

Progress Report for Children Affected by HIV/AIDS

December 2009

Acknowledgements

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Acronyms

AIDS	acquired immunodeficiency syndrome
AIS	AIDS Indicator Surveys
CEE/CIS	Central and Eastern Europe and the Commonwealth of Independent States
DHS	Demographic and Health Surveys
FANTA	Food and Nutrition Technical Assistance Project
FAO	Food and Agriculture Organization
FHI	Family Health International
HIV	human immunodeficiency virus
HMIS	HIV/AIDS and Malaria Indicator Surveys
IFAD	International Fund for Agricultural Development
MICS	Multiple Indicator Cluster Surveys
n.d.	No data [available]
NFHS	National Family Health Survey
NGO	non-governmental organization
OPPEI	Orphans and Vulnerable Children Policy Planning and Effort Index
OVC	orphans and vulnerable children
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGASS	UN General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

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Introduction

The 2009 *Progress Report for Children Affected by HIV/AIDS* is the second in a periodic series sponsored by UNICEF designed to provide a summary of indicators of the current status of orphans and vulnerable children (OVC). The objective of this report is to provide an easy-to-use guide to facilitate dialogue among both policymakers and key stakeholders about policies related to orphans and vulnerable children. It presents the 17 indicators described in the *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS* (UNICEF, 2005). Ten of these are considered core indicators, recommended as essential to monitoring and evaluating national programmatic efforts regarding orphans and vulnerable children; seven additional indicators supplement the core. All correspond to the five key strategies¹ for mounting an effective response to the critical situation of children affected by HIV/AIDS:

- 1) Strengthening the capacity of families to protect and care for children.
- 2) Mobilizing and strengthening community-based responses.
- 3) Ensuring access to essential services.
- 4) Ensuring that governments protect the most vulnerable children.
- 5) Raising awareness to create a supportive environment.

The results of the 2006 *Progress Report for Children Affected by HIV/AIDS* highlighted the limited nature of the data available to measure the status of OVC. This led to improvements in the design of various surveys, including the Demographic and Health Surveys (DHS), the AIDS Indicator Surveys (AIS) and the Multiple Indicator Cluster Surveys (MICS). In addition, it also spurred efforts to strive for consistent methodologies across surveys, so that data gathered in different surveys could be effectively compared and combined when presenting these summary results. This report reflects the fruits of those efforts, which constitute an improved base of information upon which to make strategic responsive decisions in support of children affected by HIV/AIDS.

Organization of the report and presentation of results

This report is organized according to the five key strategies outlined above. Within each strategy, summary results for the corresponding indicators are presented in table format as follows:

- at the country level for each indicator where fewer than 20 countries had data available.
- at the regional level for those indicators where more than 20 countries had data available.

Country level tables: The country level tables organize the countries first by region, and then by ascending indicator ratio/percentage within each region. For each country, the indicator ratio/percentage values are given, in addition to the survey name and year. Where appropriate and as data permit, the indicators are disaggregated by the numerator and denominator proportions that make up the final indicator ratio/percentage (usually OVC versus non-OVC), and further by sex. For each region, the number of countries with data available is given, in addition to the percentage of the regional

¹ As documented in *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* (UNICEF, 2004). A complete listing of the strategic approaches, as well as the indicators associated with each strategic approach, can be seen in Annex C.

population represented by the countries with data available. Regional medians or averages for both total indicator ratios/percentages and disaggregated proportions are given for each region where data are available for more than one country. Unweighted regional averages of indicators are calculated when the countries with data available represent more than 50 per cent of the regional or global population of interest; otherwise, median values are reported.

Regional tables: Regional level tables are presented for an indicator when the number of countries with data is 20 or more. The regional level tables are organized by ascending indicator ratio/percentage. The number of countries with data available and the percentage of the total regional or global target population represented by the countries with data available are given. The median or average value of the indicator, and the range of the indicator values (i.e., minimum and maximum of the data values), are then presented. The country data supporting the region level tables are provided in Annex A.

The country or region tables in the main body of the report are followed by bar charts, allowing a visual inspection of relative indicator levels by country. Where possible, bar charts showing time trends are included. Given that many of the indicators are new or have changed, comparable time trend data are extremely limited. Supporting data for the time trend charts are presented in Annex B.

Summary of findings: The situation of children and the state of data collection efforts

The situation of children affected by HIV/AIDS: This report documents the situation of orphans and vulnerable children relative to that of non-orphans and non-vulnerable children. Although data availability is limited for some indicators, the report finds that OVCs are less likely to have their basic material needs met than non-OVCs. The prevalence of malnutrition among OVCs is greater than among non-OVCs. Similarly, in most countries, OVCs are more likely than non-OVCs to initiate sex before age 15. Compared with non-orphans who live with at least one of their parents, double orphans are less likely to be attending school in 45 out of 49 reporting countries.²

The state of data collection efforts: Of the 17 indicators examined in this report, 13 have data available. Four indicators have data from countries representing more than 30 per cent of the world's population. This represents a substantial improvement in the state of knowledge around these indicators since publication of the 2006 *Progress Report*.³ Critical gaps, however, remain. Data for the indicators for Food Security, Psychological Health, Connection with an Adult Caregiver, and Children Outside of Family Care have not been generally collected. In addition, the regions of Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS), Latin America and the Caribbean, the Middle East and North Africa, and South Asia have very limited or no data for the remainder of the indicators. As part of the review of UN General Assembly Special Session on HIV/AIDS (UNGASS) indicators in 2010, UNICEF, along with other development partners, will review the OVC indicators.

² The analysis for this report did not calculate whether the differences in these bivariate analyses were statistically significant. In a recent separate analysis, data from 60 nationally representative household surveys (36 countries) were analyzed using bivariate and multivariate methods to establish if such markers consistently identified children with worse outcomes. Results indicate that orphanhood and co-residence with a chronically ill or HIV-positive adult are not universally robust measures of child vulnerability across national and epidemic contexts. In the majority of surveys analyzed, there were few significant differences regarding wasting, early sexual debut and, to a lesser extent, school attendance, between orphans and non-orphans or children living with chronically ill or HIV-positive adults and children not living with chronically ill or HIV-positive adults. For more details, please see *Who is the Vulnerable Child? Using Survey Data to Identify Children at Risk in the Era of HIV and AIDS* (forthcoming, UNICEF, 2010).

³ It should be noted that the current report contains a slightly different mix of indicators than the *Progress Report* published in 2006, which contained indicators that were more specific to HIV/AIDS. The differences are described in Annex C.

KEY STRATEGY #1:

Strengthening the capacity of families to protect and care for children

Three core indicators (1, 2 and 3) and four additional indicators (A1, A2, A3 and A4) are recommended for monitoring progress in this area.

INDICATOR 1: BASIC MATERIAL NEEDS (CORE INDICATOR)

Definition: “Ratio of OVC versus non-OVC who have three minimum basic material needs for personal care” (UNICEF, 2005).

Purpose: “To assess the capacity of families to provide children with minimum basic material needs. The suggested items for measurement are availability of a blanket, shoes and two sets of clothes. These three items should be modified at country level if other basic needs are considered more important (sleeping mat, sheets, school books, soap, etc.)” (UNICEF, 2005).

A ratio greater than 1 indicates that OVC are better off than non-OVC.

Numerator: “(1) Proportion (%) of OVC who have three minimum basic material needs for personal care.

Numerator 1: Number of OVC aged 5–17 surveyed with a minimum set of three basic personal material needs.

Denominator 1: Number of OVC aged 5–17 surveyed” (UNICEF, 2005).

Denominator: “(2) Proportion (%) of non-OVC who have three minimum basic material needs for personal care.

Numerator 2: Number of non-OVC aged 5–17 surveyed with a minimum set of three basic personal material needs.

Denominator 2: Number of non-OVC aged 5–17 surveyed” (UNICEF, 2005).

Data: Very limited data are available on this indicator. The results are for 10 countries that included questions on both OVC and possession of basic material needs in the DHS, AIS and HIV/AIDS and Malaria Indicator Surveys (HMIS) conducted in 2005 or later.

Key points: (1) In 9 of 10 countries with data, OVCs are less likely to have the three basic material needs.

(2) There are no data available for this indicator for the CEE/CIS, Middle East and North Africa, and South Asia regions. In addition, there is only one country from Latin America and the Caribbean region and one country from the East Asia and Pacific region with data. These regions also have very limited or no data for several other indicators, which clearly shows a gap in need of redress.

Table 1: Basic material needs

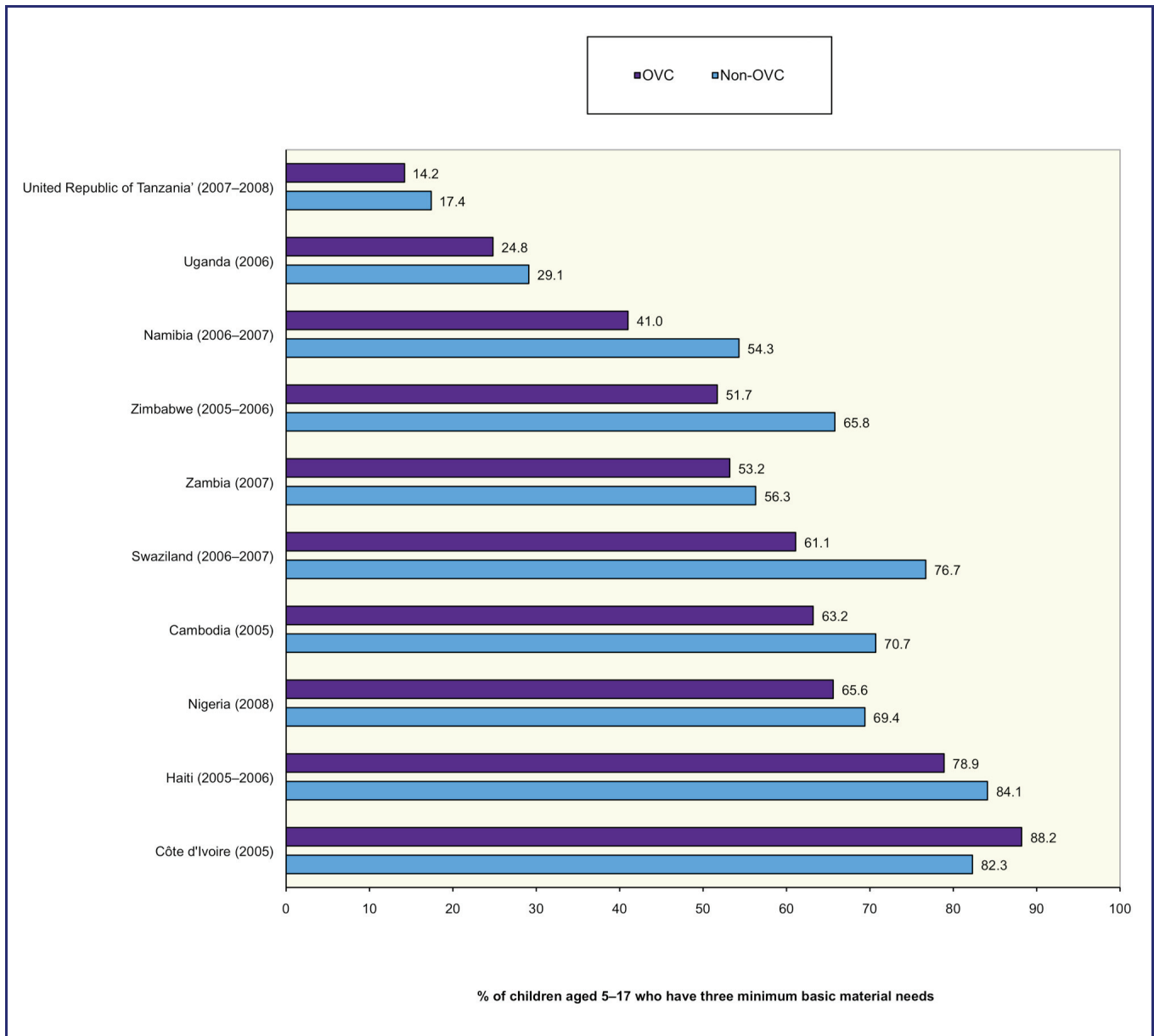
Region	Country	Basic material needs (Indicator 1): Ratio of OVC to non-OVC who have three minimum basic material needs for personal care			Survey	Year
		OVC	Non-OVC	Ratio		
East Asia and Pacific (1 country, representing 1% of the regional population)	Cambodia	63.2	70.7	0.89	DHS	2005
Eastern and Southern Africa (6 countries, representing 27% of the regional population)	Namibia	41.0	54.3	0.75	DHS	2006–2007
	Zimbabwe	51.7	65.8	0.79	DHS	2005–2006
	Swaziland	61.1	76.7	0.80²	DHS	2006–2007
	United Republic of Tanzania	14.2	17.4	0.81	HMIS	2007–2008
	Zambia	53.2	56.3	0.94	DHS	2007
	Uganda	24.8	29.1	0.85	DHS	2006
<i>Regional median¹</i>		<i>46.4</i>	<i>55.3</i>	<i>0.81</i>		
Latin America and Caribbean (1 country, representing 2% of the regional population)	Haiti	78.9	84.1	0.94	DHS	2005–2006
West and Central Africa (2 countries, representing 43% of the regional population)	Côte d'Ivoire	88.2	82.3	1.07	AIS	2005
	Nigeria	65.6	69.4	0.95	DHS	2008
<i>Regional median¹</i>		<i>76.9</i>	<i>75.9</i>	<i>1.01</i>		
Global median¹ (10 countries, representing 4% of the global population)		<i>57.2</i>	<i>67.6</i>	<i>0.87</i>		

¹ A median ratio is given for regions where the percentage of total population represented by countries with data available is less than 50 per cent. An average ratio is given where the percentage of total population is 50 per cent or more.

² Swaziland collected information on shoes, two sets of clothes, and at least one meal per day.

Source: AIS, DHS, HMIS 2005–2008.

Figure 1: Per cent of children aged 5–17 who have three minimum basic material needs for personal care: OVC and non-OVC, 2005-2008 (in ascending order by per cent of OVC)



Source: AIS, DHS, HMIS 2005–2008.

INDICATOR 2: MALNUTRITION/UNDERWEIGHT PREVALENCE (CORE INDICATOR)

Definition: “The ratio of the proportion of OVC to non-OVC who are malnourished (underweight)” (UNICEF, 2005).

Purpose: “To assess progress in preventing relative disparity in malnutrition among orphaned and vulnerable children versus other children. Weight-for-age reflects a combination of acute and chronic malnutrition for the child” (UNICEF, 2005).

A ratio greater than 1 indicates that OVC are worse off than non-OVC.

Numerator: “(1) Malnutrition rate among OVC (%)

Numerator 1: Number of OVC aged 0–4 years who are malnourished (below 2 standard deviations from the median weight-for-age of WHO/NCHS reference population).
Denominator 1: Number of OVC aged 0–4 years” (UNICEF, 2005).

Denominator: “(2) Malnutrition rate among non-OVC (%)

Numerator 2: Number of non-OVC aged 0–4 years who are malnourished (below 2 standard deviations from the median weight-for-age of WHO/NCHS reference population).

Denominator 2: Number of non-OVC aged 0–4 years” (UNICEF, 2005).

Data: Anthropometry measures to calculate weight-for-age are generally collected in DHS and MICS, but not in AIS. Complete information needed to calculate OVC status, however, has not been collected in the past. Therefore, this indicator is available only from DHS and MICS dated 2005 or later that included both the OVC and anthropometry measures in their surveys.

Key points: (1) In 15 of the 21 countries with data on the indicator, OVCs were more likely to be malnourished than non-OVCs.

(2) The differences in rates of malnutrition between countries are perhaps more striking than the differences between OVC and non-OVC. For example, in Mali, 31.3 per cent of non-OVC are malnourished, versus only 9.2 per cent of non-OVC in Thailand.

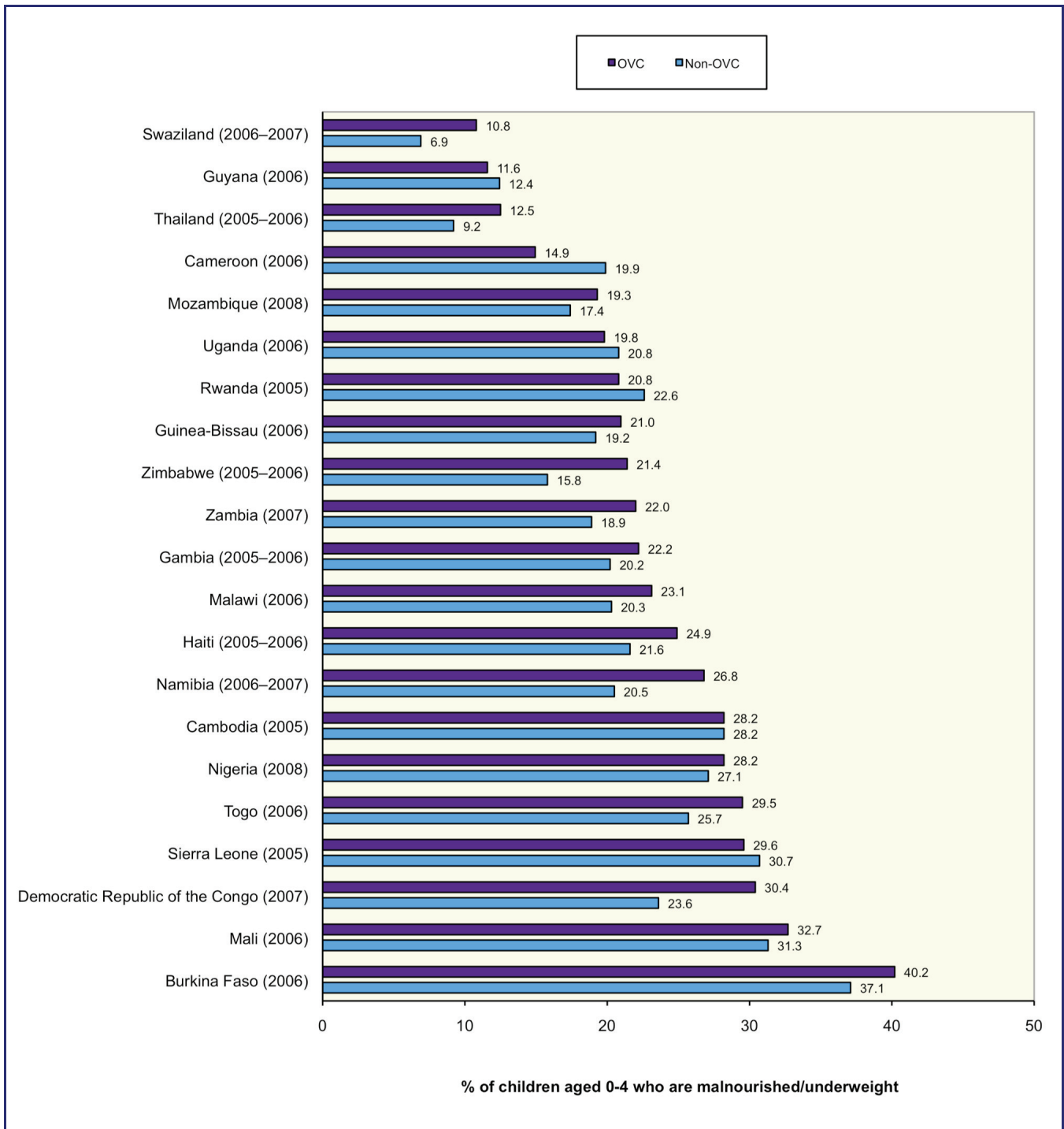
Table 2: Malnutrition/underweight prevalence

Region	Country	Malnutrition/underweight prevalence (Indicator 2): Ratio of the proportion of OVC to non-OVC who are malnourished (underweight)			Survey	Year
		OVC	Non-OVC	Ratio		
East Asia and Pacific (2 countries, representing 4% of the regional population)	Cambodia	28.2	28.2	1.00	DHS	2005
	Thailand	12.5	9.2	1.36	MICS	2005–2006
	<i>Regional median¹</i>	<i>20.4</i>	<i>18.7</i>	<i>1.18</i>		
Eastern and Southern Africa (8 countries, representing 28% of the regional population)	Rwanda	20.8	22.6	0.92	DHS	2005
	Uganda	19.8	20.8	0.95	DHS	2006
	Mozambique	19.3	17.4	1.11	MICS	2008
	Malawi	23.1	20.3	1.14	MICS	2006
	Zambia	22.0	18.9	1.16	DHS	2007
	Namibia	26.8	20.5	1.31	DHS	2006–2007
	Zimbabwe	21.4	15.8	1.35	DHS	2005–2006
	Swaziland	10.8	6.9	1.57	DHS	2006–2007
<i>Regional median¹</i>	<i>21.1</i>	<i>19.6</i>	<i>1.15</i>			
Latin America and Caribbean (2 countries, representing 2% of the regional population)	Guyana	11.6	12.4	0.93	MICS	2006
	Haiti	24.9	21.6	1.15	DHS	2005–2006
	<i>Regional median¹</i>	<i>18.2</i>	<i>17.0</i>	<i>1.04</i>		
West and Central Africa (9 countries, representing 70% of the regional population)	Cameroon	14.9	19.9	0.75	MICS	2006
	Sierra Leone	29.6	30.7	0.96	MICS	2005
	Mali	32.7	31.3	1.04	DHS	2006
	Nigeria	28.2	27.1	1.04	DHS	2008
	Burkina Faso	40.2	37.1	1.08	MICS	2006
	Guinea-Bissau	21.0	19.2	1.09	MICS	2006
	Gambia	22.2	20.2	1.10	MICS	2005–2006
	Togo	29.5	25.7	1.15	MICS	2006
	Democratic Republic of the Congo	30.4	23.6	1.29	DHS	2007
	<i>Regional average¹</i>	<i>27.6</i>	<i>26.1</i>	<i>1.06</i>		
Global median¹ (21 countries, representing 7% of the global population)		22.2	20.5	1.10		

¹ A median is given for regions where the percentage of total population represented by countries with data available is less than 50 per cent. An average is given where the percentage of total population is 50 per cent or more.

Source: DHS and MICS, 2005–2008.

Figure 2: Per cent of children aged 0–4 who are malnourished/underweight: OVC and non-OVC, 2005-2008 (in ascending order by per cent of OVC)



Source: DHS and MICS, 2005–2008.

INDICATOR 3: SEX BEFORE AGE 15 (CORE INDICATOR)

Background: “The ratio of the proportion of OVC to non-OVC aged 15–17 who had sex before the age of 15” (UNICEF, 2005).

Purpose: “To assess the sexual behavior of youth. The indicator is calculated and reported separately for males and females. There is evidence to suggest that a later age at first sex reduces susceptibility to infection per act of sex, at least for women. Adolescents form a high-risk group for HIV/AIDS because they are at a crucial stage of growth and might not be fully mature physically or emotionally. They may also be more likely to be bullied or exploited in sexual relationships” (UNICEF, 2005).

A ratio greater than 1 indicates that OVC are worse off than non-OVC.

Numerator: “(1) Proportion (%) of OVC who had sex before age 15.

Numerator 1: Number of OVC who report their age at first sex as under age 15.

Denominator 1: Number of OVC aged 15–17” (UNICEF, 2005).

Denominator: “(2) Proportion (%) of non-OVC who had sex before age 15.

Numerator 2: Number of non-OVC who report their age at first sex as under age 15.

Denominator 2: Number of non-OVC aged 15–17” (UNICEF, 2005).

Data: This indicator is more frequently collected for women because, with few exceptions, the MICS do not field a questionnaire for men. Therefore, the results below are disaggregated by gender. Further reducing availability of this indicator, complete information needed to calculate OVC status was not collected in the past; thus data are available only from the DHS, MICS and AIS surveys conducted in 2005 or later.

Key points: (1) In some countries, there was a sizeable difference between the ratios for males and females. However, there was not a consistent pattern. Sometimes men were more likely to have initiated sexual relations before age 15 than women, and sometimes women were more likely to have initiated sexual relations before age 15 than men. In Uganda, for example, the ratio of the proportion of OVC to non-OVC that had sex before age 15 was higher for males than it was for females – 1.53 versus 1.05. This indicates that the likelihood that a male OVC has had sex before the age of 15 was 53 per cent higher than that of a male non-OVC. This contrasts strongly with women where the likelihood of a female OVC having had sex before age 15 was only 5 per cent higher than that of a female non-OVC.

This pattern is reversed in Zimbabwe, where the ratios of the proportions of OVC to non-OVC aged 15–17 who had sex before the age of 15 were 1.30 for males and 1.74 for females. While the ratios for both sexes in Zimbabwe showed sex at a younger age for OVC, the ratio of 1.74 for females is particularly striking. Essentially, OVC females in Zimbabwe were 74 per cent more likely than non-OVC to have had sex before age 15, versus 30 per cent for males.

(2) Overlaid on the bar charts of *Figures 3 and 4* is the HIV prevalence rate for those aged 15–24 by gender in each country. Interestingly, there appears to be no relation between the prevalence of precocious sexual debut and HIV prevalence. In the examination of 17 surveys covering men and 23 surveys covering women, mentioned above, the correlation between HIV prevalence and early sexual debut was found to be less than 0.01.

(3) *Figures 5 and 6* present time trends for the United Republic of Tanzania. Among both males and females, there has been an increase of early sexual debut among OVC.

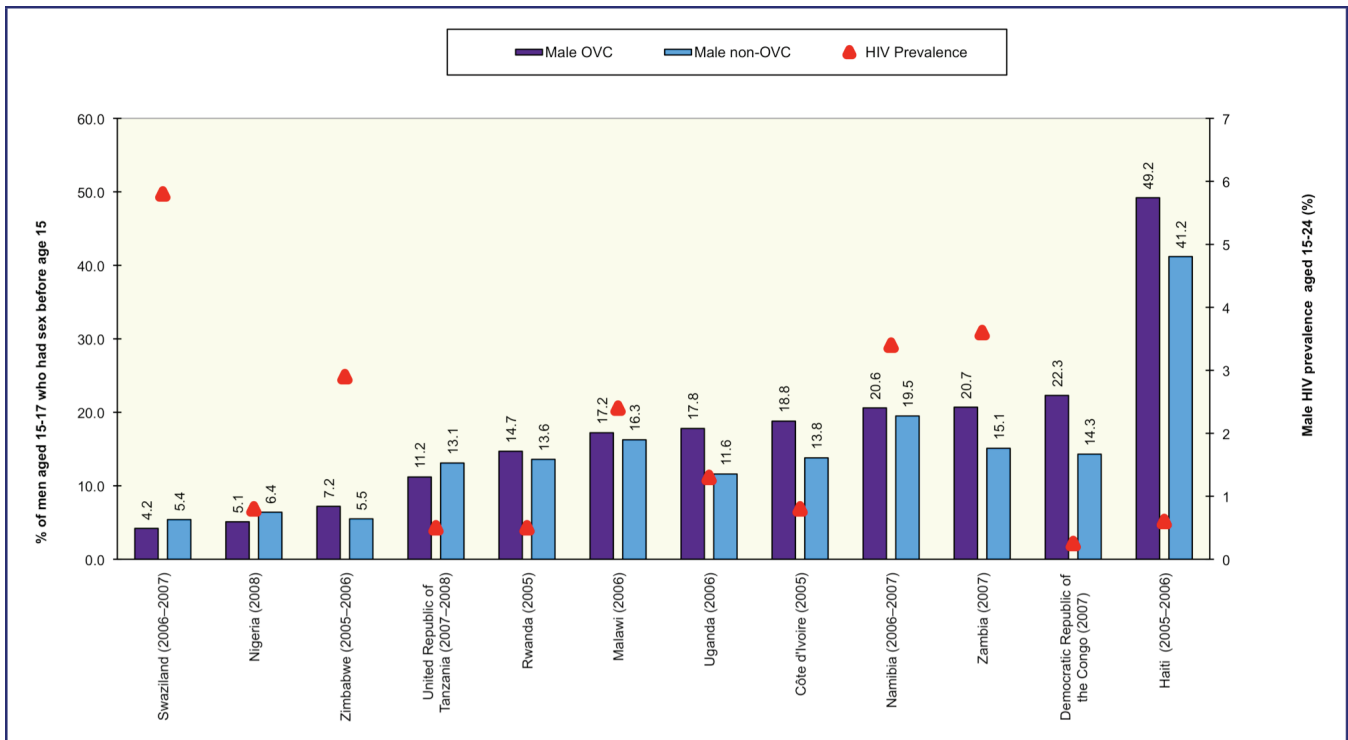
Table 3: Sex before age 15

Region	Country	Sex before age 15 (Indicator 3): Ratio of the proportion of OVC to non-OVC aged 15–17 who had sex before age 15						Survey	Year
		Male			Female				
		OVC	Non-OVC	Ratio	OVC	Non-OVC	Ratio		
Eastern and Southern Africa (8 countries representing 33% of the male regional population, and 9 countries representing 39% of the female regional population)	Zambia	20.7	15.1	1.37	8.7	15.9	0.55	DHS	2007
	Mozambique	n.d.	n.d.	n.d.	25.1	27.6	0.91	MICS	2008
	United Republic of Tanzania	11.2	13.1	0.85	13.2	10.4	1.26	HMIS	2007–2008
	Uganda	17.8	11.6	1.53	11.0	10.6	1.05	DHS	2006
	Rwanda	14.7	13.6	1.08	6.0	4.9	1.22	DHS	2005
	Malawi	17.2	16.3	1.06	15.7	11.7	1.35	MICS	2006
	Swaziland	4.2	5.4	0.77	9.0	6.4	1.39	DHS	2006–2007
	Namibia	20.6	19.5	1.06	10.1	7.1	1.41	DHS	2006–2007
	Zimbabwe	7.2	5.5	1.30	6.0	3.4	1.74	DHS	2005–2006
<i>Regional median¹</i>		16.0	13.4	1.07	10.1	10.4	1.26		
Latin America and Caribbean (1 country representing 2% of the regional population)	Haiti	49.2	41.2	1.19	18.1	13.2	1.37	DHS	2005–2006
West and Central Africa (3 countries representing 60% of the male regional population, and 9 countries representing 72% of the female regional population)	Togo	n.d.	n.d.	n.d.	9.9	14.8	0.67	MICS	2006
	Gambia	n.d.	n.d.	n.d.	3.2	4.0	0.80	MICS	2005–2006
	Nigeria	5.1	6.4	0.80	14.0	15.1	0.93	DHS	2008
	Cameroon	n.d.	n.d.	n.d.	13.0	13.8	0.94	MICS	2006
	Guinea-Bissau	n.d.	n.d.	n.d.	24.3	23.7	1.03	MICS	2006
	Côte d'Ivoire	18.8	13.8	1.36	21.6	20.1	1.07	AIS	2005
	Burkina Faso	n.d.	n.d.	n.d.	6.6	5.6	1.19	MICS	2006
	Democratic Republic of the Congo	22.3	14.3	1.56	21.9	17.1	1.28	DHS	2007
	Sierra Leone	n.d.	n.d.	n.d.	34.9	23.1	1.51	MICS	2005
<i>Regional average¹</i>		15.4	11.5	1.24	16.6	15.3	1.05		
Global median¹ (12 countries representing 5% of the male global population, and 19 countries representing 7% of the female global population)		17.2	13.7	1.14	13.0	13.2	1.19		

¹ A median is given for regions where the percentage of total population represented by countries with data available is less than 50 per cent. An average is given where the percentage of total population is 50 per cent or more.

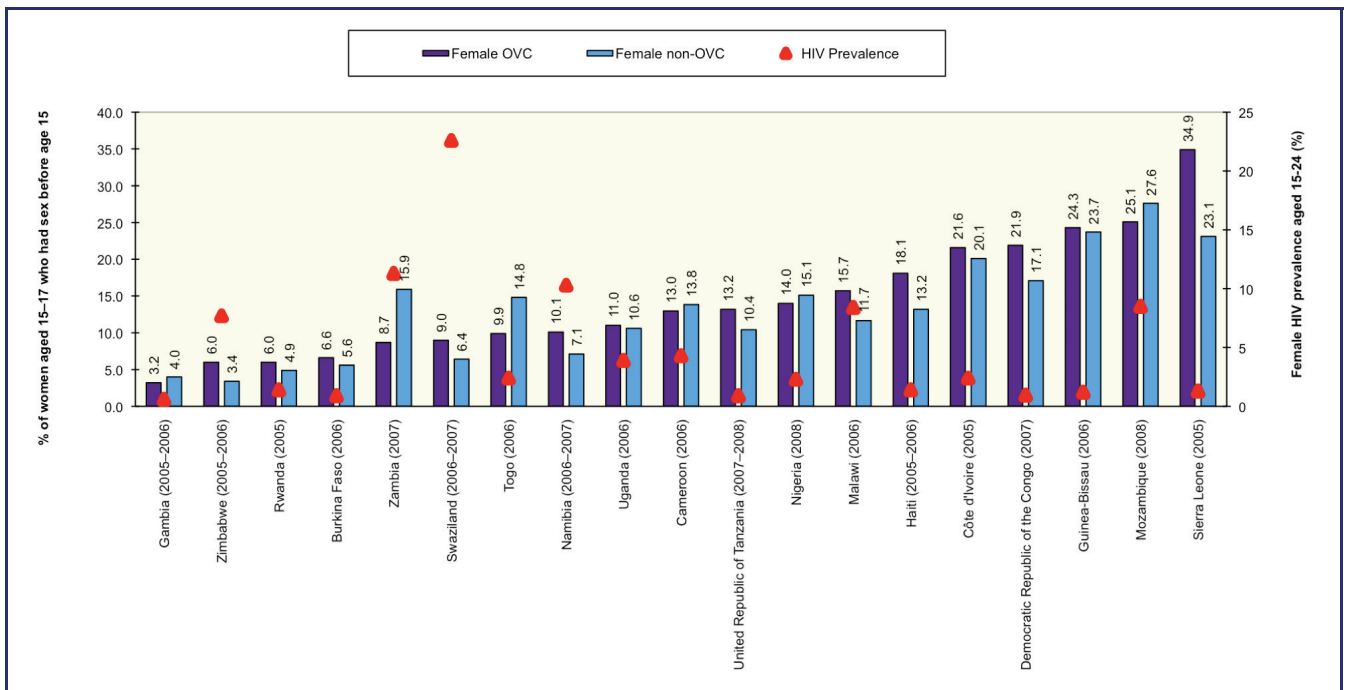
Source: AIS, DHS, HMIS, MICS, 2005–2008.

Figure 3: Percent of men aged 15–17 who had sex before age 15: OVC and non-OVC and HIV prevalence among men aged 15–24, 2005-2008 (in ascending order by per cent of OVC)



Source: AIS, DHS, HMIS, MICS, 2003–2008.

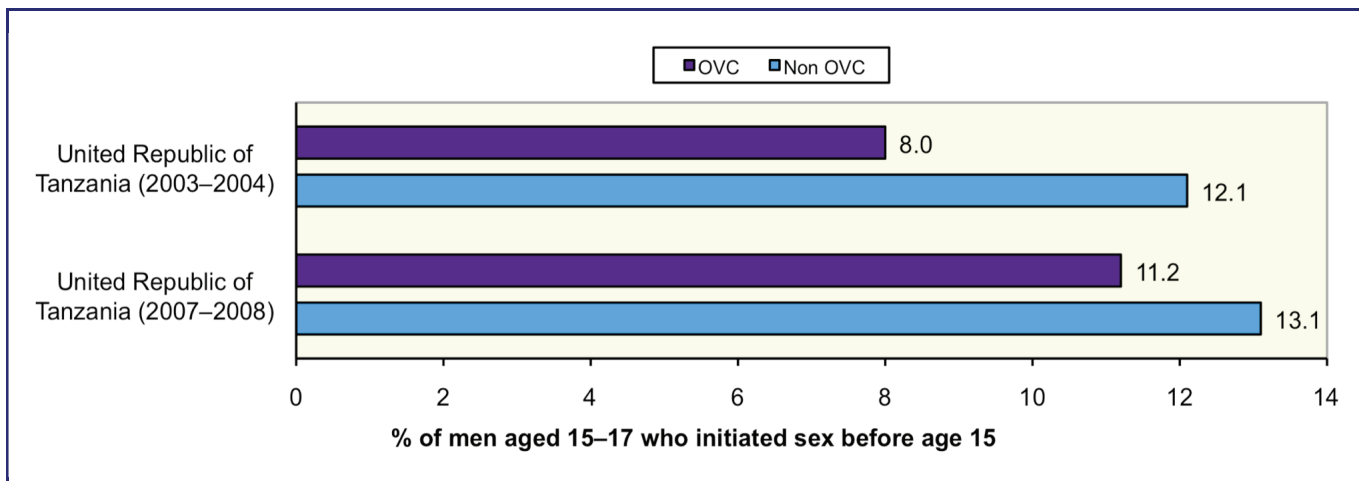
Figure 4: Per cent of women aged 15–17 who had sex before age 15: OVC and non-OVC and HIV prevalence among women aged 15–24, 2005-2008 (in ascending order by per cent of OVC)



Source: AIS, DHS, HMIS, MICS, 2005–2008.

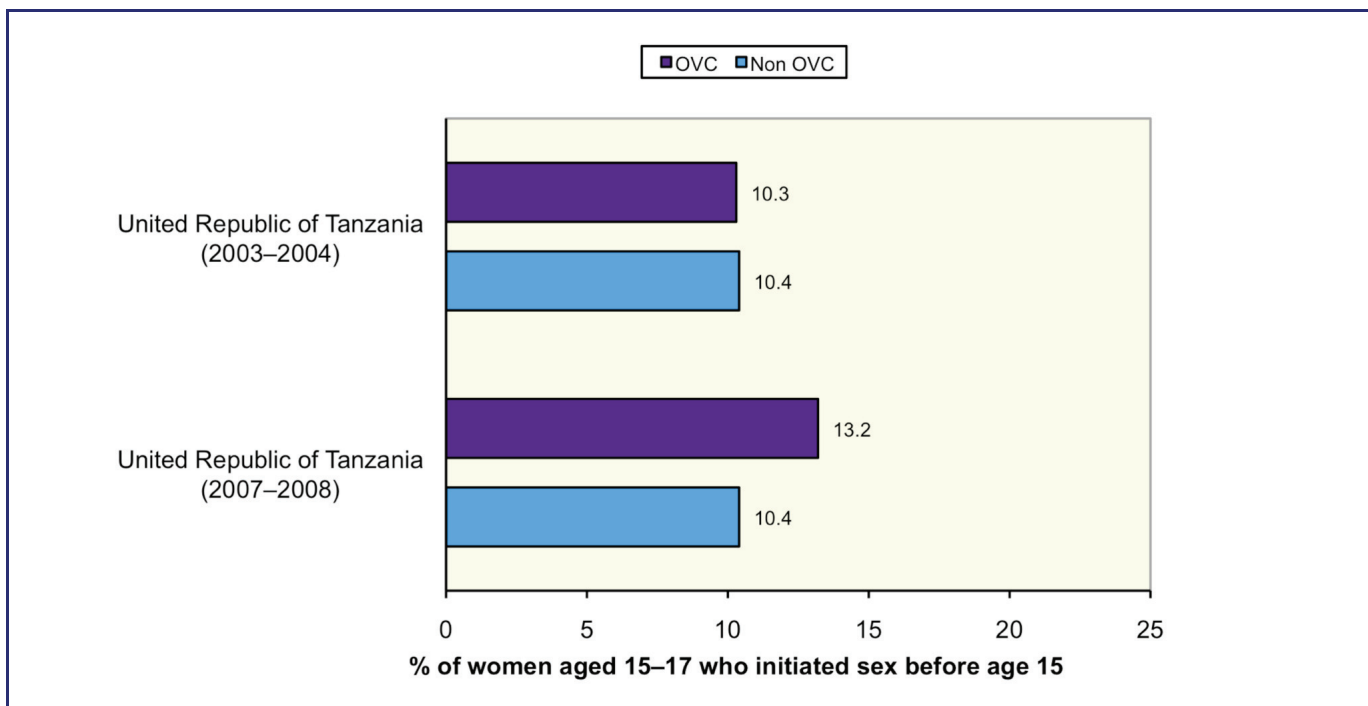
Reference for Figures 3 and 4: HIV prevalence data on young people aged 15-24 is reported from UNAIDS, *Report on the Global AIDS Epidemic, 2008*. Please note that there is no point estimate of HIV prevalence for males or females 15–24 in the Democratic Republic of the Congo, and therefore the average of the range for each gender was used.

Figure 5: Time trend in percentage of men aged 15–17 who had sex before age 15: OVC and non-OVC, 2003-2008



Source: United Republic of Tanzania AIS, 2003–2004, and HMIS, 2007–2008.¹

Figure 6: Time trend in percentage of women aged 15–17 who had sex before age 15: OVC and non-OVC, 2003-2008



Source: United Republic of Tanzania AIS, 2003–2004, and HMIS, 2007–2008.¹

See Table B2 in Annex B for further elaboration of the data for *Figures 5 and 6*.

INDICATOR A1: FOOD SECURITY (ADDITIONAL INDICATOR)

Background: “Ratio of food insecure households with OVC compared to households without OVC” (UNICEF, 2005).

Purpose: “To determine how widespread food insecurity is among the population and compare the food security status of households with OVC to the food security status of households without OVC. The progression [in food insecurity] follows a well-documented pattern. The inability to maintain diversity in diet is generally seen as the first sign of problems, followed by reduction in the size of meals, then skipping meals, and finally, going entire days without eating” (UNICEF, 2005).

A ratio greater than 1 indicates that OVC are worse off than non-OVC.

Numerator: “(1) Proportion (%) of households with OVC that are food insecure.

Numerator 1: Number of sampled households with OVC that are food insecure.
Denominator 1: Number of sampled households with OVC” (UNICEF, 2005).

Denominator: “(2) Proportion (%) of households with children that are not taking care of OVC that are food insecure.

Numerator 2: Number of sampled households with children that are not taking care of OVC and are food insecure.
Denominator 2: Number of sampled households with children that are not taking care of OVC” (UNICEF, 2005).

Data: Data are not currently available. A Household Food Security Access Scale was developed in 2007 by the Food and Nutrition Technical Assistance Project (FANTA), and pilot tested by the Food and Agriculture Organization (FAO) in Malawi for OVC monitoring (nutrition activities within the European Commission/FAO Program on Food Security, 2006). This will hopefully standardize indicators to better evaluate the impact of caring for OVC on household food security.

Key points: (1) A 2005 survey in Uganda and Zambia reported that 51 per cent and 65 per cent, respectively, of OVC skipped a meal in the last 30 days, compared with 40 per cent and 48 per cent of non-OVC, respectively (World Vision, 2005).

(2) A 2006 assessment undertaken in rural Rwanda showed that the percentage of food insecurity increased from a range of 44 per cent to 46 per cent in households hosting one or two orphans, to 61 per cent in households hosting three or more orphans (World Food Programme (WFP), 2006).

Table 4: Food security

Region	Country	Food security (Indicator A1): Ratio of food insecure households with OVC compared with households without OVC			Survey	Year
		OVC	Non-OVC	Ratio		
East Asia and Pacific (0 countries)		n.d.	n.d.	n.d.		
Eastern and Southern Africa (0 countries)		n.d.	n.d.	n.d.		
Latin America and Caribbean (0 countries)		n.d.	n.d.	n.d.		
CEE/CIS (0 countries)		n.d.	n.d.	n.d.		
Middle East and North Africa (0 countries)		n.d.	n.d.	n.d.		
South Asia (0 countries)		n.d.	n.d.	n.d.		
West and Central Africa (0 countries)		n.d.	n.d.	n.d.		
Global median/average (0 countries)		<i>n.d.</i>	<i>n.d.</i>	<i>n.d.</i>		

See 'Key points' (above) for a discussion of findings from the literature.

INDICATOR A2: PSYCHOLOGICAL HEALTH (ADDITIONAL INDICATOR)

Background: “The ratio of OVC to non-OVC aged 12–17 with an adequate score for psychological health” (UNICEF, 2005).

Purpose: “To assess the psychological health of orphans and other children made vulnerable by HIV/AIDS. Children’s emotional, cognitive and social development is learned through interaction with their environment and the people (especially the caregivers) in their lives. Through appropriate care and stimulation, children learn: flexibility and adaptability in emotional response, appropriate social interactions, expectations for behaviour, mastery and capability, a stable and positive sense of self, and skills for daily living. Measuring the impact of psychosocial support arrangements can be accomplished through direct measures of emotional health and functioning. These measures also reflect children’s resilience and coping capacity” (UNICEF, 2005).

A ratio greater than 1 indicates that OVC are better off than non-OVC.

Numerator: “(1) Psychological health of orphaned and vulnerable children.

Numerator 1: The number of OVC with an adequate score (at least 20 points out of maximum 32 points).

Denominator 1: All OVC interviewed” (UNICEF, 2005).

Denominator: “(2) Psychological health of other children.

Numerator 2: The number of non-OVC with an adequate score (at least 20 points out of maximum 32 points).

Denominator 2: All non-OVC interviewed” (UNICEF, 2005).

Data: A standardized survey developed for this indicator has not yet been implemented beyond a preliminary pilot survey conducted in Blantyre, Malawi, and Kingston, Jamaica. The lack of data available for this indicator, as indicated in the table below, will need to be addressed in the future.

Key points: (1) A recent study concluded that a reduction of stigma and discrimination against those infected and affected by HIV/AIDS could “potentially reduce adverse psychological outcomes among AIDS-orphaned adolescents” (Cluver, et al., 2008).

(2) AIDS orphans in Uganda were shown in a 2005 study to be at “greater risk for higher levels of anxiety, depression, and anger” (Atwine, et al., 2005).

Table 5: Psychological health

Region	Country	Psychological Health (Indicator A2): Ratio of OVC to non-OVC aged 12–17 with an adequate score for psychological health			Survey	Year
		OVC	Non-OVC	Ratio		
East Asia and Pacific (0 countries)		n.d.	n.d.	n.d.		
Eastern and Southern Africa (0 countries)		n.d.	n.d.	n.d.		
Latin America and Caribbean (0 countries)		n.d.	n.d.	n.d.		
CEE/CIS (0 countries)		n.d.	n.d.	n.d.		
Middle East and North Africa (0 countries)		n.d.	n.d.	n.d.		
South Asia (0 countries)		n.d.	n.d.	n.d.		
West and Central Africa (0 countries)		n.d.	n.d.	n.d.		
Global median/average* (0 countries)		<i>n.d.</i>	<i>n.d.</i>	<i>n.d.</i>		

See 'Key points' (above) for a discussion of findings from the literature.

INDICATOR A3: CONNECTION WITH AN ADULT CAREGIVER (ADDITIONAL INDICATOR)

Background: “The ratio of the proportion of OVC to non-OVC aged 12–17 who have a positive connection with the adult they live with most of the time” (UNICEF, 2005).

Purpose: “This indicator measures the extent to which OVC have a positive, emotional, and stable and supportive emotional relationship with the adult they live with most of the time. A positive, stable, emotional relationship has been shown to be one of the strongest protective factors for child and adolescent development. Children and adolescents conclude that the support they perceive from their caregivers indicates they are worthy and respectable individuals. This enhances their sense of self-worth, which, in turn, fosters self-respect and self-confidence. Further, it helps children and adolescents function successfully in society and establish positive relationships with peers and adults” (UNICEF, 2005).

A ratio greater than 1 indicates that OVC are better off than non-OVC.

Numerator: “(1) Connection of OVC with adult caregiver.

Numerator 1: The sum of the scores of all OVC interviewed.
Denominator 1: Number of OVC interviewed” (UNICEF, 2005).

Denominator: “(2) Connection of non-OVC with adult caregiver.

Numerator 2: The sum of the scores of all non-OVC interviewed.
Denominator 2: Number of non-OVC interviewed” (UNICEF, 2005).

Data: A standardized survey developed for this indicator has not yet been implemented beyond the pilot stage in Blantyre, Malawi, and Kingston, Jamaica.

Key Points: (1) A recent study showed that almost half of those caring for AIDS orphans had difficulty in meeting the [emotional and physical] needs of their children, and that 75 per cent had trouble supporting their children in their schoolwork because they could not meet with their children’s teachers (Heyman, et al., 2007).

(2) Many orphan caregivers may have few emotional resources to draw upon in comforting and supporting the children in their custody, as they are often elderly and/or ill, coping with the stress of poverty, and have themselves suffered a great psychological toll after bearing the deaths of family members to AIDS (Howard, et al., 2006).

Table 6: Connection with an adult caregiver

Region	Country	Connection with an adult caregiver (Indicator A3): Ratio of the proportion of OVC to non-OVC aged 12–17 who have a positive connection with the adult they live with most of the time			Survey	Year
		OVC	Non-OVC	Ratio		
East Asia and Pacific (0 countries)		n.d.	n.d.	n.d.		
Eastern and Southern Africa (0 countries)		n.d.	n.d.	n.d.		
Latin America and Caribbean (0 countries)		n.d.	n.d.	n.d.		
CEE/CIS (0 countries)		n.d.	n.d.	n.d.		
Middle East and North Africa (0 countries)		n.d.	n.d.	n.d.		
South Asia (0 countries)		n.d.	n.d.	n.d.		
West and Central Africa (0 countries)		n.d.	n.d.	n.d.		
Global median/average* (0 countries)		n.d.	n.d.	n.d.		

See 'Key points' (above) for a discussion of findings from the literature.

INDICATOR A4: SUCCESSION PLANNING (ADDITIONAL INDICATOR)

Background: “The percentage of mothers or primary caregivers who report having identified a standby guardian who will take care of the child in the event that he/she is not able to do so” (UNICEF, 2005).

Purpose: “To assess the extent to which parents and caregivers make succession plans for their dependent children. In most countries, family laws stipulate a process to appoint a guardian. This ‘legal guardian’ may be an executor of a will, or a decision maker, and could, but not necessarily, be in a position to provide care in a family environment. For children made vulnerable by HIV/AIDS, this is particularly helpful, because it allows HIV-positive parents, while they are identifying guardians, to deal with disclosure of their status to their children, help prepare the children for the future, discuss family property with them, and seek the children’s assistance during the time of parental illness” (UNICEF, 2005).

Numerator: “Number of mothers or caregivers who have identified a standby guardian to take care of the dependent child” (UNICEF, 2005).

Denominator: “All mothers or caregivers who are responsible for children aged 0–17” (UNICEF, 2005).

Data: This is a new indicator. It is available from only 13 DHS and AIS surveys conducted in 2005 and later. This question is not implemented consistently; sometimes it is asked regarding biological children, while other times it is asked regarding all children under the care of an adult. In addition, one survey only questioned fathers, and not “mothers or primary caregivers,” and therefore could not be used.

Key points: (1) The results from the 13 countries with data suggest that there is a great need for succession planning. In 7 of the 13 countries less than a third of mothers or caregivers have identified a standby guardian to take care of a dependent child or children in the case of disability or death.

(2) A 2001 study in Uganda found the reasons given for failure to plan succession to be fear of disclosing HIV status, not feeling sick, and/or an inability to find someone willing and able to be a guardian (Horizons, 2004).

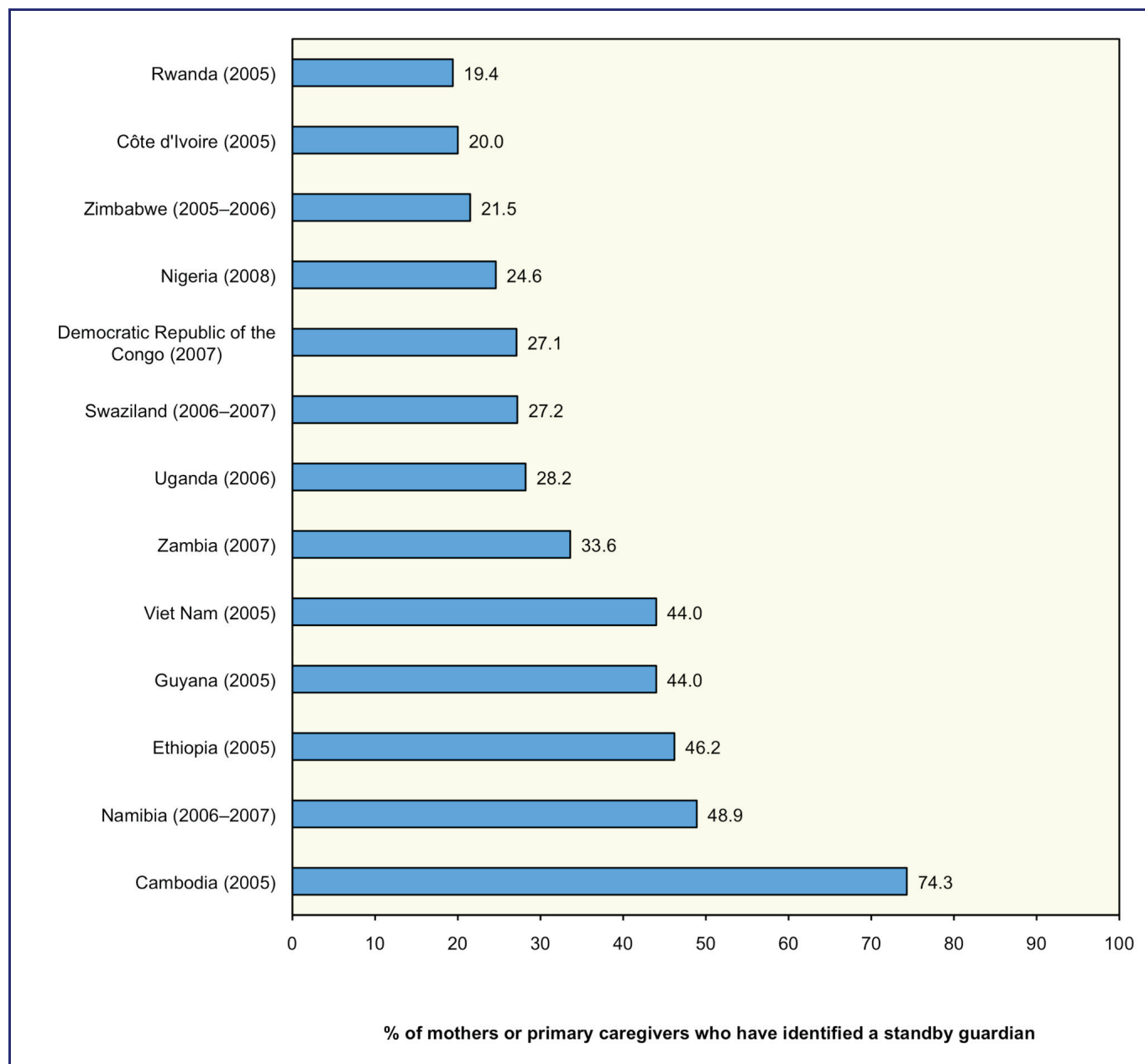
Table 7: Succession planning

Region	Country	Succession planning (Indicator A4): Percentage of mothers or primary caregivers who have identified a standby guardian who will take care of the child in the event he/she is not able to do so	Survey	Year
East Asia and Pacific (2 countries, representing 5% of the regional population)	Viet Nam	44.0	AIS	2005
	Cambodia	74.3	DHS	2005
	<i>Regional median¹</i>	59.2		
Eastern and Southern Africa (7 countries, representing 39% of the regional population)	Rwanda	19.4	DHS	2005
	Zimbabwe	21.5	DHS	2005–2006
	Swaziland	27.2	DHS	2006–2007
	Uganda	28.2	DHS	2006
	Zambia	33.6	DHS	2007
	Ethiopia	46.2	DHS	2005
	Namibia	48.9	DHS	2006–2007
<i>Regional median¹</i>	28.2			
Latin America and Caribbean (1 country, representing 0.1% of the regional population)	Guyana	44.0	AIS	2005
West and Central Africa (3 countries, representing 60% of the regional population)	Côte d'Ivoire	20.0	AIS	2005
	Nigeria	24.6	DHS	2008
	Democratic Republic of the Congo	27.1	DHS	2007
	<i>Regional average¹</i>	23.9		
Global median¹ (13 countries, representing 7% of the global population)		28.2		

¹ A median percentage is given for regions where the percentage of total population represented by countries with data available is less than 50 per cent. An average percentage is given where the percentage of total population is 50 per cent or more.

Source: AIS, DHS, 2005–2008.

Figure 7: Percentage of mothers or primary caregivers who have identified a standby guardian who will take care of the child in the event he/she is not able to do so, 2005-2008 (in ascending order)



Source: AIS, DHS, 2005–2008.

KEY STRATEGY #2:

Mobilizing and strengthening community-based responses

Two core indicators (4 and 5) and one additional indicator (A5) are recommended for monitoring of progress in this area.

INDICATOR 4: CHILDREN OUTSIDE OF FAMILY CARE (CORE INDICATOR)

Background: “The proportion of children aged 0–17 living outside of family care” (UNICEF, 2005).

Purpose: “To obtain estimates of children living on the streets and in institutions. This indicator assesses the number of children living outside of traditional households, including homeless children and children living in institutions. There is little information available on children living outside of households because national surveys such as DHS and MICS normally exclude structures that are not considered households” (UNICEF, 2005).

Numerator: “Number of children aged 0–17 living outside of family care” (UNICEF, 2005).

Denominator: “All children aged 0–17” (UNICEF, 2005).

Data: Surveys tracking children on the streets and in institutions have not been conducted beyond the pilot stage in Blantyre, Malawi and Kingston, Jamaica. The lack of data for this indicator needs to be addressed in the future.

Key points: (1) Counting or even estimating the number of children living outside of family care is difficult. Drawing on various sources, the Consortium for Street Children (2001) provides the following estimates of the number of children living and working on the streets in selected Asian countries: Bangladesh – 445,266; India – 11,000,000; Nepal – 29,700; and Sri Lanka – 10,000. As proportions of the population aged 0–14 in 2000, these numbers translate to 0.9 per cent in Bangladesh; 3.0 per cent in India; 3.0 per cent in Nepal; and 2.0 per cent in Sri Lanka (UNDP, 2008).

(2) A recent study in Zimbabwe found that child-headed households living on commercial farms faced a myriad of problems, including food insecurity, accessing education and skills training, lack of psychosocial support, and accessing health care (FOST, 2002).

(3) Children living on the street in India were found to be vulnerable to many different kinds of insecurity, including food, shelter, and clothing. Because of the threat of theft, they immediately spend any money they earn on recreational activities, including sexual activities, where there is a risk of contracting sexually transmitted infections (Deeksha, 2004).

Table 8: Children outside of family care

Region	Country	Children outside of family care (Indicator 4): Proportion of children aged 0–17 living outside of family care	Survey	Year
East Asia and Pacific (0 countries)		n.d.		
Eastern and Southern Africa (0 countries)		n.d.		
Latin America and Caribbean (0 countries)		n.d.		
CEE/CIS (0 countries)		n.d.		
Middle East and North Africa (0 countries)		n.d.		
South Asia (0 countries)		n.d.		
West and Central Africa (0 countries)		n.d.		
Global median/average (0 countries)		n.d.		

See 'Key points' (above) for a discussion of findings from the literature.

INDICATOR 5: EXTERNAL SUPPORT FOR ORPHANED AND VULNERABLE CHILDREN (CORE INDICATOR)

Background: “The percentage of OVC whose households received free basic external support in caring for the child” (UNICEF, 2005).

Purpose: “To assess the support provided to households that are caring for OVC. In practice, care for orphaned children comes from nuclear families surviving with assistance from extended families and from the community. The foundation of an effective response is to reinforce the capacity of families and communities to provide protection and care for vulnerable children. An increase could indicate that the national efforts to support OVC have reached families and communities” (UNICEF, 2005).

Numerator: “Number of OVC who live in households that received at least one of the following services for the child:

- Medical support within the past 12 months
- School-related assistance within the past 12 months
- Emotional support within the past 3 months
- Other social support, including material support, within the past 3 months” (UNICEF, 2005).

Denominator: “Total number of OVC” (UNICEF, 2005).

Data: Data are available from 24 countries with OVC modules in DHS, AIS, HMIS, AIDS Impact Surveys and MICS conducted in 2005 or later. The indicator does not measure the needs of the household or the orphans and vulnerable children. Additional questions could be added to measure expressed needs of families caring for orphans. The indicator implicitly suggests that all households with OVC need external support; some OVC are more in need of external support than others. Therefore, it is important to disaggregate the information by other markers of vulnerability, such as socioeconomic status of the household, dependency ratio, head of the household, etc.

Key points: (1) There is great variation in the results for this indicator. Results range from 1.3 per cent (Sierra Leone, 2005) to 41.2 per cent (Swaziland, 2006–2007). Of the services provided, the most common assistance in Swaziland was school-related.

(2) There may be some confusion among survey respondents about the definition of free external support, or poor ability to utilize such support. In Jamaica, the 2005 MICS results did not reflect widely available health, primary education, or other social services that are provided free or at low cost by the government (MICS, 2005).

Table 9: External support for OVC

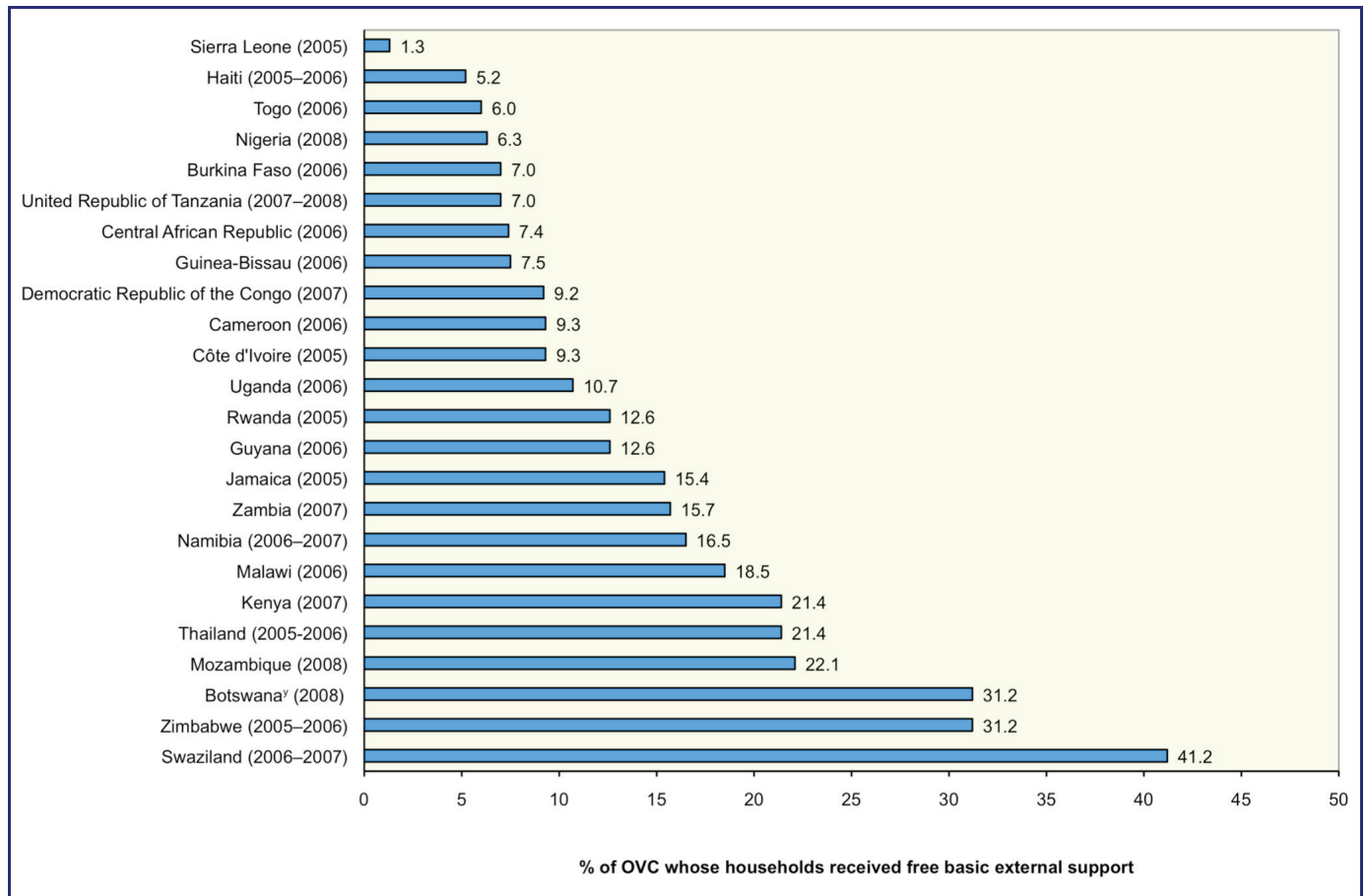
Region	Country	External support for OVC (Indicator 5): Percentage of OVC whose households received free basic external support in caring for the child	Survey	Year
East Asia and Pacific (1 country, representing 3% of the regional population)	Thailand	21.4	MICS	2005-2006
Eastern and Southern Africa (11 countries, representing 50% of the regional population)	Uganda	10.7	DHS	2006
	Rwanda	12.6	DHS	2005
	Zambia	15.7	DHS	2007
	Namibia	16.5	DHS	2006-2007
	United Republic of Tanzania	7.0	HMIS	2007-2008
	Malawi	18.5	MICS	2006
	Kenya	21.4	AIS	2007
	Mozambique	22.1	MICS	2008
	Botswana	31.2 ^y	AIDS Impact Survey	2008
	Zimbabwe	31.2	DHS	2005-2006
	Swaziland	41.2	DHS	2006-2007
<i>Regional average¹</i>		20.7		
Latin America and Caribbean (3 countries, representing 2% of the regional population)	Haiti	5.2	DHS	2005-2006
	Guyana	12.6	MICS	2006
	Jamaica	15.4	MICS	2005
<i>Regional median¹</i>		12.6		
West and Central Africa (9 countries, representing 73% of the regional population)	Sierra Leone	1.3	MICS	2005
	Togo	6.0	MICS	2006
	Nigeria	6.3	DHS	2008
	Burkina Faso	7.0	MICS	2006
	Central African Republic	7.4	MICS	2006
	Guinea-Bissau	7.5	MICS	2006
	Democratic Republic of the Congo	9.2	DHS	2007
	Cameroon	9.3	MICS	2006
	Côte d'Ivoire	9.3	AIS	2005
<i>Regional average¹</i>		7.0		
Global median¹ (24 countries, representing 8% of the global population)		11.7		

y Data refer only to the last 12 months for psychological, and socio economic support related questions and not the UNGASS-recommended 3 months.

¹ A median percentage is given for regions where the percentage of total population represented by countries with data available is less than 50 per cent. An average percentage is given where the percentage of total population is 50 per cent or more.

Source: AIS, DHS, MICS, and other nationally representative household surveys, 2005–2008.

Figure 8: Percentage of OVC whose households received free basic external support in caring for the child, 2005-2008 (in ascending order)



^y Data refer only to the last 12 months for psychological, and socio economic support related questions and not the UNGASS-recommended 3 months.

Source: AIS, DHS and MICS, and other nationally representative household surveys, 2005–2008.

INDICATOR A5: ORPHANS LIVING WITH SIBLINGS (ADDITIONAL INDICATOR)

Background: “The percentage of orphans who are not living in the same household with all their siblings under the age of 18” (UNICEF, 2005).

Purpose: “To assess the extent to which orphans are separated from their siblings. Generally, sibling connections and attachments are even closer than usual when there has been inadequate parental care and nurture. Helping siblings remain together on the death of their parent(s) is therefore another way of strengthening orphans' ability to cope. Many extended families disperse orphaned siblings among different households to share the cost of their care. Interventions that enable families to keep siblings together help these children recover from their loss, support one another, and remain in their own community. Siblings who are living together in foster care tend to have fewer emotional and behavioral problems than those who are living separately” (UNICEF, 2005).

Numerator: “Number of orphans who do not live in the same household as their biological siblings ages 0–17” (UNICEF, 2005).

Denominator: “Number of orphans who have siblings ages 0–17” (UNICEF, 2005).

Data: Data are available from only 11 AIS, DHS, and HMIS surveys conducted 2005 or later.

Key points: (1) The data indicate that the percentage of orphans not living with all of their siblings ranges from a low of 15.3 per cent in Viet Nam to a high of 54.6 per cent in Namibia, with a global median of 42.2 per cent among reporting countries.

(2) A survey done by Family Health International (FHI) in Zambia showed that more than a quarter of orphans separated from siblings at the time of death of one or both of their parents never saw their siblings again (FHI, 2002).

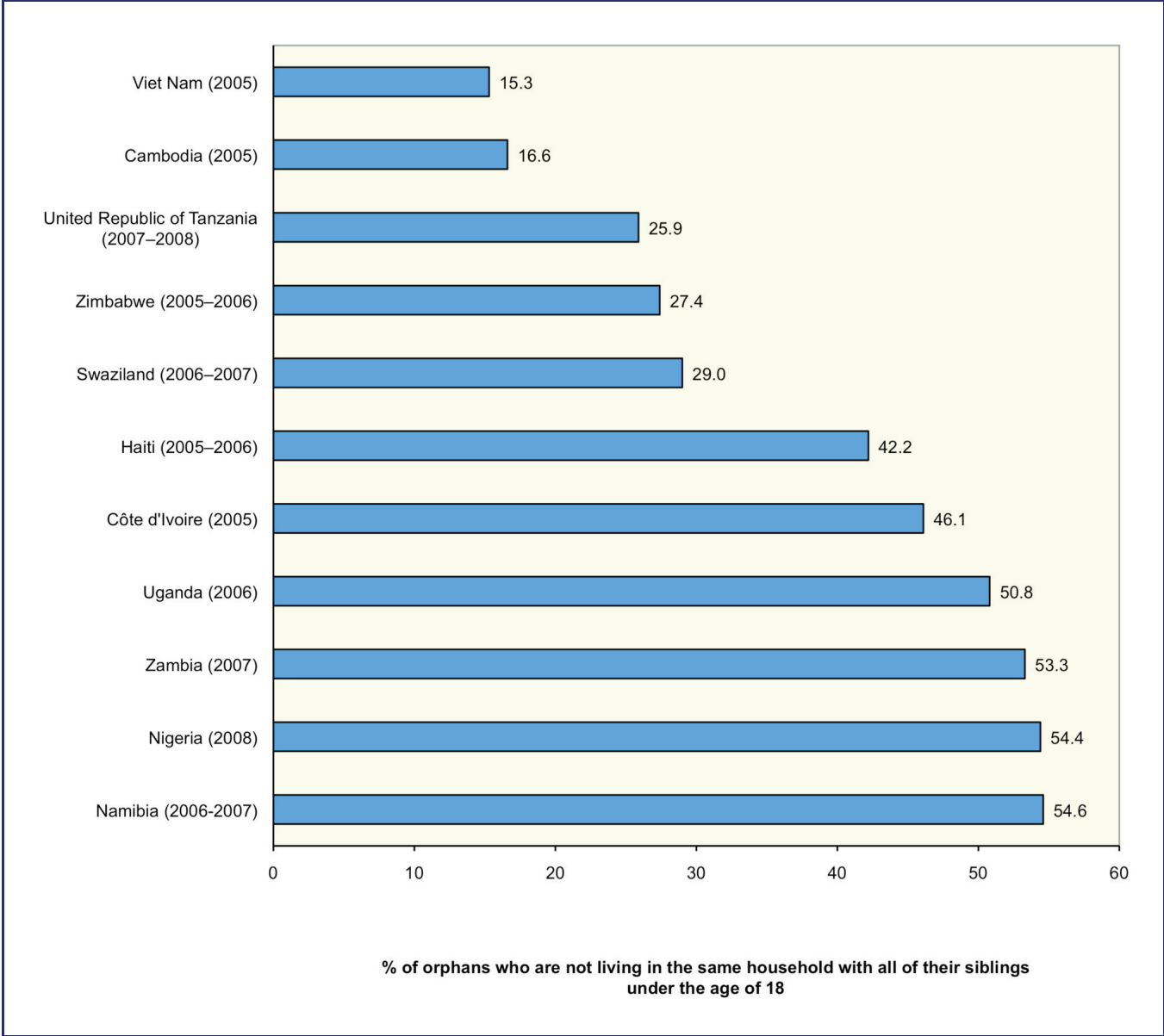
Table 10: Orphans not living with siblings

Region	Country	Orphans not living with siblings (Indicator A5): Percentage of orphans who are not living in the same household with all their siblings under the age of 18	Survey	Year
East Asia and Pacific (2 countries, representing 5% of the regional population)	Viet Nam	15.3	AIS	2005
	Cambodia	16.6	DHS	2005
<i>Regional median¹</i>		16.0		
Eastern and Southern Africa (6 countries, representing 27% of the regional population)	United Republic of Tanzania	25.9	HMIS	2007–2008
	Zimbabwe	27.4	DHS	2005–2006
	Swaziland	29.0	DHS	2006–2007
	Uganda	50.8	DHS	2006
	Zambia	53.3	DHS	2007
	Namibia	54.6	DHS	2006–2007
<i>Regional median¹</i>		39.9		
Latin America and Caribbean (1 country, representing 2% of the regional population)	Haiti	42.2	DHS	2005–2006
West and Central Africa (2 country, representing 43% of the regional population)	Côte d'Ivoire	46.1	AIS	2005
	Nigeria	54.4	DHS	2008
<i>Regional median¹</i>		50.3		
Global median¹ (11 countries, representing 6% of the global population)		42.2		

¹ A median percentage is given for regions where the percentage of total population represented by countries with data available is less than 50 per cent. An average percentage is given where the percentage of total population is 50 per cent or more.

Source: AIS, DHS, HMIS, 2005–2008.

Figure 9: Percentage of orphans aged 0–17 who are not living in the same household with all of their siblings under the age of 18, 2005-2008 (in ascending order)



Source: AIS, DHS, HMIS, 2005–2008.

KEY STRATEGY #3: Ensuring access to essential services

Two core indicators (6 and 7) are recommended for monitoring progress in this area:

INDICATOR 6: ORPHAN SCHOOL ATTENDANCE RATIO (CORE INDICATOR)

Background: “The ratio of orphaned children compared to non-orphaned children aged 10–14 who are currently attending school” (UNICEF, 2005).

Purpose: “This indicator assesses progress in preventing relative disadvantage in school attendance among orphans versus non-orphans. One of the early effects of AIDS...is that children are taken out of school. Education is vital for children’s futures. Schools can provide children with a safe, structured environment, the emotional support and supervision of adults, and the opportunity to learn how to interact with other children and develop social networks” (UNICEF, 2005).

A ratio greater than 1 indicates that children who have lost both parents are better off than children who are living with at least one parent and neither parent is dead.

Numerator: “(1) Orphans’ school attendance (%).

Numerator 1: Number of children who have lost both parents and are attending school.
Denominator 1: Number of children who have lost both parents” (UNICEF, 2005).

Denominator: “(2) Non-orphans’ school attendance (%).

Numerator 2: Number of children, both of whose parents are still alive, who live with at least one parent and who are attending school.

Denominator 2: Number of children whose parents are both still alive and who live with at least one parent” (UNICEF, 2005).

Data: Forty-nine countries had data on this indicator. This indicator is frequently reported because it is based on orphan status rather than the less frequently collected OVC status.

Key Points: (1) In 30 of 49 countries, the ratio of school attendance among double orphans is less than or equal to 90 per cent relative to non-orphaned children with both parents alive and living with at least one parent. On the other hand, in 4 of 49 countries, double orphans are actually equally or more likely to attend schools than the non-orphans living with at least one parent.⁴

(2) Some of the results may indicate that programs such as elimination of school fees and targeting of educational assistance to orphans are working. In Cambodia, for example, school attendance among female double orphans aged 10–14 increased from 45.0 per cent in 2000 to 71.2 per cent in 2005, and from 65.4 per cent to 77.0 per cent among male double orphans (Cambodia, 2008, see Table B3 in Annex B).

(3) In 27 out of 31 sub-Saharan countries reporting at least two or more points in time, school attendance among double orphans has increased (see *Figure 11* for a selection of these countries).

⁴ See Footnote 2 on page 2.

Table 11: Orphan school attendance*

Region	# of countries with data available	% of total population represented by countries with data available	Orphan school attendance ratio (Indicator 6): Ratio of double-orphaned children compared with non-orphan children with both parents still alive and living with at least one parent, aged 10–14 who are currently attending school	
			Average ratio ¹	Ratio range
Middle East and North Africa	1	7	–	0.84 – 0.84
East Asia and Pacific	4	16	–	0.82 – 0.96
Latin America and Caribbean	5	14	–	0.74 – 1.08
CEE/CIS	1	11	–	0.98 – 0.98
South Asia	2	84	0.73	0.72 – 0.84
West and Central Africa	20	99	0.76	0.61 – 1.17
Eastern and Southern Africa	16	81	0.91	0.75 – 1.00
<i>Global</i> ²	49	37	0.78	0.61 – 1.17

See Table A1 in Annex A for country-level results.

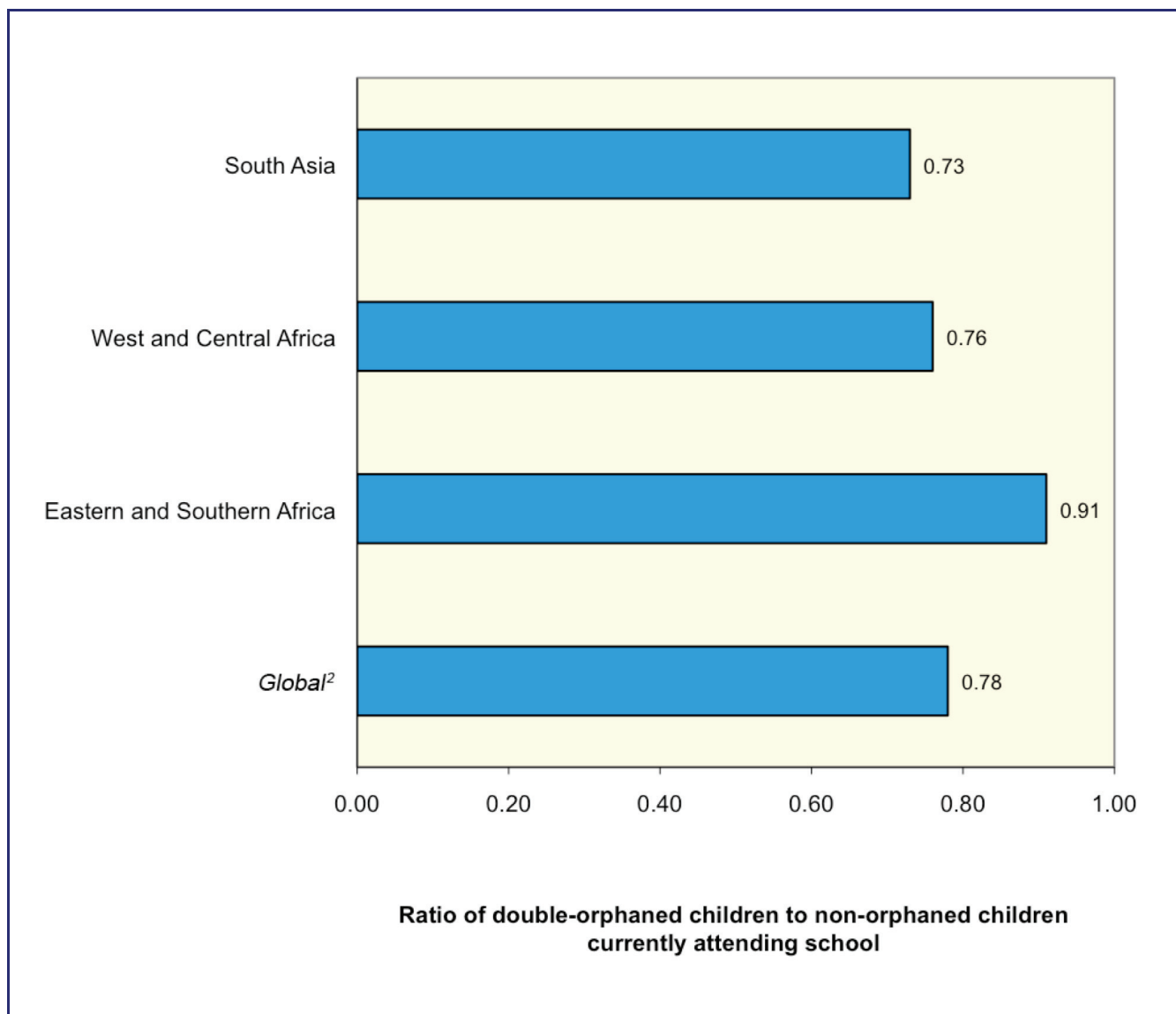
¹ Population-weighted regional average ratios are given, as reported in *The State of the World's Children Special Edition: Celebrating 20 Years of the Convention on the Rights of the Child* (UNICEF, New York, November 2009).

² The global regional listing here is equivalent to the 'Developing countries' category in *The State of the World's Children Special Edition: Celebrating 20 Years of the Convention on the Rights of the Child*, (UNICEF, New York, November 2009).

* Updated regional data will be available via *Progress for Children: Achieving the MDGs with Equity*, which will be released in September 2010 by UNICEF.

Source: DHS, MICS, and other nationally representative surveys, 2003–2008.

Figure 10: Ratio of double-orphaned children to non-orphan children with both parents still alive and living with at least one parent, aged 10–14 and currently attending school, 2003-2008 (regional averages, in ascending order)*

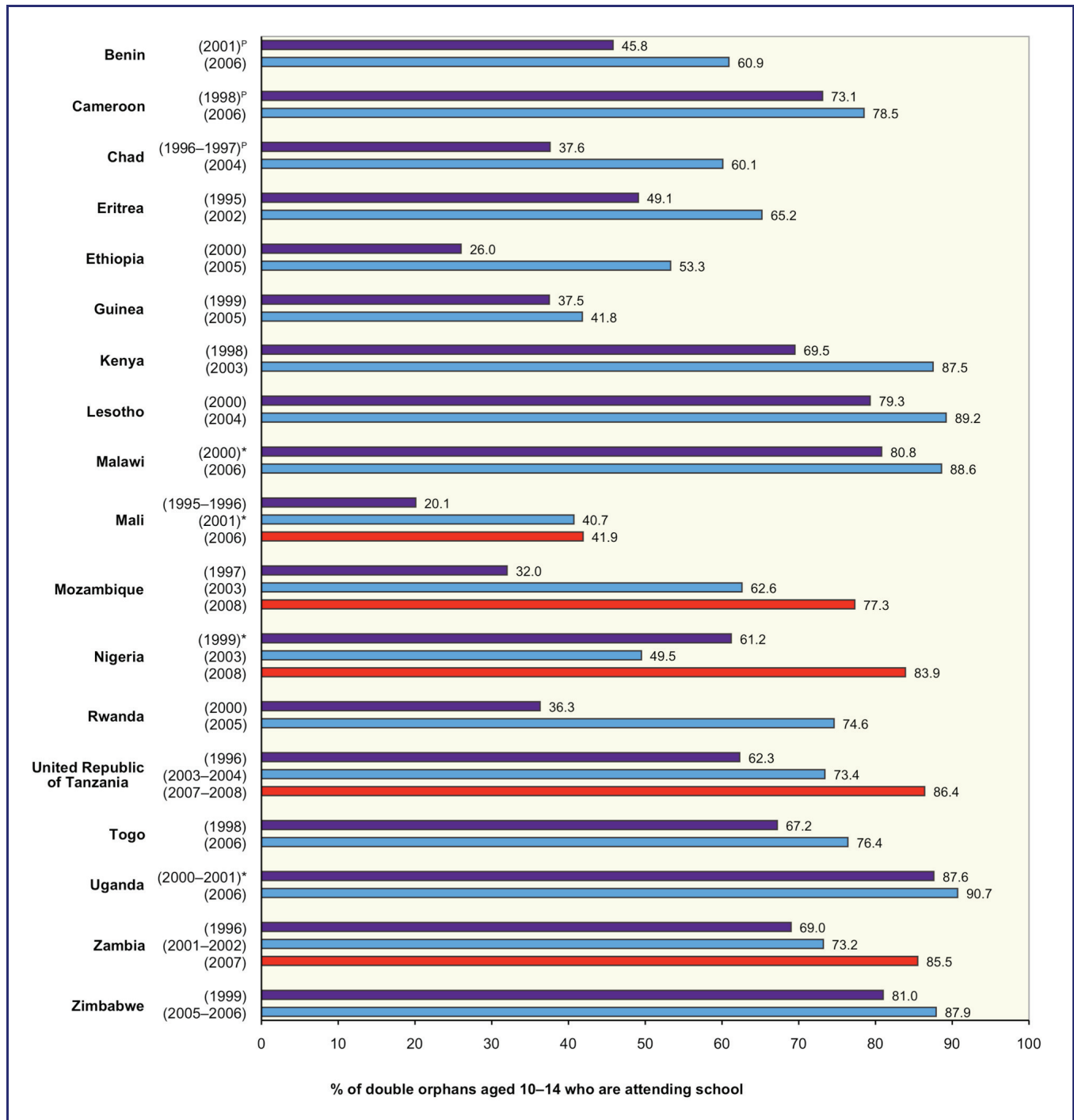


Source: *The State of the World's Children Special Edition: Celebrating 20 Years of the Convention on the Rights of the Child*, (UNICEF, New York, 2009).

² The global regional listing here is equivalent to the 'Developing countries' category in *The State of the World's Children Special Edition: Celebrating 20 Years of the Convention on the Rights of the Child*, (UNICEF, New York, 2009).

* Updated regional data will be available via *Progress for Children: Achieving the MDGs with Equity*, which will be released in September 2010 by UNICEF.

Figure 11: Time trend in percentage of double orphans currently attending school in selected sub-Saharan African countries, 1995-2008 (alphabetized by country name)



See Table B3 in Annex B for country-level results.

¹ Please interpret time trends with caution. The time points being compared are sometimes drawn from different types of surveys. Although DHS and MICS have similar standards for implementation, differences exist.

^{*} Data for this country was provided by Macro International.

^P Proportion of orphans attending school is based on small denominators (typically 25–49 unweighted cases).

Source: AIS, DHS, HMIS, MICS, 1995–2008.¹

INDICATOR 7: BIRTH REGISTRATION (CORE INDICATOR)

Background: “The proportion of children aged 0–4 whose births are reported registered” (UNICEF, 2005).

Purpose: “Orphans without proof of birth lack the essential protection that stems from this legal form of identity. Proof of lineage is critical for orphans in order to inherit the property of deceased parents. In general, birth registration is the first step towards recognizing a child’s inalienable rights as a human being. Without proof of birth, children are especially vulnerable to exploitation and abuse and as adults may be denied the rights of a citizen. In some countries, children without a birth certificate cannot receive vaccinations or enroll in school; as adults, they cannot get married, open a bank account, acquire a passport, or vote. Birth registration is also critical to the functioning of every nation...[as] every government requires accurate data on births” (UNICEF, 2005).

Numerator: “Number of children aged 0–4 whose births are reported registered” (UNICEF, 2005).

Denominator: “Total number of children aged 0–4 surveyed” (UNICEF, 2005).

Data: Data are available for 99 countries. As per the UNICEF definition, “birth registration” includes those children whose birth certificate was seen by the interviewer or whose mother or caretaker says the birth has been registered.

Key points: (1) Among reporting countries, an average of 50 per cent of births are registered, with a range of 31 per cent in Eastern and Southern Africa to 92 per cent in CEE/CIS. Birth registration rates in sub-Saharan Africa lag behind other regional rates. Exceptions in the region include Comoros, Congo, Gabon and Rwanda, where more than 80 per cent of births in all four countries are reported as registered.

(2) The main reasons given by parents for not registering births are cost and the difficulties involved in getting to a registration facility (UNICEF, 2007).

Table 12: Birth registration*

Region	# of countries with data available	% of total population represented by countries with data available	Birth registration (Indicator 7): Proportion of children aged 0–4 whose births are reported registered	
			Average % ¹	% Range
Eastern and Southern Africa	18	94	31	3.0 – 83.4
South Asia	5	88	36	6.3 – 73.0
West and Central Africa	23	100	39	3.6 – 89.4
East Asia and Pacific	10	29	72^x	53.0 – 99.4
Middle East and North Africa	9	66	76	22.3 – 99.3
Latin America and Caribbean	18	74	89	74.4 – 99.9
CEE/CIS	16	54	92	84.2 – 99.9
<i>Global²</i>	<i>99</i>	<i>54</i>	<i>50^x</i>	<i>3.0 – 99.9</i>

See Table A2 in Annex A for country-level results.

¹ Population-weighted regional average percentages are as reported in *The State of the World's Children Report Special Edition: Celebrating 20 Years of the Convention on the Rights of the Child* (UNICEF, 2009).

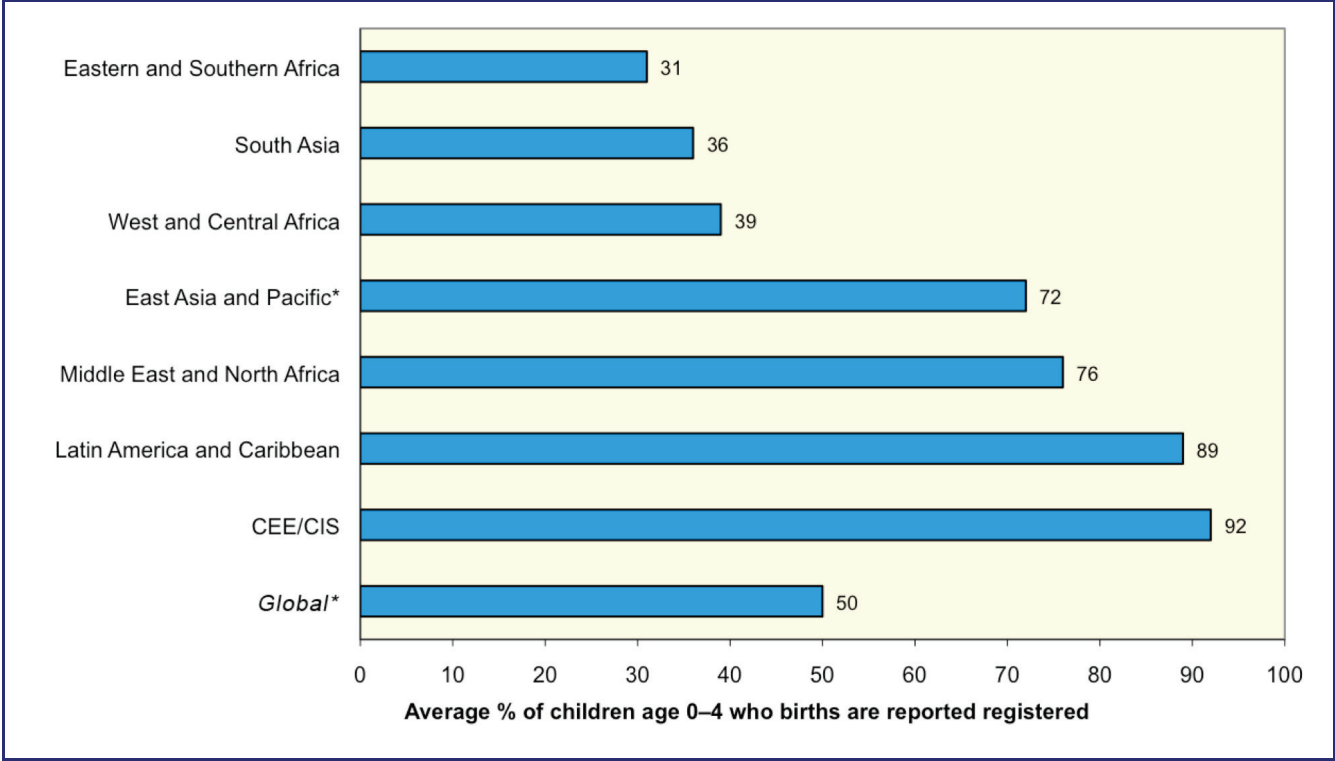
² The global regional listing here is equivalent to the 'Developing countries' category in *The State of the World's Children Special Edition: Celebrating 20 Years of the Convention on the Rights of the Child* (UNICEF, 2009).

* Updated regional data will be available via *Progress for Children: Achieving the MDGs with Equity*, which will be released in September 2010 by UNICEF.

^x Excludes China.

Source: DHS, MICS, and other national surveys and vital registration systems, 2000–2008.

Figure 12: Proportion of children aged 0–4 whose births are reported registered, 2000-2008 (regional averages, in ascending order)**

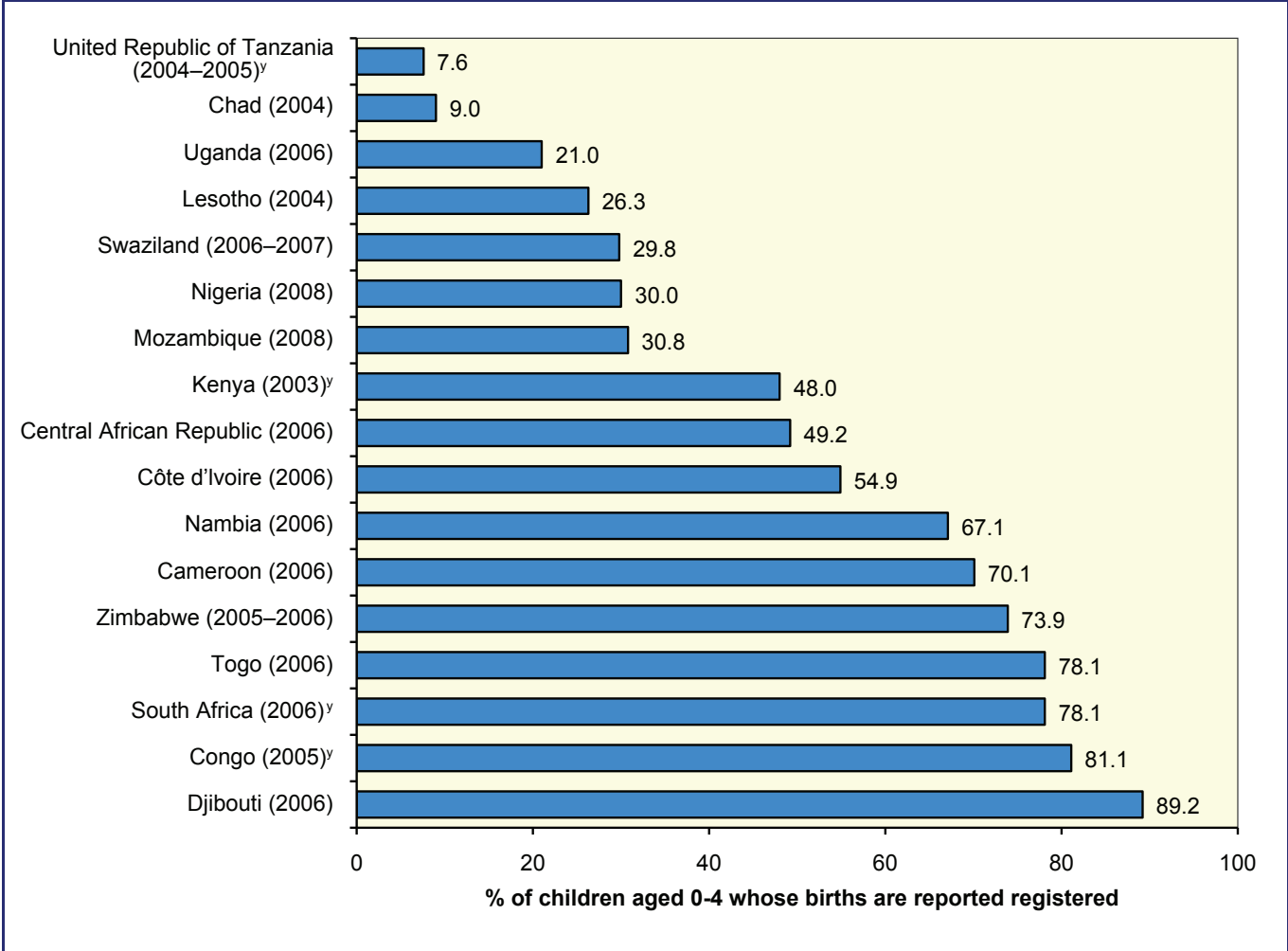


* Excludes China. The global regional listing here is equivalent to the ‘Developing countries’ category in *The State of the World’s Children Special Edition: Celebrating 20 Years of the Convention on the Rights of the Child* (UNICEF, 2009).

** Updated regional data will be available via *Progress for Children: Achieving the MDGs with Equity*, which will be released in September 2010 by UNICEF.

Source: *The State of the World’s Children Special Edition: Celebrating 20 Years of the Convention on the Rights of the Child* (UNICEF, 2009).

Figure 13: Percentage of children aged 0-4 whose births are reported registered for countries with adult HIV prevalence of 3 per cent and above that have recent data available, 2003-2008 (in ascending order)



See Table B4 in Annex B for further elaboration of the data.

Source: MICS, DHS other national surveys and vital registration systems, 2003-2008.

^y Data differ from the standard definition.

KEY STRATEGY #4:

Ensuring that governments protect the most vulnerable children

One core indicator (8) and one additional indicator (A6) are recommended for monitoring progress in this area.

INDICATOR 8: ORPHANS AND VULNERABLE CHILDREN POLICY PLANNING AND EFFORT INDEX (OPPEI, CORE INDICATOR)

Background: “National Policy and Planning Effort Index score for orphaned and vulnerable children” (UNICEF, 2005).

Purpose: “UNICEF, United States Agency for International Development (USAID), and the Futures Group developed the OVC Policy and Planning Effort Index to measure the amount of effort put into place by governments, non-governmental organizations (NGOs) and other stakeholders in countries in response to the needs of the increasing numbers of orphans and children made vulnerable by HIV and AIDS (OVC). The index is a core composite indicator in the *Guide to Monitoring and Evaluating the National Response to Orphans and Vulnerable Children* (UNICEF, 2005). Thirty-six countries completed the index in 2004. Thirty-five countries completed a revised index in late 2007. The index scores represent a self-assessment by national respondents on how well they think their national programme is doing when asked to rate the programme against identified indicators. As such, the scores reflect the perceptions of the respondents participating in completing the assessment at that particular moment in time” (Orphans and Vulnerable Children Policy Planning and Effort Index (OPPEI) Report, 2008).

“The purpose of the effort index is to measure the current response at the national level to the crisis facing orphaned and vulnerable children. The effort index is intended to measure policy and planning effort independent of program outputs. For example, policy and planning efforts include items such as the degree of political support...and the availability of resources, but do not include output measures such as the proportion of orphans attending school or showing evidence of malnutrition” (UNICEF, 2005).

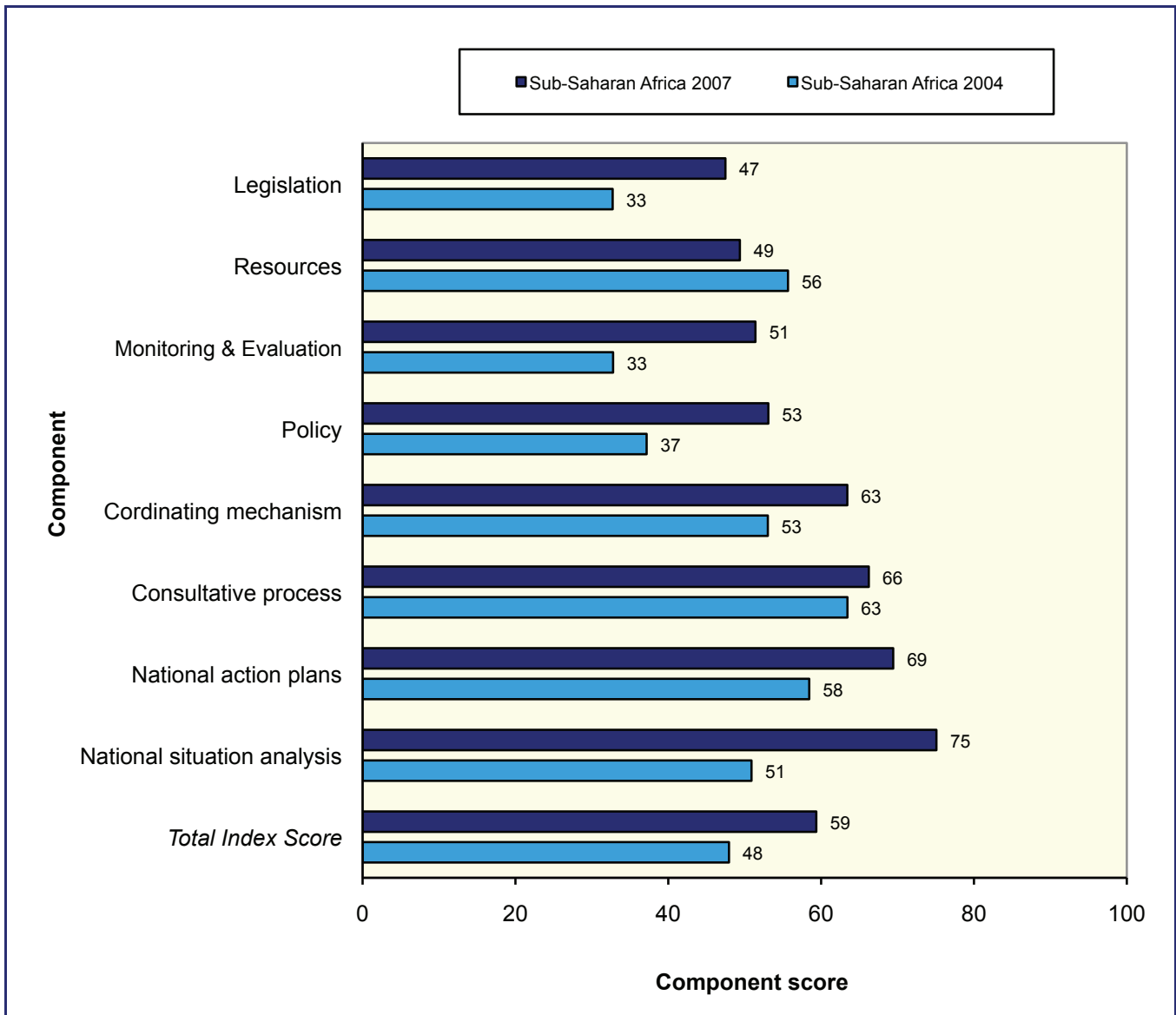
Data: The information needed for this index is currently collected only in sub-Saharan African countries. Thirty-six countries completed the index in 2004. Thirty-five countries completed a revised index in late 2007.

Key points: (1) “The overall average effort score for sub-Saharan Africa in 2007 is 59 points out of a possible 100 points (59%), representing an increase of 11 points from that of 2004” (*Progress in the National Response to Orphans and Other Vulnerable Children in sub-Saharan Africa: The OPPEI 2007 Round*, 2008).

(2) “Overall scores mirror HIV prevalence rates, with regions with high prevalence rates such as southern Africa, scoring higher on average in effort scores than in regions with low prevalence rates such as West and Central Africa” (OPPEI Report, 2008).

(3) “The components with the highest scores and with the greatest improvements between 2004 and 2007 are national situation analyses, consultative processes, coordination mechanisms and national action planning. Monitoring and evaluation, legislative review, policy and resources are the components in which the least progress has occurred since 2004. With the exception of the resources component, these same components were also identified in the 2004 round of the index as areas of weakness and in which greater effort was required” (OPPEI Report, 2008).

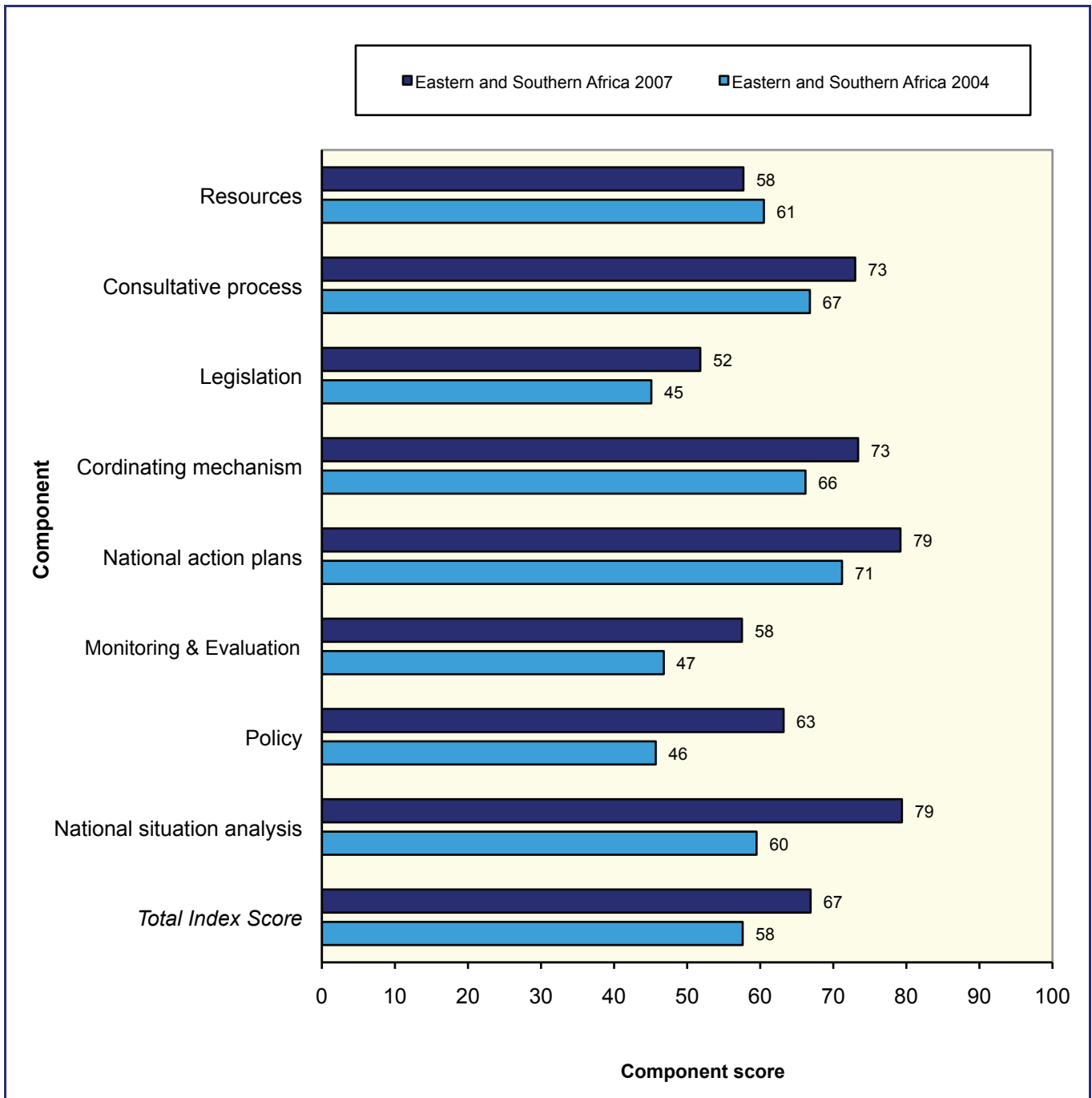
Figure 14: OPPEI – Average score for sub-Saharan Africa for each component for 2004 and 2007 (in ascending order by 2007 component score)



See Table B5 in Annex B for country-level results.

Source: United Nations Children’s Fund, *Progress in the National Response to Orphans and Other Vulnerable Children in Sub-Saharan Africa: The OVC Policy and Planning Effort Index (OPPEI) 2007 Round*, UNICEF, Nairobi, Kenya, July 2008.

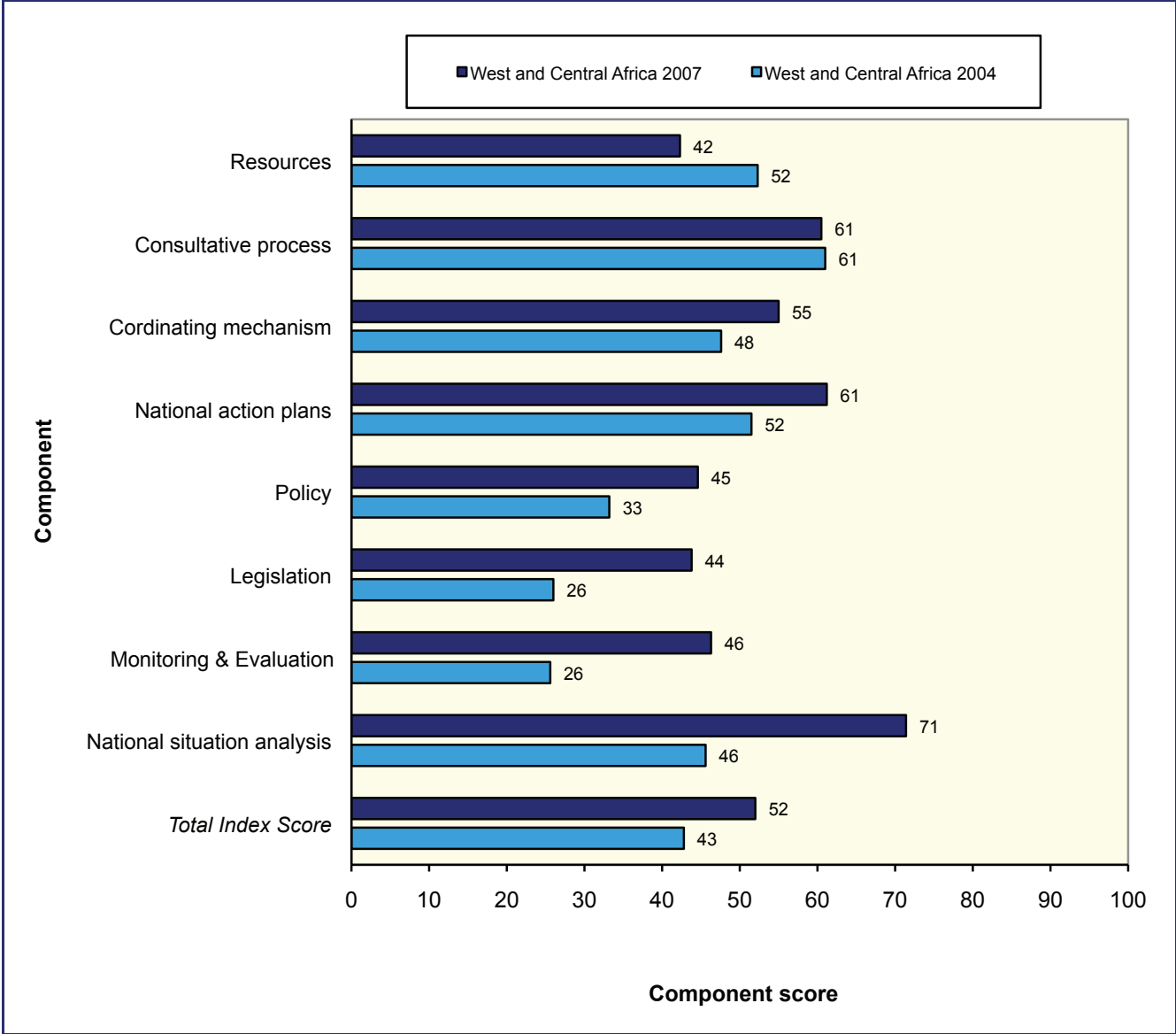
Figure 15: Time trend in OPPEI score (Eastern and Southern Africa 2004 and 2007, in ascending order by the trend improvement in component score)



Source: United Nations Children’s Fund, *Progress in the National Response to Orphans and Other Vulnerable Children in Sub-Saharan Africa: The OVC Policy and Planning Effort Index (OPPEI) 2007 Round*, UNICEF, Nairobi, Kenya, July 2008.

Please note that the countries in the sub-regions of sub-Saharan Africa reported in that report have been reorganized here into “Eastern and Southern Africa” and “West and Central Africa” to match the regional organization of all other indicators in this report.

Figure 16: Time trend in OPPEI score (West and Central Africa 2004 and 2007, in ascending order by trend improvement in component score)



See Table B5 in Annex B for country-level results.

Source: United Nations Children’s Fund, *Progress in the National Response to Orphans and Other Vulnerable Children in Sub-Saharan Africa: The OVC Policy and Planning Effort Index (OPPEI) 2007 Round*, UNICEF, July 2008.

Please note that the countries in the sub-regions of sub-Saharan Africa reported in that report have been reorganized here into “Eastern and Southern Africa” and “West and Central Africa” to match the regional organization of all other indicators in this report.

INDICATOR A6: PROPERTY DISPOSSESSION (ADDITIONAL INDICATOR)

Background: “The percentage of widows aged 15–49 who have experienced property dispossession” (UNICEF, 2005).

Purpose: “To determine the prevalence of property dispossession among widows after their spouses have died. Property dispossession could potentially make caregivers and their children especially vulnerable. In many countries, customary law, statutory law, common law and sometimes religious laws operate in parallel. As a result, widows and their children are often denied their inheritance. In many cases enforcement of inheritance laws is weak, and relatives take the children’s inheritance even where the laws provide for property transfer to widows and children. It is important that succession plans (arrangements) made for children are legally binding. An increasing number of countries are establishing and harmonizing legislation to give women and dependent children inheritance rights when their husbands/fathers die” (UNICEF, 2005).

Numerator: “Number of widows aged 15–49 who experienced property dispossession” (UNICEF, 2005).

Denominator: “Total number of women ever widowed, aged 15–49” (UNICEF, 2005).

Data: Data are only available from 13 AIS, DHS, and HMIS surveys.

Key points: (1) The available data indicate that property dispossession can be pervasive, most notably in Côte d’Ivoire and Haiti, with 74.2 per cent and 69.3 per cent, respectively, of widows dispossessed of property.

(2) A study conducted in Uganda showed that even with a written will, widows often are dispossessed of property, as 9 in 10 husbands leave property solely to their children. When widows are left property, many are often forced to abandon it and return to the home of their father or brother (International Fund for Agricultural Development (IFAD), 2000).

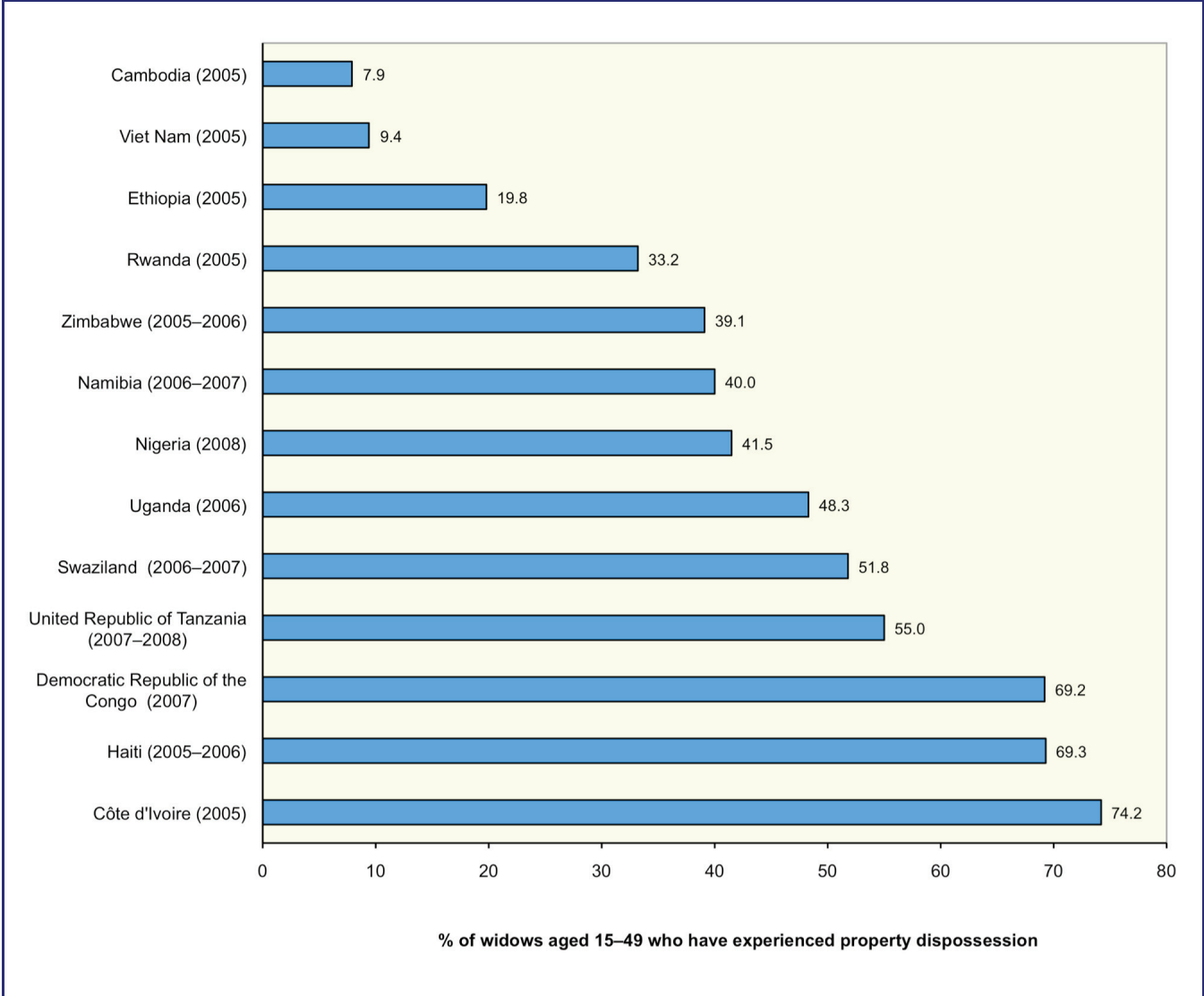
Table 13: Property dispossession

Region	Country	Property dispossession (Indicator A6): Percentage of widows aged 15–49 who have experienced property dispossession	Survey	Year
East Asia and Pacific (2 countries, representing 5% of the regional population)	Cambodia	7.9	DHS	2005
	Viet Nam	9.4	AIS	2005
	<i>Regional median¹</i>	8.7		
Eastern and Southern Africa (7 countries, representing 47% of the regional population)	Ethiopia	19.8	DHS	2005
	Rwanda	33.2	DHS	2005
	Zimbabwe	39.1	DHS	2005–2006
	Namibia	40.0	DHS	2006–2007
	United Republic of Tanzania	55.0	HMIS	2007–2008
	Uganda	48.3	DHS	2006
	Swaziland	51.8	DHS	2006–2007
<i>Regional median¹</i>		40.0		
Latin America and Caribbean (1 country, representing 2% of the regional population)	Haiti	69.3	DHS	2005–2006
West and Central Africa (3 countries, representing 60% of the regional population)	Nigeria	41.5	DHS	2008
	Democratic Republic of the Congo	69.2	DHS	2007
	Côte d'Ivoire	74.2	AIS	2005
<i>Regional average¹</i>		61.6		
Global median¹ (13 countries, representing 8% of the global population)		41.5		

Source: AIS, DHS, HMIS, 2005–2008.

¹ A median percentage is given for regions where the percentage of total population represented by countries with data available is less than 50 per cent. An average percentage is given where the percentage of total population is 50 per cent or more.

Figure 17: Percentage of widows aged 15–49 who have experienced property dispossession, 2005-2008 (regional medians/averages, in ascending order)



Source: AIS, DHS, HMIS, 2005–2008.

KEY STRATEGY #5:

Raising awareness to create a supportive environment

Two core indicators (9 and 10) and one additional indicator (A7) are recommended for tracking progress in this area.

INDICATOR 9: PERCENTAGE OF CHILDREN WHO ARE ORPHANS (CORE INDICATOR)

Background: “Percentage of children under 18 whose mother, father or both parents have died” (UNICEF, 2005).

Purpose: “To monitor the levels of orphanhood in a country. Besides tracking trends and patterns, data on orphans can be a very powerful general indicator to create awareness of the scope of the problem and the impact of an AIDS epidemic on society” (UNICEF, 2005).

Numerator: “Number of children under 18 whose mother, father or both parents have died” (UNICEF, 2005).

Denominator: “All children under 18” (UNICEF, 2005).

Data: The accepted population captured by the definition of orphaning recently changed from children aged 0–14 years to children aged 0–17 years. As time passes and surveys are conducted, more countries are able to report on this revised indicator. Nearly half of all surveys reporting data on the percentage of children who are orphans were older surveys, which used the previous age definition of 0–14. Sixty-one surveys reporting orphans aged 0–17 are reported here.

Key points: (1) The data indicate that there is a wide range in the prevalence of orphans among countries. Eastern and Southern Africa has the largest orphan prevalence (16 per cent). In countries with high HIV prevalence rates, the likely cause of extensive orphanhood is HIV/AIDS (e.g., Zimbabwe, 23.9 per cent orphans). In countries with lower HIV prevalence rates, high orphan prevalence may be the result of recent conflict or natural disaster (e.g., Rwanda, 20.5 per cent orphans).

(2) Globally, 7.4 per cent of children under 18 years have experienced the death of their mother, father, or both parents. Eastern and southern Africa has the highest burden of children under 18 years whose mother, father, or both parents have died – about 2 to 4 times more than other regions (see *Figure 18*).

Table 14: Percentage of children who are orphans

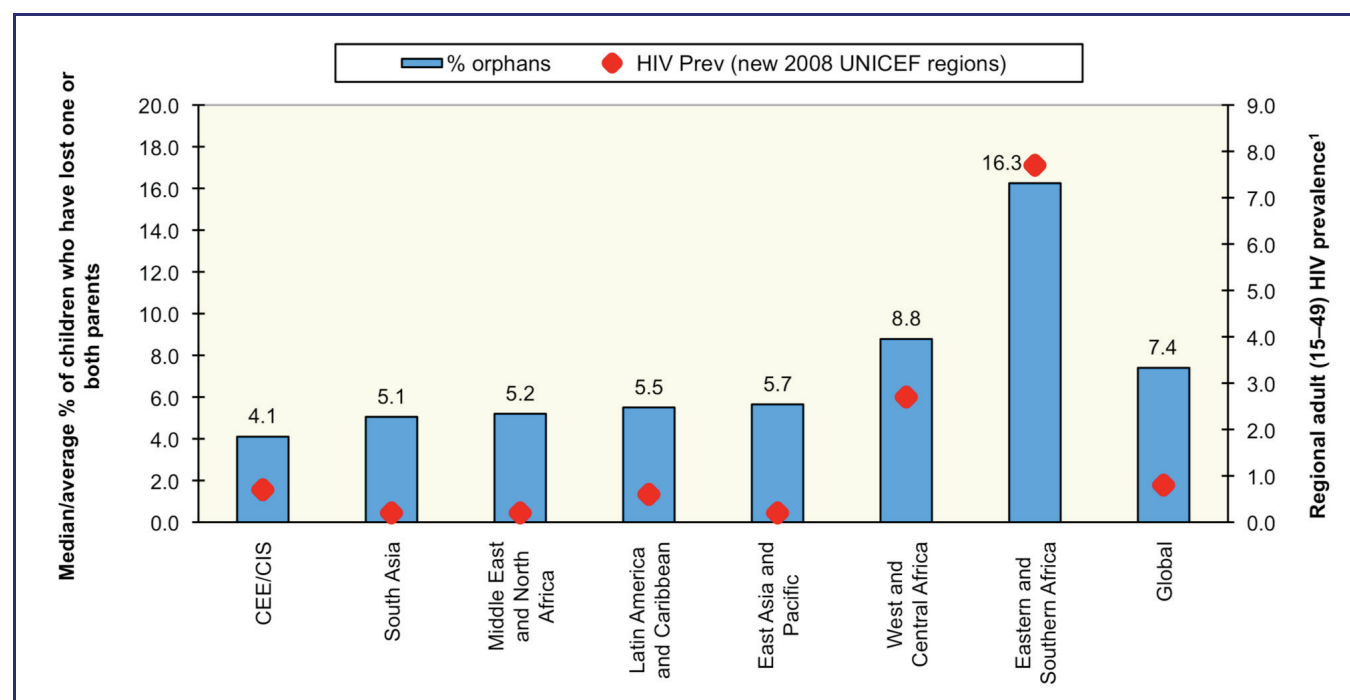
Region	# of countries with data available	% of total population represented by countries with data available	Percentage of children who are orphans (Indicator 9): Percentage of children under age 18 whose mother, father, or both parents have died	
			Median/Average % ¹	% Range
CEE/CIS	9	43	4.1	1.9 – 6.0
South Asia	4	97	5.1	4.4 – 5.8
Middle East and North Africa	5	45	5.2	2.7 – 9.7
Latin America and Caribbean	6	5	5.5	4.5 – 11.4
East Asia and Pacific	6	9	5.7	2.9 – 8.8
West and Central Africa	17	90	8.8	6.2 – 12.0
Eastern and Southern Africa	14	75	16.3	9.5 – 25.9
<i>Global</i>	<i>61</i>	<i>41</i>	7.4	<i>1.9 – 25.9</i>

Source: AIS, DHS, MICS, and other nationally representative surveys, 2003–2008.

See Table A3 in Annex A for country-level results.

¹ A median percentage is given for regions where the percentage of total population represented by countries with data available is less than 50 per cent. An average percentage is given where the percentage of total population is 50 per cent or more.

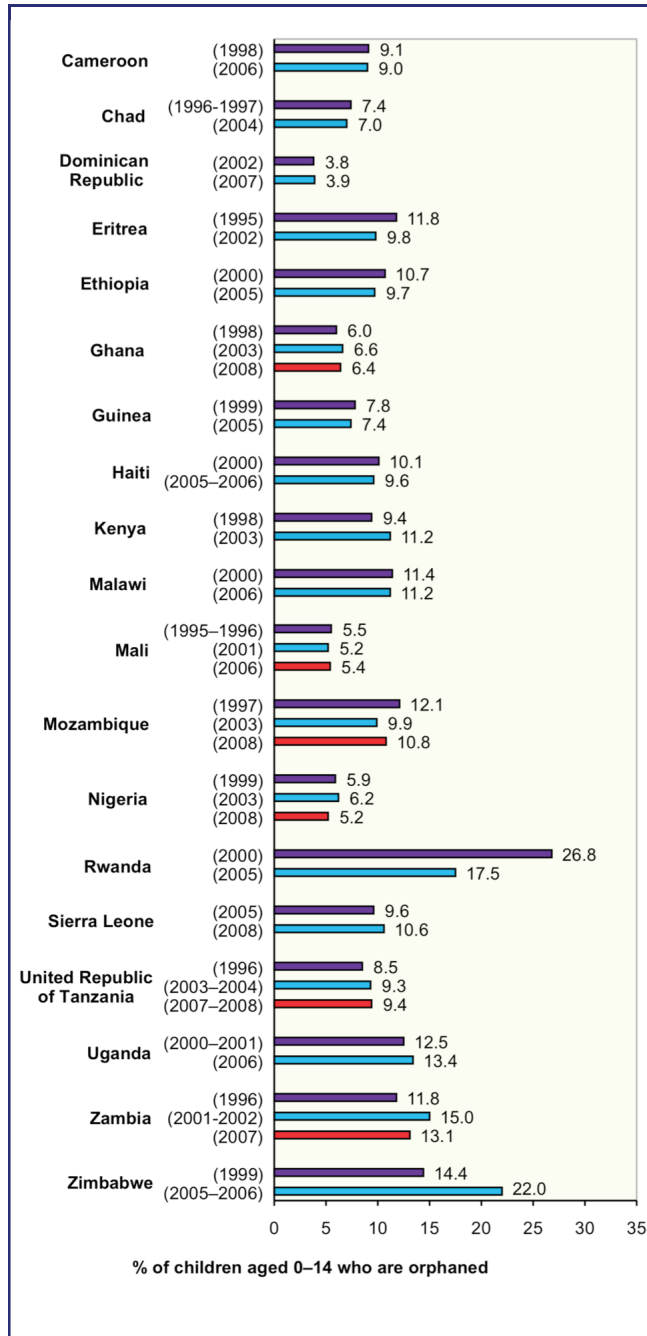
Figure 18: Percentage of children under age 18 whose mother, father, or both parents have died, 2002–2008 (regional medians/averages, in ascending order)



¹ Regional adult HIV prevalence data is reported from UNAIDS and WHO, *AIDS Epidemic Update*, 2009.

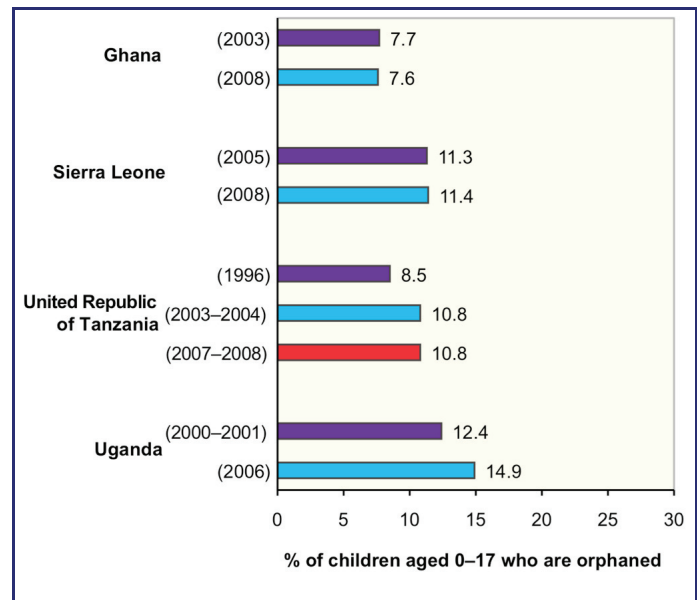
Source: AIS, DHS, MICS, and other nationally representative surveys, 2003–2008.

Figure 19: Time trend in per cent of children aged 0–14 who are orphaned, 1995-2008 (in alphabetical order)



Source: AIS, DHS, HMIS, MICS, 1995–2008.*

Figure 20: Time trend in per cent of children age 0–17 who are orphaned, 1996-2008 (in alphabetical order)



See Table B6 and B7 in Annex B for all available time trend results.

*Please interpret time trends with caution. The time points being compared are often drawn from different types of surveys. Although DHS and MICS have similar standards for implementation, differences exist.

Source: AIS, DHS, HMIS, MICS, 1996-2008.*

INDICATOR 10: PERCENTAGE OF CHILDREN WHO ARE VULNERABLE (CORE INDICATOR)

Background: “Percentage of children under 18 who are vulnerable according to the national definition” (UNICEF, 2005).

Purpose: “To monitor the proportion of children who are made vulnerable by HIV/AIDS. If measured consistently over time, this indicator is a proxy measure of the trends in number of children in need of services and support. The percentage of children who are vulnerable taken alone or in combination with the percentage of orphans can be a very powerful indicator to create awareness of the scope of the problem and the impact of an AIDS epidemic on society. Many orphans also have characteristics that would categorize them as vulnerable, so the two proportions cannot simply be summed” (UNICEF, 2005).

Numerator: “Number of children under 18 who are classified as vulnerable” (UNICEF, 2005).

Denominator: “All children under 18” (UNICEF, 2005).

Data: The national definitions of vulnerability are not available. For consistency, the definition recommended by the UNAIDS Monitoring and Evaluation Reference Group is used:

An **orphan** is a child below the age of 18 who has lost one or both parents.

A **vulnerable child** is below the age of 18 and:

- i) has lost one or both parents, or
- ii) has a chronically ill parent (regardless of whether the parent lives in the same household as the child), or
- iii) lives in a household where in the past 12 months at least one adult died and was sick for 3 of the 12 months before he/she died, or
- iv) lives in a household where at least one adult was seriously ill for at least 3 months in the past 12 months.

Complete information needed to calculate this definition of OVC status has not been collected in the past; therefore, data are available only from the DHS, MICS and AIS dated 2005 or later.

Key points: (1) Among the 24 countries with data, the percentage of vulnerable children ranges from a global minimum of 7.1 per cent (in Thailand) to a global maximum of 31.1 per cent (in Swaziland).

(2) There is an urban-rural difference in vulnerability. A 2002 study in the United Republic of Tanzania showed that food security and locating a willing and able guardian are both greater problems in urban settings, possibly due to lower social cohesion and support outside of the communal settings in rural areas (Magalla, et al., 2002).

Table 15: Percentage of children who are vulnerable⁵

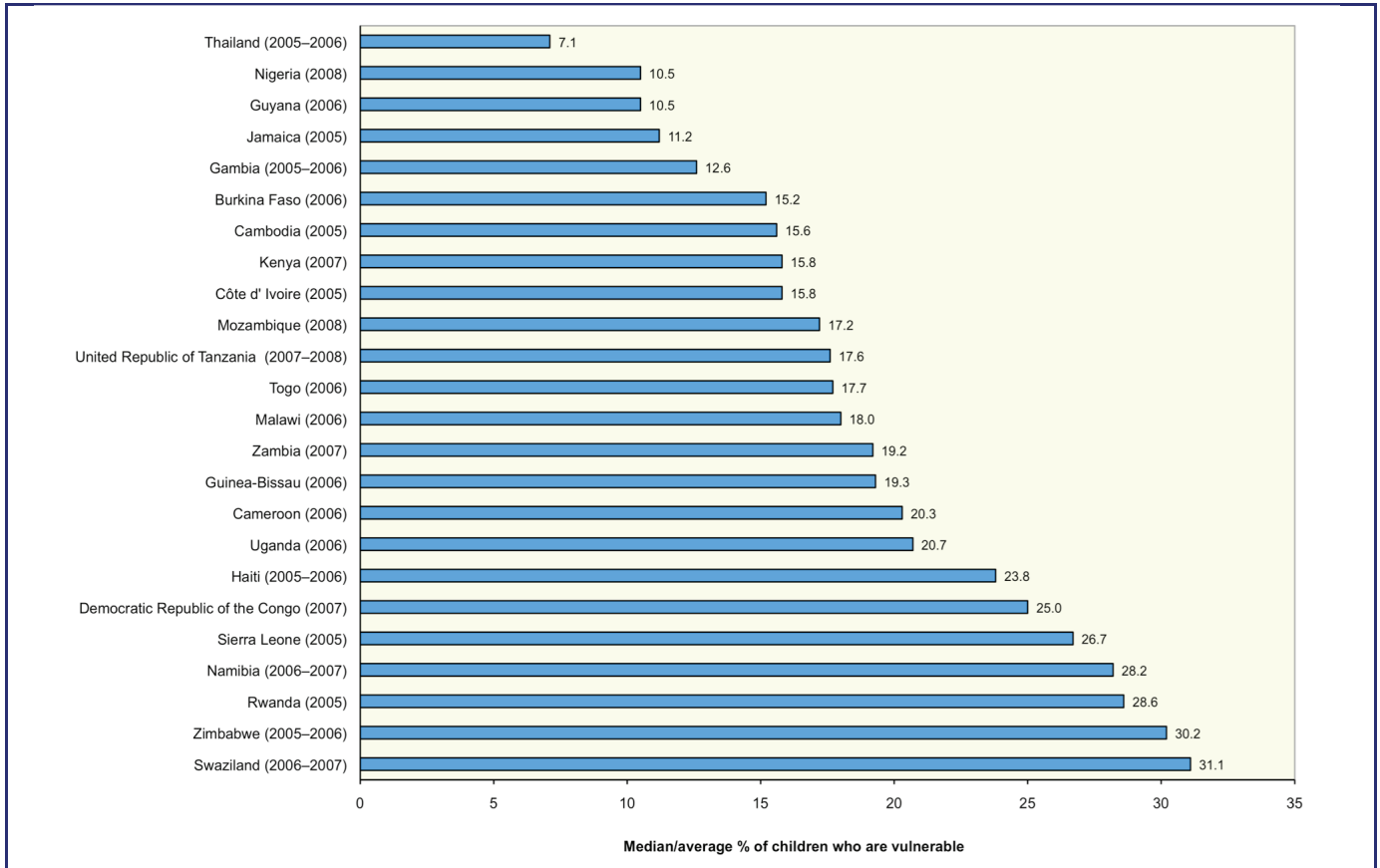
Region	Country	Percentage of children who are vulnerable (Indicator 10): Percentage of children under 18 who are vulnerable	Survey	Year
East Asia and Pacific (2 countries, representing 4% of the regional population)	Thailand	7.1	MICS	2005–2006
	Cambodia	15.6	DHS	2005
	<i>Regional median¹</i>	11.4		
Eastern and Southern Africa (10 countries, representing 49% of the regional population)	Kenya	15.8	AIS	2007
	Mozambique	17.2	MICS	2008
	United Republic of Tanzania	17.6	HMIS	2007–2008
	Malawi	18.0	MICS	2006
	Zambia	19.2	DHS	2007
	Uganda	20.7	DHS	2006
	Namibia	28.2	DHS	2006–2007
	Rwanda	28.6	DHS	2005
	Zimbabwe	30.2	DHS	2005–2006
Swaziland	31.1	DHS	2006–2007	
<i>Regional median¹</i>	20.0			
Latin America and Caribbean (3 countries, representing 2% of the regional population)	Guyana	10.5	MICS	2006
	Jamaica	11.2	MICS	2005
	Haiti	23.8	DHS	2005–2006
<i>Regional median¹</i>	11.2			
West and Central Africa (9 countries, representing 72% of the regional population)	Nigeria	10.5	DHS	2008
	Gambia	12.6	MICS	2005–2006
	Burkina Faso	15.2	MICS	2006
	Côte d'Ivoire	15.8	AIS	2005
	Togo	17.7	MICS	2006
	Guinea-Bissau	19.3	MICS	2006
	Cameroon	20.3	MICS	2006
	Democratic Republic of the Congo	25.0	DHS	2007
	Sierra Leone	26.7	MICS	2005
<i>Regional average¹</i>	18.1			
Global median¹ (24 countries, representing 8% of the global population)		17.9		

¹ A median % is given for regions where the percentage of total population represented by countries with data available is less than 50 per cent. An average % is given where the percentage of total population is 50 per cent or more.

Source: AIS, DHS, HMIS, MICS, 2005–2008.

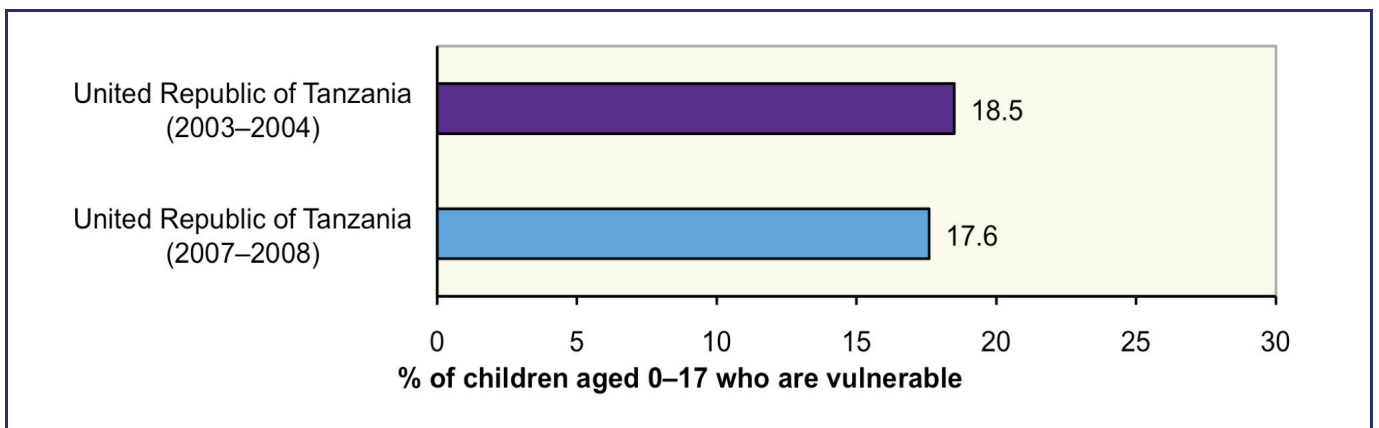
⁵ See previous page for the definition of child vulnerability used for this indicator.

Figure 21: Percentage of children under age 18 who are vulnerable⁶, 2005-2008



Source: AIS, DHS, HMIS, MICS, 2005–2008.

Figure 22: United Republic of Tanzania: Time trend in percentage of children aged 0-17 who are vulnerable, 2004-2008*



* Please interpret time trends with caution. The time points being compared are sometimes drawn from different types of surveys. Although DHS and MICS have similar standards for implementation, differences exist.

Source: United Republic of Tanzania AIS, 2003–2004, and HMIS, 2007–2008.¹

⁶ See page 48 for the definition of child vulnerability used for this indicator.

INDICATOR A7: STIGMA AND DISCRIMINATION (ADDITIONAL INDICATOR)

Background: “The percentage of people expressing accepting attitudes [on all four questions below] towards people with HIV, of all people surveyed aged 15–49” (UNICEF, 2005).

Purpose: “To assess the level of stigma and discrimination in society towards people living with HIV/AIDS. Stigma and discrimination undermine support to orphans and other children made vulnerable by HIV/AIDS. Studies have shown that some orphan families have chosen not to receive relief services (food and clothing benefits) in order to avoid the stigma attached to such welfare benefits. Other studies found that some families cut themselves off from social support networks long before death occurs in order to avoid disclosure and stigma” (UNICEF, 2005).

Numerator: “The number of respondents aged 15–49 expressing accepting attitudes towards people with HIV.

Respondents in a general population survey are asked a series of questions about people with HIV, as follows:

- If a member of your family became ill with the AIDS virus, would you be willing to care for him or her in your household?
- If you knew that a shopkeeper or food seller had the AIDS virus, would you buy fresh vegetables from them?
- If a female teacher has the AIDS virus but is not ill, should she be allowed to continue teaching in school?
- If a member of your family became infected with the AIDS virus, would you want it to remain a secret?

Only a respondent who reports an accepting or supportive attitude on all four of these questions enters the numerator” (UNICEF, 2005).

Denominator: “All respondents aged 15–49 who have heard of AIDS” (UNICEF, 2005).

Data: Thirty-nine countries have data available for men, and 70 countries have data available for women. This indicator is more frequently collected for women because, with few exceptions, the MICS do not field a questionnaire for adult men. Therefore, the results below are disaggregated by sex. In the past, DHS questioned respondents on fewer than the four statements necessary for this indicator; those surveys are not included here.

Key points: (1) The results show the level of discriminatory attitudes expressed by adults towards HIV-positive adults. The extent to which children infected and affected by HIV/AIDS are stigmatized by both adults and other children can only be inferred.

(2) Among countries with data, there is a global median of 16.0 per cent of males and 10.7 per cent of females reporting accepting attitudes towards people living with HIV. CEE/CIS and the Middle East and North Africa have the lowest levels of accepting attitudes, while South Asia has the highest levels.

(3) *Figure 23* shows that in all regions except CEE/CIS, Latin America and the Caribbean, and the Middle East and North Africa, men are more likely to have accepting attitudes than women.

Table 16: Stigma and discrimination

Region	# of countries with data available		% of total population represented by countries with data available		Stigma and discrimination (Indicator A7): Percentage of people expressing accepting attitudes [on all 4 questions] ⁷ towards people with HIV, out of all people surveyed aged 15–49			
					Median/Average % ¹		% Range	
	Male	Female	Male	Female	Male	Female	Male	Female
CEE/CIS	4	14	15	35	1.0	3.0	0.6 – 3.3	0.6 – 12.0
Middle East and North Africa	1	5	20	40	1.0	3.0	1.0 – 1.0	1.0 – 4.1
West and Central Africa	14	19	87	98	15.4	8.3	6.2 – 22.3	1.7 – 14.1
Latin America and Caribbean	3	9	5	9	15.7	17.5	15.4 – 15.9	10.7 – 40.4
Eastern and Southern Africa	12	15	71	88	31.8	24.8	10.7 – 51.0	1.1 – 46.1
East Asia and Pacific	3	6	12	20	16.1	13.8	7.4 – 32.0	4.3 – 36.2
South Asia	2	2	76	76	48.7	45.1	36.8 – 60.5	33.7 – 56.4
<i>Global</i>	<i>39</i>	<i>70</i>	<i>33</i>	<i>40</i>	<i>16.0</i>	<i>10.7</i>	<i>0.6 – 60.5</i>	<i>0.6 – 56.4</i>

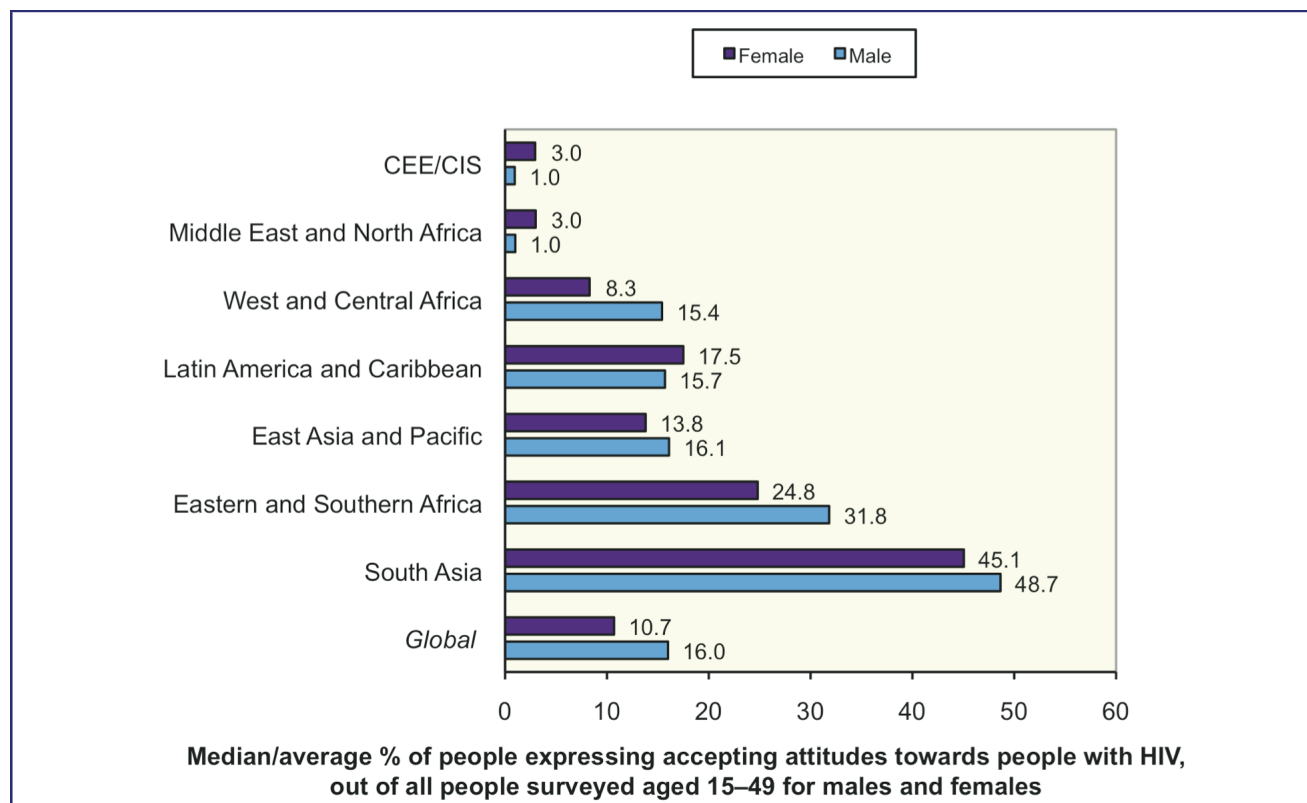
See Table A4 in Annex A for further elaboration of the data.

¹ A median percentage is given for regions where the percentage of total population represented by countries with data available is less than 50 per cent. An average percentage is given where the percentage of total population is 50 per cent or more.

Source: AIS, DHS, MICS and other nationally representative surveys, 2003–2008.

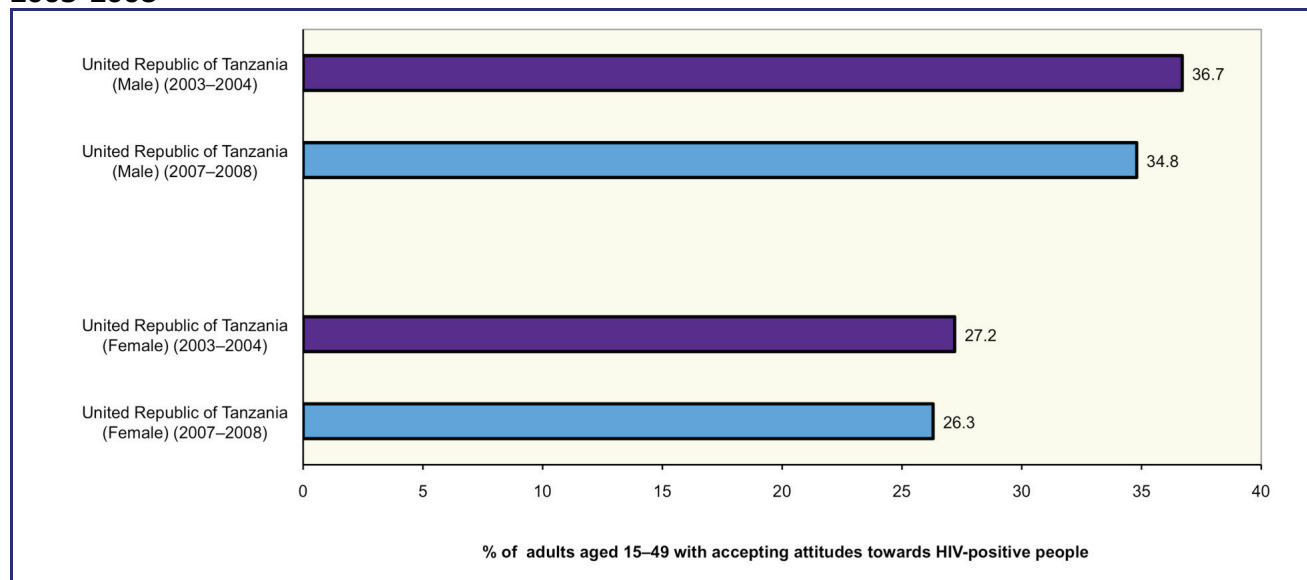
⁷ See questions on previous page.

Figure 23: Percentage of people expressing accepting attitudes towards people living with HIV, out of all people surveyed aged 15–49 for males and females, 2003-2008 (regional medians/averages, in ascending order by female per cent)



Source: AIS, DHS, MICS, and other nationally representative surveys, 2003–2008.

Figure 24: United Republic of Tanzania: Time trend in percentage of people expressing accepting attitudes towards people with HIV out of all people surveyed aged 15–49 for males and females, 2003-2008*



See Table B9 in Annex B for the data used in Figure 24.

* Please interpret time trends with caution. The time points being compared are sometimes drawn from different types of surveys. Although DHS and MICS have similar standards for implementation, differences exist.

Source: United Republic of Tanzania AIS, 2003–2004, and HMIS, 2007–2008.

Summary and conclusion

UNICEF and other partners working to improve the condition of children affected by HIV/AIDS have made great strides to define and collect data on a consistent set of indicators to evaluate progress. This is the first document to comprehensively report on the indicators recommended in the *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS* (UNICEF, 2005). This is also the first progress report published since UNICEF launched the third round of MICS and USAID supported the DHS OVC module and associated questions in the DHS and AIS. It documents both progress in international data collection efforts and progress towards establishing equity for children affected by HIV/AIDS.

Progress in data collection

This report documents the progress made in collecting data on 17 key indicators, as laid out in the above-mentioned *Guide*, for the population of children who have been orphaned or made vulnerable by HIV/AIDS. This report finds that there are vast differences in the global level of reporting on each respective indicator. Table 17 presents a summary of the number of countries reporting on each indicator and the percentage of the world's population represented by the reporting countries.

Table 17: Indicators and levels of reporting according to number of countries and per cent of world population

Indicator	Number of countries reporting	Per cent of world population reporting
1. Basic material needs	10	4
2. Malnutrition/underweight prevalence	21	7
3. Sex before age 15 (women)	19	7
3. Sex before age 15 (men)	12	5
A.1. Food security	0	0
A.2. Psychological health	0	0
A.3. Connection with an adult caregiver	0	0
A.4. Succession planning	13	7
4. Children outside family care	0	0
5. External support for OVC	24	8
A.5. Orphans living with siblings	11	6
6. Orphan school attendance ratio	49	37
7. Birth registration	99	54
8. Orphaned and vulnerable children policy and planning effort index (OPPEI)	35	12
A.6. Property dispossession	13	8
9. Percentage of children who are orphans	61	41
10. Percentage of children who are vulnerable	24	8
A.7. Stigma and discrimination (women)	70	40
A.7. Stigma and discrimination (men)	39	33

Source: AIS, DHS, MICS, and other nationally representative surveys and vital registration systems, 2000–2008.

Of the 17 indicators, 4 have no countries reporting, 8 are reported by countries representing between 1 and 10 per cent of the world's population, and 5¹ are reported by countries representing more than 10 per cent of the global population. Only birth registration is reported by countries representing more than half of the world's population.

Given that only four years have elapsed since the indicators were formally adopted, progress in data collection and reporting on these indicators has been good. Nevertheless, there remain four indicators with no reporting; serious effort will be required on the part of all stakeholders to identify, fund and implement appropriate data-collection methodologies for these indicators. It is expected that the next progress report will reflect the current momentum behind efforts to comprehensively track the relative progress of OVC.

Efforts are being made to strengthen national-level monitoring and evaluation capacity to assess progress of the OVC response to ensure more countries report consistently against these global indicators. UNICEF, in collaboration with the Inter-Agency Task Team (IATT) on Children and HIV finalized in 2009 a *Guidance Document for Developing and Operationalising a National Monitoring and Evaluation System for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS (OVC)*.² The Guidance Document builds on country-level experiences and sets out a process for developing and supporting a harmonized and nationally owned monitoring and evaluation system.

Progress towards equity for OVC

This report has also documented the situation of OVC relative to that of non-orphans and non-vulnerable children. Table 18 presents a summary of indicators where the situation of vulnerable children is compared with those who are not considered vulnerable. Although reporting on basic needs is currently limited, in 9 of the 10 reporting countries, OVCs are less likely to have all three minimum basic material needs for personal care than non-OVCs. The prevalence of malnutrition among OVCs is in general greater than among non-OVCs. Similarly, in most countries, OVCs are more likely to initiate sex before age 15. Finally, in 45 out of 49 countries reporting, double orphans are less likely to be attending school than non-orphans who live with at least one of their parents.³

Table 18: Summary comparison of the country-specific situation of OVCs versus non-OVC

Indicator	Number of countries reporting	Number of countries where OVC are worse off than non-OVC*
1. Basic material needs	10	9
2. Malnutrition/underweight prevalence	21	15
3. Sex before age 15 (women)	19	13
4. Sex before age 15 (men)	12	9
7. Orphan school attendance ratio	49	45

* For the orphan school attendance ratio, double orphans are the disadvantaged group and non-orphans living with at least one parent are the advantaged group.

Source: AIS, DHS, MICS, and other nationally representative surveys, 2003–2008.

¹ These five include the OVC policy and planning index, school attendance, birth registration, per cent of children who are orphaned, and stigma and discrimination.

² Download the document at: <www.unicef.org/aids/files/OVC_MandE_Guidance_FINAL_v3.pdf>.

³ See Footnote 2, page 2.

Given the fact that many of these indicators are new, it is difficult to assess the state of progress on improving the lives of children affected by the HIV/AIDS epidemic. Table 19 attempts to do so for a few indicators by presenting a summary of both the state of data collection and progress for children made in recent years. The school attendance ratio and the OPPEI have relatively large numbers of countries reporting for more than one point in time. In about three-quarters of the reporting countries, these two indicators improved over time. Because orphaning has only recently been measured among children 0–17 years old, only four countries have two data points for this indicator, and one country suggests declines in orphaning. For more than a decade, however, it has been possible to measure orphaning among children 0–14 years old. Ten of 19 countries reported fewer orphans.

Table 19: Summary of time trends for indicators

Indicator	Number of countries with two or more points	Number of countries where the indicator has improved during last one to seven years*
3. Sex before age 15 ratio (women)	1	0
3. Sex before age 15 ratio (men)	1	0
6. (Double) orphan school attendance	34	23
8. Orphaned and vulnerable children policy and planning effort index (OPPEI)	32	24
9. Orphaning (defined as 0–14 years of age)	19	10
9. Orphaning (defined as 0–17 years of age)	4	1
10. Percentage of children who are vulnerable	1	1
A.7. Stigma (among women)	3	1
A.7. Stigma (among men)	3	0

*The length across which the trend was assessed was chosen to be as close to five years as possible.

Source: AIS, DHS, MICS, and other nationally representative surveys 1995–2008.

In conclusion, this *Progress Report* serves as a record of the work accomplished thus far in seeking equity in outcomes for children affected by HIV/AIDS, both in terms of programmes and policies as well as in terms of the data-collection efforts necessary to track children’s outcomes over time. The report is best positioned as a starting point – for discussion, debate, advocacy, action and further investigation – and not as an end in itself. The report is a snapshot of the current state of the response as it relates to children and, as such, its power comes from its currency and ability to call attention to an integrated set of issues in a persuasive and easy-to-understand format. At its best, the report offers a compelling and dynamic perspective on the response that highlights key issues and prompts actions.

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Annex A: Country data for each indicator with more than 20 countries reporting

Table A1: Ratio of double orphans to non-orphaned children, aged 10–14, with both parents still alive and living with at least one parent and currently attending school

Region	Country	Orphan school attendance ratio (Indicator 6): Ratio of double orphans to non-orphans (living with at least one parent) aged 10–14 who are currently attending school	Survey	Year
CEE/CIS (1 country)	Ukraine	0.98	State Statistics Committee	2005
East Asia and Pacific (4 countries)	Cambodia	0.83	DHS	2005
	Indonesia	0.82 y	DHS	2002–2003
	Mongolia	(0.96)	MICS	2005
	Thailand	0.93	MICS	2005–2006
Eastern and Southern Africa (16 countries)	Burundi	0.85	MICS	2005
	Eritrea	0.83	DHS	2002
	Ethiopia	0.90	DHS	2005
	Kenya	0.95	DHS	2003
	Lesotho	0.95	DHS	2004
	Madagascar	0.75	DHS	2003–2004
	Malawi	0.97	MICS	2006
	Mozambique	0.89	MICS	2008
	Namibia	1.00	DHS	2006–2007
	Rwanda	0.82	DHS	2005
	Somalia	0.78	MICS	2006
	Swaziland	0.97	DHS	2006–2007
	Uganda	0.96	DHS	2006
	United Republic of Tanzania	0.97	HMIS	2007–2008
Zambia	0.93	DHS	2007	
Zimbabwe	0.95	DHS	2005–2006	
Latin America and Caribbean (5 countries)	Bolivia	(0.74)	DHS	2003
	Colombia	0.85	DHS	2005
	Dominican Republic	0.77	DHS	2007
	Haiti	0.86	DHS	2005–2006
	Honduras	1.08	DHS	2005–2006
Middle East and North Africa (1 country)	Iraq	0.84	MICS	2006
South Asia (2 countries)	Bangladesh	0.84	MICS	2006
	India	0.72	NFHS	2005–2006
West and Central Africa (20 countries)	Benin	0.90	DHS	2006
	Burkina Faso	(0.61)	MICS	2006
	Cameroon	0.91	MICS	2006
	Central African Republic	0.96	MICS	2006

Region	Country	Orphan school attendance ratio (Indicator 6): Ratio of double orphans to non-orphans (living with at least one parent) aged 10–14 who are currently attending school	Survey	Year
	Chad	1.05	DHS	2004
	Congo	0.88	DHS	2005
	Côte d'Ivoire	0.83	MICS	2006
	Democratic Republic of the Congo	0.77	DHS	2007
	Gambia	0.87	MICS	2005–2006
	Ghana	0.76	DHS	2008
	Guinea	0.73	DHS	2005
	Guinea-Bissau	0.97	MICS	2006
	Liberia	0.85	DHS	2007
	Mali	0.87	DHS	2006
	Mauritania	(0.66)	MICS	2007
	Niger	0.67	DHS	2006
	Nigeria	1.17	DHS	2008
	Senegal	0.83	DHS	2005
	Sierra Leone	0.62	DHS	2008
	Togo	0.94	MICS	2006
Global	49 countries with data available			

() Proportion of orphans attending school is based on small denominators (typically 25–49 unweighted cases).

y Data include women who were ever married and men who are currently married (instead of all women and men).

Source: DHS, NFHS, HMIS, MICS, Ukraine State Statistics Committee, 2002-2008.

Table A2: Proportion of children aged 0–4 whose births are reported registered

Region	Country	Birth registration (Indicator 7): Proportion of children aged 0–4 whose births are reported registered	Survey	Year
CEE/CIS (16 countries)	Albania	97.6	MICS	2005
	Armenia	96.4	DHS	2005
	Azerbaijan	93.6	DHS	2006
	Bosnia and Herzegovina	99.5	MICS	2006
	Georgia	91.9	MICS	2005
	Kazakhstan	99.2	MICS	2006
	Kyrgyzstan	94.2	MICS	2005–2006
	Macedonia	93.8	MICS	2005
	Montenegro	97.9	MICS	2005
	Republic of Moldova	97.9	MICS	2000
	Serbia	98.9	MICS	2005–2006
	Tajikistan	88.3	MICS	2005
	Turkey	84.2	DHS	2003
	Turkmenistan	95.5	MICS	2006
	Ukraine	99.8	MICS	2005
Uzbekistan	99.9	MICS	2006	
East Asia and Pacific (10 countries)	Cambodia	66.4	DHS	2005
	Democratic People's Republic of Korea	98.9	MICS	2000
	Indonesia	55.1*	DHS	2002–2003
	Lao People's Democratic Republic	71.5	MICS	2006
	Mongolia	98.3	MICS	2005
	Myanmar	64.9 y	MICS	2003
	Philippines	82.8	MICS	2000
	Thailand	99.4	MICS	2005–2006
	Timor-Leste	53.0 y	DHS	2003
	Viet Nam	87.6	MICS	2006
Eastern and Southern Africa (17 countries)	Angola	29.4	MICS	2000
	Botswana	58.0	MICS	2000
	Burundi	60.2	MICS	2005
	Comoros	83.4	MICS	2000
	Ethiopia	6.6	DHS	2005
	Kenya	48.0 y	DHS	2003
	Lesotho	26.3	DHS	2004
	Madagascar	74.8	DHS	2003–2004
	Mozambique	30.8	MICS	2008
	Namibia	67.1	DHS	2007
	Rwanda	82.4	DHS	2005
	Somalia	3.0	MICS	2006
	Swaziland	29.8	DHS	2006–2007
	South Africa	78.1y	Stats SA	2006
	Uganda	21.0	DHS	2006
United Republic of Tanzania	7.6 y	DHS	2004–2005	

Region	Country	Birth registration (Indicator 7): Proportion of children aged 0–4 whose births are reported registered	Survey	Year
	Zambia	9.6	MICS	2000
	Zimbabwe	73.9	DHS	2005–2006
Latin America and Caribbean (18 countries)	Argentina	90.7 y	MOH	2004
	Belize	94.4	MICS	2006
	Bolivia	74.4	Census	2001
	Brazil	88.5 y	Instituto Geografia	2005
	Chile	95.9 y	Estad. Vital.	2004
	Colombia	90.4	DHS	2005
	Cuba	99.9 y	MOH	2005
	Dominican Republic	77.9	MICS	2006
	Ecuador	84.9	ENDEMAIN	2004
	Guyana	93.3	MICS	2006–2007
	Haiti	81.1	DHS	2005–2006
	Honduras	93.5	DHS	2005–2006
	Jamaica	88.6	MICS	2005
	Nicaragua	81.4	DHS	2001
	Peru	93.0	ENC	2006
	Suriname	96.6	MICS	2006
	Trinidad & Tobago	95.8	MICS	2006
Venezuela	91.8	MICS	2000	
Middle East and North Africa (8 countries and 1 Territory)	Algeria	99.3	MICS	2006
	Djibouti	89.2	MICS	2006
	Egypt	99.0	DHS	2005
	Iraq	95.0	MICS	2006
	Morocco	85.4	Dir. Stat.	2000
	Occupied Palestinian Territory	96.0 y	FHS	2006
	Sudan	32.6	SHHS	2006
	Syria	95.2	MICS	2006
	Yemen	22.3	MICS	2006
South Asia (5 countries)	Afghanistan	6.3	MICS	2003
	Bangladesh	9.8	MICS	2006
	India	41.1	NFHS	2005–2006
	Maldives	73.0	MICS	2000
	Nepal	35.0	DHS	2006
West and Central Africa (22 countries)	Benin	60.3*	DHS	2006
	Burkina Faso	63.7	MICS	2006
	Cameroon	70.1	MICS	2006
	Central African Republic	49.2	MICS	2006
	Chad	9.0	DHS	2004
	Congo	81.1 y	DHS	2005
	Côte d'Ivoire	54.9	MICS	2006
	Democratic Republic of the Congo	31.3	DHS	2007
	Equatorial Guinea	32.3	MICS	2000

Region	Country	Birth registration (Indicator 7): Proportion of children aged 0–4 whose births are reported registered	Survey	Year
	Gabon	89.4	DHS	2000
	Gambia	55.1	MICS	2005–2006
	Ghana	71.2	DHS	2008
	Guinea	43.2	DHS	2005
	Guinea-Bissau	38.9	MICS	2006
	Liberia	3.6 y	DHS	2007
	Mali	53.3	DHS	2006
	Mauritania	55.9	MICS	2007
	Niger	31.8	DHS	2006
	Nigeria	30.0	DHS	2008
	Sao Tome & Principe	68.7	MICS	2006
	Senegal	55.0	DHS	2005
	Sierra Leone	50.9	DHS	2008
	Togo	78.1	MICS	2006
Global	97 countries with data available			

Source: DHS, MICS, and other nationally representative surveys and vital statistics, 2000–2008.

* Some recalculations have been done, which can account for some minor differences from the surveys.

y Data differ from the standard definition.

Table A3: Percentage of children under age 18 whose mother, father, or both parents have died

Region	Country	Percentage of children who are orphans (Indicator 9): Percentage of children under 18 whose mother, father, or both parents have died				Survey	Year
		Father†	Mother†	Both parents	One or both		
CEE/CIS (9 countries)	Armenia*	2.6	0.8	0.1	3.3	DHS	2005
	Azerbaijan	n.d.	n.d.	0.3	3.6	DHS	2006
	Bosnia and Herzegovina	3.8	0.9	0.1	4.5	MICS	2006
	Georgia	4.2	1.4	0.7	4.9	MICS	2005
	Kyrgyzstan	4.6	1.4	0.5	5.5	MICS	2006
	Macedonia	1.6	0.3	0.1	1.9	MICS	2005
	Turkey*	2.5	0.8	0.1	3.2	DHS	2003
	Ukraine	4.5	1.8	0.3	6.0	DHS	2007
	Uzbekistan	3.4	1.6	0.9	4.1	MICS	2006
East Asia and Pacific (6 countries)	Cambodia	6.6	2.4	0.7	8.8	DHS	2005
	Lao PDR	5.2	2.2	0.9	6.6	MICS	2006
	Mongolia	7.2	1.4	0.6	7.9	MICS	2005
	Thailand	3.8	1.4	0.4	4.7	MICS	2005–2006
	Vanuatu	n.d.	n.d.	0.6	2.9	MICS	2007
	Viet Nam	2.9	1.1	0.3	3.8	MICS	2006
Eastern and Southern Africa (14 countries)	Burundi	16.0	6.7	3.4	19.3	MICS	2005
	Ethiopia	8.2	4.4	1.3	11.3	DHS	2005
	Kenya	n.d.	n.d.	1.7	11.1	AIS	2007
	Lesotho	17.7	3.5	4.2	25.9	DHS	2004
	Malawi	9.9	5.3	2.8	12.4	MICS	2006
	Mozambique	n.d.	n.d.	1.6	12.3	MICS	2008
	Namibia	12.5	7.1	2.5	17.4	DHS	2006–2007
	Rwanda	17.2	7.1	3.8	20.5	DHS	2005
	Somalia	7.7	2.7	1.0	9.5	MICS	2006
	Swaziland	17.9	9.3	4.4	23.3	DHS	2006–2007
	Uganda	11.7	6.3	3.1	14.9	DHS	2006
	United Republic of Tanzania	n.d.	n.d.	1.2	10.8	HMIS	2007–2008
	Zambia	n.d.	n.d.	3.4	14.9	DHS	2007
Zimbabwe	20.2	10.0	6.3	23.9	DHS	2005–2006	
Latin America and Caribbean (6 countries)	Belize	4.2	1.2	0.3	5.1	MICS	2006
	Bolivia	n.d.	n.d.	0.2	4.5	DHS	2008
	Guyana	4.3	2.4	0.8	5.9	MICS	2006
	Haiti	8.3	4.3	1.3	11.4	DHS	2005–2006
	Honduras	4.6	1.6	0.3	6.0	DHS	2005–2006
	Jamaica	3.4	1.3	0.2	4.5	MICS	2005
Middle East and North Africa (5 countries)	Egypt	4.1	1.2	0.2	5.0	DHS	2005
	Iraq	4.8	2.1	1.1	5.9	MICS	2006
	Jordan	2.4	0.4	0.1	2.7	DHS	2007
	Sudan	n.d.	n.d.	1.3	9.7	SHHS	2006
	Yemen	3.3	2.1	0.2	5.2	MICS	2006

Region	Country	Percentage of children who are orphans (Indicator 9): Percentage of children under 18 whose mother, father, or both parents have died				Survey	Year
		Father†	Mother†	Both parents	One or both		
South Asia (4 countries)	Bangladesh	n.d.	n.d.	n.d.	5.8	MICS	2006
	India	3.4	1.8	0.3	4.9	NFHS	2005–2006
	Nepal	3.4	2.1	0.3	5.1	DHS	2006
	Pakistan	2.6	1.7	0.2	4.4	DHS	2006–2007
West and Central Africa (17 countries)	Benin	5.2	2.5	0.6	7.1	DHS	2006
	Burkina Faso	5.8	2.1	0.6	7.4	MICS	2006
	Cameroon	8.1	3.4	1.1	10.5	MICS	2006
	Central African Republic	n.d.	n.d.	2.2	12.0	MICS	2006
	Chad	5.9	3.1	0.8	8.1	DHS	2004
	Congo	6.6	3.8	1.2	9.2	DHS	2005
	Democratic Republic of the Congo	6.7	3.8	1.2	9.3	DHS	2007
	Côte d'Ivoire	6.5	3.1	1.1	8.5	MICS	2006
	Gambia	6.6	2.8	0.7	8.7	MICS	2005–2006
	Ghana	n.d.	n.d.	0.7	7.6	DHS	2008
	Guinea-Bissau	8.6	4.1	1.4	11.3	MICS	2006
	Liberia	5.2	3.1	0.7	7.2	DHS	2007
	Mauritania	5.7	2.3	0.5	7.6	MICS	2007
	Nigeria	n.d.	n.d.	0.4	6.2	DHS	2008
	Senegal*	5.6	2.4	0.7	7.3	DHS	2005
Sierra Leone	n.d.	n.d.	1.9	11.4	DHS	2008	
Togo	7.5	3.4	1.0	9.9	MICS	2006	
Global	61 countries with data available						

Source: AIS, DHS, MICS, National Family Health Survey (NFHS) and Sudan Household Health Survey, 2003–2008.

* Data for this country come from secondary analysis of selected DHS, AIS and MICS, and from the forthcoming UNICEF report, *Who is the Vulnerable Child? Using Survey Data to Identify Children at Risk in the Era of HIV and AIDS*.

† For some surveys, data sets were not yet available at the time of publication.

Table A4: Percentage of people expressing accepting attitudes towards people living with HIV, out of all people surveyed aged 15–49 for males and females⁴

Region	Country	Stigma and discrimination (Indicator A7): Per cent of people expressing accepting attitudes [on all 4 questions] ⁴ towards people with HIV, of all people surveyed aged 15–49		Survey	Year
		Male	Female		
CEE/CIS (4/14 countries)	Albania	n.d.	3.9	MICS	2005
	Armenia	0.6	1.4	DHS	2005
	Azerbaijan	0.6	4.2	DHS	2006
	Belarus	n.d.	0.6	MICS	2005
	Bosnia and Herzegovina	n.d.	12.0	MICS	2006
	Georgia	n.d.	2.0	MICS	2005
	Kazakhstan	n.d.	0.8	MICS	2006
	Kyrgyzstan	n.d.	0.6	MICS	2006
	Moldova	3.3	5.1	DHS	2005
	Montenegro	n.d.	11.2	MICS	2005
	Serbia	n.d.	10.5	MICS	2006
	Macedonia	n.d.	5.1	MICS	2005
	Ukraine	1.3	0.8	DHS	2007
Uzbekistan	n.d.	0.8	MICS	2006	
East Asia and Pacific (3/6 countries)	Cambodia	32.0	36.2	DHS	2005
	Indonesia	16.1 x	13.6 y	DHS	2007
	Marshall Islands	7.4	4.3	DHS	2007
	Mongolia	n.d.	10.7	MICS	2005
	Thailand	n.d.	14.0	MICS	2005–2006
	Viet Nam	n.d.	30.2	MICS	2006
Eastern and Southern Africa (12/14 countries)	Burundi	n.d.	22.5	MICS	2005
	Ethiopia	16.7	10.7	DHS	2005
	Kenya	39.5	26.5	DHS	2003
	Lesotho	20.3	24.1	DHS	2004
	Malawi	41.1	17.7	MICS	2006
	Mozambique	16.0	7.9	DHS	2003
	Namibia	36.1	39.2	DHS	2006–2007
	Rwanda	51.0	46.1	DHS	2005
	Somalia	n.d.	1.1	MICS	2006
	South Africa	n.d.	38.3	DHS	2003
	Swaziland	46.6	42.7	DHS	2006–2007
	United Republic of Tanzania	34.8	26.3	HMIS	2007–2008
	Uganda	36.1	25.9	DHS	2006
	Zambia	33.0	26.0	DHS	2007
Zimbabwe	10.7	17.1	DHS	2005–2006	
Latin America and Caribbean (3/9 countries)	Belize	n.d.	14.7	MICS	2006
	Bolivia	15.9	16.7	DHS	2008
	Cuba	n.d.	40.4	MICS	2006

⁴ See questions on page 51.

Region	Country	Stigma and discrimination (Indicator A7): Per cent of people expressing accepting attitudes [on all 4 questions] ⁴ towards people with HIV, of all people surveyed aged 15–49		Survey	Year
		Male	Female		
	Dominican Republic	15.4	23.5	DHS	2007
	Guyana	n.d.	24.2	MICS	2006
	Haiti	15.7	10.7	DHS	2005–2006
	Honduras	n.d.	17.7	DHS	2005–2006
	Jamaica	n.d.	11.8	MICS	2005
	Trinidad and Tobago	n.d.	17.5	MICS	2006
Middle East And North Africa (1/5 countries)	Egypt	1.0	1.0	DHS	2008
	Iraq	n.d.	3.0	MICS	2006
	Jordan	n.d.	4.1 y	DHS	2007
	Syria	n.d.	3.6	MICS	2006
	Yemen	n.d.	2.1	MICS	2006
South Asia (2/2 countries)	India	36.8	33.7	NFHS	2005–2006
	Nepal	60.5	56.4	DHS	2006
West and Central Africa (14/19 countries)	Benin	14.1	10.8	DHS	2006
	Burkina Faso	n.d.	4.5	MICS	2006
	Cameroon	n.d.	12.2	MICS	2006
	Chad	14.7 x	9.5	DHS	2004
	Congo	22.3	6.7	DHS	2005
	Democratic Republic of the Congo	11.0	6.4	DHS	2007
	Côte d'Ivoire	22.0	8.9	AIS	2005
	Gambia	n.d.	14.1	MICS	2005–2006
	Ghana	18.8	11.4	DHS	2008
	Guinea	6.2	1.7	DHS	2005
	Guinea-Bissau	n.d.	6.7	MICS	2006
	Liberia	21.9	12.5	DHS	2007
	Mali	14.2	7.9	DHS	2006
	Mauritania	13.4	7.5	MICS	2007
	Niger	11.1	4.5	DHS	2006
	Nigeria	22.0	12.8	DHS	2008
	Senegal	9.3	3.9	DHS	2005
Sierra Leone	14.7	5.1	DHS	2008	
Togo	n.d.	10.5	MICS	2006	
Global	39/70 countries with data available (m/f)				

Source: AIS, DHS, HMIS, NFHS, MICS, 2003–2008.

¹ See questions on page 51.

x Sample included currently married men (instead of all men).

y Sample included ever married women (instead of all women).

Annex B: Time trend data by indicator

Note: Please interpret time trends with caution. The time points being compared are sometimes drawn from different types of surveys. Although DHS and MICS have similar standards for implementation, differences exist.

Table B2: Time trend in percentage of men and women aged 15–17 who had sex before age 15: OVC and non-OVC

Region	Country	Sex before age 15 (Indicator 3): Ratio of the proportion of OVC to non-OVC aged 15–17 who had sex before age 15						Survey	Year
		Male			Female				
		OVC	Non-OVC	Ratio	OVC	Non-OVC	Ratio		
Eastern and Southern Africa (1 country)	United Republic of Tanzania	8.0	12.1	0.66	10.3	10.4	0.99	AIS	2003–2004
	United Republic of Tanzania	11.2	13.1	0.85	13.2	10.4	1.26	HMIS	2007–2008

Source: AIS and HMIS, 2003–2008.

Table B3: Time trend in school attendance among double orphans and non-orphaned children with both parents alive and living with at least one parent

Region	Country	Orphan school attendance ratio (Indicator 6): Ratio of double orphans to non-orphans (living with at least one parent) aged 10–14 who are currently attending school			Survey	Year
		Double orphans (per cent)	Non-orphans living with at least one parent (per cent)	Ratio		
East Asia and Pacific (2 countries)	Cambodia	59.6	83.4	0.71	DHS	2000
	Cambodia	76.1	91.6	0.83	DHS	2005
	Indonesia	74.3	89.1	0.83	DHS	1997
	Indonesia	74.2	90.2	0.82 y	DHS	2002–2003
Eastern and Southern Africa (14 countries)	Eritrea	49.1	60.8	0.81	DHS	1995
	Eritrea	65.2	78.3	0.83	DHS	2002
	Ethiopia	26.0	43.5	0.60	DHS	2000
	Ethiopia	53.3	58.9	0.90	DHS	2005
	Kenya	69.5	93.4	0.74	DHS	1998
	Kenya	87.5	92.4	0.95	DHS	2003
	Lesotho	79.3	91.0	0.87	MICS	2000
	Lesotho	89.2	93.8	0.95	DHS	2004
	Madagascar	(33.6)	60.8	0.55	DHS	1997
	Madagascar	60.8	79.5	0.75	DHS	2003–2004
	Malawi*	80.8	86.7	0.93	DHS	2000
	Malawi	88.6	91.2	0.97	MICS	2006

Region	Country	Orphan school attendance ratio (Indicator 6): Ratio of double orphans to non-orphans (living with at least one parent) aged 10–14 who are currently attending school			Survey	Year
		Double orphans (per cent)	Non-orphans living with at least one parent (per cent)	Ratio		
	Mozambique	32.0	68.2	0.47	DHS	1997
	Mozambique	62.6	78.4	0.80	DHS	2003
	Mozambique	77.3	86.5	0.89	MICS	2008
	Namibia	83.0	90.0	0.92	DHS	2000
	Namibia	93.6	94.0	1.00	DHS	2006–2007
	Rwanda	36.3	43.9	0.83	DHS	2000
	Rwanda	74.6	91.2	0.82	DHS	2005
	Swaziland	78.7	86.7	0.91	MICS	2000
	Swaziland	90.0	92.7	0.97	DHS	2006–2007
	Uganda*	87.6	92.6	0.95	DHS	2000–2001
	Uganda	90.7	94.4	0.96	DHS	2006
	United Republic of Tanzania	62.3	71.6	0.87	DHS	1996
	United Republic of Tanzania	73.4	89.4	0.82	AIS	2003–2004
	United Republic of Tanzania	86.4	89.0	0.97	HMIS	2007–2008
	Zambia	69.0	77.9	0.89	DHS	1996
	Zambia	73.2	80.0	0.92	DHS	2001–2002
	Zambia	85.5	91.6	0.93	DHS	2007
	Zimbabwe	81.0	95.0	0.85	DHS	1999
	Zimbabwe	87.9	92.4	0.95	DHS	2005–2006
Latin America and Caribbean (2 countries)	Dominican Republic	93.0	96.8	0.96	DHS	2002
	Dominican Republic	72.6	94.9	0.77	DHS	2007
	Haiti*	56.4	64.6	0.87	DHS	2000
	Haiti	76.7	89.4	0.86	DHS	2005–2006
West and Central Africa (16 countries)	Benin	(45.8)	63.5	0.72	DHS	2001
	Benin	60.9	71.2	0.90	DHS	2006
	Burkina Faso	34.9	31.7	1.09	DHS	2003
	Burkina Faso	(27.8)	45.7	0.61	MICS	2006
	Burundi	45.6	65.3	0.70	MICS	2000
	Burundi	64.5	75.9	0.85	MICS	2005
	Cameroon	(73.1)	77.8	0.94	DHS	1998
	Cameroon	78.5	86.1	0.91	MICS	2006
	Central African Republic	49.1	54.2	0.91	MICS	2000
	Central African Republic	65.3	67.9	0.96	MICS	2006
	Chad	(37.6)	39.8	0.94	DHS	1996–1997
	Chad	60.1	57.0	1.05	DHS	2004
	Democratic Republic of the Congo	50.2	69.8	0.72	MICS	2001
	Democratic Republic of the Congo	62.8	81.1	0.77	DHS	2007

Region	Country	Orphan school attendance ratio (Indicator 6): Ratio of double orphans to non-orphans (living with at least one parent) aged 10–14 who are currently attending school			Survey	Year
		Double orphans (per cent)	Non-orphans living with at least one parent (per cent)	Ratio		
	Gambia	(58.2)	68.3	0.85	MICS	2000
	Gambia	65.1	75.3	0.87	MICS	2006
	Ghana	(76.0)	81.7	0.93	DHS	1998
	Ghana	(65.1)	82.5	0.79	DHS	2003
	Ghana	67.0	88.0	0.76	DHS	2008
	Guinea	37.5	33.2	1.13	DHS	1999
	Guinea	41.8	57.1	0.73	DHS	2005
	Guinea-Bissau	51.2	49.6	1.03	MICS	2000
	Guinea-Bissau	69.3	71.3	0.97	MICS	2006
	Mali	20.1	28.5	0.71	DHS	1995–1996
	Mali*	40.7	39.1	1.04	DHS	2001
	Mali	41.9	48.0	0.87	DHS	2006
	Nigeria*	61.2	70.4	0.87	DHS	1999
	Nigeria	49.5	73.4	0.64	DHS	2003
	Nigeria	83.9	71.7	1.17	DHS	2008
	Senegal	(39.9)	53.6	0.74	MICS	2000
	Senegal	49.4	59.8	0.83	DHS	2005
	Sierra Leone	(35.0)	49.6	0.71	MICS	2000
	Sierra Leone	63.5	76.5	0.83	MICS	2005
	Sierra Leone	47.3	76.1	0.62	DHS	2008
	Togo	67.2	77.5	0.87	DHS	1998
	Togo	76.4	81.6	0.94	MICS	2006
Global	34 countries with data available					

Source: AIS, DHS, HMIS, MICS, 1995–2008. In addition, secondary analysis of selected DHS and MICS surveys, 1998–2006, was conducted in countries with adult HIV prevalence exceeding 1 per cent or orphan prevalence exceeding 8 per cent.

* Data for this country was provided by Macro International.

() Proportion of orphans attending school is based on small denominators (typically 25–49 unweighted cases).

y Sample included ever married women and currently married men [instead of all women and men].

Table B5: Time trend in OVC Policy and Planning Index, 2004 and 2007

*NSA= National situation analysis; CP= Consultative process; CM= Coordinating mechanism; NPA= National Action Plans; PO = Policy; LE= Legislation; ME= Monitoring and Evaluation; RE= Resources; TIS= Total Index Score
Regional scores may differ due to rounding.

Region	Country	OVC Policy and Planning Index (Indicator 8): National Policy and Planning Effort Index score for OVC									Survey	Year
		NSA	CP	CM	NPA	PO	LE	ME	RE	TIS		
Eastern and Southern Africa (13 countries in 2004, 16 countries in 2007)	Angola	72	80	90	73	28	30	47	44	58	OPPEI	2007
	Botswana	63	30	20	88	33	30	71	70	51	OPPEI	2007
	Burundi	38	48	69	75	34	68	59	78	59	OPPEI	2004
	Burundi	75	75	75	95	65	20	72	44	65	OPPEI	2007
	Ethiopia	59	72	59	72	30	61	12	90	57	OPPEI	2004
	Ethiopia	62	85	85	53	17	66	27	53	56	OPPEI	2007
	Kenya	65	55	70	73	65	30	35	44	55	OPPEI	2007
	Lesotho	73	72	38	46	4	20	10	45	38	OPPEI	2004
	Lesotho	86	75	70	69	87	20	53	5	65	OPPEI	2007
	Malawi	8	59	73	26	73	30	66	55	49	OPPEI	2004
	Malawi	76	47	70	72	81	20	62	70	62	OPPEI	2007
	Mozambique	53	49	64	59	4	10	43	48	41	OPPEI	2004
	Mozambique	86	60	75	77	55	72	40	60	65	OPPEI	2007
	Namibia	76	90	84	91	82	65	42	55	73	OPPEI	2004
	Namibia	86	80	75	87	84	68	70	59	76	OPPEI	2007
	Rwanda	46	96	73	97	86	85	93	60	79	OPPEI	2004
	Rwanda	82	75	50	84	78	65	40	55	66	OPPEI	2007
	South Africa	72	80	59	94	38	71	61	80	69	OPPEI	2004
	South Africa	72	90	70	84	90	96	60	83	81	OPPEI	2007
	Swaziland	90	90	73	90	43	45	78	65	72	OPPEI	2004
Swaziland	82	90	85	87	62	30	75	75	73	OPPEI	2007	
Uganda	90	90	73	90	78	30	37	35	65	OPPEI	2004	
United Republic of Tanzania	82	63	69	69	43	30	40	45	55	OPPEI	2004	
United Republic of Tanzania	86	70	85	77	17	65	62	60	65	OPPEI	2007	
Uganda	90	85	90	85	87	80	62	40	77	OPPEI	2007	
Zambia	17	0	64	36	13	24	19	60	29	OPPEI	2004	
Zambia	100	90	85	80	90	65	65	60	79	OPPEI	2007	
Zimbabwe	70	59	63	80	66	47	49	70	63	OPPEI	2004	
Zimbabwe	86	82	80	84	72	72	80	49	76	OPPEI	2007	
Eastern and Southern Africa 2004 average		60	67	66	71	46	45	47	61	58	OPPEI	2004
Eastern and Southern Africa 2007 average		79	73	73	79	63	52	58	58	67	OPPEI	2007
West and Central Africa (23 countries in 2004, 19 countries in 2007)	Benin	55	73	0	46	13	20	7	68	35	OPPEI	2004
	Burkina Faso	86	66	69	49	34	20	49	45	52	OPPEI	2004
	Burkina Faso	90	90	60	87	87	72	82	56	78	OPPEI	2007
	Cameroon	33	28	60	36	8	18	5	25	27	OPPEI	2004
	Cameroon	68	45	65	30	25	30	77	54	49	OPPEI	2007

Region	Country	OVC Policy and Planning Index (Indicator 8): National Policy and Planning Effort Index score for OVC									Survey	Year
		NSA	CP	CM	NPA	PO	LE	ME	RE	TIS		
	Cape Verde	0	55	0	46	8	0	7	58	22	OPPEI	2004
	Cape Verde	75	35	30	60	65	40	36	36	47	OPPEI	2007
	Central African Republic	8	68	20	97	68	30	14	70	47	OPPEI	2004
	Central African Republic	75	75	80	59	33	68	36	38	58	OPPEI	2007
	Chad	86	28	0	26	24	0	0	48	26	OPPEI	2004
	Chad	86	28	0	26	63	55	18	20	37	OPPEI	2007
	Congo	13	51	84	65	73	0	17	48	44	OPPEI	2004
	Congo	86	37	50	75	65	20	63	41	55	OPPEI	2007
	Côte d'Ivoire	90	100	100	100	13	68	14	60	68	OPPEI	2004
	Côte d'Ivoire	80	80	70	75	71	43	70	46	67	OPPEI	2007
	Democratic Republic of the Congo	59	72	20	59	58	20	46	48	48	OPPEI	2004
	Democratic Republic of the Congo	45	70	50	38	25	20	18	17	35	OPPEI	2007
	Equatorial Guinea	8	0	0	10	24	10	7	53	14	OPPEI	2004
	Gabon	82	78	30	81	13	0	24	55	45	OPPEI	2004
	Gabon	78	65	20	64	52	49	5	29	45	OPPEI	2007
	Gambia	86	80	84	49	90	78	78	70	77	OPPEI	2004
	Gambia	86	80	40	57	8	30	71	51	53	OPPEI	2007
	Ghana	86	100	100	49	13	78	93	58	72	OPPEI	2004
	Ghana	57	37	60	76	33	59	62	20	50	OPPEI	2007
	Guinea	82	86	80	49	53	40	51	68	63	OPPEI	2004
	Guinea	76	85	70	61	44	55	60	46	62	OPPEI	2007
	Guinea-Bissau	20	55	10	23	33	0	2	68	26	OPPEI	2004
	Guinea-Bissau	33	63	80	50	25	30	47	48	47	OPPEI	2007
	Liberia	49	78	90	48	80	57	54	58	64	OPPEI	2004
	Liberia	90	80	45	47	42	0	5	25	42	OPPEI	2007
	Mali	33	68	20	26	4	24	5	45	28	OPPEI	2004
	Mali	100	90	90	97	90	73	77	78	87	OPPEI	2007
	Mauritania	53	53	20	46	43	10	12	65	38	OPPEI	2004
	Mauritania	65	40	90	75	25	63	55	51	58	OPPEI	2007
	Niger	17	63	69	84	13	0	12	55	39	OPPEI	2004
	Niger	58	53	55	80	33	33	14	46	47	OPPEI	2007
	Nigeria	14	86	79	66	0	47	7	68	46	OPPEI	2004
	Senegal	28	0	59	42	28	10	25	10	25	OPPEI	2004
	Senegal	78	80	20	63	42	30	36	59	51	OPPEI	2007
	Sierra Leone	0	38	0	33	38	30	40	65	31	OPPEI	2004
	Sierra Leone	30	17	60	43	17	63	48	44	40	OPPEI	2007
	Togo	70	90	54	49	13	32	2	10	40	OPPEI	2004
West and Central Africa 2004 average		46	61	48	52	33	26	26	52	43	OPPEI	2004

Region	Country	OVC Policy and Planning Index (Indicator 8): National Policy and Planning Effort Index score for OVC									Survey	Year
		NSA	CP	CM	NPA	PO	LE	ME	RE	TIS		
West and Central Africa 2007 average		71	61	55	61	45	44	46	42	52	OPPEI	2007
Sub-Saharan Africa 2004 average (36 countries)		52	63	54	62	40	34	35	54	49	OPPEI	2004
Sub-Saharan Africa 2007 average (35 countries)		75	66	63	68	53	48	50	48	59	OPPEI	2007

Source: UNICEF, *Progress in the National Response to Orphans and Other Vulnerable Children in Sub-Saharan Africa: The OVC Policy and Planning Effort index (OPPEI) 2007 Round*, July 2008.

Table B6: Time trend in per cent of children aged 0–14 who are orphaned

Region	Country	Percentage of children who are orphans (Indicator 9): Percentage of children whose mother, father, or both parents have died	Survey	Year
		Children under age 15		
Eastern and Southern Africa (10 countries)	Eritrea	11.8	DHS	1995
	Eritrea	9.8	DHS	2002
	Ethiopia	10.7	DHS	2000
	Ethiopia	9.7	DHS	2005
	Kenya	9.4	DHS	1998
	Kenya	11.2	DHS	2003
	Malawi	11.4	DHS	2000
	Malawi	11.2	MICS	2006
	Mozambique	12.1	DHS	1997
	Mozambique	9.9	DHS	2003
	Mozambique	10.8	MICS	2008
	Rwanda	26.8	DHS	2000
	Rwanda	17.5	DHS	2005
	Uganda	12.5	DHS	2000–2001
	Uganda	13.4	DHS	2006
	United Republic of Tanzania	8.5	DHS	1996
	United Republic of Tanzania	9.3	AIS	2003–2004
	United Republic of Tanzania	9.4	HMIS	2007–2008
	Zambia	11.8	DHS	1996
	Zambia	15.0	DHS	2001–2002
Zambia	13.1	DHS	2007	
Zimbabwe	14.4	DHS	1999	
Zimbabwe	22.0	DHS	2005–2006	
Latin America and Caribbean (2 countries)	Dominican Republic	3.8	DHS	2002
	Dominican Republic	3.9	DHS	2007
	Haiti	10.1	DHS	2000
	Haiti	9.6	DHS	2005–2006
West and	Cameroon	9.1	DHS	1998
	Cameroon	9.0	MICS	2006
	Chad	7.4	DHS	1996–1997

Region	Country	Percentage of children who are orphans (Indicator 9): Percentage of children whose mother, father, or both parents have died	Survey	Year
		Children under age 15		
Central Africa (7 countries)	Chad	7.0	DHS	2004
	Ghana	6.0	DHS	1998
	Ghana	6.6	DHS	2003
	Ghana	6.4	DHS	2008
	Guinea	7.8	DHS	1999
	Guinea	7.4	DHS	2005
	Mali	5.5	DHS	1995–1996
	Mali	5.2	DHS	2001
	Mali	5.4	DHS	2006
	Nigeria	5.9	DHS	1999
	Nigeria	6.2	DHS	2003
	Nigeria	5.2	DHS	2008
	Sierra Leone	9.6	MICS	2005
	Sierra Leone	10.6	DHS	2008
Global	19 countries with data available			

Source: AIS, DHS, HMIS, MICS, 1995–2008. In addition, secondary analysis of selected DHS, MICS and AIS, 1995–2006, was conducted in countries with adult HIV prevalence exceeding 1 per cent or orphan prevalence exceeding 8 per cent. Figures reported here may differ from published sources because an effort was made to make the measurement consistent across surveys in the secondary analysis.

Table B7: Time trend in per cent of children aged 0–17 who are orphaned

Region	Country	Percentage of children who are orphans (Indicator 9): Percentage of children whose mother, father, or both parents have died	Survey	Year
		Children under age 18		
Eastern and Southern Africa (2 countries)	United Republic of Tanzania	8.5	DHS	1996
	United Republic of Tanzania	10.8	AIS	2003–2004
	United Republic of Tanzania	10.8	HMIS	2007–2008
	Uganda	12.4	DHS	2000–2001
	Uganda	14.9	DHS	2006
West and Central Africa (2 countries)	Ghana	7.7	DHS	2003
	Ghana	7.6	DHS	2008
	Sierra Leone	11.3	MICS	2005
	Sierra Leone	11.4	DHS	2008
Global	4 countries with data available			

Source: AIS, DHS, HMIS, MICS, 1996–2008. In addition, secondary analysis of selected DHS, MICS and AIS, 1996–2006, was conducted in countries with adult HIV prevalence exceeding 1 per cent or orphan prevalence exceeding 8 per cent.

Table B8: Time trend in percentage of children age 0-17 who are vulnerable according to national definition

Region	Country	Percentage of children who are vulnerable (Indicator 10): Percentage of children who are vulnerable according to national definition	Survey	Year
Eastern and Southern Africa (1 country)	United Republic of Tanzania	18.5	AIS	2003–2004
	United Republic of Tanzania	17.6	HMIS	2007–2008

Source: AIS and HMIS, 2003–2008.

Table B9: Time trend in percentage of people expressing accepting attitudes towards people with HIV out of all people surveyed aged 15–49 for males and females

Region	Country	Stigma and discrimination (Indicator A7): Per cent of people expressing accepting attitudes [on all 4 questions] ⁵ towards people with HIV, of all people surveyed aged 15–49		Survey	Year
		Male	Female		
Eastern and Southern Africa (1 countries)	United Republic of Tanzania	36.7	27.2	AIS	2003–2004
	United Republic of Tanzania	34.8	26.3	HMIS	2007–2008
Middle East and North Africa (1 country)	Egypt	n.d.	1.0	DHS	2005
	Egypt	1.0	1.0	DHS	2008
West and Central Africa (1 countries)	Sierra Leone	n.d.	3.6	MICS	2005
	Sierra Leone	14.7	5.1	DHS	2008
Global	3 countries with data available				

Source: AIS, DHS, HMIS, MICS, 2003–2008.

⁵ See questions on page 51.

Annex C: Notes on the methodology of the 2009 Progress Report for Children Affected by HIV/AIDS

The 2009 Progress Report for Children Affected by HIV/AIDS is the second in a periodic series that began in 2006. The methodology of this report builds on the original methodology that is described in detail in Annex B of the 2006 Progress Report for Children Affected by HIV/AIDS (UNICEF, 2006), presented here in its entirety as Annex D. In Annex D, the process by which the indicators were decided upon is described, as well as the decisions made to ensure that the report remained straightforward and easy to use. The final list of indicators is the result of extensive discussions among a large number of stakeholders, and represent the ideas and principles set out in various United Nations documents, including those in the Millennium Development Goals (2000), the UN Declaration of Commitment on HIV/AIDS (2001), the five-year assessment of progress by the General Assembly in 2006, and the Three Ones (2004), which include the use of Millennium Development and UNGASS indicators.

Figure C.1: Indicators by strategic approach, age of target group, and key thematic domains for children orphaned and made vulnerable by HIV/AIDS

<p>Strengthening the capacity of families <i>Core:</i> 1. Basic material needs 2. Malnutrition/underweight prevalence 3. Sex before age 15 <i>Additional:</i> A1. Food security A2. Psychological health A3. Connection with an adult caregiver A4. Succession planning</p>
<p>Mobilizing and strengthening community-based responses <i>Core:</i> 4. Children outside of family care 5. External support for orphaned and vulnerable children <i>Additional:</i> A5. Orphans living with siblings</p>
<p>Ensuring access to essential services <i>Core:</i> 6. Orphan school attendance ratio 7. Birth registration</p>
<p>Ensuring that governments protect the most vulnerable children <i>Core:</i> 8. Orphaned and Vulnerable Children Policy and Planning Effort Index <i>Additional:</i> A6. Property dispossession</p>
<p>Raising awareness to create a supportive environment <i>Core:</i> 9. Percentage of children who are orphans 10. Percentage of children who are vulnerable <i>Additional:</i> A7. Stigma and discrimination</p>

The 2006 *Progress Report for Children Affected by HIV/AIDS* reported limited data available to measure progress. Since that time, Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS) have begun to fill in some of the data gaps. Future surveys will continue to include questions that will contribute to this ongoing series and to the monitoring and evaluation process in general.

As discussed in the introduction, the 17 indicators in the *Progress Report* represent five different strategic approaches, including strengthening the capacity of families to protect and care for children, mobilizing and strengthening community-based responses, ensuring access to essential services, ensuring that governments protect the most vulnerable children, and raising awareness to create a supportive environment. Each strategic approach has a series of core indicators that are relatively available, such as the percentage of children who are orphans, and the orphan school attendance ratio. These core indicators are supplemented by additional indicators, many of which are not regularly collected at this time.

The 2006 edition of the *Progress Report* focused on indicators that were specific to HIV/AIDS. Based on extensive discussion, the 2009 edition of the *Progress Report* reports only on the indicators that are in the *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS* (UNICEF 2005). A reason underlying this decision is that many of the indicators from the 2006 report are now reported by UNICEF in other reports; for example, antiretroviral prophylaxis to prevent mother-to-child transmission (PMTCT) of HIV is now reported in the PMTCT Report Card. In addition, it became clear that collecting some of the indicators in the 2006 edition of the *Progress Report* was simply not feasible, e.g., non-institutional care.

Annex D: Annex B from the 2006 *Progress Report for Children Affected by HIV/AIDS*

ANNEX B. NOTES ON THE METHODOLOGY

Introduction

The methodology underlying the *Progress Report for Children Affected by HIV/AIDS* was designed to make it a versatile and easy-to-use tool that provides a compelling snapshot of the current state of the response to HIV/AIDS as it relates to children, both affected and infected. The methodology reflects the input provided by a range of technical experts since the 2004 Global Partners' Forum on Orphans and Vulnerable Children; however, it does differ from the approach envisioned in an internal UNICEF report from June 2005. The revised methodology focuses more on an overview of the response designed to engage an audience of decision-makers, opinion leaders and other key players at the national, regional and global levels; it also provides a gateway to more detailed information about the response for organizations and individuals – such as programme planners and M&E officers – who are interested in specific issues.

The fundamental logic behind the development of the *Progress Report* has been consistent since the initial recommendation was made at the 2004 Global Partners' Forum. The *Progress Report* has generally been positioned as a tool to help mobilize and track national/global action and resource commitments on behalf of children and AIDS. The structure of the Report outlined in this document is closer to the "report card" format, which was recommended at the Global Partners' Forum, without relying on the Forum's recommended use of letter grades to indicate current performance.

Background

A proposed methodology for the *Progress Report* was published in draft form in 2005. This reflected input from and discussions with a range of experts from earlier in the year, including a technical meeting and a teleconference with members of the Inter-Agency Task Team on Children Affected by HIV/AIDS in May. The methodology identified a set of data collection tools to measure effort, resource allocations, coverage and impact. Specific tools included: 1) the *Orphans and Vulnerable Children Policy and Planning Effort Index*, which is a core indicator in the *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by AIDS* ("Guide to Monitoring and Evaluation"); 2) a coverage survey – *Coverage of selected services for HIV/AIDS prevention, care and support in low and middle income countries in 2003* – produced under the auspices of the POLICY Project; 3) the UNAIDS publication, *Progress Report on the Global Response to the HIV/AIDS Epidemic, 2003*; and 4) various surveys, including MICS (Multiple Indicator Cluster Surveys), DHS (Demographic and Health Surveys) and AIS (AIDS Indicator Surveys). Resource tracking data and additional information on the state of the situation of orphans and vulnerable children and the state of the response, drawn from a literature review, were also positioned as data collection tools underpinning the methodology.

As work continued on the *Progress Report*, it became clear that the Report risked becoming unnecessarily complicated. While the fundamental methodology was sound (i.e., the use of various existing data sources), the proposed breakdown of the Report into discrete sections based on data sources reduced its value as an integrated, readily accessible and easily usable "report card" that reflected progress – or the lack of progress – in the national/global response. If the *Progress Report*

was going to be a useful tool for mobilizing and tracking national/global action and resource commitments, it should highlight an integrated set of indicative issues; it should focus its attention on a sub-set of issues that would resonate with decision-makers and opinion leaders.

It also became clear that the *Progress Report* was not meshing with existing perspectives on the issue of children affected by HIV/AIDS. In fact, a review indicated that the structure of the *Progress Report* risked “reinventing the wheel” more than it was building on existing/valuable paradigms. And there was concern that the *Progress Report* was becoming a stand-alone piece, which was not linked to existing positions and perspectives found in documents such as *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* (“*The Framework*”)⁶ or the *Guide to Monitoring and Evaluation*. There should be no doubt that the *Progress Report* will supplement these documents, not replace them.

Building on Existing/Valuable Paradigms

A challenge in structuring a persuasive *Progress Report* is categorizing the findings. As mentioned above, the categories or sections of the Report have, to date, been defined by data sources or data collection tools. For example, the section on government effort was based on data from the Orphans and Vulnerable Children Policy and Planning Effort Index; the section on coverage was based on data from the Orphans and Vulnerable Children coverage survey. While the logic of this structure is obvious, it does not allow critical data to be presented in an integrated or summary format that can easily demonstrate the breadth and depth of the current response. Equally important, this structure does not build on any existing categories for classifying data already in use by UNICEF and its partners.

The Framework, however, does include a set of ten domains (i.e., categories) for national level indicators that can and should provide a solid structure for the *Progress Report*. The same ten domains/categories are also used in the *Guide to Monitoring and Evaluation*. These domains/categories are: 1) policies and strategies, 2) education, 3) health, 4) nutrition, 5) psychosocial support, 6) family capacity, 7) community capacity, 8) resources, 9) protection and 10) institutional care and shelter. While it is possible to debate the scope and the merits of these categories, it should be noted that a significant amount of time and energy was spent defining them for *The Framework*, which was underscored by their use in the *Guide to Monitoring and Evaluation*. And the value of building on an existing platform – instead of creating a new one – should not be underestimated.

Given that the ten domains were a valid structure for the Report, the next step was to identify key data points within each category that are relevant to the national/global response. In keeping with the aim to build on existing efforts, a review of current and applicable documentation, including key activities from *The Framework*, indicators from the *Guide to Monitoring and Evaluation*, UNGASS indicators, UNAID’s new National AIDS Spending Assessment (NASA) and questions for the upcoming Orphans and Vulnerable Children coverage survey, led to the development of a list of 70 indicators across the 10 categories. It was important to aggregate indicators from a range of sources because no one source covered all of the issues relevant to the *Progress Report*. For example, the *Guide to Monitoring and Evaluation*, as comprehensive as it is, does not include indicators of key issues such as resource commitments, children receiving ARVs or children receiving psychosocial support.

⁶ *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, UNICEF and Expert Working Group of the Global Partners Forum for Orphans and Vulnerable Children, 2004.

Seventy indicators are too many for a versatile, easy-to-use *Progress Report*, particularly when many of those indicators are not supported by data. Consequently, a team selected 15 of these indicators from across the 10 categories as the backbone of the *Progress Report*; see *Figure 1* below. The criteria used for selecting the 15 indicators included the importance of having at least one indicator in each of the ten categories, the value of limiting the total number (and a recognition that 15 may be too many), the advantage of drawing from different data sources and the plan to add or drop indicators from the core list as the response unfolds. There was also an underlying assumption that the *Progress Report* is a starting point – for discussion, debate, advocacy, action, further investigation – and not an end in itself.

Data for the 15 core indicators will be collected from multiple sources, including MICS, DHS, AIDS Information Survey, the RAAAP and RAAAP2⁷ exercises, the Orphans and Vulnerable Children coverage survey and the UNAIDS *Progress Report on the Global Response to the HIV/AIDS Epidemic*, 2005. Reliable data is not currently available for all of the core indicators. For example, data on food security (Indicator #7) is extremely limited. However, a lack of current data should not disqualify an indicator from the core list. It would be misleading if only indicators with adequate and reliable data were included; the fact that critical indicators of the response are unsupported by data does not undermine the value of those indicators. For example, a paradox of the HIV/AIDS response as it relates to children is the disconnect between the number of indicators and the amount of data available for those indicators; there is little or no reliable data for most of the 70 existing indicators. In addition, including an indicator without significant supporting data raises the profile of that issue and makes it more likely that relevant data will be collected in the future.

Figure 1

<p>Policies and strategies</p> <p>1. Policy and Planning Effort Index</p> <p>Education</p> <p>2. Orphan school attendance ratio</p> <p>3. Percentage of schools with teachers who have been trained in life-skills based HIV education and who taught it during the last academic year</p> <p>Health</p> <p>4. Prevention of mother-to-child transmission</p> <p>5. Percentage of children on ARVs</p> <p>6. Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission</p> <p>Nutrition</p> <p>7. Food security</p> <p>Psychosocial support</p> <p>8. Percentage of children receiving psychosocial support</p>	<p>Household capacity</p> <p>9. Basic material needs</p> <p>10. Access to social security programs</p> <p>Community capacity</p> <p>11. External support for children affected by HIV/AIDS</p> <p>12. Functioning adoptive, foster and other types of non-institutional care mechanisms in place in communities</p> <p>Resources</p> <p>13. Percentage of total HIV/AIDS funding dedicated to children's programming</p> <p>Protection</p> <p>14. Stigma and discrimination</p> <p>Institutional care and shelter</p> <p>15. Percentage of children in institutional facilities</p>
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⁷ RAAAP (The Rapid Assessment, Analysis and Action Planning Process) and RAAAP2 collected data on the national response for orphans and vulnerable children in 34 countries in sub-Saharan Africa. The data provided a “snapshot” of government, non-government, and community activities, an analysis of the policy environment and a review of other factors influencing *program effectiveness* and *future scale up* in each country.

The Report could be published more frequently than the biennial schedule envisioned. In fact, it could be updated whenever new data is available that changes the scores of any of the indicators. For example, regular updates could be made on a web-based version of the *Progress Report* that is supplemented with press announcements to enhance the dissemination of the information. More frequent, web-based updates do not, however, diminish the value of the release of more complete/formal versions of the Report every two years or the value of more in-depth analysis of available data every two to four years.

It is important that the processes involved in the release of any version of the *Progress Report* are not so cumbersome that they limit the ability of the Report to highlight current information. This will require that a point person or small working group is tasked with regularly consulting with international and national organizations – in both the public and private sectors – with knowledge of new/emerging data that is relevant to the Report. This same person/group should also have the ability to manage any updates to the *Progress Report*, up to and including the timely release of the updates.

Scoring/Ranking

Although the letter-grade format of a traditional school report card has been discussed and rejected on several occasions during the development process of the *Progress Report*, there is a need for a universal, easy-to-understand scoring system to indicate the state of the response relative to each of the core indicators. Ideally, this system would show the current status as well as the trend (i.e., illustrating whether the situation is improving, deteriorating or staying the same).

The scoring system has two components: a performance score and a trend score. The performance score uses three color-coded levels: 1) GREEN - Acceptable situation and/or effective response with only minor problems; 2) YELLOW - Satisfactory situation and/or response requiring considerable improvement; and 3) RED - Inadequate situation and/or response with significant shortcomings. The trend score also uses three levels to provide directional indications: 1) the situation/response is IMPROVING; 2) the situation/response is STATIC; and 3) the situation/response is DECLINING. The use of this simple and easily understood scoring system will enable the *Progress Report* to highlight successes and shortcomings in the existing response without requiring interested parties to sift through dense data constructs.

It is important to note that the scoring system can be highly subjective, particularly given the limited data available on the core indicators. However, with proper checks and balances, the subjective nature of the scoring should not diminish the accuracy or the value of the *Progress Report*. In fact, the uncomplicated and transparent structure of the system helps ensure that the performance and the trend scores reflect the underlying data.

In the last technical meeting, held in May 2005, a decision was made to only include data in the *Progress Report* from countries with an HIV prevalence of 5 per cent or higher. However, as the structure of the Report has evolved, the decision to exclude data from low prevalence countries should be re-examined. Including data from all non-industrialized countries, regardless of their prevalence rate, will yield a broader, more accurate picture of the current state of the response. It will serve as a reminder to low prevalence countries that children should not be marginalized in their responses even if the total number affected is small. It will also allow data from large countries with lower prevalence rates but high numbers of infected and affected adults and children to be included in the Report.

This more expansive approach gives scores for each of the 15 core indicators on a global basis and for each of seven regions: West and Central Africa, Eastern and Southern Africa, Middle East and North Africa, South Asia, East Asia and Pacific, Latin America and Caribbean and CEE/CIS. (Excepting the split of Sub-Saharan Africa into two regions, this regional breakdown matches the one used in UNICEF's *The State of the World's Children 2006*.)

Country scores will appear in an annex. In keeping with the long-standing recommendation of the technical experts involved in the development of the *Progress Report*, countries will not be ranked. However, examples of exceptional performance and/or best practices could be highlighted in order to provide additional insights for individual indicators. Where warranted, significant gaps or failures – including but not limited to the lack of data on critical indicators – could also be highlighted.

Additional Indicators

There are certainly indicators, which are not part of the *Progress Report*, that are valuable; however, it would be a mistake to include them as additional indicators in the Report because they would distract from the core set. However, it may be possible to reference other indicators in the Report as points of interest for national-level agencies and organizations responsible for the monitoring and evaluation of specific components of the response. In addition, the various indicators related to the National AIDS Spending Assessment will certainly be raised with national governments as part of UNAID's ongoing efforts. In order to maintain the focus and integrity of the *Progress Report*, the temptation to expand the number of indicators should be resisted. It would be preferable to periodically revise the list of core indicators as necessary to ensure that the Report remains relevant.

Conclusion

The *Progress Report* is best positioned as a starting point – for discussion, debate, advocacy, action, further investigation – and not as an end in itself. The Report is a snapshot of the current state of the response as it relates to children and, as such, its power comes from its currency and its ability to call attention to an integrated set of issues in a persuasive and easy-to-understand format. The Report brings together data and insights from across the response, while also serving as a gateway to the more detailed reports, which provide more information about specific areas of the response. In addition, the Report will be able to track trends as it is updated over time.

By using a straightforward scoring system, the *Progress Report* can dramatically illustrate the serious shortcomings in the existing response without requiring decision-makers, opinion leaders and other interested parties to sift through dense data constructs. At its best, the *Progress Report* offers a compelling and dynamic perspective on the response that highlights key issues and prompts much-needed actions.

