including the following:

- district personnel of ministries concerned with health, social welfare, child welfare, education, community development, women's affairs, or youth affairs
- health care providers
- teachers
- NGO personnel working with affected families
- community leaders
- religious leaders
- those who have done previous research in the area.

**Cultural Bias** Test information from key informants for "cultural blind spots" by cross-checking with other sources and observing situations. Working with culturally-based assumptions can impede the understanding of important aspects of a situation. Outsiders typically miss a great deal when they gather information in an unfamiliar cultural environment. Conversely, within our own cultural environment there is a natural tendency to assume we know how our compatriots respond to certain problems. An informant may, for example, dismiss problems affecting women or a failure to provide for the needs of orphans or widows as isolated



incidents rather than developing trends. Although most of the work of a situation analysis is best done by people of or at least very familiar with the culture in each geographic area, it can also be important to include some outside participation, particularly by individuals familiar with the issues but who bring a fresh perspective to the situation.

**Technical and Ethical Considerations** The process of gathering information in seriously affected communities deserves careful attention when planning community-level research. Some areas may have already played host to a progression of researchers who have come, asked their questions, and left without giving any feedback, much less follow-up action. Community leaders and families with this sort of experience may not be interested in cooperating with yet another assessment of unmet needs. Also, asking about problems can raise expectations for assistance, creating an incentive to exaggerate needs in the hope of receiving some benefit and distorting the information provided.

One solution is not to approach community-level information gathering as research, but as the start of mobilizing a community response. Participatory Learning and Action, Training for Transformation, and UNICEF's "Triple-A Cycle" are approaches that can be used. It is essential to avoid raising the expectations of community members. Raising expectations of To do so increases discouragement and undermines coping.

Those gathering information, particularly at the community level, must respect the confidentiality of *all* information provided by or concerning individuals and families, including serostatus or presumption that illness or death is related to HIV/AIDS. Information gathering at the community level should not be identified specifically with HIV/AIDS.

**Psychosocial Problems** Special expertise and sensitivity are required when assessing psychosocial issues. Problems in this area are neither as concrete nor as obvious as material needs and are often difficult to discuss with strangers. Also, the links between some psychosocial problems and AIDS-related stresses may not be obvious. For example, a foster parent or teacher may not see a link between a child's withdrawn or aggressive behavior at school and grief over a parent's death. It is also important to recognize that such problems are not contained within the affected children as much as they exist in the relationships between the children concerned and those in their immediate environment (household, extended family, community, school, etc.). Cultural factors relating to the causes and potential responses to psychosocial distress should be given attention. The perceptions of community members about behavior that provokes their concern are important in assessing what psychosocial issues deserves particular attention.

**Computer modeling** can be used to estimate the number of families affected and children orphaned by AIDS. It can also project how these numbers can be expected to change over time.

**Maps** are useful to show the geographic distribution of problems, services, and other factors such as farming systems vulnerable to AIDS-related illness and death. They can show high problem areas where service availability is low. They can be useful as analytical tools and for interpreting findings to policy makers.

## Types and Sources of Information

At least seven aspects of an area's context deserve to be given particular attention in a situation analysis:

1. The *epidemiological pattern* of HIV/AIDS in a country indicates the geographic areas in which problems are most likely to emerge.
2. *Demographic conditions* can significantly affect how an HIV/AIDS epidemic will evolve and the different possibilities for economic survival. There are, for example, many different issues between rural and urban areas.
3. *Social, cultural, and religious characteristics* potentially affect both problems and options for coping. For example, kinship networks that support affected families, ways orphaned children are traditionally provided care, and whether compassion or judgement is encouraged toward people living with HIV/AIDS and their families are significant factors.
4. *Knowledge and attitudes toward HIV/AIDS* influence the degree of stigma and discrimination, on the one hand, and the potential for effective in-home care, on the other.
5. *Economic activities* and systems can directly affect all HIV/AIDS-related problems.
6. Access to *basic services*, including education, health care, and child protection can significantly reduce problems.
7. *Laws and policies* can protect the inheritance rights of widows and orphans. They can sanction or prevent discriminatory practices.

The following sections concern contextual factors that influence HIV/AIDS-related problems. A box in each section lists potentially useful information and possible sources. Decisions about which data to collect must be made in each country. Some of the items listed may not be available, and some are not relevant in all contexts.

The order in which the eight contextual factors are presented reflects the process in a situation analysis of first collecting information at the national level to develop an overview and identify priority geographic areas, then gathering information in these areas. The topics of existing services and laws and policies are presented last because their real significance to children and families affected by HIV/AIDS cannot be fully understood without the background provided by the other contextual factors.

The process of gathering information proceeds not so much from topic to topic as from source to source. Consider the full range of information each source may be able to provide. The process of collecting data should be used to interview key people in the agencies concerned.

### **1. The Pattern of the Epidemic**

Identifying the children, families, and communities who have been and will be most affected by HIV/AIDS requires an overview of where and how the epidemic is spreading. The history and pattern of the epidemic in a country helps explain why some areas have a much higher HIV prevalence than others. Longitudinal prevalence data from sentinel surveillance sites is particularly valuable. Urban areas usually have the highest rates, but depending on their links with outside areas and sexual networks, some rural areas may have high prevalence as well.

Estimates of HIV infection based on sentinel surveillance data from a group thought to be representative of the population (such as pregnant women) are generally more reliable indicators than numbers of reported AIDS cases. Cases of AIDS are almost universally under-reported and are less likely to be reported in poorer, less medically served and more remote areas.

### **Key Information on the Pattern of the Epidemic**

HIV prevalence rates for different geographic areas

Rates of increase of HIV prevalence

Trends in HIV prevalence in

- urban, peri-urban, and rural areas
- different districts

Population groups with higher rates of HIV infection

Child and adult AIDS cases

- reported
- estimated

Estimates of children orphaned by AIDS

- current
- projected
- by geographic area

Mortality data

Numbers of funerals

Changes in school drop-out rates

### **Sources**

National AIDS prevention and control program

UNAIDS

Ministry of Health

University faculty of public health programs

National or regional office of the World Health Organization

Researchers

Published reports and research

Special surveys

## **2. Demographic Patterns and Health Conditions**

HIV tends to spread more rapidly in urban areas where the population density is high. Coping strategies differ between cities and rural villages. The percentage of a country's population that lives in urban areas, therefore, is an important issue for program planners. Average household size is also important, because it affects how many orphans will result from a given number of adult deaths and, in turn, how rapidly the increasing number of dependents may stress the coping capacity of families and communities.

Statistics that reflect the level of poverty in an area are useful in assessing and comparing vulnerability and coping capacity.

The ratio between children and the elderly on the one hand, and the adults in between, on the other, is an important factor in the way AIDS-related problems develop. Because AIDS tends to kill adults in their most productive years, it can increase this dependency ratio. A shrinking pool of workers must provide for those less able to provide for themselves. Where the dependency ratio is already high, AIDS-related problems are likely to emerge more quickly. Migration into or out of an area can intensify or offset the dependency ratio as well as affect the spread of HIV.

Using available census data on children whose parents have died, is an inexpensive way to gain perspective on numbers of vulnerable children. Results from censuses before and after the onset of an HIV/AIDS epidemic can be used to show changes in the proportion of orphans and the dependency ratio.

When one parent becomes infected with HIV, the other is likely to as well. Another demographic influence of AIDS is an increased proportion of children who have lost both parents. Census or registration information on the status of parents, where available, can be used to identify areas with higher percentages of children with both parents dead. This can be a secondary indicator of higher AIDS mortality.

Collecting statistics by district (or other administrative division) helps identify the relative vulnerability of these areas to AIDS-related problems. This information is useful when identifying areas that should be assessed in more detail. Collecting statistics broken down by sex helps identify gender differences in problems, so far as possible. Although a great deal of information may be collected and reviewed during a situation analysis, it is important to include in the report only statistics that are of particular value in describing key issues.

Information about street children and other children in especially difficult circumstances is valuable in planning programs. Trends among such groups may also be important indicators of a society's ability to cope with HIV/AIDS. Increasing numbers of children who are on the street because their parents have died of AIDS signal a weakening of family and community coping capacity. In areas where their numbers are not increasing, families and communities may be coping with problems and may need help to do so. Statistics on such groups may not be available, but the staff of programs working with vulnerable children may be able to identify whether any trends are apparent. The extent to which AIDS is a contributing factor to children being on the street, abandoned, or in institutions reflects the weakening of coping capacities and may help identify points of intervention to help keep children in their own families and communities.<sup>2</sup>

In some countries, HIV/AIDS is a contributing factor to the abandonment of newborn infants. HIV-positive women, aware of their own infection and lacking family support, sometimes leave infants in hospitals or elsewhere

Basic information on general health conditions can provide important indicators of the level of child and family welfare in different areas. Also, certain health conditions, such as tuberculosis, affect the spread of HIV/AIDS or are affected by it.

Where reliable demographic and health statistics are available on district or lower administrative levels, they can be used to create a composite indicator to identify geographic areas that may need particular attention. Depending on the reliability of available statistics, data on factors such as the following could be used: orphan prevalence (the percentage of children who are orphans), adult mortality (as a proxy indicator of AIDS deaths), infant mortality (as a general poverty indicator), malnutrition, stunting, or other poverty indicators.

## Data on Orphans

Definitions of "orphan" vary considerably among cultures. The concept of orphan is socially constructed and varies from one cultural context to another. The term is variously used to refer to children who have lost either parent, children who have lost their mothers, and children who have lost both parents. Also the ages of who may be considered an orphan vary. When presenting information on orphans, it is necessary to explain which children the term is intended to include.

Often it is preferable to avoid the term altogether and, instead ask informants which children and households they are most concerned about, which factors contribute to vulnerability in a particular area. Problems start for children affected by HIV/AIDS long before they become orphans. Vulnerability is not limited to orphans, and not all orphans are vulnerable. But many are vulnerable, and are generally more likely to be so than other children.

Where accurate census information is available, orphan prevalence can be one useful indicator of the relative stress among communities, particularly communities where there is a higher percentage of children who have lost both parents. The extent of orphaning is an indicator of AIDS impact and potential vulnerability. Poor communities and those with a higher percentages of orphans deserve attention in a situation analysis, because those communities may be having greater difficulty protecting and providing for the needs of their children.

Within a community, identifying orphans and other vulnerable children can be an important part of that community's process of assessing its own needs. But large scale efforts to enumerate orphans consume resources, generally fail to produce information that can be used to compare needs among different areas, and often have unintended, negative consequences. Rather than registering and responding to orphans as a category, it makes sense for communities to decide who they are most concerned about and what constitutes vulnerability in their community, then to define their own criteria and list children and others based on their criteria. When communities are asked by an outside body to count or identify orphans, expectations are raised. Often the number of orphans will be inflated in the hope that assistance will follow. If it does not, future efforts to mobilize action for vulnerable children in the community will be undermined.

Using computer-generated estimates of orphaning, such as those in USAID's *Children on the Brink* that are more generally available than census data on orphans, is preferable to carrying out a special enumeration of orphans. Survey data on orphaning, such as the Demographic and Health Surveys (DHS), must be interpreted with caution. DHS surveys typically include only households with women of reproductive age, which excludes households caring for orphans that are headed by older persons or by children.

For planning purposes it can be useful to develop *estimates* of children whose parents have died of AIDS within the country or area. It is not appropriate, however, at the community level to ask informants to identify specific children whose parents have died of AIDS. This could cause stigma and is not likely to yield accurate information. Also, the specific cause of parental death is not a factor to be taken into account when implementing services, but the extent of orphaning is useful information for planning programs.

## **Key Information on Demographic Patterns and Health Conditions**

National population

Child population

- under 5 years
- 5-14 years
- 15-17 years

Percent of population in urban areas

Percent of population in rural areas

Population by district or other administrative area broken down by age group

Dependency ratios

Children who have lost one or both parents

Children whose mother has died

Children whose father has died

Children who have lost both parents

Population growth rate

Population in absolute poverty

- rural
- urban

Population urbanized

Average annual growth rate of urban population

GNP per capita

Average annual growth rate of GNP per capita

Average household size

Estimated numbers of

- children working on the street
- children living on the street
- children in institutional care
- child-headed households
- children of commercial sex workers

Infant mortality rate

Child mortality rate

Data on children's nutritional status

Daily per capita calorie supply as percentage of requirements

Major causes of morbidity and mortality

Vulnerability mapping



## Sources

Census data

Demographic and Health Surveys

Ministries of health, planning, economic development, education, etc.

University departments of health

UNICEF country plans and reports

UNICEF's *The State of the World's Children*

Publications and reports by government ministries or departments, universities, the United Nations, and other international and bilateral organizations, etc.

Staff working with children in especially difficult circumstances

Pediatric hospital personnel

The World Food Program (e.g., vulnerability mapping)

### 3. Economic Issues

Among the most important aspects of the context to assess are economic patterns and conditions in areas more seriously affected by HIV/AIDS. The sexual networks through which HIV is spread are strongly influenced by work-related mobility. Most of the problems among affected families and communities result from or are intensified by the impact on their economic situation.

The reduction and loss of adult economic contributions is a central issue when designing programs. The possibilities for children or elderly family members to compensate for lost labor varies from one context to another because the skills and strength required for economic activities is different. Research has shown, for example, that the vulnerability of different farming systems to HIV/AIDS morbidity and mortality varies. Systems requiring greater knowledge and skills or heavy labor inputs at certain times in the cropping cycle face a greater risk of failure due to adult morbidity and mortality.<sup>3</sup>

The review of economic factors should take into account extended family or other networks through which households may be able to obtain support. Where such links exist, it would be a mistake to look at HIV/AIDS-affected households as isolated economic units. Within an extended family, members may move from one household to another to help compensate for lost adult labor or to redistribute dependents. Households may also receive remittances or occasional financial assistance that are significant in helping them to cope.

In rural areas, the physical environment and climate have major effects on current or potential economic activities. The quality of the soil, amount of rainfall, and variations in temperature largely determine how the land can be used. A drought in an area may seriously intensify economic problems related to HIV/AIDS and indicate the need for giving the area priority

attention. During a situation analysis it is only necessary to develop a general overview of how such factors affect current or potential economic activities.

### **Key Economic Information**

- Livelihood security analyses
- Food security analyses

For each priority geographic area:

- the economic activities of poor households
- additional sources of income (e.g., remittances from family members working elsewhere)
- economic coping strategies of households and families affected by HIV/AIDS
- additional economic activities that might be possible for AIDS-affected households
- a profile of typical expenses of poor families
- major crops and agricultural methods in rural areas

Statistics on income and economic activity for the most affected areas

Information on how land and climate affect current and potential economic activities

Factors such as drought or crop disease that may intensify economic problems in HIV/AIDS-affected families

### **Sources**

Ministries of economic planning, labor, agriculture, community development, etc.

Development organizations: local, national, and international (The World Food Program does vulnerability mapping in the countries in which it works. Both CARE has developed a particularly useful approach to livelihood security analysis. Save the Children Fund [UK] had developed a very informative approach to food security analysis.)

Interviews with

- families
- key informants
- field personnel of development organizations

## **4. Social, Cultural, and Religious Patterns, and Beliefs and Practices**

Intertwined with patterns of the epidemic, demography, and economic activity are the social, cultural, and religious beliefs and practices that significantly affect coping capacity and problems. They influence patterns of caring for people who are ill, caring for orphans, beliefs about illness and healing, stigmatization and discrimination toward people living with AIDS, and practices that can prevent or spread HIV. The sexual networks through which HIV spreads are strongly influenced by social, cultural, and religious beliefs and practices. Household and family structures themselves and the manner in which these structures vary from one area or population

group to another influence vulnerabilities. Extended, nuclear, and female-headed households will have very different capacities to cope with adult illness and death. Coping responses are strongly influenced by the different roles of women, men, and children within family, which may differ among ethnic, social, and religious groups. In many areas, customary law is more significant in determining whether individuals will inherit land and property than statutory law. When gathering information at the community and family levels, it is important to obtain the views of both men and women.

For each ethnic and religious group, it is important to identify traditional associations and mechanisms that help people cope. Patterns of care for widows and orphans and customary law concerning inheritance are particularly important. Some traditional practices can contribute to the spread of HIV. It is important to identify the kinds of support extended family and other social networks may provide and how these may be changing due to urbanization, poverty, HIV/AIDS, or other factors. Beliefs about how HIV/AIDS is caused can influence the support and care people with AIDS receive from their families and communities. Traditional healers in many communities are very influential and represent a first line of response to illness.

Gender takes on particular relevance in connection with the impacts of AIDS. In most societies seriously affected by HIV/AIDS, women do a disproportionate share of caring for those who are ill or orphaned. Some have suggested that men are a potential resource if ways are found to more fully engage them in these tasks. Girls are often the first to drop out of school, which has negative long-term implications for family health and well-being. Understanding how gender roles affect and limit community responses is an important part of a situation analysis.

The following aspects of family organization affect how families in sub-Saharan Africa respond to HIV/AIDS: descent lineages, polygyny, late marriage, labor migration, weak emotional ties between spouses with little discussion of sex, economic control of women by men, and changes in families resulting from urbanization.<sup>4</sup> The list suggests the kinds of socioeconomic and cultural factors that may also be important in other regions.

### **Key Information on Social, Cultural, and Religious Patterns, and Beliefs and Practices**

Family structures of the main ethnic and/or religious groups  
Traditional forms of mutual aid, e.g., rotating savings and credit groups, burial associations  
Traditional mechanisms among different groups for assisting widows and caring for orphans  
Non-traditional patterns that have emerged for assisting widows and caring for orphans  
Customary law and practices concerning inheritance by widows and orphans  
The acceptability of foster care and adoption among different groups and any particular constraints  
Divisions of household and economic responsibilities by sex, with particular attention to the care of children  
Attitudes toward street children  
Attitudes and responses of major religious groups toward people with HIV/AIDS  
The use of traditional medicine to treat AIDS-related illnesses

### **Sources**

Community leaders and key informants  
Families affected by HIV/AIDS  
Organizations providing care and support to people living with HIV/AIDS and their families  
University faculty of anthropology, sociology, social work/administration, etc.  
Religious leaders  
Organizations working with AIDS-affected individuals and families  
Traditional leaders  
Clan leaders and elders  
Traditional healers  
Ethnographic documents

## **5. Knowledge About HIV/AIDS and Attitudes Toward People Living with AIDS**

Community responses to HIV/AIDS-affected individuals and families—compassion and support or fear, stigmatization, and discrimination—depends largely on public knowledge and attitudes about the disease. These factors are strongly influenced by the extent to which government leaders and institutions, religious bodies in particular, have openly and constructively addressed HIV/AIDS issues and the need for a compassionate response. Where the government's response has been to deny or ignore the presence of an HIV/AIDS epidemic, fear and discrimination are likely to be prevalent and impede responses to those in need.

Knowledge and attitudes toward HIV/AIDS are also influenced by people's cultural explanations of the causes of illness and the information about HIV/AIDS to which they have been exposed.

These strongly influence whether those affected by HIV/AIDS will seek or receive help from extended family, community, or service providers.

### **Key Information on Knowledge and Attitudes about HIV/AIDS**

How well does the public understand HIV and how it is transmitted?

What are thought to be the causes of AIDS?

What have been the public statements; attitudes; and actions of government, religious, and civic leaders to HIV/AIDS and its impacts?

Are there prevalent non-scientific explanations of HIV/AIDS?

How extensive are fear, stigmatization, and discrimination and what are the main causes?

How willing are infected individuals to seek treatment or help?

### **Sources**

Knowledge, attitude, and practice research findings concerning HIV/AIDS

Discussions with support organizations of people with HIV/AIDS

Discussions with organizations treating people with HIV/AIDS and assisting their families

Information from the national AIDS prevention and control program

UNAIDS

Interviews with leaders and key informants

Review of the popular press

Focus groups discussions

## **6. Existing Services**

The impacts of HIV/AIDS on children and families are cushioned by the availability, quality, and accessibility of relevant services, particularly in the areas of health, child welfare, education, and training. In addition to identifying services and gathering information about them, it is important to identify barriers or constraints that limit their use by children and households affected by HIV/AIDS. Health services, including HIV testing and counseling and treatment of opportunistic infections are of obvious importance. Information, training, and support to help households cope with health care needs at home are vitally important. Such home-based care services can also be an initial point of contact for other forms of assistance to spouses and children in the household. Affordable out-patient and hospital care can strengthen a family's coping capacity.

The question of whether children in HIV/AIDS-affected families can continue in school is influenced by costs and whether any adjustments are made to assist children unable to pay

normal school expenses. Children in countries with universal, free primary education have an obvious advantage over those in countries that do not. Also, teachers who have training in counseling can be an important support to children. Access to vocational training, formal or non-formal, can make a major difference in children's capacity to financially support themselves.

The availability of child welfare services is particularly significant for orphans without relatives or others to provide for their care and for abandoned infants of HIV-positive mothers. Where such services function well, children without families can be placed in appropriate substitute family care.

To provide an overview of existing services that may benefit HIV/AIDS-affected families, it is important to prepare brief profiles of the services available. an overview of schools in priority geographic areas should be included. For programs, information such as the following should be recorded:

- objectives
- specific services
- primary beneficiaries
- number of current beneficiaries
- eligibility criteria,
- geographic coverage
- number of staff
- potential to expand to meet increasing needs
- any measurable results achieved
- sources of funding
- total budget
- cost per beneficiary
- barriers or constraints to the use of the services provided

For any program that might provide a model for new or expanded interventions, a more detailed profile should be prepared.

The existence of a program, however, does not mean that its services can or will be used by children and families affected by HIV/AIDS. In addition to determining whether potentially relevant services have been established, it is important to find out what populations in which geographic areas actually use the services and if there are any impediments to their use. It is also important to determine the current capacity of such services. To some extent this information can be gathered by interviewing staff of the programs concerned, but information should be verified at the community level through interviews with leaders and affected families. (Appendix 1 presents the questions used in the 1999 Zambia situation analysis to solicit information from service providers.) Maps can be used to help identify under-served geographic areas and help define priorities for the expansion of services. Such a process would include indicating the reach of existing programs on the maps and using overlays to indicate high HIV impact areas..

In addition to providing an overview of existing services, the situation analysis should also describe how the various agencies involved coordinate their activities and the degree to which they are successful in doing so. So far as possible, this description should be approached from the perspective of those in need of the services provided, rather than from that of the agencies providing them. The issue is the integration of services on the receiving end, not how frequently providers meet to exchange information.

## **Key Information on Existing Services**

Enrollments in

- primary school
- secondary school
- vocational training programs

The percentage of all children in each school-age group who attend school

Any special provisions for children who are orphaned or unable to pay school expenses

Profiles of programs of current or potential benefit to HIV/AIDS-affected, such as:

- HIV/AIDS prevention and control
- HIV testing and counseling
- Out-patient HIV/AIDS treatment
- Support groups for people with HIV/AIDS
- Support for home care of people with AIDS-related illnesses
- Day-care for people with HIV/AIDS
- In-patient services for people with HIV/AIDS
- Child day care
- Food and nutrition services
- Material assistance for orphans and widows
- Child welfare and placement services
- Microenterprise services
- Support for agricultural production
- Education activities (formal and non-formal)
- Health services
- Community mobilization and capacity building programs
- Psychosocial activities and support
- Protection of legal rights.
- Vocational training
- Housing assistance
- Services for street children

Structures for coordinating such services



## **Sources**

Ministries of health, social welfare, women's affairs, education, agriculture, and community development  
The national AIDS prevention and control program  
Government office responsible for the registration and/or coordination of NGO activities  
International organizations  
Bilateral donors  
Support groups for people with HIV/AIDS  
NGOs involved in the service areas listed above  
NGO coordinating bodies  
Child welfare associations  
Religious bodies  
Women's associations  
Legal support groups  
Civic associations  
Interviews with children and families affected by HIV/AIDS

## **7. Laws and Policies**

Laws and government policies can also have a major impact on the lives of people with HIV/AIDS and their families. Some countries have established laws to prohibit discrimination in employment, housing, medical services, or schools. Many have laws to protect the inheritance rights of widows and orphans, but others prohibit women from inheriting or owning land. Most countries have child welfare laws that can be used to protect street children and other vulnerable children. Some have established a policy framework specifically to protect orphans, guide the way services are provided for them, and define respective government and NGO areas of responsibility.<sup>5</sup>

### **Key Information on Laws and Policies**

Policies and legislation relating to discrimination based on health status concerning

- employment
- housing
- medical services
- school attendance

Laws or policies specific to HIV/AIDS

Laws concerning the inheritance rights of widows and orphans

Laws and procedures (statutory and traditional) concerning property ownership by women or by children

Child welfare laws and policies

Laws or policies that specifically concern the welfare of street children

### **Sources**

Ministries of health, child welfare, social welfare, women's affairs, education

District officials

The government body responsible for matters related to inheritance

Human rights groups

Support organizations for people with HIV/AIDS

Child welfare associations

Organizations involved with street children

## **ANALYSIS AND RECOMMENDATIONS**

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Facts presented in the body of a report do not necessarily speak for themselves; their implications for action must be spelled out clearly. Although a great deal of information may be collected in a situation analysis, the report on its findings and recommendations should be concise; written in plain language; and prepared with the principal audience in mind, which is likely to include policy makers, agency heads, and program planners. It is best to avoid an academic style, which can impede effective communication. The research methodologies used, for example, may be mentioned in the text, but any explanation of them should be included in an annex or supplement to the report, rather than in the main body of the report. Recommendations should be listed in one place (perhaps in addition to appearing with related text) and should be readily identifiable. The report should have a concise executive summary highlighting major points. It is likely that many of the most important readers will *only* read the recommendations and executive summary.

### **Set Geographic and Social Priorities**

Vulnerability to the impacts of an HIV/AIDS epidemic varies among areas within a country and among social and economic groups. Setting geographic priorities requires taking into account a variety of indicators. The relative incidence of HIV/AIDS is significant, as is the proportion of an area's children who are orphans (from all causes). But the level of vulnerability in an area is also reflected by such indicators as the dependency ratio and the rates of infant and child mortality, maternal mortality, poverty, and primary school attendance. Economic factors must be considered. There are obvious rural and urban differences in the capacity of a household to continue to earn income when a parent becomes ill. Among rural areas, farming systems vary in their vulnerability to HIV/AIDS morbidity and mortality. HIV incidence and orphan data can be combined with such statistics to form a composite indicator that can be used to compare geographic areas concerning their relative vulnerability to the impacts of HIV/AIDS.

Within an area, vulnerability may vary among different groups, calling for another level of targeting interventions. For example, gender, age, ethnicity, and type of economic activity, for example are factors to consider.

Statistics by themselves, however, are not sufficient for setting geographic priorities. Informed judgement is essential. Consider also

- the types and geographic coverage of existing services
- observations and reports concerning problems of children and families
- the vulnerability of local economic systems to HIV/AIDS morbidity and mortality

- the estimated numbers of street children and other vulnerable children not likely to be included in formal statistics.

In addition to geographic differences in vulnerability, give attention to major differences in vulnerability within geographic areas, such as income level, gender, and ethnicity.

## **Identify Key Problems**

For each priority geographic area, describe its most serious problems and estimate the number and proportion of children and of families affected by HIV/AIDS. Consider the ways in which they are now coping and give a balanced prediction of the consequences, if no outside action is taken.

Identifying HIV/AIDS-related problems is relatively easy. The challenge is to identify the most critical among them. Take into account both the seriousness of their consequences and the prospects for making an impact on them. For each problem take into account

- its causes
- the estimated number and proportion of children and families affected
- relevant coping strategies identified
- contextual factors that significantly affect (positively or negatively) problems and how people cope
- the adequacy and effectiveness of any current programs or other interventions
- any opportunities for making a significant impact

For each of the most serious problems, identify potential types of action. These may involve

- prevention—to block factors causing problems
- mitigation—to change the factors influencing problems to make it easier for those affected to cope
- capacity building—to strengthen family and community capacity to deal with problems on an ongoing basis
- relief—to provide direct assistance to affected individuals and families to meet urgent needs

Action might include laws, policies, social mobilization, training, economic measures, direct services, or other activities. To provide a basis for deciding which action to recommend, consider the anticipated impact (results, geographic areas affected, and numbers of people affected) and the estimated costs.

## **Develop an Overview of Current Action**

The analysis should provide an overview and assessment of current action. It should draw attention to laws or policies that have positive or detrimental effects. It should give an overview of the programs addressing problems at the community and family level, give some indication of their coverage in relation to identified problems (maps are useful), and highlight any particularly effective initiatives that could be expanded to achieve a broader impact.

## **Prepare Recommendations**

Situation analysis lays the groundwork for planning and action. Its recommendations should be concise and as specific as the findings and political environment permit, indicating who should do what, where, when, and how. In the report a list of all key recommendations should stand out clearly.

Developing recommendations is as much a political process as it is a technical process. Policy makers and representatives of key organizations and government agencies should be involved in analyzing findings and developing recommendations in a way that generates their sense of ownership of the recommendations and commitment to implementing them. Participants should anticipate and prepare for the steps of decision-making and resource allocation that need to follow presentation of the report and its recommendations. The action called for in recommendations should be feasible and presented in a way that is clear to the target audience. Avoid broad statements of what "should" be done (but will not) and long "wish lists." Recommendations may, for example, specify strategies for action, call for priority attention to certain geographic areas, and recommend potentially cost-effective interventions.

Participants in the process of analyzing findings and developing recommendations should give particular attention to the following questions:

- What differences can an intervention be expected to make at the level of the child and the household?
- Can a particular approach or intervention be implemented (considering both potential availability of resources over time and technical feasibility) on a scale sufficient to improve the situation of a substantial portion of the most vulnerable children and households in the country?

- Which approaches or interventions will produce long-term improvements for vulnerable children and households, either by being sustained over time or by producing ongoing socioeconomic benefits?

The recommendations should specify which stakeholder(s) should be responsible for each action proposed. They should address action needed regarding programmatic interventions, advocacy, and policy changes. Recommendations should avoid broad exhortations to pay more attention to the needs of orphans and vulnerable children at all levels.

It is important to mentally step back from the details of the data collected to look at the general situation and what needs to be done. Look at the recommendations as a whole to identify related issues that could be addressed through a particular action. This can help identify broad priorities for action. Following are some additional questions to consider:

- What is most important?
- What actions are necessary preconditions for others?
- In what ways are potential solutions to problems inter-related?
- Can priorities be established among the recommendations?
- Is there a body with clear responsibility to address policy issues related to the vulnerability of children?
- Is the current level of information exchange about needs and services adequate?
- How could collaborative action be increased?
- What could be done to increase the likelihood that available resources will be used in keeping with the recommendations?
- How can ongoing monitoring of the impacts of AIDS on children and families be carried out?

So far as possible, recommendations should specify responsibility for initiating action and for such broader participation as may be needed. Recommended participants can be specific bodies, e.g., the Department of Social Welfare or UNICEF or if that is not possible, by category, NGOs concerned with children, donors, etc.

Recommendations should also give attention to the resources that will be required and potential sources. This needs to be done for individual recommendations and for the recommendations as a whole. Simply saying that something should be done avoids hard choices and lets everyone off the hook. Recommendations should try to strike a balance between being overly ambitious and

too pessimistic about potential resources. Recommendations require creativity. The process through which recommendations are developed, who participates in the process, and how the process unfolds may be as important as the recommendations themselves. Getting the right words on paper is not nearly as important as the result that is eventually achieved.

## **MOBILIZE ACTION**

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A good situation analysis can provide much of the raw material needed for social mobilization. Mobilizing action among policy makers, community leaders, organizations, and the public requires, as a first step, increasing awareness of the impacts of HIV/AIDS on children and families. Such knowledge, by itself, may generate sympathy but probably little action, so it must be linked with efforts to generate a broadly shared sense of responsibility to support and protect those affected and a clear vision of how to do it.

The initial targets of such an effort should be those who can amplify and transmit key messages, such as government leaders, representatives of the media, religious leaders, and popular figures in sports or entertainment.

### **Convene a National Planning Conference**

Presenting the findings and recommendations of a situation analysis in a broadly inclusive national conference can be a good place to start. Involving senior government officials and key leaders, ensuring they are briefed on the findings of the study beforehand, enables them to draw attention to emerging problems and can help attract participants and media attention to the event. A central message of such a conference would be that HIV/AIDS is not only a health issue but a slowly evolving disaster with implications for the rights and welfare of children and women and increasing socioeconomic impacts. Beyond increasing the visibility of problems, a conference can help lay groundwork for an enabling environment through the following means:

- initiating discussion of how to interpret and use situation analysis findings
- pushing ministries and organizations not yet involved to define roles they can play
- identifying potential resources
- drawing attention to the need for ongoing information sharing and coordination
- generating support for a strategy to strengthen the capacity of affected children, families, and communities
- promoting support for specific recommendations

Such a conference should involve not only key actors currently involved, but those not currently involved who could help to address problems. In addition to including the potential participants in a situation analysis listed above, it is important to include private sector and civic groups not yet involved with the issues.



## **Establish a Monitoring System**

Situation analysis provides a snapshot of conditions and projects how they may change. Monitoring is needed to update this picture periodically. A situation analysis identifies key data and how it can be obtained. Review the information collected to determine what was most useful and how it could be gathered on a regular basis to show trends. Certain indicator statistics, for example, could be compiled and distributed periodically to policy makers and service providers. A situation analysis should recommend how to establish an ongoing monitoring system. As the epidemic evolves, new responses are initiated or there are other significant developments. It therefore will be useful to carry out a new situation analysis.

## RESOURCES

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### Reports

The following are examples of situation analysis reports that concern children and families affected by AIDS:

*Orphans and Vulnerable Children: A Situation Analysis, Zambia 1999* (Joint USAID/UNICEF/SIDA/Study Fund project, published by the Government of Zambia (399 pages).

"Children Affected by HIV/AIDS: Khmer HIV/AIDS NGO Alliance Appraisal of Needs and Resources in Cambodia, Summary Report," Khmer HIV/AIDS NGO Alliance, Phnom Penh, 2000, supported by USAID through the International HIV/AIDS Alliance (74 pages).

"Family Coping and AIDS in Zimbabwe: A Study," Research Unit Series No. 4, Research Unit, School of Social Work, Harare, 1994 (72 pages).

"Final Report: Operational Research on the Situation of Orphans within Family and Community Contexts in Uganda," September - December 1993, Ministry of Labor and Social Affairs, Uganda Community-Based Association for Child Welfare, UNICEF Uganda (128 pages).

"A Review of Household and Community Responses to the HIV/AIDS Epidemic in the Rural Area of Sub-Saharan Africa," Gladys Mutangadura, Duduzile Mukurazita, and Helen Jackson, UNAIDS Best Practice Collection, June 1999 (67 pages).

"Needs Assessment of Children Orphaned by AIDS: Final Report," Paul Saoko and Roselyn Mutemi, 1994, (58 pages).

"Children Living with HIV/AIDS – A Rapid Appraisal," [South Africa] Rose Smart, 2000 (96 pages).

"National Assessment of Families and Children Affected by AIDS, Susan Hunter, " Tanzania AIDS Project, August 1, 1994 (184 pages plus attachments).

"Children in Especially Difficult Circumstances (CEDC) in Zambia: A Situation Analysis," Douglas Webb, *SAfAIDS News*, Vol. 4, No. 1, March 1996, pp. 2-6.

### Other Materials

*Guidelines for Studies of the Social and Economic Impact of HIV/AIDS*, Tony Barnett and Alan Whiteside, UNAIDS, Geneva, 2000 (60 pages).

*The Effects of HIV/AIDS on Farming Systems in Eastern Africa*, The Food and Agriculture Organization of the United Nations, 1995, Rome (173 pages).

*A Manual of Group Interview Techniques to Assess the Needs of People with AIDS*, World Health Organization, 1993 (56 pages).

Donahue, Jill and John Williamson, "Community Mobilization to Mitigate the Impacts of HIV/AIDS, Displaced Children and Orphans Fund, September 1, 1999, 9 pages.

"Data Classification and Analysis Toolkit," The International HIV/AIDS Alliance, Barratt House, 341 Oxford Street, London W1R 1HB (31 pages).

"Community Mobilization and OVC in Burkina Faso: First Steps," The International HIV/AIDS Alliance, Barratt House, 341 Oxford Street, London W1R 1HB (17 pages).

## **APPENDIX 1: QUESTIONNAIRE FOR SERVICE PROVIDERS**

### **Situation Analysis of Orphans in Zambia**

#### **Response Analysis**

##### **Background of Organization**

1. Name of Organization
2. Physical Address of Organisation
3. Telephone/fax
4. Mailing Address
5. Status: NGO      Private      GRZ [Government of Zambia]      Donor      Other
6. Name of person interviewed
7. Objectives/Strategy
8. In a few sentences how do you describe the essence of the work you do?
9. Objectives of organization (related to orphans)
10. General strategy of organization (related to orphans). What do you hope to achieve in your work

##### **Organizational Structure?**

11. How many staff members? How many working on orphan issues?
12. How is your staff organized?
13. What is the size of your annual budget?
14. How much of the budget is programmatic?
15. What are your primary fund sources?
16. How long have you existed?

##### **Population**

17. How does your Organisation define orphans?
18. Why do you centre your work primarily around this definition? I 8. Is there an age limit to an orphan?
19. Do you work with non-AIDS orphans?
20. How many orphans do you work with? Approximate percentage of orphans do you reach?
21. How many orphans in your catchment area are not assisted through your organization? Why? Are there other services through another organization available for these children?

##### **Catchment Area**

22. What is your catchment area(s)?
23. Primarily urban, peri-urban or rural?
24. Any unique attributes of catchment area?

##### **Programme Intervention**

25. What are the greatest needs of orphans?
26. What are the greatest needs of the caregivers of the orphans?
27. What activities, programme interventions does your Organisation undertake to meet these needs? 9. What type of barriers do orphans face to go to school? How do you assist in this manner?

28. Do you provide material assistance to orphans to assist with food, clothing, school fees, health care?
29. What are your experiences with this type of service?
30. What types of legal issues do you deal with regarding orphans? (Inheritance, abuse) How do you assist orphans to deal with these?
31. What types of programme activities do you do to help children cope with loss of parents, siblings, death, change in the lives etc.?
32. How does your programme assist children learn to financially support themselves? Are orphans isolated (from other non-orphan children) in your project?
33. If there are no parental figures or relatives, how does the programme provide this need? (Orphanages)
34. How do you utilize the social structures within your catchment area? What has been the reaction of or the impact on the extended family system or the community in the assistance of orphans (Community involvement. Does programme enhance or undermine existing social structures and coping ability)
35. Do you use volunteers? In what capacity? Are they trained? How? What?
36. What type of training/support do you provide caregivers of orphans? (nonmaterial (food/clothing for children) support, coping abilities to deal with additional burdens of more children)
37. Do you provide AIDS education and awareness to orphans and their care providers?
38. Do you liaise with other organizations providing similar services? What have your experiences been?
39. What type of national policies would aid your work with orphans? Are you working to help develop
40. policies?

**Sustainability/M&E [monitoring and evaluation]**

41. What type of monitoring and evaluation do you do? How often? Community involvement?
42. What limitation to your projects sustainability are there? How are you attempting to overcome them?
43. After your Organisation leaves, what problems might the community encounter in your absence?
44. What major programmatic (non-monetary) obstacles have you overcome and how? What do you feel are your organization's best practices or lessons learned?

## NOTES

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1. Information on conducting focus groups is included in *A Manual of Group Interview Techniques to Assess the Needs of People with AIDS*, listed under "Resources" at the end of this chapter.
2. Exercise particular care when interpreting the reasons behind an increase in the number of AIDS-affected children in institutional care, especially in the case of new institutions. A review of the situation of orphans in Uganda in 1990 observed that "In the special context of the current and evolving situation in Uganda an increase in orphanages will lead to the abandonment or placement of children who would otherwise be part of a family....When families are under pressure, demand for institutional placement is elastic, The more spaces that become available in institutions, the more children will emerge to fill them." (John Alden, Gerald Salole and John Williamson, "Managing Uganda's Orphans Crisis," for USAID, p.40.) In other words, an increasing number of places in institutions may be more of a cause than a symptom of family breakdown. Resources may be better spent supporting family and community capacity to provide for children's needs.
3. See, for example, Tony Barnett and Piers Blaikie, *AIDS in Africa: Its Present and Future Impact*, Belhaven Press, London, 1992, Chapter 8 and Stuart Gillespie, "Potential Impacts on Farming Systems: A Case Study from Rwanda," *Land Use Policy*, October 1989, pp. 301-312.
4. Susan Hunter, "National Assessment of Families and Children Affected by AIDS," draft, Tanzania AIDS Project, August 1, 1994, p. 8.
5. See, for example, "Policy Guidelines for the Care of Orphans in Malawi and Coordination of Orphan Assistance," Task Force on Orphans, Ministry of Women & Children Affairs and Community Service, Government of Malawi, July 1992.