Education Access and Retention
for Educationally Marginalised Children:
Innovations in Social Protection

MOBILE TASK TEAM

ON THE IMPACT OF HIV/AIDS ON EDUCATION

The **Mobile Task Team** (MTT) is a network of Southern African professionals in complementary disciplines, currently working in 12 African countries, to assist MoEs to manage and mitigate the impact of HIV and AIDS through the strategic planning and implementation of sustainable and systemic interventions. It operates from the Health Economics & HIV and AIDS Research Division (HEARD) of the University of KwaZulu-Natal.

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Education Access and Retention for Educationally Marginalised Children: Innovations in Social Protection, published by MTT, Health Economics & HIV and AIDS Research Division (HEARD), University of KwaZulu-Natal, South Africa

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A study conducted by the Mobile Task Team on the Impact of HIV and AIDS on Education (MTT) based at the Health Economics & HIV and AIDS Research Division (HEARD) of the University of KwaZulu-Natal, Durban, South Africa for the United Nations Children's Fund (UNICEF)

Research Team:

Peter Badcock-Walters (Project Director), Marelize Görgens, Wendy Heard, Patience Mukwashi, Rose Smart, Jill Tomlinson, Daniel Wilson.

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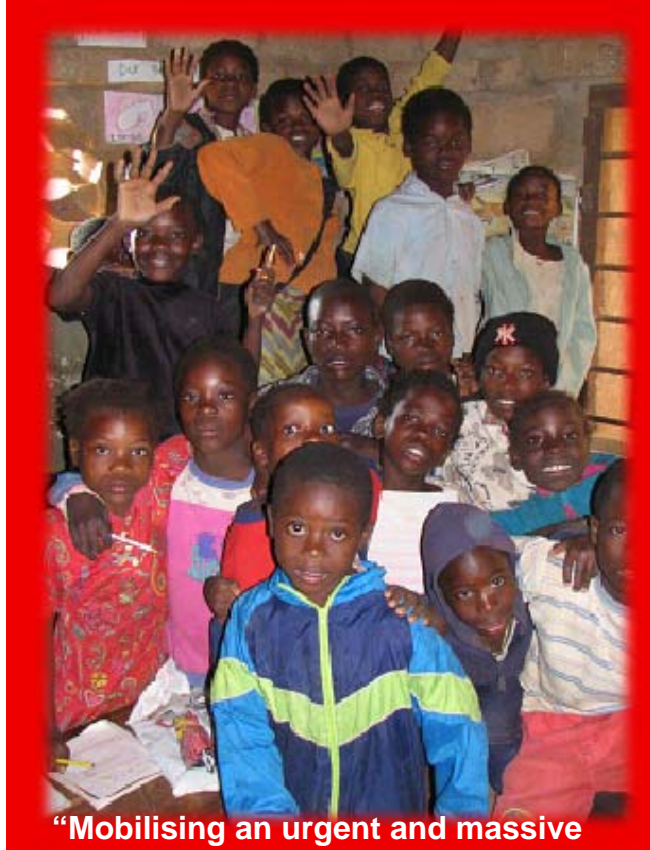
"Mobilising an urgent and massive response to the orphan crisis in Africa is the litmus test by which governments in the north and south must be judged. Our energies must now be focused on ensuring that our response matches the size, magnitude, and long-term impact of HIV and AIDS on the lives of children. We cannot continue with the same business-as-usual approach."

Mark Stirling,
UNAIDS Regional Support Team for Southern Africa,
Africa News Service, 23 February 2004

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LIST OF ACRONYMS

AIDS   Acquired Immune Deficiency Syndrome

AED   Academy for Education Development

ASAL   Arid and Semi Arid Land

BEAM   Basic Education Assistance Module

CBO   Community-Based Organisation

CEF   Community Education Fund (Tanzania)

CLaSH   Children with Language, Speech, and Hearing Impairments of Namibia

CoS   Circles of Support

CRC   Convention on the Rights of the Child

CRS   Catholic Relief Services

CSO   Community Service Organisation

DFID   Department for International Development (UK Government)

DRC   Democratic Republic of the Congo

EDI   EFA Developmental Index

EFA   Education for All

ELCAP   Evangelical Lutheran Church in (of?) Namibia

EMC   Educationally Marginalised Children

ESAR   Eastern and Southern Africa Region

ESSP   Education Sector Support Programmes

FAO   Food and Agricultural Organisation

FBO   Faith-based Organisation

FPE   Free Primary Education

GEI   Gender-specific EFA Index

GER   Gross Enrolment Ratio

GIS   Geographic Information System

GTZ   Gesellschaft fur Technische Zusammenarbeit (German Technical Cooperation)

HIV   Human Immunodeficiency Virus

ILO   International Labour Organisation

IRB   International Bank of Reconstruction and Development

IRC   International Rescue Committee

IRI   InterActive Radio Instruction

KidSAFE   Shelter, Advocacy, Food, and Education) programme;

LANFE   Lesotho Association of Non-Formal Education

LDTC   Lesotho Distance Learning Centre

MDG   Millennium Development Goal

MTT   Mobile Task Team on the Impact of HIV and AIDS on Education

NACID	Nazareth Children Centre and Integrated Development
NER	Net Enrolment Ratio
NERCHA	National Emergency Response Council on HIV and AIDS
NGO	Non-governmental Organisation
NGOC	NGO Coalition on the Rights of the Child
NPA	National Programme of Action
NPO-EMC	National policy options for educationally marginalised children
OECD	Organisation of Economic Cooperation and Development
OSSA	Organisation for Social Services for AIDS
OVC	Orphans and Vulnerable Children
PLWA(s)	Person(s) Living with HIV and AIDS
PTA	Parent Teacher Association
RAAAP	Rapid Assessment, Analysis, and Action Planning
SAP	Structural Adjustment Programme
SC	Save the Children
SGB	School Governing Body
SP	Social Protection
STRIVE	Support to Replicable, Innovative Community/Village-Level Efforts to Support Children
SWAAE	Society for Women and AIDS in Africa Ethiopia
TASO	The AIDS Support Organisation
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UWESO	Uganda Women's Effort to Save Orphans
WB	The World Bank
WFP	World Food Programme

TERMINOLOGY USED

Throughout this report, the following terminology has been used:

a) **Child:** In accordance with the Convention of the Rights of the Child (1989), a child is defined as any person 18 years or younger.

b) **Coverage**: The distance, area, and number of people to whom the Social Protection Programme has spread, with or without outcomes, but with the potential to produce some qualitative gains (UNAIDS/UNITAR, 2005).

c) **Education Sector:** For the purpose of this study, the education sector refers to learners, employees, managers, employers and other providers of education and training in all public and private, formal and non-formal learning institutions at all levels (Kenya Ministry of Education, 2004).

d) **EFA Development Index:** The EFA Development Index is a composite of relevant indicators – summarising the extent to which countries are meeting 4 of the 6 EFA goals: Universal Primary Education (measured by NER), adult literacy, gender parity and quality (survival rate to Grade 5). The EFA Development Index is the arithmetic mean of the values of the indicators selected to measure four of the EFA goals

e) **Educationally Marginalised Children (EMC):** EMC are children who, for one or other reason, have difficulty in accessing basic education, or who drop out prematurely, or who have been pushed out of the formal education system by the system itself. EMC also include children with disabilities or illnesses (including AIDS-related illnesses) that make their school participation difficult, if not impossible.

f) **Formal Education:** Formal education refers to education that is classroom-based, either government or privately funded, and that uses a standard curriculum approved by the Ministry of Education. The modes of learning may differ, depending on government policy and the learning needs of children in the classroom.

g) **Funding Agency:** Funding Agencies are those organisations that provide funds and, at times, technical support to the Implementing Agencies (defined in (h)) to implement programmes, projects and initiatives. Funding Agencies could be international development agencies (such as UNICEF, The World Bank, WFP, DFID and others), national development agencies, private foundations/trusts or private funds, government departments, churches or NGOs.

h) **Implementing Agency:** An Implementing Agency is any agency that implements programmes, projects or initiatives that provide a wide range of services to the target group (orphans and vulnerable children). This could include churches, faith-based organisations (FBOs), Non-governmental Organisations (NGOs), Community Service Organisations (CSOs), Community-Based Organisations (CBOs) and government itself. Another term for an Implementing Agency is also "service provider" or "contractor".

i) **Learner:** A learner or pupil is defined as a person receiving education and training from a learning institution or programme. A learning institution is a place where formal or non-formal instruction is carried out following a prescribed education programme (Kenya MOEST, 2005b).

j) **Non-Formal Education:** These are education delivery channels that cater for the special needs of children who, due to special circumstances beyond their control, cannot access basic education through the conventional formal school system (Kenya MOEST, 2005a).

k) **Non-formal Schools and Non-formal Education Centres:** All non-formal institutions structured like conventional primary schools and offering the standard approved curriculum while those offering the non-formal education curriculum are referred to as **non-formal education centres** (Kenya MOEST, 2005a).

l) **Reach**: This is the distance, geographic area over which and number of people to whom the programme or its various processes and assets have spread and are effective (UNAIDS/UNITAR, 2005).

m) **Orphans:** Different definitions exist for orphans. For the purpose of this review, the country-specific definition of an orphan was used. An example of a definition of an orphan is "any person 18 years or younger that has lost either a biological father, or a biological mother, or both" (Malawi Government, 2003).

n) **Social Protection Programme:** Different definitions exist for social protection. For the purpose of this research, all research teams agreed to use the following definition: Social protection programmes describe all initiatives that (i) provide income (cash) or consumption (food) transfer to the poor; (ii) protect the vulnerable to livelihood risks; or (iii) enhance the social status and rights of the excluded and marginalised (Devereux and Sabates-Wheeler, 2004).

o) **Social Protection Programmes in the Education Sector:** Social protection in the education sector is defined as any intervention or innovation directed at the education and training needs of educationally marginalised children (EMC), which may involve a series of separate and additional social protection measures required to promote the participation of children who otherwise might not enrol or stay in school.

p) **Vulnerable Children:** The nature of vulnerability is dynamic and changes with time, as illustrated hereunder. For this review, the researchers used the definition of a vulnerable child, as defined in the relevant policies of the country where the research was undertaken.

COUNTRY	DEFINITION OF VULNERABLE CHILDREN	
Botswana	• Street children • Child laborers • Children who are sexually exploited	• Children who are neglected • Children with handicaps • Children in remote areas from indigenous minorities
South Africa (community definition)	Child who: • Is orphaned, neglected, destitute, or abandoned • Has a terminally ill parent or guardian • Is born of a teenage or single mother • Is living with a parent or an adult who lacks income-generating opportunities • Is abused or ill-treated by a step-parent or relatives • Is disabled	
Zambia, definition of OVC for accessing support	In Zambia, Community Committees identify OVC to quality for the Public Welfare Assistance Scheme in terms of the following criteria: • Double/single orphans • Does not go to school • From female/aged/disabled-headed households • Parent/s are sick • Family has insufficient food • Housing below average standard	
Namibia	A vulnerable child is under the age of 18 whose mother, father or both parents or primary caregiver has died and/or is in need of care and protection' (second National Conference on OVC, June 2002).	

Source: Adapted from Smart (2003)

EXECUTIVE SUMMARY

"The scale of the crisis [of the increasing numbers of vulnerable children] is tearing at the very fabric of childhood."

-Ethiopian Minister of Labour and Social Affairs, Hassen Abdella, 15 December 2004

Background and Purpose

A review of social protection mechanisms for orphans and vulnerable children (OVC) in the education sector in the Eastern and Southern Africa Region (ESAR) was commissioned by the United Nations Children's Fund (UNICEF) in 2005. This review was conducted by the MTT, and is one of three components of UNICEF's review of social protection mechanisms in the ESAR region, including reviews of the role of public works and cash transfers. The purpose of the education review was to:
   a) Identify sectoral players and the scope of their social protection programmes;
   b) Identify lessons learned;
   c) Provide a representative list of social protection programmes in the education sector;
   d) Identify a combination of these with the potential to provide a coordinated social protection programme; and
   e) Identify actions required to scale up social protection within the education sector in ESAR.

In summary, the review set out to obtain answers to three questions: What is needed to get children into school (access) and keep children in school (retention) – particularly those who are educationally marginalised in some way? What factors are critical for their learning achievement? And, how can a strategic combination of these social protection mechanisms for education be scaled up and replicated?

Definitions

For the purpose of the research, social protection in the education sector was defined as:

> *Social protection in the education sector is any intervention or innovation directed at the education and training needs of educationally marginalised children (EMC), which may involve a series of separate and additional social protection measures required to promote the participation of children who otherwise might not enrol or stay in school.*

The term educationally marginalised children (EMC) has been used throughout this review, in preference to orphans and vulnerable children (OVC), as this appropriately describes a specific group of children with a wide range of vulnerabilities relating specifically to education. For the purpose of the research EMC were defined as (Namibian Government, 2002):

> *Children who, for one or other reason, have difficulty in accessing primary education, or who drop out prematurely, or who have been pushed out of the formal education system by the system itself, or who fail to learn, despite being in school.*

Target Readership

This review is designed for policy makers, planners and programme managers inside and outside the fields of education, social protection, HIV and AIDS and/or child rights, in the public, non-government, private and development sectors.

Research Methodology

Research was conducted in two stages, from February to August 2005, using a questionnaire designed to capture data electronically. The main purpose was to gather information to create an inventory of programmes and projects with direct or indirect education social protection outcomes for EMC. These questionnaires were sent to all implementing agencies and funding agencies identified by the 15 UNICEF country offices in ESAR that chose to participate in the review; an extensive literature search

enriched the inventory and a number of key informant interviews were also conducted. This information was analysed and presented as the Stage 1 report, with the specific purpose of documenting existing social protection mechanisms that demonstrated positive education outcomes, in order to identify innovation and potential for replication and scale-up. This report also identified case studies for Stage 2 of the research.

- *Case study selection*

16 case studies were selected from ten countries, representing a range of programmes judged to be more or less innovative, with the potential to provide insights and lessons for scale up and replication. Criteria for programme selection included geographic spread, project scope, old versus new, various target groups, type and level of social protection, policy context, gender focus and innovation. The final selection ranged from national education sector policy development to community structures to retain children in school. The report recognizes that a complete inventory of *all* programmes in every country may well throw up many other programmes of interest, and suggests that this should constitute an on-going research agenda.

The case studies were conducted in July and August 2005, using the most appropriate mix of research methods. These focused on the policy context, implementation, education outcomes, lessons learnt, resultant change, potential for scale up and innovation. Draft reports were circulated to UNICEF country offices and case study programme managers for comment before being analysed by the research team.

- *Case study summaries*

A summary of each case study is included (Annexure G), setting out country, programme name, description, objectives, scope and reach, and key innovations. These also provide relevant detail on most significant change/programme outcomes, budget, start and end dates, lessons learnt and potential for replication.

Contextual Overview of Education, HIV and AIDS, and Social Protection Issues

- *Impact of HIV and AIDS*

HIV and AIDS has the potential to affect the demand, supply, quality of education and the availability of resources for it, as well as the potential clientele, process and content of education. It will also affect the role of education, organisation of schools, planning and management of the education system and donor support for education.

HIV and AIDS has increased the educational challenges that children face: It impacts not only on the children in the education system but teachers and education managers as well. Indeed HIV and AIDS threatens decades of advances and increases the vulnerability of institutions of learning and the entire education sector. Various international conventions underscore the critical importance of getting school-age children into school and keeping them there, and these together with the role of government are explored.

- *Educationally Marginalised Children (EMC)*

There are children who face educational challenges who are typically excluded from definitions of 'orphans and vulnerable children'; for example over-age learners; children with chronic illnesses; children whose parents are illiterate or do not value education; and children with special learning needs. For this reason, the concept of Educationally Marginalised Children (EMC) has been introduced for the purpose of this research, as defined above.

- *Potential role of the education sector*

The education sector helps learners assimilate, evaluate and interpret messages about HIV and AIDS and life skills that can serve as a "protective barrier to HIV infection". Schools and other learning institutions play a valuable role in caring for and supporting OVC, while the sector has a role in helping replace human resources lost to HIV and AIDS by improving access and retention.

- *Social protection in the education sector*

As HIV and AIDS responses are increasingly mainstreamed into the education sector, it is critical to minimise or eliminate the educational disadvantages that certain groups of children face, through social protection programmes designed to achieve national and international education targets. Such social protection may include alleviating the financial burden of HIV and AIDS-affected families, ensuring access for EMC, meeting basic material and survival needs and strengthening systems and structures. It could also include involvement in development, capacity building, partnerships, data collection and creation of learning environments free from stigma, discrimination and abuse.

Inventory of Social Protection Mechanisms with education outcomes

A consolidated overview and analysis of the social protection programmes included in stage 1 of the research is listed, by country, and provided in Annexure G. While the nature of the data collection process and the narrow focus of the study do not permit meaningful comparative analysis, a picture is developed of the different forms of social protection in the education sector at the levels of the child, the family and household, the school, the community and the sector (or government). This is further enhanced by the more qualitative information that emerges from the case studies and recommendations that follow.

- *Overview of the inventory*

84 questionnaire responses describing 99 programmes were received from Implementing and Funding Agencies and Government Ministries, an overall response rate of 32% from 261 sent out. These were supplemented by a literature review and an inventory was developed of social protection programmes that have educational benefit as a primary outcome and those with educational benefit as a secondary outcome. The response rate was low despite concerted follow-up, and points to the need for further in-country research. This also confirms that the inventory cannot be regarded as exhaustive as it reflects a limited proportion of all the programmes across the region.

The major differences in the number of programmes per country may be a reflection of the response rate rather than the number of programmes actually in operation, and the majority of these are implemented by civil society or development agencies. 85% of all the programmes listed began in or after 2000, confirming the growing emphasis on such interventions.

- *Programme reach and coverage*

Reach and coverage varied, with some programmes focused on providing a wide range of services to a few defined beneficiaries, while others aimed to reach as many beneficiaries within a target group as possible, often with limited services or support. 56% of the programmes provided data regarding the target group, indicating that 6 376 403 children, 41 698 schools, 271 791 households and 8 386 communities were direct beneficiaries.

- *Budgets*

65% of the programmes provided overall budget information, possibly masking the fact that larger education support programmes have components other than EMC. The total budget for these programmes was US$588 million.

For the programmes that provided budgets, these varied from US$4 600 to US$145 million, with spending per EMC ranging from US$1.60 (Ethiopia's comprehensive capacity building programme in response to HIV and AIDS) to US$2 544 (promoting early childhood education amongst the San in the Ohangwena, Namibia) per beneficiary. The range in total programme budgets by country also varied considerably, from US$5 million in Ethiopia to US$161 million in Malawi, with the caveat that this variance may be distorted by a few large-scale country interventions.

What is clear is that substantial sums are being spent on education sector interventions and in particular on programmes that aim to support EMCs. This underscores the importance of making the right decisions to ensure optimal resource utilization.

- ***Interventions with educational benefit as a primary or secondary outcome***

The inventory confirms the existence at every level of two distinct types of social protection interventions: Those designed with educational benefit being a primary outcome and those with educational benefit as a secondary outcome. While the majority of programmes were designed to achieve education benefits as a primary outcome, very many others showed positive education outcomes for the EMC involved. Most of those programmes with education benefits as a secondary outcome focused on household needs, but few focused on the community, suggesting a needs-driven emphasis at the household level led by NGOs and volunteers.

Interventions designed with educational benefit as a primary outcome were mainly targeted at EMC, often focusing on some form of fee remission; however the study notes that even in the absence of fees, other costs remain and continue to limit access to education and ensuring that children remain in school. The programme inventory includes a number of alternative delivery strategies to address these problems, including 'taking education to the children'; others strategies include improving the quality of teaching and the status of teachers, ensuring safe, happy learning environments and providing school-based nutrition programmes. Related strategies to indirectly improve access include the provision of labour-saving devices in the home and improved infrastructure for access to markets and health services.

- ***Monitoring, evaluation, programme support and targeting***

Only a little over half of the programmes reviewed had monitoring and evaluation (M&E) information available, pointing to weak programme design and limited management oversight. 64% of the programmes indicated they receive supplementary support, outside their programme budgets, primarily in the areas of technical advice, provision of goods and services, additional human resource or salary support, food supplementation and psychosocial support for project staff.

Virtually all the programmes confirmed some form of targeting at the individual, school, household and community level, utilizing the assistance of individuals, community structures, learning institutions and government, as well as spatial analysis of demand and supply and community-assisted needs assessment.

The case studies all illustrate some form of social protection, such as assistance with or exemption from school fees. Some interventions are more understated than others, such as alternative learning arrangements, while psychosocial support as a form of social protection for EMC is barely acknowledged. Many incorporate an element of capacity building for community members, network partners, or members of school management structures. A number of the case studies also stress the formation of or strengthening linkages and partnerships. Many identify some sort of catalyst for change, such as a policy, a community mobilisation process or the presence of a network. While some initiatives focus at the level of the child and the school; others tend to focus more on the school as part of the education sector; and others emphasise the linkages between the community and the school. A number of the case studies tentatively explore additional or expanded roles for schools and, by extension, for teachers.

Criteria for targeting are sometimes AIDS-related, but more often are context-specific. Only a few recognise a gender dimension in their targeting or support. A couple of the programmes use regular school attendance as a requirement for on-going funding or support. But all have education access and retention as an expected outcome, whether a specific objective or indirect benefit. Only one programme explicitly strives for teaching quality and attempts to measure the actual quality of learning.

Conclusions and Recommendations

A review of the case studies suggests that while all of the programme provide a varying measure of social protection to EMC, the comparative scale of some of these programmes and the lack of coordination with others may limit their impact and value. It is clear that most, if not all, of these programmes have the potential to achieve much more in a coordinated environment, with appropriate levels of management and resourcing. In short, the review suggests that a strategic combination of these (and other) programmes, in an integrated basket of support, is required and would be an important step forward.

The programmes under review have been summarised by category, level and type, including those relevant to international, national and sectoral levels; the school and community level; and the level of an individual child or household. This analysis provides an immediate sense of the synergies involved and begins to demonstrate how these programmes could be integrated to great effect. The report also notes that integration of this coordinated response with existing National Plans of Action (NPAs) could open the way to a broader scope for OVC and EMC service provision.

The appeal of this approach is the multiplier effect inherent in linking a series of complementary programmes and harnessing capacity across the levels of social protection and education, as well as sub-national regions and districts. It also has the potential to accelerate the pace at which social protection can be delivered. The report notes that while the concept of social protection may appear be somewhat new to the education sector, it is in fact neither new – confirmed by the extent to which such programmes have proliferated in the sector - nor only the business of other social sector ministries or development partners. The study shows the intersection of interest between education sector policy, HIV and AIDS education sector policy and OVC (or EMC) and confirms that such social protection is indeed the mainstream business of education – particularly in the HIV and AIDS era.

Finally, given that the scale of the EMC and OVC crisis in Africa is only *beginning* to emerge, and in the knowledge that it will shadow the HIV crisis for decades to come, the report suggests that the education sector is faced with a stark choice: Embrace and mainstream social protection as an integral function of education's mandate or abandon any real prospect of achieving the national and international goals to which the sector has long committed. Reinforcing the fact that social protection lies at the intersection of the education sector's interests and commitments, the report also suggests that this is a unique, strategic opportunity to mobilize the multi-sectoral, NGO and community partnerships that the education sector has so long contemplated but not yet fully operationalized.

Certainly, the report concludes, there could not be a less threatening or more compelling reason to proceed, without delay.

"Going further, so that we see the salience of the school as a multipurpose community development and welfare centre from which community action on behalf of prevention, care, support, and impact mitigation would be energised, coordinated and driven, is an even greater challenge.

Avoiding these challenges is a recipe for a bleak future. Confronting them promises hope."

Prof Michael J Kelly, 2005

CHAPTER 1: BACKGROUND

1.1 Purpose of the Review

The Mobile Task Team on the Impact of HIV and AIDS on Education (MTT) was commissioned by the United Nations Children's Fund (UNICEF) to carry out a review of social protection mechanisms for orphans and vulnerable children (OVC) in the education sector in the Eastern and Southern Africa Region (ESAR). This is one of three components of UNICEF's review of social protection mechanisms on the sub-continent, the others being public works and cash transfers as forms of social protection for OVC.

The purpose of the education component of the review was to:

a) Identify the key players and outline the scope of social protection programmes in the education sector in Eastern and Southern Africa (ESAR);

b) Identify lessons learned, operational constraints, programme design factors, considerations for programming in the context of the HIV and AIDS pandemic, unit cost, good practice and noteworthy innovations;

c) Identify synergies between these programmes and consider the potential for their inclusion in a country-level social protection framework for the education sector in ESAR;

d) Provide a list of programmatic options of social protection programmes in the education sector; and

e) Identify key actions required by UNICEF, the UN system and its partners in order to implement and/or scale up social protection mechanisms within the education sector in ESAR.

1.2 Key Definitions Relevant to the Research

For the purpose of the research, social protection in the education sector was defined as:

> *Any intervention or innovation directed at the education and training needs of educationally marginalised children (EMC), which may involve a series of separate and additional social protection measures required to promote the participation of children who otherwise might not enrol or stay in school.*

The term educationally marginalised children (EMC) has been used throughout this review, in preference to orphans and vulnerable children (OVC), as this appropriately describes a specific group of children with a wide range of vulnerabilities related specifically to education. For the purpose of the research EMC were defined as (Namibian Government, 2002):

> *Children who, for one or other reason, have difficulty in accessing basic education, or who drop out prematurely, or who have been pushed out of the formal education system by the system itself. EMC also include children with disabilities or illnesses (including AIDS-related illnesses) that make their school participation difficult, if not impossible.*

In summary, the review set out to answer three questions: what is needed to get children into school (access) and keep children in school (retention) – particularly those who are educationally marginalised in some way or another? What factors are critical for their learning achievement? And, how can we scale up and replicate these education social protections?

1.3 Target Readership

This review is designed for policy makers, planners and programme managers inside and outside the field of education, HIV and AIDS and/or child rights, in the public, non-government, private and development sectors.

This group may have quite divergent views and understanding of the field: Some may use the term social protection, some the term livelihoods, whilst others may approach it from a human rights perspective. Whatever the perspective, social protection in the education sector constitutes a key focal point for intervention and should be clearly positioned on development agendas across the board in the HIV and AIDS era.

1.4 Research Methodology

The research was conducted in two stages – from February to August 2005 – employing the following methodologies:

1.4.1 Stage 1 (February to June 2005)

a)   A questionnaire was developed, allowing for data to be captured electronically, with accompanying guidelines on how to complete the questionnaire. The main purpose of the questionnaire was to gather information in order to create an inventory of programmes[1] with direct or indirect education social protection outcomes for EMC.

b)   The questionnaires were sent out electronically to all implementing agencies and funding agencies on the address lists provided for this purpose by the 15 UNICEF country offices in ESAR that chose to participate in the review[2].

c)   In addition to the questionnaire, other data sources were also used to enrich the inventory. These were accessed during an extensive literature search of electronic and academic resources. A number of key informant interviews were also conducted and, finally, papers and resolutions from a conference on *Going to scale: Family and school-based programmes to support children affected by AIDS*[3] were reviewed.

d)   The information gathered through all these processes was analysed and presented as the Stage 1 report. A specific purpose of that report was to document existing social protection mechanisms that yield positive education outcomes, so that areas of innovation, replication and scale-up could be identified. The report concluded with the nomination of case studies for Stage 2 of the research.

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1 The term "interventions" has been used throughout this report in a collective way to refer to both programmes (a collection of projects) and projects themselves

2 The UNICEF country offices that chose to participate are: Burundi, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe

3 The conference was held in Pretoria, South Africa on 27 & 28 June 2005, hosted by the Child, Youth and Family Development Division of the Human Sciences Research Council; the papers and proceedings are available at www.hsrc.ac.za

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1.4.2 Stage 2 (July to August 2005)

From the Stage 1 inventory, 16 case studies were selected from nine countries[4], representing a wide range of programmes with the potential to provide insights and lessons for scale up and replication. The selection was guided by criteria such as:

- Geographic spread – 9 countries included in the selection;
- Project/programme scope – national and local;
- Old and new programmes – based on the date the programme commenced;
- Target group – all children or OVC or EMC;
- Type of social protection – programmes designed with educational benefits as a primary outcome and those with educational benefits as a secondary primary outcome.
- Level of social protection – child, household, level, community, sector and/or government level;
- Policy context – fee-paying versus free primary education, availability of school feeding schemes, non-formal education, etc; and
- Innovations – such as alternative learning arrangements.

The final selection of case studies ranged from national education sector policies to efforts by community structures to get children into school and keep them there. A summary of each case study is included in **Annexure F** of this report.

The selected case studies were allocated – per country – to four researchers and the reviews were conducted in July and August 2005, using a mixture of research methods (desktop reviews, telephonic interviews, field visits and key informant interviews using the snowball and purposive sampling methods). The technique/s selected depended on the particular case study itself: for example, where adequate documentation was available a desktop review and telephonic interviews were chosen as the most appropriate research methodology. Contacts and in-country appointments were made through the UNICEF country offices.

The researchers prepared an individual report for each case study, as well as providing details of the educational context for each country. The case study reports focused on answering the following research questions:

- What is the policy context within which the programme operates, and are there any policy overlaps or shortages?
- How is the programme/project implemented?
- Are there specific education outcomes and how are these quantified?
- What were the lessons learnt during implementation?
- What was the most significant change brought about by the project/programme?
- What were the innovative aspects of the project/programme?
- Are scale up and replication relevant? If so, how can they be achieved?

The draft reports of the case studies were circulated to the relevant UNICEF country offices, as well as to the managers of the programmes selected, for review and verification, before being submitted for analysis by the broader research team members. The intention, in preparing individual country and case study reports, was to enable these to be used by and disseminated to in-country role players.

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[4] Case studies were selected from Kenya, Lesotho, Mozambique, Namibia, Tanzania, South Africa, Swaziland, Zambia, and Zimbabwe

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The Stage 2 report was then drafted and both internally and externally reviewed prior to being finalised and submitted to UNICEF.

1.5 Study Limitations

In conducting the research, the following limitations were noted:

a) The study design stipulated that the UNICEF country offices would provide address lists of implementers and funders of social protection mechanisms in the education sector. Given that 'social protection in the education sector' is a new and emerging concept, one limitation was the variable interpretations of this concept by the different UNICEF country offices. In some instances, this may have led to some inadvertent bias in the development of country contact lists, and therefore to certain programmes of relevance being missed.

b) Similarly, Implementing and Funding Agencies themselves had differing interpretations of the concept and these influenced decisions regarding which of their projects were proposed for inclusion in the review.

c) The fact that in-country data collection did not form part of the Stage 1 methodology (as UNICEF had not requested this), meant that there was little control over the nature and scope of information that was received during Stage 1.

d) There was a bias in favour of well-established projects with sound track records, as these tended to be the ones best known by the UNICEF country offices. This may have resulted in many smaller or newer projects being left off the address list. As an example, in KwaZulu-Natal, one of the nine provinces in South Africa, an existing database of OVC service providers records the existence of 286 providers – almost three times the number captured in the study inventory for the same province.

e) Cost benefit assessment did not form a core component of the study, due either to the lack of costing information or to the reluctance of programme staff to provide this information. This was particularly true of the Stage 2 research, although some 65% of the programmes provided gross budget information in response to the questionnaire administered in Stage 1.

f) A further limitation was that projects measured and monitored their success in terms of getting children into school and keeping them there, but rarely considered outcomes related to educational progress or actual learning. (Progression within and/or completion of the basic education cycle could be indicators of this important dimension of education social protection).

1.6 Structure of the Report

This report is the final report of the research into social protection in the education sector for EMC. It draws primarily on the content of the Stage 1 report, which includes a literature review of the education sector and social protection, and the detailed Stage 2 case study reports[5].

For easy reference the content of each chapter is summarised below.

Chapter 2 provides an overview of social protection in the education sector: Why education is important in countries facing an HIV and AIDS epidemic; how HIV and AIDS has impacted on the

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[5] Available from the MTT website at www.mttaids.com

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education sector; and why social protection mechanisms for EMC should not only be relevant to, but central to, the role of the education sector.

Chapter 3 provides an overview and analysis of the inventory of social protection in the education sector. The chapter also describes, on a country-by-country basis, what has been done in terms of social protection in the education sector.

Chapter 4 analyses the 16 case studies, identifying social protection innovations and key lessons from each. There is also an overview or summary of each case study, in a standardised format.

Chapter 5 contains the conclusions and recommendations for establishing, scaling up and/or replicating education social protection mechanisms for EMC.

CHAPTER 2: A CONTEXTUAL OVERVIEW OF ISSUES ASSOCIATED WITH EDUCATION, HIV AND AIDS, AND SOCIAL PROTECTION

2.1 Governments and the Provision of Education

Generally, the importance of education is widely recognised and understood. It is the foundation for "lifelong learning and human development" (EFA Declaration, 1990) and is also an essential ingredient in the fight against poverty.

Various international conventions underscore the critical importance of getting children of school-going age into school and keeping them there. In Jomtien in 1990, governments around the world signed the 'Education for All' (EFA) Declaration. The six EFA targets, outlined in **Annexure A**, include the need to ensure "universal access to, and completion of, primary education by the year 2000". In addition to EFA goals, the Millennium Declaration in 2000, unanimously adopted by member states of the United Nations, also contains an educational goal – "to achieve universal primary education by 2015".

These international Declarations, to which all countries in ESAR are signatories, underscore the importance and relevance of education – the need to make "education a priority among other priorities" (Namibia EMC policy, 2002).

2.2 Progress made by ESAR Countries with the Provision of Education

To determine the extent to which countries have achieved the EFA goals, 18 EFA indicators were developed and reported on in an international assessment in 2000 (UNESCO, 2000). The 18 EFA indicators have been listed in **Annexure B**. It is, however, not easy to obtain such a vast range of data from all the education sectors in the world. Thus, UNESCO's EFA Global Monitoring Report for 2003/2004 simplified this list of EFA indicators by developing a new term – the **EFA Development Index (EDI)**.

The EDI specifically links to four of the six EFA goals: Universal primary education (measured by the net enrolment rate (NER); adult literacy (measured by the literacy rate of the age group 15 years and older); gender parity (in primary education, secondary education and tertiary education); and quality (survival rate to Grade 5). The higher the EDI, the closer a country is to achieving the goal and the greater the likelihood of EFA achievement. Ideally, the EDI should have consisted of indicators for all 6 EFA targets (see **Annexure A**), but this was not possible due to the qualitative nature of some of these goals (**Annexure C** contains a detailed discussion on the EDI and its cohesion with the indicators selected for the education goal in the Millennium Declaration, as well as providing the EDI values for all ESAR countries).

Of the 15 ESAR countries under review, only Kenya, Rwanda and Zimbabwe appear to have a high probability of meeting their EFA goals; whilst Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Uganda, and Tanzania are likely to miss the achievement of at least one of the EFA goals. Burundi, Ethiopia, Mozambique, and Zambia appear to be at serious risk of not achieving any of the EFA goals.

In addition to the EDI, the **Gross Enrolment Ratio (GER)** is a method of assessing enrolment levels, useful in understanding the education-related progress made by ESAR countries[6]. Although

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[6] The GER differs from **Net Enrolment Ratio (NER)** as it expresses *total* enrolment, irrespective of age, as a percentage of children of eligible school-going age. The NER expresses only the enrolment of those of eligible

the GER is not one of the four indicators that make up the EDI, it is valuable as it assesses the total enrolment and provides an indirect means of assessing repeaters and over-age learners.

Table 1 below contains the GER values for all the ESAR countries. The table illustrates three relevant facts: Firstly, that the GER is lower than 100% in many ESAR countries; secondly, that the two countries with the highest primary school enrolment ratio (Uganda and Malawi) have both adopted free primary education policies; and thirdly, that girls are at a distinct disadvantage in terms of school attendance.

Table 1: Gross Enrolment Ratio (GER) at Primary School Level

Country	Compulsory Primary Education?	Primary School Gross Enrolment Ratio (GER) 1998-2002	
		Male	Female
Botswana	Yes	103	103
Burundi	Yes	80	62
Ethiopia	Yes	75	53
Kenya	Yes	97	95
Lesotho	Yes	123	125
Malawi	Yes	149	143
Mozambique	Yes	110	87
Namibia	Yes	106	106
Rwanda	Yes	118	116
South Africa	Yes	107	103
Swaziland	Yes	103	98
Tanzania	Yes	70	69
Uganda	Yes	139	134
Zambia	No	81	76
Zimbabwe	Yes	100	98

Source: UNICEF State of the World's Children Report (2005)

NOTE TO TABLE 1: All countries that have implemented free primary education policies are shown in red.

In summary, the majority of ESAR countries are at risk of not achieving Education for All goals. The fact that GER in countries where free primary education policies are in place is not yet reaching 100% , suggests that such polices, whilst playing a catalytic role in getting children to school, are not the only solution. Ensuring access to education is a complex issue.

The data on EDI and GER values point to the fact that each of these countries has some way to go to ensure 'Education for All'. These governments have a continuing responsibility in terms of the supply of education (provision of good quality facilities and quality teachers) and the stimulation of demand for education by providing social protection programmes to overcome the educational challenges that EMC may face.

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age, as a percentage of all children of eligible school-going age. Thus the GER includes repeaters and over-age learners, whilst the NER only reflects those that are of eligible age in the education system.

2.3   Reasons why Children are do not attend School

There are clearly many reasons why children do not attend school: Competing household demands and priorities; disillusionment with poor post-school employment prospects; demoralised and under-equipped teachers; limited premium placed by parents on education; lack of parental education and literacy; loss of or separation from biological parents; poverty; lack of uniforms and textbooks; to name but a few.

> *'We do not have toilets and there is no water in the school. It is very difficult for us. We are forced to fetch water from far places and this sometimes affects our studies.'*
>
> (Girl in secondary school, Thaba Tseka)
> Quoted by Obagi, 2003:28

Many children face personal and household challenges that make it increasingly difficult for them to attend school. Kelly, Lungwanga and Sililo (1998) state that the factors that affect school attendance occur at different levels: First, there are factors related to the socio-economic climate of the country as a whole; second, there are factors at the level of the education system; third, there are factors at the school level; and fourth, there are factors at the family and community level.

Annexure D contains a summary of available literature referring to some of possible reasons for the non-attendance of children in school.

2.4   The Concept of Educationally Marginalised Children (EMC)

Much of the literature studied states that *orphans and vulnerable* children face particular education challenges. The assumption – that only those children from groups specified in the definitions of a 'vulnerable child' or 'orphan' (which are country-specific) are educationally challenged – is simply not true. There are many other children who face educational challenges, who are typically excluded from the definition of 'orphans and vulnerable children'. For example, over-age learners, children with chronic illnesses, children whose parents are illiterate or do not value education and children with special educational needs.

For this reason, the concept of **Educationally Marginalised Children (EMC)** has been introduced for the purpose of this research.   EMC are children who, for one or other reason, have difficulty in accessing basic education, or who drop out prematurely, or who have been pushed out of the formal education system by the system itself. EMC also include children with disabilities or illnesses (including AIDS-related illnesses) that make their school participation difficult, if not impossible.

Namibia was one of the first countries in Africa to adopt a set of National Policy options for Educationally Marginalised Children (2002). In Namibia, the following groups of EMC are identified and listed in the policy:

- Children of farm workers
- Children in remote rural areas: San
- Children in remote rural areas: OvaHimba
- Street children
- Working children
- Children in squatter areas
- Children in resettlement camps

- Children in refugee camps
- Children with special educational needs
- Overage children
- Young offenders
- Orphans
- Teenage mothers

Other types of EMC may include children of illiterate parents, children with disabilities or illness (including being HIV-positive) that makes their participation in school difficult, children of ill parents, and children who have lost interest in school.

2.5 The Impact of HIV and AIDS

HIV and AIDS has ravaged Africa in the 25 years since the 'discovery' of AIDS in 1982[7]. UNAIDS (2001:3) summarises the impact as follows: *It fractures and impoverishes families, weakens workforces, turns millions of children into orphans, and threatens the social and economic fabric of communities and the political stability of nations.* **Annexure E** provides a summary overview of some of the impacts of HIV and AIDS on different levels of society.

2.5.1 The Impact of HIV and AIDS on the Education Sector

The education sector has not been spared from the devastating impacts of HIV and AIDS. Kelly (2000) states that HIV and AIDS has the potential to affect the:

- Demand for education;
- Supply of education;
- Availability of resources for education;
- Potential clientele for education;
- Process of education;
- Content of education;
- Role of education;
- Organisation of schools;
- Planning and management of the education system; and
- Donor support for education.

HIV and AIDS has increased the educational challenges that children face. For affected children and their families, HIV and AIDS results in increased poverty; trauma and bereavement due to parental death; chronic illness; stigma and discrimination; and adverse or changing family environments, all of which can negatively affect these children's ability to access their education rights. Girls face additional hurdles to entering into and remaining in school if they have domestic, parenting or economic responsibilities.

> *"While orphanhood and child vulnerability is not a new phenomenon and was well contained within the strong social fabric of Lesotho, its scope and magnitude has been worsened by the triple threats of HIV and AIDS, poverty and food insecurity."*
>
> National Policy on Orphans and Vulnerable Children. 2005. Ministry of Health, Lesotho

HIV and AIDS impacts not only on the children in the education system, but teachers and education managers as well. Indeed HIV and AIDS affects the demand for, supply of and quality of education, threatening advances that have been made in past decades and increasing the vulnerability of institutions of learning and the entire education sector.

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[7] A clinical definition for what constitutes an 'AIDS case' was defined by CDC in 1982 (CDC, 1982), and this is often referred to as the year that AIDS was 'discovered'.

2.5.2 The Potential Positive Role of the Education Sector

The education sector has the potential to positively contribute to HIV and AIDS prevention and mitigation efforts in the following ways:

- **First**, research suggests that education can "serve as a protective barrier to HIV infection" (Boler and Carroll, 2004: 3), especially if evidence-based reproductive health approaches are utilised.

- **Second**, education assists learners to assimilate, evaluate and interpret messages emanating from the media and from other sources on HIV and AIDS, life skills and related matters.

- **Third**, schools and other learning institutions have a potentially valuable role to play in caring and supporting orphans and vulnerable children.

- **Fourth**, the education sector has the potential, especially in countries with high HIV prevalence rates, to compensate for the burden of premature mortality caused by HIV and AIDS. Where HIV and AIDS has led to increased morbidity and mortality in the skilled workforce, the education sector must play a key role in replacing these human resources by increasing its output, in terms of skilling persons.

Despite an increasingly difficult operational environment, exacerbated by the impact of HIV and AIDS, country education sectors have a growing responsibility to assume additional and protective roles and functions that can contribute to the national response to the epidemic.

2.6 The Relationship between Education, EMC, and HIV and AIDS

As education sectors mainstream HIV and AIDS impact mitigation strategies into their policies, plans and programmes, one of the areas of focus will be to identify special and additional mechanisms that can be put in place – by the sector itself, or in partnership with other sectors – to minimise or eliminate the educational disadvantages that certain groups of children face. Such actions constitute the education social protection that the review seeks to identify and understand, in order to make recommendations for their replication and scale-up. The successful implementation of these social protection inititiatives will, in turn, contribute to achieving national and international education targets.

> ***Mainstreaming HIV and AIDS*** *means a sector determining (i) how the spread of HIV is caused or contributed to by their sector; (ii) how the epidemic is likely to affect their sector's goals, objectives and programmes; and (iii) where their sector has a comparative advantage to respond - to limit the spread of HIV and to mitigate the impact of the epidemic…*
> *AND THEN TAKING ACTION!*
>
> Rose Smart, 2005

In fact, the education sector has dealt with children facing educational challenges long before the discovery of HIV and AIDS. However, the epidemic has radically increased the number of children that are educationally marginalised and has expanded the reasons contributing to children become educationally marginalised. These facts and relationships are illustrated in Figures 1 and 2 below.

Figure 1: The Relationship between Child Vulnerability, Education, and HIV and AIDS
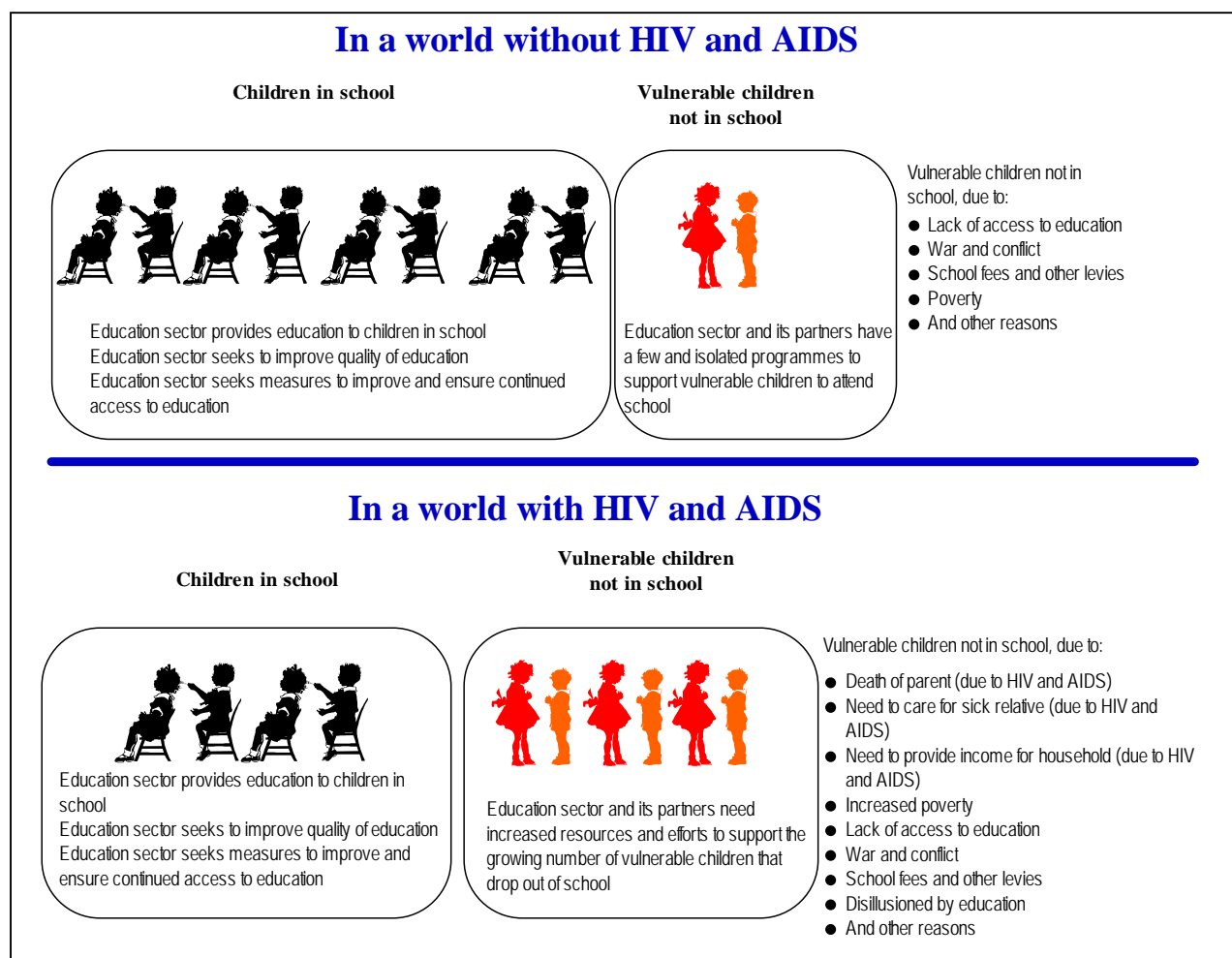
Source: Görgens and Heard (2005)

Figure 2: Number of Orphans by Cause in Rwanda
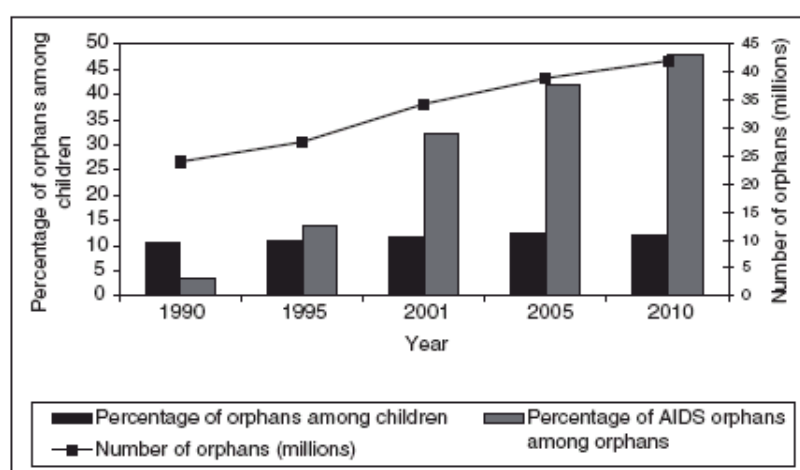
Source: UNAIDS (2002), cited in Subbarao and Coury (2004)

It is thus clear that there is a relationship between HIV and AIDS, the education sector, child vulnerability and EMC. Harvey (2004:1) observed that HIV and AIDS has "created [the need for] an emergency response in at least six countries in Africa". As countries, sectors and their implementing and funding partners learn to manage this new, long-term emergency, social protection is just one of many responses that needs to be scaled up and replicated. While social protection may be considered a *general* measure by those responsible for coordinating the national HIV response (typically National AIDS Commissions) or by those responsible for coordinating social welfare (typically Ministries of Social Welfare or Children's Affairs), the education sector needs to urgently consider education-driven social protection mechanisms within its own sector as well.

2.7 Social Protection in the Education Sector

The concept of social protection has received increased attention in Africa in the last 10 years as a mechanism to counter some of the negative consequences of globalisation (Okuonzi, 2004), facilitate development and alleviate poverty. The concept has received even more attention as the impact of ongoing poverty and HIV and AIDS becomes more apparent and increases the number of vulnerable households, communities and children exponentially. Different types of social protection programmes have been implemented in Africa and these interventions have had different targeting criteria and processes to identify and provide support to the most vulnerable households and communities.

Indeed, different definitions for social protection have developed as the concept itself matured. One of the most recent definitions, which UNICEF and the three research teams adopted, is:

> *Social protection programmes describe all initiatives that (i) provide income (cash) or consumption (food) transfer to the poor; (ii) protect the vulnerable to livelihood risks; or (iii) enhance the social status and rights of the excluded and marginalised (Devereux and Sabates-Wheeler, 2004).*

Devereux and Sabates-Wheeler (2004:10) developed an incremental model of social protection, suggesting that these initiatives may be protective, productive, promotive and transformative (see Figure 3 below for an illustration of the levels of support):

- **Protective measures** provide relief from deprivation. Protective measures are narrowly targeted safety net measures in the conventional sense – they aim to provide relief from poverty and deprivation to the extent that promotional and preventive measures have failed to do. Protective measures include *social assistance* for the "chronically poor", especially those who are unable to work and earn a livelihood.

- **Preventive measures** seek to avert deprivation. Preventive measures deal directly with poverty alleviation.

- **Promotive measures** aim to enhance real income and capabilities, which is achieved through a range of livelihood-enhancing programmes targeted at households and individuals, such as microfinance and school feeding.

- **Transformative measures** seek to address concerns of *social equity* and exclusion, such as collective action for workers' rights, or upholding human rights for minority ethnic groups.

Figure 3: Integrated and Incremental Levels of Social Protection
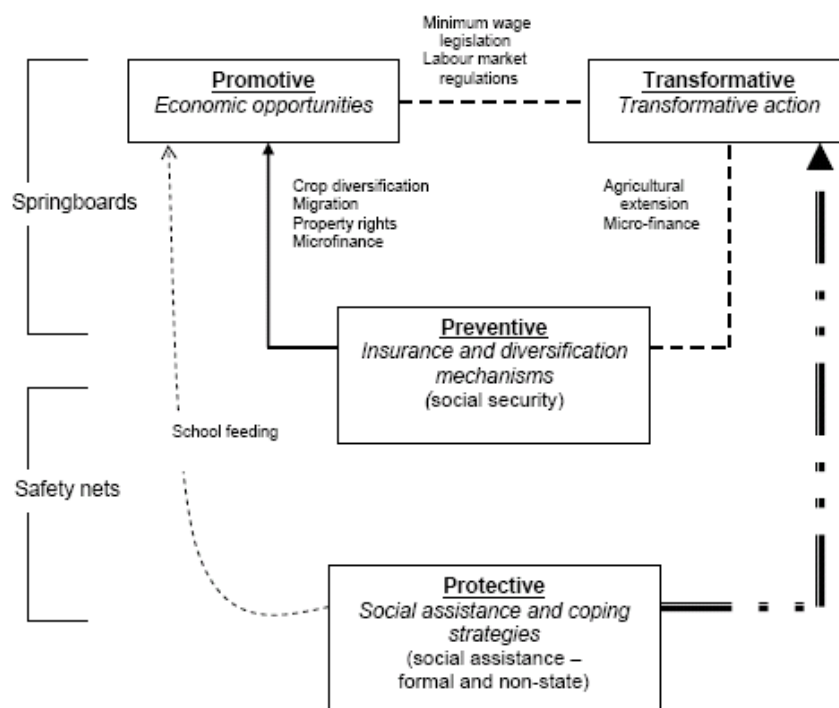
Source: Devereux and Sabates-Wheeler (2004:8)

One of the key features of this definition, and of the definition used in Zambia's draft social protection policy (Government of Zambia, 2005), is that there is growing consensus that optimal social protection mechanisms and policies are those that address *all* the needs of particular vulnerable groups, rather than sector-wide initiatives to reduce poverty. The government of Zambia went so far as to define which interventions fall within the scope of social protection policy, and which interventions fall outside it; this distinction is illustrated in Table 2 below:

Table 2: Activities that Fall Within and Outside the Scope of Social Protection

Activities that fall *within* the Scope of Social Protection	Activities that fall *outside* the Scope of Social Protection
• Interventions directed at particular sectors of the population that have suffered from changes in the economy e.g. job losses • Interventions targeting groups that are not benefiting / unable to participate in economic growth • Interventions that prevent or address the (negative) impacts of life cycle events, including old age, death of a household member, orphanhood, etc • Interventions that prevent or address the effects of illness or disability	• Broad based efforts to diversify physical, financial, human and social capital assets of the poor • Widespread poverty reduction efforts • Improved social policies & public service delivery

Source: Government of Zambia (2005)

Future debate on the education sector and social protection is likely to centre around two main points of departure: On one hand, the view that the education sector has enough challenges facing it; that there are other government sectors better equipped to focus on social protection; and that education should concentrate its focus on improving the supply and quality of education. On the other hand, the view that the education sector has a broader role to play and that it should start

thinking about operationalizing social protection mechanisms to address the key determinants of demand, supply, quality and output in education; in other words, that it is education's business.

Objectively, it seems clear that the education sector urgently needs to focus – with its development and community partners – on social protection mechanisms in the education sector. There are several compelling reasons for this:

First, the emerging definition of social protection suggests that such initiatives must *enhance the social status and rights of the excluded and marginalised*. Clearly, this includes the right to education, which is enshrined in the Human Rights Declaration (1948), and in the Convention of the Rights of the Child (1989). The education sector is charged with ensuring that this right is addressed.

Second, it is clear that social protection involves an *additional* set of initiatives and programmes, specifically designed to provide *increased* support to vulnerable groups to achieve specific goals (e.g. access to and retention in education, access to improved health services, access to employment, reduced poverty, lack of discrimination, improved livelihood, etc.). This implies that if the education wants to achieve the goals of the Education for All Declaration, it must move beyond existing sector-wide education initiatives and embrace the separate and additional social protection measures required to promote the participation of children who otherwise might not enrol or stay in school.

Third, the education sector cannot distance itself from social protection mechanisms by arguing that this is someone else's responsibility. While it is true that other government ministries may deal with social protection in general, these measures may not directly lead to improved educational outcomes. Therefore, the education sector needs to play its part to ensure that educational improvements are included within the general ambit of social protection. This requires specific measures for which the education sector should be responsible.

Fourth, general social protection programmes may not target all children who face educational challenges, as children who face educational challenges may not always be included in their definitions of 'vulnerable children' (such definitions are often used to target specific vulnerable groups). The distinction here is that *all* vulnerable children face educational challenges, but not all EMC have been categorised as vulnerable by sectors outside of the education sector.

Fifth, one of the features of HIV and AIDS impact on the education sector has been the rapid increase, over a short period of time, in the number of vulnerable children (as illustrated in Figure 1). This rapid increase has fundamentally changed everything from the determination of the demand for education, to the teaching and learning environment itself, and suggests that this dynamism is the direct business of education and must be managed by the authorities concerned.

With these reasons in mind, and for the purpose of this research, the following definition was developed:

> *Social protection in the education sector is any intervention or innovation directed at the education and training needs of educationally marginalised children (EMC), which may involve a series of separate and additional social protection measures required to promote the participation of children who otherwise might not enrol or stay in school.*

In the pages that follow, the review identifies social protection mechanisms which may include:

- Alleviating the economic burden of education on poor or HIV and AIDS affected families;

- Providing schooling in places and in forms that can easily be accessed by EMC who would otherwise be deprived of access to education;

- Meeting certain material and basic survival needs, which otherwise constitute barriers to remaining in school;

- Making systems and structures stronger and more effective and in the process facilitating access to education and improving retention;

- Involving broader development initiatives that enable families to send their children to and keep them in school;

- Investing in people, including building capacity in teachers, care givers and children to cope and respond effectively in a world with HIV and AIDS;

- Promoting greater community involvement and partnerships that assist and strengthen school communities;

- Creating learning environments that are free from stigma, discrimination and abuse – for girls and boys alike; and

- Ensuring adequate data collection and utilisation to enable optimal targeting and appropriate identification, support and monitoring of EMC.

CHAPTER 3: INVENTORY OF SOCIAL PROTECTION INTERVENTIONS WITH EDUCATIONAL OUTCOMES

This Chapter reports on the results of the Stage 1 research, during which the primary focus was to develop an inventory and outline the different types of social protection interventions in the education sector.

3.1 Overview of Inventory Contents

Questionnaire responses were received from Implementing Agencies, Funding Agencies, and Government Ministries (an overall response rate of 32%, or 84 questionaries from the 261 that were sent out[8]). These were supplemented by a literature review and an inventory was developed of social protection interventions that have primary and secondary educational benefit outcomes[9]. Tables 3 to 5 below provide a quantitative overview of the contents of the inventory:

Table 3: Total Number of Interventions in the Inventory

Country	Number of Interventions	Country	Number of Interventions
Burundi	2	Namibia	13
Ethiopia	9	Rwanda	4
Ghana	1	Swaziland	11
Kenya	7	Tanzania	5
Lesotho	14	Uganda	1
Malawi	14	Zambia	6
Mozambique	8	Zimbabwe	5

Source: Data from questionnaires for UNICEF social protection review (April 2005)

Table 4: Types of Implementers in the Inventory

Organisation Type	Number of Responses	
Civil Society (FBO, NGO, CBO)	42	42%
Development Agencies	26	26%
Central Government	16	16%
Not answered	10	10%
Other (mostly private sector, or a coalition)	5	5%
TOTAL	99	100%

Source: Data from questionnaires for UNICEF social protection review (April 2005)

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[8] The response rate for the questionnaires was low, despite concerted follow-up efforts by the research team and the UNICEF country offices, and points to the need for in-country research if this methodology is to be successful. This observation was confirmed in one of the case studies (the KwaZulu Natal (South Africa) database), which pointed out that completion of the OVC database required that a research assistant phone each organisation and complete the data forms in this way.

[9] The Inventory of Social Protection Projects with Educational Outcomes is available from UNICEF or MTT in a database format. Please refer to www.mttaids.com, or www.unicef.org

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Table 3 shows that there were major differences in the number of interventions per country (which may be as a result of the response rate rather than a reflection of the number of interventions in the country). Table 4 demonstrates that the majority of social protection interventions in the inventory are implemented by civil society or development agencies. Table 5, below, confirms the observation made earlier that social projection interventions tend to be relatively new interventions since over 85% commenced this decade (from 2000 onwards).

Table 5: The Year that Interventions Commenced

Start Year	Number of Interventions[10]
Before 1990	3
1990 - 1999	11
2000 - 2005	80

Source: Data from questionnaires for UNICEF social protection review (April 2005)

3.2 Types and Levels of Social Protection Interventions with Educational Outcomes

It was clear from the inventory that two types of social protection programmes exist: Those that were designed with educational benefits as a primary outcome, and those that were designed with educational benefits as a secondary outcome.

3.2.1 Interventions with Educational Benefits as a Primary Outcome

These interventions occur at the level of a vulnerable child, school, household, community and education sector. Examples of this type of intervention are described hereunder:

EXAMPLES OF INTERVENTIONS AT VULNERABLE CHILD LEVEL

a) **Alternative learning interventions[11]**, such as Namibia's Ondao mobile education school project; and Zambia's Interactive Radio Instruction Programme for out-of-school children and orphans

b) **Interventions that use new curricula for vulnerable groups**, such as The AIDS Support Organisation in Uganda that provides survival skills and apprenticeship interventions for vulnerable children; and the United Nations farming skills programme

c) **Interventions that provide permanent or temporary housing to vulnerable children**, such as the Children's villages in South Africa, Malawi provides permanent housing to orphans; and Lesotho's Good Shepherd Centre provides shelter for teenage pregnant girls

d) **Specific interventions for EMC as a result of specific language/culture barriers**, such as the Ethiopian Afar Pastoralist Development Association that runs education interventions with Afar as the medium of education for the pastoralist communities

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[10] This excludes those projects that indicated that their start dates are "ongoing"

[11] Alternative learning programmes are formal education presented through a different mode of learning and are often driven by the needs of the education sector, who may experience a shortage of teachers

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e) **Interventions that focus on girls' education**, such as Tanzania and Malawi's Girls Secondary Education Support Programmes provide bursaries to girls to access secondary education

f) **Interventions for street children**, such as the Fountain of Hope project in Zambia, which has street educators that are each responsible for small groups of street children

g) **School feeding interventions**, such as the WFP, FAO and/or DFID school feeding programmes in Lesotho, Mozambique, Swaziland, Zambia, Zimbabwe and Malawi

h) **Interventions for children with special educational needs**, such as the day care centre for deaf children in Namibia; and the training of teachers for children with special needs by the Episcopal Conference of Malawi

i) **Interventions that subsidise the costs of schooling[12]**, such as p*roviding educational resources* to children (Evangelical Lutheran Church in Namibia donates school fees and uniforms); or providing *support for school fee payment* through either educational block grants to school directly (Red Cross programme in Angola), or subsidies to households (Mozambique's MISA (Minimum Income for School Attendance) programme), or bursaries paid by government (Zimbabwe's Basic Education Assistance Module)

EXAMPLES OF INTERVENTIONS AT HOUSEHOLD LEVEL

a) **Interventions that provide literacy training for adults**, such as the basic education and training for vulnerable communities in Ethiopia

b) **Interventions that promote the importance of education in the community**, such as Care's OVC Initiative in Mozambique; and the Ugandan Women's Effort to Save Orphans (UWESO)

c) **Interventions provide integrated support to households / families looking after orphans, such as the** Academy for Education Development (AED)'s Orphan Support Pack Project in Kenya

EXAMPLES OF INTERVENTIONS AT SCHOOL LEVEL

a) **Interventions to promote school infrastructure development**, such as Tanzania's Community Education Fund (CEF)

b) **Interventions that support school communities to access resources for vulnerable children**, such as the Circles of Support Projects in Namibia and in Swaziland

c) **Interventions that provide grants to schools to cover increased enrolment**, such as the Kenyan Ministry of Education's national programme to rollout free primary education

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[12] Costs of schooling include user fees for education (school tuition fees), examination fees, non-cash school fees such as a requirement for children to bring toilet rolls or a slasher to school, payments in kind (maize, chickens etc)

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EXAMPLES OF INTERVENTIONS AT THE EDUCATION SECTOR LEVEL

a) **Interventions that support the education sector in addressing OVC issues**, such as UNICEF's programme to develop a policy on OVCs in the education sector for the Ministries of Education, and Women and Social Action

b) **Interventions that strengthen the capacity of education sector managers to understand OVC issues within the education sector**, such as UNESCO's programme in Namibia, Lesotho, and Swaziland

c) **Interventions that create policies for and the promotion of non-formal education**, such as the Kenyan Ministry of Education's non-formal education policy; and the Namibian Ministry of Education's policy that focuses on improving the retention rates of EMC

d) **Interventions that build partnerships between government and civil society to improve education,** such as the Partnership in Capacity Building in Education project in Malawi

3.2.2 Interventions with Educational Benefits as a Secondary Outcome

These interventions take place at the same levels as those where educational benefits are the primary outcome. Examples of this type of intervention, as well as reasons they often have educational benefits as a secondary outcome, include:

EXAMPLES OF INTERVENTIONS AT INDIVIDUAL VULNERABLE CHILD LEVEL

a) **Interventions that provide psychosocial support to OVCs:** Psychosocial support for children living with HIV and AIDS Programme in Zambia; an intervention that helps orphans to create memory books in Uganda run by The AIDS Support Organisation. These interventions may alleviate some of the psychosocial problems that vulnerable children face and make it easier for them to focus on education.

b) **Interventions that assist orphans in conflict situations:** Orphan reunification and registration programme in Rwanda, Angola, and the DRC. Once these children are united with their families and back in a stable home environment, they may access education more easily. It also includes programmes that aim to prevent OVCs from being recruited into armed forces by building local Community Child Protection Networks and supporting transit centres for children. If children are involved in conflict situations, the chance of them attending school is small. These networks may indirectly assist in promoting education for these children.

c) **Interventions that provide support to the youth:** Youth Empowerment Programme of the Youth Affairs Department in Lesotho. These integrated programmes provide a social network for youth, which may encourage those young people out-of-school to feel part of a group and therefore motivate them to access education again.

d) **Interventions that support data collection on vulnerable children**, which is a first step in supporting them – an example is the W K Kellogg Foundation Micro Projects Programme in Swaziland, which is developing a database of orphans.

e) **Interventions that promote foster care and orphan adoption**, such as Ethiopia's "adopt an orphan" campaign and South Africa's programme to encourage communities to get involved in the foster care of vulnerable children in South Africa. Children in stable home environments are more likely to be motivated to attend school.

EXAMPLES OF INTERVENTIONS AT SCHOOL LEVEL

a) **Interventions that improve a school's infrastructure**, such as the Malawi's Social Action Fund (MASAF). These can improve the quality of and access to schooling for all children, including vulnerable children.

b) **Interventions that expand access to formal education by providing education at institutions other than the Ministry of Education buildings**, such as the Basic Education Training Programme by the Synod of Livingstonia in Malawi. This expansion in education will benefit vulnerable children and non-vulnerable children alike.

EXAMPLES OF INTERVENTIONS AT HOUSEHOLD LEVEL

a) **Pension schemes**, such as Namibia's pension scheme for elderly (N$250/month). The provision or supplementation of household income, which can be used to fund the various costs associated with receiving education.

b) **Unemployment funds that are based on member contributions**, such as Kenya's National Social Security Fund and Uganda's new social security system that is intended for all employees (not only government employees). May increase household income that may in turn fund education-related activities.

c) **Social assistance programmes** that are funded through taxes collected by government, such as the social grants in South Africa (which increased from 4 million beneficiaries in 2002, to 5 million beneficiaries in 2003, to 9 million in 2005). Increase household income levels that may in turn make funds available for education-related activities.

d) **Different kinds of cash or in-kind transfer interventions**, such as the Ministry of Economic Planning's programme in Malawi, the cash subsidy programme to families looking after orphans in Kenya, and Save the Children's project in the DRC to provide non-food items to households. Provides household income or household resources that may in turn fund education-related activities.

e) **Interventions that look after the well being of the elderly**, such as the Oshipala Trust for Senior Citizens in Namibia. May assist and motivate the elderly to look after extended family members. This may support the elderly to motivate the children to go to school.

f) **Home-based care interventions**, such as the Catholic Relief Services Programme in Malawi, support households with HIV infected persons. Some of these home-based care programmes may be delivered through food-for-work or other public works programme. This may alleviate the pressure on the vulnerable children in that household to provide education, thereby enabling them to focus on education.

g) **Integrated interventions to support households**, such as the Children in Distress Widows Support Group in Lusaka, Zambia, provide food support, psychosocial support during funerals, and training courses (Guest, 2003). Such programmes may support the education of vulnerable children indirectly in the same way that home-based care interventions support vulnerable children.

h) **Food security interventions provide food for vulnerable households**, such as the Hope for Rural Children and Orphans Programme in Ethiopia. This may benefit the children in the household who would no longer have to fulfil agricultural or economic duties to earn an income to purchase food.

i) **Some interventions provide capacity building for women living with HIV**, such as the Association of Women Living with HIV Capacity Building Programme in Ethiopia.

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j) **Some interventions provide innovative ways in which to look after orphans**, such as the cluster fostering programme introduced by God's Golden Acre, in South Africa. Such programmes increase the number of orphans that can be supported in an institutional set up, and thus promote their access to education.

All of the above programmes target either vulnerable households or children in vulnerable households, and provide these households with different kinds of support. Such support will alleviate some of the psychosocial, material, nutritional and other kinds of support that vulnerable children may need, and in this way, may in turn contribute to their education.

EXAMPLES OF INTERVENTIONS AT COMMUNITY LEVEL

a) **Funds and skills for income generating activities at community level** will improve the income levels of some households in the community, such as World Vision's Global HIV/AIDS Project in Lesotho.

b) **Interventions that mobilise the community to acknowledge and understand child rights**, such as UNICEF's Community Action for Child Rights Programme in Swaziland. Promotes all the rights of the child, including their right to education.

c) **Interventions that provide food security at community level**, such as the Indlunkhulu project in Swaziland, where the chiefs are given implements to cultivate the land for food that is then given to the needy in the community. Will improve food security for all targeted vulnerable households and vulnerable children.

d) **Interventions that provide support facilities for vulnerable households**, such as the Centre for child mothers in Uganda that is funded by World Vision. Will improve the situation within these households and create a more stable environment for the vulnerable children within them.

e) **Other interventions that make it easy for vulnerable children to access health services**, such as the health centre for children orphaned by HIV and AIDS in Uganda. Will improve the health of vulnerable children.

All of these interventions at community level will improve the situation of vulnerable households within their communities. Once there is increased support and stability in these households, education may again become a priority.

EXAMPLES OF INTERVENTIONS AT GOVERNMENT LEVEL

At government level, there are a number of different initiatives that could support vulnerable children, create a better understanding of their plight, or provide information and resources that can be used to support them and the households wherein they are based. Examples of such initiatives or interventions are listed hereunder:

a) Research on HIV and AIDS and/or OVC issues, such as the "Kick AIDS out of learning institutions" research by University of Nairobi in Kenya

b) Focus on legislative rights of women and OVCs in terms of inheritance, etc by The Policy Project in Kenya

c) The establishment of an HIV and AIDS management/coordinating unit in Malawi's Ministry of Education

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d) Efforts of the National AIDS Commissions to secure funding for civil society organisations working at grassroots level to mitigate the impact of HIV and AIDS, such as the Malawi National AIDS Commission and Swaziland's Emergency Response Council on HIV/AIDS

e) Government tax to pay for orphan care, such as the orphan tax planned for Namibia

The educational benefits of interventions that were not primarily designed with education outcomes in mind are not usually measured. It is also significant to note that at the household level, the elderly play a significant role. The elderly are both providers and receivers of social protection (Africa News Service 2004e, 2004f). However, communities cannot only rely on the elderly to care for vulnerable children, since due to their advanced years the elderly themselves are a limited resource.

> *We don't have a single grandmother who's found the energy to really start life again and get a business off the ground. …Expecting a grandmother to become a dynamic businesswoman in her seventies is unrealistic. She's sad and tired.*
>
> Head of UWESO, quoted by Guest (2003: 24,25).

3.3 Summary of Level and Type of Social Protection Interventions

For those interventions that were primarily designed with educational benefits in mind, the majority focused on the level of the vulnerable child, confirming that there is some form of targeting, however limited, to identify vulnerable children. For these children, a wide range of interventions is being implemented. Many focus on school fee remission in some form, as this is one of the major barriers to education (Beasley, u.d.). All interventions that provide some kind of school fee remission are non-contributory[13].

It must be remembered that even in countries implementing 'free' primary education policies, there are other education-related expenses which must be met, such as uniforms, 'voluntary' fees, items that children are required to donate to the school, learning materials, examination registration fees, and so on. This, in the context of impoverished rural areas, means there is often enormous difficulty in accessing even small sums of money for such purposes.

Although the requirement for school fee payment forms a major barrier to education, it is not the only barrier. The reality is that for some households, especially child-headed ones, school fee remission or provision as an exclusive intervention will not be sufficient to get the most vulnerable groups to enter or return to the school system.

For those interventions where achieving educational benefits is a secondary outcome, it is worth noting that most of these focused on the level of the household and very few focused on the community level. This may relate to a needs-driven model of development (Guest, 2003; Subbarao and Coury, 2004), where needs are primarily identified at household level and responded to by caring individuals or NGOs.

Table 6 summarises the number of interventions at each level with either primary or secondary educational outcomes.

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[13] Contributory funds are those funds where the allowances that are paid to persons in times of need are funded, at least in part, through regular monthly contributions by persons who are members of the fund – e.g. a company's pension scheme makes it compulsory for all employees to pay into it (Maes, 2003;Van Zyl, 2003). A non-contributory fund is a fund where allowances are paid to members when they need it, just as in the case of contributory funds. The difference is that these allowances from non-contributory funds are paid for by the government (and funded by the government through the taxes that it collects from all its citizens).

Table 6: Types of Social Protection in the Education Sector and the Level at which it occurs

Level that the Intervention Targets	Number of Interventions by Type	
	Educational Benefit as Primary Outcome	Educational Benefit as Primary Outcome
EMC level	27	8
EMC and household levels	2	4
EMC and school levels	3	0
EMC and community levels	3	0
EMC, household and community levels	0	1
EMC, school, household, and community levels	1	0
EMC, school and community levels	1	0
School level	7	0
Household level	1	9
Community level	3	9
Education sector level	16	0
National level	0	4

Source: Data from questionnaires for UNICEF social protection review (April 2005)

Table 6 illustrates that different levels are targeted in terms of social protection. It also shows that a number of programmes operate at more than one level. It illustrates that there are interventions that while not having education as a primary outcome, do indeed yield positive educational outcomes for children.

From the inventory a number of key strategies emerged for expanding access to schooling: Firstly, the removal of barriers such as school fees and secondly, the concept of "taking education to the children", through alternative education delivery strategies. Other strategies, which are also forms of social protection, relate to improving the quality of teaching and the status of teachers; ensuring that school is a happy and safe place for children; or providing food for children at school. Yet others, which are not directly related to education or schools, but which can further enhance children's access to and participation in school, include interventions such as providing labour saving devices in the homes and improving infrastructure (and thus access to markets or to health services).

3.4 Programme Reach and Coverage

Programmes focused on different target groups. Some targeted children, others focused on the development of schools as places of learning, while others looked at providing support to households and communities.

Programme reach and coverage varied tremendously, as sections 3.2 and 3.3 clearly illustrate. Some programmes focused on providing a wide range of services to a few recipients within a defined target group, while others aimed to reach as many recipients within a target group as possible, usually with limited services.

Information on programme reach and coverage, measured in the questionnaire by asking for "Number of Direct Beneficiaries" was only provided by 56 of the programmes (57%). Nevertheless,

an analysis of the available data provided the following breakdown of the number of beneficiaries of these programmes:

Number of children	6 376 403	Number of households	271 791
Number of schools	41 698	Number of communities	8 386

3.5 Programme Budgets

A surprisingly high number of programmes supplied budgetary information – 65% provided details of their total budget. It should be noted that programmes were only required to supply their overall budget, and not details per intervention category. This is important, as some of the large education sector support programmes have a range of components, not all of which target EMC.

The total budget for those interventions that provided budget information was US$ 588 million (see Table 7). The budget amounts varied greatly, from a budget of just over US$ 4600, to a budget of US$ 145 million. The interventions with the largest budgets were ESSPs. If these are excluded from the calculation, the total budget for the interventions that supplied budget information reduces to US$ 263 million.

In terms of funding spent per EMC, there was also great variance[14]: This ranged from US$ 1.60 per individual (Ethiopia's comprehensive capacity building programme in response to HIV and AIDS), to US$ 2 544 per individual (promoting early childhood education amongst the San in the Ohangwena region).

The funding available for programmes also varied dramatically across countries. Table 7 shows that the funding per country ranges from US$ 5 million in Ethiopia, for the 78% of programmes that supplied budgetary information, to US$ 161 million in Malawi, for the 43% of programmes that supplied budgetary information. This analysis should be interpreted with due regard to the fact that excluding one large-scale programme could dramatically affect the results for the entire country.

Table 7: Programme Budget Information per Country

Country	Number of Interventions	Percentage with Budget Data	ESSP budget	Budget from Other Interventions	Total Budget
Burundi	2	50%	-	US$ 30,000,000	US$ 30,000,000
Ethiopia	9	78%	-	US$ 5,156,203	US$ 5,156,203
Kenya	7	29%	US$ 54,000,000	US$ 369,600	US$ 54,369,600
Lesotho	14	50%	US$ 27,200,000	US$ 26,226,332	US$ 53,426,332
Malawi	14	43%	US$ 145,800,000	US$ 15,663,232	US$ 161,463,232
Mozambique	8	100%	US$ 71,000,000	US$ 77,700,826	US$ 148,700,826
Namibia	13	77%	-	US$ 12,876,269	US$ 12,876,269
Rwanda	4	50%	US $ 27,000,000	US$ 1,750,000	US$ 28,750,000
Swaziland	11	64%	-	US$ 39,441,744	US$ 39,441,744
Tanzania	5	80%	-	US$ 8,704,667	US$ 8,704,667
Uganda	1	100%	-	US$ 7,600,000	US$ 7,600,000
Zambia	6	83%	-	US$ 19,911,323	US$ 19,911,323
Zimbabwe	5	80%	-	US$ 17,680,937	US$ 17,680,937
TOTAL	**99**	**65%**	**US$ 325,000,000**	**US$ 263,081,134**	**US$ 588,081,134**

Source: Data from questionnaires for UNICEF social protection review (April 2005)

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[14] This calculation should be seen in context of the limited information (total budget only) that was provided by the organisations. Such budgets may or may not include management costs. As such, it is not a measure of efficiency, but only an indication of the possible variation between interventions.

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Despite the cautionary notes about the programme budget information, it is clear that there is substantial funding currently being spent on education; in particular education initiatives that aim to support EMC. This underscores the relevance and the importance of making the right decisions on how to use resources optimally.

3.6 Other Observations

Just over half the programmes had monitoring and evaluation information available. Given that most programmes had been in existence for more than three years, this points to a common weakness in management and programme design.

Secondly, the majority of the programmes (64%) indicated that they do receive some form of additional extra support to implement their activities (in addition to their programme budget). This support offered is primarily in the form of:

- Technical advice;
- Provision of goods – e.g. tools, materials or equipment;
- Provision of services;
- Additional human resources or salary support;
- Food support through school feeding programmes; and
- Psychosocial support for programme staff.

Thirdly, virtually all programmes have some form of targeting. When asked '*who is targeted?*', the results indicate that targeting is done at the level of the individual child, school, household and community. Targeting is supported by individuals, community structures and government, and utilizes resources such as spatial analysis, learning institutions, or needs assessments at the community level.

3.7 Summary Comments on the Inventory

Chapter 3 sought to consolidate the information gathered during the development of the inventory. The nature of the data and research process do not however permit any meaningful comparative analysis of the programmes or the different social protection mechanisms. Rather they begin to create a picture of the different forms of social protection in the education sector at the level of the child, family and household, school, community and sector (or government). This picture will be further enhanced by the more qualitative information that emerges from the case studies (which are reviewed in Chapter 4) and constitutes the basis for the recommendations that are presented in Chapter 5.

CHAPTER 4: RESULTS OF STAGE 2 CASE STUDIES

The Stage 1 Inventory confirmed that most large-scale programmes target the education sector, and secondly, that there is a great variety of programmes that have primary or secondary educational benefits and outcomes. With this in mind, a number of criteria were developed to guide the selection of the Stage 2 case studies. The criteria, which are detailed in the description of the Stage 2 methodology in Chapter 1, included for example, geographic spread; programme size and scope; target groups; policy context; and gender focus.

Sixteen case studies were selected, representing a wide range of social protection programmes in the education sector. The purpose of the case studies was to identify innovative approaches to social protection in the education sector, in order to develop a set of recommendations for scale up and replication.

Section 4.1 provides an overview of key observations and learning points in respect of each case study. For more information on each of the case studies, please refer to **Annexure F** of this report. It provides a one-page summary of each of the 16 case studies and includes detailed information in response to the following questions:

- What is the policy context within which the programme operates, and are there any policy overlaps or shortages?
- How is the programme/project implemented?
- Are there specific educational outcomes and how are these quantified?
- What were the lessons learnt during implementation?
- What was the most significant change brought about by the project/programme?
- Is scale up and replication possible?   If it is, how best can it be achieved?
- What were the innovative aspects of the project/programme?

4.1 Observations and Learning Points from the Case Studies

a) **Kenyan MoE policy of non-formal education:** The Kenyan MoE is in the process of developing a policy for non-formal education. The most valuable learning point of this case study relates to the definitions of non-formal schools and non-formal education centres. It also serves as confirmation that free primary education, which Kenya implemented in 2003, is not sufficient to ensure 'education for all' – specific and additional measures are required to ensure that all children can gain access to education. The case study also confirms some of the challenges associated with providing education for educationally marginalised children and the importance of non-formal education provision. Some of the challenges include the persistent effects of poverty, even in the absence of user fees for education; the vast gender and geographic disparities that persist despite generally remarkable GER; the challenge of catering for children from families with migratory life styles; the challenge of data collection in an unregulated non-formal education environment; the challenge of co-ordinating institutions that use different curricula; the need to cater for children with special educational needs within these vulnerable groups; the challenges associated with registering non-formal education institutions; and the unregulated quality of learning and quality of teachers at non-formal education institutions. This case study highlights the importance of treating all children and all institutions of learning in the same way – e.g. have the same grant system for those in non-formal education environments as for those in formal education environments – there should be no 'second-grade' education for some children. *Reach/coverage: 1,7 million children that are not currently (2004) in school, despite a policy of free basic education; subsidies targeting to 300 000 learners in the first year.*

b) **Lesotho Association of Non-Formal Education (LANFE) HIV and AIDS Project: T**his case study confirmed that an effective community-based intervention can have unplanned, or coincidental, education outcomes. The project had the effect of releasing children to attend school as their parent/s/care-givers regained a measure of good health as a result of improved hygiene and nutrition (which was provided through the project). It is community-based and uses gardening methods and materials and indigenous plants (e.g. aloe) that are appropriate and available in the rural areas. The learning points from the LANFE project are that it is simple, straight-forward, and not costly. Committed, enthusiastic trainers were really important, to create initial momentum for the project. Finally, the case study illustrates that holistic, community-driven and community-led efforts that are sustainable in a local context are important vehicles for ensuring that children attend and stay in school. *Reach/coverage: Two villages per district and 30 households per village were targeted – making a total of 180 households.*

c) **Lesotho Distance Teaching Centre (LTDC):** Two distance teaching centres were included in the case studies conducted. The two centres are an attempt to address a very real problem in Lesotho by using distance teaching methods to expand educational opportunities to 'seasonal learners' and those that cannot gain access to formal education,. The aim is to develop numeracy and literacy skills in out-of-school youth and adults and to develop and use learning materials of a practical nature and including subject material of relevance for rural learners. 'Contact sessions' are held at learning posts in rural areas using materials contained within a 'school in a box'. Of note in this case study is that this is a creative solution to a significant educational challenge. In the view of those interviewed, such initiatives would be of more value if parents and caregivers were more convinced of the importance of education. *Reach/coverage: Two villages per district and 30 households per village were targeted – making a total of 180 households.*

d) **Lesotho's NGO Coalition on the Rights of the Child (NGOC):** This coalition in Lesotho has worked since 1998 to establish a legal and regulatory environment for the well-being of children. As a result of their lobbying efforts, the 2004 Children's Protection and Welfare Bill is currently before the Lesotho parliament. NGOC staff mentioned that often processes take longer than when planned and require patience and perseverance. They also suggested that if other countries want to implement legislation, they should first ensure that they are signatories to relevant international declarations and conventions. These declarations act as a catalyst for change. Finally, the case studies highlighted that conventions, protocols and legislation are important stepping stones, but that these will not change the situation for children unless attitudes towards children change – that is to say until that their rights (to education as well) are recognised by society. *Reach/coverage: All children in Lesotho – including an estimated 100 000 orphans.*

e) **Mozambique's MISA (Monthly Income for School Attendance) Programme:** This is an already well-established form of social protection implemented in Brazil and Mexico. Although this intervention in Mozambique is in its pilot stages, the fact that the scheme uses school attendance as a condition for accessing the grant is of particular relevance. Cash transfers are regularly made to vulnerable families in order to reduce poverty; assist with the achievement of universal primary education; and eliminate gender disparities in gaining access to education. Also highlighted in the case study was the importance of clearly defined criteria for targeting as well as the challenges associated with implementing an intervention of this nature. *Reach/coverage: 96 families provided with US$20 per month (pilot programme).*

f) **Namibia's Ondao Mobile School Project and Namibia's Holistic Childhood Development Programme for San children in Omaheke region:** These are two very different initiatives with the same aim – to provide appropriate and accessible education for EMC – for the San in the Omaheke Region and the Ovahimba in the northern reaches of Namibia. The main learning point is that to ensure free, affordable and accessible

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education to all children, innovations in teaching practice are needed, such as minority-friendly learning environments, multi-grade teaching and mobile schools for migrant communities. The projects underscore the fact that although efforts have been made to get children to school and keep these children in school, in Namibia, some learners will never have access to or thrive within the formal schooling system. For them, permanent, alternative arrangements are necessary. Finally, the case studies emphasise the need for education systems to be responsive to cultures, traditions and changing social circumstances. ***Reach/coverage:*** *The Omaheke San Trust has assisted 1 300 children to attend 42 schools in the Region; 60 children were enrolled in the first half of 2005. and the Ondao Mobile School Project has ensured that 2 700 children within 34 communities attend school.*

g) **Namibia's National Policy Options on Educationally Marginalised Children (NPO-EMC):** This case study brings to the fore the concept of 'educationally marginalised children', who perhaps do not fall into generally accepted categories of vulnerability. It highlights the importance of school feeding interventions as a mechanism for keeping children in school, and it points to the need for Ministries of Education to become involved in broader societal responses to the HIV and AIDS epidemic. It also confirms that educational marginalisation of the youth leads to social exclusion as adults (Republic of Namibia, 2000), and that some learners may simply never have full access to the formal schooling system for reasons of historic and geographic marginalisation. ***Reach/coverage:*** *All EMC in Namibia.*

h) **South Africa's KwaZulu-Natal OVC Databases:** Two databases relating to social protection, were developed separately and analysed. One database provided a census of children in school, and the other database focused on the provision of OVC services. These case studies demonstrate the critical importance of quantifying the extent of vulnerability (i.e. demand for services) at a local level as a starting point to providing effective social protection services and as a precondition for the measurement of progress and success. They also points to a new, inter-sectoral approach, where different government ministries (Department of Education, Department of Home Affairs and Department of Justice in this case) need to work together to provide support at school and community level to ensure children can access and do remain in school. In the region where the database was developed, a limited "one-stop shop" concept for social service provision has been established. This case study also provides valuable lessons for those countries where formal social security grants are in existence, showing that a grants system in itself is not the whole answer (in the region covered by the database, only 58% of those children eligible for grants were receiving them); rather that it requires an integrated solution extending to the community level. Without this, some areas of vulnerability will remain invisible. ***Reach/coverage:*** *(a) Vulnerable children database: For 2004, 39 schools with 13 267 children and for 2005, 19 schools with 6 013 children; (b) OVC service provider database 286 OVC service providers in KwaZulu-Natal.*

i) **Swaziland's Circles of Support Project:** The scale of the OVC problem in Swaziland is immense and continues to grow. Against this background, the Circles of Support Project has shown the vital importance and effectiveness of community level interventions to solve community level problems (as community members live within the community, are aware of the situation and circumstances and are best placed to provide support). Based on a model of concentric circles of support around a vulnerable child, whihch is placed in the centre, the project aims to meet the immediate needs of the child in order that the child can remain in or re-enter school and fulfil his or her development potential. A key learning is that the education sector, and schools in particular, must be involved in the lives of the vulnerable children. Another is the importance of establishing stronger community, household and school linkages. A process such as this does not require extensive funding. ***Reach/coverage:*** *Pilot project – 450 children. Will be extended to more schools with additional funding.*

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j)   **Tanzania's Community Education Fund (CEF):** This fund is a contributory fund that matches grants from the community with grants from the project funds. Grants are matched on a 1:1 basis, except for identified vulnerable schools, where grants are matched on a 1:1.5 basis. The CEF has indeed shown that communities are willing to participate and contribute to the management and development of schools. The CEF focuses on two critical issues: to improve and maintain enrolment in schools and ensure that teaching quality, or education standards, are improved or maintained. In implementation, the CEF also demonstrates that social protection interventions that involve active community participation are more likely to have sustainable impacts. The CEF is an intervention that not only involves community members but is also solely dependent on them for successful implementation. It is however acknowledged, that for this to happen, community capacity building is required. The CEF certainly empowers communities, as they are involved in the management decisions that affect their schools. Communities are the ones that need to identify priorities and then develop and commit to the three-year school development plan. They too are required to ensure that their contributions are made in order to gain benefit from the CEF and for the school to progress and improve. A challenge the CEF poses, is to ensure that already burdened communities are able to make, or raise, cash contributions in order to benefit from the matching grant. ***Reach/coverage:*** *1 635 schools across 16 districts reaching more than 570 000 children (April 2001).*

k)   **Zambia's Interactive Radio Instruction Programme for Out-of-School Children and Orphans (IRI):** This is a really innovative intervention in terms of providing accessible learning to out-of-school learners. The case study provides evidence that alternative learning does not need to be 'second-grade' learning and that it is possible to control the pace of learning, the content of learning and the interaction between learner and teacher using distance techniques. It is proof that a really large-scale intervention can work and that social protection in the education sector does not need to be small and project-based, or vast and sector-wide. The case study also points to the difference that true involvement of the Ministry of Education can make to intervention implementation and sustainability. ***Reach/coverage:*** *Over 700 IRI sites reaching 46 000 learners throughout the country (each district in Zambia has at least one IRI centre that has been established).*

l)   **Zambia's Africa KidSAFE (Shelter, Advocacy, Food and Education) programme:** Africa KidSAFE is a Zambian coalition of national and international organisations working with street children. Africa KidSAFE was established as a forum for enhancing technical and organisational capacity, sharing information and experience, conducting advocacy and co-ordinating action for children at risk, including those already on the street and those at risk of going to the street. The member organisations, as a result, have been able to expand the provision of shelter, food, education, emergency medical care, counselling, skills training, assistance with income generation and outreach to the increasing number of street children. The main learning point is the potential for synergies that is created by bringing service providers together. It epitomises the concept of '1+1=3'. The member organisations themselves point to the support provided by other network members and the bbenefits of training that all the network members enjoy. ***Reach/coverage:*** *75 000 vulnerable children.*

m) **Zimbabwe's Basic Education Assistance Module (BEAM):** This formal, government-driven intervention has been effective in keeping OVC in school. It is a conditional transfer intervention providing tuition fees and levy and examination fee assistance to OVC. Formed in 2001 as a response to the increasing number of OVC who had decreased access to education, it attempts to address the negative social outcomes arising from HIV and AIDS and a volatile economic climate. Access to a stipend is conditional on a minimum school attendance record. Data is available, as monitoring and evaluation feature strongly in the intervention implementation. It has also resulted in changed practices at schools, which in the past, used to expel learners for non-payment of school fees. ***Reach/coverage:*** *685 000 OVC.*

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n) **Zimbabwe's STRIVE Project (Support to Replicable, Innovative Community/Village-Level Efforts to Support Children in Zimbabwe):** This is another innovative intervention that focuses on building partnerships and creating a network of service providers at country level. STRIVE's education assistance funding is primarily aimed at increasing the school attendance of OVC (especially girls) and providing material resources such as books and furniture to participating schools. School fees for the OVC included in the project are wholly or partially subsidised. In addition, in an innovative step, resources are exchanged for the inclusion of OVC in participating schools. For example, a school may receive books and furniture in exchange for providing free or heavily discounted school fees to a specified number of OVC. Through the intervention, education assistance committees have been put in place, they are responsible for selecting and determining the type of assistance required. Finally, many of the community-based interventions are heavily reliant on volunteers, which are unsurprisingly diminishing due to the steady increase in poverty levels. Key learning points include innovative arrangements to support children to enter and stay in school, the importance of linkages between implementers and other agencies, and the emphasis on school attendance for girls. ***Reach/coverage: 142 000 OVC.***

4.2 Synthesis from the Case Studies

One form or another of social protection is found in all the case studies, such as assistance with or exemption from paying school fees. Some interventions are more Understated than others, such as alternative learning arrangements, while psychosocial support as a form of social protection for EMC is barely acknowledged. Many programmes incorporate an element of capacity building for community members, network partners, or members of school management structures. A number of the case studies also stress the formation or strengthening of linkages and partnerships. Many identify some sort of catalyst for change, such as a policy, a community mobilisation process or the presence of a network. Some initiatives are focused at the level of the child and the school; others tend to focus more on the school as part of the education sector; and others emphasise the linkages between the community and the school.

A number of the programmes included as case studies, tentatively explore additional or expanded roles for schools and, by extension, for teachers. In the same way, many recognise that meeting certain of the basic, survival needs of learners cannot be removed from education and that schools are well-placed to undertake or facilitate these functions. Criteria for targeting are sometimes AIDS-related, but more often are context-specific. Only a few of the programmes recognise a gender dimension in their targeting or support. A couple use regular school attendance as a requirement for on-going funding or support, but all have education access and retention as expected outcomes, whether these are specific objectives or indirect benefits. Only one of the programmes included in the case studies explicitly strives for teaching quality and attempts to measure the actual quality of learning.

These and other observations are expanded in Chapter 5, followed by recommendations for appropriate social protection mechanisms for replication and scale up.

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CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 A Vision for the Future

Kelly (2005) has sketched a vision for the future of education in the context of HIV and AIDS, which in turn provides a useful context for the role of social protection in education:

The Ideal Scenario

The ideal situation would see:
- Every child attending a good quality school for a sufficient number of years.
- A school in every community.
- Every school considered to be a multipurpose community development and welfare centre.
- Schools well resourced with the necessary materials and supplies.
- Teachers well respected, trustworthy community leaders who are adequately compensated.
- The fusing of formal and non-formal educational provision, by embedding both types into the school structure and programme

In the ideal situation, the curriculum would centre round:
- Literacy (in and through a local language and later in a major or dominant international language), numeracy, basic scientific principles and understanding.
- Psychosocial life and health skills.
- Life-affirming values and attitudes.
- Production/vocational skills (making good what society has lost through the premature AIDS deaths of young adults; preserving institutional memories; transmitting endangered agricultural and other skills).
- Issues of relevance to the immediate community or families of learners.

With the full cooperation and involvement of the community, the school would seek to be a health-affirming and health-promoting institution. Among other things, this means that, working jointly, the school and community would ensure that the school:
- Had a good water and sanitation facilities
- provided a meal for every child
- attended to the health needs of all school children (through de-worming, micronutrient and vitamin supplementation, care for sight and hearing, sexual health care);
- was safe, supportive, gender sensitive and child-friendly;
- was free from violence, rape, sexual harassment, corporal punishment and psychological abuse (mockery, sarcasm, belittling, etc), yet maintained proper discipline and control;
- provided skills-based health education appropriate to the age of the learner;
- participated in the provision of care and support for HIV and other infected or affected members of the community, thereby giving learners practical education on HIV and AIDS and its impacts and expanding their empathy and compassion;
- excluded all forms of stigma and discrimination, while manifesting much compassion and humanitarian concern.

Given this conceptualisation, the school would be transformed into a centre for real and meaningful learning and a place where every child would want to be. Hence it would become a multisectoral focal point for community action against HIV transmission and for community care and support of the infected/affected. In addition, the school would become a recreational centre for the entire community but with special facilities/concerns for young people, and would serve as the community base for educational outreach to those who have been or are being bypassed by the educational system.

Such schools would be at the service of their communities, while communities for their part would be vigorously caught up in their schools. Strong school-community bodies would be well placed to identify any who are in need (orphans, handicapped, HIV infected/affected, widows, malnourished, very large families), to determine the community's own response to these needs, and to access agencies (NGOs, government agencies, faith-based organisations, etc.) that can support their response to the identified needs.

In such a setting, schooling would be relevant, exciting, attractive, and very powerful against HIV and AIDS.

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5.2 Developing an Integrated Basket of Support

A review of the case studies and the accompanying detail suggests that while all of these provide a varying measure of social protection for EMC, the comparative scale of some of these programmes and the lack of coordination with others may limit their value. While this is not an exhaustive inventory, it is clear that most, if not all, of these programmes have the potential to achieve much more in a coordinated environment, with appropriate levels of management and resourcing. In short, the review suggests that a strategic combination of programmes, guided by the specific needs of the country concerned, would in and of itself be an important step. If such a combination – **an integrated basket of support** – was considered, it follows that the issue of scale and replication could proceed off a more structured and facilitative base; the rationality of this approach is confirmed by the example of the Africa KidSAFE coalition in Zambia, for example.

The appeal of this approach is increased by the multiplier effect inherent in linking a series of complementary programmes and beginning to harness capacity across the various levels of social protection and education, as well as sub-national regions and districts. Properly planned and managed for the common good, this is an approach that has the potential benefit of accelerating the pace at which social protection can be delivered. With the repeated caveat that there are undoubtedly several other examples of innovative programmes yet to be explored, this report suggests that there would be considerable merit in initiating a merger of programme interest in the countries concerned in order to establish just such an integrated basket of social protection interventions.

An integrated response needs to focus on all the educational needs of EMC, at the sectoral, school-community and the child-household levels. Such a basket of support also needs to take into account the entire gamut of social protection programmes, from protective, to productive, to promotive, to transformative social protection. Using Devereux and Sabates-Wheeler's original definition of these four levels of social protection (see section 2.7), some adaptations have been made to apply these four levels of social protection to the education sector:

- **Protective measures** provide increased access to education

- **Preventive measures** provide increased retention in the education sector

- **Promotive measures** improve the quality of learning

- **Transformative measures** ensures that an enabling environment is established within which education can take place effectively

The programmes in the proposed integrated basket of support, which individual countries can adapt, based on their own requirements, have been summarised in Table 8 below. Sections 5.3 to 5.5 then describe all of the recommendations summarised in this table in more detail.

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Table 8: Levels and Types of Social Protection in the Education Sector

	Protective Social Protection Interventions	Productive Social Protection Interventions	Promotive Social Protection Interventions	Transformative Social Protection Interventions
	EDUCATION SECTOR INTERPRETATION: Improve access to education	*EDUCATION SECTOR INTERPRETATION: Improve retention in education*	*EDUCATION SECTOR INTERPRETATION: Ensure quality of education*	*EDUCATION SECTOR INTERPRETATION: Ensure an enabling environment for education*
INTERNATIONAL, NATIONAL AND SECTORAL LEVEL	• Implement free primary education policies • Collect appropriate data and create appropriate databases of supply and demand	• Create policies and education models for EMC	• Scale up and link interventions that work • Institutionalise social protection for EMC in the education sector • Strengthen sectoral partnerships • Establish a national EMC reference group and sectoral coordination mechanisms	• Create a set of common indicators • Coordinate activities across all levels • Scale up and link interventions that work
SCHOOL-COMMUNITY LEVEL	• ECD development	• Promote health-related interventions for students and the community at schools, in cooperation with the Ministry of Health	• Implement feeding schemes, community food gardens, nutritional supplementation and take home rations • Provide financial support to vulnerable schools • Encourage the community's meaningful involvement in education	• Professional development of caregivers • Encourage the community's meaningful involvement in education

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	Protective Social Protection Interventions	Productive Social Protection Interventions	Promotive Social Protection Interventions	Transformative Social Protection Interventions
	EDUCATION SECTOR INTERPRETATION: Improve access to education	*EDUCATION SECTOR INTERPRETATION: Improve retention in education*	*EDUCATION SECTOR INTERPRETATION: Ensure quality of education*	*EDUCATION SECTOR INTERPRETATION: Ensure an enabling environment for education*
CHILD-HOUSEHOLD LEVEL	• Encourage fee supplementation interventions – at household level • Strengthen adult literacy interventions • Establish programmes to promote the education of girls	• Establish household-level nutrition support programmes • Encourage fee supplementation interventions – at household level • Provide psychosocial support for EMC • Establish programmes to promote the education of girls • Adapt curricula to be relevant to learning needs	• Adapt curricula to be relevant to learning needs	• Provide multi-sectoral mechanisms to ensure that child documentation can be easily be obtained • Integrate levels of support at household level and vulnerable child level

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5.3 International, National and Sectoral Level

Using the principles outlined above, the following interventions should be considered at international, national and sectoral level:

a) **Establish an enabling policy environment:** To adequately address social protection in the education sector, the availability or development of a flexible national policy environment is required, in which appropriate sectoral education HIV and AIDS and EMC policies can be developed.   Such policy should address the four key themes of Prevention; Treatment, Care and Support; Workplace Issues; and Management of the Response, and provide a structure within which social protection for EMC can be located.

b) **Create policies and education models for EMC:** Two case studies (Kenya and Namibia) have shown that it is not only enough to have flexible education sector policies, but that specific policies are needed to ensure that all the education needs of EMC are addressed. *Social protection for EMC in the education sector needs to be mainstreamed within the education sector itself.*

EMC include orphans and vulnerable children, but it is a wider concept that also includes those children on the fringes of the education system who may not access formal education in the short- to medium-term for socio-cultural, historical or geographic reasons (e.g. OvaHimba children in Namibia, pastoralist children in Ethiopia, or herd boys in Lesotho). The education sector needs to recognise the existence of such groups of children and put specific policies in place for them. The Namibian case study (national EMC policy and the way that it was implemented in the Ondao Mobile School Project and the Omaheke San Trust) has illustrated that it is essential to do this in order to ensure education for ALL children.

Such policies should focus on alternative means of education provision, non-formal education and appropriate teaching methodologies, and ensure equal quality education for EMC. Alternative models of learning should be a comfortable reality in education sectors, and needs to be structured and driven by governments to ensure those children who go through non-formal education are not disadvantaged, and that they do not receive a second-rate education due to factors beyond their control.

c) **Plan the implementation of free primary education (FPE) policies:** Free primary education is an important global goal and must be supported for many compelling reasons. However, careful thought should be given to *how* free education policies are introduced – due consideration should be given to the costs associated with it, and the impact of it on schools and on parents. In Kenya, additional once-off grants were paid to schools, and ongoing grants are paid to schools on a per-child basis. Despite these measures, 1,7 million children were still outside the formal education system. In Lesotho, FPE was introduced gradually *after* support mechanisms were put in place. In Namibia, School Development Funds replaced the need for user fees for education, and in Zambia, the implementation of FPE was accompanied by a simultaneous provision to abolish school uniforms (thereby alleviating some of the hidden costs of education). A further issue that needs thought is how FPE policies are implemented: Are children being admitted to school without the payment of any kind of cash fee or have schools (and PTAs) introduced subtle ways of requiring some form of payment? School uniforms remain an issue: In principle, schools may not turn away a child who does not have a suitable school uniform, but what happens in the social climate of the school the child feels isolated and humiliated because of being dressed differently to fellow pupils who do wear a uniform (or, if no uniforms are worn, clothing of a similar quality or trend, to that of others)? Malawi found that teachers upbraided children for wearing torn or soiled clothes and in this way the no-uniform policy led to children withdrawing from school. These are some of the issues that arise in the implementation of FPE and they deserve some consideration in terms of social protection

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measures. This calls for community monitoring and responsibility to ensure that FPE is really free and that its outcomes do not lead to unintended stigma or discrimination.

d) **Balance primary, secondary and tertiary level focus:** The study shows significant progress and focus on making primary education compulsory and free, since the global commitment to EFA goals, which is as it should be. However, this may have diverted attention and resources away from the secondary and tertiary education sectors and unbalanced many of the systems under review. The combination of demand for economic growth and the impact of HIV and AIDS on the human resources required to achieve this, re-emphasises the need for a balanced and comprehensive approach to education provision. Response to the needs of EMC should mirror this balance and ensure equal levels of school retention, transition and completion for this group. This implies that programmes should also be considered that address concomitant concerns in the secondary and tertiary sectors.

e) **Institutionalise social protection for EMC in the education sector:** Alternative models of learning should have an institutional home within a Ministry of Education – a specific unit should be made responsible for and be set up to manage such alternative education processes (e.g. Lesotho Distance Teaching Centre, and the Directorate of Open Learning in Zambia). Such alternative models of learning should include special teaching methodologies such as multigrade teaching and pre-schools for Early Childhood Development (ECD).

f) **Link social protection in the education sector to ESSPs:** While social protection interventions in the education sector do not replace the need for ESSPs, it should be an essential component of education sector support interventions (e.g. the OVC bursary component of the World Bank-funded Lesotho ESSP).

g) **Collect appropriate data and create databases of supply and demand:** Data on the extent, type and location of vulnerability (i.e. EMC) must be developed to inform planning and supply of interventions. Such an estimation of EMC cannot be done on a sample survey basis, as this does not enable one to plan and implement on an individual community level. Collecting this kind of data requires significant work, as it implies that a census of every child in school is undertaken. While such a census is important, it is even more important to establish a census of every child *not* in school (with all the usual details on age, gender, location, household composition, financial status, and reason for not being in school). Such databases of EMC-demand should be balanced by a multisectoral database of supply of service provision – which should include the geographic coverage of programmes and services, and not simply the geographic positions of service provider offices. These two databases should be spatially analysed to ensure that supply and demand are matched in specific geographic areas. The KZN case studies have shown the practical value of doing this for OVC. One should also refrain from *only* establishing a database of EMC-demand, as this could simply lead to more disillusionment among those in vulnerable situations – "We are tired of our names being put on a register and then nothing happens after that", said one respondent. School Governing Boards (SGBs) or Parent Teacher Associations (PTAs) could play a vital role in establishing such a database of demand and supply at local level.

h) **Scale up and link interventions that work:** A minimum set of EMC support services should be identified as priorities at country level. Mechanisms should then be put in place to link these (in an integrated basket of social protection support) and scale them up rapidly. For example, linking a national IRI initiative to a national matching grant programme to build and improve school infrastructure (the CEF programme), or linking a census of EMC to a national database of OVC service providers. The multiplier effect, described in the introduction above, of linking a series of complementary programmes and harnessing capacity across social protection and education levels, as well as sub-national regions and districts represents a development goal of great importance.

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i) **Establish a national EMC reference group and multi-sectoral coordination mechanisms:** The education sector is not the only sector concerned with EMC. Indeed, this analysis of policy has shown that, in terms of EMC, there are many overlaps between HIV and AIDS policies, education sector policies and social protection policies (see Figures 5 to 7). These overlaps in policy also point to overlaps in terms of implementation. To address these, as well as many other long-standing cross-sectoral problems, the national response to EMC really requires a national reference group and sectoral coordinating mechanism to implement policy, prioritise programmes, monitor and report on achievements – and develop demand driven country and sector plans. In Swaziland, for example, the role players in OVC support are in the process of developing a unified budget and work plan for OVC support. In the IRI programme, a real partnership between USAID, as a development partner, and the government developed, with a Government unit managing the programme and dedicating funding for it.

Figure 4: Policy and Programme Overlap
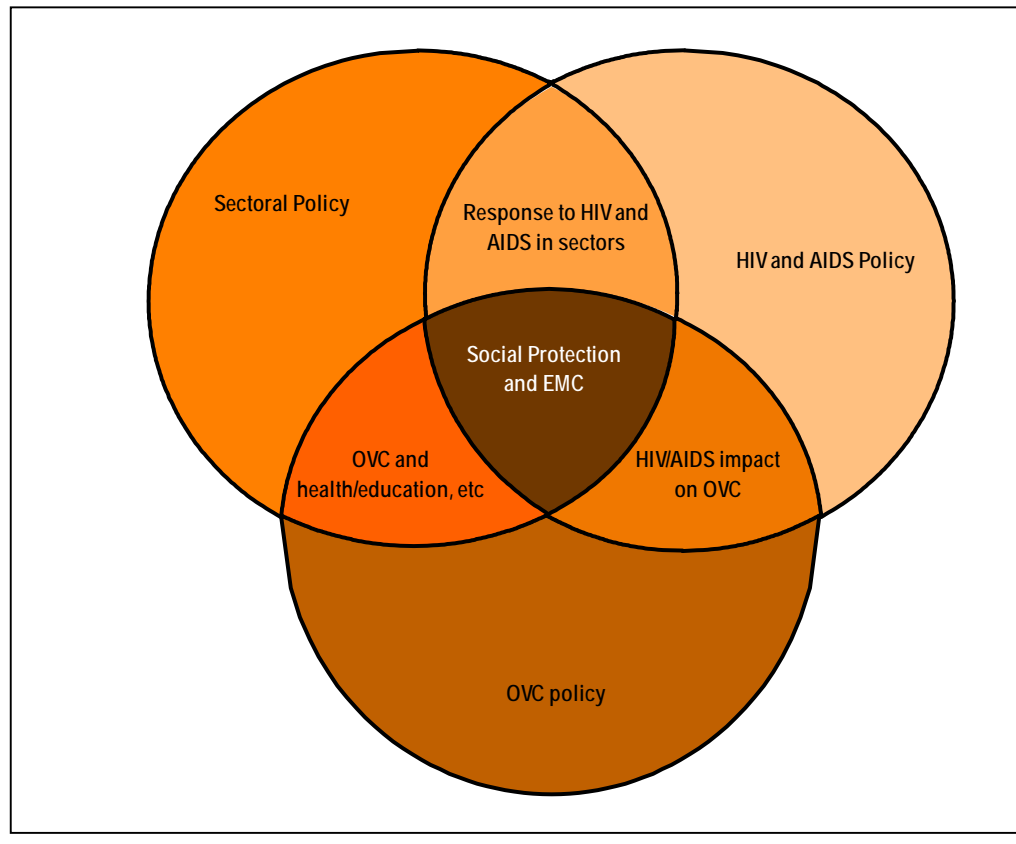
j) **Strengthen sectoral partnerships:** Coordinated implementation not only requires sectoral and national management structures, but also practical coalitions of sectoral service providers and social sector clusters to consolidate and rationalise planning; create central resources (i.e. training, materials, distribution etc); provide banking or fund channelling; support administration; provide joint opportunities for skills sharing and learning; and, in essence, make partnerships sufficiently robust and sustainable to be viable.

k) **International coordination and planning:** Such coordinated planning and implementation is not only needed at national and sectoral levels, but also across the international level. There is a need to coordinate development agendas, funding, avoid duplication, develop cost efficiencies (i.e. avoid stalled micro pilots), and respond to demand-led planning by country and region.

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l) **Common indicators:** In addition to planning and coordinating at international, national and sectoral levels, there is also a need to monitor and evaluate the impact of these efforts. This implies the need for a common set of indicators. Although there are currently indicator sets for education (UNAIDS and UNESCO guidelines), and OVC service provision (UNICEF), there are no such indicator sets for EMC. A simple set of common indicators should be developed to facilitate comparative analysis and monitoring across countries and within these. Progression and/or completion of the basic education cycle could be indicators of this important dimension of education social protection, for example.

5.4   School and Community Level

a) **Feeding schemes, nutritional supplementation and take-home rations:** A hungry child cannot easily concentrate and learn. Providing meals for children at school and community-level food gardens are of central importance as a primary intervention to ensure quality of learning, as numerous studies have shown their positive impact. The UNICEF intervention in Swaziland estimated that an additional 44 000 children were kept in school as a result of efforts of the school feeding programme. However, school feeding in itself is not a magical bullet – in Lesotho it was shown that it helped to keep children that were in school before, in school, but that it was not successful in getting children outside the schooling system to enter the schooling systeml. School gardens, the relevance of school lessons in nutrition, integrating agriculture, horticulture, nutrition and appropriate technology aspects of school with that which takes place in the community and household should all be considered. However such interventions are designed and implemented, not least in multi-sectoral and community partnerships, it is simply vital that the basic nutritional needs of EMC are addressed, in the household, community or school – or in some combination of these. Increasingly, for example, school feeding programmes are also providing 'take-home' rations to increase reach and coverage.

b) **Provide financial support to vulnerable schools:** MoEs must recognise the growing vulnerability of some schools and take remedial measures to prevent these from 'going bankrupt', in every sense of the term. There may be different reasons for this vulnerability: It could be as a result of the vulnerability of the community within which the school is located (for example, high poverty levels impacting on parents' ability to pay for or participate in their children's schooling); as a result of policies (for example, FPE, which may remove funding from the school-level operations); or as a result of accommodating EMC (consequently reducing the school's income). Thus, schools themselves may need institutional social protection to ensure that they remain effective or at least viable learning institutions (the Kenya MoE grants to schools after the introduction of FPE is an example of social protection that has been provided to schools). Examples of mechanisms of financial support to schools, in response to such vulnerability, include:

- **Provision of funding based on school vulnerability status:** There are two examples of such implementation mechanisms in the case studies: First, in South Africa, the amount of funding that a school receives (for recurrent, non personnel related expenditure) from government is based on a sliding scale. The system ranks schools into one of five quintiles (or smaller groupings); the lower the school's quintile ranking, the higher it's per learner funding contribution from government. Second, in Tanzania, the CEF project awards grants on a 1.5:1 basis (instead of a 1:1 basis) to schools that are classified as vulnerable and are able to make contributory community contributions.

- **Financial support to schools to augment fee waivers:** Unconditional school fee waivers (such as FPE policies) and conditional school fee waivers (Swaziland's school fee exemptions for orphans) both promote initial enrolment into schools. In Kenya, for example, enrolment in primary schools increased by 1,3 million within one week after FPE was introduced. However, unconditional school fee waivers (such as FPE) and conditional

school fee waivers (school fee exemption for some groups of students) merely shift some of the costs of education from the household level (parents paying for costs of education) to the school level (school needs to find additional resources to pay for the cost of education). In countries that have such conditional and unconditional school fee waivers, it is thus necessary for the Ministry of Education to ensure that additional financial support is provided to primary and secondary schools. For *unconditional school fee waivers* this may be, for example, in the form of grants paid to schools (e.g. the Kenya MoE initiated a grant system to primary schools after the introduction of FPE). C*onditional school fee waiver interventions* also need to consider funding to schools – in Swaziland, for example, an orphan school fund was created to pay school fees directly to schools after the orphans' school fee exemption policy was introduced. Such school-level fee supplementation interventions are particularly required in the secondary education sector, where conditional school fee waivers are likely to continue for the foreseeable future, in light of the fact that fee abolition by government is not a national or international policy priority.

- **Provide financial incentives to schools to accommodate EMC:** The STRIVE project in Zimbabwe, for example, awards resources to schools on a sliding scale, depending on the number of additional out-of-school children they have successfully managed to reintegrate into the schooling system. The World Bank's Direct Support to Schools project in Mozambique provides a Capitation Grant to schools, depending on the number of EMC that they have successfully been retained in the education system. Such programmes may be subject to corruption however, and requires intensive community monitoring to ensure transparency and accountability.

c) **Encourage community involvement in education:** The concept of community involvement in education has typically been equated with the establishment of PTAs or SGBs. The rapidly increasing number of EMC, and the unique educational challenges that they may face, has necessitated a more meaningful involvement of parents and the wider community in the provision of education. Six mechanisms through which meaningful community involvement may be fostered include:

- **Replicate the Circles of Support project:** The Swaziland Circles of Support (CoS) case study showed the value of creating concentric circles of support to improve the environment within which children find themselves. It is thus recommended that this approach be replicated to create support systems at the personal, household and community level and also integrate these levels of support.

- **Implement matching grant programmes to promote the involvement of the community in education:** The CEF project in Tanzania and the CoS project in Swaziland provides powerful examples of how community involvement in schools could extend beyond involvement in committees. Such matching grant interventions are possible, even within the prevailing poverty context; these should be encouraged, as the approach builds real commitment and enthusiasm from the community for education.

- **Educate communities about Free Primary Education Policies:** In light of the fact that 'fee-education' doe not really cost nothing, it is necessary for the school and education sector to educate parents about the introduction of Free Primary Education. Although these policies are termed 'free', there remain hidden costs that still need to be met by the parent/s (or the school). Thus, steps should be taken to ensure that parents are aware of the full implications, and that additional support mechanisms exist to cover the hidden costs of education. Without such mechanisms, the capacity of FPE policies to address the educational challenges faced by EMC will be limited.

- **Establish community level monitoring:** The CEF project in Tanzania, where school financial and activity reports are posted on school walls for the community to see, is an

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excellent example of how communities can and should get involved not only in collecting data, but also in monitoring the implementation process. This further strengthens the community-school partnership and improves understanding, thereby creating additional opportunities to facilitate partnerships and multisectoral support.

- **Initiate EMC competence assessments:** Such community-level and community-driven approaches require that communities (typically through parent-teacher associations or school governing boards) and schools, together undertake an EMC competence assessment. Such a self-assessment would focus on the school and community's state of readiness and would involve quantifying the number of EMC involved, the challenges facing them, and identifying ways in which these challenges could be overcome. Such competence assessments have been promoted and used with great success by UNAIDS (UNAIDS/UNITAR, 2005) to establish communities-of-caring institutions in the field of HIV and AIDS support.

- **Promote data collection at school and community level:** In addition to the census of EMC recommended at a sectoral level, schools and communities should also collect simple data about EMC and their access to education, so that response to their needs can be tracked. This is essential if levels of success are to be determined and scale up or replication is to be considered (e.g. only 57% of projects in the Stage 1 inventory of this research were able to supply concrete data about project reach).

d) **Facilitate the professional development of caregivers:** The number of community-level caregivers has increased exponentially in the face of HIV and AIDS. These caregivers are typically volunteers, and seldom receive any form of recognition or remuneration. The IRI intervention ensures that their community volunteers receive preference when selection for places in teacher colleges are made. Other projects have pointed to the need for professional development for caregivers, so that they may develop a sense of pride in their work. Such professional development would also contribute towards education improvements for EMC, as it would enable the caregivers to motivate children to go to school, especially if the importance of education is built into these professional development interventions as a specific consideration.

e) **Plan for ECD development:** Early childhood development is not seen to exist in almost all the countries studied (however it is acknowledged that ECD automatically exists in the socialization and nurturing of children). This confirms the need to develop this as a priority intervention, especially in light of the stressed circumstances (aggravated by HIV and AIDS) in which the traditional family unit finds itself. ECD development, although traditionally not part of formal education, will directly lead to improved educational outcomes when these children enter primary school.

f) **Promote health-related interventions for students and the community at schools:** In cooperation with the Ministry of Health, initiate de-worming, Bilharzia control and similar simple public health (and HIV-preventive) measures within communities – schools are an excellent vehicle for providing access to children who require such interventions.

5.5 Child and Household Levels

a) **Establish household-level nutrition support programmes:** This intervention is of vital importance not only at school and community level, but also at child and household level. This imposes additional challenges as school-based feeding schemes raise the issue of coverage over weekends and during school holidays. Success at this level will be determined by coordinated partnership arrangements, mainly within the community and it raises issues of wider household need and the type and quantity of food or nutritional supplement to be

provided. Given the inevitability of bulk maize meal and bean provision, there is also a need to research and determine the cost effectiveness and efficiency of the new generation of immune system supporting supplements now available. Ultimately, this is about quality provision, cost per recipient, distribution mechanisms and management and it is these issues that have to be addressed on a sustainable programme basis.

b) **Support fee supplementation at household level:** School fee supplementation for households is required at primary education level for countries without FPE policies in place, and at secondary education level for all countries (free secondary education is not considered a policy intervention at this stage). In countries with no FPE at primary level there are other fee supplementation models that could form part of an integrated solution, including grant payments directly to schools (Zimbabwean BEAM intervention, and Swaziland's OVC fund), or to households (South Africa's social grant system). Such fee supplementation programmes may also be conditional, such as the STRIVE project in Zimbabwe (that awards resources to schools on a sliding scale, depending on the number of additional out-of-school children they have successfully managed to reintegrate into the schooling system), or grant payments to households on condition of minimum school attendance (Mozambique's MISA intervention) or on condition of student performance (numerous school bursary programmes). Such programmes may be subject to corruption and require intensive community monitoring to ensure transparency and accountability. Such fee supplementation interventions are particularly required in the secondary education sector, where fee abolishment by government is not a national or international policy option currently being considered.

c) **Provide psychosocial support for EMC:** The Africa KidSAFE intervention in Zambia has shown the vital importance of providing integrated support to children so that the underlying causes of school dropout can be better understood. Boler and Caroll (2004) have also demonstrated that children face a number of educational challenges as a result of HIV and AIDS and that these can only be addressed through psychosocial support structures.

d) **Promote the education of girls:** Generally girls' enrolment is, for many reasons, typically lower than that of boys. Even in Lesotho, which has historically had a reverse situation, the enrolment of girls has dropped by 25% in the last few years. Boler and Carroll (2004) state that additional mechanisms need to be put in place to handle such situations and that girls' education will require additional attention in light of HIV and AIDS. However, this should not be done at the expense of boys' education.

e) **Strengthen adult literacy interventions:** Although adult literacy interventions will not directly improve the educational levels of children, they will assist in overcoming one of the major educational challenges that EMC face: That of parents not valuing the importance of education (in Lesotho this was a particular problem; in Mozambique, Nhate (2005) pointed out that the education level attained by the head of the household has a powerful influence on the level of education of children). Thus, by improving the level of education of the parent or caregiver, one also provides some motivation and reinforcement for the child to remain in school. The EFA goal relating to adult literacy accentuates the importance of this.

f) **Provide multi-sectoral support for child documentation:** It is important to harness the support of relevant multi-sector partners (i.e. Ministries of Home Affairs, Welfare, Justice etc) to ensure provision of birth certificates, identity documents, child grant papers and other pertinent documentation to ensure that children are not marginalised by the lack of official recognition. This assumes that in addition, every country has made provision for the registration of births. In KZN, a 'one-stop shop' concept was developed, bringing together relevant government departments to deal with issue quickly and effectively in batches coordinated by the schools, with the aid of unemployed school graduates and community volunteers. This proved to be a very effective concept and continues to work on a practical level, to the growing approval of the government departments involved.

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g) **Provide integrated support:** Levels and types of support should be integrated at household, community and school levels, and should be community-driven (as described in section 5.2). The CoS project in Swaziland, for example, had to seek information from individual children, and found that in some cases they had relatively minor educational challenges (e.g. lack of money to buy shoe polish and consequent rejection by other children due to dirty shoes) that prevented them from attending school. Conversely, interventions that provide support to the household could also yield positive education outcomes, as the LANFE HIV and AIDS project in Lesotho showed. This recommendation also includes the need to integrate home-based care programmes, income-generating projects, poverty reduction initiatives, rural livelihood initiatives and other interventions designed to ensure EMC have access to schools in the HIV and AIDS era.

h) **Curriculum adaptation and relevance:** Children in special circumstances may not only require alternative modes of learning and alternative teaching strategies, but may also require new or adapted curricula. For example, children who head households need to be taught household-level survival skills: A UN project in parts of ESAR is currently teaching children the farming skills that they would have learnt from their parents, had they still been alive. This need has dramatically increased in the context of HIV and AIDS, as it has interrupted traditional inter-generational learning process. This gap needs to be filled by the education sector and form part of the formal school curriculum. The majority of children who will suffer from loss of inter-generational skills transfer are likely to be enrolled in the formal system, and it is here (and in alternative models of learning or non-formal education) that this need must be met. One approach is to relate curricula more specifically to local needs and skills, and make provision in time allocations for local as well as centrally defined curriculum issues. This is a further example of how HIV and AIDS impact is pointing to the need for a complete re-evaluation of education objectives, practices and content policies. In fact, non-formal education or alternative learning models – if well structured and developed – may be better adapted to the needs of disadvantaged groups and could contribute to the revitalization of the education system by forging more effective links between education and the reality of everyday life.

5.6 Linking an integrated basket of support to the UNICEF National OVC Plans of Action Process

In 2004, UNICEF Country Offices led a Rapid Assessment and Action Planning (RAAAP) process to determine the extent of OVC service coverage in each country in ESAR. Following the RAAAP process, UNICEF and its government partners jointly developed a National Programme of Action for OVC (NPA) at country level. Broadly, these NPAs focus on:

a) Strengthening the capacity of families to protect and care for OVC by prolonging the lives of parents through treatment, including ARV, and providing economic, psychosocial and other support;
b) Mobilizing and supporting community-based responses;
c) Ensuring access for orphans and vulnerable children to essential services, including food/nutrition, education, health care, water and sanitation, and shelter/housing;
d) Ensuring that the government protects the most vulnerable children through improved policy and legislation and by channelling resources to families and communities;
e) Raising awareness at all levels, through advocacy and social mobilization, to create a supportive environment for children and families affected by HIV and AIDS;
f) Establishing a monitoring and evaluation framework;
g) Building capacity for coordination, management and institutional structures.

The proposed integrated basket of support programmes at the three levels described in sections 5.3 to 5.5 reinforces the thrust of these National Plans of Action and opens the way to a broader scope of OVC and EMC service provision. If this approach is to be contemplated, there may be a

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strategic need to revisit these NPAs and broaden them to accommodate a national integrated approach, and to ensure that all the levels described are adequately catered for.

Specific areas that the NPAs may need to address, within the context of the seven focus areas highlighted above and the recommendations made in sections 5.3 to 5.5, include:

a) *Strengthening the capacity of families to protect and care for OVC*: Create integrated levels of support at school, community and household levels

b) *Mobilizing and supporting community-based responses:* Promote community involvement in education by operationalising the six elements described in section 5.3 I in order to: Replicate the Circles of Support project; implement matching grant programmes to promote the involvement of the community in education; establish a system of community level monitoring; educate communities about and develop support structures for the implementation of FPE policies; initiate EMC Competence Assessments; and promote a system of data collection at school and at community level

c) *Ensuring access for EMC to essential services:* promote FPE policies and balance the provision of secondary and tertiary access

d) *Ensuring that the government protects the most vulnerable children through improved policy and legislation:* Advocate and support the development of EMC policies

e) *Establishing a monitoring and evaluation framework:* Participate in the development of adequate sets of indicators

f) *Building capacity for coordination, management and institutional structures:* Promote the adaptation of curricula to suit learning needs

In short, the natural links between the NPA plans and the concept of an integrated basket of social protection should be exploited both as an advocacy initiative and the means of strengthening the education sector response in the short-term.

5.7 Closing Remarks

"Meeting the needs of the poorest and most vulnerable is often hampered by the lack of funds available for social protection, and by challenges in implementation, including poor administrative capacity and difficulties in identifying and reaching the right clients. These deficits are maintained by a perception that social protection is not a high priority, but is rather unaffordable consumption that does not contribute to 'real' development."

Zambia Draft Social Protection Strategy, May 2005

This research study, while limited in respect of the number of interventions it reviewed, has nevertheless considered the scope of each of these, the lessons they provided and the innovative way they have faced often overwhelming odds. The report has noted that for many interest groups, including the education sector itself, the concept of social protection in education is somewhat new; indeed, it has noted the presumption that social protection is the business of other social sector ministries. The fact is that this study confirms that social protection, in real terms, is neither new to education – confirmed by the extent to which such programmes have proliferated in the sector – or exclusively the business of other sector ministries or development partners.

The study confirms the clear intersection of interest between the education sector policy, HIV and AIDS education sector policy and OVC policy. This coincidence of interest centres on the need for social protection for EMC to be addressed by all three policies and confirms that such social protection is indeed the mainstream business of education – particularly in the HIV and AIDS era.

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The variation in size and scale of programmes, the number of recipients they address and the vast differences in budgets, compounds the challenge of providing any direct comparison between them. However, perhaps the real insight is that while *every* one provided some example of good practice worthy of replication, the potential effect of combining *all* of these (and others outside the ambit of the research) in an integrated and coordinated country social protection programme is an extremely exciting development prospect.

It will immediately be clear that while each of these programmes has some potential to go scale on their own, linking them in a coordinated environment, with appropriate levels of management and resourcing, could exponentially increase the prospects for success. The simple fact that these initiatives already exist, means that the lead time required to mobilize a nationally-coordinated social protection response could be significantly shortened. As the report confirms, moreover, there are certainly many more complementary programmes in operation which could be considered and added to this basket of social protection support. However, the approach demands the caveat that any attempt to control and redirect what has made these programmes successful to date should be firmly resisted, as this could have the opposite effect. Scaling up should be about creating the space to do more, not the multiplication of bureaucratic controls designed to stifle, rather than facilitate, precisely the entrepreneurial spirit that has made these programmes viable.

In short, the review suggests that a strategic combination of programmes, guided by the specific needs of the country concerned, would in and of itself be an important step. If such a combination – **an integrated basket of support** – was considered, it follows that the issue of scale and replication of existing programmes could proceed off a more structured and facilitative base.

The appeal of this approach is the multiplier effect inherent in linking a series of complementary programmes and beginning to harness capacity across various levels of social protection and education, as well as sub-national regions and districts. Properly planned and managed for the common good, this is an approach that has the potential benefit of accelerating the pace at which social protection can be delivered. This approach may also address the perennial problem of attempting to take individual programmes to scale without the benefit of a supportive and like-minded infrastructure.

Conceived as an integrated response, this would also address the education needs of EMC at the sectoral, school-community and child-household levels and take into account the entire gamut of social protection programmes, from protective, to productive, to promotive, to transformative social protection. In proposing that there is a good case for the extension and scaling up of these and other new forms of social protection, it is important to recognize that this view may not necessarily sit comfortably with the current, very narrow, mandate of the education sector. The introduction of social protection as part of the business of education implies a potentially radical change in this mandate, something that may be unavoidable in a world with AIDS.

Finally, given that the scale of the EMC and OVC crisis in Africa and with the knowledge that it is only *beginning* to emerge, and that it will shadow the HIV crisis for decades to come (see Figures 5 and 6 overleaf), the education sector is faced with a stark choice: Embrace and mainstream social protection as an integral function of education's mandate or abandon any real prospect of achieving those national and international goals to which they have long committed. The report has shown that social protection lies at the intersection of the education sector's interests and commitments: Perhaps the most positive note on which to conclude is that this is a unique strategic opportunity to mobilize those multi-sectoral, NGO and community partnerships that the education sector has so long contemplated but not yet fully operationalized. Certainly, there could not be a less threatening or more compelling reason to proceed, without delay.

Figure 5: Orphans Trailing Behind the Peak of the HIV Crisis in Africa

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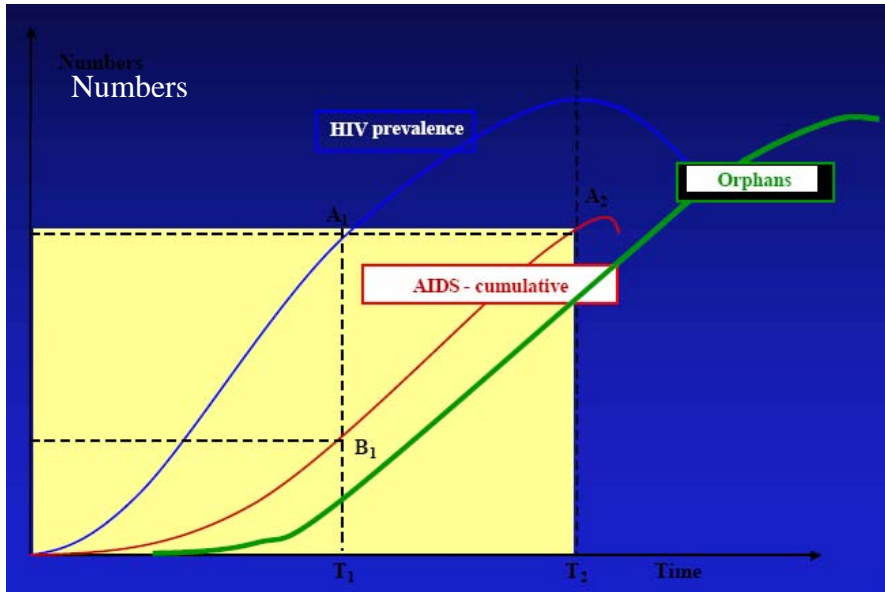
Source: 27Aug 01 –Report I: *Epidem'gy & Lit.* p. 27, quoted in slide 3 by Williamson (2005)

Figure 6: Increase in the Estimated Number of Orphans in Africa
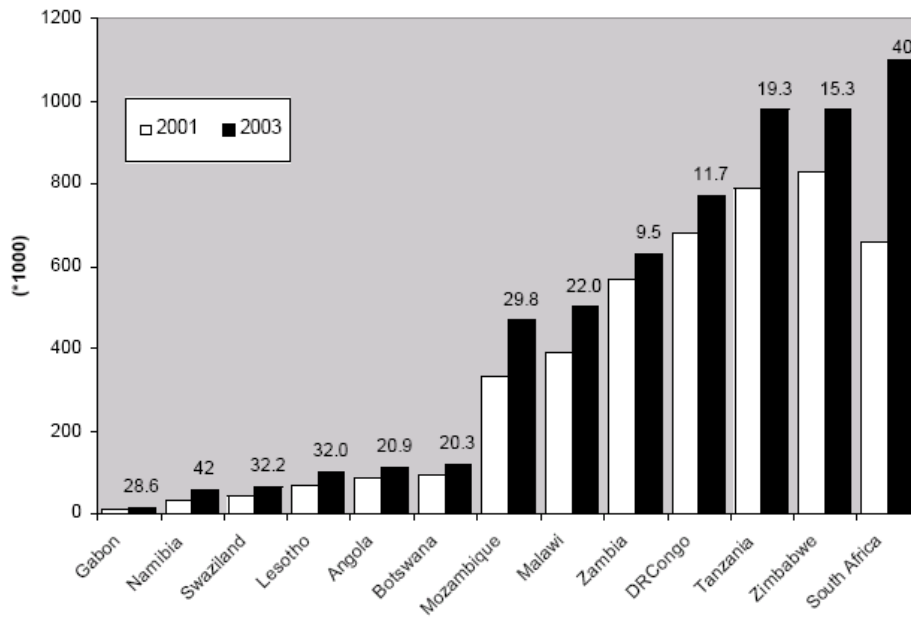
Source: Nhate (2005:10)

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Six Dimensions of the EFA Declaration

1. Expansion of early childhood care and developmental activities, including family and community interventions, especially for poor, disadvantaged and disabled children;

2. Universal access to, and completion of, primary (or whatever higher level of education is considered as 'basic') by the year 2000;

3. Improvement of learning achievement such that an agreed percentage of an age cohort (e.g. 80 per cent of 14 year olds) attains or surpasses a defined level of necessary learning achievement;

4. Education of the adult illiteracy rate (the appropriate age-group to be determined in each country) to, say, one half its 1990 level by the year 2000, with sufficient emphasis on female literacy to significantly reduce the current disparity between male and female illiteracy rates;

5. Expansion of provision of basic education and training in other essential skills required by youth and adults, with programme effectiveness assessed in terms of behavioural change and impact on health, employment and productivity;

6. Increased acquisition by individuals and families of the knowledge, skills and values required for better living and sound and sustainable development, made available through all education channels including the mass media, other forms of modern and traditional communication, and social action, with effectiveness assessed in terms of behavioural change.

Source: UNESCO (2000)

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EFA Indicators Developed in 2000

Indicator 1: Gross enrolment in early childhood development programmes, including public, private, and community programmes, expressed as a percentage of the official age-group concerned, if any, otherwise the age-group 3 to 5.

Indicator 2: Percentage of new entrants to primary grade 1 who have attended some form of organized early childhood development programme.

Indicator 3: Apparent (gross) intake rate: new entrants in primary grade 1 as a percentage of the population of official entry age.

Indicator 4: Net intake rate: new entrants to primary grade 1 who are of the official primary school entrance age as a percentage of the corresponding population.

Indicator 5: Gross enrolment ratio.

Indicator 6: Net enrolment ratio.

Indicator 7: Public current expenditure on primary education a) as a percentage of GNP; and b) per pupil, as a percentage of GNP per capita.

Indicator 8: Public expenditure on primary education as a percentage of total public expenditure on education.

Indicator 9: Percentage of primary school teachers having attained the required academic qualifications.

Indicator 10: Percentage of primary school teachers who are certified to teach according to national standards.

Indicator 11: Pupil to teacher ratio.

Indicator 12: Repetition rates by grade.

Indicator 13: Survival rate to grade 5 (percentage of a pupil cohort actually reaching grade 5).

Indicator 14: Coefficient of efficiency (ideal number of pupil years needed for a cohort to complete the primary cycle, expressed as a percentage of the actual number of pupil-years).

Indicator 15: Percentage of pupils having reached at least grade 4 of primary schooling who master a set of nationally defined basic learning competencies.

Indicator 16: Literacy rate of 15-24 year olds.

Indicator 17: Adult literacy rate: percentage of the population aged 15+ that is literate.

Indicator 18: Literacy Gender Parity Index: ratio of female to male literacy rates.

Source: UNESCO, 2000

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The EFA Development Index (EDI) and ESAR countries

Sources: UNESCO (2004); The World Bank (2005)

1. Introduction to the EDI

If an Education for All Development Index is to measure overall progress towards EFA, its constituents should ideally reflect all six dimensions of the EFA Declaration. In practice, however, this is difficult, since not all the dimensions have a clear definition or target. For example, Goal 3 – learning and life skills programmes – is not yet conducive to quantitative measurement. For rather different reasons, early childhood care and education (Goal 1) cannot easily be incorporated at present because the data are insufficiently standardized across countries, and they are, in any case, available for only a small minority of states. Accordingly, for the time being, the EFA Development Index (EDI) only incorporates indicators for the four goals of universal primary education, adult literacy, gender parity and the quality of education.

One indicator is included as a proxy measure for each of these four EDI components. This is in accordance with the principle of considering each goal to be equally important and, thus, assigning the same weight or value to each of the index constituents. The EDI value for a particular country is the arithmetical mean of the observed values for each of its different constituents. As each of its constituents is a percentage, its value can vary from 0 to 100% (or, when expressed as a ratio, from 0 to 1). The closer a country's EDI value is to the maximum, the nearer the country is to achieving the goal and the greater the extent of its EFA achievement. The following are the EDI constituents and related indicators:

- Universal primary education: net enrolment ratio in primary education.

- Adult literacy: literacy rate of the age group 15 years and over.

- Quality of education: survival rate to Grade 5 of primary education.

- Gender: gender-related EFA index; this is the simple average value of the gender parity indexes in primary education, in secondary education and in adult literacy.

2. The EDI indicators and the indicators of Goal 2 of the MDGs

The four indicators of the EDI constituents correspond well with the four indicators for Goal 2 of the Millennium Development Goals (achieving universal primary education). These are:

- Net enrolment ratio in primary education

- Literacy rate of 15 to 24-year-olds

- Survival rate to Grade 5 (proportion of pupils starting grade 1 who reach grade 5)

- Primary completion rate (The ratio of the total number of students successfully completing (or graduating from) the last year of primary school in a given year to the total number of children of official graduation age in the population)

3. Calculating the Gender-specific EFA Index (GEI)

The Gender Parity Index (GPI), when expressed as the ratio of females to males in enrolment ratios or the literacy rate, can exceed unity when more girls/women are enrolled or literate than boys/men. For the purposes of the index, in cases where the GPI is higher than 1, the Female to Male formula is inverted to male to Female. This solves mathematically the problem of including the GEI in the EDI (where all components have a theoretical limit of 1, or 100%) while keeping the indicator's capacity to show gender disparity.

Once all three GPI values have been calculated and converted into 'transformed' GPIs (from 0 to 1) where

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needed, the composite Gender-specific EFA Index (GEI) is obtained by calculating a simple average of the three GPIs, each being equally weighted: those for the Gross Enrolment Ratio in primary education, gross enrolment ratio in secondary education, and adult literacy rate.

The following illustration of the calculation uses data for the Dominican Republic in 2001. The GPIs in primary education, secondary education and adult literacy were 1.01, 1.24 and 1.00 respectively.

GEI = 1/3 (transformed GPI in primary) + 1/3 (transformed GPI in secondary) + 1/3 (transformed GPI in adult literacy)
GEI = 1/3 (0.99) + 1/3 (0.81) + 1/3 (1.00) = 0.93

4. Calculating the EDI

Once the GEI has been calculated, determining the EDI is straightforward. It is the arithmetical mean value of its four constituents – NER in primary education, adult literacy rate, GEI and survival rate to grade 5. The EDI value falls between 0 and 1. The closer to 1 a country's EDI is, the nearer it is to achieving EFA overall. A country with an EDI of 0.5 may be considered as being halfway towards achieving its EFA goals. As a simple average, the EDI may mask important variations between its constituents. In other words, since the EDI gives the same weight to each constituent, the results for goals on which a country has made less progress will offset its advances on the others. But since all the EFA goals are equally important, a country that concentrates only on some of them would hardly be considered as having achieved EFA. The objective of a synthetic indicator such as the EDI is to inform the policy debate on the prominence of all EFA goals and to highlight the synergy among them.

To illustrate the EDI's calculation, the Dominican Republic is again taken as an example. For NER, adult literacy rate and survival rate to grade 5, the values for this country in 2001 were 0.971, 0.844 and 0.729, respectively.

EDI= ¼ (NER) + ¼ (GEI) + ¼ (adult literacy rate) + ¼ (survival rate to grade 5)
EDI= ¼ (0.971) + ¼ (0.93) + ¼ (0.844) + ¼ (0.729) = 0.869

Table 9: EDI for ESAR Countries in 2001

Ranking according to level of EDI Countries	Country	EDI	NER in primary (%)	Adult literacy rate (%)	Gender-specific EFA index (GEI)	Survival rate to grade 5
MEDIUM EDI COUNTRIES						
83	Botswana	0.863	0.809	0.789	0.959	0.895
84	Zimbabwe	0.847	0.827	0.9	0.927	0.733
87	South Africa	0.839	0.895	0.86	0.954	0.648
89	Swaziland	0.823	0.767	0.809	0.975	0.739
LOW EDI COUNTRIES						
93	Lesotho	0.797	0.844	0.814	0.863	0.668
94	Zambia	0.773	0.66	0.799	0.865	0.767
100	Tanzania	0.741	0.544	0.771	0.868	0.781
104	Rwanda	0.709	0.84	0.692	0.904	0.4
108	Malawi	0.688	0.81	0.618	0.788	0.536
117	Burundi	0.609	0.534	0.504	0.758	0.64
121	Mozambique	0.558	0.597	0.465	0.651	0.519
122	Ethiopia	0.541	0.462	0.415	0.672	0.613

Source: UNESCO (2005)

Literature Review:
Possible reasons why children are not enrolled in schools

There are many reasons why children who should be in school, are not. The Government of Zambia (2005) pointed out that educational challenges faced by children may include: Lack of funds – affecting children from poor households; Lack of places in school – affecting the urban poor; Distance to school – affecting the rural poor; Poor sanitary facilities – affecting girls, especially as they reach puberty; Early marriage and pregnancy – affecting girls, especially from poor households; Alternative responsibilities – affecting children who need to earn money, girls who are providing care to sick parents, relatives and children, and girls from incapacitated households.

Kelly, Lungwangwa and Sililo (1998) presented an analytical framework for understanding the factors affecting school attendance (see Figure 7) provided below. They point out that the various levels of the analytical framework that they propose, "should not mislead one into thinking that remedies must be applied sequentially, level by level. All levels should be addressed simultaneously, but with the type of action that is appropriate to each" (Kelly, Lungwangwa and Sililo, 1998:4).

Figure 7: Analytical Framework for Understanding the Reasons why Children are not in School

> **Manifestations**
> Stagnant enrolment rates. Declining enrolments. Half empty classrooms in rural schools. Much school wastage, including persistent drop-out and poor student flow through the system. Much child labour on family enterprises in urban and rural areas. Growing problem of street children. High incidence of teenage pregnancies and early marriages. High levels of illiteracy among young adults.
>
> ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓
>
> **Immediate Causes**
> (a) *On the demand side*: Parental disillusion. Negative perceptions of quality and relevance of primary school education. Parents unwilling and/or unable to meet the education-associated costs—cash costs and opportunity costs. Priority of other basic needs (food, medicine, clothing). Distance to school. Economic & social network value of early marriages (in rural areas). Sickness. Malnutrition. (b) *On the supply side*: Inadequate facilities. Dilapidated infrastructure. Poor quality of provision. Low levels of learning achievement. Poor teacher morale.
>
> ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓
>
> **Underlying Causes**
> Insufficient public resources for education. Almost universal poverty, especially in rural areas. Shrinking job market (wage jobs). School curriculum not sufficiently geared to informal sector activities. Customary views and practices.
>
> ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓ ⇓
>
> **Fundamental Causes**
> Low priority for rural development. Lack of economic growth and development. Structural adjustment demands for balanced budget at expense of social sector spending. Outflows of national resources on debt servicing. Insufficient national priority for development and progress of education. Subordination of human development at national and other levels to dictates of restoring economic stability. Residue of attitudes from Second Republic that Government should provide all.

Source: Kelly, Lungwangwa and Sililo (1998:3)

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Nhate (2005) showed that children who do not live with their biological parents (see Figure 8 below) have a lesser chance of being in school, whilst Ainsworth and Filmer (2002), pointed out that poverty is a more significant factor than orphanhood in determining whether children are enrolled in school or not (see Figure 9 below).

Figure 8: Probability of a Child attending School by Biological Parental Status and Area of Residence (Mozambique)
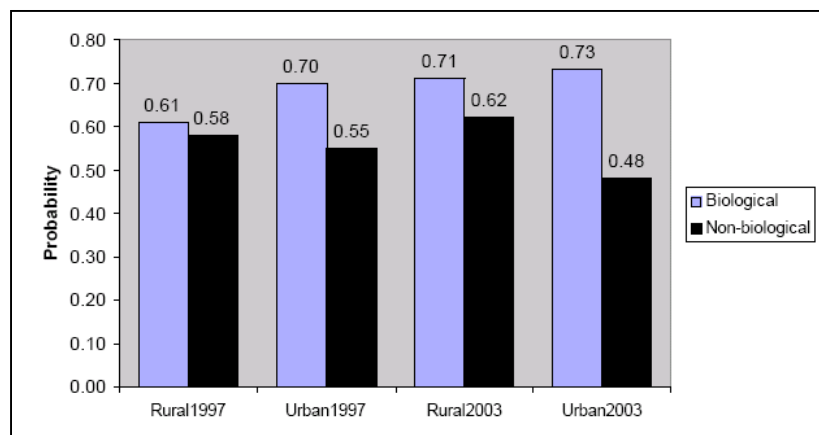
Source: Nhate (2005:40)

Figure 9: Effect of Poverty and Orphanhood on School Enrolment (Rwanda)
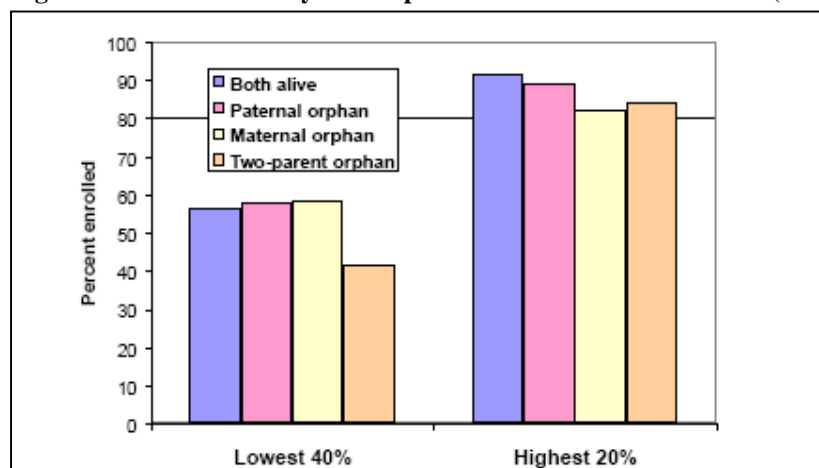
Source: Ainsworth and Filmer (2002:20)

UNICEF's *'Let's Go to School'* Campaign launched a Child-to-Child Survey in Kenya in July 2004 to ascertain the reasons why children were not in school. Although different opinions existed, "the highest number of children at 50% said they required school uniform, books and fees to enable them attend school. These were followed by those who felt that provision of food in the schools would entice them to enrol. Other assistance that was required, included: counselling parents and children on the importance of education, admission/vacancy, general care and protection for orphans and more specifically from guardians who mistreat them, and enrolment into vocational centres for the children who felt they were over-age."

Another reason why children may experience education challenges, is due to their historical or cultural preferred isolation. The OvaHimba in Namibia, for example, do not want their children to attend regular schools., This is an effort to protect their age-old culture from being diluted.

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The descriptions that have been provided make it clear that children with educational challenges are most likely to also be categorised as vulnerable children. These children may or may not be from vulnerable households.

The education sector, in turn, faces numerous challenges themselves in overcoming the educational challenges of children. The vast number of vulnerable children (20% of all children in Africa) is one such challenge (see Table 10 below). Another challenge is that vulnerable children are not always easy to identify (The World Bank, 2004). Even once they are identified, special teaching methods (e.g. for visually or hearing impaired children) and other ongoing, resource-consuming methods may be needed to prevent them from dropping out of school.

Table 10: Estimated Number of Vulnerable Children in Africa (2004)

STATISTICS ON VULNERABLE CHILDREN	NUMBERS
Number of orphans	39 million orphans (or 12.3 % of 0-15 year olds), 16 million of whom are orphaned by AIDS (28% of all orphans)
Number of double orphans	7 million double orphans, of whom 5 million are due to AIDS
Number of refugee or internally-displaced children	5+ million displaced or refugee children
Number of child soldiers	120,000 child soldiers
Children traumatized by conflict	2+ million children severely injured or traumatized by conflict
Street children	3 million children of the street (children with parents that are homeless), 27 million in the street (children currently living in the street)
Children in child labour	600,000 children in "worst forms" of labour
Working children	2+ million children in hazardous work (domestic servants, mining)
OVERALL	About 20% (70 million) of all 0-17 year olds are vulnerable

Source: The World Bank (2004a)

So, to address the education challenges faced by children, the education sector needs (a) a range of mechanisms that will *improve access to education*; and (b) a range of mechanisms that will *improve retention in the education sector*. These mechanisms should be supplementary and complementary to the mechanisms that are put in place as part of the general responsibility of the education sector to provide 'Education for All'.

Impact of HIV and AIDS on all Levels of Society

Table 11: Impact of HIV and AIDS on Families and Children

Potential impacts of AIDS on families	Potential impacts of AIDS on children	Potential impacts of AIDS on communities
• Loss of member, grief Impoverishment • Change in family composition and family and child roles • Forced migration • Dissolution • Inability to give parental care to children • Stress • Loss of income for medical care and education • Demoralisation • Long-term pathologies (e.g. psychosocial problems) • Increase in number of multi generational households lacking middle generation	• Loss of family and identity • Depression • Reduced well-being • Increased malnutrition, starvation • Failure to immunize or provide health care • Loss of health status • Loss of inheritance • Forced migration • Loss of school/educational opportunities • Increased demand in labour (as children may be forced by their parents or guardians to start working) • Homelessness, vagrancy, crime • Increased street living • Exposure to HIV infection	• Reduced labour (as there are less economically active persons in the community who can work) • Increased poverty • Inability to maintain infrastructure • Loss of skilled labour, including health workers and teachers • Reduced access to health care • Elevated morbidity and mortality • Psychological stress and breakdown • Inability to marshal resources for community-wide funding schemes or insurance

Source: Hunter and Williamson (1997), cited in Subbarao and Coury (2004)

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One-page Summaries for all Stage 2 Case Studies

Kenya	1. POLICY ON NON-FORMAL EDUCATION	

Project description

The Draft National Policy Guidelines on Non-Formal Schools (NFSs) and Non-Formal Education Centres (NFECs) are designed to overcome the challenges that characterise the provision of education through other alternatives and learner needs-based delivery channels. It aims to enhance the education and training opportunities for vulnerable children in difficult circumstances, by improving on, legitimising, strengthening and co-ordinating existing programmes that target learners that are not part of the formal education system. It recognises that although the aim of the Government is to provide basic education through formal schools, "the NFS/NFEC approach to quality education is not seen as a temporary intervention for vulnerable children, but as a viable alternative to education delivery that suits children such as those who are out of school. Support to the NFS/NFEC approach is seen as flexing the education system to suit these learners' needs as opposed to tailoring the learner to the conventional formal schools" (Kenya MOEST, 2005:4). The proposal is therefore that the 'benefits' of the free primary education subsidy, enjoyed by those that attend regular schools should also be offered to those in the non-formal education sector.

Key objectives of the project

The policy intends to strengthen the non formal education sector and help the people of Kenya to:

Acquire literacy, numeracy, communication, creativity & manipulative skills

Develop social responsibility, values & attitudes

Develop ability for logical thought and critical judgment

Scope / reach

Through the proposed introduction of benefits; 300 000 targeted children and 800 schools or centres are to be assisted in the first year.

Innovations

Providing a subsidy grant, in line with the policy on free primary education, to learners within the non-formal education system.

Narrowing the gap between the general schooling system and the non-formal education system.

Most significant change

Should the proposal be adopted, the targeted beneficiaries are to receive the same financial support from the government that learners in the formal sector receive.

Costing	Start Date	End Date
A grant of KES 1,020 (under US $14) per child to be paid to 300 000 learners	2005	2010

Lessons learnt

The recognition that non-formal education options are long term commitments, made by governments, to extend access to education to those that cannot be accommodated in formal schools.

The study highlighted the importance of treating all learners and all institutions of learning the same – i.e. to have the same grant system for those in non-formal education environments as those in formal education environments.

Flexible and alternate means of providing quality education are required to fill a gap in providing education and related serves to reach and support marginalized children in need of care and protection, whatever their circumstance.

All efforts to strengthen and extend the non-formal education sector should de supported since the programmes generally reach those who would otherwise be excluded

Scale up and replication

With adequate budget provision and support, together with the necessary systems in place, the payment of grant subsidies to learners in the non-formal education system is possible.

The adoption of a policy and guidelines for the non-formal sector is something all ministries should pursue.

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Lesotho	2. LESOTHO ASSOCIATION OF NON-FORMAL EDUCATION (LANFE)	

Project description

Through the programme LANFE trainers were trained in basic hygiene, Home-Based Care, food gardening, nutrition, specialist HIV and AIDS education, prevention and care. The Ministry of Health undertook most of this training. Trainers then trained local volunteer community members and kits were supplied to the volunteers comprising items such as gloves, disinfectant, soap, and painkillers. Tools and seeds were provided to families as well as food garden training. Food parcels were also given to low-capacity households. Income-generating activities included training in the manufacture of dishwashing liquid and a healing ointment using the aloe plant.

Key objectives of the project

To promote care and support to HIV and AIDS affected and infected and to promote nutrition through the development of home gardens.

To empower the infected and affected through income generating activities and community primary caregivers with skills and information on care and support of the infected and affected.

To make available at LANFE offices HIV and AIDS kits and other materials for easy access by LANFE care supporters and primary care givers.

Scope / reach

Two villages per district and 30 households per village were targeted – making a total of 180 households.

Innovations

Haven taken basic ideas of hygiene and nutrition and educating the target group with some success they have results to show.

Most significant change

The curtailing of the spread of HIV to care givers. This is what they set out to do and they have done so.

The stigma attached to HIV sufferers has been reduced as they have been able to return to a more normal life-style – this through improved nutrition and hygiene. Successful gardening methods even in arid areas.

Costing	Start Date	End Date
Not provided	1 July 2004	30 June 2005

Lessons learnt

The learning points from the LANFE project are that it was simple, straight-forward, and not costly. It is community-based, and thus uses gardening methods and materials that are appropriate and available (e.g. aloe) in the rural areas. Committed, enthusiastic trainers to create initial momentum for the project were really important. Finally, this case study confirmed that an effective community-based intervention can have unplanned, or incidental, education outcomes: for this project it had the effect of releasing children to attend school as their parent/s/care-givers regain a measure of good health as a result of improved hygiene and nutrition (which was provided through the project). So, this case study illustrated that holistic, community-driven and community-led efforts that are sustainable in a local context are important vehicles for ensuring that children attend and remain in school.

Scale up and replication

The programme could most definitely be scaled-up. Volunteers from seven other districts were trained and although LANFE has not formally been able to assist them further, feedback has shown that they too are having some success albeit limited because of a lack of funds. The LANFE team is dedicated and passionate about their work, particularly in the area of food gardens and nutrition. Part of the education around the gardens has been to introduce vegetables which were not widely used before, such as carrots. They are convinced that more could be made of the use of the aloe plant if funding for this were available. With other organisations withdrawing their feeding programmes for children it is vital that communities are able to fend for themselves. What needs to be in place is funding, probably better office facilities for LANFE with more technical assistance around data collection and reporting. They probably need vehicles as well. It is thought that this programme could be scaled-up with very little modification. Other areas in Lesotho would be the obvious first step, and then beyond the borders

MOBILE TASK TEAM
ON THE IMPACT OF HIV/AIDS ON EDUCATION

Lesotho	3. NGO COALITION ON THE RIGHTS OF THE CHILD (NGOC)	

Project description

Established with Save the Children UK (SC UK) funding in 1998 after Lesotho's state of emergency period, the coalition brings together approximately thirty NGOs, FBOs, CBOs, professional agencies and other aseline ized organisations, all of which have the common goal of improving the lives of children in Lesotho. As part of civil society, NGOC aims to ensure the existence of appropriate children's legislation, policies, structures and services. The coalition has been in the forefront of the lobbying for the updating of the 1980 Child Protection Act with the result that the Children's Protection and Welfare Bill 2004, is now before the Lesotho parliament.

The vision of the coalition is that all children in spite of their differences and diverse conditions should live in an accommodative and responsive environment that enables them to develop holistically, in keeping with their human rights and responsibilities as agreed and enshrined in global I and instruments respectively.

Key objectives of the project

The primary goal of NGOC is to promote and monitor domestic implementation of regional and international conventions, protocols and declarations affecting the rights of children.

They also question the implementation of government policy – such as the efficacy of FPE. To do this they interviewed, amongst others, children, not something usually undertaken in Lesotho.

The aim of the establishment of the coalition was to eliminate overlaps and duplication and investigate omissions.

Scope / reach

All children in Lesotho – including the estimated 100 000 orphans. The whole of Lesotho is covered by the coalition.

Innovations

Co-operation amongst organisations. It always sounds like a good idea but doesn't always succeed.

NGOC operates with sub-groups into which organisations place themselves – Education, Health/HIV and AIDS, Disability, Protection.

Interviewing children to gain their views on issues that affect them

Most significant change

The writing of the bill – Children's Protection and Welfare Bill 2004.

Costing	Start Date	End Date
Not applicable	1 August 2004	1 August 2008

Lessons learnt

NGOC staff mentioned that they learnt that everything takes a lot longer than they thought it would, so one should be patient and not lose heart. They also suggested that if other countries wanted to implement legislation, they should first ensure that these countries are signatories to relevant international declarations and conventions. These declarations act as a catalyst for change. Finally, they mentioned that conventions, protocols and legislation are important stepping stones, but that these will not change the situation of children unless attitudes towards them change – that is to say that their rights (to education as well) are recognised by society.

Scale up and replication

Not applicable

MOBILE TASK TEAM
ON THE IMPACT OF HIV/AIDS ON EDUCATION

Lesotho	4. LESOTHO DISTANCE TEACHING CENTRE AND LESOTHO DISTANCE TEACHING CENTRE	

Project description

The distance teaching centres are an attempt to address a very real problem in Lesotho by expanding education to 'seasonal learners' and those that cannot access formal education in the classroom, but it has learnt that such initiatives on their own are not enough; more needs to be done to convince parents and caregivers of the importance of education.

Both the centres are Ministry of Education institutions, and housed in the same building and deal with distance education.
The Distance Teaching Centre is also known as the Continuing Education Unit and offers three levels of qualification:
Basic – which offers English and Mathematics at primary level – aimed at students who need to 'catch-up' before enrolling for the JC level
      Junior Certificate (JC)
      'O' Level
The Distance Learning Centre, also known as the Basic Education Unit, and offers
      Basic literacy in mother-tongue and
      Numeracy at primary level.

Key objectives of the project

To offer opportunities for out-of-school youth and adults to develop functional literacy and numeracy skills.
To produce learning materials on practical topics for rural people
To provide correspondence courses to private candidates for the Junior Certificate and the Cambridge Overseas School Certificate.
To act as a service agency to other organisations requesting educational services and the use of non-formal education techniques in their programmes.

Scope / reach

1 700 children

Innovations

The UNICEF-funded 'School-in-a-box' is an innovation worth mentioning. Each box contains exercise books, chalk, posters, cubes, wax crayons, compass, chalkboard, ruler, carrier bags.
The recognition of 'seasonal learners' is commendable but a method to service them still needs to be found.
The provision of materials is important and their sale to other organisations. It would be more useful if they could be made available to organisations such as LANFE free of charge.
A Life-skills module is currently being prepared for inclusion in the Basic course.

Most significant change

Limited as it is, access to education has been improved.

Costing	Start Date	End Date
Not available	Not reported	On going

Lessons learnt

Through the review, it again was highlighted that more needs to be done to convince parents and caregivers of the importance of education

Scale up and replication

It is desirable for the programmes to be scaled-up.   As attitudes change there will be a need for more opportunities for education.
Funding needs to be in place so that the programmes can be extended and more Learning Posts established.   An advocacy programme, perhaps over the radio, may help in changing attitudes of adults towards education.   If traditional leaders' support can be secured it should make a difference but the very fact that they are 'traditional' leaders may mitigate against their involvement.
Scale-up would be desirable within Lesotho.   If other countries do not have distance learning facilities they could perhaps learn from Lesotho.

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Mozambique	5. MISA (MONTHLY INCOME FOR SCHOOL ATTENDANCE) PROGRAMME	

Project description

In collaboration with the Brazil Agency for Development (ABC) and the NGO Missāo Criança, The Ministry of Education is piloting Brazil's world-renowned Bolsa Escola (literally, "money for school") programme. MISA is minimum income programme providing grants conditional on a minimum level of school attendance by eligible children in a household. Typically, cash transfer mechanisms are utilized, targeting the most vulnerable families.

Key objectives of the project

MISA has the following simultaneous short-term objectives:

reducing current poverty;

minimising child labour; and

obtaining better school attendance and attainment.

In Mozambique, the principal aims for MISA are to:

Reduce poverty

Achieve universal primary education

Eliminate gender disparities in access to education.

Scope / reach

Initially the project aimed to distribute cash grants, conditional on regular school attendance, to 100 families in the Maputo area. Three neighbourhoods were identified – Albazine, Laulane and Mahotas.

Innovations

The Bolsa Escola initiative is unique in Mozambique in that, cash grants are being directly given to vulnerable families conditional only on regular school attendance by their children.

In addition, poverty has been disassociated from traditional economic growth schemes and linked to improved access to education services.

Most significant change

School attendance and attainment for participating children has remained high; the project has had remarkably little attrition

Beneficiary families' quality of life has improved, demonstrated by better lodgings and reported reduction in hunger and malnutrition

Beneficiary parents are increasingly recognising the importance of education for their children, especially the girls

The attendance requirement has strengthened communication links between teachers, parents and children

Costing	Start Date	End Date
US $200 paid on a monthly basis to the families. Total cost approximately US $ 2 000 per month.		

Lessons learnt

Although this programme is in its pilot stage, interest lies in the fact that the grant scheme uses school attendance as a condition for accessing the grant. This grant programme is effective and through the review it was found that it could work as a condition for cash grants. It also showed which specific challenges had to be overcome in implementing such a programme.

Scale up and replication

The project is hoping to progressively scale up its activities to reach approximately 400 families by the end of 2006.

The project also hopes to expand to other sites outside of the three Maputo neighbourhoods.

In addition, it is expected that the project will diversify the nature of its activities from simply providing monthly cash grants to also conduct activities in health, waste and environmental management, and adult literacy.

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ON THE IMPACT OF HIV/AIDS ON EDUCATION

Project description

In 1999, under the umbrella of WIMSA (The Working Group of Indigenous Minorities in Southern Africa), the Omaheke San Trust (OST) was established in Gobabis, to work closely with the San in the Omaheke Region. The OST is a local, not-for-profit community development organisation, led by San people for the benefit of San people. One of the programmes undertaken by the OST – the Childhood Development Programme – identifies San children who are out of school and works with them and their parents to assemble the necessary documentation and to enrol them in school. This programme takes place against the backdrop of very low school attendance rates (less than 30% of San children are enrolled in schools) and aims to ensure that San children access and continue their schooling; that school and hostel environments are safe; and that there is equality with other learners. Cases of dropout are investigated on a case-by-case basis. Other key activities include workshops for principals and school hostel workers to address cultural barriers; encouraging the employment of San as hostel staff, thus giving the San learners someone with whom they can 'connect'; transporting many children to and from schools, often several hundred kilometres from their home villages; holiday jobs at the OST for selected learners; training as child care workers for San learners who have completed secondary school; and support for the San pre-school at Donkerbos.

Key objectives of the project

Objectives of the Omaheke San Trust (OST) are:

- For San children to access and continue their schooling;
- To ensure that school and hostel environments are safe;
- To have equality with other learners; and
- To value being a San person.

Objectives of the specific programme are to:

- Increase access to and continuation of school (including higher education) for San children;
- Provide extra-curricular training in San culture and heritage for San learners; and
- Encourage San parents and guardians to take a more active role in their children's education and welfare.

Scope / reach

Currently the Omaheke San Trust (OST) assists 1 300 children to attend 42 schools in the Region. 60 children were enrolled in the first half of 2005.

Innovations

Programme of support to assist with the implementation of the national policy for Educationally Marginalised Children

Most significant change

- Parents are becoming more involved in their children's schooling;
- Grants are being used more effectively;
- Some San children have gone on to study at tertiary level; and
- 'Run-aways' have decreased (though during winter this is still a problem, when learners do not have warm clothes and prefer to be at home where they can 'sit by the fire').

- The involvement of inspectors who talk to communities about the benefits of education;
- Mobilisation meetings, though these are often not well attended by San parents;
- Radio programmes, to disseminate education and school-related information; and
- The provision of scholarships that favour girls and that are based on home assessments.

Costing	Start Date	End Date
No cost analysis conducted as yet. The OST has an annual budget of N$ 250 000	1 Aug 2003	On going

Lessons learnt

The project has shown that providing (relatively) small things does make a difference. Children identified that the lack of certain things (such as soap and Vaseline) prevented them from entering or remaining at school. Efforts need to be made to increase awareness of the benefits of education and to create a non-discriminatory environment for learners who are seen as "different".

Scale up and replication

Endeavours to ensure that marginalised groups have access to education, should indeed be extended. The programme has illustrated how a moderate budget can have positive education outcomes.

MOBILE TASK TEAM
ON THE IMPACT OF HIV/AIDS ON EDUCATION

Namibia	7. ONDAO MOBILE SCHOOL PROJECT	

Project description

The Ovahimba people live in the northwestern part of Namibia and their main economic activity is related to cattle and goat herding. The Ovahimba culture, a nomadic group of persons of Namibia, is a very old culture. This cultural grouping is very protective of their identity and cultural values, and, though placing great emphasis on education, considers the curriculum and values conveyed by conventional schools in conflict with their traditional values. Girls tend to be removed from school as they reach puberty. The Ondao Mobile School Project uses a very innovative classroom modality where a teacher travels with a group of Ovahimba families, and sets up a camp school whilst the families are living in one place. The project then relocates the camp school to a new venue when the family moves. The project also includes a Teachers' Resource Centre in the town of Opuwo. The mobile units also double up as adult basic education and training centres.

Key objectives of the project

The objectives of the Ondao Mobile School Project are to:

Provide quality education to the Ovahimbas;

Enable the Ovahimbas to deal with the pressure of modern society; and

Preserve cultural values and traditions.

Scope / reach

The school consists of a number of mobile units that extend across the region. 2 700 children are reached by 34 schools operating in 34 communities.

Innovations

"Taking education to the people". The physical structure of each unit consists of a large tent, school furniture and basic teaching equipment. Each unit also has a solar unit for lighting purposes. Availability of water is often a problem and though some schools receive deliveries of water.

Most significant change

Enrolment in the area has increased substantially to about 50%; and

Parents have reported changes in the children. They indicated that "Children can now count the livestock"; and "Children can sort through the family's hospital passports, so that the family member takes the correct passport when he/she seeks medical help".

Costing	Start Date	End Date
Approximately N$5 million.	1 August 1997	Ongoing

Lessons learnt

To ensure free, affordable and accessible education to ALL children, innovations in teaching practice – such as multigrade teaching – were needed.

Scale up and replication

At the end of 2005 the Government of Namibia will be taking over the funding of the project.

Comments were made that it is an expensive model, requiring significant capital expenditure (tents, furniture and equipment) and then potentially significant running costs, such as transport of the units from one place to another when the community moves. This requires 4 x 4 vehicles, as there are few regular roads in the Region. The costs, both capital and maintenance, may limit scale up and replication.

Namibia	8. EDUCATION FOR DEVELOPMENT – THE SCHOOL BOARD PROJECT AND THE CIRCLES OF SUPPORT PROJECT	

Project description

In northern Namibia, the School Board Project was initiated in 1999, to enhance the involvement of School Boards and members in the democratic management of schools. In 2003, in response to the challenges to education posed by the HIV and AIDS epidemic, this was extended to include building circles of support for OVC. The rationale is that as School Boards are a systemic structure at all schools as well as a bridge between communities and schools, they can be instrumental in developing circles of support for OVC in the community and at school. The benefits of the programme are that vulnerable children will be assisted to stay in school. All School Board members are offered training in six afternoon sessions that cover; the Education Act: roles and responsibilities of School Boards; HIV and AIDS: the impact on our community; the needs of children: how do we help children access their rights; the school development plan: vision and implementation; and the way ahead: planning for the future with circles of support.

[A related initiative, the Circles of Support Project specifically focuses on providing the basic needs and psycho-social support to vulnerable children. The programme is being piloted in three countries – Namibia, Botswana and Swaziland. This is further investigated in the Swaziland case study.]

Key objectives of the project

The project aims to strengthen Schools Boards in order that they are able to:
- Develop community action plans;
- Identify and link to local support services; and
- Offer the school, and its human and physical resources, as a focal point for activities.

Particular to the School Boards OVC component the following objectives were set:
- School Boards have increased knowledge of the impact of HIV on children in their school communities;
- School Boards know and utilise existing support services in the Region for vulnerable children; and
- An increased number of initiatives supporting vulnerable children are undertaken by schools.

Scope / reach

In the northern Region of the country

Innovations

Programme focused on strengthening School Boards in general terms but highlighted the role they have to play in supporting OVCs.

Through the programme vulnerable children are assisted to actually stay in school. Follow up is made should the children drop out – and if the reason can be addressed this is done to ensure that the child returns to school.

Most significant change

Through the programme schools have:
HIV and AIDS plans;
Established Kids Clubs;
Taken steps to identify vulnerable children and support them; and
Requested school feeding;

Clusters have also accomplished the following:
Started home-based care services, including visits to children;
Started support groups for people living with HIV and AIDS;
Held community meetings on HIV and AIDS;
Started sewing projects to make school uniforms and to generate income; and
Organised camps for children to offer psychosocial support and recreation.

Costing	Start Date	End Date
No details on per learner costs provided.	In 1999; Circles of Support started in 2003	2005

Lessons learnt

Through the programme the following lessons were highlighted: The involvement of people living with HIV and AIDS is invaluable; Child participation and improved awareness of children's rights; and ownership emerging following awareness and mobilisation activities; and a focus on quality, as opposed to quantity.

Scale up and replication

Challenges for scale up include the need to identify and train persons who can fulfil a supervisory and monitoring role, securing minimal incentives to those who take on an active role of support; and development of long-term plans to ensure sustainability.

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South Africa (KwaZulu Natal)	9. DATABASE – VULNERABLE CHILDREN AT SCHOOLS	

Project description

The KwaZulu-Natal Education Department needed to ascertain numbers of orphans at schools. Although much had been written about the concept of child vulnerability, there was little hard data on the situation as it pertained to children at schools and how it affected school attendance in KwaZulu-Natal. This led to the concept of surveying each child in a school to build a composite picture of vulnerability. The project therefore focuses on the school as the focal point for information collection and seeks to implement management strategies to allow for maximum access to education by children who are vulnerable through the death, illness or absence of caregivers and poverty.

The rationale of the project is that schools can be used as a means of gathering data on children and their home circumstances. The modus operandi for data collection involved asking heads of schools to complete a school questionnaire and teachers to answer a series of simple yes/no; true/false-type questions for every child in their class. The response from teachers thus reflects an assessment of every child in the class and not a sample of children. It represents a complete census of all children in a particular school.

Key objectives of the project

To use schools to collect detailed information on children and their households. Data is collected, analysed and disseminated on:

the prevalence of orphans and vulnerable children in schools in targeted areas of KwaZulu-Natal

support structures which may exist in the community

the role of the school in the management of issues around orphans and vulnerable children.

Scope / reach

In 2004, 39 schools and 13 267 children were surveyed. In 2005 an additional 19 schools and 6 013 children were included.

Innovations

School teachers actually collecting detailed profiles of all their learners- including their home stituation.

This information is being used to support children to obtain the necessary documentation required to secure social assistance.

Most significant change

Amongst teachers an increased awareness of the plight of the children they teach.

Linking schools to the ministry in charge of issuing legal documents required by children, incapacitated families and care givers.

Costing	Start Date	End Date
No details provided	2004	Ongoing

Lessons learnt

A data collection tool that can be administered by a class teacher or community worker can be used to identify vulnerable children. Through data collection and regular reporting the plight of vulnerable children is highlighted and there is increased awareness of these children and their needs. It also pointed to a new, inter-sectoral approach, where different government ministries needed to work together to provide the support that is needed at school/community level. In the region where the database was developed, a one-stop shop concept for social service provision was provided.

Scale up and replication

The ministry (department) of education has extended the data collection to other parts of the province and in certain districts the data collection programme has been linked to a skills training course for teachers in providing psycho-social support.

MOBILE TASK TEAM
ON THE IMPACT OF HIV/AIDS ON EDUCATION

South Africa (KwaZulu Natal)	10. DATABASE –ORGANISATIONS PROVIDING SUPPORT TO OVC	

Project description

The growing number of vulnerable children in KwaZulu-Natal demands a better understanding of where they are, how best they could be reached and who was working for their welfare. The project involved using Geographical Information Systems (GIS) to illustrate spatial patterns of vulnerability and need within KwaZulu-Natal.

This was combined with related variables such as the total number of children and the percentage children who reported that their mothers were no longer alive, according to the 2001 Census. This information was then linked to the distribution of available NGO and state support for OVC. The survey was conducted amongst NGOs and government departments that provided support to OVC.

Key objectives of the project

The objectives for this project were identified in the following way:

- Create a detailed inventory of organizations working with and providing support to OVC in the province
- Identify areas of need and see if the need is being match by organizations providing services and support
- Conduct spatial anlysis to consider the geographic spread of service providers.

Scope / reach

Entire province covered. 273 organisations registered and a total of 286 projects identified

Innovations

- Geo-coding the catalogue of organizations in order that the geographic coverage and spread of the programmes could be determined.
- Overlaying the details of the organisation with the socio economic need and a detailed profile of the communities they serve
- Conducting an analysis of matching "demand" with "supply"

Most significant change

Strengthening the inter-sectoral approach that is needed to address the needs of OVC

Reviewing programmes and service provision in geographic terms to identify isolated areas.

Costing	Start Date	End Date
No details provided	2003	Early 2005

Lessons learnt

- Many programmes and much of the support is concentrated in urban settlements or areas that are easy to access. There are large tracts of the province that remain unserviced.
- The most popular type of programme is that which provides or supports feeding schemes and those that provide counselling and training. Programmes that provide street shelter and assist with fund raising are few.
- The case study highlighted the importance of quantifying the extent of vulnerability (i.e. demand for services) at a local level (i.e. not through surveys and samples sizes) as a starting point to providing effective social protection services, before one can measure progress and success.

Scale up and replication

The concept of the database has been extended to an additional province and could be implemented nationally.

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Swaziland	11. CIRCLES OF SUPPORT PROJECT	

Project description

The project focuses on providing for basic needs and offers psychosocial support to children affected by the HIV and AIDS epidemic. The main purpose is to enable OVC to remain in or re-enter school and fulfill their development potential. The project uses facilitation tools, training, monitoring and support to catalyse the formation of circles of support in and through schools, communities and community-based organisations. The basic rationale is that schools can become a catalyst to develop networks for the coordinated and effective use of resources at community and district level to support OVC. With the child at the centre, the Circles of Support Project proposes three levels or circles of support that inter-relate and interact with one another. The first and closest to the child consists of relatives, neighbours and friends. The second, at neighbourhood level, of health workers, teachers, social workers, church ministers, police, local politicians, etc and the third, at the most macro level, of agencies, Ministries and networks. Because of the complexities of working at community level in Swaziland, the Project has focused on creating one circle, centred on the school and community. More recently a second circle, representing Government, is coming into being.

Key objectives of the project

The key objective is to develop and provide a network of linkages around OVC through their schools in communities;

To provide teachers and selected representatives of communities with child-friendly skills training; and

The programme is also beginning to provide material support to OVC.

Scope / reach

Pilot project – 10 schools and 450 children. Will be extended to more schools with additional funding.

Innovations

Highlighting the effectiveness of community level interventions to solve community based problems; and

Identifying community members to be a referral point for children in need.

Most significant change

Placing the child in the centre and also teaching those who work and live with children child-friendly skills.

Costing	Start Date	End Date
A rough estimate of the cost of the Project during this pilot phase, is €16 000 – €18 000 per month, to reach and support 300 – 450 children.	2005	Jan 2006

Lessons learnt

The scale of the OVC problem in Swaziland is immense and continues to grow. Against this background, the Circles of Support Project has shown the vital importance and effectiveness of community level interventions to solve community level problems. Community members live in the community, know what is going on in the community and are the best ones to provide support in the community. It also pointed to the immense need for the education sector, schools in particular, to get involved in the lives of vulnerable children within their schools, and to establish stronger community/household/school linkages. A process such as this does not require extensive funding. Some of the additional lessons that were learnt form this project include the following:

Processes take time, especially at community level – it is important to allocate sufficient time for these critical processes.

Training and capacity building are always required – those who had been trained all commented on their enhanced ability to fulfil their roles effectively. They particularly appreciated learning about how children learn, develop and grow.

Having a person, available for on-going contact and support is important; 'I am not alone, I have someone to call.'

Small things count – it is often a simple practical or material thing that keeps a child in or out of school.

Scale up and replication

In the view of those interviewed, the Circles of Support concept is definitely replicable in Swaziland. The Ministry of Education recognises this and is working with partners on developing a proposal for additional funding to roll out the Project in stages, starting with a further 40 schools. One requirement for sustainability is the need both to be more deeply embedded within the Ministry of Education and also to develop strong linkages with other NGOs working with OVC who could provide support to the schools and their communities once the pilot period is ended in January 2006.

MOBILE TASK TEAM
ON THE IMPACT OF HIV/AIDS ON EDUCATION

Tanzania	12. COMMUNITY EDUCATION FUND	

Project description

The Community Education Fund (CEF) is a matching grant programme designed to empower communities to improve their primary schools. The fund is designed to increase the allocation of public funding for non-salary expenditure at school level. The important features of the CEF are the direct allocation of funding to primary schools, the matching of community contributions with funding allocated from the CEF, and the joint preparation of 3-year school development plan by schools and the community. Village committees are involved at all stages of the processes, with ultimate decisions taken through the community meetings.   Recognized disadvantaged schools receive an additional targeted subsidy.

Key objectives of the project

Through a matching grant mechanism, empower communities to improve their schools.

Scope / reach

1 635 schools across 16 districts reaching more than 570 000 children (April 2001)

Innovations

Matching contributions of the communities (1 to 1 and the 1.5 to 1 for disadvantaged schools) may be considered an innovation.

Linking the continued participation of schools to improving enrolment and pupil performance.

The CEF focuses on two critical issues, which are often stumbling blocks for OVCs: to improve and maintain enrolment in schools and ensure that teaching quality, or education standards, are improved or maintained.

Most significant change

The main positive impacts of the programme have been:

- increased school enrolment and student performance,
- improved school environment,
- improved financing and financial management and
- increased parental involvement and
- improved school management.

Costing	Start Date	End Date
By 2000 the CEF had distributed more than US $2 million	1995	ongoing

Lessons learnt

The CEF has indeed demonstrated that communities are willing to participate and contribute to the management and development of schools. In implementation, the CEF also demonstrated that social protection programmes that involve active community participation are more likely to have sustainable impacts. The CEF is indeed a programme that not only involves community members but is solely dependent on them for successful implementation. It is however recognized that for this to happen, community capacity building is required.

The CEF does indeed empower communities, as they are involved in the management decisions that impact on their schools. Communities are the ones that need to identify priorities and then develop and commit to the three-year school development plan. They too are required to ensure that their contributions are met in order to make things happen and gain the benefit the CEF has to offer them. A challenge the CEF poses, is to ensure that already burdened communities are able to make or raise cash contributions in order to enjoy the benefits of the matching grants. Should they be able to do this, education provision within their community is sure to be strengthened.

Scale up and replication

Where social protection funds have been established, and communities have the means to make cash contributions the CEF offers great potential. The implementation of the CEF is largely dependent on capacity building and support. The CEF should be implemented through existing structures within the Ministry of Education. However these structures, especially at the district level would need to be strengthened. Within Tanzania, membership of the CEF grew at a quicker than expected rate and also extended coverage way beyond expectations.

MOBILE TASK TEAM
ON THE IMPACT OF HIV/AIDS ON EDUCATION

Zambia	13. INTERACTIVE RADIO INSTRUCTION PROGRAMME	

Project description

Interactive Radio Instruction (IRI) is a methodology of teaching through radio that requires pupils to participate actively throughout the broadcasted lesson. The interaction involves the radio teacher (broadcast), the mentor (one who facilities the process in the "classroom") and the pupils (actively engaged). A series of lessons have been carefully planned and thought through to cover all aspects of the curriculum also allowing for regular reinforcement and review. The lessons are 30 minutes long and broadcast, by the national broadcaster or local community radio stations, at an agreed time. The IRI programme is a true partnership between the Ministry of Education, communities and development partners. The Ministry of Education has within the Directorate for Open and Distance Education ensured they have true ownership of the programme and development partners have provided the technical assistance and support to ensure the methodology is well applied. The Ministry considers IRI to be one of the non-formal education programmes designed to meet the needs of the out-of-school youth and have committed resources to the programme to fund the cost of broadcast time and continue the development of broadcast and support materials.

Key objectives of the project

The IRI programme ties in with programmes that are: strengthening community schools; increasing access to education for vulnerable groups; open and distance education initiatives; aimed to teach and share information about HIV and AIDS and build life skills; aimed at improving the quality of education and teacher education programmes.

Scope / reach

Every district has at least one IRI centre. Currently about 700 centres across Zambia reaching over 46 000 learners.

Innovations

Excellent application of the IRI methodology – to provide teaching and learning to pupils who would otherwise not have access to schooling. IRI assists to reach the hardest to reach and controls the quality of education provided to these groups.

Using community members to facilitate the radio broadcasts and follow up and introductory exercises

The quality and standard of the message being conveyed to children is controlled and maintained.

The pace and order in which the syllabus is presented and curriculum is covered is controlled and prescribed.

Most significant change

Through the IRI programme thousands of young children have been given access to quality education, which otherwise would not have been within their reach. The representative of the Directorate of Open and Distance Education indicated that the most significant change has been that "we have been able to assist the poor and disadvantaged. … IRI has also bridged the "distance problems" and enabled children to receive education".

Costing	Start Date	End Date
$2,400,000 over the life of the project	March 2000	Extended

Lessons learnt

This is a really innovative programme in terms of providing accessible learning to out-of-school learners. The study also provided evidence that alternative learning does not always need to be second- grade learning and that it is possible to control the pace of learning, the content of learning and the interaction between learner and teacher using distance education techniques. The case study also points to the difference that true involvement of the Ministry of Education makes to programme implementation: the IRI is run by the Ministry, and a specific directorate within the Ministry is charged to deal with it.

Scale up and replication

The IRI programme is indeed being extended at the pace at which communities are able to manage. The Ministry of Education has recently called for a pilot study to test the use of IRI in general, government schools. Geographic coverage is often limited by radio coverage. Often broadcast time is expensive and the actual time available for broadcasting is a prohibitive factor.

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Zambia	14. AFRICA KIDSAFE (SHELTER, ADVOCACY, FOOD AND EDUCATION)	

Project description

Afica KidSAFE is a Zambian coalition of national and international organisations working with children at risk found on the street, or street children.   Africa KidSAFE was established as a forum for enhancing technical and organizational capacity, sharing information and experience, advocacy, and co-ordinating action related to children at risk, including those already on the street and those at risk of going to the street.

Key objectives of the project

The project objectives are to:

Reduce the number of street children through family tracing and reintegration

Prevent community-to-street drift of at-risk children by equipping caregivers with basic business skills and seed money for income generating activities

Build the capacity of local NGOs and CBOs to design, implement, evaluate, and sustain effective programmes serving street children and those at risk of ending up on the streets

Meet the basic needs of street and out-of-school children through service provision at member centres

Scope / reach

Currently only operational in Lusaka area, but plans to extend to 2 further urban areas.   The network currently has nine members or implementing partners.   It is estimated that about 5 000 children have access to food, education, counselling, health care and recreational opportunities.

Innovations

The coalition has resulted in a number of innovations, amongst them; the establishment of a national reference group specifically for street children; the formalisation and acceptance of a training programme resulting in a recognized qualification for child workers, thus formalising the profession; the use of mobile health services and specifically targeting the needs of street children but extending this to the broader community.

Most significant change

It is felt that quality services are now developed and implemented by the partners. The training of the leadership has visibly improved and through this the programmes have been strengthened. Bringing so many children to school and that they are also achieving in regular schools. The support provided by community has increased and the general nutritional levels of the community have improved – both through the school feeding programme and providing rations to community members

Rehabilitation programme working well, have successfully reintegrated some children and programme has also led to reduction in the number of children on the street. Been able to introduce home based care and VCT programmes which are progressing well - Have given these children a second chance at life!

Costing	Start Date	End Date
Not reported	August 2000	2005

Lessons learnt

To meet the needs of the children and community, there is a need to work collectively as a team. Through the network organizations have been able to maximize resources and extend the reach. Programmes of this nature are human resource intensive and through the network the human resources have been strengthened and each partner has been able to tap into numerous skills. Programmes that serve children, especially street children, need to be all embracing and offer a continuum of care, support and development. There is a great dependency on staff to make the programme work. Often with community initiatives the staff are volunteers and the programmes have shown a high turnover of staff.

Scale up and replication

Africa KidSAFE is currently being extended to other areas of Zambia and plans are underway to extend to become a national coalition. For scale up to be considered it is felt that a strong secretariat needs to be in place, since this is the body that will be required to facilitate the necessary sharing and meetings. Partners will also need to see the value of joining a coalition of this nature and remain committed to the process.

Zimbabwe	15. BASIC EDUCATION ASSISTANCE MODULE (BEAM)	

Project description

The Basic Education Assistance Module (BEAM) is a Government of Zimbabwe conditional transfer programme providing tuition fee, levy and examination fee assistance to OVC. It was formed in 2001 as a response to the increasing number of OVC who had decreased access to education. It was primarily a response to the negative social outcomes arising from HIV and AIDS and a volatile economic climate.

BEAM is one of several social protection mechanisms the Government of Zimbabwe has established to assist vulnerable groups. Social Selection Committees made up of key community leaders and stakeholders are responsible for identifying OVC in need of assistance. Pupils from across the education provision spectrum are eligible if they are OVC. The list of needy OVC is sent to the Ministry of Education district education officers who are responsible for verifying that the name of each beneficiary is linked to a corresponding budget for his or her school. This verified list is then passed on to the Social Development Fund. Fees and levy funds are transferred directly to the accounts of the schools. This stipend also has a school attendance condition: the OVC are permitted to withdraw the rest of the stipend at their post office savings bank only if they satisfy a minimum school attendance record.

Key objectives of the project

The key objective is to ensure that no children drop out of school or fail to access education for economic reasons

Scope / reach

BEAM is a nationwide programme. It was originally expected to reach approximately 426,000 primary and secondary school OVC. Most recent data reviewed indicates that BEAM reaches approximately 685,000 OVC

Innovations

- Conditional transfer mechanisms such as BEAM appear to be a cost-effective and an efficient way to both reduce OVC attrition from schooling and to increase the enrolment of OVC who are currently out of school.
- One of the most important characteristics of conditional transfer mechanisms is that they can achieve scale by reaching large numbers of children at a relatively low cost per child.
- As with the Mozambique MISA – this grant is also conditional on school attendance.

Most significant change

BEAM ensures that OVC remain in school – which is very different from the previous widespread situation where OVC would be expelled from school for non-payment of fees or not having a school uniform

Costing	Start Date	End Date
An average cost of Z$16 per child	2001	Ongoing

Lessons learnt

This formal, government-driven programme has been effective in keeping OVCs in school. Data is available, as monitoring and evaluation features strongly in project implementation. It has also gone some way to change the practice at schools, which used to expel learners from school in the past for non-payment of school fees.

Scale up and replication

Scale-up of the programme is feasible, particularly in a less challenging operating environment. Replication in other countries is also feasible, and there should be little problem in transfer.

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Zimbabwe	16. SUPPORT TO REPLICABLE, INNOVATIVE, COMMUNITY/VILLAGE LEVEL EFFORTS TO SUPPORT CHILDREN IN ZIMBABWE (STRIVE)	

Project description

The STRIVE programme is as a result of a cooperative agreement was signed between Catholic Relief Services (CRS) Zimbabwe and USAID in 2001 for implementation of STRIVE. The project's main focus is to assess innovative interventions that channel resources timeously and effectively to vulnerable children. The project also studies the types of "baskets of support" that are required by vulnerable children in Zimbabwe. Catholic Relief Services (CRS), the main grant organisation, collaborates with sub-grantees to develop pilot projects focusing on psychosocial support for OVC and caregivers, educational assistance interventions for OVC, especially girls, such as the provision of school uniform, payment of school fees and purchase of textbooks, food security support, primarily through community interventions, strengthening family and community financial safety nets, and the strengthening the organizational capacity of sub-grantees. STRIVE also strengthens the organizational capacity of its sub-grantees through reviews, training, and development/ strengthening of monitoring and evaluation systems.

Key objectives of the project

STRIVE's principal goal is to improve the care and support of vulnerable children in Zimbabwe. It has three objectives: (a) To support and develop appropriate, effective and sustainable community-based approaches that support orphans and vulnerable children in Zimbabwe through participatory learning and action; (b) To improve the organizational capacity of at least 16 local organizations enabling them to deliver high-quality care, support and prevention services for children at risk and their families; (c) To increase access to quality education for children at risk, with a special focus on girls

Scope / reach

National programme operational across Zimbabwe. Through sub grantee programmes it was reported that in one year over 142 000 OVC's were recipients of targeted interventions.

Innovations

Several new tools and resources have been developed, tried and tested. This includes an OVC Monitoring and Evaluation Guide; an OVC care and support tool; and a cost effectiveness analysis tool for project activities. School fees for OVC in the project are wholly or partly subsidized. In an innovative step, resources are exchanged for inclusion of OVC in participating schools. For example, a school may receive books and furniture in exchange for providing free or heavily discounted school fees to a specified number of OVC. Through the programme assistance committees have been put in place education, which are responsible for selecting and determining the type of assistance required by the OVC.

Most significant change

The key (education) changes observed during the first phase of STRIVE are: Access to education by OVC is higher than it would have been without STRIVE initiatives; and girls are (relatively) adequately cared for by the education project sub-grantees

Costing	Start Date	End Date
Over US $2 million for the life of the programme	December 2001	2004

Lessons learnt

Communities' coping capacities are severely stretched and the exodus of qualified staff, education and health care professionals from the country makes it even more challenging to implement and evaluate programmes effectively. Many of the community-based programmes are heavily reliant on volunteerism, which is unsurprisingly diminishing due to increasing desperate poverty.

Scale up and replication

STRIVE has already demonstrated it has the capacity to scale-up by expanding the number of it sub-grantees and extending coverage. CRS itself has indicated that it recognises that there is a need to develop stronger allegiances with the Government of Zimbabwe and development partners. Replicability of the STRIVE approach in other countries or communities is definitely feasible. It may actually be easier to replicate the approach in contexts where the economic and political context is not as challenging.

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Country-by-Country Inventory of Social Protection Programmes with Educational Outcomes

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This section provides a country-by-country overview of what the inventory revealed in terms of social protection interventions in the education sector. It also provides some standardised and comparative background information on the education sector in each country: information about the GER at primary and secondary education levels; whether free primary education exists; the EDI for the country; and the expenditure on education as a percentage of Gross National Product (GNP). Please note that the information for this section has been summarised from the Stage 2 case study reports[15] and from the inventory data.

BURUNDI	
GER (primary) 2002/3	77
GER (secondary) 2002/3	11
Free primary education?	No
EFA Dev Index (1 = EFA achieved)	0.609
Expenditure on education as % of GNP 2002/3	4%

Source: UNESCO Institute of Statistics

Burundi's education situation is certainly affected by the difficult political and conflict situation in the country. It is currently 3rd lowest on the EDI and does not have free primary education. Expenditure on education is also low. Only two interventions are listed in the inventory – the one focus on the provision of community nurseries at ECD level (10 000 children in 10 communities) and the other supports families of vulnerable children and mentor them in a variety of different ways.

ETHIOPIA	
GER (primary) 2003/4	70
GER (secondary) 2003/4	22
Free primary education?	Yes
EFA Dev Index (1 = EFA achieved)	0.541
Expenditure on education as % of GNP 2001/2	4.6%

Source: UNESCO Institute of Statistics

Although Ethiopia's education system has made great strides in the past six years and they have introduced free primary education, the vast number of children and the size of the population have made it difficult for many to access education. A number of interventions are being implemented in Ethiopia, ranging from interventions of alternative education for community members (vocational skills training) and EMC (specifically pastoralist children – one intervention targets 12 000 of these children), to interventions that provide support to households affected by HIV and AIDS, and interventions that build the capacity of school management teams.

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[15] The case study reports are available on request from www.mttaids.com or peterbw@eastcoast.co.za

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KENYA

GER (primary) 2002/3	92
GER (secondary) 2002/3	33
Free primary education?	Yes
EFA Dev Index (1 = EFA achieved)	Not Avail
Expenditure on education as % of GNP 2002/3	7.1%

Source: UNESCO Institute of Statistics

Kenya followed a "big bang" approach in introducing free primary education in 2003. Its sudden introduction forced the government to substantially increase its funding to schools, as schools were not receiving the school fees that used to be paid to them. An initial grant of US$ 400 was paid to each school (once-off payment), followed by a subsidy per child that was paid to each school (this practice still continues). The World Bank supported this process through the provision of emergency funds for its implementation.

Kenya was one of the first countries in Africa to begin institutionalising non-formal education. A policy was drafted, and will be finalised by the end of the year. The policy aims at ensuring that ALL have access to education (this includes adults and all other categories of EMC). By regulating the non-formal education environment, standards can be better enforced. This policy aims to ensure education for the 1,7 million children who cannot access the formal education system, despite the provisions for free primary education. These are children who are: living or working on the streets; living in ASAL (arid and semi-arid land) nomadic areas; living in informal urban settlements; engaged in child labour; orphans; sibling minders or siblings under their care; adolescent mothers; handicapped children; refugees; and young offenders.

There is also a pilot intervention by UNICEF to provide grants to families looking after OVC, although the primary intention is not to increase schooling. In addition, the faith-based sector is very involved in education. One FBO provides support, in the form of school fee support from *zakat* (an obligatory religious charity in the Muslim religion) contributions, to 40 000 EMC.

LESOTHO

GER (primary) 2002/3	126
GER (secondary) 2002/3	35
Free primary education?	Yes
EFA Dev Index (1 = EFA achieved)	0.797
Expenditure on education as % of GNP 2001/2	8.4%

Source: UNESCO Institute of Statistics

The number of orphans in Lesotho was estimated to be 92 000 in 2003, with approximately 30% of them not in school. The HIV prevalence is high: the prevalence amongst 15-19 year-olds is 25% and 40% in 20-24 year-olds.

Child domestic workers are a particular problem in Lesotho, as well as boys working as herd boys. Adults in rural areas are not very sympathetic towards them – one commented, "children need to be more respectful if they want a better future…orphan children in particular are unruly…a child needs to be shown direction by being beaten up." (Mokuku, 2004:25).

Traditionally there have been more girls in school than boys, largely because of the need for boys to care for the family's livestock, which is a major source of income for rural communities. However, this situation is fast-changing, with a 25% decline in girls' enrolment in the past 10 years.

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There is a school-feeding intervention in 1 325 primary schools (targeting 150 000 learners), and for 70% of them this is their only meal of the day (Tomlinson, 2005). UNICEF and the World Bank have assisted with specific support interventions for free primary education (the World Bank intervention provided school bursaries for 30 000 OVC in the primary and secondary phases).

There are long-standing non-formal education interventions in Lesotho that cater for seasonal learners (mostly herd boys). This is facilitated by the Lesotho Association of Non Formal Education and the Lesotho Distance Teaching Centre (targeting 12 000 learners). There are also a number of smaller interventions focusing on youth issues and scholarship payments, and on the reduction of child labour (2 000 children in one intervention).

MALAWI

GER (primary) 2002/3	140
GER (secondary) 2002/3	33
Free primary education?	Yes
EFA Dev Index (1 = EFA achieved)	0.688
Expenditure on education as % of GNP 2002/3	6.1%

Source: UNESCO Institute of Statistics

Malawi's education system has undergone substantial changes in the past eight years. Free primary education was introduced in 1998 and community secondary schools were brought under the control of government at the same time. This increased the number of secondary schools for which the government was responsible from 150 to 900 in one year. All of this has severely impacted on the quality of education at primary and secondary education level.

There are an estimated 500 000 'AIDS orphans' (UNICEF SAHIMS, 2005), and large numbers of other vulnerable children due to high levels of poverty (Malawi is ranked the 12th poorest country in the world).

There is also a great deal of donor activity in Malawi. The National AIDS Commission was the first to establish a basket fund for HIV and AIDS. A basket fund is where donors allocate funds into a joint fund that can be used for a wide range of activities (not dictated by donor agendas). There is also a significant ESSP (US$ 145 million by DFID over 5 years) and a national safety net programme. Specific interventions to keep children in school have been established, and the MOH has an HIV Directorate that deals with all issues associated with HIV and AIDS in Malawi. One intervention – targeting 400 000 children, 264 schools and 10 000 households – aims to strengthen the capacity of local authorities, civil society and communities to provide primary education. There is also a significant UNICEF primary education and youth support intervention that supports 2,2 million children, 44 200 community members and 5 168 schools.

MOZAMBIQUE

GER (primary) 2002/3	103
GER (secondary) 2002/3	16
Free primary education?	No
EFA Dev Index (1 = EFA achieved)	0.558
Expenditure on education as % of GNP 1999/00	2.5%

Source: UNESCO Institute of Statistics

Mozambique is a very poor country. It is estimated that 62% of orphans are as a result of HIV and AIDS. The interventions in place to support orphans include: food aid to 131 000 children; educational support to 28 020 EMC; health care to 22 670 EMC; protection services to 2 400 children; psychosocial support to 5 100 children; assistance to become economically self sufficient to 17 000 children; and 180 000 children provided with other services as part of a new GFATM grant.

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Examples of support interventions are: the Minimum Income for School Attendance intervention (MISA) that targets 96 families; the MINED/SIDA/CIDA collaboration, providing free textbooks to needy students; the Australian Government through its international development agency (AusAID) providing money for scholarships targeting particularly vulnerable communities and seeking to enable increased gender equity in education; school feeding with some having 'take-home' rations for girls and for orphans; school feeding interventions at boarding schools; community safety net interventions; school gardens; and support for the development of an OVC policy. The World Bank is actively involved in the education sector in Mozambique: its activities include an element of 'Direct Support to Schools', which aims to improve the quality of schooling.   In 2005, the World Bank has been collaborating with local schools to pilot an orphan component to the intervention – which will take the form of a 'Capitation Grant'. The participating schools receive money to improve their facilities conditioned on the number of orphans attending the schools. The aim is to encourage schools to actively identify and encourage orphans to attend their schools, thus increasing orphan enrolment.

NAMIBIA	
GER (primary) 2002/3	105
GER (secondary) 2002/3	62
Free primary education?	Yes
EFA Dev Index (1 = EFA achieved)	0.877
Expenditure on education as % of GNP 2002/3	8.7%

Source: UNESCO Institute of Statistics

Significant progress has been made in Namibia with policies and interventions to deal with HIV and AIDS and OVC. An OVC policy was adopted in 2004, an HIV and AIDS and education policy was approved in 2003 and a national OVC trust was established in 2003 to deal with OVC that do not receive any other forms of support. In 2001, National Policy Options for Educationally Marginalised Children was developed in recognition that special efforts were needed in order to achieve universal access to education.

A new ESSP, which provides a 15-year road map for the support of the education sector, has recently been launched. Its national action plan on 'Education for All' is noted as a 'priority among other priorities'.

There are 544 550 learners in the education system and it has been estimated that 95% of eligible learners receive education. From statistics and reports it is evident that in Namibian primary schools retention is a greater problem than enrolment.

A number of interventions exist to assist learners: school feeding; contributions towards school development funds; counsellors at regional level to support learners; support for OVC care givers (UNICEF funded, targeting 80 000 OVC); and a Basic Education Support Programme targeting 30 000 children and 1 620 schools. There are other, innovative and smaller interventions in place, such as the Circles of Support intervention that builds the capacity of School Governing Boards to become involved in OVC support. Namibia also has a grant system in place –the Ministry of Gender Equality and Child Welfare provides grants to 28 187 children and 16 653 households.

Source: UNESCO Institute of Statistics

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RWANDA

GER (primary) 2002/3	122
GER (secondary) 2002/3	16
Free primary education?	No
EFA Dev Index (1 = EFA achieved)	0.709
Expenditure on education as % of GNP 2000/1	2.8%

In Rwanda, the HIV prevalence – at 5.1% – is fairly low compared with the other countries in the review. There is an ESSP in Rwanda. All other interventions included in the inventory focus on providing support to children and communities affected by AIDS. There are no other specific initiatives to keep children in school. This perceived lack of focus on EMC and education is also evident in the fact that the National AIDS Commission of Rwanda does not have an officer tasked with impact mitigation.

SWAZILAND

GER (primary) 2002/3	98
GER (secondary) 2002/3	45
Free primary education?	Yes
EFA Index (1 = EFA achieved)	0.839
Expenditure on education as % of GNP 2002/3	6.8%

Source: UNESCO Institute of Statistics

Swaziland, a small country with just over 1 million persons, has the highest HIV prevalence rate in the world. His Majesty the King established an E16 million fund to pay school and other fees for OVC in 2003. An additional E4 million was subsequently added to this fund by the National Response Council on HIV and AIDS (NERCHA).

In 2004 and 2005 the Ministry of Education (MoE) announced that all OVC were to be admitted to school regardless of ability to pay. While the MoE has made these statements, there is as yet no official Cabinet approved policy (although this is apparently being developed). Also, while Swaziland undertook one of the first assessments of the impact of HIV and AIDS on the education sector, there is no policy on HIV and AIDS for the education sector, and thus no implementation strategy.

In 2003 some 26 000 children, defined as OVC, were admitted to the school system, with their fees paid via the MoE. This is the largest single effort to assist OVC in Swaziland and continued in 2004 and 2005, although the number assisted is not known. The RAAAP report makes the point that these initiatives enabled in-school orphans to remain there, but did not adequately address the issues of the children who had already dropped out or never enrolled.

The Community Education for All Initiative led by UNICEF, with WFP, FAO and SC, has provided grants to schools, meals to pupils, farming opportunities and water and sanitation services in selected schools. In 44 schools across two Regions, this enabled regular attendance by over 7 000 OVC out of

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an enrolment of 18 000 pupils in those schools, including more than 3 000 out-of-school children to be brought back into the education system.

TANZANIA	
GER (primary) 2004/5	97
GER (secondary)	Not Avail
Free primary education?	Yes
EFA Index (1 = EFA achieved)	0.741
Expenditure on education as % of GNP 1998/9	2.2%

Source: UNESCO Institute of Statistics

Tanzania has an interesting education history. After independence, the country nationalised all schools and abolished school fees. School fees were reintroduced in 1984, and re-abolished in 2003, in light of the Poverty Relief Strategy Policy.

An innovative intervention in Tanzania, the Community Education Fund (CEF), which was first viewed with some scepticism, "has now expanded four times beyond its original target and is emerging as a viable solution to the issues of funding, improving primary education and increasing community involvement" (Markov and Nellemann, 2001). The CEF, which is a grant matching project that provides grants to schools for school development on condition that the grants are match by community contributions, has reached over 1 635 schools across 16 districts and more than 570 000 children.

Faith-based organisations are very involved in education provision in Tanzania. They typically provide small grants that target a limited number of vulnerable children. Except for the Community Education Fund, all other interventions on the inventory in Tanzania are integrated, household level interventions.

UGANDA	
GER (primary) 2002/3	92
GER (secondary) 2002/3	33
Free primary education?	Yes
EFA Index (1 = EFA achieved)	Not Avail
Expenditure on education as % of GNP 2002/3	7.1%

Source: UNESCO Institute of Statistics

In Uganda, TASO (The AIDS Support Organisation) is the only organisation that submitted information. It is an integrated organisation that provides services to HIV infected and HIV affected individuals and households. They provide bursaries to students as their main mechanism of supporting OVC affected by AIDS.

ZAMBIA	
GER (primary) 2002/3	82
GER (secondary) 2002/3	28
Free primary education?	Yes
EFA Index (1 = EFA achieved)	0.773
Expenditure on education as % of GNP 2002/3	2.1%

Source: UNESCO Institute of Statistics

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It is estimated that in 2003 there were 1.1 million orphans under 18 years in Zambia (15% of all children), and in 1996 it was estimated that there were 75 000 street children. Free education for Grades 1 to 7 was introduced in 2002. Under this policy no pupil in grades 1 – 7 would have to pay any user fees, including PTA fees. School uniforms also ceased to be compulsory and it is the responsibility of the schools to provide the basic requisites for pupils.

From 1999 onwards, there were a number of initiatives to support OVC: New guidelines for Public Welfare Assistance were published in 1999; a Memorandum of Agreement on community schools between the Ministry of Education and the Zambia Community Schools Secretariat was signed: the National Committee for OVC and a sector-wide strategic plan for education were both launched in 2001.

The government's Poverty Reduction Strategy Paper and a five year education strategic plan were adopted in 2002. In 2003, the Ministry of Sport, Youth and Child Development drafted a National Child Policy, which is not yet finalised. In 2005 a strategic framework for EFA implementation was finalised and an HIV and AIDS Policy for Education was adopted

UNICEF and the WFP are involved in a primary education intervention that reaches 3 970 primary and community schools and 140 000 children. WFP supports the school feeding component and UNICEF supports other components. Community schools are an important aspect of education in Zambia, but there have been concerns about the quality of education in these schools. Zambia is also one of the only countries in this review that had a national social protection intervention in the education sector that was not school feeding and that was not part of an ESSP. The InterActive Radio Instruction Programme reaches 46 000 learners and is a very innovative way of bringing education to all learners whilst still controlling the content, quality and pace of learning.

There are also other large OVC and street children support interventions (one such intervention supports just over 400 children through a Safety Net fund, whilst another targets 70 000 urban children and 72 000 households).

ZIMBABWE	
GER (primary) 2003/4	93
GER (secondary) 2003/4	36
Free primary education?	No
EFA Index (1 = EFA achieved)	0.847
Expenditure on education as % of GNP 2000/1	4.9%

Source: UNESCO Institute of Statistics

It was estimated that, in 2004, approximately 760 000 children in Zimbabwe had lost one or both parents to HIV and AIDS. Projections suggest that by the year 2005, there will be approximately 1.1 million OVC due to AIDS[16]. With the ever-increasing desperate poverty in the country, the number of vulnerable children who urgently require assistance continues to rise.

Although the literacy rate in 2002 was high (93.8% for males aged 15 years and over and 86.3% for females aged 15 years and over)[17] there are concerns that this may drop as a result of increasing numbers of children leaving school prematurely. For example, while primary school completion rates were 92% of the age group in 1999, this had dropped to 81% by 2002. In response to this growing problem, a number of initiatives targeting OVC have been initiated.

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[16] MOESC. (June 2004) *National Plan Of Action For Orphans And Other Vulnerable Children*. Harare: Government of Zimbabwe
[17] World Bank.(April 2005), World Development Indicators Database

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