



**Displaced  
Children and  
Orphans Fund**  
**(DCOF/USAID)**



# **Participatory enumeration of orphans and vulnerable children (OVC).**

## **A vital tool for mobilising and strengthening community support for (OVC).**

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## Introduction - Burkina Faso

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- Burkina Faso is **one of the poorest countries** in the world (UNDP)
- The number of children under 18 years old that have lost one or both parents due to HIV/AIDS is estimated at 300.000 (UNAIDS).
- Due to the **limited capacity of existing structures and programmes** the burden of **care and support for OVC falls upon families and communities.**
- At the onset of the programme in 2000 **no data were available** about the prevalence and living conditions of OVC in rural areas in Burkina Faso.

## «Initiative Privé et Communautaire de lutte contre le VIH/SIDA » (IPC)

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- IPC is a community support organisation (CSO) that was created in 1994 by the **International HIV/AIDS Alliance**
- IPC's mission is to contribute to the reduction of the transmission and the impact of HIV/AIDS in Burkina Faso by developing the capacity of communities to mobilise and by stimulating and supporting action against HIV/AIDS of NGOs, associations and community based organisations (CBOs)
- Since 1995 IPC has supported technically and financially over 200 community prevention and care projects implemented by 150 NGOs and CBOs.
- Since March 2000 IPC is implementing a **programme on community mobilisation for care and support for OVC**

# Why a participatory enumeration of OVC methodology?

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- The interest in the study of orphans and their living conditions remains limited and results in paucity of available theory, methods and data. Little is known about patterns and dynamics of absorption of OVC by communities
- This situation is especially true in Sub-Saharan Africa where the OVC issue is overwhelming and resources are scarce. Under-resourced communities and poor families are at the frontline of care and support for these children
- Few data and analysis are available on the number and the living conditions of OVC in Burkina Faso. This is an obstacle for setting up and implementing effective local and national responses for OVC and their care givers.
- Driven by the needs in the field HIV/AIDS community support organizations based in the field have developed their own methods to generate the vital information that is needed to set up and implement appropriate responses for OVC.
- IPC has developed and field tested its own methodology for the participatory enumeration of OVC at community level

# Objectives of participatory enumeration of OVC

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To assess the **prevalence and the living conditions** of orphans and vulnerable children in their communities.

## In order to:

Support communities to develop and implement **community based responses in favour of OVC**

## By:

- **Identifying all OVC** in the community
- Collect basic information **about the living conditions of each OVC individually** (identification, age; sex; type OVC; reasons of vulnerability; education; identity/type of caregiver; household composition, other observations)
- Generating simple **statistics** on OVC for use by the community
- Categorising and **prioritising OVC** according to levels of vulnerability/needs

# Participatory enumeration methodology – underlying principles

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The methodology is based on the assumption that within rural communities, members of the community dispose of **thorough knowledge** about of family composition and events and are reliable informants on the situation of OVC in their community.

Dispose of a **simple methodology** that:

- can be used by communities with limited human and technical resources;
- is **participatory** and includes all members of the community, including women, youth and children
- generates **reliable** information that allows communities and CSO to grasp the actual size and scope of the OVC problem and to **respond adequately**,
- is **flexible** and can easily be adapted to local conditions and priorities)
- raises awareness on OVC issues and **reinforces community mobilisation** in favour of OVC

The enumeration is not conducted isolated but is **part of a community mobilisation process** that starts with giving information & awareness raising on OVC and results in a reinforced community caring for OVC.

## Methodology: summary

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Participatory enumeration of OVC is the **systematic** identification of all OVC in a community by conduction group interviews with a representative number (geographical & social) of small groups of community members. The enumeration is conducted by community members with support of external resource people

- The is different of the census methodologies that are based on door to door household surveys for identification of OVC
- The methodology is used in complementarity with other **action oriented** situation analysis methods, such as **PLA tools**
- Challenges the idea that systematic data collection and use of statistics in and by “low resource” communities can or is not done

# Methodology: Enumeration step by step

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**Step 1: Preparation of the enumeration with the community**

**Step 2: Data collection by the community**

**Step 3: Data treatment & analysis**

**Step 4: Community restitution**

**Next steps ...**

# Step 1: Preparation

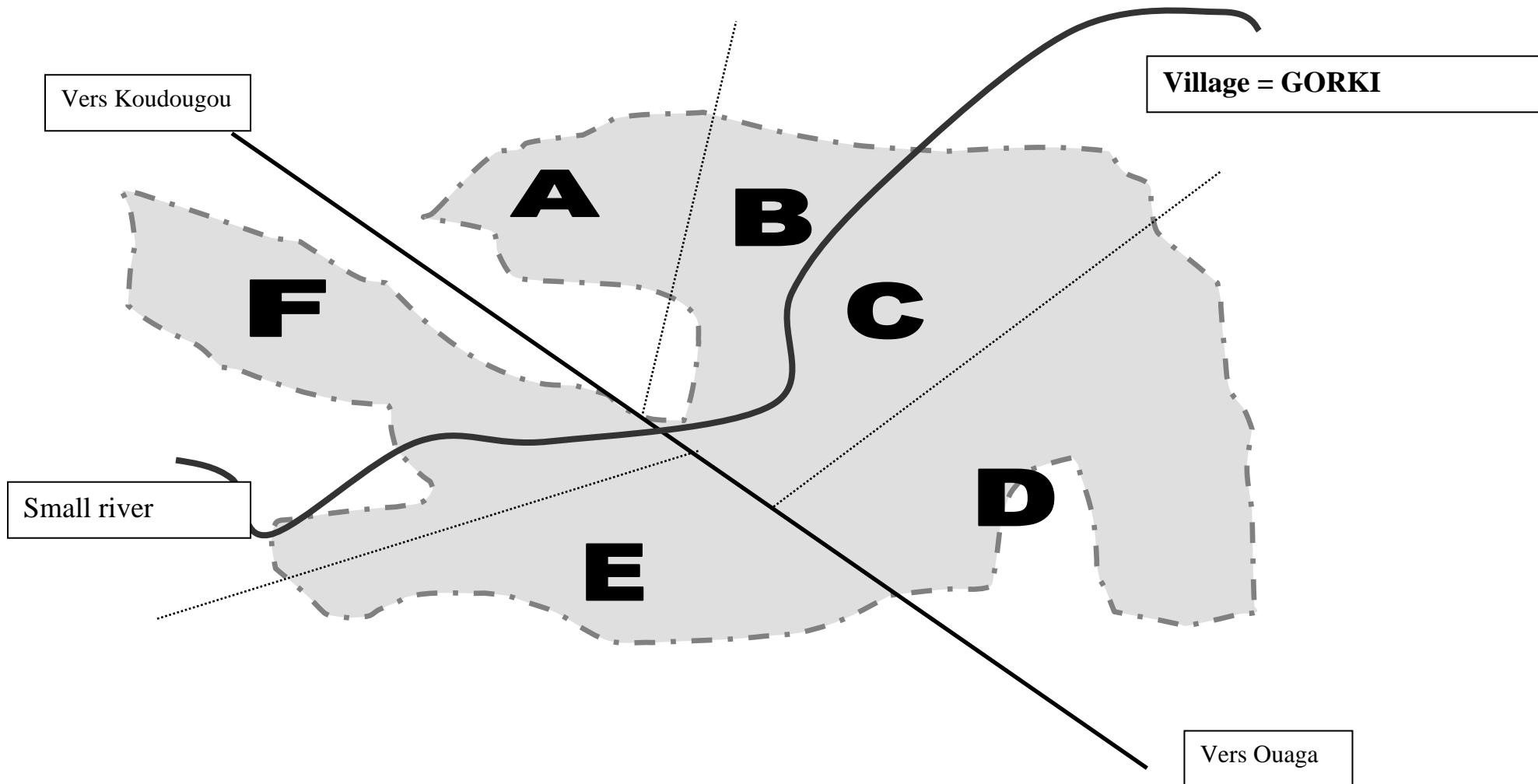
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A **good preparation** is key to successful enumeration. The enumeration involves the whole community and a large number of people are directly involved. As such shared information, common understanding and clear responsibilities are important.

- Informing/mobilising the community
- Mobilisation of volunteers
- Training of volunteers
- Community definition of OVC
- Mapping of the enumeration area & identification of enumeration zones
- Identification of informants & resource people
- Constitution of participatory enumeration groups
- Elaboration of data collection plan with enumeration teams

# Mapping of the enumeration area & identification of enumeration zones

- Preferably enumeration areas coincide with existing spatial/geographical entities
- The size of the enumeration areas is important; ideally they cover 30 to 80 households (200 to 500 persons)



**Form for the identification of Enumeration areas (EA) in the Intervention area (ZI)**

**O-1 / \_\_**

**Association:** \_\_\_\_\_ **Zone d'intervention:** \_\_\_\_\_ **Date :** \_\_\_\_\_

Nr.	Area (name)	Code of the area	Description : localization & characteristics of the area	Est. Nbr of lineages	Est. nbr of households	Est. Nbr of population	Responsible for the area (name, age & sex)	Volunteers for the area (name, age & sex)
1								
2								
3						<div data-bbox="1579 1125 1794 1198" style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;">Vers Ouaga</div>		

## Step 2: Data collection

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For the actual data collection, the volunteer needs **two basic skills**:

- The capacity to **facilitate a group discussion** on the identification and characteristics of the OVC
- The capacity to record the information in the forms at his disposal

Collection of demographic (denominator) data:

- Group discussions with village elders and key informants
- **Mapping** of community
- Listing of families and households, number of adult men; women and children (see tool)

Identification of OVC through enumeration sessions with 3 to 5 groups of informants composed of 4 to 8 peers: men; women; children; youth, etc.

- Discuss definition of OVC
- Identification / listing of all OVC (see tool)
- Basic characteristics of OVC (see tool)
- Prioritisation & classification exercise of OVC





## Step 3: Data treatment & Analysis

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Once the data are collected the compilation of the complete list of OVC is done in two steps:

### Compilation list of OVC for each enumeration area

- This is the responsibility of the area co-ordinator.
- Check for doubles: most children are identified more than one enumeration group
- Check missing or contradictory information: check information if in doubt

### Compilation of list of all OVC in the community

- Is done by compiling the list of the different enumeration areas

### Calculation of basic statistics

- Frequencies by age, sex and category
- Calculation of ratios and proportions (use of denominator/population data)
- Summary table

### Analysis & interpretation

- Use of a simple set of questions to reflect upon & answer
- Summary report

**Form for summarizing the identification of OVC by the Participatory groups in each enumeration area**

O-7/\_\_\_

Association \_\_\_\_\_ Enumeration area: \_\_\_\_\_

Responsible \_\_\_\_\_ Date : \_\_\_\_\_

<b>Nr</b>	<b>Nom, Prénom + age &amp; sexe</b> o	<b>Group 1</b> <b>(name)</b>	<b>Group 2</b> <b>(name)</b>	<b>Group 3</b> <b>(name)</b>	<b>Group 4</b> <b>(name)</b>	<b>Group 5</b> <b>(name)</b>	<b>Nbr of</b> <b>identifica</b> <b>tions</b>
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							



## Summary of basic enumeration statistics, Exemple Wakara 2002

### (1) Number of inhabitants in intervention zone

	Nbr	%
Number of adults (>15 year)	1539	49,2
Number of men	756	24,2
Number of women	783	25,0
Number of children (0 -15 year)	1588	50,8
Number of boys		0,0
Number of girls		0,0
<b>TOTAL</b>	<b>3127</b>	<b>100,0</b>

<i>Sex ratio #women/#men</i>	<b>1,04</b>
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### (2) Number of OVC

<b>Total number OVC (0 -15 y)</b>	<b>343</b>
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<i>% OVC/children</i>	<b>21,6</b>
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### (3) Household situation

Number of extended families/lineages (grande famille)	
Number of extended families/lineages (concessions)	38
Number of households	615
Number households women head of household	
Number of households caring for OVC	172

<i>Mean size of households</i>	<b>5,1</b>
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<i>% women households</i>	<b>0,0</b>
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<i>% OVC household</i>	<b>28,0</b>
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<i>Mean number of children/household</i>	<b>2,58</b>
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<i>Mean number of OVC/household</i>	<b>0,56</b>
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<i>Mean number of OVC/OVC household</i>	<b>1,99</b>
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## Results (6): Enumeration data, Wakara 2002

### (4) Number of OVC by age and sex

	Boys	Girls	TOTAL	%
0 (0 to 12 months)	7	4	11	3,2
1-4 year	30	25	55	16,0
5-9 year	71	57	128	37,3
10-12 year	40	30	70	20,4
13-15 year	47	32	79	23,0
<b>TOTAL</b>	<b>195</b>	<b>148</b>	<b>343</b>	<b>100</b>
<i>% Boys / % Girls</i>	<b>56,9</b>	<b>43,1</b>		<b>100</b>

### (5) Classification by level of vulnerability of OVC

	Boys	Girls	TOTAL	%
Category A (less vulnerable)	24	22	46	13,4
Category B (vulnerable)	36	19	55	16,0
Category C (very vulnerable)	81	49	130	37,9
Category D (extremely vulnerable)	55	57	112	32,7
<b>TOTAL</b>	<b>196</b>	<b>147</b>	<b>343</b>	<b>100</b>

### (6) Access to education of OVC

	Boys	Girls	TOTAL	%
Number of OVC at school age (6 to 15 y):	142	106	248	100
Number of OVC at primary school age (6 to 12 y):	95	74	169	68,1
Number of OVC at primary school age (13 to 15 y):	47	32	79	31,9

% of OVC at school age (6 to 15 y): **72,3**

	Boys	Girls	TOTAL	%
Number of OVC (6-15y) that are at school	49	31	81	33,2
Coranic school	0	0	0	0,0
Primary school	44	28	72	29,5
Secondary school	5	3	8	3,3
Number of OVC (6-15y) that are not at school	94	70	0	0,0
Has left school	24	5	29	11,9
Has never been to school	70	65	135	55,3
<b>TOTAL</b>	<b>143</b>	<b>101</b>	<b>244</b>	<b>100</b>
			<i>% of OVC enrolled</i>	<b>32,7</b>

#### **(7) Characteristics of OVC**

TYPES	Boys	Girls	TOTAL	%	% orphans
<b>Orphans</b>					
Orphans of both parents	12	9	21	6,1	11,6
Paternal orphans	78	56	134	39,1	74,0
Maternal orphans	11	15	26	7,6	14,4
<b>SUB-TOTAL orphans</b>	<b>101</b>	<b>80</b>	<b>181</b>	<b>52,8</b>	<b>100,0</b>
<b>Vulnerable children</b>					
Sick or handicap parents	4	5	9	2,6	
Sick or handicap children	2	0	2	0,6	
Children abandoned by father and/or mother	67	50	117	34,1	
Children of unknown father	5	4	9	2,6	
Children separated from their parents	0	3	3	0,9	
Children from very poor households	2	5	7	2,0	
Other	13	2	15	4,4	
<b>SUB-TOTAL vulnerable children</b>	<b>93</b>	<b>69</b>	<b>162</b>	<b>47,2</b>	
<b>TOTAL</b>	<b>194</b>	<b>149</b>	<b>343</b>	<b>100</b>	

## Results (8): Enumeration data, Wakara 2002

### (8) Identity / profile of caregivers OVC

IDENTITY	Boys	Girls	TOTAL	%
Father + mother	18	14	32	9,3
Father	24	15	39	11,4
Mother	42	32	74	21,6
<b>SUB-TOTAL parents</b>	<b>84</b>	<b>61</b>	<b>145</b>	<b>42,3</b>
Grand father	38	26	64	18,7
Grand mother	18	16	34	9,9
<b>SUB-TOTAL grand parents</b>	<b>56</b>	<b>42</b>	<b>98</b>	<b>28,6</b>
2nd mother (marâtre)/mother in law				0,0
Uncle (paternal)	44	19	63	18,4
Uncle (maternal)	5	7	12	3,5
Aunt (paternal)	1	1	2	0,6
Aunt (maternal)	1	4	5	1,5
<b>SUB-TOTAL uncle/aunt</b>	<b>51</b>	<b>31</b>	<b>82</b>	<b>23,9</b>
Brother	8	8	16	4,7
Sister	0	0	0	0,0
Cousin	0	0	0	0,0
Niece	0	0	0	0,0
<b>SUB-TOTAL uncle/aunt</b>	<b>8</b>	<b>8</b>	<b>16</b>	<b>4,7</b>
Friends of the father	0	0	0	0,0
Friends of the mother	0	0	0	0,0
Others	0	1	1	0,3
<b>SUB-TOTAL others</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0,3</b>
Nobody (OVC care for themselves)	1	0	1	0,3
<b>TOTAL</b>	<b>200</b>	<b>143</b>	<b>343</b>	<b>100</b>

## Step 4: Community restitution & next steps

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Once the data are collected, compiled and analysed, the local partner CBO and volunteers prepare the organisation of a feed back workshop for the community. Generally this workshop combines the results of the different situation analysis tools that have been used.

### **Workshop outline:**

- Present, discuss and validate the results
- Identify key issues for OVC in the community
- Identify options and priorities for action

### **Next steps:**

- Elaboration & implementation of community action plan
- Updating of OVC register
- Secondary situation analysis

## Some results

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- Since 2000 participatory enumeration of OVC has been conducted in over 40 communities in Burkina Faso as part of a community mobilisation process
- Participatory enumeration has shown to be an effective tool for community based OVC situation analysis and yields reliable basic statistics on the number and living conditions of OVC.
- Approximately 15 to 20 % of all children under 16 years old in rural Burkina Faso are OVC and are cared for by the extended family and the community, this is consistent with estimations from other sources
- Patterns of absorption of and care for OVC by families and communities show important variations among communities and should be better analysed and understood
- Aggregated results and secondary analysis of data from participatory enumeration have been used for advocacy on OVC issues at the national level

# Discussion

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- Possible biases exist in methodology
  - Use of a non standardised case definition
  - Identification of non eligible children because of support expectancy
  - Reluctance to identify certain children because of fear for stigma & discrimination
- The error margin of the method is estimated/believed to be below 20%
- The distinction between “fostered children” and “OVC” is not clearly made
- In areas with low HIV prevalence and high poverty levels, the proportion of children directly affected by HIV/AIDS can be as low as 20 to 40% of all OVC identified

# Recommendations

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- Research is needed to validate OVC enumeration methodologies developed by actors in the field.
- Adapt and improve the method to include the identification of households directly affected by HIV/AIDS by integrating the identification of:
  - Households caring for chronically ill people
  - Households with recent adults' deaths
- Adapt and pilot the methodology for use in urban areas