

**Using data to inform policies:
Reducing Poverty by Supporting Caregivers, People Living With HIV/AIDS (PLWA) and
Orphans and Vulnerable Children (OVC)**

“Official statistics provide an indispensable element of the information system ... serving the government, the economy, and the public with data about the economic, demographic, social and environmental situation.”
Fundamental Principles of Statistics

Reducing poverty by supporting caregivers, people living with AIDS, and orphaned and vulnerable children requires that national data be collected and disaggregated by age, gender, and socio-economic status, particularly in high prevalence nations. Currently, data on caregivers for PLWA and OVC are collected through anecdotal reports, qualitative studies, and national household data sets. Through anecdotal reports and qualitative studies¹, we have learned that caregivers are overburdened with responsibilities and that older persons and other economically disadvantaged persons provide care to PLWA and OVC. But how prevalent are these scenarios? What support is needed? What is the minimal support that will make a real difference in poverty alleviation and reducing health disparities? With indicators of health and well being, and measures of income and support, targeted policies and assistance that is based on actual needs and at a level that reduces poverty and reduces and prevents poor health can be developed and implemented.

Using Health and Economic data to monitor older headed households affected by AIDS

National household surveys collect nationally representative data that usually fall into two categories including demographic and health surveys and economic surveys. Examples health surveys include Demographic Health (DHS), Multiple Indicator Cluster (MICS), AIDS Impact (AIS), Behavioral Surveillance (BSS), and Sexual Behavior (SBS) Surveys. Examples of economic surveys include the Core Welfare Indicators Questionnaire (CWIQ), Income Expenditure Household (IEHS) and Living Standard Measurement (LSMS) Surveys.²

Health surveys collect the following data: Household panels that include the age, gender, and education of each member, each member's relation to the household head, parental survivorship for children aged 0-14, and housing characteristics, which are used to construct wealth indices. In addition, modules may collect data on nutritional status for 0-4 and 15-49 year olds, attitudes towards HIV/AIDS and sexual behaviors as well as various other health-related data. Recently DHS has begun to collect HIV prevalence data, while new OVC and PLWA care indicators have been developed.³ HIV prevalence data allows the identification of vulnerable children as well as households affected by HIV. Care indicators provide insight into the types of support, such as medical, emotional, material, social and assistance that those caring for OVC and PLWA actually receive.

¹ See Help Age International, <http://www.helpage.org>

² Available online: Core Welfare Indicators Questionnaire (CWIQ) at <http://www.worldbank.org/af/stats/cwiq.chm>, Demographic and Health Surveys (USAID-DHS) at <http://www.measuredhs.com>, Living Standards Measurement Study (LSMS World Bank) at <http://www.worldbank.org/lms>, Multiple Indicators Clusters Surveys (MICS-UNICEF) at <http://www.childinfo.org>

³ UNAIDS, et. al. Guide to monitoring and evaluation of the national response for children orphaned and made vulnerable by HIV/AIDS. 2005. http://data.unaids.org/Topics/M-E/ME_NationalResponseOVC_guide_en.pdf

Economic surveys collect other important information, such as income and expenditure data, indicators of access, usage, and satisfaction with public services, community questionnaires on available resources and social capital, and additional modules, such as the socio-economic impact of HIV/AIDS. However, to date, these surveys do not collect data required to identify orphans, vulnerable children or people living with HIV/AIDS. Ideally health and economic surveys would be married in order to link essential economic and health data.

Key gaps and challenges

The key gaps and challenges in data collection and analyses fall into three categories: (1) The lack of data disaggregation of key indicators by age gender and household socioeconomic status; (2) The lack of key indicators, such as measures of care and support, income and expenditure data, and measures of use, access and satisfaction with public sector services; and finally, (3) The lack of more frequent data collection in high prevalence areas and longitudinal data.

Currently, the analyses and presentation of data can and should be improved, in order to help understand the situation of households and be used as a tool in poverty reduction. Suggestions include (1) Disaggregating data in order to show the household composition, dependency ratios, SES, and the number of working adults in homes of OVC and PLWA; and young and older person households by age and gender of the household head. (2) Child, and OVC, health and well being (such as rates of growth failure, schooling, etc.), should be assessed by the age and economic status of household heads to determine whether children are fairing worse in older headed households as a result of poverty. (3) Finally, newly collected prevalence data must be used to quantify vulnerable households (i.e. child and older person households with OVC and PLWA), identify vulnerable communities, and quantify vulnerable children and caregivers for PLWA

Ideal Survey

Moving forward, future surveys should aim to collect the following data in order to construct the “ideal” survey. This survey would include the following:

- Household panel with parental survivorship for all children
- HIV prevalence data on all ages (18 months+)
- Caregiving and income-earning activities
- Care and support indicators for OVC and PLWA
- External sources of support (all types)
- Income and expenditure data
- Indicators of access and satisfaction with public services
- Community-level indicators, such as social capital
- Additional indicators of health and well-being for all

Ultimately, ongoing, longitudinal data is needed in order to understand how the household arrangements of AIDS affected households are changing, and the impact of caregiving on older persons, PLWA, and OVC.

With indicators of health and well being, use of, access and satisfaction with public services, and measures of income and support, we can better understand needs and target policies and assistance based on these needs at a level that reduces poverty and reduces and prevents poor health.⁴

www.helpage.org

⁴ For more information contact Help Age International at <http://www.helpage.org> or Candace Miller at candace_miller@post.harvard.edu