Responding to the Education Needs of Children and Adolescents Affected by AIDS in Sub-Saharan Africa

Report on Town Hall Meeting
October 23, 2001

Contents

Appendices:

A.   Agenda
B.   Priority Actions and Next Steps
C.   List of Presentations
D.   List of Handouts and other Materials
E.   Feedback and Reflections
F.   Participant List

I.   Background and Purpose

On October 23, 2001, more than 100 people gathered at Peace Corps headquarters in Washington, D.C., for the third in a series of Town Hall Meetings to address the needs of orphans and vulnerable children in developing countries. The meeting focused on the challenge of educating children and adolescents affected by AIDS in sub-Saharan Africa. By bringing together participants from a wide range of groups, including from both the education and health sectors, organizers hoped to stimulate a useful exchange of information. Additional goals were to examine program and policy responses to the education crisis, and to identify how to expand on successes and fill gaps. Organizers also aimed to strengthen collaboration across sectors and create momentum for further learning.

The meeting was open to all those working to address the problems of children, adolescents, and families affected by AIDS. Participants came from a wide range of groups, including the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), the U.S. Agency for International Development (USAID), and the World Bank. In addition, a wide range of private assistance organizations, many of them U.S.-based, were represented at the meeting (see Appendix F).

II.   Welcome and Overview

Linda Sussman, Technical Advisor, USAID HIV-AIDS Division, welcomed participants on behalf of the Informal Donors Technical Working Group on Orphans and Vulnerable Children. Comprised of representatives from USAID and other international donor organizations, the Working Group meets every three to four months, continuously adapting its purpose and function to the changing needs of the field. The Town Hall Meetings are one element of the Working Group's effort to promote exchange of information and learning in critical technical areas. The first two Town Hall Meetings focused on community mobilization and microenterprise as they relate to children and adolescents affected by AIDS. This meeting, to share information on education and AIDS, has long been needed. Many in the education sector work in countries hard hit by HIV/AIDS; likewise, those in the health sector increasingly realize that fighting AIDS must include a focus on fulfilling the education needs of children affected by the epidemic.

Lloyd Pierson, Acting Deputy Director of the Peace Corps, welcomed participants and noted his agency's long record of working with children and youth in sub-Saharan Africa, and its high level of concern over the impact of AIDS on this vulnerable group. AIDS is undermining overall development efforts and hits children especially hard, forcing them to undertake difficult roles and responsibilities at a young age. By threatening opportunities for education, AIDS is diminishing the prospect of a secure, healthy future for both individuals and societies. Pierson lauded the meeting's goals to educate and share information on this important topic.

Peter McDermott, Principal Advisor, HIV/AIDS, USAID Bureau for Africa, began with a quote from Father Kelly of Zambia, one of the most provocative thinkers on education and orphanhood: "Education in a world with AIDS cannot be the same as education in a world free of AIDS." The advent of the AIDS epidemic has meant a fundamental review of how we see our education systems, and challenges us to be much more innovative about schools and learning systems.

McDermott noted the difficulty of addressing a problem whose scope is so wide. The education needs of children and adolescents are complex and vary enormously depending on a child's age, whether they are in school or not, whether they have lost one or both parents, and whether they are HIV-positive. Meanwhile, 20 years into the pandemic, with tens of millions already dead, it is sobering to consider that we are still just beginning to discuss ways of adapting educational systems to this reality, rather than already implementing proven solutions.

The scope of the problem is enormous. Because of HIV/AIDS, children are suffering in numbers no earlier generation of parents or children could have imagined. By 2000, 4.3 million children under 15 already had died of AIDS. Annually, about 600,000 infants are infected with HIV. To date, more 13 million children have been orphaned due to AIDS, a number forecast to more than double by 2010, with the vast majority in sub-Saharan Africa.

For the most part, program managers know how to address the problems of orphans and vulnerable children. Experience with war, conflict, displacement, and refugee movements has produced a body of knowledge and evidence about how crises affect children. We know how children cope with stress. We are generally confident about the number of children infected and affected, and how to assess their needs. We also have a global consensus on basic principles to respond to these needs. The challenge, however, lies in applying this knowledge.

Education has a specific role in fighting the pandemic. It can give young people the knowledge they need to protect themselves, the life skills to secure a better future for themselves and their families, and prevent stigma. Amidst the uncertainty, chaos, and crisis generated by AIDS, education can restore structure to lives and provide hope and aspiration. But education systems need to change fundamentally to become both relevant to the individual and to the world that AIDS is creating around them. This requires bold and innovative thinking about how to develop and protect national education systems. Last year, more than 860,000 children lost one of their teachers to AIDS. Many infected children never enroll in school, or drop out of school because of stigma or discrimination; many orphans suffer similar fates.

A first major challenge is improving AIDS education. Young people are disproportionately at risk of HIV, and need a safe and supportive environment free of coercion. We must do everything necessary to arm them with the knowledge they need to protect themselves, and their families and communities. Two decades into the pandemic,

in some countries in Southern Africa, a quarter of young women are unaware of even one way of protecting themselves from HIV infection. Clearly, AIDS education is important, but it is not enough. We have to ensure that youth have access to friendly health services, accurate information, counseling and testing, and the means to protect themselves from infection.

A second major challenge is improving preschool education. The first months and years of life are crucial, yet our HIV and orphans response has focused very little attention on these early years of life. We must ensure that all young children are ready for school and life, that they are in a safe, caring, stimulating environment, with adequate child care, and—if possible—that they have access to preschool. A third major challenge is to address the education needs of HIV-positive children. We have only a patchy understanding of their special needs, and our responses tend to be clinical rather than social. We do know that stigma prevents access to education and causes many HIV-infected children to drop out.

There is a fundamental need for more research, including more study of the status and different needs of boy and girl orphans; more rigorous evaluation of the various intervention models, including cost; and longitudinal studies to help us understand the long-term effects of the immense growth of the orphan population.

The biggest challenge is that we are nowhere near the scale of response commensurate with the magnitude of the problem. While formal education systems have their limitations, they are still the largest social service provider in the world. We need to invest much more in people and organizational capacities, mobilize more resources, and make the existing system work better. We need to ensure a coordinated and coherent response, better collaboration, and more partnerships. We need to strengthen national capacities and not destroy community initiatives. Most importantly, discussion must be rooted in action that will make a difference to communities, teachers, and orphans. Developing national strategic plans for ministries of education and creating focal points for AIDS within ministries are necessary, but insufficient, actions. Equally—and perhaps more—important is the need to place communities at the center of our efforts, and to link communities more closely with schools.

Martha Ainsworth, Senior Economist, World Bank, examined the magnitude and nature of the orphan problem, the relationship between orphan status and school enrollment, and how poverty interacts with orphan status and enrollment. She presented a preliminary analysis, done in collaboration with Deon Filmer, of nationally representative samples of 7- to 14-year-olds[1] in 28 lower and middle-income countries[2], drawing from Demographic and Health Surveys (DHS) and Living Standards Measurement Surveys (LSMS) carried out between 1992 and 2000.

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[1] Most surveys do not collect information on parent survival for children 15 and over. In addition, the household surveys do not include institutionalized children or those on the street.
[2] Including 5 countries in Latin America and the Caribbean, one in Asia (Cambodia), and 22 in sub-Saharan Africa.

Key findings on the magnitude of the orphan problem[3]:

- Between 0 and 7 percent of children aged 7 to 14 could not be classified according to their orphan status because respondents were not certain about the survival of at least one parent.[4]
- The share of children who are orphans increases with age, meaning the 7 to 14 age group has the highest orphan rates.
- The percent of children 7 to 14 who are two-parent orphans ranges from 0.2 percent (Dominican Republic) to a high of 4.5 percent (Uganda).
- The vast majority of children classified as orphans have lost one parent. Across all regions, the percent of children who are paternal orphans is higher—often by a factor of two or three—than the percent who are maternal orphans. This pattern is expected because men have higher mortality rates than women of the same age and women tend to marry men who are older.
- In West Africa, 4 to10 percent of children aged 7 to 14 are paternal orphans, roughly twice the proportion of those who are maternal orphans. Relatively few (1.6 percent or less) are two-parent orphans.
- Eastern and southern African levels of paternal orphaning are generally higher—6 to 13 percent—while maternal orphan rates are similar to West Africa. As a result, paternal orphan rates are 3 to 5 times higher than maternal rates. The reason for the much higher paternal orphan rate is not known; it could reflect the impact of the AIDS epidemic or higher male mortality from other causes. An exception is Mozambique, which has the highest maternal orphan rate of any of the countries studied—nearly 7 percent. With the exception of three countries—Zambia, Zimbabwe, and Uganda—the two-parent orphan rate in East Africa is under 2 percent.
- In Latin America and the Caribbean, and Asia (Cambodia), all orphan rates are substantially lower (4 to 5 percent paternal, 1 to 2 percent maternal and 1 percent or less two parent orphans). A notable exception is Haiti, where the pattern and level are closer to those found in West Africa.
- The correlation between orphan rates and HIV prevalence is generally positive, but with a great deal of variation. They do not track perfectly, however, because orphan rates are affected by AIDS through cumulative AIDS deaths, while HIV prevalence is a measure of the percent of the population that is infected and still alive. Because of the long asymptomatic period between HIV infection and death from AIDS, countries where HIV has increased rapidly and recently may have high HIV prevalence but low AIDS mortality and therefore only a small impact on orphan rates (e.g., South Africa). In countries with mature epidemics, HIV prevalence may have declined or stabilized because of high mortality rates (e.g., Uganda). Thus, the percentage of children orphaned may be high even though HIV prevalence has

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[3] The analysis placed orphaned children into three mutually exclusive categories: maternal, paternal, or two-parent orphan.

[4] Usually, this was a problem in reporting a father's survival. Excluding Nigeria, where 7% of children could not be classified, the range was between 0-4.4%.

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declined. Orphan rates also reflect adult mortality from causes other than AIDS (i.e., occupation-related, war-related, maternal causes).

Key findings on the living arrangements of orphans:

- Most single-parent orphans live with the surviving parent. In West Africa, between 50 and 75 percent live with the surviving parent; this is roughly the same for paternal and maternal orphans. Interestingly, a relatively high proportion of maternal orphans live with their father.
- In East Africa, paternal orphans are much more likely to live with their mother compared to West Africa, and maternal orphans are much less likely to live with their father. It is unclear why.
- In Latin America and the Caribbean, and Asia, paternal orphans are very likely to live with their mother.
- Where an orphan lives is likely to be influenced by available alternatives. For example, in West Africa, and to a lesser extent in East Africa, child fostering within the extended family is relatively common, and thus orphans are less likely to live with a surviving parent. By contrast, in Cambodia, where previous regimes largely demolished the extended family structure, orphans may have no choice but to live with a surviving parent.

Key findings on enrollment[5] by orphan status:

- The countries most affected by the AIDS epidemic in sub-Saharan Africa have among the lowest school enrollment rates in the world. Estimates are that by 2015, half of countries in sub-Saharan Africa will not reach the Education for All goals. In a quarter of the 28 countries studied, fewer than 50 percent of 7 to14-year-olds are enrolled in school. In about half of the 28 countries, between 50 and 80 percent are enrolled. In the remaining quarter, enrollment exceeds 80 percent.
- The educational situation of orphans varies quite a bit across countries. In some countries, orphans are less likely than non-orphans to attend school, but in other countries the differences are minimal or nonexistent. In Chad, for example, overall enrollment is low—about 35 percent—and orphans and non-orphans are equally likely to attend school. Zambia, with much higher enrollment rates, also shows no variation by orphan status. By contrast, in Benin and Kenya, orphans are less likely to attend school.
- In countries such as Burkina Faso and Haiti, maternal and two-parent orphans are less likely to be enrolled, but paternal orphans are not similarly disadvantaged. By contrast, in Ghana, paternal orphans have lower enrollment rates.
- In Mozambique, only 2-parent orphans have severely depressed enrollment.

Key findings on the interaction of poverty[6] with orphan status and enrollment:

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[5] The analysis defined enrollment as the percent of children 7 to 14 enrolled at the time of the survey. This differs from the gross enrollment ratio, which takes into account enrollment of over-age children.

- Of the 28 countries, 25 have large differences in enrollment rates between children from the poorest and wealthiest families. Zambia is an example of a country with such differences; orphans from the poorest households are less likely to attend school. Reasons for this "orphan effect" may include a greater demand placed on children's time at home; grief that prevents a child from attending school; or other factors. However, the greatest differentials in school enrollments are between the poor and the non-poor, including orphans in these groups. Many of the reasons that poor orphans are not in school are the same as those that prevent other poor children from attending.
- In countries such as Kenya, enrollment differentials according to household wealth are small. Yet, within the poorest and richest households, enrollment does differ according to orphan status. Reducing poor/non-poor disparities in enrollment in Kenya is unlikely to raise orphan enrollment by much. This finding suggests that addressing issues related to specific problems faced by orphans in schools may help to further reduce enrollment disparities.

Ainsworth concluded by highlighting three points. First, although the analysis focuses on enrollments, it is important to note that the objective of "Education for All" is learning. Enrollment is necessary but only a first step. We also need to understand more about completion rates for primary schooling and the determinants of learning outcomes for orphans in general, all poor children and specifically poor orphans.

Second, the analysis found great diversity across countries in terms of orphan rates, absolute enrollment levels for children 7 to 14, and the differentials in enrollment for orphans, non-orphans, poor, and non-poor children. In many cases, there are statistically significant differentials in enrollment between orphans and children with living parents, even when controlling for poverty, but the differentials in enrollment between the poor and non-poor are much greater. In some cases, like the Sahelian countries of West Africa, even the non-poor have substantially low enrollment. This highlights the point that, while the tragic increase in orphans is lowering the enrollment rate, poverty is a more substantial constraint to higher enrollment. If the objective is more specifically to raise the enrollment of orphans, policies to raise enrollment among the poor can have a major impact on raising enrollment among orphans in most of the countries studied, in an equitable way.

Third, while the analysis has focused on the impact of orphan status on enrollment, we should not lose sight of the fact that Education for All is a major policy to reduce the spread of HIV/AIDS. There is a well-established positive correlation between educational attainment and safer sexual behavior, which will translate into lower rates of new

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[6] To determine poverty levels, the researchers created a relative wealth index, based on principal components analysis of household durable goods ownership and housing characteristics, then ranked households from lowest to highest. Poverty levels are relative to people in the same country; the wealth index is not directly comparable across countries, nor does it necessarily reflect the same factors in a given country at different time periods.

infection. Further, schools are an important point for providing information on HIV prevention. In many of the hardest-hit countries, young adults still have shockingly low levels of knowledge of how HIV is transmitted. In many of the countries studied, policies to raise enrollments among the poor will both raise enrollment among orphans and ensure that more poor children are given the tools to prevent HIV.

Laelia Gilborn, Program Associate, Population Council/Horizons Program, drew on research on children affected by AIDS in Uganda and other countries to describe how AIDS affects individual households, and the factors that determine whether orphans and other vulnerable children gain access to school. She noted that the impact of parental HIV/AIDS begins when a parent becomes HIV-positive or falls sick with opportunistic infections, and affects almost all aspects of a child's life. The impacts on access to schools are magnified for older children, poor children, females, and those children perceived to be sickly or HIV-positive. In households headed by an HIV-positive parent (or parents), children may face hunger, malnutrition, material deprivation, less access to school (including a lack of clothes, shoes, and school supplies), reduced health care, greater household chores, and increased emotional distress. Children in such homes often drop out of school or, at the least, attend less regularly.

Gilborn started by describing the situation of children not yet orphaned, but living with an HIV-positive parent. Over one-quarter of orphans interviewed in Uganda say that when parents fell sick their school attendance declined; 28 percent report a deterioration in their school performance, for a variety of reasons related to parental illness. (For this reason, some children may actually be able to return to school once they move to a foster home.)

Once orphaned, the majority of children are cared for by their grandparents. Aunts, uncles, stepparents, and older siblings also take in many orphans. It is important to recognize that fostering is not a panacea. Many foster households are headed by a "vulnerable" guardian—one who is very old, very young, or sick. In Uganda, for example, of those foster guardians who know their HIV status, fully one-third are seropositive. Thus, many foster children move from household to household, continue to have similar burdens at home, limiting opportunities for education.

Several studies suggest that orphans have less access to school than do their non-orphaned peers. Data from Zambia, for example, show orphans to be significantly less likely than non-orphans to be enrolled. These differences are more pronounced in rural areas and poorer households.

Many factors affect an orphan's school enrollment, attendance, and performance. Education may be devalued for those who appear sickly or who are HIV-positive, and thus are perceived as "having no future." The need for children's labor at home, including chores and caring for the sick, keeps them from school. Furthermore, psychosocial problems are a very important factor that affect full participation in school. Such problems are associated with a range of symptoms and are rarely addressed verbally by adult caretakers.

As we strive to expand school access to children affected by AIDS, it is important to aim for equity, quality, and relevance in education. We need to think of children affected by AIDS as having household responsibilities, as possibly HIV-positive, and as the next generation at risk for infection with HIV. Increasing school access for children affected by AIDS is important because: (1) school gives an emotional boost to children; (2) those who return to school often perform well; (3) schools may reduce exposure to risk situations; (4) school offers a range of opportunities for children; and (5) efforts focused on helping children affected by AIDS can provide the impetus and opportunity to strengthen the education system as a whole.

Gilborn ended by emphasizing important considerations in expanding educational access to children affected by AIDS. First, schools can compound the traumatic experiences of children affected by AIDS if certain risk factors in the school setting are not addressed. For example, teasing—although seemingly trivial—is the most common form of discrimination and deeply affects children. Second, targeting children affected by AIDS (as opposed to vulnerable children more broadly) has a number of well-known disadvantages that we need to keep in mind. Third, school costs go beyond school fees. Fourth, teacher training and school curricula need to help the school environment be more sensitive to children affected by AIDS. Fifth, older children need flexible hours and strong curricula in AIDS prevention and other practical life skills. Finally, programs should involve all children in a variety of ways.

Amy Hepburn, Program and Research Associate, Terry Sanford Institute of Public Policy, Duke University, discussed the obstacles affecting access of orphans and vulnerable children to primary education in Eastern and Southern Africa, and initiatives throughout the region to address these obstacles. Hepburn's presentation was based on her research of 15 Eastern and Southern African countries with HIV prevalence rates of more than 5 percent.

Hepburn identified five primary obstacles to schooling including: (1) prohibitive informal and formal costs of primary education; (2) increasing reliance of households on children for domestic responsibilities; (3) stigmatization of children from AIDS-affected households and the trauma they experience after the loss of a primary caregiver; (4) decreasing quality of education, which is devaluing school for parents and students alike; and (5) a growing fear that the school setting increases the vulnerability of children— particularly girls—to HIV infection. The impact of these obstacles differs among countries and communities, and from child to child. Thus, there is not one initiative that can address the needs of all children. Rather, multiple policy and program initiatives are required and community input into developing these initiatives is essential.

Hepburn's research identified 13 types of initiatives attempting to increase primary education access for orphans and vulnerable children in AIDS-affected areas. These initiatives fall into four general categories: (1) subsidizing prohibitive school-related costs; (2) restructuring educational delivery, for example through community schooling; (3) increasing access indirectly, through microfinance or advocacy; and (4) improving

educational quality through curriculum revision or by providing psychosocial support in schools. Each initiative was evaluated using five criteria: (1) its overall affordability and cost; (2) its ability to increase primary education access directly in AIDS-affected areas; (3) its ability to address student and family safety concerns; (4) its long- and short-term financial sustainability; and (5) whether the initiative addresses school quality concerns and focuses on student retention.

Hepburn described two initiatives in detail. The first is the elimination of primary enrollment fees nationwide. In Uganda and Malawi, for example, governments abolished formal primary school fees, although students must still bear other informal school-related costs such as books, uniforms and Parent-Child Association (PTA) levies. The risk of such a policy is that it could place governments further in debt by eliminating an important source of income, or simply displace the costs of schooling from individual families to communities. In Tanzania, for example, where the government eliminated school fees for orphans, schools must now assess community levies to cover teacher salaries.

Hepburn also noted that eliminating tuition fees does appear to increase enrollment rates for all children. However, as recently seen in Malawi, retention rates suffer substantially if other costs are not addressed. In addition, such initiatives do not directly address safety or quality concerns, and may even exacerbate them, because an increase in the number of inexperienced or untrained teachers may make children more vulnerable to sexual exploitation in a school setting while simultaneously eroding the quality of learning. For example, after Malawi eliminated school fees, to meet the increased demand, the government had to quickly place 18,000 new teachers. Most lacked training and a teaching certificate.

The second initiative Hepburn described, community schooling, is popular in many AIDS-affected areas, including in Malawi, Mali, Uganda, and Zambia. Community schools are low-cost, use local leaders as teachers (often as volunteers), and do not charge tuition. Community schools are less expensive per pupil than government schools, but they depend on in-kind community contributions. Research suggests that community schools increase access and have the flexibility to accommodate nontraditional students. In theory, such schools also can create a safer learning environment, because instructors are community members or neighbors. Community schools are also more likely to tailor their curriculum to community needs, and to incorporate meaningful life skills education. Potential drawbacks of community schooling include: low quality of education due to poorly-trained teachers and lack of curriculum oversight; the isolation of children based on their orphan status; increased dependence on donor inputs; and the relatively high demand it places on community resources.

In closing, Hepburn highlighted three of the ten lessons learned from her research. The first is to serve all vulnerable children in affected areas. Although orphans deserve special consideration, "orphans-only" schools or programs are programmatically inappropriate because they isolate orphans and increase stigmatization. Rather, programs should integrate orphans and vulnerable children into initiatives aimed at serving all children.

The second is that initiatives must involve community participation, because the obstacles to education vary from place to place. The third lesson is that quality and access concerns should not be separated, and that efforts should focus on increasing primary education access for all children, in addition to focusing on retention and overall learning.

Issues Raised/Subsequent Discussion

Discrimination against HIV-positive youth. Official school policies do not prohibit HIV-positive youth from attending class, but in Africa, as elsewhere, stigma and discrimination often cause HIV-positive children to drop out.

Measuring orphan enrollment versus completion rates. To measure the relationship between orphan status and schooling, enrollment is a convenient variable to examine in a cross-sectional study. However, longitudinal data on completion rates and how much children learn would provide a better indication of how well the education system serves orphans. One such small-scale study, carried out in Kagera region of Tanzania, found that orphans already enrolled at the primary level were not dropping out, but that orphans who were not yet enrolled in school had delayed enrollment. Since three-quarters of children in Kagera have delayed enrollment, orphaning thus adds to existing enrollment problems.

How educational access varies by the type of foster household. No analysis yet examines whether specific types of foster households do a better job of addressing orphan education needs, nor have any programs focused on recruiting and supporting foster households with this specific goal. Studies may show that enrollment rates do vary by caregiver. For example, grandmothers may do a good job nurturing their orphaned grandchildren, but may be less concerned about sending them to school.

School feeding programs. School feeding programs are widespread, and some systems have used such programs to attract other disadvantaged groups, such as girls. USAID's Africa Bureau is trying to tap into food assistance money to fund school feeding programs and thus increase overall school access. The World Food Programme has identified school feeding as a priority research area in its coming annual agenda for research. An extensive evaluation of school feeding has recently been done, although it has not been linked specifically to the specific nutritional needs of orphans and vulnerable children.

The impact of AIDS on the teaching corps. HIV/AIDS is destabilizing education by incapacitating and killing many teachers. Increasing the supply of teachers is thus critical. While teachers are at risk themselves, they are a group that may place children at risk, and they also protect children as teachers, counselors and information givers. Given the multiple roles that teachers play, more innovation in teacher training in needed.

III.   Global Responses

Amaya Gillespie, Senior Advisor on HIV/AIDS, Education, and Health Promotion for UNICEF, spoke about the Global Strategy on HIV/AIDS, Schools, and Education,

developed by a working group of donors, governments, and nongovernmental organizations (NGOs). The strategy is being incorporated into the Education for All process under the leadership of UNESCO. The approach of the working group has been to advocate for multiple strategies, given the heterogeneity of the education problem. The strategy advocates a three-pronged, expanded response:

- *First*, to reduce risk. Traditionally, this has meant introducing life skills program in schools. Although there is a tendency to say "we have done this already," few countries have high-quality national programs.
- *Second*, to reduce the impact of AIDS on the supply of, demand for, equity of, and management of education. A focus on impact is needed in the early stages of the epidemic, to project this impact on the education system and on children. The World Bank, for example, has developed predictive models to measure the impact of rising HIV incidence on teacher recruitment and training. Programs should overtly target teachers themselves, who will benefit from training both to provide prevention programs and to help protect themselves personally.
- *Third,* to address vulnerability—the underpinning of risk and impact. Education systems are supposed to address the contextual factors that create these vulnerabilities. Having children in school cannot protect all children, but, at the same time, schools can provide special support for vulnerable groups such as orphans and street children. Strengthening education across the board will decrease vulnerability and thus reduce the need for targeted programs. Another key element of reducing vulnerability is reducing sexually transmitted infection with early and effective treatment and with prevention, including the promotion of condom use.

Although the epidemic is so different in different settings, the three elements of the expanded response (risk, impact, vulnerability) should be applied at all stages of the epidemic. In an early epidemic, the focus will be on prevention. In a concentrated epidemic, where the major driver of the epidemic is perhaps injecting drug use, specific services for risk groups, as well as basic education and health services, will be needed. In a generalized epidemic, such as in many countries in sub-Saharan Africa, treatment and support services will be required, in addition to services for specific risk groups and prevention for all.

The core challenge of this expanded response is that education systems in many of the hardest hit countries are already struggling just to provide basic education for all, and now are being asked to take on HIV prevention and mitigation activities. While recognizing the difficulty of this challenge, countries simply cannot wait, even if they are uncomfortable moving ahead without all the answers. Broad experience—as well as the research and the evidence—can inform our actions.

The global strategy is a call to think big, and to comply with the responsibility of governments to provide quality, relevant education while encouraging the participation of young people and communities. Education systems in sub-Saharan Africa struggled before HIV and will continue to struggle afterwards. While they may be facing their

biggest challenge with HIV/AIDS, they also have the chance to improve, including forging stronger links between formal and informal education.

John Williamson, Senior Technical Advisor, Displaced Children and Orphans Fund, USAID, discussed how education fits into the principles to guide programming for orphans and other children affected by HIV/AIDS. Recognizing that the magnitude of the problem requires effective collaboration, a group of agencies, including UNAIDS, UNICEF, and USAID, set out over a year ago to establish a common set of principles, currently in draft form. The final version of the principles should be available in the near future.

A children's rights perspective strongly influences this set of principles. Significantly, the first three address strengthening families and communities—where the large majority of orphans live. There is no viable, cost-effective alternative to strengthening these social structures. Another principle highlights the need to focus on the most vulnerable children in communities, not only those children affected by AIDS. We should target those geographic areas that AIDS has hit hardest, but it must be the communities themselves that decide which amongst them are the most vulnerable children.

Principle number eight directly addresses the need to strengthen school systems undermined by AIDS and to ensure access to education. School is important psychosocially because it provides a normal environment. Yet, AIDS is pushing many children out of school, mainly because of economic pressures. Schools have an essential role in prevention and in responding to the impact of AIDS. Schools should give information and address attitudes and gender issues that affect vulnerability to HIV infection. Schools are potentially important to mitigate the impact of AIDS. Also, schools can be healthy, nurturing places, or they can pose risks for children. We need to make schools positive, safe places where children support each other.

Children and adolescents are not just the problem, they can be part of the solution, for example through membership in solidarity clubs, by providing support to other children affected by AIDS, and by conveying HIV prevention messages to their peers. Schools can enable young people to participate in all these activities, and serve as information centers for the community on a range of AIDS-related issues. Schools also need to work with communities to identify children already out of school and help them obtain education and training, formal or informal. Finally, administrators and parent-teacher associations must confront the ways that HIV/AIDS is undermining educational systems and address the problem of some teachers taking sexual advantage of children.

Issues Raised/Subsequent Discussion

Addressing the problem of safety in schools. Sexual harassment and abuse of female students by teachers is a long-standing problem that is becoming increasingly visible and frightening to parents. Policies against harassment and abuse exist, but schools rarely enforce them. Encouragingly, a number of programs are working to reduce violence, bullying, and sexual abuse through education and training of teachers. One program that

has successfully reduced sexual harassment draws on community tradition by bringing an "auntie" (an older woman from the community) into the school as a "counselor." One Parent-Child Association program in Benin organizes parent-teacher dialogue on these issues. Also, a manual for school management committees in South Africa addresses the sexual abuse problem. In combating the problem, one important lesson is to involve teachers (often concerned parents themselves) in designing and carrying out such efforts, rather than simply viewing teachers as the problem. In this vein, several professional teacher organizations in Africa have organized to confront harassment and abuse. Using more women teachers is another way to reduce the problem of potentially abusive male teachers. Finally, despite the real problem of harassment and abuse, it is important to remember that, generally, children are safer in school than out of school.

IV.   National Strategies

Megan Thomas, USAID Africa Bureau, Office of Sustainable Development Education Team (AFR/SD/ED), discussed how AFR/SD/ED is supporting governments to address the education needs of children affected by AIDS. The Africa Bureau currently assists the education sector in 11 countries in sub-Saharan Africa, with the goal of improving the quality of learning and increasing access to underserved populations including rural youth, girls, the historically disadvantaged, and out-of-school youth. The focus on children affected by AIDS builds on the decade-long work of AFR/SD to improve access to quality basic education in the region.

Education systems are weak in most countries where the orphan problem is worst. In sub-Saharan Africa, the impact of HIV/AIDS exacerbates the already difficult challenge that ministries of education face in meeting the needs of all school-age children. Teachers and education managers are falling ill or dying; the number of children orphaned or lacking parental support for schooling is increasing. In addition, because of the severe impact HIV/AIDS has on community capacity, in many settings community involvement in schools may be greatly hindered.

Responding to requests from field missions and education ministries, AFR/SD has developed a strategy to (1) support the capacity of ministries of education to manage the impact of HIV/AIDS; (2) strengthen classroom-based, life skills education for HIV prevention; and (3) develop innovative approaches for educating out-of-school youth, orphans, and other vulnerable children. USAID field missions in Guinea, Ghana, Malawi, Mali, Namibia, South Africa, and Zambia are building HIV/AIDS prevention and mitigation into their strategic frameworks with assistance from AFR/SD.

Among emerging innovations to increase access for children made vulnerable due to the impact of HIV/AIDS are radio education, community mobilization to identify and support the most vulnerable, and community schooling. Examples of innovations supported by USAID field missions include: Interactive Radio Learning Centers for out-of-school youth in Zambia (see later presentation on interactive radio instruction); community schools in Mali, Malawi and Zambia; and Zambia's CHANGES Project,

which focuses on increasing community awareness of and participation in addressing the education and health needs of vulnerable children.

Ministries of education have identified additional actions to address the problems of children affected by AIDS including: guidance and counseling; HIV/AIDS prevention; health and nutrition services for students; and care and support for infected students. Clearly, education ministries alone cannot address all these needs. Their challenge is to identify their comparative advantage, define their role, and work in partnership with other ministries, with NGOs, and with communities to provide all of the services that these children require.

Gabriel Rugalema, Regional Project for HIV/AIDS and Development for Sub-Saharan Africa, United Nations Development Programme, presented findings from a recent survey of HIV/AIDS-related activities of ministries of education in Africa. Sponsored by the Association for Development of Education in Africa (ADEA), the purpose of this ongoing study is to share experiences across borders and communities.[7]

Ministries of education, for the most part, are very focused on writing curricula for HIV and have placed the burden of the problem on learners, and not teachers. Some extracurricular approaches—which are often more interesting to children—are also being tried, and include peer education, health clubs, and "edu-tainment." Few, if any, ministries have evaluated their HIV-related activities, making it difficult to measure the impact of these approaches. In countries such as Uganda and Zambia, where youth AIDS prevalence has dropped, it is impossible to know the role of the education sector in these positive changes. Another challenge is better training of teachers to increase their knowledge of AIDS and how it is transmitted.

We know that orphan-targeted programs exist on a limited scale, but none of the ministries identified such programs, either because they do not feel them to be promising approaches or because of the limitations of the survey methodology. At the broader level, ministries do recognize that policies to eliminate school fees and promote school feeding help orphans.

Rugalema noted that the process of collecting information on HIV-related programs has generated increased interest among ministries of education to further study the education problems of children affected by AIDS. Another finding is that demand for HIV education—even among primary school children—is high. In addition, governments and NGOs are increasingly partnering to address HIV/AIDS and education.

Administrators and pupils understand that the HIV threat is real, and that education has a potentially important role to play in reducing the impact of AIDS. Scaling up of promising initiatives, and building capacity, are thus key areas of emphasis. Yet progress is slow. For example, at a recent meeting of African ministers of education, a minister

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[7] A full report on the results of the exercise to date can be found at http://www.adeanet.org/biennial/papers/en_arusha_rugalema.pdf

from a country heavily affected by AIDS presented his government's long-range education program. Despite the enormous impact AIDS is having on the country's education system, the program made no mention of AIDS.

Issues Raised/Subsequent Discussion

Systemic support versus a focus on orphans. Participants debated the degree to which efforts should help all children versus focusing on the needs of the relatively small number of children who are orphans. On the one hand, the fact that AIDS is undermining general education systems in sub-Saharan Africa argues for helping *all* children affected in that context. The obstacles to education for orphans could be obstacles for any child. Likewise, the most promising strategies—elimination of school fees, and community schools—are not necessarily orphan-specific. On the other hand, while systemic support for education systems is necessary, a lack of focus specifically on AIDS impacts means the issue gets lost within ministries of education. Even basic questions about the impact of AIDS on the teaching corps have not been answered in most places. And, while all children are affected, some children are affected more than others. One way for ministries of education to address the orphan issue without further scattering scarce resources is to build on existing community and NGO efforts, and to collaborate better with ministries of social welfare and health. Finally, it was noted that many of the innovations in systemic support for education systems have initially come from efforts focused on vulnerable children.

Opportunities for collaboration across sectors. Of the programs for children affected by AIDS funded by USAID's Health Office, many have identified the need for greater attention to education issues. This points out the importance of greater dialogue and information sharing between the health and education sectors, both at the donor and country levels. For example, one publication of potential interest to those working in the education sector is the forthcoming end of project report of USAID's PHN-funded FOCUS on Young Adults project. FOCUS synthesized available rigorous evaluations of 22 school-based sexuality and reproductive health education programs and, based on this analysis, has identified school programs as a promising approach. In addition, YouthNet, the recently launched follow-up to FOCUS on Young Adults, has sexuality education (in-school and out-of-school) as one of its emphasis areas. YouthNet is eager to partner with the education sector, and to bring knowledge from the health sector about effective life skills education programs to those who have an entree with and understanding of the education sector.

V. Video Presentation

The meeting premiered a new advocacy video, *Forgotten Children: The Legacy of Poverty and AIDS in Africa*. Produced by USAID, in partnership with UNICEF and UNAIDS, it depicts a day in the life of three boys living on the street in Lusaka, Zambia. Its purpose is to spur thinking on addressing the needs of street children—particularly their needs for education—and to mobilize resources. A facilitation guide for use within

15

the education sector accompanies the video. Meeting participants offered the following reactions to the video:

- Street children have so many needs. The question is where does education fit in.
- To serve street children, we need to look at changing the entire philosophy of education. We need to provide education that will empower these children to seek and obtain jobs and to give them survival skills. That means changes in curriculum and in schools: for example, holding classes in the evening. Such changes are bound to meet resistance from the conservative education establishment.
- We need to address their education needs, be they formal or informal.
- A picture is worth a million words. Donor agencies should do more such videos, to let people really see and hear the children.
- It is appropriate that only boys were pictured, because the discussion often leaves them out. They are often seen as the problem yet they have their own issues and problems.
- Children should give input in designing programs for children. They are not stupid; they know their environment better than adults.

VI.   National and Local Responses: Part I

Stan Phiri, moderator of the afternoon session, urged participants to look at the orphan issue from the perspective of the community. First, we must be sensitive to how communities themselves define vulnerable children. For a community, a vulnerable child may or may not be an orphan. They may simply be part of a family with a sick or absent parent, or from a very poor family. Also, communities may view children over age 15 as orphans, even though official statistics do not count them as such.

Second, our entry point must be defined by existing community activities. As external agents, our actions to strengthen the response of communities must be based less on assumptions and more on a careful analysis of existing—yet still largely undocumented—community efforts. Two programs that build on existing community efforts are the Families, Orphans, and Children Under Stress (FOCUS) program in Zimbabwe and the COPE program in Malawi. FOCUS is based on the traditional practice of home visiting by community women. Women visit vulnerable children, give spiritual support, and perform household chores. COPE encourages the formation of broad-based community coalitions, and includes traditional leaders. Because they build on existing community structures, these programs are resilient and sustainable. They are also more easily replicable, because they emulate activities already taking place within communities.

Third, we must build on community structures to better meet the psychosocial needs of children. Such needs are intertwined with their education and economic needs, thus calling for a wide-ranging and holistic response. Transferring this concept to local language and understanding is important. Experience shows that communities already are responding in different ways to psychosocial needs. We need to build on those traditional social and cultural responses (for example, the initiation ceremonies common in some

area or the practice of young women living with their grandparents for a short period before they marry), and fill the gaps (such as reaching out-of-school youth) that the community identifies. These actions are critical to preventing and breaking the cycle of despair.

Joe Muwonge, Senior Policy Advisor for Africa, World Vision, focused on the lessons learned from a decade of working with AIDS orphans in Uganda. World Vision's work with orphans began in 1990, with a major grant from the government of Uganda to assist 20-30,000 orphaned children in three districts. Muwonge noted that education is one of many needs an orphan has, the most crucial being to survive. An initial assessment found that communities were approaching the orphan problem with dignity. Everywhere was a sense that children belonged to the community, and that education was an important investment in the community's future. Even back in 1990, over one-third of children were not in school. Enrollment was falling, mainly because of cost of tuition and other fees. A vicious cycle ensued in which falling enrollments led to hikes in tuition and fees, and cuts in core services just to keep schools operational for the remaining students. These actions spurred further dropouts.

Through a process of consultation with the affected communities, three critical principles emerged to address the orphan problem in a sustainable, long-term way: (1) Communities defined vulnerability according to their own definition, in the process broadening assistance from orphans of AIDS to all orphans. This reduced stigma and broadened community support for the initiative. (2) Communities rejected the idea that there be a cut-off at age 15 for orphan support. (3) Most importantly, communities took ownership of the program.

A two-pronged educational response involved helping orphans stay in school and helping them acquire vocational skills through training and apprenticeships. By 1995, direct payment of tuition allowed 30,000 orphans a year to attend school. Classroom space increased, thus helping all children. By rehabilitating schools and subsidizing tuition and fees, enrollments returned to pre-AIDS levels, the quality of learning improved, and exam pass rates rose. Among older orphans, interest in vocational skills was high, and by 1998 the program was providing vocational training to 3000 youth. Apprenticing students to a local artisan proved the most effective strategy. Many apprentices later opened their own businesses in carpentry and tailoring. By contrast, adding vocational education to existing schools failed, because of clashes between the two systems of teaching. Sending orphans to existing vocational schools proved costly and ineffective in giving orphans immediately marketable skills.

One important lesson is the need to include teacher housing as part of school construction and rehabilitation efforts. Housing attracts teachers to the school, and it guarantees a presence on-site to guard the school against vandalism. Another lesson is the need to look at education needs beyond the primary education level. In Uganda, post-primary education—though expensive—is a prerequisite for many well-paying jobs. Finally, microcredit opportunities should accompany vocational training.

Steve Anzalone, Director of Research and Evaluation at the Center for Multichannel Learning, Educational Development Center, spoke on the use of interactive radio to educate children in Zambia.[8] In Zambia, as elsewhere, schools have not been able to keep up with the demand for education, in part because of the inability to replace teachers sick or dead from AIDS. The Education Broadcast Service (EBS) of the Ministry of Education initiated a radio program as a low-cost way to reach the large numbers of children unable to attend regular primary schools. The effort began last year, with support from USAID, the Peace Corps, private foundations, and local NGOs.

Interactive radio is a very different model of learning. In groups of roughly 60—without uniforms, a trained teacher, or books—children sit in the best place a community can offer, and listen to instruction over the radio. Students pay no fees. First graders receive 30 minutes a day of instruction in English, math, and life skills, broadcast on the national radio channel. Because Zambians speak many languages, lessons are broadcast in English. Mentors then work with children in their native language. The government provides the broadcasts and some training for the mentor, a mentor's guide, and some supervision. Communities nominate a volunteer mentor, and buy the radio and batteries. Local NGOs provide some supervision and support, including occasionally a blackboard. As an alternative to a traditional primary school, many people rightly point out that the interactive radio model is inferior. However, as an alternative to no school at all, participating communities so far seem to value the approach.

Although quality is a consideration at every step, cost is an overriding concern. The current cost of the program—only a dollar per student per year—is already a problem in many communities that can barely afford the batteries for a radio. Increasing the cost would force children out. Interestingly, interactive radio elsewhere has traditionally been used to enhance quality in regular schools, not to improve access. For example, Venezuela—a relatively well-off country—has used radio to successfully teach math for a decade.

Although the radio alternative is not intended to siphon students from traditional schools, parents in some communities are facing the difficult question of whether to withdraw their children from a regular school and place them in the radio education program. In part, this may be happening because the traditional schools are doing such a poor job themselves, something the Ministry of Education is aware of. Clearly, governments need to continue working to improve regular schools. However, proponents of the radio approach note that government must respond to the education emergency in the most cost-effective way possible.

The Ministry of Education now recognizes interactive radio as part of the official education system. After one year, the program reaches 15,000 learners in 300 centers, and is expected to continue growing. The EBS has produced programs for grades 1 and 2,

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[8] A summary of this project appears on pages 48-49 of *USAID Project Profiles: Children Affected by HIV/AIDS* (October 2001, The Synergy Project http://www.usaid.gov/pop_health/aids/Publications/index.html).

and will begin grade 3 in February. Early evaluation data are mostly encouraging. Children are learning, and communities strongly support the centers. In fact, centers are turning children away in many settings. On the negative side, reliance on unpaid volunteers is problematic, especially as the program expands. Moreover, instruction will become more difficult as the program expands to older grades, and the need for printed materials increases. Although still a pilot project, interactive radio has the potential to become a viable national model, and reach millions of children in communities lacking a primary school. Zambia deserves credit for directly and creatively addressing the problem of school access.

Issues Raised/Subsequent Discussion

Debate over the radio approach. Participants expressed concern over the quantity and quality of radio education and whether such an approach deprives children of their right to quality education. However, most agreed that the radio approach was worth trying, as an alternative to no school at all and to being on the street. Another participant noted that orphans often are responsible for an incredible workload that keeps them from school. The radio approaches allows scheduling flexibility. One suggested approach to improving quality is training older, educated youth to work as volunteers with the younger children who participate in the radio course. Another participant noted that the apparent high degree of interest in the pilot program shows the resilience of young people, and how a minimum of effort can kindle hope in children.

VII.   National and Local Responses: Part II

James Cairns, Director of Programs, World Conference on Religion and Peace (WCRP), noted that religious communities in sub-Saharan Africa are deeply engaged in the issue of education and vulnerable children in two ways: institutional and through community-based action. Their institutional involvement includes a legacy of religious schools (most of which have been handed over to governments), schools that maintain their religious character, and community school initiatives that have strong support from religious organizations. As community-based organizations, the most important activity of religious communities has been their subsidization of school fees. In addition, churches in places such as Malawi are running both preschool programs for orphans, and school aftercare for older youth.

As agents to address the issue of education and vulnerable children, religious communities have strengths that we need to tap into, as well as weaknesses that we need to overcome. Innate strengths include the ability to find resources to support the community and extended family. Religious organizations themselves are sustainable at whatever level of resources is available. Also, the infrastructure of religious communities, for example periodic gatherings of clergy, facilitates the sharing of best practices. Weaknesses include a lack of systematic documentation of ongoing efforts and legitimate concerns over technical skills, including the quality of curricula and teaching in religious schools. The need for the religious community to help orphans and vulnerable children

has never been greater. We must work to increase the capacity and effectiveness of this "undocumented giant."

Bonnie Marshall, President and CEO, and *Diane Grover*, General Counsel, Global Initiative on AIDS in Africa, underlined the importance of working with grassroots organizations to address education needs. They noted the need to move from research to action and to tap into the large existing networks of grassroots organizations, such as the 3000 groups that are in the Initiative's database. Many such groups need only small amounts of external funding to greatly enhance their work, and donors need to introduce greater flexibility into their funding mechanisms to be able to more easily support grassroots groups. In terms of education for Africa's children, emphasis was placed on the important relationship between nutrition and ability to learn.

Issues Raised/Subsequent Discussion

The role of the traditional extended family. While participants differed over the strength of the extended family structure in sub-Saharan Africa, they agreed that AIDS is undermining these traditional kinship systems. Although not the only solution, strengthening extended families and communities—where the vast majority of orphans live—must be the foundation of our efforts.

The need for better evaluation to inform policy. Knowledge of costs and cost-effectiveness of interventions is key to scaling-up decisions. Yet, little information is available. Operations research has begun to follow children over time and measure intervention outcomes, but much more work is needed. Information on the effectiveness and cost-effectiveness of the various approaches is key to securing backing from policy makers in donor and government agencies. Furthermore, we must better disseminate and use what we already know.

Creating effective links. Ministries of education, NGOs, and community groups would benefit from better knowledge of how different actors have created effective links to address the education needs of children affected by AIDS. More knowledge is also needed about what barriers may be hampering such linkages and how programs could be more effective if linkages existed.

VIII. Closing Speakers

Pascal Bodjoua, Ambassador of Togo to the United States, thanked participants for their commitment to Africa, and for helping the continent face the problem of AIDS and education. He pledged the effort of Africans to do a better job of addressing such problems and to make governments more responsive to the needs of the millions of African children suffering from AIDS, war, and poverty. Ambassador Bodjoua noted that Togo is hosting an upcoming conference, sponsored by the African Union, to examine new ways to address the AIDS and education crisis. He also mentioned an important pilot project in Togo to educate and feed street children, in collaboration with the Global Initiative on AIDS in Africa.

Paul Sully, Director of Youth Programs for the Peace Corps, thanked the various individuals and groups who organized and sponsored the event. He closed the meeting echoing the words of Father Kelly: "Education in a world with AIDS is not the same as in one without AIDS."

Appendix A: Agenda

Town Hall Meeting
Responding to the Education Needs of Children and Adolescents Affected by AIDS
in Sub-Saharan Africa

8:30   On-site Registration

9:00   Welcome and Overview of Town Hall Objectives (Linda Sussman, USAID; Lloyd O. Pierson, Acting Deputy Director, Peace Corps)

9:15   Opening Remarks (Peter McDermott, USAID)

9:30   *Overview of Current Situation*
- Poverty, AIDS and child schooling: A targeting dilemma.   Presenter: Martha Ainsworth, World Bank

- Influence of family and community in school attendance and performance of children affected by HIV/AIDS. Presenter: Laelia Gilborn, Population Council/Horizons

- Framing the discussion of education for children and adolescents affected by HIV/AID: A discussion of access and retention barriers and selected interventions. Presenter: Amy Hepburn, Duke University/ Terry Sanford Institute of Public Policy

   Audience questions and input

10:40   *Global Responses*
- HIV/AIDS, Schools, and Education Global Strategy Framework. Presenter: Amaya Gillespie, UNICEF

- Principles to Guide Programming for Orphans and Other Vulnerable Children Affected by HIV/AIDS. Presenter: John Williamson, Displaced Children and Orphans Fund

   Audience questions and input

11:15   BREAK – Sponsored by The MSA Foundation

11:30   *National Strategies*
- USAID/Africa Bureau support to Missions and Ministries to focus on the basic education needs of children affected by HIV/AIDS. Presenter: Megan Thomas, USAID/Africa Bureau

- Responding to the impact of HIV/AIDS: Case studies on efforts undertaken by Ministries of Education. Presenter: Gabriel Rugalema, UNDP

Audience questions and input

12:30: LUNCH

1: 30: *Forgotten Children: The Legacy of Poverty and AIDS in Africa*, video presentation and discussion – USAID/Africa Bureau

2:00*:   National and Local Responses—Moderated Panel presentation*
- Issues and Challenge: Perspectives from the Communities affected by AIDS (Stan Phiri, moderator and presenter)

- Working with HIV/AIDS Orphans: World Vision's Experience in Uganda. (Joe Muwonge, World Vision)

- Education for Children in the Wake of HIV/AIDS: Interactive Radio through Partnerships with Communities in Zambia (Steve Anzalone, Education Development Center)

2:45   **BREAK**—Sponsored by Global Initiative on AIDS in Africa

3:00   Continuation of National and Local Responses Panel
- Religious Organizations' Efforts in Education (Jim Cairns, World Conference on Religion and Peace)

- Innovative Approaches to Educating Africa's Street Children. (Bonnie Marshall, Global Initiative on AIDS in Africa)

Audience questions and input

4:45   Closing (Paul Sully, Peace Corps)

Appendix B: Priority Issues, Actions, and Next Steps

Throughout the meeting, organizers kept a running list of priority issues, actions and next steps, summarized below:

- Look at drop out rates
- Look at caregivers in rural versus urban areas
- How are enrollment rates affected by type of caregiver ?
- School lunch programs—creative ways to implement
- How to increase supply and quality of education
- Bringing in 'aunties' to school environment
- Expand PTA model
- Stigma is a primary issue
- Schools and communities are linked, not separate
- All children are affected by AIDS: how targeted should our efforts be? Need for balance between reaching orphans and other vulnerable children and improving overall education systems.
- Involvement of youth
- Identify ways of maximizing community participation
- Link policy with community responses
- Need for better cost information to inform scaling up decisions
- Need to better use research and evaluation
- Sustainability –scale: more need yet fewer resources
- Teacher training
- Support communities without undermining community efforts with overwhelming funds
- Situation analysis should precede interventions
- Identify ways to utilize lessons learned

Appendix C: Presentations

(available in electronic form at www.synergyaids.com)

Peter McDermott, USAID. "Children and Adolescents affected by HIV/AIDS.
    Education in an AIDS-infected world cannot be the same as education in a world
    free of AIDS. A door to a safer future?"

Martha Ainsworth and Deon Filmer, Development Research Group, World Bank.
    "Poverty, AIDS and children's schooling: A targeting dilemma."

Laelia Gilborn, Horizons Program. "Influence of family and community in school
    attendance and performance of children affected by HIV/AIDS."

Amy Hepburn, Duke University, Terry Sanford Institute of Public Policy. "Primary
    Education Access in Eastern and Southern Africa: Increasing Access for Orphans
    in AIDS-Affected Areas." [The full report can be accessed at
    http://www.usaid.gov/pop_health/dcofwvf/reports/hepburn.html]

Amaya Gillespie, UNICEF. "HIV/AIDS, Schools and Education Global Strategy
    Framework."

Megan Thomas, Africa Bureau, USAID. "Focusing on the Education Needs of Children
    Affected by AIDS: USAID Africa Bureau Support to Missions and Ministries of
    Education."

Gabriel Rugalema, UNDP. "Mainstreaming HIV/AIDS Education in Sub-Saharan
    Africa: Milestones and Challenges."

Stanley Ngaluzau Phiri. "Responding to the needs of children and adolescents affected
    by AIDS in sub-Saharan Africa. Issues and challenges: Perspectives from
    communities."

(not available in electronic form)

Joe Muwonge, World Vision. "Responding to the Education Needs of Children and
    Adolescents Affected by HIV/AIDS."

Stephen Anzalone, Education Development Center. "Learning at Toanga Market:
    Interactive Radio and Partnerships with Communities in Zambia."

Appendix D: Handouts and Other Materials

Akoulouze, Richard, Gabriel Rugalema, and Vivian Khanye. 2001. Taking stock of promising approaches in HIV/AIDS and Educationin Sub-Saharan Africa: What works, why and how. A synthesis of country case studies. Paris: Association for the Development of Education in Africa (ADEA). Available: http://www.adeanet.org/biennial/papers/en_arusha_rugalema.pdf

Badcock-Walters, Peter. 2001. HIV/AIDS impact on education in Africa - An analysis of conferences, workshops, seminars, meetings and summits focusing on HIV/AIDS impact on education in Africa - December 1999 to June 2001. Paris: Association for the Development of Education in Africa (ADEA). Available: http://www.adeanet.org/biennial/papers/en_arusha_badcock.pdf

The Exchange, Peace Corps' Women in Development Newsletter. March 2001. Special edition on HIV/AIDS. No. 34. 24 pp.

Gilborn, Laelia Zoe, Rebecca Nyonyintono, Robert Kabumbuli, Gabriel Jagwe-Wadda. June 2001. *Making a Difference for Children Affected by AIDS. Baseline Findings from Operations Research in Uganda.* Washington, DC: Horizons and Makerere University. 29 pp. (Available at http://www.popcouncil.org/pdfs/horizons/orphansbsln.pdf)

Hunter, Susan and John Williamson. *Children on the Brink 2000. Updated Estimates & Recommendations for Intervention.* Washington, DC: The Synergy Project. 27 pp. (Available at http://www.synergyaids.com/show/1382)

Peace Corps. January 2001. *Global Summary and Promising Practices: HIV/AIDS Initiative.* Peace Corps 2000 Project Status Reports. 12 pp.

Principles to Guide Programming for Orphans and other Children Affected by HIV/AIDS. Forthcoming. October 2001 version. 11 pp.

Rugalema, Gabriel (UNDP). *Identifying Promising Responses to HIV/AIDS.* 3 pp.

Task Force for Child Survival and Development and the World Bank Early Child Development Team. *Child Needs Assessment Tool Kit.* Available www.taskforce.org.
(The *Tool Kit* provides organizations in communities affected by the HIV/AIDS epidemic a methodology for assessing the needs of children.)

Subbarao, K., Angel Mattimore, and Kathrin Plangemann. August 2001. *Social Protection of Africa's Orphans and Other Vulnerable Children. Issues and Good Practice Program Options.* Africa Region Human Development, Working Paper Series. Washington, DC: World Bank. 43 pp.

USAID. August 2001. *Children Affected by HIV/AIDS*. Fact Sheet. 2 pp.

USAID. August 2001. *Orphans and Vulnerable Children Update*. Volume 1. 3 pp.

USAID. August 2001. *USAID's Expanded Response to the HIV/AIDS Pandemic*. Fact
Sheet. 1 p. (Available
http://www.usaid.gov/press/releases/2001/fs010420_2.html)

USAID. October 2001. *USAID Project Profiles: Children Affected by HIV/AIDS*.
Washington, DC: The Synergy Project. 106 pp. (Available:
www.synergyaids.com)

Video

USAID. 2001. *Forgotten Children: The Legacy of Poverty and AIDS in Africa*. video,
13 minutes. (Facilitation Guide for the Education Sector, 2 pp.). Copies are available by
contacting: ABIC@dis.cdie.org.

Internet Resources

AIDS Orphans Assistance Database. www.orphyans.fxb.org/db/. Sponsored by the
Association Francois-Xavier Bagnoud and the World Bank Early Child Development
Team. The purpose is to facilitate communication among organizations and individuals
worldwide assisting children made vulnerable by HIV/AIDS and their caregivers.

Children Affected by AIDS (CABA) Electronic Discussion Forum. Sponsored by USAID
and the Synergy Project, the forum facilitates vital discussion and information exchange
on efforts to mitigate the impact of HIV/AIDS on children, families, and the communities
in which they live. It currently has about 500 subscribers in 40 countries. To subscribe,
send an e-mail with "subscribe CABA" in the subject line to: caba-
admin@synergyaids.com, or enter your e-mail address at:
http://www.synergyaids.com/caba/register.php.

Horizons Operations Research Program.
http://www.popcouncil.org/horizons/horizons.html. Horizons is a global operations
research program designed to improve HIV/AIDS prevention, care and support programs,
and services delivery.

Global Initiative On AIDS
http://www.aidsinafrica.com. This website facilitates information exchanges resources,
daily news on HIV/AIDS in Africa and links to grassroots organizations that provide
services, care, food, clothing, shelter, and education assistance for Africa's street
children.

Organizations

The International Coalition for Children Made Vulnerable by AIDS. Launched in May of 2001, the *Coalition* is made up of over 50 interested nongovernmental organizations, agencies, and experts working to help children affected by HIV/AIDS. For more information, contact Jessica Lenz, lenzj@childreach.org.

Appendix E: Feedback and Reflection

TOWN HALL MEETING
Responding to the Education Needs of Children and Adolescents Affected by AIDS in
Sub-Saharan Africa
October 23, 2001

Feedback on usefulness of the meeting

The most relevant aspects of the meeting cited by participants included information on
research, case studies, lessons learned, and the range of program approaches occurring at
various levels (national and community). In general, participants found the presentations
to be too long, repetitive, and covering information already well known. More time for
interaction and small group discussions on concrete issues would have been appreciated.
Other topics of interest to participants include education for older orphans and vulnerable
youth, teacher training, and more lessons learned, best practices, case studies, and
analysis of existing models relating to education for children and adolescents affected by
AIDS. Participants suggest the Town Hall planners and facilitators write and make
available a report on the meeting and encourage more documentation and sharing of case
studies, good practices, and innovative approaches.

Following are the verbatim responses to questions on other topics of interest and next
steps:

**What other issues or topics relating to education for children and adolescents
affected by HIV/AIDS would interest you?**

- How to involve non-governmental education providers (for example, church/mission
  schools) in these efforts
- Going beyond primary education
- Issues of educational resources for older orphans once they have completed primary
  education
- The sort of programs that exist to support orphans to attend university or advanced
  education
- Migration of children from rural/urban environments and changing schools as well as
  changing families over and over because of multiple deaths of guardians
- Housing and youth would be important
- Work/study programs, paying for schooling through on site work
- How schools and communities can work together to keep children in school
- New, flexible approach to schooling vulnerable children
- How to keep up supply of trained teachers
- Alignment of programs and outcomes of knowledge, attitudes, and practices
  programs for students and parents/community members in communities
- Teacher training that addresses teachers as a <u>risk</u> group, as a group that puts OVC at
  risk, and as AIDS educators.

- Programs that involve OVC in expanding access (e.g. Can OVC be trained as teachers, peer counselors?)
- Descriptions of specific programs, lessons learned, how to scale up
- Understanding what is in the curriculum and what should be
- A set of lessons learned regarding prevention education programs
- Specific programs for psychosocial needs of orphans – grief, loss, responsibility, livelihood, survival
- Analysis of good models showing process of community mobilization and alternative systems of education
- Case studies results / reports
- How programs are scaled up to a regional and then to a national level
- What works, why and how can change be implemented in a culturally sensitive and economically manner
- Involvement of children in the design of HIV/AIDS information
- Building capacity for teachers to deliver HIV curricula
- What are the obstacles to developing integrated programs for CABA?
- What are the factors that contribute to the enhanced performance of CABA when they participate in education programs? How is their performance different from non-OVCs?
- Microcredit schemes
- Community income generation schemes
- FBO initiatives
- Violence and gender power issues
- More specific sharing of best practices with Q&A. More time for follow-up discussion and potential collaboration
- Supply and demand
- Teacher training
- Curriculum
- Early childhood development
- Youth livelihoods (orphans, street children) peer mentoring programs, non-formal education.
- Gender differences / discrimination and how girls and boys are impacted differently
- Prevention and awareness of HIV/AIDS
- Boarding schools to lessen the burden for relatives of orphans
- Food issues—how to improve the food security of orphans and other vulnerable children, agricultural initiatives, microeconomic interventions, use of donated food (distribute to households or in schools)

What would you suggest as next steps for the group that convened this Town Hall Meeting?

- What can be done at the Barcelona meeting to address needs for scaling up? Potentially focus on participation of non-education sector to foster better understanding of the role of formal and informal education sector.

- Reports, follow up meeting, list resources, additional material on OVC, AIDS and education
- Case study / more research
- Following a child or children over a period of time to see impact, documenting impact
- Summarize key points made, distribute to all participants and those who should have attended
- Plan another Town Hall
- Need more info on Best Practices
- What is most cost effective ?
- Lend into nation scale strategy and country with multi-donor collaboration
- Documentation/Case Studies of multi-dimensional or multisectoral programs
- More collaboration with ministries and governments regarding education (duty bearers) who have a responsibility in this area
- Collaborate with teachers, colleges
- Brainstorm research questions
- Really tighten up lessons – community lessons, systems lessons – how to work with both
- Publish a paper that draws on the key points and case studies and examples
- Place all info from today on a website and let us know where to find it
- Find case studies of presentations (not yet documented) (e.g. World Conference on Religion and Peace)
- Pattern of funding
- Issues of access
- Equity of distribution of funds
- Focus on what is currently being done at grassroots levels
- Break up into working groups to brainstorm strategies on how to implement lessons learned
- More focus on programs and programmatic challenges
- Best Practices (compilation and dissemination)
- Disseminate the papers presented more widely
- Define programming approaches that utilize lessons learned
- Make the research and other case studies / presentations available to development practitioners either in a publication or on the web
- Continued conversation in smaller group to answer questions raised
- I would be interested in seeing the material from the presentations organized and compiled in a comprehensive paper or report
- This is good, but this is not a representative group of stakeholders. We're missing in-country project managers, Ministry representatives, and, perhaps most critically, teachers, parents, and youth themselves. I would try to undertake such a town hall either as an Internet "site" forum or as a few meetings done in-country with the results disseminated and reviewed to follow-up meeting here. I guarantee the results will be very different from what we heard today.
- Send minutes and electronic copies of PowerPoint presentations to all attendees

- A working meeting where we have small groups to address various themes (youth livelihood, quality of education, stigma) to determine next steps
- More case studies and examples of good practices and innovative programs in improving access and quality of education
- Include more groups working in the street
- Include a good report that has participant contact information
- Identify issue-focused technical working groups (e.g., strengthening educational systems, strengthening community schools, life skills education in schools)
- Invite participation in these working groups through CABA listserve and OVC Task Force

Appendix F: Participant List

First	Last	Organization	E-mail
Mada	McGil	Peace Corps	mmcgill@peacecorps.gov
Ktenge	N'Gambwa	Peace Corps	kngambwa@peacecorps.gov
Justine	Ickes	Peace Corps	jickes@peacecorps.gov
Brownie	Lee	Peace Corps	blee@osmail.peacecorps.gov
James	Cairns	World Conference on Religion and Peace	jcairns@wcrp.org
Mark	Lorey	Consultant - Synergy	mark.lorey@prodigy.net
Susie	Pobywajlo	Eliz. Glaser Ped. AIDS Foundation	susieq0979@aol.com
Ana	Coghlan	Peace Corps	acoghlan@peacecorps.gov
Yamilee	Bostien	USAID	ybastien@usaid.gov
Marty	Hanratty	USAID	mhanratty@usaid.gov
Don	Bundy	World Bank	dbundy@worldbank.org
Amber	Surrency	World Bank	asurrency@worldbank.org
Kekelwa	Nyaywa-Dall	The Rise Institute	nyaywadall@aol.com
David	Harrington	Peace Corps	dharrington@peacecorps.gov
Kanisa	Kiragu	Horizons	kkiragu@pcdc.org
Harrett	Destler	USAID	hdestler@usaid.gov
Bonnie	Marshall	??? Institute	aidsinafrica@aol.com
Talaat	Moreau	USAID	tmoreau@air.org
Melinda	Joyce	USAID	mjoyce@usaid.gov
Laelia	Gilborn	Horizons	lgilborn@pcdc.org
Lauren	Marks	Georgetown University Law Center	laurenmarks@yahoo.com
Jody	Olsen	AED	jolesen@aed.org
Brandt	Witte	Peace Corps	bwitte@peacecorps.gov
Sangita	Patel	USAID	spatel@usaid.gov
Kygel	Kim	Peace Corps	kkim@peacecorps.gov
Joshua	Muslein	World Learning	joshuamuslein@worldlearning.org
Jessica	Lenz	Childreach	lenzj@childreach.org
Gabrielle	Bushman	USAID	gbushman@usaid.gov
Robert	Kelly	CEDPA	rkelly@cedpa.org
Aben	Ngay	CARE	ngay@care.org
Seema	Agarwal	Catholic Relief Services	sagrwal@catholicrelief.org
Monique	Derfuss	USAID	
Brad	Strickland	USAID	bstrickland@afr-sd.org
Gene	Pense	Peace Corps	gpense@peacecorps.gov
Katie	Dillard	AFY	kdillard@indiana.edu
Grace	Lang	USAID	glang@usaid.gov
John	Rutayuga	UOA	ukimurorphans@yahoo.com
Rhonda	Scott	SIH, International	rhonda.a.scott@???
Tracy	Brunette	USAID	tbrunette@afr-sd.org
Marianne	Mason	Evergreen Aviation	marianne.mason@evergreenaviation.com
Tom	Lydon		
Laurette	Cucuzza	CEDPA	lcucuzza@cedpa.org
Rene	Berger	USAID	rberger@usaid.gov
Andrew	Fullem	John Snow	afullem@jsi.org

Howard	Williams	AED	hwilliams@aed.org
Kirsten	Haines	World Learning	kirsten.haines@worldlearning.org
John	Hatch	USAID	jhatch@usaid.gov
Jessica	Nicholaides	Horizons	jnicholaides@pcdc.com
Amaya	Gillespie	UNICEF	agillespie@unicef.org
Diane	Prouty	USAID	dprouty@air.org
Joe	Muwange	World Vision	jmuwange@worldvision.org
Sandy	Jenkins	Displaced Childrens and Orphans Fund	sandy@deofwvf.org
Amy	Hepburn	Duke University	ahepburn@duke.edu
Terri	Elders	Peace Corps	telders@peacecorps.gov
Beth	Outterson	Peace Corps	boutterson@peacecorps.gov
Marion	Lynders	Consultant	marionlyders@yahoo.com
Peter	Shener	Shener Associates	pshener@aol.com
Stanley	Ngalazu Phiri	Consultant - Synergy	stanphiri@juno.com
Donna	Espeut	ORC Macro	despeut@aol.com
Peter	McDermott	USAID	pmcdermott@afr-sd.org
Mona	Dave	Advocates for Youth	monadave@gwu.edu
Aline	Moykhtara	GWU	amoukhtara@yahoo.com
Ann	Claxton	WorldVision US	aclaxton@worldvision.org
Paul	Sully	Peace Corps	psully@peacecorps.gov
Evelyn	Perey	USAID	erodriguez-perey@usaid.gov
James	Rosen	Consultant - Synergy	jimrosen2@home.com
Susie	Weekes	Suffex University	twoweekes@aol.com
Ken	Rhodes	AED	krhodes@aed.org
Rachel	Herr	USAID	rherr@usaid.gov
Nancy	Williamson	Youth Net / FHI	nwilliamson@fhi.org
Michael	Pozniak	Catholic Relief Services	mpozniak@catholicrelief.org
Charlie	Feezel	USAID	cfeezel@usaid.gov
Joan	Woods	USAID	jwoods@afr-sd.org
Tazeen	Zerhra	AFRICARE	tzehra@africare.org
Ghassan	Rubeiz	CCF	gmriozz@aol.com
Leesa	Kaplan	Peace Corps	lkaplan@peacecorps.gov
Patrick	Collins	USAID	pcollins@usaid.gov
John	Williamson	USAID	jwilliamson@mindspring.com
Gabriel	Rugalema	UNAIDS	gabriel.rugalema@undp.org
Shanti	Conly	USAID	sconly@usaid.gov
Matt	Hanley	Catholic Relief Services	mhanley@catholicrelief.org
Martha	Ainsworth	World Bank	mainsworth@worldbank.org
Paurvi	Bhatt	Abbott Lab Fund	paurvi.bhatt@abbottfund.org
Namposya	Serpell	Save the Children	nserpell@dc.savechildren.org
Diane	Grover	Global Initiative on AIDS	diane@groverlaw.com
Sheryl	Pinnell	USAID	spinnell@usaid.gov
Chloe	O'Gara	AED	cogara@aed.org
Stacy	Rhodes	IIE	srhodes@iie.org
Marylee	Rambaud	Creative Associates International	maryleer@caii-dc.com
Nicole	Schiess	Global Health Council	nschiess@aol.com
Samantha	Kopman	Global Health Council	skopman@globalhealth.org
Naina	Dhingra	George Washington	naina@gwu.edu

Sara	Bowsky	FHI	sbowsky@fhi.org
Megan	Thomas	USAID	mthomas@afr-sd.org
Yolanda	Miller-Granduaw	USAID	ymiller@aed.org
Michael	Honegger	Peace Corps	mhonegger@peacecorps.gov
Steve	Anzalone	Education Development Center	sanzalone@edc.org
Sara	Dastur	Academy for Educational Development	sdastur@aed.org
Floyd	Nelson	Ank Foundation of Africa	floydnelsonII@hotmail.com
D	Boswell	FITI	dboswell@fhi.org
Marie Christine	Anastasi	Plan International	anastasin@childreach.org
Ayesha	Newton	USASA International	abnewton@aol.com
Pascal	Bodjoua	Ambassador of Togo	pascaljr@aol.com