

**TECHNICAL CONSULTATION OF GLOBAL PARTNERS FORUM ON
CHILDREN AFFECTED BY HIV AND AIDS**

**Improving Outcomes for Children Affected by HIV and AIDS:
Recapacitating Social Policy and the State in Africa**

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Executive Summary

All children in highly impacted communities are negatively affected by the social and economic impacts of HIV and AIDS. Recent evidence suggests that the impacts on children are worsening as households and communities become less able to cope with the burdens of care associated with the disease. Increased inequality and rising poverty in many countries in Africa accentuates this situation. Current responses to children affected by HIV and AIDS are inadequate. Reliance on non government actors, dispersed initiatives and the location of planning for children affected by HIV and AIDS within AIDS commissions does not permit a coherent strategic and national response to the social effects of the disease. The fragmentation and inadequacy of response to the effects of HIV and AIDS on children is indicative of a wider policy failure to prioritise social outcomes for the most vulnerable. Current aid instruments which rely on indirect instruments such as macro economic policy to achieve social outcomes are hopelessly optimistic. Tackling child poverty and enabling households to meet the needs of children in their care necessitates a coherent policy mix of direct and indirect instruments.

Many low and middle income countries are moving towards integrated national systems of social welfare which guarantee the basic living standards of the most vulnerable. Mexico, Brazil and India are developing their social welfare systems and enhancing state capacity to deliver social outcomes. Countries in Africa are also adapting social policy frameworks and institutions to the challenges of poverty and HIV and AIDS. Successful direct instruments which are demonstrating impacts on child poverty and on children affected by HIV and AIDS include the cash grant system of social transfers in South Africa, Namibia, Botswana and Lesotho, including child support grants and non contributory old age pensions.

The Southern African and Latin American programmes are designed as long term strategic investments in vulnerable populations. Consequently, these programmes comprise long term, on going support through predictable cash transfers for targeted beneficiaries, including poor families with children, carers, people with disabilities and vulnerable older persons. Evaluations of these cash transfer programmes have demonstrated that enhanced income security has multiplier effects, enabling poor families to increase their uptake of health and education services, as well as improve the nutritional status of children.

Countries which have moved towards strengthened national capacity in social welfare have adopted strong coherent social policy frameworks and have invested in state capacity to deliver policy and benefits. Direct instruments will assist families affected by HIV and AIDS to support children in their care. Such instruments need to be part of a national

response situated within a national social policy framework ensuring best policy coherence for social outcomes for the most vulnerable children.

Introduction

This session examines the social and economic impacts of HIV and AIDS on children and their families. It considers

- whether current policy frameworks are adequate to addressing the social consequences of AIDS for children.
- whether a reappraisal of policy instruments is needed.
- options for making national responses to HIV and AIDS on children and child poverty more effective.
- the rationale for scaling up social welfare systems

Limitations of Existing Policy Frameworks

The armoury of responses to HIV and AIDS is becoming potentially more powerful. Informed policy making and joined up implementation, combined with increased resources for the scale out of ARVs, are expected to reduce the morbidity and mortality impacts of the disease.

Addressing the social and economic consequences of the pandemic will prove more challenging. There is no clear consensus on the most effective policy instruments for dealing with the social impacts of AIDS, which are especially harmful for children. And, while formal acceptance of *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World With HIV and AIDS* (UNICEF 2004) facilitates a harmonised approach to programming and national strategies, the principles advocated in the document are not sufficiently empirically based and detailed modalities for operationalisation need further specification.

Despite recent efforts to strengthen the content of national plans to support children affected by HIV and AIDS through the RAAAP process, the absence of serious commitment to strengthening the national institutions which could deliver social welfare outcomes for children in the longer term potentially undermines the effectiveness of these improved national plans.

Incorporation of planning for the care and support of affected children within National Aids Strategies, the proliferation of uncoordinated initiatives and narrow geographical coverage characterises ongoing responses to children affected by HIV and AIDS in much of sub-Saharan Africa. Support by the international community for national responses has been limited to date, with reliance on community based and civil society organisations viewed by both donors and national governments as the primary vehicle for responding to the social dimensions of the disease.

Overall, responses remain reactive and based on intervention models derived from humanitarian and emergency assistance. Very few affected countries or donor organisations have adopted developmental strategic approaches to the social consequences of the pandemic.

Strategic Choices: Adaptive or Reactive Responses

Evidence from a number of highly impacted countries suggests that in parts of sub-Saharan Africa existing policy frameworks for the support of children affected by HIV and AIDS are not working. Low capacity states reliant on community and civil society responses are struggling to develop national strategies and plans to achieve better outcomes for all vulnerable children, including the increasing number affected by HIV/AIDS.

Prospects for children are more promising in the Southern African countries of South Africa, Namibia, Botswana and Lesotho which have adapted their social policy

frameworks to deal with the challenges posed by the high prevalence of HIV and AIDS. In these countries national welfare systems, including provision of financial assistance for children and older people, are helping families care for children and reducing child poverty.

There is no doubt that democratic processes in Southern Africa have accelerated the transition to a more inclusive system of entitlements and a more strategic response to HIV and AIDS. Political choices inform governments' responses to the pandemic and to the social welfare of citizens. Donor responses to the pandemic and their commitment to some policy instruments rather than others are also the result of political as much as technical selection. Attitudes to social welfare, arguments about dependency versus entitlement and whether assistance to the poor should depend on conditions other than income are often reflections, not of evidence based policy making, but of different value systems and ideological positions.

The recent Wilton Park Conference on *Strengthening National Responses to Children Affected by HIV and AIDS* concluded that policy frameworks which prioritise community responses to all dimensions of the pandemic require rethinking if improved social outcomes for all vulnerable children are to be achieved, particularly in high impact settings.¹ The important contribution of the civil society sector in supporting communities affected by HIV and AIDS was recognised, as were its limitations. The civil society sector cannot offer the strategic national response combining direct assistance with effective policy frameworks that is so urgently needed.

National capacity to provide support to vulnerable children and their families in communities affected by HIV and AIDS will depend on developing the right kinds of institutions which can deliver inclusive outcomes. This entails investing in the public sector and in the capacities of central and local government to deliver social welfare and public services, in addition to civil society and community capacity.

Increasing Vulnerability of Families and Communities

In most countries in Africa HIV and AIDS continues to impact negatively on already weak economies, eroding human capital and the assets of individuals and communities. HIV and AIDS leads to shortfalls in public sector capacity as skilled staff are lost. At household level it contributes to food insecurity, rising dependency ratios and impoverishment. The 2005 Report of the Commission for Africa identified HIV and AIDS as the single biggest threat to economic development in the region, and the most significant single obstacle to achieving the MDGs.

HIV and AIDS not only affects those children orphaned by or who have been infected with the disease (Richter & Manegold 2004:3). Children in poor households which take in orphans are also at risk as households reallocate expenditure into meeting the day to day costs of a larger family. In Uganda, the costs of absorbing each additional child represent around one quarter of total household investment (Deininger 2003: 1217). The long term effects on human capital and household assets are devastating, severely constraining the ability of poor communities to respond to opportunities presented by economic growth.

Research from several highly impacted countries demonstrates that household and community coping mechanisms are under severe pressure (Baylies 2002; Rugalema 2000). Rising poverty in affected communities, especially in areas where the epidemic is long

¹ *Strengthening National Responses for Children Affected by HIV and AIDS: What is the Role of the State and Social Welfare in Africa?* Wilton Park, UK, November 14th-16th 2005. For details of the conference organised in collaboration with UNICEF see the report at www.wiltonpark.org.uk.

established, affects the ability of households to support each other as they struggle to cope with the consequences of the disease.

In some high impact settings one fifth of all households have experienced either a death due to AIDS or have absorbed additional children (Deininger et al 2003). In Zimbabwe communities dealing with the cumulative impacts of the epidemic are progressively impoverished (Bicego et al 2003). Some households are no longer able to offer assistance to relatives (Mutangadua 2003).

Families are less able to absorb the children of relatives or, if they take them in, they are less able to provide them with adequate levels of care. Children orphaned by AIDS are at greater risk of living in unrelated households, and of experiencing significantly worse social outcomes than children whose parents are still living (Case 2004; Nyambetha et al 2005; Mhadavan 2005).

The majority of households and children affected by the pandemic rely on informal private transfers, that is on financial and other assistance provided by relatives and neighbours (Foster 2005:41). While there are many small scale community organisations and activist networks providing support to affected families and children, the reach of these networks is limited. Even in Uganda, a country with a long established NGO sector mobilised against HIV and AIDS, it is estimated that fewer than 5 percent of affected households receive any assistance at all. (Deininger et al 2003:1214).

Future Prospects

As families, communities and economies come under greater strain, the numbers of children requiring support is rising. In Africa as a whole there were 12.3 million children in 2004 who had lost one or both parents to AIDS (UNICEF 2004). In these high mortality environments where up to 12% of children have already lost at least one parent to all causes, where around one third of children under five are undernourished and where some 320 million people live in extreme poverty many more children are vulnerable (Harper 2000).

Even where some individuals have access to ARVs at subsidised prices the costs of seeking treatment, obtaining adequate nutrition and transport remain prohibitive. Poor households are faced with stark choices: between treatment for some or caring for others or, worse, between household food security and extending the lives of those who have developed the disease. Such households spread their resources too thinly to adequately provide for any of these needs. Household assets are eroded, debts incurred. Destitution is common.

Although increased access to treatment and more effective prevention strategies will make a difference in the longer term the burdens on poor families will persist into the foreseeable future. It is likely that some countries and communities will continue to suffer high rates of infection and that access to AIDS treatment, along with access to other essential health services, will remain highly unequal.

Mortality has not yet peaked in countries such as Swaziland where the epidemic is more recently established. Without massive changes in uptake of ARVs, improvements in access to basic health and education services and enhanced livelihood security, as many as 18 million African children could be orphaned by AIDS by 2010 (UNAIDS 2004: 29).

Can Current Aid Instruments Reach Child Poverty?

The economic devastation wrought by AIDS on families and communities in highly impacted countries in Africa is not simply a consequence of higher rates of infection, although this is significant. It is accentuated by fragile economies, rising inequality and the absence in most countries of inclusive public systems of social assistance which could help affected families support the sick as well as children whose parents may have died from the disease.

Although current aid instruments, including Poverty Reduction Strategies (PRS), are increasingly leading towards the harmonisation of aid inputs and the creation of enabling environments for growth they have been less successful in ensuring improved human development outcomes for the poorest people in the poorest countries (UNDP 2004), of whom the most vulnerable are children. This is largely because they rely on macroeconomic policy and fiscal controls to promote growth, rather than on the development of equity enhancing social policies.

PRS to date have not provided needed impetus for the development of effective policies for child poverty or for children affected by AIDS (Marcus & Wilkinson 2002; Bonnel et al 2004). This is partly due to a lack of integration of child poverty and AIDS objectives within PRS and MDG frameworks. It is also a function of the limitations of indirect instruments such as macro economic policy for impacting on the poverty of households and families and in particular on the children in their care.

Economic growth where it occurs is not evenly distributed. It tends not to be focused in the rural areas which bear a large share of the burden of care, either through taking in orphaned children or through supporting the sick who have left urban areas to return home. Where growth is concentrated in urban areas the more skilled and educated are best able to take advantage of it. Importantly, in fragile states and countries experiencing instability and conflict, economic growth is either negative or confined to the informal and illegal sectors where revenues are not available for public investment (CPRC 2004). Unequal development results and millions of people are caught in never ending cycles of intergenerational poverty, with implications for children (Harper & Marcus 2003).

Constraints on Social Policy

Sound macroeconomic policies are of course essential for building the conditions under which the poor can benefit. But such instruments alone cannot deliver inclusive social outcomes for the poor, and in particular for children. They need to be complemented by effective social policy frameworks which can maximize strategic gains across sectors, ensuring consistency between health, education and economic policies and that the poor benefit.

Current development approaches with the emphasis on growth have underplayed social policy development, viewing social sectors in narrow terms of health and education which merit investment for the instrumental purpose of improving the human capital which can contribute to growth. Social policy and social welfare is construed in terms of costs rather than as an investment, and perceived as distinct from productive sectors which are the focus of development assistance.

Social investments have concentrated on infrastructure through social funds, rather than on the capacity to develop effective policy or the institutions and modalities through which policy outcomes could be achieved. The result has been the perpetuation of a sectoral approach to development based on services on the one hand and, on the other, dispersal of social programming outside health and education across a range of other sectors.

Lack of investment in social policy capacity and resultant weak ministries charged with responsibility for social welfare in many countries in Sub Saharan Africa has intensified the dispersal of what social welfare functions remain across other sectors and ministries, including food security, disaster management and public works, supplemented by the mainly ad hoc initiatives of civil society organisations. Focus on building capacity in the civil society sector has had many positive impacts. But it has contributed to hollowing out the centre, diverting skilled personnel from the public sector and inhibiting state capacities in policy development and service delivery.

Ongoing initiatives to develop national social protection strategies as part of PRS go some way towards acknowledging the problem of fragmentation, but lack the institutional means and financial resources to address it. With the exception of a limited number of Southern African countries which have adapted their social policy frameworks partly in response to HIV and AIDS, social policy in current development thinking about Africa remains an adjunct to economic policy, and often the de facto responsibility of community and civil society organisations (Mkandawire 2001). This situation has inhibited the development of effective social policies which could accelerate progress towards achieving the MDGs and better outcomes for children.

Direct Instruments for Social Welfare

Reliance on indirect instruments such as macroeconomic policies for achieving social outcomes has not proved effective in tackling the worst effects of child poverty and inequality in Africa. Enabling families in communities to provide support for children and adults affected by HIV and AIDS demands a more focused and strategic response. Delivering improved social outcomes for children requires sound policy frameworks and informed selectivity between direct and indirect policy instruments.

Findings from international comparative research on child poverty clearly demonstrates that macro-policy frameworks need to be supplemented by direct interventions which protect the assets of the poor and permit investments in children (Gordon et al 2003; Minujin & Delamonica 2003; Minujin et al 2005). There is growing evidence from low income countries that strategic investments in social welfare through inclusive programmes of social assistance can help low income households maintain their assets, access health and education services, and ensure that they have sufficient food.

Recent innovations in social welfare programming through extending social assistance schemes in Africa, Asia and Latin America are making inroads into child poverty. South Africa, Namibia, Botswana and Lesotho, countries with high AIDS prevalence, have extended non contributory old age pensions, introduced a range of grants accessible to parents and carers and make provision for disability support. Such initiatives have not only eased the burden of care on older people and families (Mac Quene et al 2002). They have gone some way towards closing the poverty gap and enhancing the life chances of children. (Samson, et al 2001; Barrientos & De Jong 2004)

Brazil and Mexico have introduced comprehensive systems of social transfers to poor households with children. India is extending its system of social welfare which combines several targeted instruments aimed at enabling access to services and enhancing the food security of poor households into a system of comprehensive social welfare which protects the most vulnerable.

Research on the impacts of these programmes shows that social assistance through cash payments for low income individuals not only benefits those at whom payments are

targeted. It has substantial multiplier effects on other household members and, where transfers are of sufficient size as in Namibia, on non resident kin (Devereux et al 2005).

Social transfers can improve household food security, increase rates of participation in education and the uptake of health services. They help support local economies. Importantly, by protecting the basic income of vulnerable households, they enhance their capacity to support vulnerable members, 'crowding in' care (Lund 2002; Barrientos 2003).

A study commissioned by UNICEF in Southern and Eastern Africa found that cash transfers in the form of child care grants and social pensions were very effective in helping families support children in their care. The study concluded that transfers had the potential to strengthen the capacities of families and individuals to support children affected by HIV and AIDS; that predictable ongoing support was most effective and that cash payments afforded flexibility in utilisation which allowed recipients to maximise multiplier effects (Devereux et al 2005; UNICEF 2005).

Impacts of Social Transfers in Poor Countries

- In *South Africa* children in households receiving a social pension have better nutritional status than other poor children.
- In *Brazil* social pensions have doubled the income of the poorest 5 % of the population.
- In *Mexico* social transfers have reduced the poverty gap by almost 40% among beneficiaries.
- Social transfers in all countries significantly increase children's uptake of health and education services.

Source: DFID 2005 *a*

Institutions and Affordability

Although many social assistance instruments, for example food aid or food for work programmes, also feature in African social welfare responses the institutional system in which these instruments are embedded is markedly different. Brazil, India and Mexico, for example, have developed coherent unified social welfare policy frameworks and are working on improving the right institutional architecture for delivery.

Countries which have made large scale investments in the social welfare of their citizens have taken steps to make necessary investments in the institutions needed to deliver social transfers. They have also prioritised social policy within Ministries of Finance, creating welfare sectors which command significant resources.

Such options are not confined to middle income countries. ILO research on the costs of delivering a basic social pension in a selection of low income African countries estimated this at no more than one percent of GDP (Pak et al 2004; DFID 2005b:5).

A pioneering initiative aimed at providing low levels of financial assistance to very poor households in the Kalomo district of Zambia is also proving successful in enabling households with very low incomes and high dependency ratios to maintain food security and access to services in a district where the majority of residents are directly or indirectly affected by HIV and AIDS (UNICEF 2005).

This scheme, which depends on selection of beneficiaries through local committee structures, does not provide the levels of support which could narrow poverty gaps. It does however provide a barrier between extreme poverty and destitution and enables many households headed by older single women to support dependants in their care.

A recent costing exercise by DFID estimates that implementing the programme nationally in Zambia would cost around \$ 20 million, 0.3 per cent of GDP and less than 1 per cent of the 2005 government budget.

Establishing an identical programme in other countries in sub Saharan Africa would cost less than 3 percent of government spending in each country. *Establishing a similar programme for **all** the low income countries in sub Saharan Africa would cost just 3 percent of agreed additional aid to Africa* (DFID 2005b: 6)

If these estimates are realistic, it may well be the case that the costs of maintaining current fragmented systems may actually exceed the costs of establishing a streamlined more coherent system.

Strengthening National Responses: What Are the Options?

That current modalities of welfare provision in low capacity countries in Africa are proving less than optimal in meeting the basic needs of the very poor and children is not surprising. Existing fragmented systems consisting of un-coordinated public and civil society responses using a range of short term instruments were not designed to meet MDG commitments. They cannot be expected to address the additional challenges posed by HIV and AIDS.

In the context of AIDS morbidity and mortality, the growing numbers of unsupported children and rising poverty in most of Africa, it is time to reappraise the kinds of policy instruments and institutions which could deliver better outcomes for children and their families.

Recommendations for Action

As a matter of urgency the **international community** should:

- Invest in building coherent institutions to deliver social welfare for the most vulnerable, including children and adults affected by HIV and AIDS.
- Support the development of national social policy capacity and its position within key ministries.
- Promote appropriate outcome oriented policy mixes of direct as well as indirect policy instruments.
- Ensure adequate investments in social sectors including capacity development and meeting a proportion of the recurrent costs of social welfare programmes.

Recipient countries should:

- Through the AU and other fora develop a strategic framework for social welfare provision on the continent.
- Integrate social welfare outcomes into national poverty reduction strategies.
- Ensure National OVC Plans are embedded within national social policy frameworks.
- Commence planning for the development of social welfare systems.
- Develop an appropriate coordination mechanism between ministries involved in social welfare provision.
- Increase national budget allocations to social welfare.

The IATT/ GPF should:

- Compile and review evidence on the impacts of social assistance on household caring capacities, assessment of the potential efficiency gains and cost savings of establishing more integrated systems of social welfare, and further operational research on the modalities and costs of establishing effective social transfer systems in poor countries with differing state capacities and make recommendation on specific actions.
- Develop evidence based regional operational guidelines for the implementation of the UN Framework.
- Lend Support to other fora that seek to initiate a independent Working Group on Child Poverty to explore the most effective instruments for achieving the MDGs and reducing child poverty in low income countries.

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