

2010

AN ANALYSIS OF INTERGENERATIONAL ISSUES BETWEEN OLDER CAREGIVERS AND CHILDREN IN THE CONTEXT OF AIDS

A review of the challenges, obligations and
the way forward



Eastern & Southern Africa
Regional Inter Agency Task Team on Children & AIDS



EXECUTIVE SUMMARY	4
INTRODUCTION	9
1. OBJECTIVES OF THE STUDY	11
2. METHODOLOGY OF THE STUDY	11
CHAPTER 1: THE ROLES OF OLDER CARERS IN RAISING CHILDREN ORPHANED BY AIDS .13	
CHAPTER 2: INTERGENERATIONAL RELATIONSHIPS	15
2.1 CHALLENGES	15
2.1.1 <i>Grief and trauma</i>	17
2.1.2 <i>Disempowerment of the elderly</i>	17
2.1.3 <i>Incapacity /unpreparedness for the demands of parenting</i>	18
2.1.4 <i>Physical infirmity</i>	18
2.1.5 <i>Poverty and a lack of regular income</i>	18
2.1.6 <i>Insufficient material resources to provide for themselves and the children</i>	20
2.1.7 <i>Inaccessible health care</i>	20
2.1.8 <i>Food insecurity</i>	20
2.1.9 <i>Access to information</i>	21
2.1.10 <i>Access to education</i>	22
2.1.11 <i>Access to documentation and registration</i>	23
2.1.12 <i>Gender-based challenges</i>	24
CHAPTER 3: OVC COMMUNICATION AND PARTICIPATION IN INTERGENERATIONAL RELATIONSHIPS	26
3.1 HEALTH CARE AND EDUCATION.....	26
3.2 CONFLICT RELATING TO DISCIPLINE AND THE RIGHTS TO PLAY AND REST.....	28
3.3 CONSEQUENCES OF POOR COMMUNICATION	28
CHAPTER 4: SOCIAL SUPPORT MECHANISMS THAT MITIGATE INTERGENERATIONAL GAPS FOR BOTH OLDER CARERS AND CHILDREN.....	30
4.1 INTERNATIONAL POLICIES AND FRAMEWORKS.....	30
4.1.1 <i>The Convention on the Rights of the Child (CRC)</i>	30
4.1.2 <i>The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)</i> ...	31
4.1.3 <i>United Nations General Assembly Special Session (UNGASS 2001)</i>	31
4.1.4 <i>Madrid: Second World Assembly on Ageing, 8-12 April 2002</i>	33
4.2 REGIONAL POLICIES AND FRAMEWORKS.....	33
4.3 NATIONAL POLICIES AND FRAMEWORKS.....	34
4.3.1 <i>Analytical overview</i>	34
4.3.2 <i>Country-by-country summary</i>	35
4.4 CIVIL SOCIETY, INTERNATIONAL AID AGENCIES AND NGO INTERVENTIONS	41
4.4.1 <i>The U.S. President's Emergency Plan for AIDS Relief (PEPFAR)</i>	41
4.4.2 <i>HelpAge International (HAI)</i>	41
4.4.3 <i>Save the Children</i>	41
4.4.4 <i>Action for Children in Uganda</i>	42
4.4.5 <i>Circles of Care</i>	42
4.4.6 <i>Circle of Hope (Plan International)</i>	42
4.4.7 <i>Kwa Wazee</i>	42
CHAPTER 5: POLICY AND PROGRAMME GAPS AND LESSONS LEARNT.....	43
5.1 COUNTRY OVC POLICIES ARE SILENT ON OCG-HEADED HOUSEHOLDS	43
5.2 INNOVATIONS HAVE NOT BEEN SCALED UP NATIONALLY	43
5.3 OVC SOLUTIONS REMAIN PROJECT BASED.....	44

5.4	OLDER CAREGIVERS REMAIN INVISIBLE IN POLICIES.....	44
5.5	FAILURE TO MEET THE COMPLEX ARRAY OF MATERIAL AND OTHER NEEDS.....	44
5.6	CASH TRANSFER SCHEMES – GETTING TO THE ROOT OF THE PROBLEM	44
CHAPTER 6: RECOMMENDATIONS.....		47
6.1	ADOPT A FAMILY-CENTERED APPROACH	47
6.2	TAILOR RESPONSE TO SUPPORT EMERGING FAMILY STRUCTURES	47
6.3	ADOPT A RIGHTS-BASED APPROACH	48
6.4	DEVELOP INTEGRATED CROSS-SECTORAL RESPONSES AT ALL LEVELS	48
6.6	NGOs AND CIVIL SOCIETY MUST REVIEW STRATEGIES AND PROGRAMMES	50
6.6.1	<i>NGOs must review and revise their OVC and child rights strategies</i>	<i>50</i>
6.6.2	<i>NGOs must revise their communications strategies</i>	<i>50</i>
6.6.3	<i>Mobilise communities to advocate for change and participation.....</i>	<i>50</i>
6.7	MONITOR PROTECTION OF THE RIGHTS OF OLDER CAREGIVERS AND CHILDREN	51
SELECTED REFERENCES.....		52

Executive summary

Introduction

Sub-Saharan Africa has been severely affected by the AIDS epidemic. UNAIDS and WHO (2009) report that in 2008 sub-Saharan Africa accounted for 67% of HIV infections worldwide, 68% of new infections among adults, and 91% of new HIV infections among children. The predictions are that in the absence of significant behaviour change, these figures will increase.

No generation is spared from the impact of the pandemic. The disease has seen high mortality rates amongst adults aged 15 – 49; this in turn has had a huge impact on the lives of the parents of the middle generation as well as those of their children.

The impact is felt in the disruption that has come about in the traditional relationships of care and support. Whereas in Africa the middle generation has traditionally provided material and psycho-social, emotional and other forms of support to both their children and their ageing parents, this middle generation is being cut away, leaving vacuum in care and support.

‘At a time in their lives when many older people might expect to be supported and cared for by their children, a growing number are instead caring for younger adults living with HIV, and for the orphans and vulnerable children (OVC) they leave behind’ (Samuels and Wells 2009). Between 40 and 60% of orphaned children in sub-Saharan Africa are cared for by their grandmothers (UNICEF 2007). Grandparents are emerging as the ‘new’ parents at a time when they themselves need care and support in old age.

These households, the older caregivers and the children for whom they care, are confronted by a host of challenges – challenges that represent a secondary crisis for families affected by HIV and AIDS.

It is against this background that the literature review has been undertaken. It was commissioned by the Regional Inter Agency Task Team (RIATT) on Children and AIDS, and aims to: document the roles of older carers in raising orphaned children and the consequent intergenerational relationship challenges faced by the older carers and the children in their care; assess the level of children’s involvement and participation in issues affecting them; identify external social support mechanisms for both older carers and children as well as the limits and gaps in the provision of external care and support; and make recommendations on strategies and interventions to support and improve intergenerational relationship challenges faced by older carers and children orphaned by AIDS.

The roles of older carers in raising children orphaned by AIDS

Children’s rights in Africa are protected by international, continental and national law. The primary responsibility for realising these rights lies with the caregiver. In the first place this is the parental caregiver, but when parents are missing or deceased and alternative caregivers are consequently enlisted, the responsibility then passes on to them; and in this case it passes on to the older carers in affected communities.

Discharging this obligation requires that carers have sufficient resources, both material and psychosocial. Grandparents who have perforce become 'new' parents and taken on the mantle of caring are faced with immense challenges in the face of insufficient resources of this kind.

Intergenerational relationship challenges

The subverted relationships of care and support result in a number of challenges for both the older carers and the children in these intergenerational families.

Grief and trauma

Typically, older caregivers experience considerable distress due in no small part to having lost one or more adult children to HIV and AIDS. Grandparents battling their own grief and trauma are faced with the difficult task of providing psychosocial support for the grief-stricken OVC who join the household.

Disempowerment of the elderly

Older caregivers tend to remain silent about their grief and other challenges; their appeals for help are harder to hear and thus easier to ignore.

Incapacity / unpreparedness for the demands of parenting

Grandparents are talking on the demands of parenting a young generation when they are no longer as vigorous as they had once been or as culturally and psychologically oriented to the prospect of parenting children as they were in their youth.

Poverty and a lack of regular income

Poverty is a key challenge facing especially the older women caregivers. Children living in older-headed households are poorer than children living in households with their parents (Clacherty 2008). This translates into a situation in which intergenerational households regularly face hunger, do not have enough clothes or soap, and lack bed linen and blankets. Furthermore, children's access to education is compromised, as is health care for both carers and children. This material inadequacy in turn creates significant psychosocial stress for both the older carers and their children.

Access to documentation and registration

The CRC underlines the need for children to be registered at birth, but UN estimates indicate that 48 million children globally do not enjoy this entitlement, the greatest proportion of them being located in developing countries (UNICEF 2008). In Zambia, Uganda and Tanzania, less than 25% of births are registered, while in Zimbabwe the number is less than 50% (MICS AND DHS 1999-2004). High levels of migration amongst children who have lost their parents aggravates their risk of not being registered and being able to access identity documentation; consequently, this heightens the risk of harassment and imprisonment due to lack of documentation.

Care and support related to sexual well-being of children

Young people often feel disempowered owing to social silence in intergenerational families, to a lack of support within families for especially girl children in the face of sexual abuse, to the heightened risk of sexual abuse by older male carers in intergenerational families. These young people are unable to access the accurate information and services they require in respect of their health needs, in particular the need for sexual health education. Though there is a wave of change in intergenerational relationships, the subject of sexuality as well as infections such as STI and HIV/AIDS is surrounded by fear and trepidation.

Conflict relating to discipline and the rights to play and rest

A common source of conflict mentioned by all the children who participated in the Clacherty (2008) study related to different generational attitudes to issues such as the right of children to play and rest, obedience and discipline. A story told recurrently by the participants was that:

Then your gran sends you to collect firewood and you go instead to play football and if you are sent somewhere and you are late in coming back. If you are late in coming from fetching water then your gran beats you.

Poor communication creates psychosocial distress

Poor communication between older carers and children impacts negatively on the mental and psychological well-being of both the child and caregiver. Studies have found that 70% of children in the care of the elderly were worried; 65%, irritable; 63%, sad; 62% struggled to concentrate; 61% were overwhelmed; and 56% felt hopeless and in need of somebody to whom they could speak.

These statistics underline the need among for the development and support of effective parenting and communication skills so that older carers are able to effectively fulfil the psychosocial dimension of their parenting role.

Social support mechanisms that mitigate intergenerational challenges

This review examines the support mechanisms which exist to support carers and children in intergenerational relationships and thereby ameliorate the challenges facing them.

International and regional frameworks

An array of international and regional instruments require that national policies, laws and programmes, and NGO responses be in place in order to protect the rights of all children, especially those made vulnerable by HIV and AIDS; the key rights at issue are the right to survive, the right to develop, and the right to participate in decisions affecting their lives. Moreover, many of these instruments expressly require effective responses to the challenges faced by older carers and children in intergenerational relationships so as to ensure the protection and realisation of the rights of both the carers and the children in their care.

Responses by countries, NGOs and civil society

This review evaluated the policy responses of nine African countries to the obligations created by the international and regional instruments referred to above. Moreover, it identified NGO and civil society programmes in these countries that have been implemented to fill the gaps in the relevant country responses.

Policy and programme gaps and lessons learnt

1. The majority of national OVC policies remains silent about older caregiver households and, as such, do not acknowledge and meet the intergenerational challenges head-on.
2. The programmes that have been implemented by both government and NGOs are largely project-based. At present, the support that is provided for older caregivers and OVC remains project-driven rather than being integrated into the national policies, programmes and mandates of the different national ministries and departments.
3. Older caregivers remain invisible in many of the relevant policies and laws.

4. There are no adequate national social protection systems in place in most of the countries for older persons generally or for older caregivers specifically. As such, the complex material and psychosocial needs of older persons, especially older caregivers, are not being met.
5. In short, current national plans and actions meant to support OVC and older caregivers are insufficient; national policies, strategy awareness, commitment and mobilisation are still inadequate.
6. On a positive note, some countries and smaller projects are getting to the heart of providing the necessary support through cash transfer schemes. Evidence has shown that cash transfer schemes constitute an effective strategy for mitigating many of the challenges faced by OVC and older caregivers – not only the material challenges, but also the psychosocial challenges that are linked to material deprivation.

Recommendations

Drawing on the international and regional obligations, the effective national responses that have been put in place, and the benefits brought about by the various NGO interventions reviewed during the course of this project, the following recommendations have been developed:

1. Adopt a family-centered approach. There is a need for policies and laws to acknowledge the intergenerational family structure as an emerging dominant family structure in Africa and to adopt solutions geared to the dynamics and challenges characteristic of this unique structure.
2. Adopt a rights-based approach. The evidence is clear: the rights of not only children affected by HIV and AIDS, but also their older caregivers in intergenerational households are infringed. Responses must respect and promote the realisation of the full body of guaranteed rights, not only those of children, but those of older persons in Africa as well.
3. Develop integrated cross-sectoral responses at all levels. A full range of civil, political and socio-economic rights of older caregivers and children affected by HIV and AIDS are adversely affected in intergenerational households. These include the rights to participation in decision-making; to freedom of expression; to information; to equality; to freedom from discrimination; to health care; to social security; to food security and nutrition; to land and housing; to employment; to education; to community development; to protection from exploitation, abuse and neglect, amongst others. Effective responses require the multiple stakeholders responsible for these rights to work together to ensure the comprehensive protection of the full continuum of rights for carers and children.
4. Review older person's social protection policies and laws. Countries must review the adequacy of their older persons' policies and assess to what extent they ensure the rights and well-being of older persons in society.
5. Review and revise OVC and general children and family policies and laws. Countries must review and revise their OVC policies and laws so as expressly to foreground and prioritise interventions for the strengthening of older-caregiver households. Given the scale of occurrence of older caregiver households, the policy review should not be restricted to OVC policies alone, but should cover all policies and laws relating to the well-being of children and the strengthening of families generally.
6. Strengthen material support and services for children. Introduce cash transfers for children as a foundational element of a broader comprehensive social security package for children made up of social assistance, free education, free health care, nutritional support and access to subsidised and safe transport so that countries may realise their international and regional obligations to children.

7. Review participatory processes and communication strategies. This review revealed that children's participation is relatively well-respected in the relevant countries. However, the same cannot be said for participation by older caregivers. The policy review and development process must actively include older people generally and older caregivers in particular.
8. NGOs and civil society must review strategies and programmes. NGOs and civil society must also review and revise their OVC, older-carer and child-rights strategies so as to foreground the rights and needs of children in older-caregiver households. For example, those programmes and projects seeking to advance access to employment opportunities and which provide family support services must acknowledge and reach the older generation in their design and implementation.
9. NGOs must revise their communications strategies. NGOs and civil society play a key communications and awareness-raising role in marginalised communities.
10. The children's and older persons' sectors must collaborate with each other. The recommendations made can be realised only if NGOs in both the children's and older persons' sectors become joint advocates for change and participation. It is recommended that the sectors join hands and mobilise their constituencies collectively and cross-sectorally so as to build a critical pressure mass in support of the listed changes.
11. International and regional oversight bodies such as UNGASS should include reporting indicators that track progress on policy and programmatic fronts addressing the challenges faced by households headed by older caregivers.

Introduction

The AIDS epidemic has hit Africa harder than any part of the world and is still gaining momentum. UNAIDS and WHO (2009) report that in 2008 sub-Saharan Africa accounted for 67% of HIV infections worldwide, 68% of new infections among adults, and 91% of new HIV infections among children. In that year, the region accounted for 72% of the world's AIDS-related deaths, and these organisations predicted that if there were no change in behaviour in the population, the seroprevalence would continue to increase in 2010.

As HIV and AIDS continue to impact on sub-Saharan Africa, the emerging picture indicates that the infection is producing social dislocation, one consequence of which is a breakdown in the basic 'infrastructure' of life. In particular, the disease is cutting away the middle and the most productive generation of society. HIV and AIDS and other crises common to Sub-Saharan Africa disproportionately kill working-age adults. This results in what has become known as 'skipped-generation households' (SGHs). SGHs are defined by Samuels and Wells (2009) as households 'where an older person, often a grandparent, becomes the primary caretaker for a child who has lost one or both parents, or whose parents are absent for a prolonged period of time'. Consequently, HIV and AIDS not only disproportionately kill working-age adults, but also impact on older people. 'At a time in their lives when many older people might expect to be supported and cared for by their children, a growing number are instead caring for younger adults living with HIV, and for the orphans and vulnerable children (OVC) they leave behind' (Samuels and Wells 2009).

Research indicates that between 40 and 60% of orphaned children in sub-Saharan Africa are cared for by their grandmothers (UNICEF 2007). Grandparents are emerging as the 'new' parents at a time when they themselves need care and support in old age. A survey of the scale of older-headed households reveals that this kind of household is becoming a dominant and typical family structure in sub-Saharan Africa. For example, a study in Kenya found that 40% of OVC lived with their grandparents (Kenyan Demographic and Health Survey 2003), while in Namibia, Tanzania and Zimbabwe, 40-60% of orphaned children were cared for by grandmothers (UNICEF 2007). A study of 20,000 households in rural Tanzania found that virtually all orphans and foster children (those with one or both parents alive) were cared for by members of the 'extended family', often their maternal grandmothers (Urassa et al 1997). A WHO (2001) study in Zimbabwe documented that 71.8% of those giving care to orphans and the sick were over 60 years old, and, in Tanzania, Dayton and Ainsworth (2002) encountered patterns similar to those found in Zimbabwe by the WHO.

These households, the older caregivers¹ and the children for whom they care, are confronted by a host of challenges – challenges that represent a secondary crisis for families caused by HIV and AIDS.

The impact of HIV and AIDS causes a primary crisis in families while parents are still alive. It fractures and impoverishes families, leaving children isolated, socially and economically helpless, and vulnerable to all manner of abuses. This primary crisis engages issues of survival and resource control in families in a time of adversity, and is shaped by international and national policies that guide economics and public health. However, it is followed in many instances by a secondary family crisis in the households of older caregivers when children orphaned by AIDS become their responsibility.

¹ Older caregivers are defined in this paper as people older than 50 years of age. This definition differs from the UN definition as someone older than 60 years of age. HelpAge believes that the lower age is more appropriate to the circumstances prevailing in Africa.

The crisis is created, not by the fact that older caregivers have to care for children, but by their inherent vulnerability and the lack of support they receive to fulfil this responsibility.

Across sub-Saharan Africa, families have been the primary support structure for children affected by HIV and AIDS (JLICA 2009; Weisner, Bradley, and Kilbride 1997). Traditionally, it is the older caregivers within extended families who have assumed the responsibility of caring for orphans and vulnerable children. Grandparents face an enormous task in meeting the responsibilities imposed on them when orphans and vulnerable children come into their households for care and support.

Grandparents are providing care and support to children impacted on by HIV and AIDS. The provision of care and support for this vulnerable group requires knowledge about the condition from a health and broader social perspective as well as material resources to meet the attendant needs – knowledge and resources which grandparents of an older generation often do not have. In addition to the knowledge and social and economic challenges faced by older caregivers, intergenerational differences lead to conflict, which compounds communication difficulties.

This combination of intergenerational conflict and lack of knowledge and resources must be addressed so that older caregivers are enabled to support the children in their care in a non-judgmental and confidential manner. Grandparents must further be empowered to know children's health status, treatment options and counselling procedures, and be able to elicit, listen to, and address their needs and concerns.

Despite their widespread and critical role in providing care and support to OVC, and despite older-caregiver households becoming a dominant family structure in Africa, older people are conspicuously absent in national policies and strategic plans responding to the AIDS pandemic in Africa (UNIFEM 2009; Stephen Lewis Foundation 2007). Current programmes for prevention, care and support that should be targeting them do not reach them. Even in regions that have seen considerable investment in HIV/AIDS infrastructure by foreign donors, grandparents are ignored and their needs have gone unnoticed and unaddressed.

Decisive action is needed to strengthen and protect this emerging family structure. Older caregivers and the OVC in their care must be prioritised in national OVC, older person and children's policies, strategies and protocols. The national responses must effectively respond to the scale of the issue at hand; HelpAge estimates that at least 40% of the approximately 12 million children orphaned by AIDS in Eastern and Southern Africa are being cared for by older caregivers, mainly older women carers.

It is against this background and in the light of the substantial and increasing scale of the prevalence of SGHs that this literature review has been undertaken. It was commissioned by the Regional Inter Agency Task Team (RIATT) on Children and AIDS in response to the call for proactive responses to the challenges faced by intergenerational households made at a multi-sectoral and intergenerational conference held in Dar es Salaam, Tanzania (29 September – 2 October 2008). A leading motif of the conference was the recognition of the family's importance as a key unit of care in protecting OVC and providing them with psychosocial support and well-being, thereby advancing the realisation of their full potential.

This study has sought to provide information to advance these calls by reviewing available literature pertaining to OVC and older caregivers in nine countries in Eastern and Southern Africa: Ethiopia,

Kenya, Malawi, Mozambique, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. This review aims to draw lessons from the successes and challenges revealed at country-level in these countries so as to lay a foundation for recommendations for future action to ensure that families headed by older caregivers receive the recognition and support they need and to which they are entitled, in order to ensure that children in their care are adequately cared for and protected.

1. Objectives of the study

1. Describe the roles of older carers in raising children orphaned by AIDS in the community.
2. Identify intergenerational relationship challenges faced by older carers and children orphaned by AIDS.
3. Assess the extent to which OVCs have meaningful involvement and participation in issues affecting them through intergenerational relationships/communication.
4. Evaluate external social support mechanisms that mitigate intergenerational gaps for both older carers and children.
5. Identify policy and programme gaps and lessons learnt from programmes addressing intergenerational issues between older carers and children orphaned by AIDS.
6. Make recommendations on strategies and interventions to support and improve intergenerational relationship challenges faced by older carers and children orphaned by AIDS.

2. Methodology of the study

Various sources of information were reviewed in order to identify and analyse the policy frameworks, strategies and Action Plans that record the commitments made by the world community to its orphaned children and older caregivers.

These sources included:

- international, continental and regional conventions emanating from the United Nations such as the Convention on the Rights of the Child (CRC), the Convention on the Elimination of Discrimination against Women (CEDAW); the African Union (AU), most notably the African Charter on the Rights and Welfare of the Children (ACRWC), and the Southern African Development Community (SADC);
- national policies and laws in nine African countries relevant to the provision of care and support for OVC;
- reports tracking progress against the various obligations imposed by international instruments, such as UNICEF's State of the World's Children reports;
- country-specific reports from respective ministries reporting on domestic compliance with prescribed standards of child protection as well as care and support;
- various research reports from USAID, PEPFAR, Plan International, HelpAge International, Horizon Population Council, World Vision, JLICA and the HSRC; and,
- reports from Regional Inter Agency Task Team (RIATT) and Stephen Lewis Foundation conferences on the challenges faced by older caregivers.

These documents articulate not only the goals, policies and strategies that countries are required to adopt and have adopted, but also bring to light challenges that have been faced and lessons learnt in fulfilling these obligations. As such, they constitute a valuable repository of experience that can be

harnessed in order to improve the care and support provided to OVC in households headed by older caregivers.

RIATT will be coordinating a number of focus groups discussions with OVC and older carers in the selected countries as part of its broader research agenda around older caregivers. These sessions will be designed to elicit further information about the nature of the challenges in these intergenerational relationships.

The term ‘OVC’ is problematic for a host of reasons, not the least of which is the stigma that is attached to it. However, given its currency in the literature reviewed as well as the in developmental community over the last decade, it has been used throughout this document. The use of the term should not be construed as an endorsement of it.

Chapter 1: The roles of older carers in raising children orphaned by AIDS

UNICEF data from 24 sub-Saharan countries established a close link between the AIDS-related mortality rate and households with double orphaned children under the direct care of grandparents. In particular, the report identified Kenya, Zimbabwe and Namibia as regions where the number of orphans aged 14 years old and below had increased between 1992 and 2004. But in contrast to the governmental reaction this situation might be expected to evoke, findings reveal that 90% of families with single and double orphans had little access to public support in these countries.

Children's rights in Africa are protected by international, continental and national law. Two of the main sources of law are the United Nations Convention on the Rights of the Child (the CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC). These instruments serve to guarantee an array of rights for children and their families, rights that are considered as necessary to the health, well-being and optimal development of all children. In other words, the rights – and the essential services they imply – must be provided in terms of both international and regional instruments and standards.

The primary responsibility for realising these rights lies with the caregiver. In the first place this is the parental caregiver, but when parents are missing or deceased and alternative caregivers are consequently enlisted, the responsibility then passes on to them. Fulfilling that responsibility and thereby giving substance to the rights involves meeting various obligations: the rights define a field of obligations, and hence the roles that caregivers are required to perform. Such a rights-based understanding of caregivers' roles provides an important yardstick for evaluating the efficacy of actual, contextual role-performance in securing the aim of health, well-being and optimal development for all children. At issue here is not only the role-performance of (and 'rights-delivery' by) caregivers, in particular elderly ones. Crucially, international and regional legal instruments impose obligations on states themselves in terms of the realisation of children's rights, in this context most notably the obligation to provide necessary support to alternative caregivers when parents are absent or have died so that these caregivers may in turn be able to fulfil their obligations.

The CRC and ACRWC guarantee numerous rights as conditions necessary for the child's development. They include the right to:

- a name and nationality from birth;
- sufficient material support to ensure a standard of living adequate for the child's physical, mental, spiritual, moral and social development;
- basic nutrition;
- shelter and adequate housing;
- social security, including appropriate social assistance;
- education;
- health care services;
- social welfare services, including psychosocial support and early intervention services;
- family care, parental care or appropriate alternative care;
- protection from maltreatment, neglect, abuse or degradation, including protection from harmful cultural practices;

- protection from work practices that undermine the child's well-being; and
- having the child's best interests taken into account in every matter concerning him or her.

Challenges surrounding the care of children affected by HIV and AIDS are uniquely shaped by the specific material, medical and psychosocial needs brought about by the impact of AIDS illness and death, issues of stigma, the linkage between AIDS and sexual behaviour, and the prevention and treatment of the disease. Among the many rights that become pertinent in these circumstances, two of them are especially illustrative of the issues central to the brief of this assignment to identify the particular stress points and challenges in intergenerational relationships between older caregivers and children affected by HIV and AIDS: the right to health care and the right to psychosocial support.

Grandparents who have perforce become 'new' parents and taken on the mantle of caring for children affected by HIV and AIDS do not necessarily possess the 'updated' parenting skills that are adequate to discharging this responsibility. They need clear information about HIV infection and transmission as well as its symptoms, treatment and available health services. Such information is essential for the household-level management of a child with AIDS-related illnesses and other associated childhood diseases such as malaria, measles, tuberculosis, diarrhoea, malnutrition, pneumonia and so on. The older caregiver's capacity in this regard relates, self-evidently, to the child's right to health care.

Moreover, older carers need to ensure that the information they provide to children affected by HIV and AIDS, including adolescent orphans, is imparted in a supportive, non-judgmental and confidential manner; they also need to ensure that they know the children's health status, treatment plan and counselling procedures. They must be able to elicit and listen to the children's concerns, and be able to inform, educate and reassure them in language and terms they understand. Supportive counselling or psychosocial support is necessary as it may help HIV/AIDS-infected and -affected children alike address their emotional and psychological trauma positively and with understanding. Some children may be anxious about how they will be treated by family, friends and the community after diagnosis. It is therefore important that they have the opportunity to discuss their health, feelings and personal situation with a knowledgeable, sensitive and non-judgmental older carer (Long and Ankrah 1996).

Chapter 2: Intergenerational relationships

Studies indicate that, both globally and throughout sub-Saharan Africa, children and women bear the largest burden of the HIV/AIDS epidemic, notwithstanding the policy guidelines and frameworks designed for their protection, care and support (UNAIDS and WHO 2008). Barnett and Whiteside (2002) maintain that in sub-Saharan Africa AIDS now kills ten times more people than warfare. Yet over and above the threat to life it poses, the disease brings into relief a score of challenges. These challenges form a band of pressure-points in the intergenerational relationships between older caregivers and children orphaned by AIDS, 'intergenerational relationships' being understood here in the elementary sense of arrangements that arise when members of the two different generations are bound together in a common household.

The challenges have been classified as follows:

- grief and trauma and inadequate psychosocial support;
- disempowerment;
- unpreparedness for the demands of parenting;
- physical infirmity;
- lack of a regular income and access to income generating activities;
- poverty;
- insufficient material resources;
- inaccessible health care;
- food insecurity;
- inaccessibility of information;
- access to education; and,
- access to documentation and registration.

In a further section, the review examines intergenerational relationship challenges in the specific sense of challenges that emerge in the interpersonal dynamic between members of these generations when they are, as it were, face to face rather than (as above) side by side. At issue is the question of intergenerational communication in the context of HIV and AIDS, and while it is discussed as a separate section, it should be understood that communication challenges of this kind inform and mediate all of the other areas of difficulty categorised above.

2.1 Challenges

One hundred African grandmothers who care for younger children gathered at the Stephen Lewis Foundation Conference in Toronto, 2007, to give voice to a range of health- and welfare-related problems they face on a routine basis. These included:

- the fear of death;
- the hardship and uncertainty of caring for children who are HIV-positive;
- the pervasive crisis of hunger;
- the lack of adequate shelter and the constant threat of homelessness;
- the need for steady incomes and income-generating programmes;
- the need for adequate pensions;
- the need for schooling that could secure a future for their grandchildren;

- the deep fear that the stigma around HIV/AIDS would not go away and that the cycle of infection and death would continue into the next generation;
- the need for psychological support for caregivers and their grandchildren;
- the need for space to grieve, including support groups and programmes both for caregivers and children alike; and
- the need for programmes and networks in Africa that could provide support through fundraising, advocacy and education (Stephen Lewis Foundation 2007).

These challenges mirror those identified by older caregivers at RIATT's 2008 conference in Dar es Salaam and confirm the findings of the WHO 2002 study on the impact of AIDS on older people in Africa (Zimbabwe case study).

To add to this picture, the following descriptions of the difficulties faced by older caregivers were articulated at the Madrid Conference on Ageing (2002):

- they have little basic knowledge of HIV/AIDS and its prevention;
- they are exposed to HIV infection through their caregiving roles and responsibilities;
- they are often stigmatized as People Living with Aids (PLWAs) or as caregivers of children with AIDS;
- they are poor and lack economic support;
- they experience physical and emotional stress resulting from the increased level of violence in the family and community;
- they have difficulty adjusting to the physical and emotional changes associated with ageing in the context of a debilitating illness; and
- older women caregivers tend to have a higher incidence of HIV than older men.

In overview, this review has established that caregivers experience a variety of challenges which emerge as a result of their new-found responsibility as sole caregivers of very vulnerable children. A scan of the kinds of challenges faced by older caregivers as listed above reveals that the introduction of children into their homes is an additional stress to their own, already vulnerable status. Their initial vulnerability is brought about by high levels of poverty, their own grief and trauma at the loss of their children, poor health and food insecurity, amongst other factors. The introduction of vulnerable children compounds the vulnerability of both the adult caregiver and the children, and this is not ameliorated through the provision of socio-economic, psychosocial, parenting, educational and other support such as transport to assist them in providing a nurturing and caring home environment.

As mentioned previously, older persons are already vulnerable because of their own circumstances before they assume responsibility for caring for children. This vulnerability, and the insufficient support provided to older people generally, widens dramatically when additionally vulnerable children are introduced into the household. Samuels and Wells (2009) point out that older people have distinct needs and vulnerabilities of their own. In times of crisis, such as when the household is affected by HIV and AIDS, their existing circumstances make them disproportionately vulnerable.

Distinct vulnerabilities of older people as identified by Samuels and Wells (2009) include:

- the increased likelihood of their own compromised state of health – older caregivers are more likely to have chronic illnesses, sensory, physical and cognitive difficulties;
- the fact that older caregivers are at risk of abuse and neglect; and

- a lack of understanding of the rights and entitlements of older persons.

These findings support a study by Roe (1996) which found that that, apart from the burdens of care, older carers have special needs that require urgent attention in order to facilitate the performance of their new parenting roles.

The existing vulnerabilities, lack of support for the older people generally, and the subsequent lack of support to aid them in fulfilling their additional caregiving responsibilities, in turn has the effect of heightening the vulnerability of the children who come into their care.

This review now turns its attention to describing and analysing in more detail the kinds of challenges faced by older caregivers and the children in their care.

2.1.1 Grief and trauma

Typically, older caregivers experience considerable distress due in no small part to having lost one or more adult children to HIV and AIDS.

At the conference in Toronto, many of the grandmothers told personal stories about hardship, sorrow and the determination to make life bearable for themselves and the orphans in their care. They spoke of their difficulties in coping with the emotional toll of HIV and AIDS, and said talking about the feelings caused by the loss of their children was like ‘opening [an] old wound’. The quotations below hint at the grief and despair that were such constant themes in their lives:

Our system of support in Africa has always been the family – they have been our safety nets, but what do we do when the family of 25 becomes two through so many deaths?

Our homes have become graveyards (Stephen Lewis Foundation 2007: 24).

These and other personal testimonies lend powerful context to the pain felt by older caregivers, emotional stress that is exacerbated by poverty, fear for the future, and the overwhelming burden of caring for the many OVC who join the household.

Grandparents battling their own grief and trauma are faced with the difficult task of providing psychosocial support for the grief-stricken OVC who join the household. A study conducted by Clacherty (2008) on children living with grandmothers in north western Tanzania found that most of the children who participated in the study had lost both parents: this was a ‘cause of deep sadness for all of them’.

The testimony of the caregivers at the various conferences referred to above speak volumes about the lack of adequate and appropriate psychosocial support for themselves and the lack of support they have in giving children in their care adequate psychosocial support.

2.1.2 Disempowerment of the elderly

The emotions that were voiced loudly and clearly at the Toronto conference are, at home among family members, more often turned inwards and seldom expressed openly. The psychological impact on older caregivers of their experience is shocking and silencing. Because older caregivers tend to remain silent about their grief, their appeals for help are typically harder to hear and thus easier to ignore. Indeed, it would seem that few in the community regard emotional stress as being among the

health issues which should be addressed to improve the quality of care that older carers give to their orphaned – and similarly traumatised – grandchildren.

2.1.3 Incapacity/unpreparedness for the demands of parenting

Over and above taking on the demands of parenting under conditions of grief and bereavement, grandparents do so at a stage in their lives when they are no longer as vigorous as they had once been or as culturally and psychologically oriented to the prospect of parenting small children as they were in their youth. In plain terms, they had imagined they would live out their ‘golden years’ as grandparents. Respondents in various studies described a kind of Sisyphean fatigue at having to revisit work they had believed was concluded a long time ago. In the words of one grandmother,

I thought I was done with all the potty training, homework and day-to-day care of young children. I was looking forward to just being a grandma. Now I'm mama all over again (Long and Ankrah 1996: 249).

A 65-year-old man from Makoni, Manicaland, observed:

Looking after orphans is like starting life all over again. Because I have to work on the farm, clean the house, feed the children and buy school uniforms. I thought I would not do these things again. Am not sure if I have the energy to cope (WHO 2002).

Another pertinent comment summed up the difficulties faced by older carers:

I am so tired, it is difficult to feed the children and take care of them the way their mother did (Stephen Lewis Foundation 2007: 26).

2.1.4 Physical infirmity

UNICEF (2007) reports that older carers have the added strain of being constantly sick and weak as they go about their duties. Their frailty and compromised health creates the potential basis for the energy-sapping additional responsibilities brought about caring for younger children to precipitate the onset of illness. A study conducted by World Vision (2005) found that 37% of older carers succumbed to poor health once they had embarked on giving care. Although many women have been provided with training and are by tradition equipped to provide home-based care, these elderly women are overworked to the point that it undermines their health (Ankrah 1993; Caldwell et al 1993). This was aptly described by a grandmother at the Stephen Lewis conference as follows:

At 53, I can't prepare my own destiny. I can't rest and I can't die. There are too many demands. Many more are dying, bring more and more children (Stephen Lewis Foundation 2007: 26).

A number of grandmothers also claimed to have become infected by HIV in the process of giving care:

I have six children, inherited six orphans – their parents died, and I discovered that I should have used gloves to care for them, and now I am sick. I had to accept that I am positive. I have 19 children under my care, without the shoes, clothing or shelter. I need for them (Stephen Lewis Foundation 2007: 24).

2.1.5 Poverty and a lack of regular income

Older female-headed households are considerably poorer than male-headed households. An HSRC study illustrates the degree of difference by pointing out that in 2006 nearly 52% of female-headed

households in South Africa had a household expenditure of less than R1,000 per month, in comparison to 35% of male-headed households (Reddy 2008).

Poverty has been identified as a crucial problem facing older caregivers of OVC. It is therefore unsurprising that children living in older-headed households are poorer than children living in households with parent (Clacherty 2008). This translates into children in these households regularly going hungry, not having enough clothes, not having any soap to with which to wash, and no bed linen and blankets.

Research findings reveal that a majority of older carers believe they could play a stronger role in the care of the children if their governments and communities were to give them financial support in the form of cash transfers and better access to income generating opportunities.

Grandparents have either reached, or are about to reach, retirement age when OVC are incorporated into their households; the older carers then need to shoulder the burden of caring for the new arrivals as well as any other non-orphaned children who are resident with them. This creates a financial predicament for most grandparents. Having worked to raise children of their own, children who have later died in their prime of AIDS, the grandparents find themselves without income but with the need to start all over again in giving material support to children (Horizons; USAID November 2005). As is discussed in more detail later in this report, there is a marked absence of sufficient cash transfer programmes to provide much needed income to older carers in many of the countries that were reviewed for this research.

Like other women in the poor communities of developing countries, grandmothers must work out of economic necessity. The difficulty is not only that they are forced to seek employment in the light of the additional financial strain brought about by the incoming children. The need to work is often frustrated by the age of the caregiver. As pointed out by Samuels and Wells (2009: 1), 'old age often leads to decrease in the quality of health and physical capacity, resulting in less access to income generating opportunities'. For those able to access these opportunities, they combine motherhood and child care with labour in the fields, the preparation of food, the collection of firewood, and trips to the marketplace. Mainly agricultural in their labour, most of them are breadwinners with no regular income. They are, in other words, engaged in low-paying or non-cash work of erratic availability, and encounter hardship in buying even basic household items. Typically, they also have difficulty in accessing external financial assistance by means of which to sustain themselves and their families (Reddy et al 2005).

There is a pronounced lack of support at both a national policy and civil society level for aiding older caregivers to access income generating opportunities. Samuels and Wells note that even though many grandparents are willing to work harder and show determination and resilience, they were not included in NGO training and income-generating activities. The activities run by NGOs which formed part of the study they are reporting on only targeted youths and the able-bodied, leaving very limited opportunities for older persons to get involved (Samuels and Wells 2009).

Attempts at securing a combined subsistence livelihood are hampered by a pervasive consideration, namely that the older caregivers, much like the orphaned children in their care, are at a life-stage of restricted mental and physical capacity, so much so that at times it is hard to tell who is the actual carer in the intergenerational household – is the older person caring for the child, or vice versa? This ambiguity of situation and role follows from research findings which indicate that older carers and

OVC have a number of areas of vulnerability in common. Apart from the shared restriction in capacity, the two groups have been the targets of economic exploitation as well as sexual predation (United Nations May 2009).

A further challenge is that older female caregivers are sometimes denied property rights. In these cases, male relatives will grab either the woman's land or property belonging to the orphans brought into her care, the result being that the caregiver is left without the wherewithal to support her family. UNICEF (2008) has documented instances like these, emphasising that 'it is not uncommon to hear [of] such ... abuse carried out against older women by relatives, leaving them squatters without rights'.

2.1.6 Insufficient material resources to provide for themselves and the children

Poverty creates a stress amongst older caregivers in view of the negative impact it has on their ability to provide for the children in their care. The theme of inadequate material resources contributing to a sense of hopelessness and added distress at not providing adequately for the children finds amplification in the experiences recounted at the Toronto conference:

I too, as I sit here in front of you, am HIV-positive. My youngest grandchild is also HIV-positive. My biggest concern and worry are the living and sleeping conditions in my house. The children don't own any blankets. The few blankets they own are ripped. They wear ripped clothes because they have nothing else. And then our house collapsed on one side during the last rains. We only have two rooms left. (Stephen Lewis Foundation 2007: 26).

Older carers lack resources to meet their own basic needs as well as those of the children they nurture. Frequently there is no food, clothing or shelter.

2.1.7 Inaccessible health care

Access to adequate health care is important for both the well-being of the older caregiver as well as the children, especially those who are infected with HIV, those who are very young, and those who are otherwise additionally vulnerable.

HelpAge International (2003) emphasises that poor infrastructure – including the means of communication and transport, the distance to the health facility, the cost of treatment and the attitude of health workers – can complicate older carers' access to quality care at health facilities.

The link between poverty and poor access to resources is felt not only in relation to health care, but also to food and schooling.

2.1.8 Food insecurity

Food insecurity in households headed by older women has been observed by numerous commentators (HelpAge International 2006). Various studies, including those by HelpAge International (2008) and Clacherty (2008), confirm that hunger is a commonplace experience for children living in older-headed households. This in turn has an aggravating affect on the health and well-being of the older carers and older children in the family, because, in their faltering situation, grandmothers tend to starve themselves so as to be able to feed the children regularly (Samuels and Wells 2009).

Vulnerability in female- and older-headed households is common amongst the African countries forming part of this review. In South Africa, food insecurity and poverty has a strong gendered dimension, a dimension which is aggravated in older female-headed households (Reddy 2009: 7).

Reddy notes that 35% of the total population, or 14.3 million South Africans, are vulnerable to food insecurity. Women, children and the elderly, as vulnerable groups in South Africa, are the most affected by food insecurity. This conclusion is supported by Rose and Charlton, who conclude that in South African food insecurity rates are higher among households headed by females and the elderly (2002 in Reddy 2009: 7).

Reddy refers to a study conducted by Kapungwe (2005 in Reddy 2009: 7) in Zambia which found that female-headed households had a much higher chance of being food-insecure, as did large households and those headed by the elderly. Samuels and Wells observe that poor access to land amongst older women in Uganda further aggravates their food insecurity. A common experience amongst women in Uganda in the resettlement period has been an inability to prove their entitlement to land. Consequently, many women remain in camps.

The reasons for this vulnerability include, in addition to poor access to land and agricultural support, a lack of, or poor access to, training as well as unequal pay for men and women performing the same tasks. Such women also have limited access to productive assets, organisations and social networks, credit, legal rights and participation in the political system (Kapungwe 2005, in Reddy 2009: 7).

2.1.9 Access to information

Aside from having to take care of their own health, older caregivers must deal with grieving orphaned children and/or children who are HIV-positive and in need of special care such as HIV counselling, ARV treatment, infant-feeding programmes, nutrition support, support for adherence to ARV, and home-based care. Older carers require HIV-specific information on child health in order to access child health services and HIV treatment for the child at treatment centres (UNICEF, UNAIDS, WHO 2009).

In particular, they need this information to be able to provide appropriate family-level household care to sick children, as well as to know when and where to refer a sick child to a health facility in the event of complications. Moreover, they need training in home-based care in order to be capable of managing childhood illnesses like malaria or diarrhoea. Such training would also enable them to educate other family members about the care and support the children in the household are receiving, so that family members in turn know when and where to refer sick children to the formal health system.

In addition to access to health information to enable the care and treatment of children with HIV, it is essential that older caregivers also have access to prevention information. In South Africa, for example, the most common mode of HIV transmission is through heterosexual sex (86%). Key indicators in the country's National Strategic Plan for prevention through addressing sexual behaviour are knowledge and awareness of HIV and AIDS, the age of sexual debut, levels of condom use, and levels of multiple sexual partnerships (SANAC 2010). Caregivers, including older caregivers, have a critical role to play in sharing related information and advising children in their care appropriately so as to promote prevention of HIV.

The need for appropriate information to enable the provision of treatment, care and support and prevention amongst children was vocalised at the Toronto conference, where grandmothers underlined the difficulties of raising children infected with HIV and AIDS and said that as carers themselves they required basic health information in order to provide support.

The reality is that currently information and awareness raising campaigns, whether in respect of available health care services or appropriate prevention messaging, are not targeted at, or reaching, older caregivers. For example, a South African study found that, despite the availability of free health care for children, children in the care of older caregivers were not accessing health care because the older caregivers were not aware of the service (Giese et al 2003). A more recent study by the HSRC (Shisana et al 2009: 59) which assessed how the different age cohorts in South Africa were receiving HIV and AIDS awareness campaigns, found that almost 40% of adults older than the age of 50 had not been reached by government's or NGO's awareness-raising campaigns dedicated to raising awareness of HIV and AIDS, prevention and broader health-related issues.

What emerges, then, is that emotionally distressed older caregivers are subject to a compounding multitude of health- and welfare-related challenges: personal grief and bereavement, the strain of parenting an often expanding number of OVC, the lack or shortage of basic resources, deterioration in their own health, and difficulty of access to health services, information and support.

2.1.10 Access to education

A qualitative study conducted in Zambia (World Vision 2005; UNDP 2007) points to the fact that, as a result of financial difficulties in meeting school-related expenses such as books and uniforms, OVC living with grandparents are less likely than other children to attend school. In addition to its other ill-effects, non-enrolment at schools is a barrier to accessing information concerning the prevention of HIV/AIDS, STI and related diseases, as well as of unwanted pregnancy.

The potentially negative effect that living with grandparents has on school enrolment and attendance was highlighted in a qualitative study conducted by Clacherty (2008) of children living with grandmothers in the Ntshamba area of north-western Tanzania. The study found that children who live with their grannies often miss or drop out of school for a number of reasons.

The most common problem causing these children to drop out of or miss school is related to poverty in the older-headed households. All of the groups of children that participated in the Clacherty study reported being chased away from school for periods of time varying between a day to two months because they did not have school uniforms, socks or shoes, money for fees, stationery or books, education-related costs which their grandparents could not afford. In the words of one of the participants:

Because I had no shoes I stayed at home for a month before my granny had money to buy me shoes. So after the month my granny could have money and she bought me plastic shoes (Clacherty 2008).

Children who participated in the study further indicated that because they had to do chores before school, they were often late for school; some were kept out of school because of a lack of appreciation by their grandparents of the value of school. In the words of one of the study participants:

Other grans don't allow their children to go to school instead they just say, what do you benefit from school just stay here and do the work (Clacherty 2008).

The writers of the Tanzanian report stress, however, that the failure to appreciate the value of education was found only among some of the groups. In other cases there was grave appreciation of the value of education, and grandparents were distressed by their inability, due to poverty, to ensure that their grandchildren went to school. This concern was echoed by the grandmothers who attended the Toronto conference. They expressed fears that without education their grandchildren – especially

granddaughters – would grow up poor and ‘fall prey to predatory males and trade sex for illusionary security’; stressing the importance that education has for them, the grandmothers said, ‘We do not want to waste brains’, and wished that ‘all our children should go to school, up to university’ (Stephen Lewis Foundation 2007: 47).

Financial constraints caused by the lack of financial and other forms of material support from external agencies, often force grandparents into resorting to exploitation of their grandchildren to generate an income, at the expense of many of the children’s rights, including the right to education. In Uganda this exploitation has manifested in forced early marriages so that families can access a dowry and child labour. Begging is also a common desperation strategy in Uganda (Samuels and Wells 2009). The exploitation of children under these circumstances fuels the vicious infection cycle, which is firmly located in poverty patterns. UNAID (2008) reports that girls have a greater likelihood than boys of dropping out of school due to the heavy workloads at home, early pregnancy and early marriage. Poverty drives many of them out of school, and, as Muganda-Onyando et al (2003) indicate, it is in this context that the phenomenon of ‘sugar daddies’ has arisen, these being men who provide money or other resources in return for sex. The practice is so prevalent that girls tend to regard it as the norm: 50% of girls questioned in a survey in Kenya said they received money or gifts from their partner when they first had sex (Wanjau and Radeny 1995). A study in Uganda found that 22% of primary schoolgirls expected money or gifts in exchange for sex (The World Youth 1996).

The negative impact of an additional work load (both paid work and domestic chores) on children’s education was illustrated in some of the following insights shared by children in Tanzania during the Clacherty study (2008):

I miss school instead I go to cook food for her because she is sick. I never did the examination last year because my mother was sick and now my granny is sick. I will do the year again. I am in Grade 3.

The pervasive poverty, together with a lack of appreciation amongst some older caregivers of the value and importance of schooling (Clacherty 2008) and a lack of supervision and support by older caregivers, makes for an environment hostile to the education rights of children living with older caregivers.

Many girls who do attend school face the risk of vulnerability to abuse at school. According to a national survey in South Africa, teachers are responsible for an alarmingly high number of cases of sexual violence: 32% of reported child rapes were perpetrated by teachers (World Report on Violence and Health, WHO 2002). The problem is shared widely amongst Southern and Eastern African countries like South Africa, Kenya and Botswana. These countries all share a culture of sexual harassment by teachers. Sixty-seven percent of girls questioned in Rosette’s survey (2001) and cited in UNESCO (2005) said they had been sexually harassed by teachers and had left school as a result. Apart from being infected with HIV and AIDS and STI, the majority of them were orphans with lower levels of education. Moreover, there is anecdotal evidence to suggest that there is a risk of HIV infection because of sexual abuse occurring in households headed by older male caregivers.

2.1.11 Access to documentation and registration

The CRC underlines the need for children to be registered at birth, but UN estimates indicate that 48 million children globally do not enjoy this entitlement, the greatest proportion of them being located in developing countries (UNICEF 2008). In Zambia, Uganda and Tanzania, less than 25% of births are registered, while in Zimbabwe the number is less than 50% (MICS AND DHS 1999-2004).

Children in skipped-generation households are more at risk of migration due to limited household resources. The Clacherty study (2008) found that all of the children that participated in the study had moved at least once in their lives. Many had moved twice before coming to live with their grandparents, the first time after the death of one parent and then again after the death of their second parent. Many of the children had moved as often as three or four times.

This creates a risk of harassment and imprisonment due to lack of documentation by the children concerned. In addition, there is a general problem faced by older people in accessing the documents of children for whom they are responsible (Samuels and Wells 2009).

The difficulties in obtaining access to children's documents is aggravated by the observation by UNICEF (2008) that older carers do not appear to be well-informed about the importance of birth registration, resulting in a tardiness in pursuing access to birth certificates and related enabling documents.

Without birth registration, the child is viewed as having no legal identity, and may as a result be deprived of family inheritance, assistance and protection; the predicament is worsened by the fact that in most cases children who are not registered come from marginalised backgrounds. In instances where these legally unprotected children try to lay claim to their deceased parents' property, their situation may be aggravated if they are in the custody of older, illiterate female caregivers, who, due their gender, ignorance and advancement in age, are too powerless to fight for the property rights of the children absorbed into their households.

It is not only children, however, that face a documentation challenge: older people, especially those in poverty in rural areas, lack birth certificates or other kinds of formal identification (HelpAge International 2008). As pointed out in the HelpAge report, without adequate documentation, the older caregiver is unable to access the limited social protection schemes that are available.

2.1.12 Gender-based challenges

The HIV and AIDS pandemic seems to exert its greatest impact on women in low-income families. More often than not, women are the ones who provide care during illness and death, usually with little or no support from the extended family or community. Studies frequently indicate that, as HIV and AIDS spreads across sub-Saharan Africa, it is women of reproductive age who are most affected by it; studies likewise show that such women tend to leave their orphaned children to the care of the latter's maternal grandmother. Indeed, older carers are said to account for two thirds of all persons caring for people living with AIDS in Africa (Horizon and USAID 2003), with 73% of them being female (Kramer 1997).

Grandmothers, in other words, are more likely than older men to be tasked with the care of orphans. They will care for their ill grandchildren even at the cost of their own health, and will often find themselves unable to turn to their own families for help as a result of stigmatization within the community. Typically they have been widowed by HIV and AIDS, and in consequence suffer discrimination, isolation and ostracism. They also tend to be condemned and devalued not only because they are wrinkled and elderly, but because they may be physically impaired or have pronounced deformities that could act as the 'mark' to which community members react and as the basis on which they are possibly stigmatized (Sapey 2001). To spare the children under their care the same experience, they seldom if ever disclose the latter's HIV status. As their health begins to fail

through illness due to old age or HIV and AIDS, they are likely to become less active in meeting their caregiving duties and delegate them to adolescent female grandchildren.

Zimbabwe Horizon (2006) reports that these females – orphans and older carers alike – are prone to psychosocial stress, stress which is compounded by inadequate social support. In short, the burden of care shouldered by older women is heavier than that carried by men, a burden that tends to reduce the women to the state of ‘mental patients’ who are silently ill and ‘need[ing] therapy’ (Mason et al 2001).

Chapter 3: OVC communication and participation in intergenerational relationships

The preceding section classified and described numerous challenges confronting the intergenerational relationship between older caregivers and children orphaned by AIDS. There, ‘intergenerational relationship challenges’ were (as stated) understood in the sense of challenges that face the two generational groupings by virtue of their being bound together in a shared household, challenges that may be experienced separately or jointly, or more pressingly by the one group than the other, but which nevertheless ultimately impact on their common welfare and hence on the nature of the care that OVC receive in such circumstances.

In this current section, however, the focus shifts to the interactional interrelationship between members of the different generations and to the ways in which it mediates and modulates the access OVC enjoy in respect of their entitlements under a rights-based framework, in particular the rights to play and rest, health care and psychosocial support. The emphasis, in other words, falls on intergenerational communication, which Help Age (2006) defines as ‘apply[ing] to the interactions involving individuals from a different age cohort e.g. parent-child, grandparents and grandchildren, aunt-niece’. With that said, though, Help Age provides a definition, too, of the term ‘intergenerational’, one that serves perhaps as an aspirational goal for intergenerational communication:

Uniting effectively in the process of generating, promoting, and utilizing ideas, knowledge, skills, attitudes and values in an interactive way; and applying the outcomes of such unification and interactions to the improvement of self and the community (2006).

3.1 Health care and education

According to Weisner, Bradley, and Kilbride (1997), in traditional African society the elderly were generally held in high esteem and regarded as custodians of knowledge who, among other things, prepared young people for adulthood by providing them with sexual health education before they got married. But the situation has changed dramatically over time, resulting in the loss of the sexual health education that young people need as a matter of urgency in the era of HIV/AIDS.

UNICEF (2007) and Muganda-Onyando et al (2003) both point out that young people today enter into sexual activity earlier than in the past. In Ethiopia, females have their first sexual experience on average at the age of 16 years; in Uganda, that age is 16 for females and 17.6 for males; in Tanzania, it is 17 for both sexes; and, in Kenya, it is 16.8 for females and 16 for males. Because they are still at an early stage of development, sexually active children can feel embarrassed about their intimate experiences and ashamed of speaking about sex and associated problems such as infection and unwanted pregnancy. Consequently, these children, girls in particular, are less able than adults to make use of contraceptives or negotiate safer sex, with the result that they run the danger of falling pregnant and/or contracting STI and HIV/AIDS (The African Child Forum 2006).

The social silence around children’s sexuality is especially conspicuous in the case of rape. In Tanzania, for instance, it is a common occurrence but matters are often settled out of court, with the perpetrator either paying compensation to the family of the girl or marrying her to avoid bringing disrepute and shame to her and her family (The African Child Policy Forum 2006). But the problem is

not confined to Tanzania. Existing literature on gender-based violence and violence against children indicates that this is widespread in homes and communities across Africa. The African Child Policy Forum (2006) found that 31% of the girls questioned in Uganda had been sexually abused, while 67% of them in Botswana had been sexually harassed by teachers. According to the study, a cross-cutting theme in the girls' experience was the lack of support they had from families and communities, a lack which is itself in turn a source of further disempowerment. In fact, anecdotal evidence suggests that there is a further risk of sexual abuse in the family environment for girls living in male older-headed households. The harm inflicted by the violent act is typically compounded by the absence of a forum within the family, or any other setting in which women and young girls can share their experiences among themselves and with men and boys. The same study found that in Kenya police officers either perpetrate sexual violence against women and girls or indirectly condone it by declining to take it seriously as a criminal offence, thereby sending a signal that the behaviour falls within the limits of permissibility (and, by a further turn of logic, implying that action against it does not).

As long as sexual abuse is shrouded in silence, so will it remain unaddressed; and as long as it is unaddressed, it is likely that OVC and older caregivers will continue to suffer its effects. Orphans and vulnerable girls may even be unaware that what they are experiencing is indeed an abuse. As a respondent to a survey by the African Child Policy Forum said:

Violence is everywhere in the society and it is sad that some cases go unreported. I grew up in an extended family where dad's relatives were involved. At that time, I did not know that I was being molested sexually by dad's relatives (2006: 52).

In view of this broad context, young people find that they are frequently unable to access the comprehensive, accurate information and services they require in respect of their health needs, in particular their need for sexual health education. Although there is a wave of change in intergenerational relationships, the subject of sexuality as well as infections such as STI and HIV/AIDS is surrounded by fear and trepidation (Bede, Eke 2000), and, out of deference to their elders, children in certain cultures encounter difficulty in broaching it with their younger parents, let alone grandparents (UNICEF May 2002). Several studies have reinforced the notion that children need space to articulate issues affecting their lives. For example, in the UNICEF project 'Voices of the Youth', young people complained that '[t]he older generation do not respect us, so we do not have much communication about HIV with them' (UNICEF, International Dialogue & HIV/AIDS 2002).

To turn to the other pole of the intergenerational relationship, the reticence shown by grandparents in speaking about sexuality and HIV/AIDS is tellingly illustrated in a comment made by a grandmother at the Toronto conference:

A child, after losing her parent to HIV, she too (may be) HIV-positive. It is difficult, and often grannies do not tell the child because of the stigma she will receive in school (Stephen Lewis Foundation 2007: 35).

Similarly, older carers find it hard to disclose their own health status to the children in their care if it happens that they themselves have become HIV-positive, one of the consequences of which is that they do not to prepare the children for their eventual demise. In its Zimbabwe-based study, Horizon (2003) found that 67% of parents felt uneasy in revealing their HIV and AIDS status to their children, an impediment they could overcome only once they had developed friendship with, and mutual respect for, one another. Conversely, about 88% of the children in the survey declared that they wanted parents to explain their HIV status to them in person rather than learn of it from someone else; 30% of them acknowledged that such disclosure is important.

3.2 Conflict relating to discipline and the rights to play and rest

A common source of conflict mentioned by all the children that participated in the Clacherty (2008) study related to different generational attitudes to issues such as the right of children to play and rest, obedience and discipline. A common story told by the participants was that:

Then your gran sends you to collect firewood and you go instead to play football and if you are sent somewhere and you are late in coming back. If you are late in coming from fetching water then your gran beats you.

It is not just the conflict generated by the generational gap that poses a challenge, but also the customary communication traditions and taboos, the lack of support and fora to resolve the conflict. The children in the Clacherty study felt that they could not communicate with their grandmothers to address the issue as they felt that communicating directly was not respectful. Furthermore, the children in the study felt helpless in the face of their caregiver's lack of understanding of their need and right for rest and play, alongside shouldering the burden of care and chores they are faced with daily.

So, while on the one hand, grandparents or other older caregivers would like to raise OVC in their care in the same way they raised their immediate children – *that is, with strict, authoritative rules and without taking generational differences into consideration* – this approach has the potential of leading to misunderstanding, even estrangement, between them.

3.3 Consequences of poor communication

The negative consequences of poor communication between older carers and children on the mental and psychological well-being of both the child and caregiver are well documented. The 2003 Horizon study found that: 70% of children in the care of the elderly were worried; 65%, irritable; 63%, sad; 62% struggled to concentrate; 61% were overwhelmed; and 56% felt hopeless and in need of somebody to whom they could speak. Inasmuch as these statistics suggest that widespread problems of communication around crucial matters do little to alleviate the distress of ill, grieving and/or traumatised OVC, they point to the need among such children for concerted psychosocial support from carers and other agencies. By implication, the statistics underline the need among these carers for effective parenting and communication skills that would enable them to motivate the children to talk about their feelings and participate in the management of their lives. Such skills would allow caregivers to engage with, and provide reassurance to, children who need to be spoken to without being stigmatized or labeled as they grapple to understand their situation.

Ultimately these skills should be premised on the form of communication eloquently described by Garbarini et al in their account of children growing up in war zones, one characterised by a willingness 'to hear children struggle with confusion that comes when one must make sense of what fundamentally does not make sense' (1998: 29). In a similar vein, research by Freeman (1986) into intergenerational relationships in the U.S.A. found that when young people and grandparents were brought together in mutual discussions, the young people consistently cited improvements in their day-to-day lives. In addition to learning functional skills, they appreciated older people for helping them to weather potentially debilitating problems, for bolstering their stability and sense of competence, acting as their advocates and providing important access to services in the community. For their part, the older people viewed the experience of interacting with the youth as important in meeting their own needs and allowing them to pass on skills and knowledge they had developed over a lifetime.

Many of these findings were echoed in UNICEF's 'Voices of the Children' project, in which children said they preferred to be talked to and prepared for future life by older people. They asserted that it prepared them to face the future with confidence, that it equipped them with relevant information, and that it strengthened the family bond. Talking to older carers minimised their worries and enabled them to make informed decisions about whether or not to have sexual relations before marriage.

In sum, open, supportive, non-judgmental and friendly communication with young people is likely to allow them to negotiate problem areas with their older carers, gain confidence in seeking services outside their households, avoid misunderstandings, and develop enduring intimacy with their caregivers. A supportive relationship with carers is widely recognised as a protective factor that 'buffers the consequences of negative experiences of orphaned children' (Duncan and Arnston 2003).

Chapter 4: Social support mechanisms that mitigate intergenerational gaps for both older carers and children

Given the challenges which have been identified, what support mechanisms exist to mitigate them? The question may be answered by addressing two further questions, the one concerning the measures that ought to be in place, and the other relating to measures that are in actual operation. First, what responses are required from NGOs and governments in terms of international, regional and other instruments? Second, what responses are currently provided by NGOs and governments? These questions have together guided the following analysis, an analysis that proceeds by examining:

1. international policies and frameworks;
2. regional policies and frameworks;
3. national policies and frameworks, and
4. interventions by civil society and national governments.

4.1 International policies and frameworks

4.1.1 The Convention on the Rights of the Child (CRC)

The adoption of the CRC by the United Nations General Assembly in 1989 ushered in a new era for children in its promotion of their rights and well-being, and became an international framework for guiding programmes for all the children of the world, including OVC. It is underpinned by four cardinal principles: non-discrimination; the best interest of the child; the right to life, survival and development; and respect for the views of the child (UNICEF 1991).

The CRC speaks to three basic rights: the right to survival, development and participation.

The right to survival addresses the plight of millions of children worldwide who suffer from childhood diseases and HIV and AIDS. These illnesses should now be prevented or treated at low cost to improve child survival, and combined efforts must be made to reduce the child morbidity and mortality rate. The CRC adds that children should be protected not only from disease but all forms of violence and abuse as well.

The right to development – physical, mental and emotional – requires that children attend school and perform well in order to reach their full potential. The CRC urges governments to increase educational opportunities for children, who, globally, have little or no access to basic education and literacy. To fulfil their commitments, states that are signatories to the Convention must adopt specific measures for, among other things, the expansion of early childhood development activities.

The right to participation requires that all children participate in decision-making and in the processes of initiating and implementing programmes which target them as stakeholders and beneficiaries. Children must, in other words, be the focal point, the unifying concern, for all actions to be taken in their respective countries by national governments, NGOs and those working to address children's needs. Such entities must adopt the principle of 'first call for children' – a principle emphasising that the essential needs of children be given high priority in resource allocation, irrespective of whether the times are good or bad.

The CRC represents a key departure from the traditional welfare-based approach to children's development and was adopted as the official international framework under which children should expect to enjoy their rights. Society's role is to promote and respect these rights, while the family is recognised as having the primary responsibility for nurturing and protecting the child from infancy to adolescence. This recognition should, in addition, be articulated in national policies, strategies and programmes. Each country is encouraged to examine how it might accord higher priority to programmes that generally benefit the well-being of its children and which in particular serve to achieve the CRC's goals for child survival, development and participation as stipulated in the Declaration of and Plan of Action.

4.1.2 The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

CEDAW was adopted by the UN General Assembly in 1979 and ratified in 1981; it can be described as the 'International Bill of Rights for Women'. CEDAW aims to improve women's position in society, and recognises that discrimination is both widespread and often perpetuated by stereotypes, traditional cultures and religious beliefs detrimental to the development of women young and old.

CEDAW not only describes what constitutes discrimination but also sets the agenda for national action to end violence and discrimination against women and children. Furthermore, it enshrines the principle of legal equality between men and women, and targets cultures and traditions that are harmful to women's development. States that have ratified or otherwise acceded to the Convention are legally bound to put its provisions into practice and must submit national reports on the measures they have taken towards meeting their obligations.

4.1.3 United Nations General Assembly Special Session (UNGASS 2001)

At a meeting of heads of state and government representatives in 2001, the United Nations General Assembly Special Session (UNGASS 2001) issued the Declaration of Commitment on HIV/AIDS in order to rally urgent global action that would change the course of the epidemic. Articles 65-68 of the declaration focus on children made vulnerable by HIV and AIDS, and UNGASS urged countries to commit themselves to bringing OVC and older caregivers into the centre of the international, regional and national agendas. Recognising that families headed by older caregivers needed to be included in policies, it called on world leaders, civil society and the private sector to give paramount attention to HIV and AIDS and support for OVC and older caregivers.

UNGASS laid out Action Plans and timelines to achieve the goals of the Declaration, and these were to be met internationally, regionally and nationally.

At the international level, UN agencies were to formulate strategies that supported greater and more co-ordinated action and participation by all relevant organisations of the United Nations system, measures that included participation in developing and implementing a regularly-updated UN strategic plan for HIV and AIDS. The key strategies involved full co-operation, collaboration and partnership among UN agencies as well as organs in the private sector and civil society.

At regional and sub-regional level, countries were, among other things, to intensify co-operative, co-ordinated action and devise strategies in support of initiatives taking place in the individual countries.

At national level, the Declaration enjoined countries to 'ensure the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS' (Article 37). Inter

alia, these strategies were to ‘confront stigma, denial and silence’, ‘address gender and age-based dimensions of the epidemic’, and ‘involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people’ (Article 37).

As stated, Articles 65-68 focus on OVC; they also elaborate on national obligations. Countries were to actualise policies and strategies for strengthening governmental, family and community capacity for building a supportive environment for OVC, which would include providing ‘appropriate counselling and psychosocial support, ensuring their enrolment in school and access to shelter, good nutrition and health and social services on an equal basis with other children’; they were also to be protected from ‘abuse, violence, exploitation, discrimination, trafficking and loss of inheritance’ (Article 65). The theme of non-discrimination is taken up again in Article 66, but with emphasis lent to a ‘visible policy of de-stigmatization’ of such children. Article 67 in turn urges civil society, the private sector and international community, ‘particularly donor countries’, to complement these national initiatives, and appeals for ‘special assistance’ to sub-Saharan Africa.

Article 68 reiterates the call for galvanised action on policy development, adjustment and implementation, and, inter alia, requires the ‘review [of] the social and economic impact of HIV/AIDS at all levels of society, especially on women and the elderly, particularly in their role as caregivers, and in families affected by HIV/AIDS, and [the] address[ing] of their special needs’.

In terms of the Action Plan and Declaration, countries must take into consideration the whole experience of the child and older carer at every stage of the development of prevention, care and support strategies. Countries were to place older caregivers the centre of their care and support strategies and ensure that adequate resources were available to them for the care of orphans in their households.

However, two cautionary and/or critical notes should be sounded.

First, Action Plans were to be developed in accordance with the realities of specific countries and their priorities, standards and availability of resources. UNGASS emphasised that such plans may vary from country to country; bearing in mind that countries would wish to add other developments goals to them which were unique or notably relevant to their situation. By implication, the adoption of UNGASS’s goals hinges on a range of factors: their logistical feasibility and financial affordability at national level, countries’ needs and priorities, and the political commitment to, and broad public support for, their realisation.

Second, UNGASS’s reporting – a binding requirement for monitoring and evaluation – seems to have omitted the issue of intergenerational relationships. Indicator no. 10 (‘Support for Children Affected by HIV and AIDS’) of the guideline, *Monitoring the Declaration of Commitment on HIV/AIDS* (UNAIDS 2010), needs to be unpacked in order to target older caregivers (OCG) and their OVC. The indicator is broad: while it refers to the families of OVC, it is not specific to OCG-headed households. This may be a reason why country policies and strategies are not being particular in targeting OCG-headed households (see the country analysis below). As a whole, the reporting indicators mainly concern treatment and care programmes, and do not elicit data specifically about efforts to mitigate the plight of OVC in OCG-headed households.

4.1.4 Madrid: Second World Assembly on Ageing, 8-12 April 2002

The Madrid World Assembly on Ageing served to further the UNGASS goals that fight HIV/AIDS through care and support of OVC who are under the wing of older carers. Noting that global data often do not reference the impact of HIV/AIDS on the older population, the Assembly set forth a list of the major challenges facing older carers. These challenges, it said, had to be tackled through clear policy guidelines and interventions that promoted the carers' health, enabled them to provide care and engage in development activities, and let them do this without their being discriminated against on the basis of old age.

More widely, the purpose of the Madrid World Assembly was to assess the progress UN member states had made in implementing the resolutions put forward 20 years earlier at the very first World Assembly on Ageing in Vienna – resolutions known as the Vienna International Plan of Action on Ageing. Likewise, the meeting in Madrid eventuated in a plan for implementing programmes that would benefit the older people at international, regional and national level; one entitled The Madrid International Plan of Action on Ageing.

In terms of the latter, older people are regarded as contributors to socio-economic development instead of its passive beneficiaries, as untapped resources capable of providing care to OVC rather than a tap on the society's resources. Their inclusion in the development agenda helped in the formulation of policies and programmes for addressing issues affecting older people. Endorsed by the UN in 2008, the Plan is binding on all member states including those in the African Union, who are thus required to develop and implement initiatives in accordance with these agreed-upon guidelines.

4.2 Regional policies and frameworks

Regional bodies such as the African Union (AU) and Southern African Development Community (SADC) have worked to customise the international frameworks above to the African context, and findings indicate that they are increasingly demonstrating a commitment to the empowerment of children affected by HIV and AIDS.

For example, the AU policy framework and plan of action on older people in Africa was drafted in Windhoek, Namibia, in 1999 and ratified at an assembly of heads of state in Durban, South Africa, in 2002, thereby making it binding on all member countries to develop policies for enhancing the quality of life of older carers and their OVC.

In addition, in 2008 AU ministers in charge of social development adopted a Social Policy Framework for Africa that recommended the scaling-up of social protection, including income transfers that would mitigate the social and economic effects of HIV and AIDS on OVC.

Similarly, SADC has finalised its Strategic Framework on OVC and youth, which provides a template for the development of a minimum package of social protection services that includes psychological support services and support to caregivers of OVC (UNICEF, UNAIDS and WHO 2009).

4.3 National policies and frameworks

In order to assess the progress that the nine African countries under examination have made towards developing national policies and frameworks related to OVC and OCG, this review has scrutinised their policy documents and strategic plans with an emphasis on how these have defined vulnerability and orphaning. The rationale for the procedure was to gauge the specificity with which OCG-headed households are being targeted in the formulation of policies and strategies.

4.3.1 Analytical overview

All nine countries relied on a similar definition of the term ‘orphan’, that is, ‘A child under the age of 18 who has lost a mother, a father, or both, or a primary caregiver due either to HIV/AIDS or to any other cause’. However, they all entertained varying definitions of who ‘vulnerable children’ are. Among them were ‘children who are neglected’, ‘street children’, ‘handicapped children’, ‘children affected by conflict, war or natural disaster’ and ‘children living with retarded caregivers’. Such inconsistency of usage can in itself be a cause for concern, but the different proffered meanings do have a common thrust: they signify the experience of rights transgressions of the children concerned in the context of living in adverse circumstances. .

By implication, when the terms ‘orphans’ and ‘vulnerable children’ are used together, ‘orphans’ are seen as vulnerable children by virtue of the adversity of living in poor households without a responsible adult to nurture or protect them. Such households include those headed by children or a sick, or disabled, caregiver. The term ‘orphan’, in other words, is closely linked to vulnerability and is associated with children living under difficult circumstances. But while vulnerability, or, on the flip-side, experience of adversity, is central to orphanhood in the context of HIV and AIDS, it is also the case, as this study has asserted, that it is predominantly characterised by intergenerational dependence, even interdependence, through caregiving arrangements with older people. In the understanding of HIV- and AIDS-impacted orphanhood that was described above, the child in his or her singularity faces a vista of all-surrounding threat; but this picture runs the risk of keeping from sight the child’s typically symbiotic, or at any rate dyadic, condition as a person bound in an intergenerational relationship with an older caregiver.

The point gains salience in view of the fact that only a limited number of the country’s policies and strategic plans for OVC expressly recognise and seek to support ‘older caregivers’. The concern is that if older caregivers are not included in policy and strategic plans in recognition of their key role in protecting and caring for orphaned children, the likelihood exists that they will be excluded from national budgets as well as sectors where their participation and empowerment are vital to national growth.

All of the nine countries have lived up to their commitment to protect the rights of the child and have thereby met UNGASS expectations in this regard. However, despite their recognition of children’s rights and their subsequent development of rights-based policies, many of the countries under review have not taken the opportunity to target OCG-headed households as required by UNGASS and the AU policy framework, the latter of which promotes the enactment of legislation to ensure that children left in the care of older relations get adequate levels of financial and material support. The AU framework is sensitive to intergenerational relationships and recommends advocacy efforts for the adoption of national policies addressing the challenges typical to these relationships and encourages consultation with older people around the allocation of resources for implementing commitments under the Madrid International Plan of Action on Ageing.

In terms of child participation – especially in the development of national policies and strategies – it is observed that none of the countries involved children in their processes except for Zimbabwe and Uganda, countries which conducted various district-level conferences and formulated their policies and strategies with input from children.

Below is a summary of country-specific policies and strategic frameworks for OVC care and support, as derived from their respective national policy documents.

4.3.2 Country-by-country summary

Ethiopia has a *National Strategic Framework for OVC Response to HIV (2004 – 2008)* in draft form. It does not include OVC in households headed by older caregivers, nor is OVC and OCG participation referred to explicitly. Falling under the Ministry of Women Affairs, which manages children's issues, the policy is under implementation at federal and regional level. The Ministry has an OVC Task Force which has been introduced at the Zonal level and will soon be extended to the Woreda (district) and Kebele (ward) levels. The development programming does not include OVC under older caregivers, and OVC and OCG participation in its formulation is not explicit. Engle (2008) observed a general lack of focus on policy, and priority intervention areas in the programming to address the plight of OVC and older caregivers.

The *Interim Strategic Plan for Multi-Sectoral HIV Response in Ethiopia 2009 – 2010/2011* recognises that the impact of HIV/AIDS is not fully understood in the Ethiopian context. However, it does acknowledge the impact of the pandemic on orphans and the elderly population that have lost their children that would have potentially have supported them during retirement. Therefore, a key strategy that has been developed to mitigate the impact of HIV/AIDS has been to intensify programs for OVC and older people. *The Road Map for Intensifying Multi-Sectoral HIV/AIDS Response in Ethiopia 2010 – 2014* indicates that care and support services will be provided to OVC and PLHIV in their familial network through a sustainable approach, and efforts will be made to reduce dependency by scaling up income generation activities to needy OVC and PLHIV. A key activity identified is support to elderly caregivers and OVC guardians. Another activity is to develop an OVC care and support standard and service delivery guideline.

Kenya has the *National OVC Policy 2003* and *National Plan of Action for OVC 2005-06, 2009-20*. The policy and plan are located in the Ministry of the Vice President and Home Affairs (MOHA), and the development thereof was financed by UNICEF and USAID through Family Health International. Neither the policy nor the plan includes OVC in the households of older carers. It should be noted, however, that Kenya is one of the few countries so far to have initiated a National Cash Transfer Programme for OVC living in OCG-headed households. The programme targeted 12,500 households at the end of 2007 and was expected to expand to another 70,000 by the end of 2009.

In addition to the *Sexual Offences Act (2006)*, Kenya also has the *Children's Act*, operational since 2002. It is said to be the region's most comprehensive legislation for children, and provides the necessary framework for the promotion and protection of child rights. During the development of the national programme guidelines on the Act, wide consultation took place but the participation of children is glaringly absent.

The *National Child Labour Policy* was expected to be ready in August 2007 (World Vision 2008). Its guidelines were developed under the National Council of Children's Services (NCSS) as well as Area Advisory Councils (AAC) in all districts.

The *Kenya National AIDS Strategic Plan 2009/10 – 2012/13 and Plan of Action* includes several action points to support OVC and older caregivers, including:

1. the provision of social protection services to caregivers;
2. conducting a participatory process to help communities identify and design responses to the impact of HIV, including responses to the needs of the older persons and child-headed households;
3. training at least one support group per community on care for caregivers;
4. conducting at least two community outreach campaigns per year per community to sensitise guardians (which would include caregivers) on the rights of OVC;
5. developing appropriate OVC care programmes;
6. support programmes that reach the elderly and child-headed households, including using community support mechanisms.

Malawi has the *Republic of Malawi National Policy on OVC (February 2003)*, located in the Ministry of Gender and Community Services. The policy does not include OVC in OCG-headed households. Copies of the policy are not available at the community level (World Vision 2008).

The National Plan of Action for Orphans and Vulnerable Children (2004-2009) outlines programmes and guidance for the establishment of meaningful social protection interventions. Likewise, social protection is a key theme of the *Malawi Growth and Development Strategy*. It includes the design, implementation and evaluation of a social cash transfer scheme linked to schools and children's centres that seek to reduce poverty and hunger in poor households. A pilot scheme is being administered in seven districts, and as at 2009, it appears to have reached more than 23,000 households and 92,000 individual beneficiaries, of whom over 48,000 were OVC. It is reported to have achieved some substantial results in poor households in terms of health, education, asset accumulation and child protection; reports indicate too that it has developed an effective, innovative policy and strategic framework to address the plight of both OVC and older carers. (UNICEF, UNAIDS, WHO 2009). However, it is unclear whether, or to what extent, children participated in the formation of these policy and strategic documents.

Furthermore, Malawi has the *Children and Young Persons Act, Wills and Inheritance Act* and the *Adoption Act*.

Mozambique has developed a *National Plan of Action to Combat HIV/AIDS (PEN 2005-2009)*. It is located in the Ministry of Women and Social Action (MAAS) and was devised with support from UNICEF. OVC in OCG-headed households are not included in the national policy and strategic documents, nor do the voices of OVC and caregivers appear to have been included in their development.

However, the new *PENIII 2010-2014* acknowledges and rectifies these omissions. It recognises the failure by the 2005 – 2009 PEN to address the vulnerability of women and older people in their roles as carers of family members affected by AIDS and who carry the burden of the impact of HIV/AIDS in the family. It calls for support to OVC and older carers. For example, one of the identified outputs

is to increase the financial and material capacity and the psychosocial support skills of people caring for OVC and PLHIV, especially women, older people and people living with disabilities. PEN III also emphasises behaviour change as a strategic priority, one of the stated objectives being the creation of an enabling environment that allows frank and open dialogue in the family on HIV and AIDS, between women and men, between the generations, and between diverse cultural stakeholders.

South Africa developed a *National Action Plan for Orphans and Children Made Vulnerable by HIV and AIDS 2009 – 2012*. The Plan is rights-based and encourages community-based interventions to care for OVC. It expressly prioritises the provision of support to young carers and child-headed households, but does not single out older-headed households as especially vulnerable and requiring targeted interventions.

Tanzania has the *National HIV/AIDS Policy 2001*, the *National OVC Policy and National Strategic Framework for HIV/AIDS 2008-20012*, the *Action Plan 2005-2009*, and an *Action Plan for Children: 'A World Fit for Children'*. Guidelines for community-based care for OVC have been developed, but OVC in households headed by older caregivers are not expressly mentioned or targeted. World Vision (2008) had no information about whether children and/or older carers participated in the development of the guidelines.

In recognition of the fact that in Tanzania 90% of care for people living with HIV is done in the home by family and community carers (UNAIDS 2004 AIDS Epidemic Update), the Ministry of Health and Social Welfare published national guidelines on how to meet the social, psychological, legal and economic needs of people living with HIV and those of their families. However, the guidelines do not address the specific needs of older carers. In Tanzania, up to 45% of care for people living with HIV and AIDS is carried out by older people, mainly older women (HelpAge International 2006 – baseline data from HIV and AIDS project in 4 areas).

A further limitation of the Government guidelines is that they assume that all carers are mobile, literate, energetic and economically productive, and that families affected by HIV and AIDS can afford to pay for medication, food and shelter. The reality is that large numbers of older carers face huge challenges, and providing care has a major impact on their lives.

The guidelines also fail to consider the importance of peer education for older carers, which is culturally more acceptable than discussing and learning about HIV and AIDS from younger generations. Nor do the guidelines encourage voluntary counselling and testing clinics to ensure their services are sensitive to the needs of older people.

Based on their experience, HelpAge International's programme and partners in Tanzania have developed a model for supporting older carers of people living with HIV. The model has four main components:

- collecting baseline data;
- training older carers in home-based care and counselling;
- setting up support groups; and
- linking older carers to services.

Tanzania's revised *National Policy on HIV and AIDS* recognizes the vulnerability and contribution of older people. It has deliberately developed objectives and policy statements to deal with HIV and

AIDS challenges faced by this age group. Section 6.3 of the revised policy headed 'HIV/AIDS and the elderly' states:

Evidence on the HIV and AIDS epidemic has neglected older people, not only in terms of data on people aged 50 years and above living with HIV, but also in terms of how this age group is affected by the epidemic. Adequate information on a national scale regarding the gender and age of individuals who are caring for OVC and PLHIV and the challenges they face is also lacking. This is despite the fact that in many communities OVC and PLHIV are being cared for by older people, mainly older women. This evidence will lead to development of programs that appreciate the need for data among people aged 50+ and carers of orphans, vulnerable children and PLHIV.

The elderly also face discrimination in HIV services because of wrongly held assumptions about their sexual virility including the belief that HIV only affects younger people. Studies on the interactions between age and HIV, for example, establish high possibility of the accidental risk of infection by older carers of PLHIV and intergenerational sex. Older people are also typically not addressed by public information campaigns, and, therefore, do not benefit from education on protection from HIV and AIDS. The overall implication of HIV and AIDS to the older people has thus been telling, sometimes leading to a depletion of resources to cater for caring costs and impoverishment. Moreover, the disintegration of traditional safety nets and poverty has challenged the communities' ability to adequately support older people in this regard.

Following on from this, the Tanzania Commission for AIDS agreed that the national HIV and AIDS policy must address the specific needs of older persons related to HIV prevention, treatment and their societal roles in caring for OVC and PLHIV.

The following policy statements have been developed from this objective:

- a. The government and stakeholders will develop age-sensitive prevention strategies and messages to reduce the spread of HIV.
- b. The government and stakeholders will develop guidelines which ensure that carers of PLHIV and OVC are empowered to protect themselves and provide appropriate care.
- c. The government and stakeholders will introduce social protection schemes for the elderly to enhance their ability to handle the effects of HIV and AIDS.

Uganda has a *National OVC Policy 2004*, a *Strategic Plan of Action on OVC 2004*, and a *National Sector Strategic Programme Plan of Intervention (NSPPI)*. The National OVC Policy and the NSPPI acknowledge and call for the following measures to address the vulnerability and needs of older caregivers and the OVC they take care of:

- the provision of psychosocial support to carers including older persons; and
- the provision of livelihood and income generating opportunities to carers of OVC including older persons.

In addition, the *National HIV & AIDS Strategic Plan (NSP) 2007/8 - 2011/12* acknowledges the role of older person populations in caring for orphans. It also recognises that it is not sustainable to rely on older persons to provide care for the large number of orphans in Uganda. Older persons are identified as a target for social support interventions which include: addressing the legal and political environment; the provision of social rights including education; counselling and psychosocial support; and food security and social protection initiatives for key populations at higher risk. The NSP further

proposes income generating activities for elderly caregivers. The *National Priority Action Plan for the National Response to HIV and AIDS 2008/09 – 2009/10: The National Priority Action Plan* (NPAP) is intended to operationalise the NSP. Unfortunately, the NPAP has a limited focus on older-person populations, only targeting them for income generating activities and provision of basic needs (for those in HIV-affected households). The NPAP misses the opportunity to target older-person populations with preventive and treatment services.

The *National Home Based Care Policy and Guidelines* includes a section on older persons' issues and recognises them as carers of PLHA. The *National Nutrition Handbook for Uganda* also includes a section on nutritional needs of older persons.

In addition to the HIV- and AIDS-focused policies, the broader *National Development Plan 2010/11 to 2014/15* (NDP) recognises older persons as one of the most vulnerable groups which need to benefit from the NDP. This is complemented by the dedicated *National Policy for Older Persons* and the *Expanding Social Protection Programme*, which mention and target older persons as one of the poorest groups for receipt of cash transfers.

Despite the expansive policy provisioning for older carers, there are a number of gaps in the national policies and plans. These include:

- The HIV-specific policies and guidelines reviewed and highlighted herein do not include any discussion of elderly persons' specific HIV risks and vulnerabilities, nor do they recognise that older people are susceptible to the risk of HIV transmission as other age groups are.
- Older persons' specific needs are not acknowledged. The policies and plans raise issues that have elderly-related dimensions but do not relate these to older persons' realities. The HIV Counselling and Testing (HCT) policy, for instance, discusses Post Exposure Prophylaxis (PEP), but does not discuss it in the context of the elderly, who may be exposed to the risk of infection in the process of caregiving.
- The policies and guidelines do not address older persons' gender-specific HIV prevention needs. For example, the NAP does not mention elderly people as a population that requires special attention. Similarly, the HCT Policy is silent on this population group, failing to acknowledge that they are at risk, like all the others. The ART guidelines do not provide directions to health workers on how to respond to older people or provide counselling and follow-up.
- The NAP is the only policy document that discusses research needs. It lays out a national research agenda on HIV/AIDS but does not include gerontology and HIV as a research priority.

Zambia has a *National Child Policy 2006* which is housed within the Ministry of Sport, Youth and Child Development. It has a chapter dedicated to vulnerable children. The policy does not explicitly address children under the care of older persons. On the other hand, the *Social Welfare Policy*, which is housed in the Ministry of Community Development and Social Services, does deal with vulnerable children and older persons. The *Public Welfare Assistance Scheme* is a measure introduced by the Ministry which identifies and seeks to support families and households with orphans, especially households headed by older persons. Through this scheme, children in vulnerable households are identified by community structures and supported by way of school fees and psychosocial support

provided by community workers trained to fulfil this role.² Zambia has piloted a Social Safety Net Project³ which targets households headed by older persons and that are caring for OVC. The objectives of the project, which has been piloted in the Southern and Eastern Provinces of Zambia, is to reduce extreme poverty, hunger and starvation in the most destitute households in the pilot region by providing families with cash transfers. The aim is for the cash transfer scheme to be transferred to the Ministry of Labour, where it will fall under the national Social Security Policy. This is yet to be implemented and enacted.

In addition, there are a number of interventions that are provided for by the *National Multisectoral AIDS Programme* (2009) housed within the National AIDS Council to support OVC and older persons. These include:

1. support for income generating activities for vulnerable households;
2. cash transfers to senior citizens (discussed previously);
3. psychosocial support to OVC throughout the country;
4. nutritional support to OVC;
5. a life-skills curriculum that provides training in schools to protect OVC from abuse and exploitation;
6. training caregivers in succession planning and other rights;
7. providing start-up equipment and support to the graduates from skill centres;
8. establishing and supporting more skills training centres for 9- and 15-year-olds;
9. providing seed and fertilizer packs to caregivers.

Zimbabwe has the *Zimbabwe National Plan of Action on Orphans and Other Vulnerable Children (June 2004)* (NPA). OVC cared for by older caregivers do not merit express or priority attention. However, child protection does enjoy prominence in legislation such as the *Child Protection and Adoption Act*, the *Child Abduction Act* and the *Amended Guardians of Minors Act*.

The NPA was developed with the full participation of children at a National Stakeholders Conference in 2003. Despite this strong child representation in the policy-making process, the same cannot be said for the inclusion of older caregivers.

The NPA is rights-based and requires a 3% taxation levy in support of OVC; it has meritorious strategies and structures from national up to community level, in addition to a well-organised Log Frame. However, the country lacks the resources for full implementation of its action plan.

The *Zimbabwe National HIV/AIDS Strategic plan (ZINASP)* acknowledges that the impact of HIV and AIDS is felt by vulnerable persons, notably OVC, PLWHA, women, and people with disabilities, among other groups. There is no specific mention of older persons in the list of vulnerable people.

The Social Welfare Act extends support to vulnerable older persons in institutions as well as those from the community through monthly cash transfers. However, the Act is not fully functional due to lack of adequate funding.

² Information provided in an interview with Esther Ngambi, Zambia Ministry of Community Development and Social Services, Department of Social Welfare, 4 November 2010

³ Viewed on the website of the Ministry of Community Development and Social Services: at http://www.mcdss.gov.zm/social_cash_transfers_zambia.php Viewed on 6 October 2010

The National Population Policy (1998) acknowledges that older persons are vulnerable and therefore recommends that the national government should offer social protection measures to older persons and the families they care for.

4.4 Civil society, international aid agencies and NGO interventions

This section highlights some existing (and strategically advantageous) interventions that have been applied by civil society organisations and national governments in respect of the intergenerational relationships between OVC and OCG.

4.4.1 The U.S. President's Emergency Plan for AIDS Relief (PEPFAR)

PEPFAR has guiding principles and sound practices that focus on OVC and the family.

- It emphasises the interest of the child and his or her family, believing that the needs and context of the children must guide interventions to prevent gender inequality, avoid further degradation of family structures, reduce stigma and avoid social marginalisation. Interventions should not generate jealousy and thereby create conflict in the lives of beneficiaries.
- It is concerned with the implementation of OVC programmes.
- It prioritises family/household care. Believing that the family is generally the optimal environment for the child's development, it supports family capacity, whether the head of household be an ill or widowed parent, an elderly grandparent or a younger person.
- It bolsters families and communities on the grounds that both are involved in the raising of children. The emergency plan seeks to support interventions that strengthen the capacities of families and communities to make informed decisions about who needs care and how it should be provided.
- It nurtures meaningful participation by children.
- It promotes action on gender disparities.
- It responds to country context.
- It strengthens networks and systems, and leverages reproductive health 'wrap-around' programmes.
- It links together HIV/AIDS prevention, treatment, and care and support.
- It supports the capacities of host-country structures.

4.4.2 HelpAge International (HAI)

HelpAge works towards enhancing intergenerational relationships and communication between OVC and older caregivers. In collaboration with its partner organisations it develops programmes and advocates for regional and national policies and strategies which enhance intergenerational relationships such as social protection, social pensions and cash transfers, access to income generation schemes, home-based care (including psychosocial support), land inheritance rights for children and older carers, peer education, community support groups to older carers and children under their care, improved shelter and access to health care services.

4.4.3 Save the Children

Save the Children provides economic strengthening for OVC and the households and communities that care for them. It adopts a multisectoral approach and ensures open dialogue in its programmes with various target groups, for example, OVC and caregivers. Save the Children provides social assistance, legal services, job creation and business loans; it also purchases equipment for families affected by HIV and AIDS and encourages family savings designed around the needs and aspirations of OVC and caregivers.

4.4.4 *Action for Children in Uganda*

This is an implementing agency with responsive programming for orphans aimed at spearheading their rights and protecting them from danger. To complement orphans and vulnerable children, programmes were scaled up to include psychosocial support, education, skills training, health services and nutrition. The agency runs a programme called Grand Parents Support that was initiated to give back-up help to older carers looking after children under the age of eight. Another pertinent aspect of its work involves family strengthening (Nyesigomwe 2006).

4.4.5 *Circles of Care*

Targeting OVC and older caregivers, this South African organisation is investigating coping mechanisms, particularly traditional ones, that are used in intergenerational relationships and which can be applied in the case of children, families and their communities (Cook and White 2006).

4.4.6 *Circle of Hope (Plan International)*

The organisation emphasises that children should be active participants in matters affecting them, a beneficial practice that can enhance effective communication skills between OVC and older carers. Circle of Hope is based on four pillars for the child: survival, participation, development and health. It is also mindful of ensuring family strengthening through capacity-building. It trains OVC and OCG in communication skills, prepares the family for transition, seeks to ensure the child's future, and takes a holistic view of children, families and communities.

4.4.7 *Kwa Wazee*

Kwa Wazee is a project run in Tanzania to fill the older person social security gap. In Tanzania there is no state-funded old age pension. Children have traditionally supported their parents in their old age. However, the HIV and AIDS pandemic has meant that 'numerous old people have lost their children and with them their social security'.⁴ The project operates in the rural area of Kagera where the HIV and AIDS infection rate is one of the highest in Africa. One out of every five children has lost either one or both parents, and nearly 60% of orphans are cared for by their grandparents.

The project provides material support to very vulnerable grandmothers who care for their children, as well as psychosocial and material support to grandmothers and their grandchildren through children-led support groups called Tatu Tano groups (Clacherty and Associates 2009). The pension of \$100 is paid to very vulnerable grandparents identified by existing community-based networks.

The Tatu Tano groups are made up of about 70 children and are led and managed by children. These groups:

1. Organise local village group activities, including discussion groups and leisure activities such as volley ball and football.
2. Engage in income-generating activities. Training is provided to build the capacity of children to meet their material needs.
3. Encourage intergenerational contact. There is a strong focus on intergenerational dialogue. In some groups, children and grandparents meet regularly to discuss issues.
4. Help older people in the community with daily chores, for which they receive a small payment. This promotes not only the material well-being of children, but also the building of social support networks to support older members of the community.

⁴Kwa Wazee website: viewed on 8 December 2010 at http://www.kwawazee.ch/E/index.php?option=com_frontpage&Itemid=1

Chapter 5: Policy and programme gaps and lessons learnt

This chapter aims to provide a consolidated analysis of the policy and programme gaps and the lessons learnt from the programmes that have been identified as having been developed to address the challenges faced by older carers and orphaned children.

Research shows that as the number of adult deaths due to HIV and AIDS increases, so there will be a comparable increase in the number of OVC in affected households. Frequently OVC are absorbed after the death of parents into households headed by older caregivers, yet such caregivers are barely capable of fending for themselves. Many children go without basic needs, and although the older carers are willing to care for them and have come to symbolise a world of hope for countless numbers of children orphaned by HIV and AIDS, the responsibility is overwhelming and almost unmanageable. Carers are stretching household economies beyond their means in the face of challenges associated with poverty and their own physical and emotional hardships.

5.1 Country OVC policies are silent on OCG-headed households

In the context of these challenges, the present study finds that although the AU has formulated a framework for Africa that positions OVC and older caregivers as priority targets, the countries under review have responded by developing OVC policies and strategies which tend to be silent on the question of OCG-headed households.

All of the countries reviewed have ratified the CRC, and while it is evident from the country-by-country summary that most of them are focusing on strengthening their policies and laws on OVC care and support, few have targeted OVC in OCG-headed households at the level of explicitly framed national policies and plans.

These omissions, or lack of specification of framework targets, appear to be at variance with the requirements of UNGASS 2001, the Madrid International Plan of Action on Ageing, and (given the pronounced gender dimensions of OVC care under OCG-headed households) CEDAW. In particular, countries seem not to have applied the AU policy framework that served to customise global instruments to the African context and which gave focus to intergenerational relationships between OVC and older caregivers.

The situation is more positive in relation to the national HIV and AIDS strategies of Ethiopia, Kenya, Mozambique, which include actions aimed at improving household income of vulnerable OVC and OGC-headed households, providing social protection, mobilising community support and enhancing intergenerational relationships.

5.2 Innovations have not been scaled up nationally

In the review of the literature, it is also noticeable that although local- or district-level structures for OVC care and support are in place, they are frequently weak. By the same token, innovative approaches that have been adopted by civil society organisations have not been scaled up to reach OVCs nationally, with the result that access to the information, services and skills that could strengthen the capacity of these families is limited. State officials tend to cite a lack of resources as their major handicap in this respect. While governments are rising increasingly to the challenge of HIV and AIDS and OVC support by establishing policies and frameworks, it is done mainly with the financial support of UNICEF and the Global Fund rather than as national programmes funded from

the national treasuries. NGOs tend, in general, to assume the bulk of the responsibility for, and take the lead in OVC and older caregiver care and support work.

5.3 OVC solutions remain project based

At the heart of the problem is the fact that at present, the support that is provided for older caregivers and OVC remains project-driven rather than being integrated into the national policies, programmes and mandates of the different national ministries and departments.

5.4 Older caregivers remain invisible in policies

If this is true of OVC, it is even more striking in the context of older persons. At present, older caregivers are a very vulnerable sector in society, but there are no adequate social protection systems in place to ensure their well-being – a precondition that must be met if there is any chance of their meeting their obligation to ensure the well-being of children in their care. They are invisible in most current relevant national policies and laws.

In the words of Kofi Annan, Secretary General of the United Nations:

We need nothing less than a dramatic recognition of attitudes, ideas and policies towards ageing. Rigid and dismissive notions 'age' and 'ageing' have no place in today's world. African countries still need to put in place and enforce comprehensive policies to address the needs of older caregivers and OVC in the context of HIV/AIDS (2000).

5.5 Failure to meet the complex array of material and other needs

In short, the current plans and actions meant to support OVC and older caregivers are insufficient; national policies, strategy awareness, commitment and mobilisation are still inadequate. Successes are few and far between, and interventions remain operational on too small a scale to support all OVC and older caregivers countrywide, while external support is too slow and disjointed to make a critical impact.

5.6 Cash transfer schemes – getting to the root of the problem

On a positive note, the literature indicates that cash transfer schemes have emerged as a successful strategy for mitigating many of the challenges faced by OVC and older caregivers. A study of the Kwa Wazee cash transfer programme supporting older people and their dependants in Tanzania provides a comprehensive overview of the benefits of cash transfer programmes in addressing the numerous challenges faced by intergenerational households, which are ultimately the result of poverty and insufficient material resources necessary to provide a caring and nurturing home environment (HelpAge International 2008:3-8). The study found that monthly pension cash transfers to older people, coupled with additional child benefits for households caring for OVC, addressed a variety of challenges:

1. The extra income reduced extreme poverty.
2. It greatly improved the quality of life of the older people and grandchildren in their care.
3. The majority of the pensioners receiving the grant reported that they were not reduced to begging for survival.

4. A significant number of the pensioners were better able to build up a savings buffer to help cope with crises.
5. The results also showed a decrease in the rate of day labour.
6. Most of the households that participated in the study lacked the agricultural necessities to grow their own food. The cash transfers had an immediate beneficial effect on the nutritional well-being of the whole family. Children in the homes receiving cash transfers were not hungry, ate a greater variety of foods and protein more often, and initial data tends to show an improved nutritional status according to body mass index indicators.
7. There was an improvement in the health of the older caregivers and clear improvements were observed in health prevention. In addition to the improved nutrition already mentioned, the pensioners spent more on soap and owned more bed linen, factors which promote good hygiene and rest.
8. Pensioners receiving cash transfer showed an overwhelming improvement in their psychosocial well-being. The older people receiving the grants were significantly less concerned about the future, less stressed, less lonely and had less difficulty sleeping. The older people looking after children were significantly less worried about meeting their children's needs.
9. The decrease in worry and the greater confidence about their ability to meet their children's needs resulted not only in better psychosocial well-being, but also improved the relationship between the generations.
10. The psychosocial benefits of the cash grants extended to the children in the households as well. Children in homes receiving pensions and child benefits felt that they had time to play, study, read and talk to friends, in contrast to children in homes without the extra income, who felt that they spent most of their time working at arduous tasks beyond their abilities.
11. Material benefits for the children included improved nutrition and being able to buy soap. In homes without the income, children who ran out of soap often stayed away from school as a result.
12. Cash transfers improve school enrolment, attendance and performance. This is largely because children receiving financial support were able to pay for fees, uniforms and stationery. Those unable to do so were often sent home from school and otherwise discriminated against.
13. Children in homes receiving grants scored significantly higher on a depression scale and experienced less stress, which resulted in improved relationships with their grandparents. Children felt more loved when their material needs were met, and this resulted in less conflict in the home.

Similar positive benefits have been evidenced in other countries that have implemented cash transfer programmes for older persons and vulnerable children.

Kenya (as previously stated) initiated a National Cash Transfer Programme in 2004 for OVC living in OCG-headed households, and, at a cost of \$50-million, the World Bank pledged to scale up the programme in order to achieve the goal of reaching 100,000 households by 2012 (UNICEF, UNAID, UNFPA 2009). Moreover, a case study on the partnership established in the Bondo district between the communities, a foreign donor and the social services department, made it possible for targeted households to experience increased food availability and enhanced social capital (Skovdal et al 2008).

Kenya's programme has enjoyed well co-ordinated and supportive management at all levels, in addition to receiving funding from UNICEF, DFID, the World Bank and other partners. Policy guidelines are provided by the children's-services department and the national steering committee on OVC; a central department in turn co-ordinates the programme, which is then implemented at district

level by an OVC committee, with local OVC committees assisting in the selection of beneficiaries as well as the local monitoring and evaluation.

Regarding the programme's successes, the Ministry of Gender, Children and Social Services reported that it targeted 37 districts, 25,780 households and 77,340 OVC, an effort that yielded improvements in OVC school attendance, in the acquisition of identity cards, and in birth certificate registration for both OVC and older caregivers.

Elsewhere in sub-Saharan Africa, the Zambian government has, with the support of a German development agency, rolled out a cash transfer scheme targeting OVC and OCG households through a monthly stipend that is earmarked for food, clothing, soap and farming inputs; preliminary evaluations indicate resultant improvements in nutrition and school attendance for OVC.

South Africa provides foster care grants and child support grants, while other countries like Botswana and Namibia provide pensions for older people (Faith Mall 2005). Malawi, as previously discussed, has launched a pilot cash transfer scheme in terms of the *Malawi Growth and Development Strategy*.

Chapter 6: Recommendations

This section makes recommendations for all stakeholders on the strategies and interventions that are necessary to ameliorate the intergenerational relationship challenges faced by older carers and children affected by HIV and AIDS.

6.1 Adopt a family-centered approach

A fundamental recommendation emerging from the Joint Learning Initiative on Children and HIV and AIDS is that sustainable and effective responses to meet the challenges faced by children affected by HIV and AIDS lie in a strengthened family-centred approach. Families have been, and must continue to be, the primary source of support for children affected by HIV and AIDS (JLICA 2009).

The way forward must be guided by a shared universal recognition that families across Africa are the primary and most effective support structure for children affected by HIV and AIDS. However, that recognition must be accompanied by the recognition that families cannot, as they have up until now, do so with no or little support from outside agencies.

The JLICA report (2009) calls on all outside agencies, including governments, civil society and NGOs to strengthen families through the provision of appropriate support. This requires, inter alia, the strengthening of community action that backstops families; addressing family poverty through social protection; and delivering integrated family services to meet children's needs (JLICA, 2009: page 15).

6.2 Tailor response to support emerging family structures

Meeting the call for a family-centred approach which strengthens families requires that a prior question be asked and answered: What does the typical family caring for children affected by HIV and AIDS in Africa look like? What are their needs and the pressures they face? No national surveys have been carried out to answer these crucial questions. HelpAge has been unsuccessful in advocating that these questions be included in national demographic and health surveys.

Once one has answered these questions, only then can one move to asking: What support is necessary to meet the need and pressures of these families so as to make them strong and capable so as to lay a long-term foundation for sustainable responses to children affected by HIV and AIDS?

In the current context, a dominant family structure is the intergenerational household headed by an older caregiver. Realising the objective of strengthened capable families requires responses that overtly acknowledge and respond to the needs, stresses, rights and pressures that characterise intergenerational households. It requires that policies and laws strengthen the foundation on which these families are built, namely the older person. Older caregivers cannot care for children if they are not themselves cared for.

In order to realise this recommendation, research is needed in the area of intergenerational households and the relationships between OVC and older caregivers. It should contribute to the development of policies, strategies and interventions that address the specific needs in each country of households headed by older carers. The research should facilitate local participation of key stakeholders in an agenda for action, as well as capture the voices of both OVC and older carers in order to provide effective interventions based on their priority needs.

6.3 Adopt a rights-based approach

The evidence is clear: the rights of not only children affected by HIV and AIDS, but also their older caregivers in intergenerational households are infringed. In determining what the requisite responses and obligations of the different external agencies are, one must turn to international, regional and national law for guidance. Responses must be relevant to the recognition and realisation of the full body of guaranteed rights, not only of children, but also those of older persons in Africa.

A strong message which emerges from the review is that responding adequately to the concerns around intergenerational households requires that there be conscious and deliberate improvements at a policy, legal and programmatic level to the rights and needs of older persons, not just those of children. The rights of older persons must be made more prominent and their realisation elevated as a priority on the rights and developmental front.

The interventions required by the Madrid Second World Assembly must be actioned; older persons must be seen not only as duty bearers, but as rights bearers themselves. The rights of all older persons to social security, health and welfare must be met if the call for strengthened families is to be met.

6.4 Develop integrated cross-sectoral responses at all levels

The evidence is clear: a full range of civil, political and socio-economic rights of older caregivers and children affected by HIV and AIDS are adversely affected in intergenerational households. These include the rights to participation in decision-making; to freedom of expression; to information; to equality; to freedom from discrimination; to health care; to social security; to food security and nutrition; to land and housing; to employment; to education; to community development; to protection from exploitation, abuse and neglect, amongst others.

Internationally and regionally, there must be an acknowledgment of the vulnerability of intergenerational households and an obligation on all agencies to identify and advance the realisation of their respective obligations to children and older persons by prioritising the realisation of their rights through appropriate policies, laws, programmes and strategies that highlight intergenerational households. These agencies include: regional economic communities; national governments; all relevant ministries within governments; all service delivery agencies; UN agencies and development partners and all NGOs and civil society. In other words, the above acknowledgment requires that intergenerational households be mainstreamed at all levels by identifying and prioritising the rights and needs of older caregivers and vulnerable children.

6.5 Review regional and national policies, laws and programmes

6.5.1 Review older person's social protection policies and laws

Countries must review the adequacy of their older person's policies and assess to what extent they ensure the rights and well-being of older persons in society.

The evidence is unequivocal: the comprehensive well-being of older persons requires the introduction of a universal non-contributory older person's social pension (cash transfer) system to address the poverty which dominates and determines the lives of many older people in Africa and which creates significant fault-lines in their ability to care for the children in their households. Poverty alleviation mechanisms must include a review of the extent to which older persons are excluded or included in income-generating and community development initiatives such as agricultural input and livestock

programmes, micro-credit schemes and appropriate public works programmes. The call for cash transfers and social pensions is not only supported by evidence, but is indeed a key intervention that will move countries forward in meeting Millennium Development Goal (MDG) 1: To reduce poverty by 50%. The pressure on governments to meet the MDGs in the next remaining four years offers a valuable window of opportunity for focused advocacy for ensuring the positioning of the plight of older persons and older-person households on the poverty agenda.

Likewise national policies and laws must make provision for improved access to documentation, free health care, food security and psychosocial support for older persons.

6.5.2 Review and revise OVC policies and laws

Countries must review and revise their OVC policies and laws so as to expressly foreground and prioritise interventions for the strengthening of older-caregiver households. This requires, inter alia, a revision of the governing definitions of vulnerability to expressly include children living in OCG-households, and the revision of prescribed interventions to ensure that OCG-households are reached.

Ideally, cash transfers should be made nationally and universally available for the caregivers of all children living in poverty. In addition to, or in the absence of, universal child grants, older caregivers should, over and above old-age social pensions, receive a grant to support the children in their care. A cash transfer is the most effective and comprehensive solution to guarantee equitable realisation of many relevant children's rights protected internationally and regionally, including the right to education, health care, food and nutrition and the right to play and rest.

6.5.3 Review and revise general children's policies and laws

Given the scale of occurrence of older care-giver households, the policy review should not be restricted to OVC policies, but address all policies and laws relating to the well-being of children and the strengthening of families generally.

Many countries such as South Africa, Malawi and Zimbabwe have comprehensive child protection policies and laws which govern protection services for children at risk of abuse and neglect as well as prevention and early intervention services to prevent the eventuation of the need for protection services. These services include psychosocial support for families and children as well as parent support and strengthening programmes. It is important that the programmes that are developed to breathe life into these laws target and also reach older caregiver households. They should be designed to address challenges related to intergenerational conflict and communication gaps as well as enhance the parenting and coping skills of older caregivers.

Protection services must be strengthened to protect children against the risks of early marriage and sexual exploitation.

Labour laws must be strengthened to protect children in older-caregiver households against the particular risks of onerous domestic and paid labour, as well as against begging and exploitative practices.

6.5.4 Strengthen material support and services for children

Children's rights to education, food and nutrition and health care will inevitably be enhanced through the introduction of a child care grant; however, it is not likely that the sum of any such grant will be sufficient to comprehensively realise these rights for children living in extreme poverty. It is essential that cash transfers be one element of a comprehensive social security package made up of social

assistance, free education, free health care, nutritional support and access to subsidised and safe transport so that countries may realise their international and regional obligations to children.

Priority rights in the next four-year run-up to the MDG deadline include the right to education and the right to health care, once again opening up a window of opportunity for strident advocacy to advance the realisation of these rights for children in older-caregiver households.

At this point in time there are a number of regional and national campaigns, including SADC's Care and Support for Teaching and Learning Project, being developed in partnership between MIET Africa and SADC, to improve the enrolment, attendance and performance levels of vulnerable children in all SADC member states. It is critical that advocates ensure that the education challenges faced by children in older caregiver household are addressed through these national programmes.

6.5.5 Review participatory processes and communication strategies

This review revealed that children's participation is relatively well-respected in the relevant countries. However, the same cannot be said for participation by older caregivers. The policy review and development process must actively include older people generally and older caregivers in particular. Formal structures and systems should be created for effective and meaningful older caregiver and child participation at national, district and community levels, and these structures should engage adolescent children and caregivers in designing, implementing and monitoring programmes that concern them (RIATT Conference Report 2008).

Moreover, it is not sufficient to provide material support and benefits without adequate communications strategies that ensure that all beneficiaries are made aware of their rights and entitlements. This means that communications strategies must be designed so as to reach older caregivers and the children in their care.

6.6 NGOs and civil society must review strategies and programmes

6.6.1 NGOs must review and revise their OVC and child rights strategies

NGOs and civil society must, in a similar vein, review and revise their OVC and child rights strategies so as to foreground the rights and needs of children in older-caregiver households. For example, those programmes and projects seeking to advance access to employment opportunities and which provide family support services must acknowledge and reach the older generation in their design and implementation.

6.6.2 NGOs must revise their communications strategies

NGOs and civil society play a key communications and awareness-raising role in marginalised communities. It is essential that their communication strategies are redesigned, especially in the case of HIV prevention communications, to reach older people. Other existing rights-based programming that strengthens the family in all aspects of life (programming along the lines of, for example, Circle of Hope) also needs to be identified, documented and disseminated.

6.6.3 Mobilise communities to advocate for change and participation

The full body of recommendations made under this section will only be realised if NGOs in both the children's and older persons' sectors become joint strong advocates for change and participation. It is recommended that the sectors join hands and mobilise their constituencies collectively and cross-sectorally so as to build a critical pressure mass in support of the listed changes.

NGOs must facilitate and encourage the participation of older persons and children in the review, revision and development of appropriate national policies.

6.7 Monitor protection of the rights of older caregivers and children

UNGASS and similar international and regional oversight bodies' monitoring and reporting processes should include indicators that track progress on policy and programmatic fronts that address the challenges faced by households headed by older caregivers.

SELECTED REFERENCES

1. Barnett T & Whiteside A (2002) *AIDS in the Twenty-First Century: Disease and Globalization*. New York: Palgrave Macmillan.
2. Chen N (1997) Building Bridges - An Intergenerational Program. *Ideas at Work*, 35:5.
3. Chin_Chun Yi, En-ling Pan, Ying-hwa Chang & Chao-wen Chan (2006) Grandparents, Adolescents and Parents: Intergenerational Relations of Taiwanese Youth. *Journal of Family Issues*, 27: 1042-1067.
4. Clacherty and Associates (2009) *Child and Youth Participation in East and Southern Africa: Taking stock and moving forward. An analytical review of the literature and five case studies*. Commissioned by RIATT, Regional Inter Agency Task Team.
5. Clacherty G (2008) *Living with our Bibi: A qualitative study of children living with grandmothers in the Nshamba area of north western Tanzania*. World Vision and REPSSI.
6. Cluver L & Operario D (2008) Inter-generational Linkages of AIDS: Vulnerability of Orphaned Children for HIV Infection. *IDS Bulletin*, Vol 39 No. 5. Institute of Development Studies.
7. Cluver L & Operario D The inter-generational link between the impacts of AIDS on children, and their subsequent vulnerability to HIV infection: A study of the evidence to inform policy on HIV prevention and child and adolescent protection. *Joint Learning Initiative on Children and HIV/AIDS Learning Group 4: Social and Economic Policies*.
8. Consequences in Rural Tanzania, Population Council Publication, No.160.
9. Dayton J & Ainsworth M (2002) *The Elderly and AIDS: Coping Strategies and Health*.
10. De Bruin Cordoso I (2008) *Cross Sectional Programme Assessment for SACBC AIDS Office OVC Programme*. University of Pretoria.
11. Engle P (2008) *Early Childhood Development, National Plans of Action for Orphans and Vulnerable Children in Sub-Saharan Africa, Where are the youngest children?* Bernard van Leer Foundation, The Netherlands.
12. Esther E.C.L. (2009) Grandparents as Childcare Providers: An In-depth Analysis of the Case. *Journal of the Aging Studies. Journal for Ageing*, Vol 23, Issue 1: 60-68.
13. Federal Democratic Republic of Ethiopia *Report on Progress Towards Implementation of the Declaration of Commitment on HIV/AIDS Reporting Period: January 2003-December 2005* (HAPCO 2006).
14. Federal Republic of Ethiopia. *Report on progress towards the implementation on Declaration of Commitment on HIV and AIDS*, Addis Ababa, Ethiopia, HAPCO, February 2006.
15. Ferreira M, Keikelame M & Mosaval Y (2002) *Older Women as Carers for Children Affected by AIDS: a study towards supporting the carers*. Cape Town: University of Cape Town.
16. Florence N. (2004) *Sub-National Distribution and Situation of Orphans: An Analysis of the President's Emergency Plan for AIDS Relief Focus Countries*, USAID, Bureau for Africa, Office of Sustainable Development, March 2004.
17. Garbarino J, Kostelny K & Dubrow N (1991) *No Place to Be a Child*. San Francisco: Jossey Bass Publishers.
18. Gibbon B & Watkins C. The Old Person. In: Masson T, Carlisle C, Watkins C & Whitehead E (eds) *Stigma and Social Exclusion in Health Care*. London: Routledge.
19. Giese S, Meintjies H, Croke R & Chamberlain R (2003) *Health and social services to address the needs of orphans and vulnerable children in the context of HIV/AIDS – research report and recommendations*. Cape Town: Children's Institute and the Department of Health.

20. Government of Malawi – UNICEF Country ‘Programme of Cooperation Country Programme Action Plan (CPAP) 2008-2011’, Lilongwe, December 2007.
21. Government of Rwanda Strategic Plan of Action for Orphans and Other Vulnerable Children 2007 – 2011, September 2006.
22. Government of Uganda. UNGASS Country Report Uganda, January 2006 to December 2007 (January 2008).
23. Goyer A (2006) *Intergenerational Relationships, Grandparents Raising Grandchildren*. AARP International.
24. Greengross S, Murphy E, Quam L *et al* (1997) Aging: A subject that must be top of the world agendas. *British Medical Journal*, 315: 1029-30.
25. Hanks R.S (2001) ‘Grandma, What Big Teeth You Have!’ The Social Construction of Grand Parenting in American Business AND Academe. *Journal of Family Issues*, 22: 652-676.
26. HelpAge International (2008) *Salt, soap and shoes for school: Evaluation summary*. London.
27. HelpAge International (September 2005) The Impact of HIV and AIDS on Older People. *Humanitarian Exchange Magazine*, Issue 31.
28. HelpAge International (September 2009) *Is the Middle Ground Collapsing? The Impact of Crises and HIV and AIDS on Skipped Generation Households in Zimbabwe*. Overseas Development Institute, UNAIDS, UNICEF.
29. HelpAge International (September 2009) *Is the Middle Ground Collapsing? The Impact of Crises and HIV and AIDS on Skipped Generation Households in Northern Uganda*. Overseas Development Institute, UNAIDS, UNICEF.
30. Horizon (2005) Strengthening Care and Support Services in the Era of Treatment. *Symposium Report*, 22–23 November 2005 Johannesburg.
31. Horizon Study in Uganda (2003) *Results of baseline studies and program recommendation on Plan Uganda orphan support and succession planning project*.
32. Horizons (2003) *Succession Planning in Uganda: Early Outreach for AIDS – Affected Children and Their Families*. Population Council Inc.
33. Joint Learning Initiative on Children and HIV/AIDS (JLICA) (2009) *Home Truths: Facing the Fact on Children, AIDS and poverty*.
34. Kaplan M (2001) *School-based intergenerational programs*. UNESCO Institute for Education.
35. Letieca B.L, Bailey S.J & Kurtz M.A. (2008) Depression Among Rural Native American and European Grand Parents Rearing Their Grand Children. *Journal of Family Issues*, Vol 29: 334-356.
36. Long L. D. & Ankrah M. (1996) *Women’s Experiences with HIV/AIDS*. New York: Columbia University Press.
37. Masson T, Carlisle C, *et al*. *Stigma and Social Exclusion in Health Care*. London: Routledge.
38. Matshalaga N (2004) *Grandmothers and Orphan Care in Zimbabwe*. Harare, Zimbabwe.
39. Minkler M (1999) Intergenerational households headed by grandparents: Context, realities and implication of policy. *Journal of Ageing Studies*, 13: 2: 99-218.
40. Minkler M (1999) Intergenerational households headed by grandparents: Contexts, realities and implications for policy. *Journal of Ageing Studies*, 13:2.
41. Mudege N & Ezeh A (2009) Gender, Ageing, Poverty and Health: Survival strategies of older Man and Women in Nairobi Slums. *Journal of Ageing Studies*.
42. Muganda-Onyando, R.; Agwanda, A. T.; Khasakhala, A.; Rae, G. O. (2003) *Improving Adolescent Reproductive Health Programmes in Africa: Lessons from Kenya*. Nairobi. Centre For The study of Adolescence.

43. Namposya Nampnya- Serpell, PhD. *Redefining Care and Support for AIDS Orphans: Elderly Care Givers - Victims or Vestiges of Hope*, Save the Children.
44. Nhongo T (2002) Paper presented at the 2002 East and Southern Africa Conference on Children affected by HIV/AIDS. Namibia.
45. Nhongo T (2004) Impact of HIV/AIDS on Generational roles and intergenerational relationships, United Nations Department of Economic and Social Affairs Division for Social Policy and Development Policy Workshop, Windhoek, Namibia on 28–30 January 2004.
46. Oduaran A (2007) Intergenerational Solidarity: Strengthening Economic and Social Ties.
47. Population Council. *Coping mechanisms adopted by elderly caregivers of children affected by HIV/AIDS in a rural Kenyan community*. Population Council 2004.
48. Reddy V (2009) *The Gendered Dimensions of Food Security in South Africa: A review of the literature*. Human Sciences Research Council.
49. Reid E (1995) *HIV and AIDS: The Global Inter-connection*. West Hartford: Kumarian Press.
50. Republic of Botswana and National AIDS Council Progress Report of the National Response to the UNGASS Declaration of Commitment on HIV/AIDS 2008.
51. Republic of Botswana. National HIV/AIDS Strategic Framework 2003-2009.
52. Republic of Kenya. (2003) National Programme Guidelines on Orphans and other Children Made Vulnerable by HIV/AIDS. Nairobi: Department of Children's Services.
53. Republic of Kenya. United Nations General Assembly Special Session on HIV and AIDS Country report Reporting period: January 2006 – December 2007 (2008).
54. Republic of Malawi. HIV and AIDS Monitoring and Evaluation – Follow Up to the UN Declaration of Commitment on HIV and AIDS (2007).
55. Republic of Malawi. National Policy on Orphans and Other Vulnerable Children, Ministry of Gender and Community Services. February 2003 Lilongwe.
56. Republic of Mozambique and National AIDS Council Progress Report for United Nations General Assembly Special Session on HIV/AIDS January 2008.
57. Republic of Uganda Guidelines for National OVC Programme Coordination, 2008.
58. Republic of Uganda National Policy on Orphans and Other Vulnerable Children, Ministry of Gender Labour and Social Development, November 2004.
59. Republic of Uganda National Strategic Programme Plan of Interventions on Orphans and Other Vulnerable Children, Ministry of Gender Labour and Social Development, November 2004.
60. Republic of Zambia Multi-Sectoral AIDS Response: Monitoring and Evaluation Biennial Report 2006 to 2007, January 2008.
61. RIATT Conference Report September 2008.
62. Samuels F & Wells J (2009) *The loss of the middle ground: the impact of crises and HIV and AIDS on 'skipped-generation' households*. Project Briefing No 33, November 2009. ODI and HelpAge International.
63. SANAC (2010) *National Strategic Plan 2007-2011, Mid-term Review 2010*, South Africa.
64. Shisana O, Rehle T, Simabiyi LC, Zuma K, *et al* (2009) *South African national prevalence, incidence, behaviour and communication survey 2008: A turning tide among teenagers?* Cape Town: HSRC Press.
65. Smart R (2003) Policies for Orphans and Vulnerable Children: Framework for Moving Ahead. *Policy*, July 2003.
66. The African Child Policy Forum (2006) *Born to High Risk: Violence Against Girls in Africa*. A report prepared for The Second International Policy Conference on the African Child. Ethiopia: The African Child Policy Forum.

67. The President's Emergency Plan for AIDS Relief Office of the U.S. Global AIDS Coordinator. Orphans and Other Vulnerable Children Programming Guidance for United States Government In-Country Staff and Implementing Partners, July 2006.
68. Uganda Kiboga District Local Government Five-Year 2007-2012 Orphans and other Vulnerable Children, Integrated Strategic Plan, January 2008.
69. Ugwuanya B (2003) *The Impact of AIDS on Intergenerational relationships in Nigeria: The position of the Aged*. Thesis Submitted to the Faculty of Miami University Oxford, Ohio 2003.
70. UNGASS Country Progress Report Tanzania Mainland Reporting Period: January 2006 – December.
71. UNICEF (1991) *The State of the World's Children*. Geneva: Oxford University Press.
72. UNICEF (2002) *Intergenerational Dialogue & HIV/AIDS*. Voices of Youth.
73. UNICEF (2009) *Progress for Children: A Report Card on Child Protection*, Number 8, UNICEF: New York: October 2009.
74. UNICEF and Government of Zimbabwe (2005). *Survey on Orphans and Other Vulnerable Children Rural & Urban High Density Zimbabwe*.
75. UNICEF Report on The 4th Global Partners Forum on Children affected by HIV and AIDS, October 6 - 7, 2008. The Royal Hospital Kilmainham, Dublin, Ireland.
76. UNICEF. *Saving Children, Enhancing Lives and Combating HIV and AIDS in South Africa*.
77. UNICEF. Stakeholders meet to Develop Ethiopian Strategy on OVCs, Press Release, August 2004.
78. UNICEF; UNAIDS; WHO and UNFPA (2009) *Children and AIDS: Fourth Stocking Report*.
79. Urassaa J, Boerma M, et al (1997) Orphanhood, child fostering and the AIDS epidemic in rural Tanzania. *Health Transition Review*, Supplement 2 to Volume 7, 1997, 141-153.
80. Weisner T, Bradley C & Kildride P (1997) *African Families and the Crisis of Social Change*. London: Bergin & Garvey.
81. WHO (2002) *Impact of AIDS on Older care givers: Zimbabwe case study*.
82. World Vision (2008) Child Protection Assessment. In: *The Context of HIV/AIDS: An Assessment conducted in Eastern and Southern Africa*.
83. Young H, Loha M, et al (2005) *More than words? Action for Orphans and Vulnerable Children in Africa. Monitoring progress towards the UN Declaration of Commitment on HIV/AIDS*. World Vision.
84. Zimbabwe National Plan of Action for Orphans and other Vulnerable Children, June 2004.