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How do conceptual and contextual problems affect the measurement validity of policies directed at Orphans and Vulnerable Children in South Africa?

A minor dissertation submitted in partial fulfillment of the requirements for the award of the degree of Master of Philosophy in Public Policy and Administration

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COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

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Abstract

This mini-dissertation can be described as an analysis of the measurement of OVC policy in South Africa. The research question examines how conceptual and contextual problems affect the measurement validity of policies directed at Orphans and Vulnerable Children (OVC) in South Africa. This study looks at the definition of concepts used in policies directed at OVC in South Africa and to what extent these concepts lend themselves to measurement. The research focused on two specific concepts related to OVC policy: 'OVC' and 'stigma'. Well defined concepts that are sensitive to context are crucial to valid measurement and allow both researchers and practitioners to see if progress has been made in this area.

A qualitative methodology, using semi-structured interviews with policy makers in the field of OVC was followed. The reason for using this methodology is that it can allow for further definition of concepts that will enable policy makers to make policies that is more measurable. The aim of the study is to: Firstly, critically analyse how concepts used in OVC policies and programmes are currently being defined and measured by policy makers in South Africa. Secondly, establish to what extent these concepts can be operationalized and measured through observable and measurable indicators that reflect their theoretical constructs.

The research examines the implications for measurement of policy in the social welfare sector and focussed specifically on those policies targeting children affected by the HIV/AIDS pandemic in South Africa, also referred to as Orphans and Vulnerable Children (OVC). A critical inquiry into the conceptualisation and measurement of terminology was undertaken through a literature and policy review. A theoretical framework to analyse measurement validity, informed by the work of Adcock and Collier (2001) was employed by this study. Data was supplemented by qualitative semi-structured interviews with policy makers and practitioners. The data gathered during interviews was then analysed by means of the above mentioned theoretical framework that allowed for the examination of the research question. The data gathering process used a mixture of primary and secondary sources to inform the critical qualitative

research strategy selected for this thesis. In total, ten interviews were carried out by this study and constitute its primary source material. Interviews were held with representatives from local Non Governmental Organisations as well as government officials from various departments.

The findings of the study highlighted the importance of valid measurement in OVC policy. It further showed how the lack of clear and consistent definition for 'OVC' and 'stigma' adversely affects valid measurement. According to the framework that was used, valid measurement means that observations meaningfully capture the ideas contained in concepts. In other words, how indicators capture the concepts they try to measure. This study showed that in most policies, the indicators that were used did not relate to the concepts they were supposed to measure. One reason for this was that no consistent, clear and coherent formal definition for either 'OVC' or 'stigma' could be found. Another reason related to the contextual specificity of indicators.

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Glossary of Terms and Acronyms

ACRWC: the African Charter on the Rights and Welfare of the Child

AIDS: Acquired Immune Deficiency Syndrome; the last and most severe stage of the clinical spectrum of HIV-related diseases.

CBOs: Community-based Organisations.

INGOs: International Non-governmental Organisations

FBOs: Faith-based Organisations.

HIV: Human Immunodeficiency Virus; a retrovirus that damages the human immune system thus permitting opportunistic infections to cause eventually fatal diseases. The causal agent for AIDS.

HIV prevalence: Total number of persons with HIV infection alive at any given moment in time.

NAP: National Action Plan

NGOs: Non-governmental Organizations.

OVC: Orphan and Vulnerable Child

UNDP: United Nations Development Programme

UNCRC: UN convention on the Rights of the Child

VCT: Voluntary Counselling and Testing

Chapter 1

1.1 Introduction and Research Problem

After a decade of inaction and denialism regarding the HIV/AIDS crisis in South Africa, sudden response to the HIV/AIDS epidemic has led donors and policy makers to focus most of their efforts on providing very rapid and high coverage responses, without really knowing if such efforts are truly making the desired difference. As a response to the growing number of children affected by HIV/AIDS, efforts have been made by the local and international community, government and NGOs to provide services to Orphans and Vulnerable Children (OVC) and their rapidly expanding needs. However, policy makers and donors are increasingly asking themselves about the impact and quality of the care they are providing, more importantly, what is the impact and outcome of policies in the light of the growing crisis.

Many different policies and programs are being implemented in the country ranging from community based; institutional care; government rolle-out projects; comprehensive community oriented programs. Researchers argue as to which strategy is most effective to address the OVC crisis amidst other socio-economic issues e.g. growing poverty, income inequality and rapid population growth etc. However, these strategies remain largely untested as researchers face a number of difficulties surrounding the measurement of these policies. In South Africa the issue of measurement has taken on heightened importance in view of the government's emphasis on measuring policy outcomes at the ministerial level where president Zuma (2010) emphasised the importance of policy outcomes as opposed to

outputs¹. However, measurement of outcomes, specifically in OVC policy, is not straight forward.

General or standard definitions are vital to researchers and policy makers, especially in cross-national research. For example, *Children on the Brink 2004*, a joint publication of UNAIDS, UNICEF, and USAID, has become the standard reference for definitions and estimates related to OVC according to Swart (2003). Concepts are defined by the international community, through multilateral interventions (e.g. UNAIDS); bilateral (i.e. the United States President's Emergency Plan for AIDS Relief (PEPFAR)); non-governmental (e.g. ActionAid); as well as by the national and local community. Similar concepts are increasingly being used in 'life-skills' training by provincial Department of Education and several local NGOs (Kendall 2008). Common terminology and definitions are used as "OVC policy intervention packages", which allow for the development of recommendations for future policy dialogue and action.

The issue is that there is little consistency in the definition of concepts like "Orphanhood", "Vulnerability", and "Childhood" often paired with notions of "Risk" and "Resilience" that are increasingly being used internationally for policy and programming in rationalising development approaches to children infected and/or affected by HIV/AIDS (OVC). Valid measurement is only possible if observations meaningfully capture the ideas contained in concepts (Adcock and Collier 2001). As many of the concepts used in OVC policy, including the ones mentioned above, are highly contextual, qualitative and anecdotal, measurement validity becomes an issue.

Although many researchers have directed attention to the importance of proper measurement instruments and the large degree of measurement error in cross national variables, papers mainly devoted to developing valid reliable indices for measuring OVC policy in South Africa, are rare. Thus, more research in this area is necessary as it will allow for greater attention to be paid to measurement validity.

¹ President Zuma stressed the importance of monitoring and evaluation (M&E) and addressed the issue of holding ministers accountable through M&E structures championed from the Presidency in his 2009 State of the Nation address.

As a research question, this dissertation will critically look at how conceptual & contextual problems affect the measurement validity of policies directed at Orphans and Vulnerable Children (OVC) in South Africa.

The focus of this mini-dissertation will be on how conceptual issues inherent to OVC policy present challenges for measuring the effect of these policies. This study will not aim to evaluate the implementation effectiveness of OVC programs as such. Therefore, it will not attempt to directly address any of the implementation and service provision challenges that are currently evident in public debate in South Africa, i.e. how to scale up responses and roll out successful pilot projects. Neither will it focus on specific issues affecting implementation such as the dilemma of community-based versus institutional care; the importance of including psychosocial support for OVC as part of comprehensive and holistic support; the critical need to vigorously address child sexual abuse; and the challenge of keeping infected parents alive to reduce or delay orphanhood.

1.2 Methodology

The study design encompasses a qualitative approach focusing on the analysis of primary and secondary documentation, together with interviews with key informants. The focus will be on analysing the content of OVC policies and mechanisms for implementation thereof to identify potential problems for measuring the effectiveness of the interventions.

The research will draw on relevant theory pertaining to the measurement of public policy in order to establish a framework for analysis i.e. the analytical framework presented by Adcock and Collier (2001). Lessons will be drawn from regional and where possible, international experience. However, since OVC policy is created at the national level of government and interpreted and implemented at a provincial level, the research will mainly draw on national policy.

To supplement the review, data will be collected through one-on-one interviews with key informants. Key informant interviews will comprise of government officials, representatives from NGOs and other experts directly involved in OVC policy making. The final product of the study will be the challenges/problems to measurement and recommendations to future measurement efforts.

The study will entail a comprehensive review of:

- Current literature that reflects the overall situation of OVC in Africa and other parts of the world, with particular focus on measurement.
- All relevant policy and programme documents available by government and NGOs in South Africa.
- Relevant research studies, evaluations, and situation analyses conducted by academic and other research agencies in South Africa will be undertaken. These will include, among others, the Rapid Assessment and Analysis Action Planning (RAAAP) for OVC - 2004, National Action Plan for OVC - 2004, M&E plan for OVC National Action Plan -2005, 2005 Situation Analysis of OVC, The National OVC Strategic Plan - 2009-2012.
- To complement the findings of the documentation review, semi-structured interviews will be conducted with relevant policy makers from the government and non-governmental sectors, including multilateral agencies.
- The main purpose of these interviews will be to gather information, confirm data, findings regarding the challenges they encounter and to understand existing gaps in terms of measurement in order to determine measurement validity.

Chapter 2

Literature Review

2.1 Defining OVC

Research emphasises that there is urgency in responding to the needs of Orphans and Vulnerable Children (OVC) in South Africa, and the rest of the world. The HIV/AIDS epidemic is shattering lives and reversing many hard won children's rights gains. Swart (2003:3) points out that as a response to more than a decade of inadequate action by governments and the global community alike, there is now an absolute imperative that the global community and every individual nation urgently mount large-scale, multifaceted responses to secure the future of all OVC. In South Africa policy directed at OVC include, among others, the National OVC Strategic Plan (NAP) 2009-2012; National Action Plan for OVC – 2004; Rapid Assessment and Analysis Action Planning (RAAAP) for OVC – 2004; the M&E plan for OVC National Action Plan -2005; 2005 Situation Analysis of OVC and the Policy Framework on Orphans and other children made vulnerable by HIV/AIDS South Africa. Documents are considered 'living' instruments that are subject to change according to need; however, renewed attention to measurement is crucial for this process.

In South Africa a big proportion of orphanhood is associated with the high HIV/AIDS prevalence among people in reproductive age, children orphaned due to AIDS are estimated to be around half of all orphans nationwide, although, many children who are considered vulnerable enjoy the care and support of extended family (UNGASS 2008). According to the National Action Plan (NAP) 2009-2012, 'orphan' is defined as a child who has no surviving parent to care for him or her. 'Child' is defined as a person under the age of 18, as stipulated in the Children's Act of 2005. The NAP (2009-2012) defines 'vulnerability' as a child whose survival, care, protection or development may be compromised due to the particular condition, situation or circumstances which prevents the fulfilment of his or her rights as stipulated in the Children's Act 19 June 2006 No.38, 2005.

The realities of HIV/AIDS for children and orphan prevalence have implications for the individual, family, the household, the community and the state. Skinner et al. (2004) states that looking only at the situation of orphans do not address the full scale of the problem since the HIV/AIDS epidemic and surrounding poverty are generating a context where large numbers of children are becoming vulnerable. The epidemic influences child survival both directly through mother-to-child transmission and indirectly through diverting resources and attention away from children to the care and treatment of a sick parent. In several sub-Saharan African countries, infant and child mortality rates have already risen substantially and are expected to increase further in the coming years (Nicoll et al. 1994; Foster 1998; Newell et al. 2004; UNICEF, UNAIDS and USAID 2004 in Mishra & Assche 2008).

As a result the term Orphan and Vulnerable Children (OVC) was introduced due to the limited usefulness of the tight definition of the construct of orphanhood in the scenario of HIV/AIDS. The term however has its own difficulties in that it has no implicit definition or clear statement of inclusion and exclusion. It therefore works as a theoretical construct, but requires explanation and definition in order to be useful in practice. Orphans remain the focus of much of the academic and popular writing on the grouping 'orphan and vulnerable children' than vulnerable children. Data includes counts or projections of orphans (Bicego, Rutstein and Johnson 2003; Hunter 2001); examinations of interventions required to provide adequate assistance (Whiteside 2000, Hunter 2001); descriptions of the context and caring of orphans and descriptions of the impact of HIV/AIDS on children (Baylies 2000, Whiteside 2000, Appleton 2000).

Most studies reviewed focus on orphans rather than including vulnerable children as well, for both methodological and substantive reasons. From a methodological point of view, the definition of orphan is generally unambiguous, so that data on orphans can be more easily analyzed and compared across countries. In contrast, from a substantive point of view, most studies have focused on orphaned children as the most obvious and most dramatic consequence of the HIV/AIDS epidemic in Africa. Yet with few exceptions, in the studies reviewed here orphans cannot unequivocally be classified as "AIDS orphans"

because HIV testing data or other medical information for their parents is not available (Mishra & Assche 2008:3).

Vulnerability however is more difficult to define. World Vision (2002) identified some indicators i.e. children living in a household where one or more person is ill; children living in a household that receive orphans; children whose caregivers are too ill to continue to look after them; children living with very old or frail caregivers. These categories focus on factors related to HIV/AIDS. However, there is an entire spectrum of variables that needs to be considered that relates to more general aspects of the child's context i.e. poverty; access to shelter; education and other basic services; impact of drought or extreme weather conditions; crime; stigma and political repression. In other words variables that relate to the basic rights of a child.

Basic sets of rights are well known and have been publicised and described in detail in the UN convention on the Rights of the Child (UNCRC), the African Charter on the Rights and Welfare of the Child (ACRWC) and Conventions from the International Labour Organisation (ILO) (Skinner et al. 2006:5).

Community definitions are likely to differ from those of external agencies. Smart (2003) in Skinner et al. (2004) looked at distinct community needs and definitions to come up with a definition of vulnerability for the South African context i.e. children that are neglected, destitute or abandoned; children born to single mothers; children with terminally ill parents; children with unemployed caretakers; children abused or ill treated; disabled children. The definition varies from country to country and even community to community, e.g. in Rwanda vulnerable children are defined as children who get married before the age of the majority, children in conflict with the law; children with parents in prison; children affected by armed conflict; refugee or displaced children etc. this may differ from how vulnerability is defined in the South African example.

Community definitions of OVC can also differ from government definitions e.g. definition used in the NAP (2009-2012) mentioned above. Assistance to children by the government is directed by particular age limits - any child that falls out of these limits may be excluded. One concern about the creation of a term to name or define a group with as

many problems as OVC, is that group members become objectified or automatically become targets for stigma, care must be taken in how the term is used in both the academic and popular literature as well as in care programs. Some material, particularly in popular literature, has sensationalised the issue. Examples of the worst case studies of orphans are identified in these situations are extrapolated to the full projected counts of orphans in the region (Masland et al. 2000, Robinson 1999 in Skinner 2004).

The issue of common definition is identified in most of the literature as a challenge to the measurement of policy intervention (Bollen 1990:9). Because background concepts routinely include a variety of meanings, the formation of systemised concepts often involves choosing among them. Careful examination of diverse meanings helps clarify the options, but ultimately choices must be made, this is also referred to as clarifying the semantic field (Adcock and Collier 2001: 532).

Definition of concepts can be difficult because concepts like 'vulnerability' and 'orphanhood' for example, are culturally relative, meaning that definition depends on local conditions and therefore varies between and within communities and countries. In other words each respective community will use different criteria to define their orphans and vulnerable children. Some of these definitions are also inherently difficult to measure and do not adequately capture how OVC programs are designed (i.e. programs that provide services to more children than the definition specifies (FHI 2004). Debates on definition are particularly relevant in the current political climate in South Africa as the OVC situation escalates, and as similar debates are taking place in different countries confronted with a high HIV/AIDS prevalence (NACCA, Skinner 2006). A clear understanding of the range and nature of the needs of OVC in each different context can help to assist in understanding the vulnerability that children face in their unique communities (FHI 2004).

An example of how key definitions can vary across communities is looking at the term "orphan" and how it is used in different cultural groups. Skinner (2006:622) explains that in many African cultures "a child remains a child right through..." This means that the loss of parents does not mean that a child is considered an orphan since the child will be taken care of by extended family or the community. As a result, in some communities, no cultural distinction is made between "orphan" and "vulnerable child".

Swart (2003) emphasises the need to analyse existing policy frameworks for responding to OVCs in order to identify policy level gaps in response to this growing crisis. This will allow for the development of recommendations for future policy dialogue and action as well as possible country-level 'OVC policy packages'. General or standard definitions have become a reference to policy makers. An example of this is *Children on the Brink*, a joint publication of UNAIDS, UNICEF, and USAID, that has arguably become the standard reference for definitions and estimates related to OVC according to Swart (2003).

Outcomes of OVC policy generally share 'development' characteristics i.e. the creation of sustainable, safe and integrated communities; creating encouraging and supportive environments where the child's rights can be realised. Skinner (2006) points out that even though common definitions are required for intervention and research in the area of development, there are some considerable complications when an absolute answer is sought. Measurement becomes problematic when a range of factors are incorporated; also concepts are often defined according to the immediate situation and what is more easily measurable, than what is the general reality.

In measuring a 'development' concept like democracy for example, Bollen (1990: 8) identifies some measurement traps that are relevant to this study. Firstly, he points to conceptual problems i.e. inadequate theoretical definitions; confounding the concept with other concepts; and treating the concept as a binary rather than continuous. Secondly, he also points out some practical problems to measurement like invalid indicators, subjective indicators, ordinal or dichotomous measures and failure to test validity.

2.2 From definition to measurement of OVC policy interventions

In striving for stronger theories many researchers agree that valid measurement is an important issue (Venkatraman & Grant 1986; Bollen 1990; Berry et al. 1998; Bollen 1993; Elkins 2000; Hill, Hanna, Shafqat 1997; Schrodtt and Gerder 1994). The literature suggests

that new attention to measurement is overdue in public policy analysis and there has been an ongoing concern with applying various tools of measurement validity (Berry et al. 1998; Bollen 1993; Elkins 2000; Hill, Hanna, Shafqat 1997; Schrodt and Gerder 1994). However, the history of research in this area suggests that the renewed interest in measuring policy is no guarantee that we will escape the errors made in earlier measurement efforts (Bollen 1990: 8). Although multiple measurement approaches are useful for theory development, the problem lies in inadequate validity of measures used (Venkatraman & Grant 1986).

Peter (1979: 6) states that “valid measurement is the sine qua non of science”. In a general sense, validity refers to the “degree to which instruments truly measure the concepts they are intended to measure. If the measures used in a discipline have not been demonstrated to have a high degree of validity that discipline is not a science.” “Definition of a concept that is acceptable and usable by all is needed. In particular, a definition is needed that will lend itself to measurement, comparisons, indicators, and performance results. Above all, measurement is important because careless, imprecise usage of terms should be avoided” (Peter 1979: 516-517).

Kirchoff (1977: 347) emphasises the desirability for measurement of policy’s contribution to effectiveness or progress made. However, the importance of context is emphasised. He states that ‘effectiveness’ is not one dimensional and is defined according to the point of view of the policy maker, measured from the frame of reference of the researcher. It is seen as more than simply reaching goals or targets. Price (1972: 22) summarises his review of policy measurement by concluding that ‘goal’ approaches have not successfully measured ‘effectiveness’. Kirchoff (1977: 350) concludes that there is no single indicator or group of indicators that are valid across different contexts.

However, this has not been reflected in many international strategies that is goal oriented i.e. according to the M&E guide made available by UNICEF in 2005, the United Nations General Assembly convened a Special Session on HIV/AIDS in June 2001, where 189

UN Member States signed a Declaration of Commitment² towards achieving a set of goals and targets in order to intensify international action to fight the HIV/AIDS epidemic and mobilize the necessary resources. The declaration reflects global consensus on a comprehensive framework to achieve the Millennium Development Goal (MDG) of halting and beginning to reverse the HIV/AIDS epidemic by 2015. Special attention is paid to children orphaned and made vulnerable by HIV/AIDS, and a set of specific goals was formalized. These goals established the importance of developing national strategies, ensuring non-discrimination, mobilizing resources and building international cooperation (see Appendix B), and were reiterated in May 2002 at the United Nations General Assembly Special Session on Children in its outcome document, 'A World Fit for Children'³.

Since then, a strategic framework for the protection, care and support of orphans and children made vulnerable by HIV/AIDS has been developed to target action areas and provide operational guidance to governments and other key stakeholders as they work to achieve the goals. The five key strategies in this framework for accelerating the response to the crisis were endorsed in November 2001 by the Committee of Cosponsoring Organizations of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and reiterated during the global partnership meeting on orphaned and vulnerable children in October 2003.

These strategies involve:

- (1) Strengthening the capacity of families to protect and care for orphans and other children made vulnerable by HIV/AIDS
- (2) Mobilizing and strengthening community-based responses
- (3) Ensuring access to essential services for orphaned and vulnerable children
- (4) Ensuring that governments protect the most vulnerable children
- (5) Raising awareness to create a supportive environment for children affected by HIV/AIDS.

² United Nations. Declaration of Commitment on HIV/AIDS. United Nations General Assembly Special Session on HIV/AIDS. New York, 25–27 June 2001.

³ United Nations. A World Fit for Children. United Nations General Assembly Special Session on Children. New York, 8–10 May 2002.

In 2002, under the direction of the UNAIDS secretariat in collaboration with UNAIDS Cosponsors and other partners, a series of core indicators to measure progress in implementing the Declaration of Commitment were agreed on⁴. A subset of these indicators is used to monitor progress in achieving the MDGs. One of the core indicators is related specifically to orphans (orphan school attendance ratio, see core indicator 6).

The document also states that this indicator reports progress at a global level, but is insufficient to guide national governments and the organizations and agencies involved in the response to the needs of orphans. Several countries with a national policy concerning orphaned and vulnerable children in place have incorporated the internationally developed framework for interventions, which includes the five strategies mentioned above.

To assess if national strategies are effective in improving the welfare of orphans, governments must continuously assess multiple level goals i.e. the capacities of families and communities to take care of orphans and children made vulnerable by HIV/AIDS. In addition, assessment of policies and strategies must demonstrate provision of psychosocial support, access to shelter, good nutrition, and health and social services to orphans on an equal basis with other children. Furthermore, the protection of orphans from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance should also be monitored.

At national level, the Department of Social Development (DSD) initiative NAP (2006-2008) developed in collaboration with NACCA, represents a response to the challenges faced by OVC. An assessment of the implementation of the NAP (2006-2008) was useful in defining both achievements and challenges as it relates to the implementation of various programmes for children who have been made vulnerable and who are orphaned because

⁴ United Nations General Assembly Special Session on HIV/AIDS. Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators. UNAIDS/02.51E (English original, August 2002). ISBN 92-9173-238-9.

of HIV/AIDS. Changes have been incorporated into the NAP 2009-2012, that is believed to be a living document, subject to regular and critical review⁵.

Objectives that are identified in the NAP 2009-2012 include creating integrated, healthy and sustainable communities, fulfilment of Human Rights, capacity building, reducing vulnerability, mitigating the impact of HIV/AIDS, HIV treatment, prevention, care and provision of other services, increasing access to services i.e. food, shelter, health and education. Indicators are mostly quantitative, measuring aspects like who are affected, who are receiving services. The issue of the context and that many of these 'development' objectives are transformative in nature may be problematic in terms of measurement. Many objectives are highly anecdotal and not easily measured e.g. building sustainable communities, strengthening community ties, raised awareness and supportive environments where children can exercise their rights. As a result M&E might not provide an accurate reflection of the impact of the NAP at grassroots (Bollen 1990).

The National Action Plan (NAP) for South Africa 2009-2012 states that an issue has been South Africa's response to the HIV/AIDS crisis in general and specifically to the challenges posed by the OVC that have yielded mixed results to date. The document, however, fails to elaborate on this issue and fails to identify what these challenges might entail (pg 11). The document further states that an M&E framework has been set in place in order to set core indicators to assess programs intended to assist OVCs.

The Rapid Assessment, Analysis, and Action Planning (RAAAP) Initiative for orphans and other vulnerable children (OVC) which was launched by UNICEF, USAID, UNAIDS, and WFP in November 2003, is an example of a measurement tool that has been ratified in the NAP 2009-2012. The first round of RAAAPs was carried out in 16 countries, including South Africa, in Sub-Saharan Africa¹ in 2004. The purpose of the RAAAP was to undertake an analysis of the situation of OVC and the response in each country, and then, based on this analysis, to produce a national plan of action to scale up and improve the quality of the

⁵ NAP (2009-2010) partners include: International and National Development Partners, International and national NGOs, Provincial Departments and other National Departments, the DSD on national and provincial level, under NACCA (A Call for coordinated Action for Children Affected by HIV/AIDS held in 2002 mandated by the DSD to establish the National Action Committee for Children Affected by AIDS.)

response to OVC. This plan was ratified by the South African Government with the goal of providing a unifying framework that brings together the activities of all the different stakeholders under a set of common objectives and strategies. This includes all interventions for OVC, including activities of national and local government, donors and civil society organisations (CSOs) (Gosling 2005).

The RAAAP identified several issues pertaining to implementation especially involving civil society organisations include local faith-based organisations, community-based organisations and NGOs. For example, they face many constraints to scaling up their response including: limited funding, a dearth of mechanisms to supply and coordinate available funds, weak capacity to implement and monitor activities, and poor coordination and information flow between different agencies and partners. These constraints all need to be addressed in the national plans of action and agencies. Partners need to be involved in the RAAAP process for several reasons, including ensuring the plan is relevant to local realities, developing ownership of the plan, and building capacity of and relationships between different stakeholders to scale up and coordinate the response.

2.3 The challenges of policy measurement & data availability

One constraint to valid measurement that came up in the literature is the lack of reliable data. The availability of data is critical for the clarification and refinement of concepts, Adcock and Collier (2001: 529) emphasises that carefully developed concepts are a major prerequisite for meaningful measurement.

According to the Joint United Nations framework *Children on the brink 2004*, reliable information that is consistent within and across countries is essential for policy planning, program monitoring, decision-making, and national and global advocacy, as well as for providing a focus for the different sectors and groups involved in supporting vulnerable children, families, and communities. For example, to monitor progress toward the goals outlined in the Declaration of Commitment on HIV/AIDS of the June 2001, the United

Nations General Assembly Special Session on HIV/AIDS (UNGASS) were held, where a core set of indicators were developed for this purpose (UNAIDS 2002). However, without current and accurate data that is relevant for a specific community these indicators are limited. For example, as mentioned above, one indicator (orphan school attendance) was related specifically to orphans, but this alone is insufficient to guide countries, organizations, and agencies involved in protecting and supporting children and whole families or communities affected by HIV/AIDS.

One of the major challenges for policy makers and programme developers, as identified in the literature is the estimation of the number of OVC in the country. There are currently no reliable statistics available either nationally in South Africa or at district level relating to this amount (Skinner et al. 2004). There could be several explanations for this as presented in the literature. Firstly, as the nationally accepted definition of orphan includes a cut-off age of 18 years, this means that there are clearly more orphans than those determined by both the UNICEF and Nelson Mandela/HSRC Study of HIV/AIDS (2002) orphan definition for instance where the cut-off age is 14 years. Furthermore, depending on the definition used in policy, whether more general or specific e.g. a very large number of children are made vulnerable as a result of the HIV/AIDS epidemic, although they are not orphans per se (Smart 2003, Skinner et al. 2004, Jooste 2006).

Secondly, orphans in South Africa are hard to 'find'. Jooste (2006: 3) states that there are currently no figures in South Africa for children living with infected parents. It is possible that in some African cultures no child is really an orphan because soon after the death of their parent(s) they are 'adopted' by close relatives especially aunts, uncles and grandparents and then is counted as full members of their new households. This is especially true in the South African culture of 'ubuntu' (Ms. Bongzi Mkabela in Jooste 2006: 30). In Thailand for example, data suggests that of every child maternally orphaned by AIDS, 12 are living with mothers with HIV/AIDS (UNAIDS 1997), however, many children in Africa live with relatives for varying lengths of time in fosterage arrangements. The illness or death of such a foster parent may have as great an impact on a child as the death of a natural parent. In addition, strong community ties mean that all children are affected when there

are increased deaths in their community, and when their close and extended family, community and societal institutions and services are strained by the consequences. These indirect cases of HIV/AIDS impact are mostly unreported (Foster and Williamson, 2000).

A concern according to Swart (2003) is the quantification of data. He uses an example that is being widely debated, that the orphan estimates do not adequately reflect children who are vulnerable, as a result of many causes, including HIV/AIDS. Countries seeking to quantify the current and future burden of OVC may need to supplement their data on orphans with information from a situation analysis that covers all vulnerable children. There are also some statistical concerns on a macro level, for example is regarding the age categories used in most Demographic and Health Surveys used to quantify and predict numbers of orphans where ages range of 0–14. The rationale for using ages under 15 is statistically linked to the age categories used in most Demographic and Health Surveys, as these surveys are a primary source of information. The danger is that this statistical necessity may imply that services for OVC are limited to children under age 15.

The complexities surrounding programs and policies directed at OVC in South Africa, during a time when needs are escalating suggest that more attention should be paid to progress measurement. In South Africa there has been a general shift in policy to 'development' objectives e.g. sustainability, coordination, creating integrated wholesome communities that are not easily measured (Cloete et al. 2006: 99; Levin 2009: 2; Leftwich 2006). Measurement indicators that are not well defined and that do not relate to their concepts, run the risk of not reflecting the real level of progress made. Problems with measurement of OVC policies relating to common definition of concepts and contextual differences came up in the literature. These issues are worsened by the complexity of the HIV/AIDS issue, the lack of data, multi-level, multifaceted interventions by multiple actors etc. Looking at these specific problems to measurement of OVC policy outcomes in South Africa is a starting point at finding solutions to the bigger problems of implementation that the country is facing. Having clear and valid, context specific definitions will contribute to more effective monitoring and evaluation in the country.

Policy outcomes are comprehensive and holistic because the struggles and needs of OVC are multifaceted. Problems range from material (including money, food, clothing, shelter, health care and education); emotional (caring, love, hope, support, space to grieve, containment of emotions) and social problems (peer group pressure, role models, stigma or guidance in difficult situations, risks in the immediate environment). Many of these dimensions are hidden/less tangible and also more difficult to measure. For example it might be possible to measure how many orphans receive social grants however, measuring their outlook on life or emotional needs are much more difficult. This can allow measurement to be biased toward one dimension i.e. finances, while neglecting the other (Skinner 2006: 624).

To highlight the importance of these issues, current debates surrounding the definition of “resilience” in children presents an interesting example. Policy makers are debating how to categorize the characteristics of resilient children and how to estimate future resilience without sufficient information about the present individual child (Kendall 2008). Kendall (2008) points out that once the concept is defined according to its characteristics, the goal of such estimations will be twofold. First, to focus the limited state and international resources available for OVC support to “resilient” vulnerable children, who because of their inherent resilience will not “waste” these limited resources. Secondly, the issue of sustainability, leading vulnerable children to act and respond in their environments in such a way that will benefit themselves in the long run and serve their families and communities well. Not surprisingly, current categories of resilience reflect particular Western constructs of childhood and morality: a child who continues in school regardless of the state of her family is seen as resilient; one who joins a gang or exchanges sex for money to feed that same family is not (Kendall 2008).

Finally, the impact of HIV/AIDS on children from the point of illness to death of their parents and caretakers is complex. Understanding the complexity of problems is important in the formation of background concepts. Children are affected by HIV/AIDS long before they are orphaned. When a parent develops HIV-related symptoms, children take on the role of caregivers. The care of sick parents, death, costs of funerals and loss of inheritance

may result in economic problems and psychosocial distress. Economic problems could increase the likelihood of not being able to meet basic needs, including food, shelter, health services and education, which again produces additional psychosocial distress. The economic and psychosocial problems and possibly the absence of adequate adult care may also lead to increased risk of discrimination, stigma and exploitation (M&E guide, UNICEF).

One useful example that came up in the literature concerns the measurement of discrimination and stigma. Discrimination and stigma are among the most difficult aspects of the epidemic to quantify according to the UNICEF M&E guide 2005. It is perhaps for this reason that, while many prevention and care programmes have the reduction of stigma and the fostering of more supportive attitudes as a stated objective, virtually none has developed a reliable way of measuring this most intangible of phenomena. In the first place, no clear definitions exist of stigma or the qualities that characterize it, and if something cannot be clearly defined it cannot be accurately measured (M&E guide 2005:58). Authors Kalichman et al. (2005: 135) in developing a scale to measure HIV/AIDS related stigma in South Africa, emphasised that there are relatively few empirical studies of AIDS related stigma and no standardized, reliable and validated measures developed for use in Africa.

AIDS related stigma has been investigated in the US by using both single item measures that tap core aspects of AIDS stigma (e.g. Bauman et al. 2002, Herek and Glunt 1988, Herek et al. 2003) as well as multi-item scales (Herek et al. 2002). Multiple item measures have several advantages over single item measures, including increased reliability, greater variability, better sensitivity to change, greater construct representation, etc. However, there seem to be no available examples of any multi-item scale being used to measure HIV/AIDS related stigma in Africa (Kalichman et al 2005). In aiming to overcome these limitations, the scale presented by the above mentioned authors demonstrate robust evidence for its reliability as well as indicators for validity, as it is sensitive to individual differences and change. However, little research has been done in the context of orphans and vulnerable children.

As is emphasised in the literature, clear definitions for concepts are crucial for valid measurement of policies and programs. As needs are escalating and issues are becoming more complex, measurement is becoming increasingly important. There is a call for more research to be conducted in the area of definition for terms commonly used in policies directed at OVC in South Africa. Firstly, the term OVC is limiting since concepts like 'orphan', 'vulnerability', and 'child' are not well defined and therefore difficult to measure. Secondly, measurement of outcomes are riddled with conceptual problems e.g. 'resilience', 'stigma' and 'discrimination' to name a few, are not clearly defined according to specific characteristics and indicators. Terms that are carelessly being used by policy makers without there being any way of establishing whether any real progress is being made, could potentially be an issue for measurement. Clear definitions that will allow for valid measurement, comparisons, indicators, and performance results, are needed. It is therefore worth looking at in more detail.

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Chapter 3

Theoretical Framework

3.1 Understanding Measurement Validity

Measurement is defined by Venkatraman & Grant (1986: 71) as being concerned with the relationships between the results obtained from 'operationalizations' and underlying theoretical concepts. Fredrickson (1983: 527) states that "investigators should place greater emphasis on evolving concept into constructs and developing measures for those constructs". The importance of developing valid operational measures for policy directed at Orphans and Vulnerable Children (OVC) in South Africa is emphasised in the literature review and underscores the role of measurement in public policy for addressing the needs of children in the country.

The meta-analysis of measurement validation developed by Adcock and Collier (2001) provides an extremely useful point of departure towards developing a framework for this dissertation. Their analysis looks closely at how observations meaningfully capture the ideas contained in concepts i.e. measurement validity. The authors emphasise that the clarification and refinement of concepts is a major prerequisite for meaningful discussions of measurement validity.

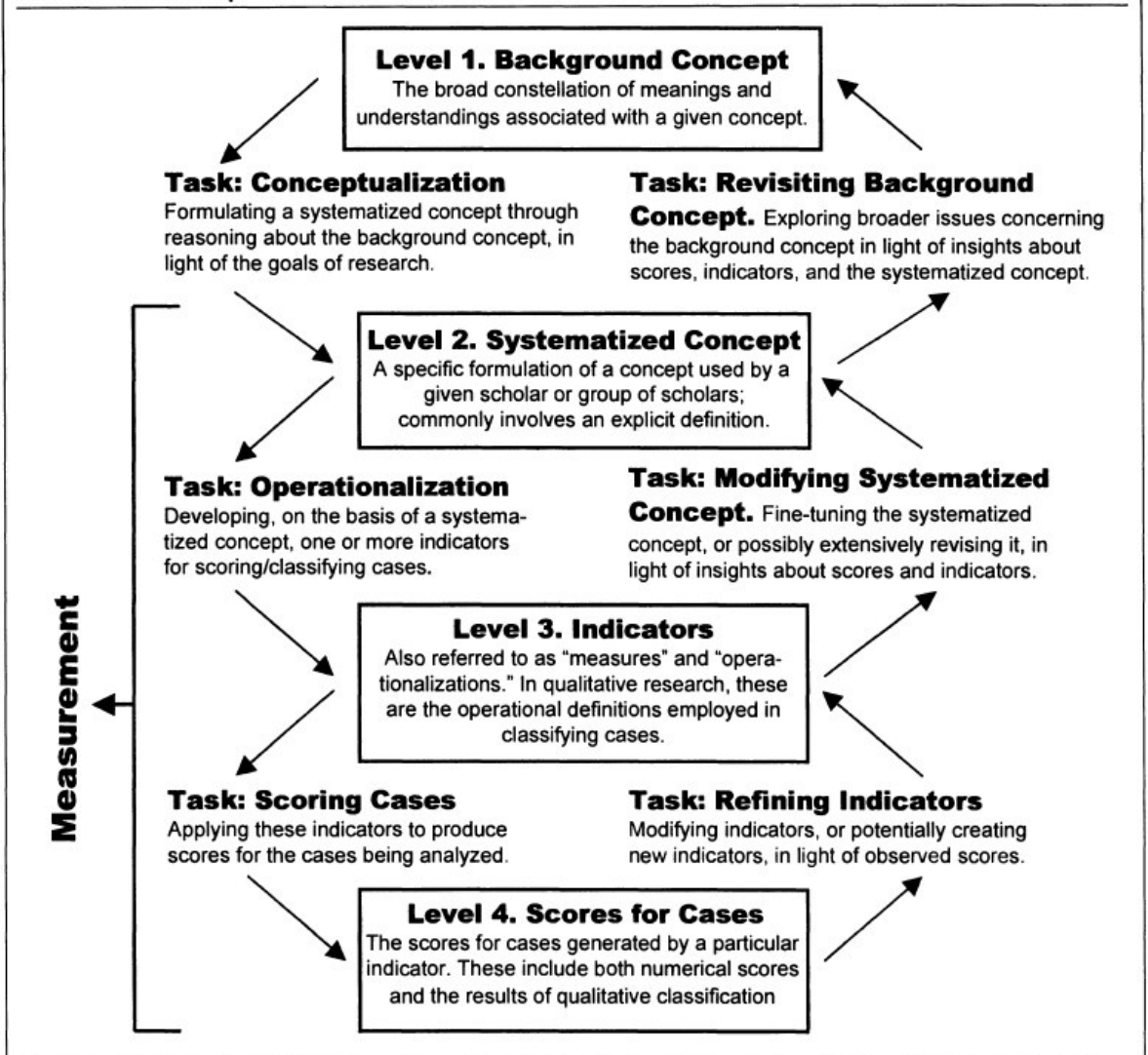
Adcock & Collier (2001:529) identify four problems to public policy research that can be addressed through renewed attention to measurement validity. The first problem is identified as the challenge of establishing shared standards for measurement, both quantitative and qualitative. A second problem concerns the relation between measurement validity and disputes about the meaning of concepts; a clear distinction is made between these two debates. A third problem concerns the contextual specificity of measurement validity and finally, the frequently confusing language used to discuss

alternative procedures for measurement validation i.e. different types of validity is presented (content, criterion, convergent and construct).

Measurement validity is understood in terms of the relationship between concepts and observations. Adcock and Collier (2001) further distinguish different levels of concepts, as illustrated in figure 1: the background concept (the broadest level that encompasses the constellation of potentially diverse meanings associated with a given concept); the systematized concept (the specific formulation of a concept adopted by a particular researcher or group of researchers); indicators (which are routinely called measures, and include any systematic scoring procedure rating from simple scores to complex indexes, quantitative and qualitative procedures); and the final level refers to scores of cases (including both numerical scores and the results of qualitative classification).

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FIGURE 1. Conceptualization and Measurement: Levels and Tasks



Valid measurement is achieved when scores (level 4) meaningfully capture the ideas contained in the corresponding (systemised) concept (level 2) (Adcock&Collier 2001; Bollen 1989; King, Keohane and Verba 1994). With regard to scores it is emphasised that scores are never examined in isolation; rather, they are interpreted and given meaning in relation to the systematized concept (Adcock&Collier 2001:531).

As is emphasised in the literature (see Peter 1979), measurements that are scientifically valid allows policy makers and researchers to evaluate the progress or the impact of their policies and programmes. There are various procedures for assessing

measurement validity. This framework is seen as a way of providing different types of evidence for validity i.e. ways of assessing validity that will be referred to as validation of measurement.

The framework presented by Adcock and Collier (2001) is particularly relevant as it relates to the conceptual issues pertaining to OVC and the importance of developing context specific policies and measurements as outlined in the literature review. It is also helpful because this framework can be applied to both quantitative and qualitative measurements used in this area of research. Even though the clarification and refinement of concepts are necessary for valid measurement, a clear distinction is made between disputes regarding definition of concepts and measurement validity. Measurement strategies that seek to combine generality and validity by devoting greater attention to context are explored and alternative measurement validation procedures are offered.

3.2 The importance of being context specific yet analytically sound

Context specificity is a fundamental concern that arises when differences in context potentially threaten the validity of measurement i.e. same scores on an indicator may have different meanings in different contexts (Moss 1992, Messick 1989). Thus, authors Adcock & Collier (2001: 543), while not abandoning the search for general assumptions, argue that greater sensitivity to context may help scholars develop measures that can be validly applied across diverse contexts. In other words, either a) context-sensitive indicators could be used or b) the implications for establishing equivalence across diverse contexts should be taken into consideration i.e. adjusted common indicators.

Greater sensitivity to context may help scholars develop measures that can be validly applied across diverse contexts i.e. nations, region, class, race, age group etc. One specific concern however is whether different population subgroups may differ systematically in how they respond to issues relevant to OVC. For example, Bachman and O'Malley (1984) show that responses vary consistently with race (see also Kalichman et al. 2005). Contextual specificity can also relate to comparisons over time and on a macro level in international

and comparative studies (Bollen, Entwisle, Anderson 1993). In these cases convergent or discriminant validation might be more useful; this is elaborated on later in this chapter.

Context sensitive measures require careful reasoning during the initial stages of operationalization about the specific domains to which a systematized concept applies, well before thinking about scoring procedures (Adcock and Collier 2001: 535). The other option requires that analysts take a productive step towards establishing equivalence across diverse contexts i.e. the same indicator is applied to all cases but is weighted (adjusted) to compensate for contextual differences. However, it is important that indicators should match the analytical goal of researchers as there is a risk of being too contextual and therefore analytically counterproductive. Justifying the appropriateness of contextual adjustments is therefore a priority.

3.3 Procedures for Measurement Validation

Adcock & Collier (2001: 538) present three types of measurement validation that is seen as a heuristic device to group validation procedures i.e. Content validation; Convergent or Discriminant validation and Nomological or Construct validation. Groups are distinguished through asking specific questions relating to systemised concepts and scores. The authors aimed to focus similarities and contrasts in the approaches to validation that are adopted by both qualitative and quantitative researchers in order to come up with this 'shared' framework.

3.3.1 Content Measurement Validation

Content validation is seen as having a distinct focus on conceptual issues. In referring to the framework (figure 1) Adcock & Collier (2001) aim to overcome this limitation by making a clear distinction between background and systemised concepts. In this view, content validation looks at the extent to which a given indicator (level 3) captures the full content of the systemised concept (level 2). It further questions whether key elements are

omitted from the indicator or whether inappropriate elements are included in the indicator. The examination of scores (level 4) of specific cases may provide answers to these questions. If content validation is to be useful there must be agreement on the phenomena being investigated (Bollen 1989: 186; Cronbach & Meehl 1955: 282). One limitation of focussing only on definition is that scientifically sound indicators are difficult set up from the beginning and therefore this method cannot always be carried out successfully.

Content validation contributes to measurement validity and specifically when it is case specific, this method can prove very useful. However, Adcock & Collier (2001) points out several limitations in terms of findings, as indicators with valid content may still produce scores with low overall measurement validity. Indicators can routinely fail to capture the content of a systemized concept. Capturing this content may require a complex indicator that is hard to use and adds greatly to the time and cost of completing the research. The danger is to either 'overburden' indicators in including too many attributes, or to 'minimise' definitions by the omission of relevant attributes in order to focus on relevant theoretical concerns. Both can inhibit the analytical use of scores and affect the measurement validity (Adcock and Collier 2001: 539; Munck and Verkuilen 2002:9). According to Adcock and Collier (2001: 539) it comes down to a matter of judgement for scholars to decide when efforts to further improve the adequacy of content may become counterproductive

Carmines & Zeller (1979: 22), Sheppard (1993: 406) examines how using multiple indicators can be problematic, and has proved to be exceedingly difficult with respect to measures of more abstract phenomena that tend to characterize the social sciences. Adcock & Collier (2001:538) points out that even if other indicators are as fallible as the indicator being evaluated, the comparison provides greater leverage, than does looking only at one of them in isolation. It is generally agreed that some measurement is better than no measurement at all.

3.3.2 Convergent or Discriminant Measurement Validation

Adcock & Collier (2001: 540) describe how scores can be compared to different systemised concepts to see where/if scores are stronger or weaker. This is referred to as convergent or discriminant measurement validation. Stronger associations constitute evidence that supports interpreting indicators as measuring the same systematized concept – thus providing convergent validation; whereas weaker associations support the claim that they measure different concepts – thus providing discriminant validation. Sometimes, one indicator can be taken as a standard of reference and can be used to evaluate other indicators, referred to as criterion validation. The starting point for this validation is a carefully defined systematized concept and the availability of two or more alternative indicators for the concept. Indicators are then compared to see which scores match up where or better. Here, negative evidence can spur refinements that ultimately enhance validity as the failure to find expected convergence may encourage a return to the conceptual and logical analysis of indicators. In other words, the process of validation can lead researchers or policy makers to reevaluate conceptualization.

3.3.3 Nomological or Construct Measurement Validation

A final means of checking measurement validity is through nomological or construct validation (Adcock & Collier 2001: 542). Validation can be established by simply asking whether a hypothesis is confirmed by the scores of a proposed indicator for a systemised concept. Confirmation is treated as evidence for validity. The underlying idea is that scores which can validly be claimed to measure a systematized concept should fit well-established expectations derived from causal hypotheses that involve this concept. This method can be used to verify whether 'education' should be used as an indicator to measure 'resilience in children' for example.

3.4 Issues relating to measurement validation of OVC policy in SA

As is highlighted in the literature review, each community is unique in how it responds to HIV/AIDS i.e. depending on social values, level of information, access to services, therefore the nature of these multifaceted problems are highly contextual. For example, the UNAIDS definition came under criticism for its lack of breadth and sensitivity to the situation on the ground for many children (ICAD HIV/AIDS and Policies affecting Children 2001). The criticism acknowledges that increasing the age covered by the definition increases the number of children affected, but the context demands this acknowledgement.

The problem is that there is no quick and easy way to find 'context sensitive indicators'. Context specific research takes time and resources i.e. listening to implementers of policies on the ground in order to come up with basic and general terminology and definitions, while acknowledging the specifics of each different community. When concepts are not contextually defined in this way, it makes setting indicators more difficult (Skinner 2006:622). This can adversely affect measurement, especially in content validity when indicators then routinely fail to capture the full content of a systemized concept (Adcock & Collier 2001: 539).

The issue of definition also relates to the context in which different communities within South Africa respond to the HIV/AIDS epidemic (e.g. different responses to stigma) For example, as the level of HIV/AIDS awareness of the community is taken into consideration when defining the systemised concept, the level of knowledge will influence the response, effectiveness of the policy etc. Another example, regarding the definition of child (i.e. legal age limit) is particularly relevant in the context of HIV/AIDS where many children are left to fend for themselves and siblings. For this reason, the of the legal age for working and receiving loans; legal capacity to inherit and to conduct property transactions (Kendall 2008); the ability to lodge complaints or seek redress before a court or other authority; differences between girls and boys in relation to marriage and the age of sexual consent and the age at which compulsory education ends; becomes important (Swart

2003:3) especially in the many child headed households were young children bear the full responsibility of supporting their siblings.

To highlight how the complexity of HIV/AIDS issues can lead to conceptual and contextual problems specifically in measurement, Skinner et al (2006: 620) emphasises how multiple and multi-sectoral approaches used in addressing OVC and HIV/AIDS related problems can lead to double counting i.e. a child may receive more than one service from the same organisation or receive services from several different organisations.

Another problem that relates to complexity is that different OVC program approaches are being used (However, this is not specified in the literature and might refer to development vs. welfare approach?). There is also the issue of sensitivity in collecting information from children, obtaining reliable answers from children is challenging, presenting information in a child friendly manner to inform children, finding comparison groups etc. Nomological validation may provide a way to overcome these more practical problems by simply measuring scores against expectations. However, there are some potential limitations to this approach. One problem, as pointed out by Adcock & Collier (2001: 543) is circularity. This is when a hypothesis is assumed in order to validate the indicator, but then the indicator cannot be used to evaluate the hypothesis. Another problem could be the existence of more than one systemised concept in the hypothesis that could undermine this approach to validate.

The issue of defining concepts and setting indicators for measurement become even more challenging when considering the timeframe, the specific age group, or gender, etc. Bollen (1990:12) points out that when concepts are not defined along clear lines, the problem of confounding concepts causes extensive confusion. The difficulty is that different concepts can be treated as one and then measured with a single indicator (see e.g. Bollen 1990; Jackman 1989). For example, confounding the definitions of orphan and vulnerable child as previously mentioned. The cost is that measurement validity is compromised and no clear distinctions can be made for any relations found in scores. This in turn can be seen as one of the limitations of the above mentioned content validation.

Further, it is easy to confuse treating a concept as dichotomous i.e. divisible in to different categories, with measuring a continuous concept with a dichotomous indicator. Bollen (1990:13) explains that sometimes the underlying concept is continuous, using the example of the various 'degrees' of democracy in different countries to illustrate this point. However, the same can be applied to the concept of vulnerability. For example, definition of vulnerability might constitute loss of a parent through death or desertion, additional factors like chronic illness of a parent or caregiver, poverty, hunger, lack of access to services, inadequate clothing or shelter, overcrowding, deficient caretakers and factors specific to the child, including disability, direct experience of physical or sexual violence or severe chronic illness. Each of these elements has different implications for each child making the level of vulnerability more or less severe.

Swart (2003) states that the illness or death of a parent or other family member has differing effects on children, depending in part on a child's age and stage of development. In other words long and short term implications for the child and community should be taken into consideration when defining concepts, as well as the contribution of culture systems. The measurement of concepts with a continuous nature and whether dichotomous or ordinal variables should be used is a distinct issue.

3.5 Defining Measurement Validation for OVC policy in SA

To date, most of the policies, programs, information, and literature concerning orphans and other children made vulnerable by HIV/AIDS, have tended to regard them as an undifferentiated, homogeneous group. Data and programming recommendations have often failed to make key age related distinctions, ignoring the physical, cognitive, emotional, and psychosocial differences that characterize children and adolescents in different stages of development. No distinctions are made between different communities; general definitions are used, but no adjustments are made to allow for differences of context. Both qualitative and quantitative research approaches are used to measure these policies;

however not enough attention has been paid to how concepts are being used and how they can be more accurately defined and measured.

Confusing background concepts with systematised concepts or simply not defining background concepts clearly prevents accurate measurement. Kerlinger (1973: 31-32) emphasises this by stating that:

A 'concept' is a word that expresses an abstraction formed by generalization from particulars; while a 'construct' is a concept with added meaning, having been deliberately and consciously invented or adopted for a special scientific purpose.

This definition corresponds with Adcock & Collier's (2001) background and systematised concepts. Looking at measurement validation i.e. content, convergent/discriminant, and nomological/construct, all are regarded as useful for the measurement of OVC policy. Considering the problems facing the measurement of OVC policy outlined in the literature, the content and context of concepts i.e. how a given indicator adequately captures the full content of the systemised concept, and where this applies to, is of particular value.

3.6 Framework to analyse the measurement validation process of OVC policy

The aim of the framework for this dissertation is twofold i.e. to critically analyse how concepts used in OVC policies and programmes are currently being defined and measured by policy makers in South Africa. Further, it will aim to establish to what extent these concepts lend themselves to operationalization and measurement through observable and measurable indicators that reflect their theoretical constructs. The framework should allow for more advanced definition of concepts, specified contextual adjustments and useful processes for measurement validation of OVC policy and programming in South Africa.

Using the measurement framework by Adcock and Collier (2001) previously discussed; as well as definitions used by Kellinger (1973), Venkatraman and Grant (1986),

Munck & Verkuilen (2002), Bollen (1989) and Carmines & Zeller (1979); I will aim to develop an analytical framework to:

- a) Indicate and distinguish background concepts from systematised concepts
- b) Describe the measures/indicators developed and/or employed
- c) Describe the specific context to establish how/whether context-specific indicators are used or whether/how adjustments are made to allow for differences in context
- d) Analysed data will be assessed by using applicable procedures for measurement validation, previously discussed in this chapter i.e. content validation, convergent/discriminant, and/or nomological/construct validation.

Figure 2: Framework for Analysis

| Background Concept | Systematised Concept | Indicators/Measures | Context |
|--------------------|----------------------|---------------------|---------|
| | | | |

Each concept will be analysed separately. In terms of scope, I will firstly look at the definition of 'OVC' to see how this term is being used, defined and measured by policy makers in South Africa. Secondly, I will specifically look at the concept of 'stigma' as an example of a 'concept' that is commonly used by policy makers when setting outcomes. Outcome refers to the level of the intended 'purpose' of a policy that was achieved and is terminology used by M&E practitioners. As emphasised in the literature (Bollen 1990, see also Skinner 2006), outcomes needs to be well defined and 'measurable' in order to monitor progress.

Narrowing the scope to only one concept will allow for a more focussed analysis. Stigma serves as a good example as the elimination of AIDS-associated stigma and discrimination is an outcome in many policy documents and programming including the NAP (2009-2012) under the United Nations Convention on the Rights of the Child (NAP 2009-2012:15), and other OVC policy frameworks presented by various non governmental agencies working in this field. HIV/AIDS-related Stigma also serves as a good example

because, like many other concepts used in this area, it is complex, contextual, anecdotal and not straight forward in terms of definition, therefore not easily measured.

To illustrate this, the brief scale to measure AIDS-related stigma in South Africa developed by Kalichman et al. (2005) provides a good example (see Figure 3). Their research stated that “there are relatively few empirical studies of AIDS-related stigma and no standardized, reliable and validated measures of AIDS-related stigma developed for use in Africa”.

Focussing attention on how AIDS-related stigma is defined and measured as a policy outcome, will enable researchers to make more valid measurements and policy makers to be more specific in their approaches to address the issues OVC are facing. I found the research of Kalichman et al. (2005) useful as it pertains to the importance of definition in the measurement of policy for research purposes. Another reason is that I was able to critically analyse the process they used for validating their measurements in the measurement framework that I am seeking to employ in this study (see figure 3, Appendix C). Note that their research involved statistical analysis that is not relevant to this study; however the validation process and contextual adjustments that they made are presented in figure 3.

As previously stated validity refers to the crucial relationship between a concept and its indicators (Carmines & Zeller 1979). The different procedures of measurement validation (Adcock & Collier 2001) previously discussed are arguably crucial to the conceptualisation and operationalization of systemised concepts. In other words, the study essentially focuses on how concepts used by policy makers in the field of OVC lends itself to be operationalized and measured through observable and measurable indicators (level 3) that reflect theoretical constructs (level 2), see figure 1.

It is important to note that this study will not aim to measure outcomes or measure validity for that matter; instead it will focus on the process of measurement validity and to what extent relevant issues, like stigma for example, can be defined and objectively measured. Considering the conceptual issues e.g. lack of definition, unverifiable data, loose definitions that do not allow for context, narrow definitions that do not include the relevant

indicators, indicators that do not reflect concepts etc. that were referenced in the literature review, one could expect that similar features might be reflected in the findings of Figure 2 for each concept.

To conclude, in most cases, the linkage between theoretical constructs and their measures are left unspecified or else described in loose unverifiable ways. Although various measurement criteria exist, especially in the body of psychometric and other streams of measurement, they are not directly useful to OVC policy in South Africa. In striving for a stronger degree of correspondence between constructs and their measures, a set of criteria is needed against which these measures can be evaluated. Attention needs to be paid by researchers and policy makers in the field to further conceptualise and define concepts i.e. distinguishing between background and systematised concepts, as well as being contextually 'sensitive' in forming concepts.

Procedures for validating concepts, like the ones developed by Adcock & Collier (2001) are useful to assess the measurement properties of scales developed and employed in this field as they incorporate the above mentioned elements and can be applied to both qualitative and quantitative data. Satisfying the criteria for valid measurement requires that multiple procedures be used i.e. content, convergent, discriminant and nomological/construct validation. Validation of measurements should be viewed as an important and essential step in not only research studies but in the actual policy formation process. This calls for policy makers to evaluate independently the usefulness of concepts for measurement.

Chapter 4

Research Methodology

4.1 Introduction

This chapter will build on the methodology section in Chapter 1, by giving a more detailed outline of the methodology employed by this thesis, including research design, the data gathering process, and the approach to data analysis. The research tried to examine the implications for measurement of policy in the social welfare sector and focussed specifically on those policies targeting children affected by the HIV/AIDS pandemic in South Africa, also referred to as Orphans and Vulnerable Children (OVC). A critical inquiry into the conceptualisation and measurement of terminology was undertaken through a literature and policy review. A theoretical framework to analyse measurement validity, informed by the work of Adcock and Collier (2001) was employed by this study. Data was supplemented by qualitative semi-structured interviews with policy makers and practitioners. The data gathered during interviews was then analysed by means of the above mentioned theoretical framework that allowed for the examination of the research question.

4.2 Research Design

4.2.1 Quantitative and Qualitative Research

There are several ways of classifying research studies. One of the most important ways focuses on the methodology used. Quantitative research relies on measurement to compare and analyse different variables. In contrast, Qualitative research uses qualifying words or descriptions to record aspects of the world (Bless, Higson-Smith & Kagee 2007). In this section the difference between these two types of research will be briefly examined to explain the use of the particular methodology employed by this study.

Quantitative research methodology relies upon measurement and uses various scales. Numbers then form a coding system by which different cases and different variables may be compared. Systematic changes in 'scores' are interpreted or given meaning in terms of the actual world that they represent. Numbers have the advantage of being exact. E.g. 'three' means exactly the same thing to every person who knows the concept, and will mean exactly the same thing in different social, cultural and linguistic contexts. Another important advantage of numbers is that they can be analysed using descriptive and inferential statistics. However, there are some kinds of information that cannot be adequately recorded using quantitative data. In many cases language provides a far more sensitive and meaningful way of recording human experience. In these cases, words and sentences are used to qualify and record information about the world, this type of research is considered qualitative in nature (Bless, Higson-Smith & Kagee 2007).

The measurement validity framework by Adcock & Collier (2001) that was employed by this study allowed for the use of both Qualitative and Quantitative methods. For example, Nomological/Construct validation relates statistical data (level 4) to a proposed indicator (level 3) for a specific systematised concept (level 2). In this example quantitative data (level 4) is used as evidence for measurement validity. Initially, the research plan included using all three types of measurement validation described by Adcock & Collier (2001) i.e. content-, convergent/discriminant- and nomological/construct validation (described in chapter 3). However, due to the level to which policies were operationalized (see section 4.5 on limitations) in the area of OVC, only qualitative design i.e. content validation (levels 2 and 3) was used for this study.

4.2.2 Choosing a Research Strategy

In an era where there are so many approaches and interventions dealing with the complex issues associated with social problems like HIV/AIDS, the approach employed by the study allowed for the investigation of this complex social phenomenon to gain a deeper understanding and find possible solutions. The research question of this study aimed to critically consider the most basic functions i.e. the definition of concepts, and how these

concepts can be scientifically measured. A qualitative design was followed in order to 'dig deeper' into conceptual issues that relate to measurement.

According to Flick (1999a) qualitative research is not based on a single, unified theoretical concept, nor does it follow a single methodological approach. Rather, a variety of theoretical approaches and methods are involved, with one common underlying objective: to understand the phenomenon under study. Broadly speaking qualitative research designs fall into three categories of study techniques according to White (1999) i.e. explanatory, interpretive and critical designs.

The design that was used for this study can be described as a critical inquiry in to a specific policy area i.e. measurement validity. Critical research is described by McNabb (2010: 47) as "an increasingly important tool in public administration and sociological research". This method calls into question the most basic assumptions and then requires the reader to evaluate the usefulness of these assumptions for action (White 1999: 57). In other words, the criticism points out inconsistencies that exist between what is true and false and what is good and bad and then bring the reader to actions that are commensurate with accepted truth and goodness. According to White (1999: 57) Critical research does not always satisfy the critic, nor does it always change beliefs and values but it has the potential to do so.

Underpinning the critical approach is the assumption that complex practical problems demand specific solutions. These solutions can be developed only inside the context in which the problem arises and in which the practitioner is a crucial and determining element. The solutions cannot be applied successfully to other contexts, but they can be made accessible to other practitioners as hypotheses to be tested (Altrichter, Posch & Somekh 1993:201-3).

The research question of this study allowed for the critical analysis of the definition of concepts used in government policies directed at OVC in South Africa and to what extent these concepts lend themselves to measurement. As emphasised in the quote above, this problem was approached in a practical way by evaluating the way that concepts used in OVC policies and programmes are currently being defined and measured by policy makers in South Africa as well as establishing to what extent these concepts can be operationalized

and measured through observable and measurable indicators. Well defined concepts and context specific indicators were seen as crucial elements pertaining to measurement validity.

4.3 The Data Gathering Process

The process of gathering data for this study used a mixture of primary and secondary sources to inform the critical qualitative research strategy selected for this thesis. Data was necessary to examine how terms used in policies are defined and how concepts are operationalized for measurement. The following illustrates how the researcher proceeded to source primary and secondary data, as well as the nature of the data. It will begin with secondary materials, as this was the first type of data sought in trying to construct an initial overview inquiry into conceptual and measurement issues relating to this particular policy area i.e. Orphans and Vulnerable Children.

4.3.1 Literature Review

In order to conceive the research topic in a way that permits a clear formulation of the problem and a hypothesis, some background information was necessary. This was done by mainly reading whatever had been published that appeared relevant to the research topic i.e. issues regarding the conceptualisation and measurement of social policy. The literature review was an ongoing process throughout the study. During the course of research the problem became more defined and new aspects and problems arose that required new information.

The first broad purpose of the literature review, as mentioned above, was to widen and deepen understanding regarding the area of research in order to clarify and develop the research question. It was important to become familiar with the latest developments in the area of research e.g. a lot of research has been done regarding HIV/AIDS related issues, however, not a lot of literature was found on measurement of social policy specifically in the area of orphans and children made vulnerable because of HIV/AIDS, specifically in the South

African context. Reviewing related studies, either in the area of measurement or social policy formation, allowed the researcher to become acquainted with the terminology, problems, hypotheses and results obtained by other researchers. This prevented redundancy and made it possible to add to research by building on previous results.

Reviewing different sources also allowed for the identification of gaps in knowledge, or weaknesses in previous studies. That is, to determine what has already been done and what is yet to be studied or improved. It was possible to discover connections, contradictions or other relations between different research results by comparing various investigations. Finally, the purpose of the literature review was to sharpen and deepen the theoretical framework of the research. That is, to study the different theories related to the topic, taking an interdisciplinary perspective where applicable, in order to use a theoretical framework that would allow for examining the research question for this particular study.

As the study involved examining a specific policy area i.e. the definition and measurement of terminology relating to OVC policy, it was important to review as many, and as great a variety of documents as time would allow. Secondary sources included the review and analysis of policy and programming documentation of various government departments at both national and provincial level; NGOs; evaluations and guidelines for measurement, measurement frameworks designed for OVC policy, as well as policy and measurement frameworks of various INGOs.

In order to identify relevant sources, the library indexing system was consulted where a listing of relevant books and articles could be established. Bibliographies of articles and general indexes (such as the Book Review Index) were also helpful in finding articles. Professional journals in the field of public policy referenced in book and article reviews were also good sources. The internet provided access to online journals, government websites and electronic copies of International Measurement Frameworks.

During the course of the literature review it was possible to get a good sense of what kind of problems could be identified and how these problems will affect the measurement of policies. However, it was necessary to supplement secondary sources with primary data by means of semi-structured, in-depth interviews with key informants.

4.3.2 Interviews

Primary data consisting of qualitative interviews were carried out largely with key individuals (government officials and other stakeholders) directly involved in creating policies and programming aimed at Orphans and Vulnerable Children in South Africa (see Appendix D). The data generated by these interviews represented the core findings of the research. Interviews were able to show similarities and more precise definition of concepts, the importance of contextual differences in defining policies, and the measurement of concepts. The next section provides further details on the method and use of interviewing in this study.

4.3.2.1 Sample

In total, ten interviews were carried out by this study and constitute its primary source material. Half of which were face to face interviews held with government officials that work with OVC policy directly in various National and Provincial Government Departments i.e. the National Department of Social Development, Department of Social Development of the Western Cape, Western Cape Department of Health, Western Cape Department of Education as well as a Member of Parliament overseeing Orphan and Vulnerable groups. Four of the remaining five interviews were held with Executive Directors of several NGOs that provide services and programmes to Orphans and Vulnerable Children in South Africa and one interview was with a private consultant specialising in policies in the area of vulnerable children in South Africa.

Interviews were preceded by a letter sent to departments and NGOs which outlined the purpose of the research and made an official request for co-operation. Interviewees were made aware of anonymity i.e. that interviews are voluntary, the names and designations of the interviewees would not be disclosed; however the names of the different organisations may be mentioned in agreement with the institution. The interviews were tape-recorded to ensure accuracy in data and then transcribed before it was analysed.

Interviewees were also made aware that all data collected from the interviews was for the purpose of this study.

In order to conduct interviews at the Department of Social Development in the Western Cape, this study had to undergo a process of ethical clearance by the Department of Social Development's internal research unit. During this process, the research proposal, the literature, methodology and purpose of this thesis were evaluated. The above mentioned documents had to be accompanied by a formal letter from the academic institution in question i.e. the University of Cape Town, Political Science Department, stating that the research question was approved and that this study has received ethical clearance from the university. Once ethical clearance was granted by the Department of Social Development it was possible to proceed with the interviews.

The selection of interviews was purposive rather than random, the aim being to target a wide range of officials directly involved in policy making and OVC programming. A variety of individuals were sought ranging from representatives from government, non-government organisations as well as a private consultant specialising in OVC policy, to ensure diversity in perspectives. A variety of perspectives were needed given the direct involvement of both government and NGOs in the provision of services to OVC. Considering that the focus of this study was on assessing the effectiveness of these policies, interviews with other key informants, such as parliamentary oversight as well as a consultant specialising in OVC policy, were beneficial. The targeting of interviewees aimed to cover a broad cross-section of officials primarily in senior level positions in various government departments. In the end, of the interviews held with government officials, three were with individuals in senior management (director and above) and the two included a middle management position (acting deputy director) and a Member of Parliament.

4.3.2.2 Method

Marshall & Rossman (2011: 144) distinguish three general approaches that can be used for qualitative interviewing: informal, conversational interview; guided interview or

topical approach; and a standardised, open ended interview. The purpose and nature of the research determined which of these approaches were used.

It was important to get a real sense of how policy makers were defining and measuring specific concepts used in their policies. For this purpose guided, qualitative interviews with key policy makers were considered particularly useful. Before interviewing could begin, it was recognised that interviewing as a particular type of social enquiry could also take more than one form. These include unstructured and semi-structured formats (De Vos et al 2002: 298). May, in Morse (1991: 189) describes Semi-Structured interviews as those organised around areas of particular interest, while still allowing considerable flexibility in scope and depth.

During the interview specific information was required from the interviewee about the research topic, e.g. how is OVC defined? How is it operationalized and measured? The following passage from De Vos et al. (2002: 298) on the use of semi-structured formats was particularly noteworthy:

Semi-structured interviews are used when information required is about a certain topic, and while the structure of the topic is known, the answers cannot be anticipated. The guided interview is ideal for obtaining comprehensive and comparable data.

Following this definition, research was guided by a semi-structured format for qualitative interviewing. The rationale for adopting this format flowed from this study having used a pre-constructed analytical framework (i.e., see chapter 3).

In order to ensure that the information supplied by the interviews clearly relate to the analytical framework, a specific format and process was followed. This process i.e. the interview schedule included the main questions to be answered, probes that could be used to complete or clarify the answer and follow up questions to pursue the implications of answers to the main questions (see Appendix A). Questions and probes were carefully prepared and reviewed in advance to assist and guide the conversation in the right

direction, e.g. interviewees were asked to describe how definitions used in policy were informed; the process followed in defining concepts and measurement indicators; how policies are measured; and how the context influenced measurements. Follow-up questions depended on the initial responses of interviewees, and were designed to probe for greater detail and clarity. The purpose of the study and goal of the interview was explained to interviewees beforehand. This was done without difficulty as all the interviewees were considered 'experts' in the field, and were well informed in the area of policy analysis.

4.4 Approach to Data Analysis

The process of data analysis takes many different forms depending on the nature of the research question and design, and the nature of the data itself (Bless, Higson-Smith & Kagee 2007). The research findings were explicitly stated and based on the analysis of primary data i.e. qualitative interviews. By employing qualitative analysis an attempt is made to capture the richness of themes emerging from the interviews rather than reducing responses to quantitative categories. The process and approach to data analysis will now be discussed in more detail.

Various authors described the analysis process of qualitative data; two of which are particularly useful for this study:

Qualitative analysis takes place throughout the data collection process. As the researcher will constantly reflect on impressions, relationships and connections while collection the data. The search for similarities, differences, categories, themes, concepts and ideas forms part of the continuous process (Tesch 1990, in Henning et al 2004).

Data analysis can be described as a process of resolving data into its constituent components to reveal its characteristic elements and structured. Once data is classified, correlations or relations between different categories can be studied which in turn can provide the basis for a fresh description (Dey 1993: 30).

The key point stemming from these observations of how qualitative data is interpreted is the search for and discovery of themes, similar ideas, concepts that might be relevant to a particular research question.

To analyse literally means to break into bits and pieces or to break down the data. This is also referred to as 'categorising' or 'coding' data (Dey 1993: 30). To assist the process of coding interview data, this thesis employed a pre-existing framework of analysis consisting of three levels of conceptualisation and measurement as defined by Adcock & Collier 2001 (see chapter 3, figure 1). This framework constituted what is referred to above as analytical 'categories', which represent a kind of explanatory guide derived from existing theoretical or conceptual thinking.

For the purpose of this study, the process of coding essentially entailed the identification of themes, patterns and commonalities in the text material of interviews, which were deemed relevant to the research question. In other words, the text material of interviews was systematically analysed and categorised according to the 'levels of definition' (Adcock & Collier 2001) in the analytical framework employed by this thesis.

In practical terms this entailed initially preparing written transcriptions of all recorded interviews. In two cases (LIV-villages and Western Cape Department of Health) the interviews had to be conducted telephonically and were not able to be recorded due to logistical reasons and scheduling arrangements. Written notes were taken during the course of these interviews to make sure that data is accurately recorded. Once the audio interview recordings were transcribed into text, the analysis began. During the analysis, data was then classified, a process that involved being broken up into different categories: background concept, systematised concept, indicators, scores and context. New connections could then be identified and made between the different levels. Figure 4 below illustrates the coding process.

Figure 4 - Interview Coding Process

| Level 1: Background Concept | Level 2: Systematized Concept | Level 3: Indicators | Level 4: Scores | Context |
|-----------------------------------|-------------------------------------|------------------------|--------------------|---------|
| | | | | |
| | | | | |

The framework presented by Adcock & Collier 2001 in chapter 3 was used to analyse data and assess measurement validity. However, scores (level 4) were not used due to limitations mentioned later in this chapter (see 4.5.). It was possible to analyse the level of definition by distinguishing between general understandings about the concept (level 1: background concepts), formal definitions or constructs (level 2: systematised concept), and the various characteristics of the concept (level 3: indicators) illustrated in Figure 1, Chapter 3. Valid measurement meant that background concepts (level 1) inform the systematised concept (level 2) and the indicators (level 3) of policies related to the systematised concept (level 2). It was also possible to analyse how/whether policy makers used the context to inform their definitions and measurements by looking for context specific indicators or common adjusted indicators (see chapter 3, regarding the importance of context for valid measurement).

The next step involved going back to the questions that were raised in the Literature Review in order to integrate the primary data findings with data from secondary sources. This meant the comparison of the findings from the qualitative interviews with the findings of investigations considered in the literature review (chapter 2). This was done in order to determine how primary findings corresponded to the work of previous researchers, whether data collected during the interviews complimented or contradicted the findings and to address the issues that were raised in the previous chapters.

4.5 Limitations

This research study effectively analysed national OVC policy in terms of applied definitions, norms and standards. However there were some limitations to the methodology that will be acknowledged in this section.

Firstly, it is important to note that since national policy is used to inform policy at provincial level, the definitions used to inform national policy could effectively be analysed to determine measurement validity of OVC policy in South Africa. It was not the aim of this study to evaluate the implementation of policy at the provincial level of government, but to offer impressions regarding the challenges for measurement validity. Therefore, findings cannot offer a representative picture of the operational situation at provincial level of government, but aim to give an impression of measurement validity.

In order to obtain an impression of measurement validity and the challenges thereto, at an operational level, the Western Cape provincial government was used as a case. This province was selected for logistical reasons i.e. proximity to the researcher. It was also possible to get a different perspective, particularly in regard to context, by interviewing a NGO operating from KwaZulu Natal. This interview however is not meant to be representative of the entire province, but simply provide an example to illustrate the importance of context.

It is important to note that NGOs are often required to do 'impact assessments' as part of their program evaluation. The findings of these assessments are then reported to donors, usually on an annual or semi-annual basis, depending on the specific agreement. While the 'criteria' developed for these assessments might be of practical value for the NGO and its donors, it was not considered particularly useful to this study. While some NGOs make use of the term OVC in their policies, the issue that this thesis was trying to address was: can they measure it?

Finally, even though the intention was to examine measurement validity using every level of definition as illustrated by Adcock and Collier (figure 1, Chapter 3), in most cases scores (level 4) of measurements could not be accessed. The reason for this was that operationally many policies were not at this level, which meant that findings could only be analysed according to indicators (level 3) and not actual statistical data (scores). The fact that data could not be analysed at the level of scoring, limited the strategy used for measurement validation to content validation (level 2 and 3).

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Chapter 5

Findings

5.1 Introduction

The literature review pointed to a number of conceptual problems when it comes to policy making, specifically in the field of Orphans and Vulnerable Children (OVC) in South Africa. My research plan intended to examine this hypothesis through gathering first hand data from key stakeholders in South Africa. Relevant policies of various NGOs that provide services to OVC; National as well as Provincial Government Policies relating to OVC; as well as international documents and standards were analysed. Interviews were conducted with policy makers and practitioners to supplement findings. The objective was to examine the extent to which the conceptual problems observed in the literature review were evident in the process of monitoring and evaluating OVC policy implementation, and the possible effect on measurement validity.

There are a number of issues relating to measurement validity in OVC policy in South Africa: Firstly, conceptual concerns regarding the term OVC appeared. The literature showed that because there is no implicit definition or clear statement of inclusion and exclusion in the term, it has to be regarded as a theoretical construct that requires explanation and definition in order to be useful in practice. Secondly, there were also conceptual concerns regarding terminology that came up in the literature e.g. the lack of a clear definition for 'stigma' that is often addressed in policies. The elimination of discrimination and stigma surrounding HIV/AIDS is often an outcome in government and non – government programmes.

Another issue that came up has to do with the difficulty that context poses for valid measurement. The issue of context specificity is described by Adcock & Collier (2001: 530) as an issue that arises when a measure that is valid in one context is invalid in another.

Before getting into conceptual disputes, it is important consider the regional, political, social or cultural context.

The interview schedule was informed by the theoretical framework of Adcock & Collier (2001), presented in chapter 3 and aimed to:

- A) Determine how and to what extent policy makers were defining OVC.
- B) Establish to what extent the term OVC lends itself to operationalization and measurement through observable and measurable indicators that reflect the theoretical construct.
- C) The interviews explored how terminology like 'stigma' is currently used in OVC policies and programmes, how/to what extent it is conceptualised and measured by policy makers in South Africa.

5.2 The Importance of Context

The importance of being contextually sensitive or specific was identified in the literature as problem relating to the terminology used in policies, in the sense that policies that do not account for differences in context, potentially threaten the validity of measurements. Interviews emphasised the importance of context in dealing with issues surrounding OVC and reinforced concerns about the effect of context on defining OVC. For example, the National Department of Social Development explained:

You have to consider the phenomenon of OVC in SA's specific context to understand why and how this group is defined. The social and economic context in South Africa out of which the issue of OVC emerged means poverty and its manifestations; very high levels of unemployment; family disintegration, part of that is structural, I am referring to the migrant labour system and racial segregation; also the AIDS pandemic in the country.

Historical and structural patterns influence definition of policies, for example:

A factor here in the Western Cape has to do with people coming backwards and forwards from the Eastern Cape, as a result from historical migrant labour patterns. You do not really have a consistent group. Some children are sent back some stay here for periods of time. You also have differences depending on the areas. Poverty is much worse in rural areas like around Worcester and Paarl, this makes a difference (The Warehouse).

Other examples that came up during the interviews emphasised the point that due to the inconsistency, communities are disconnected i.e. parents working in the Western Cape and living on the bare minimum while investing in their family homes in the Eastern Cape causes disconnect in families and communities. As a result, many people do not invest in building strong communities in the Western Cape and this creates a breeding ground for social ills like drugs, violence, abuse and disease.

The importance of policies being specific to an area or community was emphasised. One NGO focussed on strengthening communities in dealing with OVC and found that their programmes were more applicable in black communities than coloured communities in the Western Cape. The reason for this was explained that,

AIDS related issues are substantially higher in black South African (majority Xhosa speaking) communities, because of the infection rate. If you look at the statistics for HIV/AIDS in the Western Cape, you will find that it is deceptive because of the population distribution. HIV/AIDS statistics will show very low percentages of coloureds and whites. But population distribution it is predominantly coloured, so you have to factor this when looking at the statistics (the Warehouse).

In an interview with 'LIV Villages' a NGO that provides services to OVC in KZN it was clear that, although children might be in need of similar services i.e. nutrition, education, care etc. , the context was different. To use one example, they were dealing with much larger amounts of orphans and Child Headed households than in the Western Cape where orphans are fewer and still taken care of by their communities to a large extent.

All the interviewees were aware that OVC, although regarded as one encompassing group, consisted of a variety of different children, within different communities, varying in age, ethnic background, gender, disability, disease or levels and areas of vulnerability. OVC was not considered a homogenous group. Interviews emphasised the importance of dealing with specific issues that children are facing within a specific context by focussing on the exact services they need.

5.3 Defining 'Stigma'

Kalichman et al. (2005: 135) in developing a scale to measure HIV/AIDS related stigma in South Africa, emphasised that to their knowledge, there are relatively few empirical studies of AIDS related stigma and no standardized, reliable and validated measures developed for use in Africa. Most interviewees brought up the issue of stigma associated Orphans and Vulnerable Children without being prompted. This indicated that stigma is a prominent issue in OVC policy. Although stigma was not considered the main focus of this study, examples that came up in the interviews demonstrate the importance of clear definition for measurement.

The work of Kalichman et al. (2005) was useful for this study in that their aim was to develop a reliable way of measuring stigma in South Africa. During their research no conclusive or clear definitions of stigma or the qualities that characterise it were found. Primary data collected during interviews for this study, confirmed their findings that while many prevention and care programmes have the reduction of stigma and the fostering of more supportive attitudes as a stated objective, virtually none has developed a reliable way of measuring this most intangible of phenomena. No conclusive or clear definitions of stigma or the qualities that characterize it were found. The measurement scale presented by Kalichman et al (2005) to overcome these limitations demonstrated evidence for reliability as well as indicators for validity in that it is sensitive to context, individual differences and change. However, little research has been done in terms of defining stigma related to HIV/AIDS which is specific to the context of orphans and vulnerable children in South Africa.

In view of the lack of formal definition, policy makers were asked how they would define 'stigma'. Responses varied, from describing the possible causes of stigma e.g. fear of exclusion, prejudice, judging, labelling, and ignorance to the different manifestations of stigma in children and acts of discrimination. A distinction can be made between the fear of stigma associated with HIV/AIDS and the actual act of discrimination that happens as a result of stigma. For example, parents might be afraid that if they disclose their HIV status their family and children might be discriminated against. This is a perception or a fear. On the other side there is the actual manifestation i.e. where they have disclosed their status and as a result they or members of their families were beaten up, or they could not go to school, or their boyfriend or girlfriend broke up with them.

Stigma manifests in various forms of discrimination and fear. For example:

Stigma may cause children not to talk about problems at home, because they are afraid it will bring more shame to the family, for this reason they might be excluded from government services because they are never identified as vulnerable children. They might even have been told not to speak about someone at home that is sick (Private Consultant specialising in Policies directed at OVC).

There have been cases of children growing up to their teenage years without knowing why they take ARVs, they were not informed of their status because their parents wanted to protect them (or the family) from being stigmatised (Wola Nani, Starfish). Most importantly, these issues need to be considered within the framework of the HIV/AIDS pandemic in the country. Interviewees at various NGOs (Wola Nani, Starfish, the Warehouse) pointed to the effects of stigma on children associated with HIV/AIDS.

One factor that makes things harder on children infected or affected by HIV/AIDS, and in a sense more vulnerable than other children, is that they have to deal with the consequences of stigma associated with the disease (the Warehouse).

The practical experiences and research of practitioners that were interviewed suggested that at a psycho-social level those orphaned by AIDS are worse off than other children, the reason being that children whose parents die of AIDS are more traumatized

because they are stigmatized in society, yet little action has been taken in this regard. Ridding society of stigma associated with HIV/AIDS, also referred to as Non-discrimination, is a priority and outcome for many NGO's and Government alike; however, no formal definition of stigma was evident in the interviews conducted.

One issue that came up in various interviews was that using the actual term 'OVC' could be stigmatising. It was emphasised that it is not useful to classify or label children according to their status as this may cause stigma. Teachers, parents and other role models need to be aware of their choice of words as the use of certain phrases may be damaging to children.

There is a stigma to HIV/AIDS and everything that it is associated with i.e. poverty, orphanhood, children heading households, grandmothers taking over households, skin diseases (i.e. rashes that occur with ARV treatment), weight loss etc (the Warehouse).

In some classrooms you hear uninformed teachers saying: all the OVCs stand up, this is very stigmatizing (Starfish).

It is helpful not to categorize and this could so easily be labelling or stigma and discrimination. Instead we emphasise that there might be a barrier to the child's learning and development because of lack of support in a specific area, trying to focus on the needs of the child and how to address them. We have profiles for children with strategies for them not to experience a barrier to learning, but we try not to categorize them (Department of Education, Western Cape).

The language being used can make stigma worse, it is important for parents, educators, social workers etc. to be attentive to how they are saying things to children. Education is the way to fight stigma, but it is in the way you do it (Department of Social Development, Western Cape).

The issue of stigma was described by a Member of Parliament as being mostly associated with ignorance in society. It is seen as an educational issue.

Stigma comes from connotations and beliefs about the causes of vulnerability and not really getting to the understanding of what the real causes are, but judging and rejecting them on the effects. Where are your parents? You should be at home? You should be studying? How did you end up on the streets? In other words, stigma happens when people make ignorant judgements about the perceived as the causes of vulnerability.

Even though no systematised definition for stigma could be found, the issue of non-discrimination has been addressed in policies e.g. White Paper No.6 on Special Needs Education, Department of Education. However, more research needs to be done in the definition and measurement of this social phenomenon.

5.4 Findings based on the application of the measurement framework

Primary data in the form of qualitative interviews was analysed using the framework of Adcock and Collier (2001) as explained in Chapter 3 of this thesis (see also table 4.1). In this framework, measurement validity is understood in relation to issues that arise in moving between concepts and observations. The relationship between concepts and observations are described in terms of four levels, as illustrated in Figure 1. At the broadest level (level 1), is the background concept, next is the systematized concept (level 2), the third level are indicators and finally at the fourth level are the scores, which are the results or numerical classifications of measurements. This study however, was limited to level 1, 2 and 3 for reasons explained in chapter 4.

5.4.1 Background concept: level 1

The background concept is the broadest level of definition and encompasses the constellation of potentially diverse meanings associated with a given concept (Adcock & Collier 2001: 530). During the interviews, OVC was associated with the following meanings.

OVC or Orphaned and Vulnerable Children was generally understood as a term that is used to describe and group children who are either infected by HIV/AIDS themselves or affected by the loss or illness of a close family/community member. In most cases the term

OVC was used by policy makers to define a group of children in need of services within the context of HIV/AIDS.

Interviews showed that many children are made vulnerable and/or orphaned not only by HIV/AIDS but also by other diseases and socio-economic factors e.g. violence and poverty, and should therefore not be excluded. However, those children who are infected or affected by HIV/AIDS do have a range of multifaceted needs and issues that often require specialised attention, e.g. children on ARV medication have specific nutritional needs, or children that are taking care of sick parents require the right kind of emotional and physical support. For example, it would not be useful to distribute food parcels only to orphans affected/infected by HIV/AIDS, when they are surrounded by other starving children. The problem is how to make sure that services reach the target group (i.e. children in need of specific service/services), and for this to be accurately measured the target group cannot be too loosely defined.

However, it is not just the complexity of the HIV/AIDS scenario that makes this group hard to define; there are also social standards and norms that contribute to the South African context that needs to be considered as explained in the previous section of this chapter. The National Department of Social Development emphasised that “orphanhood does not necessarily imply vulnerability in South Africa”.

For example, a child living in a household with a sick parent, but part of a caring community, while technically considered vulnerable, may be a fairly happy and healthy, vibrant child. Also, various degrees of vulnerability in different communities allow for confusion about which children are vulnerable, where, when, and how much (this holds implications for measurement that will be addressed later in this chapter). For example, a child living in a child headed household may be vulnerable in the area of education, but no more than a child living in an impoverished community. Policy makers and representatives from the various NGOs that were interviewed agreed that vulnerability is relative and varies in degree. Strictly applying rigid definitions of vulnerability (e.g. definitions originating in the developed world i.e. international organisations and agencies like UNICEF, UNAIDS etc.) to the South African context, could mean that nearly every child is considered vulnerable.

The link between orphanhood and vulnerability was emphasised by the National Department of Social Development:

Research and evidence suggest that particularly with the HIV/AIDS pandemic, many children who find themselves orphaned are indeed made vulnerable because of the HIV/AIDS pandemic in the country.

It was further emphasised that OVC is considered useful because it includes both orphan and vulnerability and this “emphasises the plight of orphans that exist as a result of the HIV/AIDS pandemic as well as the circumstances they are living in” e.g. they are without their parents, there are a number of children that have parents but they have abandoned them or they don’t know where their parents are; the parent might be in denial about his/her status and feel that their life is over and therefore doing the child a favour by abandoning them. These children are then left to care for themselves and can end up living or working on the streets, they need protection and care.

The concept of orphanhood can be differently understood depending on the context e.g. an orphan being a child without a mother and a father reflects a Western view; while in African communities the loss of a child’s biological parents does not necessarily mean orphanhood. However, communities change over time and many African communities in South Africa have incorporated individualistic practices which co-exist with traditional practices. For this reason, some policy makers were more comfortable using the term ‘primary caregiver’ or ‘significant parent’ than ‘parents’.

Understandings of ‘orphan’ varied, for example, making a formal distinction between single or double orphan, maternal or paternal etc. were not always seen as useful since many fathers are absent or not involved in the child’s life from the start (often fathers would go to big cities to look for jobs and then they never come back); mothers are left as the primary caregiver and provider. When a mother becomes sick or dies and is not able to provide for her children, responsibility usually falls on the grandmother, unless the child or children are taken into the household of a neighbour or extended family member.

Vulnerability, although frequently used, is a very broad term that can take on a range of meanings. Definitions for vulnerability varied according to the services and focus of programs, the objectives and framework of various NGOs or government departments, as they may or may not respond to the needs and dangers that children face within their different environments.

Children may be vulnerable or “open to harm (Wola Nani)” for many different reasons and at various different times when they are not able to exercise their full range of rights.

The majority of interviewees understood that orphanhood may lead to vulnerability but does not necessarily imply it i.e. the loss of a mother or father or both parents adds to vulnerability but it does not necessarily make one child more vulnerable than another. A child might be vulnerable during a period of time i.e. he/she might have been abandoned, but then the parents could return and they would not be vulnerable anymore.

Children that are exposed to various social ills are considered more vulnerable. For example, children living in poverty stricken communities may be vulnerable to malnourishment, violence, gender inequalities, disease, poor access to healthcare services and schools, poor access to transportation services, they might be isolated, abandoned or abused. One NGO (Wola Nani) considered children vulnerable when they have been historically disadvantaged or politically marginalised in South Africa e.g. children that are dependent on government services. Vulnerability can include a whole range of conditions:

Vulnerable children are children living in child headed households, children living with grandparents or a grandmother that is old and unable to take care of them, children who are exposed to domestic violence at homes, alcohol and drug abuse, children that are sick or on ARV treatment, whose parents are sick and unable to care for them, children living and working on the streets, mentally or physically disabled children etc (Provincial Department of Social Development).

It is difficult to determine which child is more vulnerable. A child may be more vulnerable in a particular area. For example, children younger than 6 years are more vulnerable to abuse, while teenagers may be more vulnerable to gender inequalities and

discrimination, being rejected by their communities etc. Children with a sick mother or absent father can be more or less vulnerable to a child living with HIV/AIDS etc. A child living in a child headed household may be able to attend school, have access to healthcare, social grants and receive food from neighbours while a child that lives with a sick mother or father may not be able to access any of these options. Children younger than 18 years are considered vulnerable and dependent on adult supervision and care. However, sometimes 20 year olds still attend school and are not able to care for themselves.

5.4.2 Systematised concept: level 2

Selecting from Background concepts allow policy makers to formulate an explicit definition referred to as the systematised concept. Adcock and Collier (2001: 532) state that: “the systematised concept should be selected from background concepts, based on specific arguments, linked to the goals and context of the policy to justify the particular choice to allow for valid measurement”.

Interviews and literature stipulated that definitions for orphanhood and vulnerability are Rights based e.g. UN convention on the Rights of the Child (UNCRC)⁶, the African Charter on the Rights and Welfare of the Child (ACRWC) and Conventions from the International Labour Organisation (ILO), the South African constitution and the Children’s Act 2005, are very clear on the rights of Children. Children are considered vulnerable when they are not able to exercise the full spectrum of their rights.

⁶ In the UNCRC, child is defined as: every human being below the age of 18 unless under the law applicable to the child, majority is attained earlier” (article 1), and spells out a wide range of rights for all children including the right to dignity, freedom from discrimination (stigma), survival; development, protection from harmful influences abuse and exploitation, and participation in political, civil, cultural, social and economic activities, with overall consideration of the best interests of the child.

The importance of being aware of contextual differences in measurement, as previously explained in 5.2, can be overlooked when international frameworks are implemented. The national Department of Social Development stated that there are some problems with applying these legal definitions to the South African context. Even though child is legally defined as younger than 18 it was emphasised that this definition cannot be too narrowly implemented.

OVC can receive the Children's Grant until the age of 18. That does not mean that once a person is 18 you no longer have the same specific needs. We are fully aware that 18 is not some magical number where the needs of a child end (National Department of Social Development).

The importance of International Declarations and frameworks in coming up with definitions and policies was pointed out during all the interviews. The national Department of Social Development stated that:

South Africa is signatory to the Declaration of Commitment of the United Nations General Assembly Special Session on Children held in 2002 (UNGASS), this and many other international frameworks e.g. actors like UNICEFF play an important role in formulating definitions.

However, it was mentioned that each provincial government department as well as local Non Government Organisations, Faith Based Organisations, etc. can formulate their own definitions and indicators specific to the focus and needs of OVC, based on the standard of national and international frameworks. For example, the Provincial Department of Education in the Western Cape looks at OVC from an educational point of view. Policies and programming are informed by the National Education Policy Act, 1996, but are further defined to the specific context.

It is the right of a child to have an education. We define orphanhood, whether single, double, 18 or not, as part of vulnerability. From an educational point of view, vulnerability means children with barriers to learning and development. This presupposes that some external element, be that disability, sickness, trauma or orphanhood is prohibiting this child

from learning and developing as he or she should. Vulnerability means they are not able to have access to school, achieve in school and/or retain knowledge (Department of Education, Western Cape).

The context appears important here. Even though international standards may be relevant, they need to be adapted to the specific contexts to make accurate measurement possible. There are various examples:

The different cultural interpretations of the word 'orphan' referred to earlier in this chapter, means that a child without a mother or father ('orphan') might not be better or worse off than any other child in that community. If the 'Western' definition of orphanhood is operationalized without considering the particular context, children who are not in need of services might receive them, while other needs are not addressed (Interview with private consultant in the area of OVC policy).

Interviews with the Department of Social Development, Western Cape, confirmed that orphans (meaning children without a mother and father) are often raised by family members, however, societal changes allow for Western values to replace some of the traditional values.

One cannot say that orphans are not there, because they are present in society. It depends on the values and the compassion of the specific community and even the family. In some families now, even though community is valued, norms have changed and children may be left to fend for themselves. Being individualistic and only thinking about your very close family and not others around you enable orphans and vulnerable children to exist (Department of Social Development, Western Cape).

In trying to distinguish systematised concepts, it is important to consider the complexity of the HIV/AIDS issue, which was examined in the literature review.

Interviews showed that government utilize 'shared' policy frameworks e.g. the Policy Framework on Orphans and other Children made Vulnerable by HIV and AIDS 2005. This document is meant to reflect the collective commitment of government, faith-based

organizations, community-based organizations, civil society and the business sector. It is meant to serve as a guiding tool for non-government and government agencies involved in HIV and AIDS and children sector. The purpose of the Policy Framework was to promote an enabling environment for more effective delivery on commitments to orphans and other children made vulnerable by HIV and AIDS at legislative, policy and programmatic levels. The Framework also aims to encourage flexibility, and effective harmonisation and coordination between various legislation, policy and regulations within and between government departments and between stakeholders at all levels.

Shared frameworks assist in coordination between various departments and stakeholders. This is particularly important when considering the complexity of problems that OVC are faced with. In order to address these issues in more comprehensive, multi-faceted ways the provincial departments of health and social development have coordinated their efforts and function as one department. However, interview with the Department of Health, Western Cape, stated that “unlike the other provinces, the Department of Health and the Department of Social Development function separately in this province”. As a result, the Department of Health, Western Cape, does not utilize any definition for OVC. Instead services are allocated to children depending on their medical need.

The Department for Social Development however, defines ‘orphan’ according to the availability of adult care for children i.e. “a child who has no surviving parent caring for him or her is considered an orphan”. ‘Child’ is considered to be younger than 18 years. The literature distinguishes between different kinds of orphans, single orphan’s where one parent is deceased, double orphan where both parents are deceased, maternal orphans; these are children who lost their mothers, paternal orphans that have no fathers. However, it is not clear what is meant by ‘parent’, nor the relevance of including maternal, paternal, single or double orphan in the definition. The interviewees in the non-government sector explained that they find it more useful to refer to ‘key parent’ or ‘primary provider’; a child would then be considered vulnerable and in some cases an ‘orphan’ when there is no working parent to provide an income for that family.

Vulnerability is formally defined by the National Department of Social Development as “a child whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstance and which prevents the fulfilment of his or her rights”. It is stated in the provincial policy on Orphans and other Children made Vulnerable by HIV/AIDS that ‘vulnerable children’ include amongst others: Chronically and / or terminally ill children; Orphaned children; Children with physical disabilities and incurable diseases; Children infected and affected by HIV and AIDS; Children from dysfunctional families; Children in homes headed by other children; Children in poor households and communities; Children living and working on the streets.

It was pointed out during an interview with a member of parliament that the same frameworks i.e. OVC Policy Framework, also inform definitions used by parliament for oversight purposes. The importance of having definitions that reflect the international norms and standards were also emphasised.

Our definitions reflect international definitions because as a country we have to follow the international norms and standards. Looking specifically at OVC, and the different subgroups, these groups will have to reflect international definitions, for example, included in the definition is the subgroup of ‘children living and working in the streets’, we can’t just come up with our own way of defining.

In the Non Government sector many definitions for OVC were informed firstly by the Children’s Act 2005 as well as by papers that were researched and published by the Children’s Institute South Africa during the last ten years. Many NGOs were not operating on the level where systematised definitions were employed. In three of the four interviews held with NGOs, systematised definitions were non-specific, varied and not defined. During the various interviews with NGOs the following was stated regarding formal definition:

We are not very structured about our definitions as an organization, simply because the need is so big (Starfish).

Because the socio-economic problems surrounding HIV/AIDS is so encompassing, we can get away with this very loose definition of vulnerability (Wola Nani).

The need is too big, we are just working at giving orphans a home, not really see it as a productive use of our time to sit around and define OVC, you know a suffering child when you see one (LIV Village).

5.4.3 Indicators: level 3

Indicators or measures include any systematic scoring procedure ranging from simple measures to complex indexes. Developing indicators on the basis of a systematised concept allows for valid measurement (figure 1), this process is referred to as operationalization. Documentary analysis together with interviews generated the following observations regarding indicators for OVC policy.

It was emphasised in the interviews that national government departments formulate policies and then various programmes are implemented at provincial and local level. To monitor these policies, a government wide M&E system was developed for the Department of Social Development as well as other Departments (interview – National Department of Social Development). Indicators are based on the Rights of a Child and include the various areas of his/her wellbeing.

However, it was stated during an interview that the M&E system has not been implemented in the Western Cape (interview – Department of Social Development, Western Cape). Instead, the department has developed their own indicators based on the services that are provided to OVC provincially (that potentially makes it even more difficult to implement the national M&E system because of lack of consistency with national indicators).

Another recent development by government has been the launch of a national surveillance study. Through this study government departments will be able to monitor the well-being of orphans and vulnerable children by ensuring that they receive targeted and integrated services.

Government will be partnering with community based organizations, particularly in the areas where the study has identified a high number of OVC to provide comprehensive services to such children including education, health services as well as protecting them from any form of abuse, neglect and exploitation (National Department of Social Development).

Data from the study indicated the total number of maternal orphans that emerged between 2003 and 2008 in every province. However one has to consider the relevance of this statistic to the South African context i.e. maternal orphan does not necessarily imply vulnerability as previously explained.

Both national and provincial government uses registers to account for OVC in the country. These registers are considered the main source of measurements in various areas. The Department of Social Development, Western Cape emphasised that:

As a national indicator we have registers for the estimated number of identified OVC. This includes the specific number of OVC that are receiving services either directly from the department or through funding or other organizations that are then required to register the amount of OVC. This is only an estimate as we do not have access to all the numbers. OVCs are registered by qualified social workers and home carers that visit these communities.

Indicators are defined according to the various services provided to OVC e.g. government poverty alleviation programs, i.e. social grants, serve as an example. The foster grant provides assistance based on whether children are in this category (OVC). In other words, for a child to receive this grant the financial income of the household is irrelevant. On the other side, the Child Support Grant provides assistance based on the income of that household, as this is an income support program. Targeting a service to a category of child that may need a completely different service is problematic.

This issue of inappropriate targeting was emphasised by the Department of Education, Western Cape, during the interview saying:

The issue with OVC is that it depends on how the individual child experiences their vulnerability in whatever area; some children might need less support than others depending on their individual circumstances. The same applies for orphanhood. This is why it is helpful to target the needs of the child and not the 'group' he or she can be classified (Department of Education, Western Cape) (See the first section of this chapter regarding context).

Parliamentary functions include overseeing the national budget; effectively controlling how much funding is provided to OVC programs; as well as to the overall health and education sectors for treatment and prevention programs. A Member of Parliament, specifically overseeing vulnerable groups, was able to provide a general overview of which indicators are being used to measure OVC programming in South Africa. Indicators covered the following areas: Social grants i.e. the Child Support Grant and the Foster Care Grant, Food Parcels and Psycho social support from social workers as well as school enrolment and attendance (this also includes school fee exemption).

Most of the NGOs that were interviewed did not use their own indicators to measure policies. Instead the criteria set by those who provide funding to programmes, be that government or private, was used to guide programmes.

Working with international donors and NGOs we often deal with the same indicators as the profile of programmes are more or less the same, poverty, disease, previously disadvantaged. Definitions would not differ, but in SA the numbers are bigger (Wola Nani).

Indicators need to reflect international standards i.e. "be appropriate for national and international reporting e.g. State of the World's Children, Millennium Development Goals" (Member of Parliament). However, depending on the programme or the organization, indicators are associated with the services that are provided to OVC e.g. education, psychological care, protection, access to education, clinical (health) and nutritional support.

As previously mentioned, most NGOs were not utilizing a systematised definition in their programmes. However, NGOs that were more sophisticated had developed their own definitions that could inform indicators. For example, school enrolment and attendance were greatly emphasised by NGOs like Wola Nani and the Warehouse, therefore services

were structured towards getting children through school and in this regard attention was paid to every part of the child's wellbeing (physical, emotional, nutritional, and psycho-social).

5.5 Critical analysis of findings: Implications for measurement validity

In this section the primary research conducted via interviews and supplementary document analysis will be analyzed by looking specifically at the implications for valid measurement as defined in Chapter 3. The process of analysis is described in Chapter 4. Problems identified in the literature review that can lead to error in measurement include: vague or undefined concept; measuring complex and continuous concepts; indicators that do not adequately capture the full content of the concept; and contextual differences.

The literature emphasised that measurement indicators that do not relate to their concepts are ill defined and run the risk of not reflecting the real level of progress made. Having clear and valid yet contextually sensitive definitions will make it easier to find indicators that in turn will contribute to more effective monitoring and evaluation.

5.5.1 Lack of definition for measurement: level 1 and 2

To avoid errors in measurement it is important that the concept 'develops' through each level of definition that is presented in the framework (figure 1). Background concepts include a variety of meanings and the formation of the systematized concept often involves choosing among them. Confusing background and systematised concepts or simply not defining systematised concepts affects accurate measurement. Moving from the background concept to the systematised concept means a formal process of definition has taken place where the concept has been deliberately and consciously invented or adopted for a special scientific purpose (Adcock & Collier's 532: 2001).

Interviews confirmed that there is no common definition for OVC especially when the context is considered. Many organisations used the terminology OVC without defining or developing it sufficiently for measurement i.e. using background concepts to inform their policies instead of systematised concepts. For example, a NGO stated that:

We are not very structured about our definitions as an organization, simply because the need is so great. We did not separate those who were HIV positive from those who weren't because issues are so complex and this group is constantly changing (Starfish). When asked why use OVC at all, responses included: "it is government speak" or "international donors use this terminology".

Conceptually OVC is problematic as it is not clear which groups are inherently included or excluded from the definition. For example, a consultant that works on policy directed at children in South Africa, explained that "OVC makes no sense because it either implies that orphans aren't vulnerable or it implies that all orphans are vulnerable".

The consultant felt more comfortable referring only to children made vulnerable due to various circumstances and tried to avoid using OVC as a construct due to its limitations and unclear definition. It was further pointed out that historically the focus of many international agencies were orphans created by the HIV/AIDS pandemic. As the effects of the disease spread and social issues became more complex, these agencies also had to focus on other children that were not necessarily without parents but also in need of care and services. Interviews at various NGOs in the Western Cape observed that the term OVC came in use after contact with international organisations and donors.

Responses reflected the diversity of different programmes according to the needs of communities and children depending on the focus of the organisation or government department. Even though OVC is defined within the context of HIV/AIDS it is understood to not be limited to this area as some children are affected by other diseases too. The general understanding was that OVC was associated with HIV/AIDS.

In seeking to establish measurement validity in relation to a background concept with multiple competing meanings, a different answer to each meaning was found. To

prevent confusion Adcock and Collier (2001: 533) states that the systematized concept, rather than the background concept should be the focus in measurement validation. Arguments about background concepts and validity can be adequately addressed only when each is engaged on its own terms rather than finding a common or broad definition.

When the systematised concept was defined in the policy, the selection between background concepts had been made according to the objective of that specific policy or programme. For example one NGO focussed on community development and strengthening the capacity of communities to take care of orphans. This organisation defined OVC as: “A child whose primary caregiver has died, disappeared or is terminally ill (meaning stage 4 AIDS on ARV treatment or denied treatment), who is 18 years and younger, if still attending school, the age limit is 20 years”, this definition was very specific, while another NGO saw OVC as “the children of mothers who are infected by HIV/AIDS.

5.5.2 Defining a ‘continuous’ concept

It is important to understand that background concepts are not entirely fixed, instead they evolve over time as new understandings are developed and old ones are revised or fall from use (Adcock & Collier 2001: 532). Another issue pointed out in the literature that was supported by the interviews, is the easy confusion between treating a concept as dichotomous (divisible in to different categories) with measuring a continuous concept (various levels measured over time) with a dichotomous indicator (Bollen 1990:13). Sometimes the underlying concepts are continuous, e.g. vulnerability varies in degree and can change over time. Vulnerability, because it is continuous cannot be measured by simply using different indicators like: Chronically and/or terminally ill children; Orphaned children; Children with physical disabilities and incurable diseases; Children infected and affected by HIV and AIDS; Children from dysfunctional families; Children in homes headed by other children; Children in poor households and communities; Children living and working on the streets.

To elaborate on the example of vulnerability, it was clear during interviews that many children were vulnerable for a variety of different reasons. As a result programmes focussed on extending services to the 'most' vulnerable children in society and emphasised that HIV/AIDS contributed to some children being more vulnerable than others.

As previously mentioned, government uses national registers to account for OVC in every area that are receiving services from them. These registers function as their main source of data and measurement. It was stated during the interview at the Department of Social Development, Western Cape, that: "it is up to the social worker to identify OVC. It is difficult to know what happens after they are identified and they are on the register".

The Department Of Health also uses registers, however unlike other provinces, these two departments function separately in the Western Cape. According to their Community Based Services (CBS) service delivery framework, the Western Cape Department of Health does not distinguish OVC as a group, instead registers at various ARV clinics determine what care or services are needed in communities e.g. care to elderly, adherence counselling etc. During the interview it was stated that:

Once a social problem e.g. orphans in need of care or a malnourished child, social grants etc. is identified by home carers, the DSD is contacted. Initial home visits are done by NPOs or the NGOs that work at grassroots, depending on their program or services. In the registers there are age breakdowns, so as a department they are aware of all the children that are on ARV treatment and they are able to provide services to them (Western Cape Department of Health).

The issue is that, regardless of how these children are identified, using a register that identifies OVC in communities as an indicator is problematic if one considers that vulnerability is a continuous concept. During the interview, a private consultant in the field of OVC policy, stated that:

Vulnerability changes over time. If you say this is a vulnerable child, what does that mean specifically? Are they always that way? Does it mean that they are going to stay vulnerable? For example, one child might live in a child headed household and be considered vulnerable, this child could then be moved to a different home with working parents, yet he or she

might be abused or neglected and may be worse off. It is useful to rather measure vulnerability as at a particular time and within a specific context.

In some circumstances, the needs of some children could be dire and require immediate and specific intervention. One interviewee pointed out that:

Children younger than 6 years are more susceptible to malnourishment and therefore more vulnerable in this area. Children who are infected with HIV need immediate care and treatment, a balanced diet and the safety of a home. It is not just any type of care but a specific type of care that the infected child needs (Starfish).

In other words the context, severity at that particular time, the area of vulnerability and the long and short term implications for the child and community, as well as the contribution of cultural norms and traditions should be taken into consideration when coming up with indicators. The issue of context specificity in measurement will now be discussed in more detail.

In terms of the measurement of vulnerability with and whether dichotomous or ordinal variables should be used is a distinct issue and should be taken under further consideration.

5.3.3 Lack of contextual specificity

Adcock & Collier (2001: 535) argue that greater sensitivity to context may help scholars develop measures that can be validly applied across diverse contexts and would allow for valid measurement. They propose two ways of doing this that are explained in Chapter 3. Firstly, to be context specific in developing indicators (operationalization stage, figure 1), this means that context specific choices are made regarding where or to which parts of society measures will apply. The second way to be sensitive to context is to adjust common indicators. This means that the same indicators are applied to all cases but is weighted to compensate for contextual differences.

Although interviewees were all aware of the importance of context and could even provide examples of potential problems/dangers when policies are not context specific, many policies were not developed to the point where indicators had been adjusted to allow for differences. In some cases however, where indicators were operationalized from a contextually sensitive systematized concept this allowed for valid measurement, e.g. 'The Warehouse' focussed on supporting orphans (orphan being: a child whose primary caregiver has died or disappeared, who is 18 years and younger, if still attending school, the age limit is 20 years) through school and was able to use measures for school enrolment and attendance for this specific group.

5.3.4 Content Validation: level 3 and 2

Data gathered during interviews and policy documents indicated that definitions for OVC vary. As explained in 5.5.1, primary data confirmed the conceptual concerns that were raised in the literature review. However, even though carefully developed concepts are a key prerequisite for meaningful discussions of measurement validity, a distinction can be made regarding conceptual problems (background concepts and systematised concepts) and problems with measurement validity. Because content validation involves conceptual reasoning, it is important to maintain a distinction between validation and questions regarding background concepts as previously discussed.

For content validation to be useful there must be some basis for conceptual agreement about the phenomena being investigated. As established earlier, the systematised, rather than the background concept should be the focus in measurement validation. Without it, validation issues become entangled in a broader dispute over the concept. Such agreement can be provided if the systematized concept is taken as a given, that way attention can be focused on whether a particular indicator adequately captures its content (Bollen 1989: 186, Adcock & Collier 2001: 539).

When primary findings regarding the systematised concept (level 2) and indicators (level 3) were examined, it showed that: a) many definitions were adopted from international or regional, even national frameworks without applying them to the specific

context; b) only in a few cases were systematised concepts formulated by making a deliberate selection from background concepts; c) indicators were based on the services that are provided to an undefined and continuous group that may or may not be the ones in need; d) in some cases the indicators of international agencies were applied, without considering the context.

Finally, since no consistent, clear and coherent systematised definition for OVC could be found, it was not possible to verify if indicators adequately captured the full content of the systematized concept. The same applies for 'stigma'.

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Chapter 6

Conclusion

This thesis aimed to analyse public policy by questioning basic assumptions: how can we determine that policies directed at orphans and vulnerable children are making a positive difference in their wellbeing? To what extent can policies that aim to do so much i.e. address all the physical, educational, emotional and psycho-social needs of children, be measurable? In trying to answer these questions, the importance of developing clear, context specific definitions for valid measurement of policies was made apparent. In this chapter, the specific findings of this thesis will be highlighted and discussed. Attention will be paid to areas where policies can be improved to ensure valid measurement.

6.1 The importance of measurement validity in OVC policy

Evidence gathered during this study showed that despite the magnitude and dire consequences of the growing number of orphans and vulnerable children (OVC) in South Africa, there is insufficient data regarding the effectiveness of strategies employed to improve the well-being of children. It seems that government and non government organisations alike, are mobilising resources in responding to the plight of children and their increasingly growing needs. Policy actors are approaching the issues regarding OVC through different ways (whether poverty alleviation programs or community empowerment programs), without really knowing whether their responses are making things better or worse. At the same time valid measurement of social policies is gaining importance in an era of performance measurement and monitoring and evaluation strategies. However, little research has been done in terms of measurement validity. In other words how can responses to orphans and vulnerable children allow for valid measurement?

This thesis aimed to address this question by looking specifically at the concepts that are used by policy makers in this area of social policy. In other words, how are OVC and

other concepts like stigma currently being defined and measured in policies and programming in South Africa? The findings of this study call for renewed attention to be paid to measurement validity by looking at two key issues that were made apparent in policies directed at OVC. Firstly, there is little consistency in the definition of terminology (specifically 'OVC' and 'stigma' were researched in this thesis). Secondly, there are issues that arise when a measure that is valid in one context is invalid in another.

It was possible to assess measurement validity in policies by gathering evidence for validity. Looking at OVC, it was made apparent that there is no clear definition among policy makers for this term. In some cases, policy makers used international standards and Children's Right frameworks to inform their definitions without effectively applying them to the specific context where their policies will be operationalized. Both of these problems adversely affect measurement validity. However, in the case of OVC policy, developing clear and contextually sensitive definitions is no simple task. The research done for this thesis showed several reasons for the lack of definition:

One issue is that the term itself is problematic. There is no clarity regarding which groups are included or excluded from the definition of OVC i.e. either implying that orphan's aren't vulnerable or that all orphans are vulnerable, which is not necessarily the case. The definition becomes even more ambiguous when the context is taken into consideration. Taking the example of 'orphan', the definition is generally clear cut (e.g. looking at the Children's Act) so that data on orphans can be more easily analyzed and compared across countries. However, this term is not so simply defined in the African context, where orphanhood is not necessarily associated with the loss of biological parents. Vulnerability on the other hand, is so broad that any child who is potentially in a dangerous or harmful situation can be considered vulnerable. Vulnerability also varies in degree and changes over time, e.g. one child may be in a life threatening situation, suffering as a result of abuse or illness; while another child may not be able to finish their education because of other responsibilities at home. While both examples describe vulnerability; one may be more serious than the other. Vulnerability is also relative to the experience of the child him/herself, e.g. one individual child may experience deep emotional pain related to trauma

that influences his/her relationships, education and even his/her will to live; while another child may not experience trauma in the same way.

Another issue is that even though the term itself does not suggest any connection to HIV/AIDS, i.e. orphan can mean any orphan and vulnerable could imply any vulnerability, OVC seems to be used only within the context of HIV/AIDS. The study showed that OVC is used to describe a group of children that were either orphaned or adversely affected by the HIV/AIDS pandemic. This suggests that there is some connotation to the term OVC, that unlike any orphans or vulnerable children, these children are specifically associated with the HIV/AIDS pandemic. Setting aside the adverse implications of this connotation to the term for measurement, if one considers the stigma in society that is already associated with HIV/AIDS, then categorising a group of children on the basis of their connection with HIV/AIDS can be harmful.

This study showed that 'stigma' is frequently used by policy makers and is one of the prominent issues related to the HIV/AIDS pandemic and policies directed at OVC. However, there seems to be no consistent and clear definition regarding what it means or the qualities that characterise it. Not enough research has been done regarding measurement in this area since no standardized, reliable and validated measures could be found that have been developed for HIV/AIDS related stigma specifically related to children. Stigma serves as an example of important terminology that is used in social policies directed at OVC that is used without being clearly defined and therefore not allowing for valid measurement. More attention needs to be paid to developing clear definition and measures in this area.

6.2 Can 'OVC' allow for valid measurement?

In the previous section of this chapter it was pointed out that there is a growing need for valid measurement in OVC policy. Evidence gathered during this study showed that OVC, although frequently used by policy makers has some conceptual problems inherent to the term. The term is also applied without taking into account the context. Further, the term is used to describe a group of children who are either orphaned because of, or infected by

HIV/AIDS. However, when considering the socio-economic problems surrounding HIV/AIDS like poverty, violence and other illnesses, it doesn't make practical sense to regard these children as an isolated group. In fact, it could be harmful, when the stigma that is associated with HIV/AIDS is taken into account.

The lack of clear and consistent definition for OVC has implications for valid measurement (Adcock & Collier 2001: 529). The framework for measurement validation developed by Adcock & Collier (2001) that was used for this study, distinguished between conceptual problems (like lack of consistency in definition); issues that come up when definitions are not sensitive to the context where policies are implemented; and issues pertaining to measurement validation. It was therefore possible to zoom in to the problems that were undermining measurement validity in the case of OVC policy.

According to the Adcock and Collier (2001) framework, valid measurement means that observations meaningfully capture the ideas contained in concepts i.e. how indicators capture the concepts they try to measure. This is also referred to by Adcock and Collier (2001) as content validation.

This study showed that in most policies, the indicators that were used did not relate to the concepts they were supposed to measure. One reason for this was that no consistent, clear and coherent formal definition for OVC could be found; therefore it was not possible to verify if indicators adequately captured the full content of the concept.

In some cases the indicators of international agencies were applied, without considering the context. Another problem, also related to the conceptual issues mentioned earlier, is that indicators for OVC policies were based on the services provided to an undefined and continuous target group that may or may not be the ones in need. The findings of this study showed that no consistent definition for OVC could be found. Content validation showed that no valid measurements can be made using the term OVC.

I will now aim to look at these specific problems concerning measurement and make recommendations where applicable.

6.3 Specific problems and recommendations to measurement of OVC policy

Policies should be measurable in order to know if interventions are creating the desired outcome. This calls for policy makers to evaluate independently the usefulness of concepts like 'OVC' and 'stigma' for measurement. Validation of measurements needs to be viewed as an important and essential step not only in research studies but in practice, during the actual policy formation process. This means that the clear definition of terminology i.e. the selection of general understandings to formulate constructs that can be operationalized for measurement should be a priority.

Directing interventions on the basis of orphanhood or vulnerability is too vague. Due to the pervasiveness of poverty across South Africa's child population; different cultural understandings; the continuously changing nature of vulnerability; the sensitivity of children's psycho-social needs; and societal changes, one has to be specific when targeting resources. Directing interventions on the basis of children's orphanhood substantially mis-targets resources aimed at reducing vulnerability. Instead policies should target children on the basis of the service they need. It is not possible to measure interventions directed at an undefined OVC population. However, the valid measurement of the services provided to the children who are in need of them, is possible. For example, the Department of Health in the Western Cape is able to provide services to the children in need of ARV treatment depending on the CD4 count of children in hospitals. Another example is the Department of Education, Western Cape that is able to provide specific support to students with a 'barrier to learning'. Once that barrier is identified (whether disability, abuse at home or a sick parent for instance) a service can then be provided to address the issue.

To prevent indicators from misrepresenting what they are supposed to measure, policy makers should be aware that policies are context specific and should make provisions accordingly. This can be done either by formulating context specific indicators or adjusting common indicators like the ones used in international measurement frameworks for example. An issue that arose in this study related to context showed how the relationships

between local NGOs, Government and International Organisations could adversely affect measurement validity in OVC policies. While NGOs are often in touch with the needs of children at grassroots level and able to provide necessary services, they have to adhere to not only the frameworks and measurement indicators (e.g. registers) of government, but also satisfy the criteria of international donors in order to get funding. This prevents NGOs from developing their own valid indicators and definitions and causes precious resources to go to waste.

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Appendix A

Interview Schedule

1. Background Concept: broad definition and understandings associated with 'the concept'.

- What is your understanding of Orphaned and Vulnerable Children?
- What informs your understanding of OVC?

2. Systematized Concept: what is the official definition of 'the concept'? Explicit definition given by policy makers

- Does the department/NGO utilise an official definition of OVC in policy? If so,
- What informs this definition of OVC that is utilised by the NGO/department (How do you define the concept for official use?)
- What process has been followed in generating the said definition?
- When you make policies how do you define OVC for programs, what do you base the definitions on?
- How does this definition correspond with that of other NGOs/ departments involved in rendering services to OVC?

3. Measures: Indicators, operational definitions employed in classifying 'the concept'

- Does the department employ indicators to verify the effectiveness of its OVC interventions? Yes or No
- If yes, what are these indicators?
- How were these indicators developed/what informed the development of indicators to measure the effectiveness of OVC interventions?

4. Contextual Adjustments: How does the 'official' definition take into account varying subgroups/conditions within 'the concept'.

- Are there significant or noteworthy differences between international definitions of OVC and South Africa-specific definitions? Explain...
- How do indicators vary in different policies directed at OVC?
- How important is the context (e.g. disability, age, race, level of vulnerability, sex, community ties) in defining OVC for the formation of policy and programmes (How is provision made for contextual differences? Explain...

Appendix B

Declaration of Commitment on HIV/AIDS: United Nations General Assembly Special Session on HIV/AIDS 2001(pg 29)

International promises made to children orphaned and made vulnerable by HIV/AIDS:

By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family, and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counselling and psychosocial support; ensuring their enrolment in school and access to shelter, good nutrition and health and social services on an equal basis with other children; and protect orphaned and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;

Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of destigmatization of children orphaned and made vulnerable by HIV/AIDS;

Urge the international community, particularly donor countries' civil society as well as the private sector to complement effectively national programmes to support programmes for children orphaned and made vulnerable by HIV/AIDS in affected regions, in countries at high risk, and to direct special assistance to sub-Saharan Africa.

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Appendix C - Figure 3: Review of measures & operationalizations for 'HIV/AIDS-related Stigma/Discrimination' by Kalichman et al. (2005), using the Adcock& Collier (2001) framework

| Background concept | Systematized concept | Measures (Indicators) | Contextual adjustments | Measurement Validation |
|--|---|--|---|---|
| Repulsion, blame, beliefs about negative qualities, e.g. dirty, untrustworthy, cursed shameful behavior of people with HIV/AIDS, coercion, avoidance, restrictions on freedom, should not be with children, isolation, restrictions on freedom | Belief that people living with HIV/AIDS are dirty, cursed, should be ashamed, should not work with children, must expect some restrictions on their freedom, has done something wrong and deserves to be punished, should be isolated, do not want to be friends with, or should not be allowed to work | <ol style="list-style-type: none"> 1. Demographic Characteristics 2. HIV/AIDS-related stigma 3. HIV/AIDS-related knowledge 4. HIV/AIDS concern 5. Attitudes toward HIV/AIDS status disclosure 6. HIV testing history | <p>Context-specific indicators were used. Measurements were limited by geographical, racial and cultural constraints of samples specific to the population groups in the western Cape province of South Africa. Persons of Xhosa, White and Indian decent were represented in the sample.</p> <p>Authors specifically state that generalizing the AIDS-related stigma scale to other regions, race and cultural groups in southern Africa requires caution and further adjustments.</p> | <p><i>Content Validity:</i> Generally measurements demonstrated evidence for validity. The scale assessed a broad range of stigma beliefs; scores reflected the systemized concept and were reliable in both women and men to a fair degree. Considerable differences in individual responses suggested that the scale allows for individual differences and change i.e. case specific validity. However, no evidence for content overlap was found for indicator 3. This indicator tested poorly.</p> <p><i>Convergent/Discriminant Validity:</i> The validity analyses were limited by having only a few potential correlates for this type of validity. Considering the correlation among scores in indicator 3 from all samples, this indicator does not account for more than 9% of variance in measurement. Numerous other factors must therefore account for AIDS-related stigma</p> |

Appendix D

List of Interviews:

Non-Governmental Organisations:

| | |
|---------------|-------------------|
| The Warehouse | Date: 17 Nov 2010 |
| Wola Nani | Date: 18 Nov 2010 |
| Starfish | Date: 29 Nov 2010 |
| LIV-Village | Date: 7 Dec 2010 |

Government:

| | |
|---|-------------------|
| National Department of Social Development | Date: 1 Dec 2010 |
| Provincial Department of Social Development, Western Cape | Date: 6 Dec 2010 |
| Provincial Department of Education, Western Cape | Date: 19 Jan 2011 |
| Provincial Department of Health, Western Cape | Date: 18 Jan 2011 |
| Parliamentary Oversight | Date: 1 Dec 2010 |

Other:

| | |
|--|------------------|
| Private Consultant: Promoting Access to Children's Entitlements (PACE) | Date: 6 Dec 2010 |
|--|------------------|