Ensuring Education Access for Orphans and Vulnerable Children

A Planners' Handbook

2nd Edition, 2006

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Acknowledgements

The aim of this handbook is to enable members of the education and other sectors to learn more about the access to education of orphans and vulnerable children. As well as enabling users to learn more, the handbook also aims to help moves towards the creation of a co-ordinated, collaborative inter-sectoral response to the challenges faced.

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The key team in developing this second edition is:

For further information, please visit
http://www.child-development.org
http://www.worldbank.org/education/schoolhealth
or email
pcd01@imperial.ac.uk; eservice@worldbank.org

HIV/AIDS and EDUCATION
Accelerating the Education Sector Response to
HIV/AIDS workshops

KEY THEMES: PLAN... PREVENTION - ORPHANS AND VULNERABLE ... POLITIQUES DU LIEU DE TRAVAIL ... PRÉVENTION - ORPHELINS ET EN... ...ATION ET MITIGATION - PRÉVENTION

West Africa Sub-regional meeting for Francophone countries in Saly, Senegal, in November, 2004

Atelier sous-régional pour les pays francophones de l'Afrique de l'Ouest à Saly, Sénégal, en Novembre, 2004

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Nigeria Federal and Inter-state Meeting in Abuja and Ondo, Nigeria in June 2003

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For further information, please visit
http://www.child-development.org
http://www.worldbank.org/education/schoolhealth
or email
pcd01@imperial.ac.uk; eservice@worldbank.org

Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CABA	Children affected by HIV/AIDS
CBO	Community based organization
DfID	Department for International Development
DHS	Demographic and Health Survey
Ed SIDA/AIDS	Education and HIV/AIDS
EFA	Education for All
EMIS	Education Management Information System
FBO	Faith based organization
HIV	Human immunodeficiency virus
LMS	Living Condition Monitoring Survey
MAP	Multicountry HIV/AIDS Program (for Africa)
MICS	Multi-indicator Cluster Surveys
MoE	Ministry of Education
MVC	Most Vulnerable Children
NGO	Non- governmental organization
OVC	Orphans and Vulnerable Children
PRSCs	Poverty Reduction Support Credits
U.N.	United Nations
UNICEF	United Nations Children's Fund
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGASS	United Nations General Assembly Special Session
USAID	United Nations Agency for International Development
WHO	World Health Organization

Introduction

Orphans and Vulnerable Children

Orphans and vulnerable children remain a pressing challenge for many countries. By the end of 2003, it was estimated that there were 143 million orphans aged 0-17 years old in 93 countries of sub-Saharan Africa, Asia, Latin America and the Caribbean Of the 143 million orphans in the 3 Regions, just under 90% are aged 6-17 years; they are school-aged children[1]. Many millions of other children can be described as "vulnerable". There are many reasons for this situation. The majority are caused by conflict, disease and accidents. However, in recent times, a new and significant cause of the increase in orphans and vulnerable children has been the impact of the HIV/AIDS pandemic.

In sub-Saharan Africa, where HIV has hit hardest, both the percentage of children (12.3%) who are orphans and the absolute number of children (43 million) who are orphans are rising dramatically. Absolute numbers have increased by more than one-third since 1990. In Asia (7.3% of all children) and in Latin America and the Caribbean (6.3% of all children), the lesser impact of HIV means that the number of orphans has dropped by around 10% since 1990. Even then, due to its large population size, Asia has almost twice as many orphans as sub-Saharan Africa.

Orphans, Vulnerable Children and Education

Orphans and vulnerable children have many different needs; for love, security, attention, health, shelter, nutrition and many others. One of the most important needs that orphans have is education. Education is a basic human right for all children, as recognized in the Convention on the Rights of the Child. A child who has access to quality primary schooling has a better chance in life. A child who knows how to read, write and do basic arithmetic has a solid foundation for continued learning throughout life. Education is critically important to children's social integration and psychosocial well-being. School attendance helps children affected by trauma to regain a sense of normalcy and to recover from the psychosocial impacts of their experiences and disrupted lives. As well as benefiting individuals, education benefits whole nations. It is a major instrument for social and economic development. Particularly at the basic level (primary and lower secondary), it is a major contributor to the reduction of

poverty. It increases the productivity of labor, reduces fertility, improves health, and enables people to participate fully in the economy and the development of their societies. In the world today, both a child and a nation that are not educated are disadvantaged in terms of income, health and opportunity.

Even in communities worst affected by HIV, the overwhelming majority of school aged children are uninfected with the virus. As a result they have been called the *"Window of Hope"* in the face of the pandemic[2]. Through education, the *'Social Vaccine against HIV',* school aged children can be enabled to remain free of the infection. Orphans and vulnerable children stand in particular need of such an intervention. For as well as having in many cases arisen as a result of the HIV pandemic, they are amongst the children most in danger of becoming infected with the virus due to economic hardship, reduced parental care and protection and increased susceptibility to abuse and exploitation[3].

Orphans, Vulnerable Children and Education for All

In recent years, the enormous importance of education has been confirmed by governments around the world through their commitment to the Millennium Development Goals and the goals of "Education for All" (EFA).

Education has an enormous contribution to make to the achievement of the other Millennium Development Goals. The first two goals of the Dakar Framework for Action for Education for All refer directly to the education of orphans and vulnerable children:

(i) Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children;
(ii) Ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to complete free and compulsory primary education of good quality;

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[1] UNAIDS/UNICEF/USAID (2004)
[2] World Bank (2002)
[3] FHI (2001)

An inter-sectoral challenge

If the education sector is to meet the EFA and Millennium Development Goals of governments, orphans and vulnerable children must be enabled to access education. This presents some very particular challenges, for while the education sector bears direct responsibility for some of the factors that prevent orphans and vulnerable children from accessing education, others fall beyond its remit. (For example, one barrier to education, the need to pay school fees, is clearly the responsibility of the education sector. Another barrier, lack of secure shelter, is not). For this reason, efforts to enable orphans and vulnerable children to access education must of necessity be inter-sectoral.

A difficult challenge?

Sometimes, the inter-sectoral nature of the challenges surrounding enabling access to education for orphans and vulnerable children can lead members of the education sector to view matters as "someone else's problem". Such a perspective is likely to result in the inability of the education sector to meet one of its most important goals, EFA. The education of orphans and vulnerable children demands that the education sector engage in "win/win" thinking, where by working together and engaging in effective communication, collaboration and co-ordination, all sectors can meet and achieve their own particular goals - be they Education for All, Health for All, Shelter for All etc.

EFA seeks to enable 100% of children to access education. Within that 100%, the ease of enabling access will vary considerably. For perhaps 60% of a nation's children, enabling access is often very easy. For the next 30% of children, enabling access becomes more difficult – more barriers have to be removed and more inducements offered for them to take up education. The final 10% of children to be recruited for EFA are usually the most difficult to bring into and retain in education. Members of this last group are usually amongst the poor, the disadvantaged, the alienated, the uncared for. In many countries, orphans and vulnerable children will constitute many of the members of this group. For this reason, it should be appreciated that enabling access to education for orphans and vulnerable children presents the education sector with one of its biggest challenges. This is however a challenge that the sector must meet if it is to meet both its own goals and also to reach out to those who are most in need.

Using this handbook

The aim of this handbook is to enable members of the education and other sectors to learn more about the access to education of orphans and vulnerable children. As well as enabling users to learn more, the handbook also aims to help moves towards the creation of a co-ordinated, collaborative inter-sectoral response to the challenges faced.

The handbook contains eight sections. Sections one to seven enable users to examine different issues relating to the education of orphans and vulnerable children in their country. These sections can either be used sequentially or as "stand alone" resources for discussion and thought. Section eight contains a sample "response template" that enables users to identify key aspects of responses to priority issues identified.

In more detail, the sections of the handbook are as follows:

Section One: Defining Orphans and Vulnerable Children. *This section enables users to engage with questions such as who is an orphan? Who is a vulnerable child? What impact do definitions have on planning? What other concepts might help and enable effective planning?*

Section Two: Estimating the numbers of orphans and vulnerable children. *This section enables users to learn more about different ways of estimating numbers of orphans and vulnerable children, their benefits, limitations and implications.*

Section Three: The impact of being orphaned or made vulnerable on education. *This section enables consideration of the ways in which being orphaned or made vulnerable affects children's ability to access education. The question is examined both through the viewpoint of providers (schools) and users (children).*

Section Four: The particular impact of HIV. *HIV is a major determinant of patterns of orphaning in some countries and presents certain particular concerns for orphan and vulnerable child programming. The impact of HIV related illness and HIV related death is examined .*

Section Five: The policy environment. *The ability of the education and other sectors to act effectively and appropriately is largely determined by policy. In this section users are enabled to think more about the policy environment in which they work and to identify its opportunities, gaps and weaknesses.*

Section Six: Programming and the need for inter-sectoral collaboration. *Many different interventions can be implemented that enable access to education. Inter-sectoral collaboration and co-ordination is vital to efforts to enable orphans and vulnerable children to access education. In this section users are invited to consider different interventions, the identities, roles and responsibilities of different partners that implement them and institutional frameworks that support them.*

Section Seven: Monitoring. *Effective monitoring is fundamental to effective planning, budgeting and policy formation. In this section, existing monitoring efforts are examined and data needs discussed.*

Section Eight: Next steps. *In this section, users are invited to turn the necessary actions identified in each of the preceding sections into a unified action plan that will guide efforts towards a more effective response to the educational needs of orphans and vulnerable children.*

Turning discussion into action

This handbook aims to operate as a useful guide for discussions about enabling orphans and vulnerable children to access education. Throughout its pages, a number of prompt questions are included that facilitate users' discussion of their current position and activities.

As well as encouraging discussion, the handbook seeks to enable action to happen. To enable this, at the end of each section, users are asked to identify and prioritise key issues that must be addressed if orphans and vulnerable children are to be enabled to access education. Section eight then contains "response templates" that enable users to build plans that will address the issues identified.

Identifying issues

Different countries and localities are likely to encounter a wide range of differing priority issues with respect to these topics. At the end of the section, users of the handbook are encouraged to discuss what these issues might be and then to write them into the priority issues table provided. For example, section one of the handbook examines issues to do with defining orphans and vulnerable children. Key issues identified at the end of the section might look something like this:

Defining Orphans and Vulnerable Children
Issues identified
- Lack of national/local mechanisms for identifying the most vulnerable children   - Programs target assistance purely on the basis of whether children are "orphans" or not – irrespective of whether they are the children most in need.

Prioritising issues

It is unlikely that any group of people or authority charged with enabling orphans and vulnerable children to access will be able to address all the issues that can be identified. There is a need to prioritise. At the end of each section, the issues identified should be ranked from most important to least important. The most important issue will then be used to enable the building of a response plan in section eight of the handbook.

Building a response plan

The aim of identifying priority issues is to ensure that they are addressed. Once the most pressing issues have been identified these should be used in section eight of the handbook that helps users build response plans. An example of the way a response plan can be built in response to a priority issue is given below:

Priority issue: lack of effective mechanisms identifying the most vulnerable children

Logical framework

Objective:		
To enable the most vulnerable children in the country to be identified so that assistance can be targeted towards them		
Outcomes:		
1. National definitions of vulnerable children are formulated.		
2. Locally appropriate means of adapting national definitions to local circumstances are identified		
Activities needed	**Partners responsible**	**Time Line**
1. National dialogue to produce national definition of vulnerable children	1. MoE, Social welfare etc	July
2. National pattern developed for local identification of most vulnerable children	2. MoE, Social welfare etc	July
3. Local implementation of identification of most vulnerable children	3. District authorities, village governments etc	Sep for two years
Inputs		
1. National workshop to establish national definitions and develop national pattern for local identification		
2. Local meetings to identify most vulnerable children		

Section 1a: Defining Orphans and Vulnerable Children

Introduction

The aim of this section is to enable users to consider:

- *Who is an orphan?*
- *Who is a vulnerable child?*
- *Why do definitions matter?*
- *What impact do definitions have on planning?*

Who is an orphan?

"Children on the Brink 2004 - A Joint Report of New Orphan Estimates and a Framework for Action" published by UNAIDS, UNICEF and USAID defines different categories of orphans in the following ways:

Maternal orphans are children under age 18 whose mothers, and perhaps fathers, have died (also included within double orphans).

Paternal orphans are children under age 18 whose fathers, and perhaps mothers, have died (also included within double orphans).

Double orphans are children under 18 whose mothers and fathers have died.

Who is a vulnerable child?

Defining who is, and who is not, a vulnerable child is much less simple than defining who is an orphan. Definitions of vulnerability are likely to differ from country to country and culture to culture.

Vulnerable means "able to be damaged". Therefore, all children may be vulnerable to some extent. A seven year old girl, for example is vulnerable because she needs the protection and care of an adult for food, warmth, shelter, access to services and love. However in programmatic terms she may or may not be said to be vulnerable. If she is well cared for and her needs are met, she would not be said to be vulnerable. If her needs are not being met, she would be. When we speak of "vulnerable

children" we need to analyse a bit further. We need to add the concept of "at risk" and "in need".

At risk means that there is an increased likelihood that the child will be damaged.

In need means that some intervention is required in order to prevent the child from being damaged.

A Vulnerable Child = intrinsically vulnerable (e.g. a young child) + *at risk + in need.*

What might this mean in practice?

A seven year old girl's mother has HIV. Her father has already died of AIDS. The girl is, by the definitions above, a paternal orphan and *at risk* of becoming a double orphan. The mother becomes sick and is less and less able to provide for her daughter who becomes increasingly hungry. She is in *need*.   Only *an intervention* can prevent increasing damage (i.e. malnutrition) to the child. The intervention would probably be care from another, older person. This child is by definition *in need* and is *vulnerable.* Programmatically she is defined as a Vulnerable Child.

As a counter-example, consider a seven year old girl whose parents both died together in an accident. The child is a double orphan. However, the mother's sister, who lives in the neighbouring town and has a well paid job, takes the child and cares for her as if she was her own daughter. This is an orphan who is neither *at risk* nor *in need*, even though she is a double orphan. She is *not* a Vulnerable Child.

When defined in this way it can be seen that not all children, and not even all orphans can be said to be vulnerable. Thinking about vulnerability has led members of government in some countries such as Tanzania and Nigeria to cease to speak about "orphans and vulnerable children" ("OVC") and to use instead the term "Most Vulnerable Children" ("MVC").

Question: Name some examples of groups of children who could be said to be vulnerable.

Why do definitions matter?

The need to define orphans and vulnerable children is no mere statistical exercise. If programs to enable orphans and vulnerable children to access education are to be planned and monitored effectively it is essential for educational planners to:

- understand how different experiences of being orphaned affect education
- understand how trends in the numbers of different kinds of orphans will affect education

In Zimbabwe

- Paternal orphans were <u>more likely</u> to go to school than other children
- Maternal orphans were <u>less likely</u> to go to school than other children
- Double orphans were <u>more likely</u> to go to school than other children

Demographers have suggested that sustained high levels of primary school completion amongst paternal and double orphans--particularly for girls--result from increased residence in female-headed households and greater access to external resources. Low primary school completion amongst maternal orphans results from lack of support from fathers and stepmothers and ineligibility for welfare assistance due to residence in higher socio-economic status households.

In some other cultures, e.g. parts of Nigeria, the effects of paternal orphaning are much greater than those of maternal orphaning. This is because there is a tradition of polygamy and the family is not completely broken by the death of one of the wives. It is expected that the father's children will be cared for by another wife. The death of the father, on the other hand, is the end of that family as a unit, although the father's brother may take over to some extent. But in other parts of Nigeria it is the mother who is the pivot of the family, and her loss will be correspondingly catastrophic.

Question: Do maternal, paternal and double orphans experience different educational outcomes in your country?

What impact do definitions have on planning?

Use of definitions in planning is fraught with difficulties. For example if financial assistance for education is given on the basis of being an orphan, monies will be received by some orphans who are very poor but also by others who are not, in reality, vulnerable. At the same time, other children who are vulnerable, but not orphans, will miss out. For this reason, effective programs ensure that targeting does not occur by simple definitions made at the central level. Much stronger are programs that enable local communities to define vulnerability by the criteria given above. An example of this is Tanzania's "Most Vulnerable Child Program" that is described in the World Bank "Sourcebook of Programs that Enable Orphans and Vulnerable Children to Access Education". Such efforts also have the benefit of lending themselves to accurate and effective surveying and monitoring (see section seven).

Question: *How is assistance targeted to orphans and vulnerable children in your country?*

Identifying the issues

Consider the discussions you've had in response to the questions asked in this section. What were the most important issues you identified in your country with respect to identifying the most vulnerable children and targeting assistance to them?

Write out the issues you have identified in the table below:

Defining Orphans and Vulnerable Children
Issues identified

Prioritising the issues

Rank the issues you have identified in terms of their importance starting with 1= most important. Once you have done this, write the most important issue you have identified in the first table of section eight.

Further information relating to the definition of orphans and vulnerable children can be found in the next section.

Section 1b: Defining Orphans and Vulnerable Children: Further Reading

Who is an orphan?

The term "orphan" is used and understood differently by different people. Some cultures regard an orphan as a child who has lost both parents. Others consider an orphan to be a child who has lost one parent. The *Oxford English Dictionary* (1992) defines an orphan as "a child bereaved of a parent or *usually* both parents."

Children on the Brink (2004) uses a number of definitions for orphans; depending on which parent has been lost. It refers to paternal, maternal, or double orphans. *Paternal orphans* are defined as children younger than 18 whose fathers, and perhaps mothers, have died (also included within double orphans). *Maternal orphans* are defined as children younger than 18 whose mothers, and perhaps fathers, have died (also included within double orphans). *Double orphans* are children under 18 whose mothers and father have died. *Total orphans* are children under 18 whose mothers or father (or both) have died. The total number of orphans is equal to the sum of maternal orphans and paternal orphans minus double orphans (because they are counted in both the maternal and paternal categories).

Children on the Brink (2004) suggests that the term "AIDS orphan" should be avoided because it may contribute to inappropriate categorization and stigmatization of children. Instead it uses terms such as "orphans due to AIDS" or "children orphaned by AIDS". The phrase "children affected by HIV/AIDS" refers to orphans and other children made vulnerable by HIV/AIDS. The publication also avoids using acronyms such as "OVC" (for "orphans and vulnerable children") and "CABA" (for "children affected by HIV/AIDS"). Experience has shown that such jargon eventually becomes used at the community level to identify particular children. When asked what they prefer to be called, children have said, "Just call us children".

Whether paternal orphans should be included in the definition is the subject of controversy. Some have argued against it saying the result would be an overestimation of the numbers of children orphaned. These people assert that some fathers abandon their children or are absent from their children's life and might be considered dead and their children reported as orphans. Those who counter that paternal orphans should be included in the definition say that excluding these orphans results in an underestimation of the number of children orphaned (Foster and Williamson 2000).

Commonly used definitions of orphans have three fundamental problems. The first is that when a child loses its mother and is termed an orphan, there is a risk that the father will abdicate his responsibilities to the child, especially in situations where there is a possibility of social assistance being provided to orphans. The second problem is that a father's death can be as tragic for the child as the death of a mother. In cultures where the father's income makes up a large share of the household income; the loss of a father is tantamount to economic death for the family: The children have lesser chances of going to school than if the mother had died because the income of the mother might not be adequate to sponsor the children. However one should not lose sight of the fact that women household heads are becoming an increasing phenomenon in many African countries and so in some instances, maternal orphanhood is just as likely to cause hardship as the paternal one. The third problem is the fact that it may give the father's relatives incentives to claim responsibility for the child in an effort to access social assistance programs.

Why are there variations in the reported numbers of orphans by different authors/organizations?

Problems involved in defining an orphan make consequent predictions of the number of orphans difficult to interpret. Numbers of orphans reported by different authors/organizations/institutions can vary widely. Why is it so? Box 1.1 highlights the reasons for some of the discrepancies in the data:

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┌─────────────────────────────────────────────┐
│ ╔═══════════════════════════════════════════╗ │
│ ║ BOX 1.1: Why do estimates of numbers of   ║ │
│ ║ children orphaned differ so widely?       ║ │
│ ╚═══════════════════════════════════════════╝ │
│                                               │
│        A.  Definitions of children orphaned   │
│            differ                             │
│        1.  Some include orphans of all causes.│
│        2.  The age range used differs.        │
│        3.  Some are cumulative, others are    │
│            cross-sectional.                   │
│        4.  Some refer only to children        │
│            orphaned by AIDS, others refer to  │
│            children orphaned by any cause.    │
│        B.  Different methodologies are used   │
│            to project future levels.          │
│        1.  Different estimates are used for   │
│            current levels of HIV prevalence.  │
│        2.  Different assumptions are made      │
│            about the incubation period.       │
│        3.  Prenatal HIV transmission rates    │
│            differ.                            │
│        4.  Estimates for total and age-specific│
│            fertility rates                    │
│        5.  Different estimation of the impact │
│            of AIDS on the mortality of        │
│            childbearing women                 │
│        C.  Others                             │
│        1.   Discrepancies in reporting AIDS   │
│            deaths                             │
│        2.   Stigma attached to HIV/AIDS       │
│                                               │
└─────────────────────────────────────────────┘
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The variation reflects the different definitions used by different authors. As mentioned earlier, some estimates refer to children who have lost a father, a mother, or both parents (Hunter and Williamson 2000). Others refer only to children who have lost a mother or both parents, excluding children who have lost only their fathers (UNAIDS/UNICEF 1999). The more inclusive the definition, the higher the numbers of children orphaned by AIDS; the more exclusive, the lower the numbers.

For estimates of children orphaned by AIDS, discrepancies also arise in reporting of AIDS deaths. Many cases are not reported as such, either because the underlying cause of death is misclassified, or not understood; the latter may be especially true in situations where it is assumed that the sickness is as a result of witchcraft or a cultural phenomenon. Secondly, the stigma associated with reporting a death as being due to AIDS and the considerable proportion of cases that are not notified through formal medical channels, will lead to an underestimation of cases and thus predicted orphans. In addition, some of the data are cumulative estimates, others are cross-sectional in nature.

Most of the projections of children orphaned by AIDS are based on mathematical models (Gregson, Garnett, and Anderson 1994). Estimates vary because of the differences in parameters used, such as fertility, HIV prevalence, incubation periods, or survival period (Bongaarts 1995; Hunter and Williamson 2000, 2000a).

In general, there are considerable difficulties in collecting reliable data on children orphaned by AIDS, and most of the studies tell readers very little about the enumeration methods used (Dunn, A., S. Hunter, C. Nabongo, et al. 1991). There is always a risk of either under- or over-enumeration, depending on the stated objective of the enumeration. Because of stigma attached to being an 'AIDS orphan' in most communities, many people would not like to be counted as belonging to this group. But when the end point is an intervention that will be of benefit to the child orphaned by AIDS or to their family, people tend to want to be counted among this group. Opportunistic behavior has even been known to occur, which raises the possibility of over-enumeration because people who are not orphans suddenly "become" orphans with the hope of gaining something.

Who is a vulnerable child?

The possibility that a child will be in difficult circumstances is increasing in Africa, especially as the number of risk situations increase (Subbarao et al 2001). Vulnerable children are those who belong to high-risk groups who lack access to basic social amenities or facilities. The main sources of vulnerability include HIV/AIDS and conflict. HIV/AIDS has increased the group of vulnerable children which tends to include orphans of all causes including children orphaned by AIDS, children infected with HIV, pre-orphans caring for terminally sick parents with AIDS, children in households fostering orphans, and children with disabilities. Also included are the internationally recognized categories of street children, children exposed to strenuous labor, children engaged in sex trafficking, commercial sex work and children affected by armed conflict (Subbarao et al 2001). These last categories are vulnerable and severely disadvantaged.

It has been observed in Haiti that children move in and out of various groups of vulnerability as their life circumstances change (Family Health International/IMPACT 2000). Orphanhood imposes a heavy burden on the children orphaned by AIDS themselves, but not all children orphaned by AIDS are needy or poor (Ainsworth and Filmer 2002). In developing countries there are many children who are not orphans but are equally needy or vulnerable.

As the AIDS pandemic progresses, the number of children who will be placed in vulnerable situations, either through employment or exposure to risky environments, will invariably increase. Understanding how best to reach these groups is vital.

Two groups of vulnerable children have been discussed in detail in Subbarao, Mattimore, and Plangemann (2001): street children and children exposed to strenuous labor (child laborers). Many of these children are orphans as the following examples highlight:

According to Subbarao et al. (2001), there are about 1 million street children in sub-Saharan Africa. They are mostly found in conflict or in post-conflict areas. In three urban districts of Zambia it was found that the majority of street children were orphans; 37% of children had lost one parent, 19% had lost both parents and a further 2% did not know where their parents were (n=2694) (ILO, 1999). The same study found that the majority of children in prostitution in Uganda were orphans; 36% had lost one parent and 29% had lost both.

Child laborers are children of school age who have to work to earn an income for themselves or for their families (Andvig, J.S 2000) and child labor in general is widespread in countries with high levels of poverty and high rates of unemployment. They often substitute for or supplement their parents, who may be incapable of providing for their basic needs. A rapid assessment survey in Addis Ababa, Ethiopia found that the majority of child domestic workers were orphans; 50% of children had lost one parent, and 23% had lost both (n=100) (Kifle, 2002).

How do you identify a 'vulnerable child'?

Difficulties arise when deciding how to identify a child 'at risk'. The aggregate number of children in the child labor markets in Sub-Saharan Africa is not known precisely and it is difficult to get an accurate count of children involved in child labor, as the definition often varies from country to country. A step forward has been the use of the UNICEF multi-indicator cluster (MICS) surveys (UNICEF, 2001), health and demographic surveys, and focused surveys by UNICEF and other agencies. They can identify risk in terms of malnutrition, nutrition, morbidity, death and loss of education. The MICS surveys asked about the nature of work and time spent working by children in different countries, both in informal markets such as in the home place and family businesses, and also in formal employment. Preliminary analysis shows that in more than 30 countries (covering 35% of the developing world population), close to 20% of boys and girls age between 5-14 years of age work. The figures for sub-Saharan Africa are predicted to be almost double this, with 41%

of children under the age of 14 estimated to be in the labor force (Subbarao et al. 2001).

The type of child labor that is most widespread in sub-Saharan Africa is domestic labor. Its magnitude is also difficult to gauge because in most cases it is not wage-based, it is informal, and it has cultural explanations. For instance, in most countries, people in rural areas "foster" their children to relatives or friends who are better off and may live in urban areas. In most of these cases, the children are sent to relatives who are closer to schools or have access to better quality schools. In return for being accepted into these households, the children have to do domestic work there while going to school. It is also worth stressing here that a lot of children who are not orphans do domestic labor alongside their parent(s). In some cases children, especially in rural schools, do duties such as landscaping, cleaning and other school chores normally done by employed staff in urban schools.

Vulnerable children have suffered and continue to suffer considerable hardship.   The challenge is to prevent this hardship escalating from an accumulation of stressful events, and to enhance the capacities of families and communities to respond to the needs of children; to make them have a sense of hope for the future, a sense of continuity and connectedness in a way that links with their economic, spiritual, health and other needs.

Section 2a: Estimating the numbers of orphans and vulnerable children.

Introduction

This aim of this section is to enable users to learn more about:

- *The implications of estimating numbers of orphans and vulnerable children for planning*
- *Different methods of estimating numbers*
- *The limitations of the different methods used*

Why make estimates?

Estimation of the numbers of orphans and vulnerable children is essential to the formulation of effective policy, planning and budgeting for their education. In the absence of good estimates, policy makers and planners are operating "in the dark" unable to comprehend the magnitude of children's needs, the resources needed to address them and the impact that programs have upon them.

Question: What methods do you use to estimate numbers of orphans and vulnerable children for the purposes of planning, budgeting and policy making?

Different methods of estimating numbers

Most estimates of the numbers of orphans and vulnerable children are made using one of two different methods:

- Household surveys
- Mathematical model

Household Surveys

The best known, and amongst the most comprehensive, international approaches to the conduct of household surveys are the Demographic and Health Surveys (DHS)

which are published for different countries. More information about DHS can be found on the DHS website:

http://www.measuredhs.com/aboutsurveys/dhs_surveys.cfm.

Demographic and Health Surveys (DHS) are nationally-representative household surveys with large sample sizes (usually between 5,000 and 30,000 households). DHS surveys provide data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition. Typically, DHS surveys are conducted every 5 years, to allow comparisons over time. Standard DHS surveys consist of a household questionnaire and a women's questionnaire. A nationally representative sample of women age 15–49 is interviewed.

The household questionnaire collects data about every usual member of the household and visitors. Information is collected about age, sex, relationship to the head of the household, education, and parental survivorship and residence. The household questionnaire also collects information about household characteristics e.g drinking water, toilet facilities etc. and also about women's and young children's nutritional status and anemia. The survey's women's questionnaire contains information on topics including background characteristics of women e.g. age, marital status etc, reproductive behavior and intentions, contraception, antenatal, delivery, and postpartum care, children's health, AIDS and other sexually transmitted infections and other topics.

DHS surveys provide excellent retrospective data about orphans and vulnerable children in a country. They do not provide estimates of what will happen in the future and they contain only limited information about vulnerable children – data is limited to information about malnutrition, nutrition, morbidity, death and loss of education.

A step forward with respect to understanding more about vulnerable children has been the use of the UNICEF multi-indicator cluster (MICS) surveys (UNICEF, 2001), MICS surveys provide additional information such as about the nature of work and time spent working by children both in informal markets such as in the home place and family businesses, and also in formal employment.   Analyses by MICS surveys have shows that in more than 30 countries (covering 35% of the developing world population), close to 20% of boys and girls age between 5-14 years of age work. The figures for sub-Saharan Africa are predicted to be almost double this, with 41% of children under the age of 14 estimated to be in the labor force (Subbarao et al. 2001).

Mathematical modelling

Mathematical models are sets of equations that can use different facts and figures to estimate (as accurately as possible) the numbers of orphans at different times. The facts and figures are entered into the model. Models contain basic information about the country or area for which the estimates are to be made and also contain information about different factors that might increase, or decrease the numbers of orphans.

For example:

An item of basic information about the country that would be included in the model would be the *population of women of child bearing age.*

A factor that might make the numbers of orphans increase would be *HIV infection* (which causes parents to die).

A factor that might make the numbers of orphans decrease would be *the availability of ARVs* (which help parents to live for longer)

Question: ***Can you think of other kinds of basic information about your country that might be used in a model. Can you think of factors that make numbers of orphans increase/decrease?***

The next step in creating the model is to think about how the different parameters affect each other. Orphans arise due to long chains of cause and effect. A diagram showing how different parameters in a model interact to produce the numbers of orphans is given below. Diagrams like this can be translated into equations and can be thought of as pictures of models.
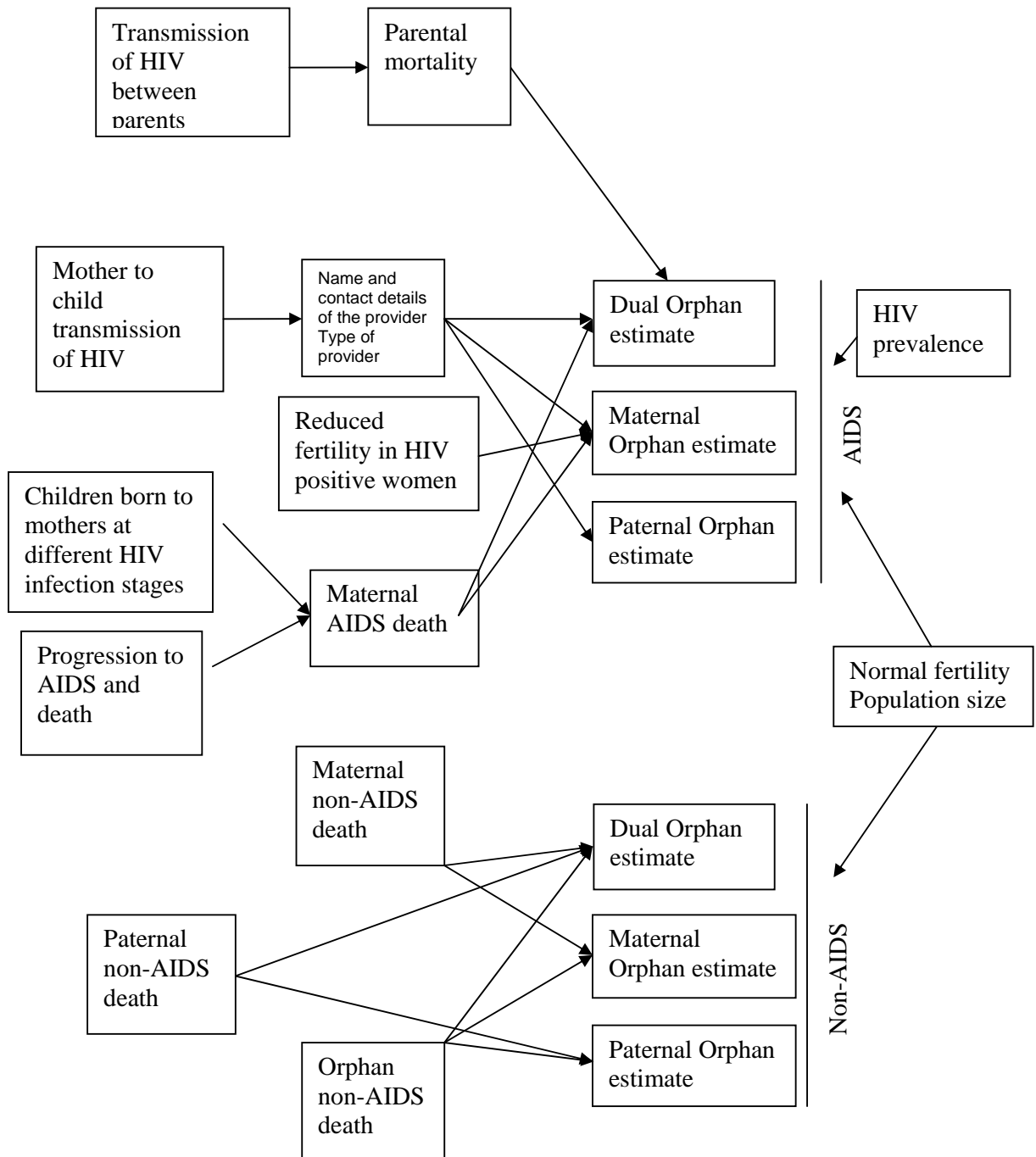
To be useful in making estimates, the diagram showing what affects the number of orphans and their estimation is translated into equations (which thankfully most of us never have to do!). The equations are used as part of a computer program which automates the estimation.

The more parameters a model has, the more likely it is to fit observed trends in data. There are several problems with models which have large numbers of parameters

however. One problem is data collection effort: the value of each element has to be estimated from data, so more parameters mean more work collecting data. Different parameters affect the model's predictive ability to different extents; so only the most important ones should be included.

Once different parameters have been decided upon, information about these is entered into the model (which is usually a computer program); these are used to make calculations which result in model **outputs**: predictions or estimations.
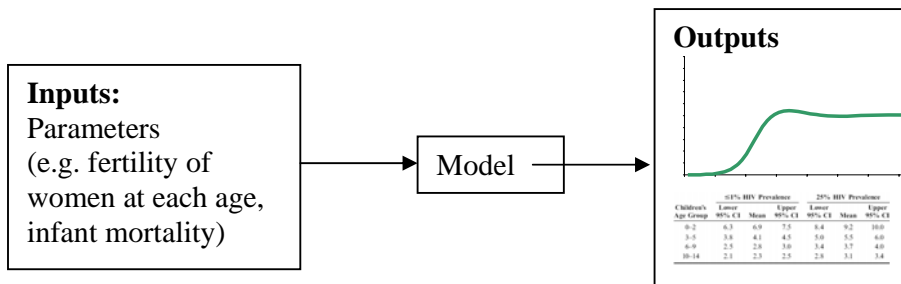
Question: *How are estimates of the numbers of orphans made in your country? How might good estimates help you better address programming, budgeting and policy making that enables orphans and vulnerable children to access education?*

Identifying the issues

Consider the discussions you've had in response to the questions asked in this section. What were the most important issues you identified in your country with respect to estimating the numbers of orphans and vulnerable children?

Write out the issues you have identified in the table below:

Estimating the Numbers of Orphans and Vulnerable Children
Issues identified

Prioritising the issues

Rank the issues you have identified in terms of their importance starting with 1= most important. Once you have done this, write the most important issue you have identified in the first table of section eight.

Further information relating to the estimation of numbers of orphans and vulnerable children can be found in the next section.

Section 2b: Estimating the numbers of orphans and vulnerable children: Further reading

The numbers presented in literature vary broadly. Some literature present the number of orphans due to all causes including HIV/AIDS while others present only those due to HIV/AIDS. Data on the numbers of paternal children orphaned by AIDS in many countries are difficult to collect and are of dubious reliability. Statistics about children orphaned by AIDS often exclude those who have lost only their fathers to AIDS and refer only to the number of children who have lost their mothers or both parents (Ainsworth, Beegle, & Koda 2002; Deininger, Garcia, and Subbarao 2001; Hepburn 2001).

''Children on the Brink 2004'' estimates that by the end of 2003 there were 143 million orphans aged 0-17 years old in 93 countries of sub-Saharan Africa, Asia, Latin America and the Caribbean. It is estimated that in just two years, from 2001 to 2003, the global number of orphans due to AIDS increased from 11.5million to 15 million (estimate range 13-18 million). Overall, the number of orphans is decreasing in all regions except sub-Saharan Africa, where HIV has hit the hardest. Sub-Saharan Africa contains 24 of the 25 countries with the world's highest levels of HIV prevalence. In 2003, there were 43 million orphans in the region, an increase of more than one-third since 1990 (see Figure 2.1). Hunter and Williamson 2000a project that in 26 Sub-Saharan countries which are heavily affected by HIV/AIDS, the percentage of maternal and double orphans due to AIDS is projected to increase from 47.2% in 2000 to 60.9% in 2005 and 69.9% in 2010.

Figure 2.1   Numbers of orphans in sub-Saharan Africa, Asia, Latin America and the Caribbean, 1990-2010
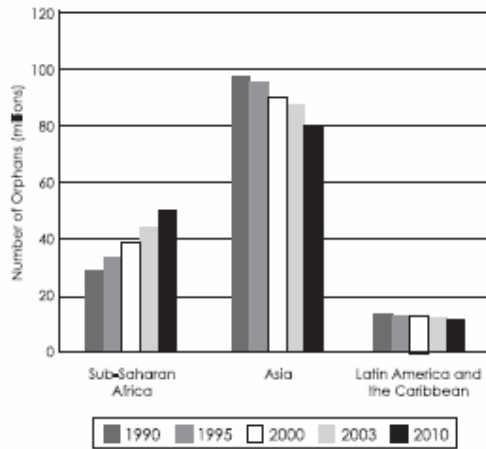
(Source: Children on the Brink, 2004)

Unlike the numbers of orphans of all causes presented in "Children on the Brink" 2000, UNAIDS presents only the number of children orphaned by AIDS. UNAIDS estimates that a cumulative total of 14 million children in the world would have lost their mothers or both parents to AIDS, and it is projected that the numbers would rise exponentially in the years to come.   Ninety-five percent (12.1 million) of these children are in Sub-Saharan Africa (UNAIDS 2000, UNAIDS/WHO 2001).   It is estimated that the number of children orphaned by AIDS in the world will double by 2010.   The UNAIDS numbers include children orphaned by AIDS who have since died and those who are no longer under 15 years of age. UNAIDS collects epidemic data from national programs but often does not use the data to make projections about the impact of the epidemic (Hunter and Williamson 2000).

To emphasize the difficulties and dilemmas of enumerating the number of children orphaned by AIDS in the world, Monk (2002) has criticized the statistical accounts of the HIV/AIDS crisis.   Using field data from research carried out in Uganda and in six States of India for "*Association Francois-Xavier Bagnoud* " and using the UNAIDS estimates as well as USAID statistics for the 34 study countries presented in *Children on the Brink 2000*, he estimates the world's AIDS orphan population to be around 100 million by 2010 (Monk 2002).   This estimate is way beyond the estimates of either UNAIDS or USAID and it includes paternal orphans as well as orphans 15 to 17 years old.

It is apparent that the rates at which children are orphaned by AIDS have increased over the years (UNAIDS/ UNICEF, 1999).   Specifically, before the AIDS epidemic

about 2% of children between the age of 0 to 14 years were orphaned (lost their mothers or both parents) in Eastern Africa —1.19% in Kenya, 2.44% in Uganda in the 1969 census, and 2.23% in Tanzania in the 1978 census. The rate in Kenya according to the Demographic and Health Survey remained almost unchanged until 1993 (1.8%), but it had increased to 2.7% by 1998. In Tanzania, the rate had declined to 1.96% between 1978 and 1988 before increasing to 2.8% by 1994. In Uganda it increased to 5% in 1995 and 5.7% by the1999/2000 Household Survey. To date, the maternal and two-parent orphan rates increased in Kenya, Tanzania and Uganda by 40% – 130% since the start of the AIDS epidemic (Ainsworth and Filmer 2002). No pre-AIDS information is available for other African countries, and it is assumed that the situation in other developing countries would have reflected the prevailing mortality rate.

Projections for 1990-2010 for 15 African countries show uniformly significant increases in the percentage of orphans resulting from parents' AIDS mortality (Figure 2.2).

Figure 2.2   Percentage of children under the age of 15 estimated to be orphaned (maternal and double) in 2000, 2005, and 2010
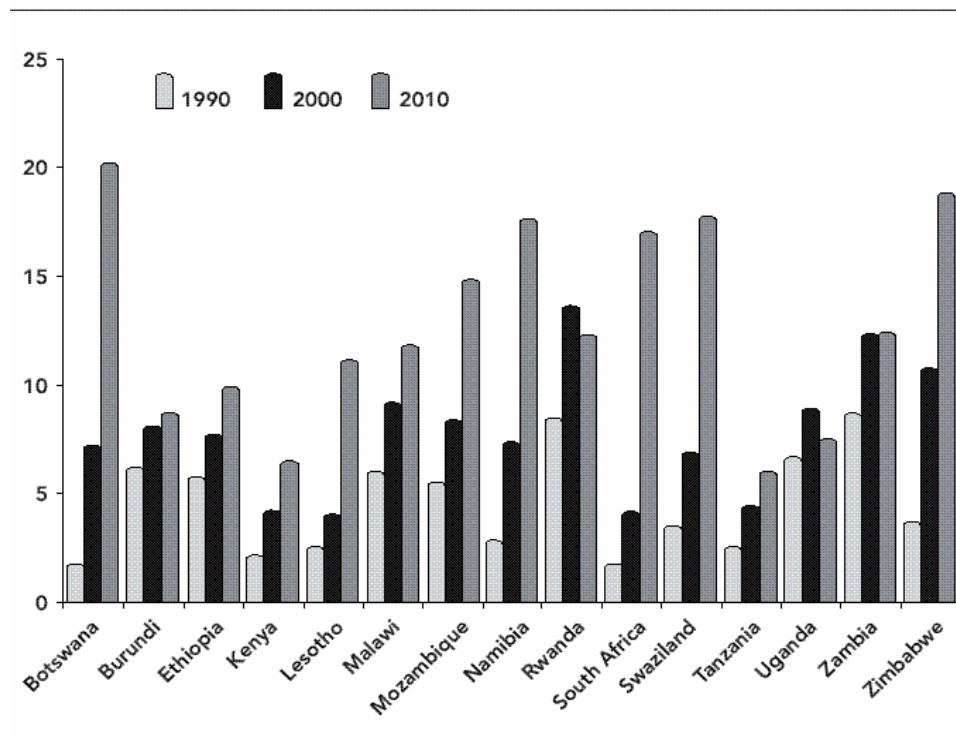
Source: Adapted from World Bank (2002), Figure 2-3.

A study undertaken in Tanzania in 12 rural communities over a period of 2 years revealed far higher mortality rates in HIV-positive persons than in HIV-negative persons in all age groups (Todd et al. 1997). In Kenya, cumulative AIDS deaths from when the HIV epidemic started until 2000 were about 1.3 million; it is projected that between 2000 and 2010, another 3.2 million people would have died of AIDS (World Bank 2000). Kenya had about 323,000 maternal and double orphans due to AIDS in 1995, and the numbers are projected to increase to 2.2 million in 2010. Due to the difficulty of projecting accurately the number of orphans due to AIDS in a country, the projected numbers vary within the literature for a given country. For example, the number of orphans in Kenya for 2010 represent between 11.9 per cent (Hunter and Williamson 2000) and 17% (World Bank 2000) of the population of children under the age of 15 years.

Figure 2.3: Age-specific mortality rates by HIV status in 12 communities in Tanzania over 2 years
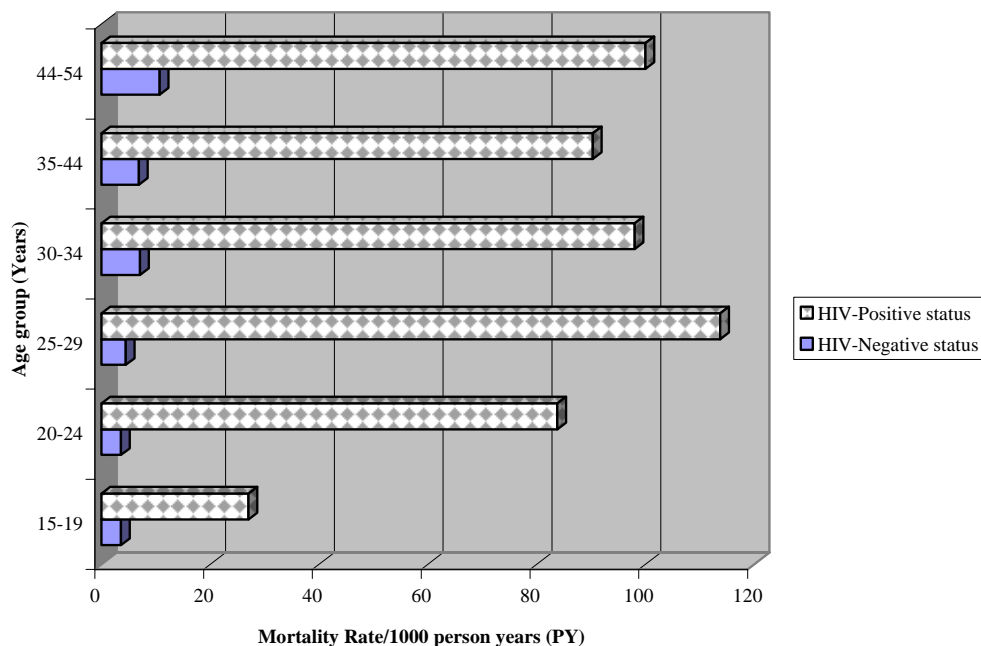

Source: Data for graph adapted from Table 2 in: Todd et al. (1997).

According to "Children on the Brink 2004", in 11 of the 43 countries in sub-Saharan Africa more than 15% of children are orphans. There are regional differences in the proportions of paternal to maternal orphans:

28

- In **West Africa**, paternal orphans represent 4 to 10% of school-age children. This is almost twice the number of maternal orphans. There are few two-parent orphans (Ainsworth and Filmer 2002).
- In **Eastern and Southern Africa**, paternal orphans represent about 6 to 13% of all school-age children, while the percentage of maternal orphans is similar to that in West Africa. The number of paternal orphans is three to five times higher than that of maternal orphans. This is probably related to the fact that men have higher age-specific mortality than women and that women usually marry older men. It is also observed that fewer children among the total orphaned by AIDS have lost both parents (Ainsworth and Filmer 2002).

In sub-Saharan African countries, USAID/UNICEF/UNAIDS (2002) estimate that non-AIDS orphans constitute the bulk of orphans at present, but it projects that their numbers will decrease from an estimated 61% of all orphans in 2001 to 51% in 2005 and 42% in 2010 (Appendix 1.1). It estimates that many more children have lost fathers than mothers to AIDS, and it observes that fewer children among the children orphaned by AIDS have lost both parents (Figure B4 and Appendix 1.1).

Figure B4: Estimated Number of Orphans by Orphan status and year for Sub-Saharan Africa
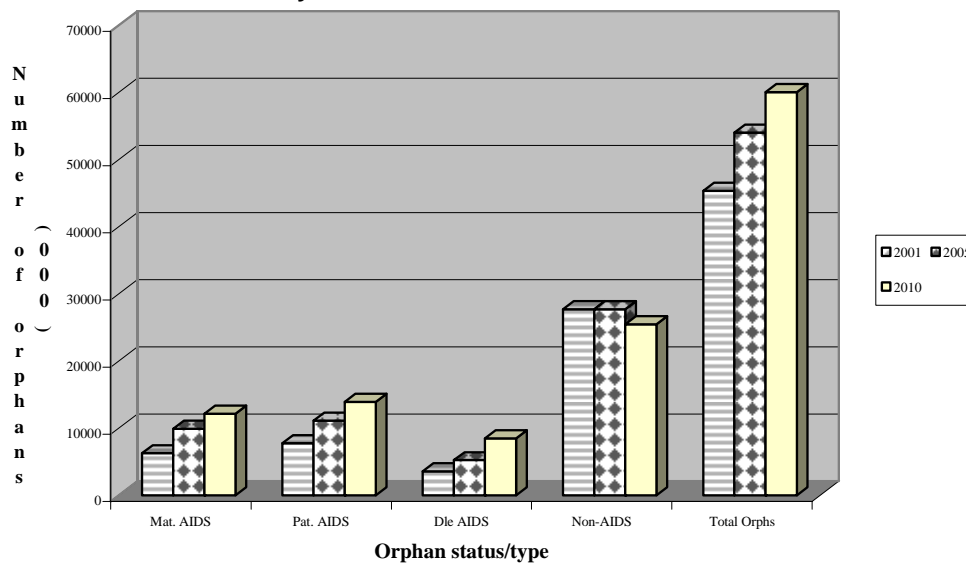
Source: Data used for graph from USAID/UNICEF/UNAIDS (2002).

Section 3a: The impact on education of being orphaned or made vulnerable.

Introduction

The aim of this section is to enable users to consider:

- *How does being orphaned or made vulnerable affect children's ability to access education?*
- *What choices do the providers (schools) have?*
- *What choices do the users (children and young people) have?*

What are the obstacles between vulnerable children and access to education?

Some obstacles are within the family:

For example, a disabled child aged eight has been affected by infection of his brain when he was ten months old. He has difficulty with speech but is capable of learning; however, he is kept at home and seldom seen by those outside his family.

Another example is of a household consisting of a sick mother and her five children. The eleven year old daughter is the eldest. She has enjoyed school, but her duties caring for the family are becoming greater and greater, while at the same time there is nobody else to bring in crops from their small hillside plot of land.

Poverty has a direct effect: a poor household will have little or no money to cover the costs of schooling (fees, uniforms, textbooks, etc.). In the case of HIV there will be an extra burden of illness. This may reduce income, because a family member is unable to work, while increasing expenditure as the funds available must be used to pay for treatment.

There is also an indirect or "opportunity cost" of schooling for the child, from competing demands. When there is illness in the household, the child may need to work at home and take care of other siblings and the sick person in the household. The opportunity cost of children's time then becomes very high.

Even when the child finds time for an educational activity, they may be hungry. Hunger is not the same as malnutrition, but both interact strongly to affect cognitive function and learning ability. *Hunger* is the sense of emptiness for lack of food, which is distracting and dulls thinking ability. *Malnutrition* is impairment of growth and impairment of the function of bodily organs for lack of sufficient nutrients. It has been shown that it is the malnourished children whose performance is most affected when they come to school lacking a meal earlier in the day.

Some obstacles are within the community:

For example, in a fishing village in recent years it has been accepted that there are benefits when sons go away to the school in the neighbouring town for education. However, the elders do not see why these benefits should be extended to boys who have lost their father: they consider that they should repay the community by helping with cleaning up the beach where the fish are landed.

Schools serve communities and all have some degree of governance arising from the local community, as well as the hierarchy of administration that leads ultimately to central Ministries of Education. This governance is often formalized in some sort of board or council; but even informally a school reflects its local community. The leaders of the community must be convinced of the importance of education for all in order for the school to feel an obligation to seek out its most vulnerable children and to provide access to them.

Teachers and administrators may simply not know of vulnerable children in the community. For example, children may be kept indoors fulfilling a servant function. In some places school-age children may be employed in labor, in factories or in the fields.

Some obstacles are within the school and educational system:

For example, a twelve year old girl has just become a double orphan. Her mother became sick rapidly after the birth of her last child, who has also died, three years ago. Her father lived for several years longer than her mother, although becoming very thin and weak. She herself is thin and has no shoes, although the school uniform regulations require them. Some of the other children laugh at her – they say she has AIDS. Now she has just begun to menstruate, which frightens her. She does not want to use the latrines. She has only attended school irregularly, and now she has attended for the last time.

Educators often lack perception that certain groups are targets of EFA. It is easy to become habituated to groups of children such as street-children as a fact of life without reacting that they should be in school, or at least have some access to education. Nevertheless, they should, and EFA cannot be said to have been achieved if they have no access.

Within the school there are often stigmatization and discrimination. This arises especially in HIV from a fear of infection coupled with a lack of understanding of the disease. However, infection is not the only cause of discrimination and more fortunate children often sense vulnerability in their companions and pick on victims. School may become less appealing for the child. Unfortunately, the teachers and other pupils may not be sensitive to the needs of the vulnerable child. Without protection, these children may drop out of school.

Both in school and in a troubled home, the child is having emotional reactions which must not be forgotten. The child may withdraw, feel shame or dwell on their situation. Their concentration and work at school will suffer.

How will we overcome these obstacles?

In planning, it is all too easy to regard the people for whom one makes provision as being passive until one acts upon them. In reality, people already have at least a partial solution for their own immediate problems, however inadequate

this strategy may be in the longer run. In order to achieve change one has first to provide a better alternative, then both facilitate the use of this alternative while at the same time creating some resistance to the path that has been more immediately available before. In opening access to education for vulnerable children and young people, we will find that many children have already gone down a path that is obstructive to education, such as forming a self-protective community on the street, or having traded domestic work or sexual favours for food and shelter.

An example would be the provision of primary level education for former child soldiers after years of civil war. Places in school alongside younger children can be planned for and provided, so that they can catch up, but only after the conflict has ceased and the youth are freed from servitude under arms.

What are the choices before a vulnerable child?

There are likely to be strong gender influences on these. Of course, the choices are often not mutually exclusive, but can be combined optimally or sub-optimally. The following lists are arbitrary, combine strong and weak choices, give no moral tone, and are presented in random order. You might like to add to them to gain further insight into the vulnerable child as a potential beneficiary and partner in education.

Question: *How many examples of the real choices that vulnerable children face can you think of?*

Some Choices:

Girl: Take on mother's role in caring for younger siblings.

        Go to school.

        Receive help from church or other faith group.

        Listen to radios or find other non-formal sources of information.

        Trade sex for gifts.

        Etc.

        Etc.

Continue …

Boy: Do odd jobs for relatives or neighbours.

Go to school.

Join a gang.

Travel in search of another community – e.g. leave the country for the city.

Abuse solvents and other drugs.

Etc.

Etc.

Continue …

Identifying the issues

Consider the discussions you've had in response to the questions asked in this section. What were the most important issues you identified in your country with respect to the impact on education of being orphaned or made vulnerable?

Write out the issues you have identified in the table below:

The impact on education of being orphaned or made vulnerable
Issues identified

Prioritising the issues

Rank the issues you have identified in terms of their importance starting with 1= most important. Once you have done this, write the most important issue you have identified in the first table of section eight.

Further information relating to the impact on education of being orphaned or made vulnerable can be found in the next section.

Section 3b: The impact of being orphaned or made vulnerable on education: Further Reading

This section reviews the impact that being orphaned or made vulnerable has upon access to education. Enrolment, attendance, and performance of a child at school can be affected by many different factors. Poverty, illness or death in the household can lead to a reduction in resources allocated for children's schooling. The outcome is either a delay in enrolment (in most cases) or no enrolment at all. Attendance at school also declines, especially if children have to work or care for others. Performance suffers as a result of absenteeism and a lack of parental care and support.

What are the factors that influence access to education?

Most parents regard sending their children to school as an investment. They consider that schooling will increase the earning power of the child once they become adults and that the child will in turn provide for their own needs when they are old and unable to work. However, a multitude of factors operate that constrain a child's enrolment and attendance at school. There are many barriers to education that may affect everybody to differing degrees, such as poverty and distance from the school. In addition to these, specific barriers exist for orphans and vulnerable children, such as stigmatization, a lack of a permanent residence, etc.

A review of the factors that influence whether a child goes to school in Tanzania by Ainsworth et al (2002) highlights the following, divided into general and barriers specific to orphans and vulnerable children:

General barriers
- **The income of the household (either personal or borrowed).** Parents incur education-related costs. When they are poor, meeting these costs is difficult. **The availability of schools**, especially secondary schools, near the household. Schools are few and far away in most rural areas in sub-Saharan Africa. Parents, especially those in rural areas that are not sensitized enough to the value of education, do not like to send their children, especially girls, to distant places for schooling.
- **The quality of the education** provided in the schools. Parents in Tanzania have indicated that overcrowding is one of the reasons children are not enrolled early (Ainsworth et al. 2002). Poor quality education is exacerbated by

the death and illness of teachers due to HIV/AIDS. This results in either a replacement teacher who may not be as well qualified or in the worst scenario, the loss of a teacher. Classes may have to join together to compensate for the lack of teaching staff.

- **Death or illness of the teaching staff**. The illness or death of a teacher deeply affects children because teachers are very much part of the affected community. It is vital to care for the caregivers; teachers must be counseled themselves in addition to learning how to counsel pupils.

- **Lack of incentives to send a child to school**. Given the high level of unemployment in most developing countries, parents may consider sending their child to school as a waste of limited resources.

- **Lack of importance attached to education**. The incidence of deaths from HIV/AIDS among young people is high in many areas, and parents may feel that spending limited resources on schooling is not worth the investment if the child is likely to die.

Barriers specific to orphans and vulnerable children

- **The cost of schooling** (fees, cost of uniforms, textbooks, etc.). A poor household will have little or no money to cover these costs.

- **The opportunity cost of schooling for the child**. Poverty may mean that the child need to work or stay at home to take care of other siblings and sick people in the household. The opportunity cost of children's time becomes very high.

- **Stigmatization and discrimination against orphans and vulnerable children**. Orphans and vulnerable children may be discriminated against for a large number of different reasons. If their condition arises due to HIV, discrimination may arise from a fear of infection coupled with a lack of understanding of the disease. School may become less appealing for the child. Unfortunately, the teachers and other pupils may not be sensitive to the needs of orphans and vulnerable children and as a result these children may drop out of school.

- **The parents' assessment of the child's ability to cope**. The income of the household may be restricted, limiting available money for food. Malnutrition may ensue and lead to other health problems. The child may be kept at home due to its own ill health.

- **The child's emotional reactions.** The child may withdraw, feel shame or dwell on their impending situation once a relative is suffering or has died. Their concentration and work at school will suffer.

Enrolment, Attendance and Performance of Orphans and Vulnerable Children

Being orphaned or made vulnerable may have an impact on the school enrolment, attendance, performance, or achievement of children for several reasons. Details are presented in the subsections that follow.
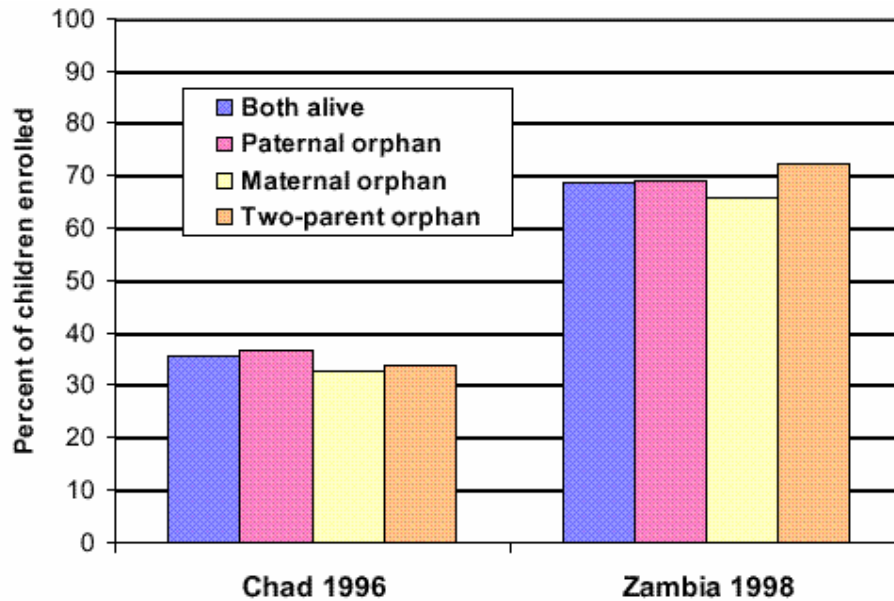
Enrolment

Children who are orphaned or made vulnerable are likely to live in families where finances are limited and poverty extreme. Education of the children in the household suffers and children may be enrolled late or not at all. The increasing numbers of orphans and vulnerable children will pose a challenge for the achievement of the goals of EFA and may lead to increasing poverty for the children when they reach adulthood.

There are many factors influencing, and most importantly in this context, hindering the enrolment process of a child in school; frequently orphans and vulnerable children experience even greater barriers. In some sub-Saharan African country settings, there is a substantially lower enrolment rate for orphans compared to non-orphaned children. However, this is not always the case; enrolment of orphans and vulnerable children varies both within and between countries, and also depends on the orphan status, whether the orphan has lost a single parent or both.

Orphan status

In a preliminary analysis of the Living Condition Monitoring Surveys (LMS) and Demographic and Health Surveys (DHS) in 28 countries (22 of which are in sub-Saharan Africa), Ainsworth and Filmer (2001) observed, for example, that in the Chad DHS of 1996 and the Zambian LMS of 1998, there were no significant enrolment differentials by orphan status (Figure 3.1).

Figure 3.1 Countries with no significant enrolment differentials by orphan status

Other studies analyzed, such as the 1993 Benin DHS and the 1998 Kenya DHS, showed a lower enrolment rate for all orphans than for children with two parents alive (Figure 3.2).   When compared with enrolment rates for children with two parents alive, the Burkina Faso DHS of 1993 showed lower rates for both maternal and dual orphans (Figure 3.3), but the DHS for Mozambique in 1997 and Ghana in 1998 showed lower rates only for double and paternal orphans (Figure 3.4).

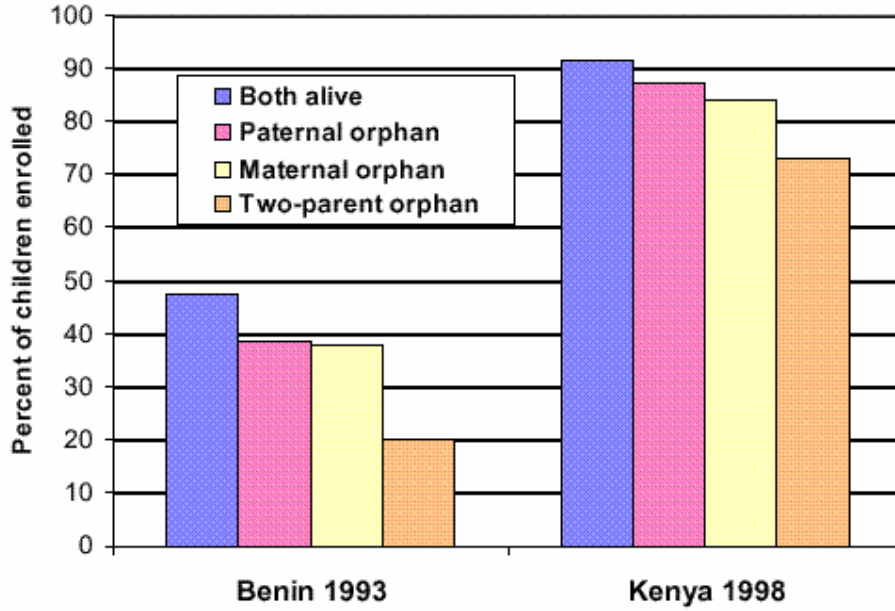**Figure 3.2 Countries with lower enrolment for all orphans**

Figure 3.3.   Countries with lower enrolment for maternal and two-parent orphans
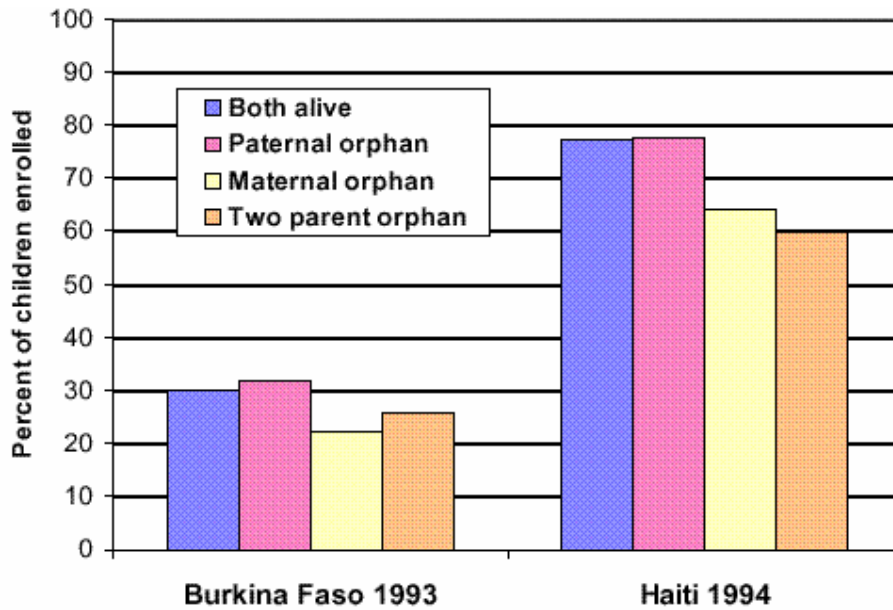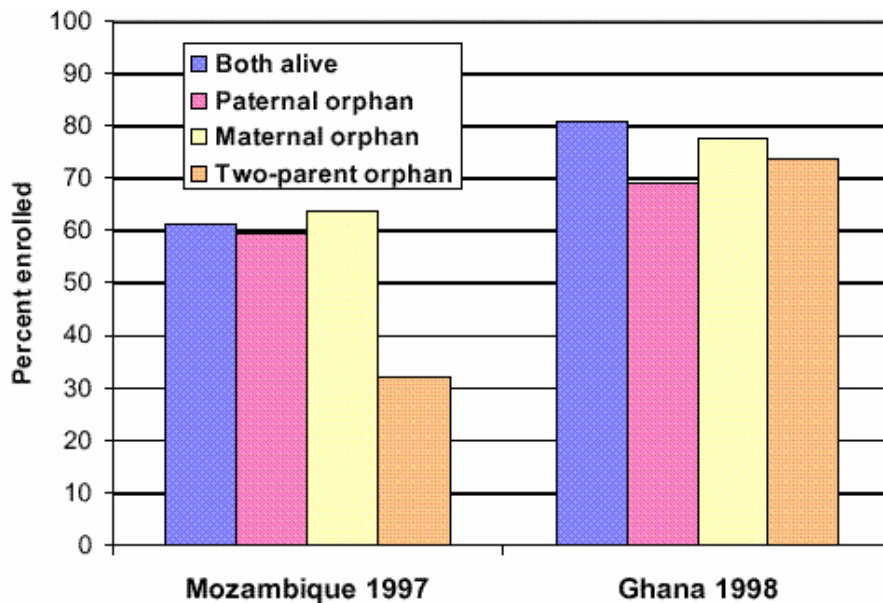
Figure 3.4. Countries with lower enrolment for two-parent orphans or paternal orphans
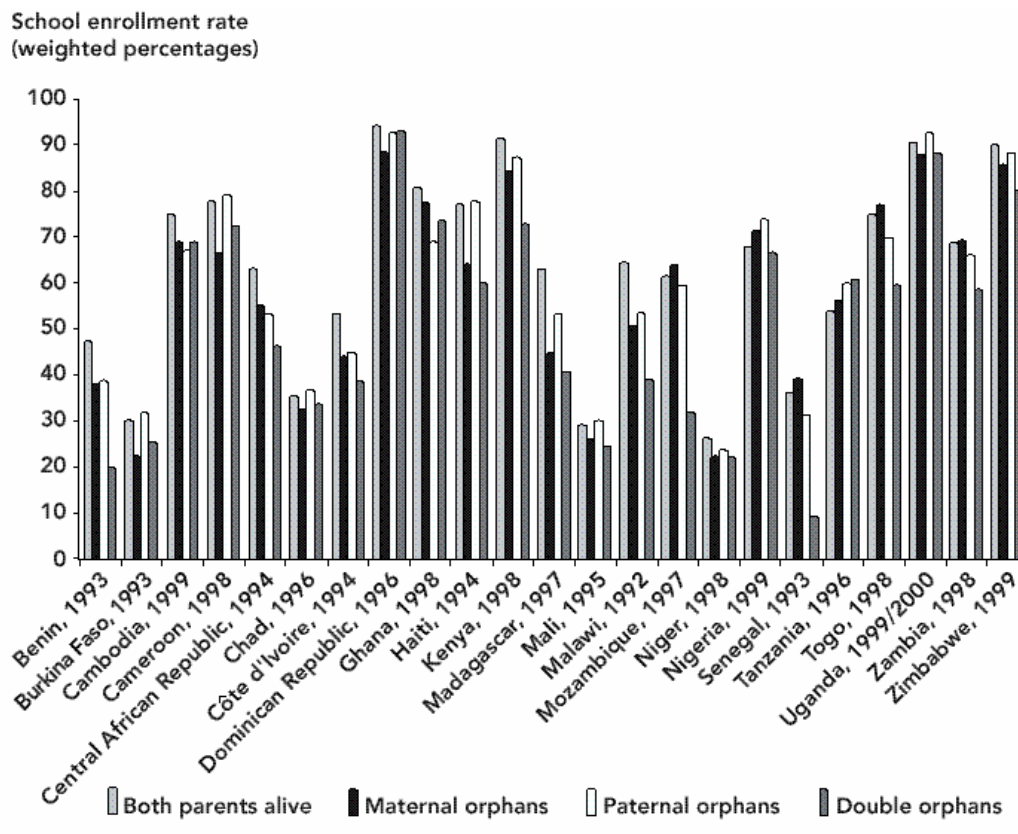

Sources for Figures 3:1-4: Ainsworth and Filmer (2001).
Calculations done by the authors from DHS and LSM (Zambia) data.

UNICEF collected data on more than 10,000 children in Burundi and found that the proportion of children in school who have lost both parents is significantly lower than the proportion of children with one or both parents alive (Deininger et al. 2001). This finding was confirmed by DHS in six African countries undertaken in the early 1990s. The observations made by Ainsworth and Filmer (2001) illustrate that the degree of underenrolment varied from country to country with orphans not always having lower enrolment outcomes.

In a recent analysis of 23 countries, 21 of which are in Africa, the World Bank found that double orphanhood affected enrolment in most but not all countries (Figure 3.5). However, the majority of orphans are not double orphans.

Figure 3.5. Average school enrolment by orphan status of children ages 7 to 14 in selected countries and years

School enrollment rate (weighted percentages)

Both parents alive · Maternal orphans · Paternal orphans · Double orphans

Source: World Bank (2002).

Nyamukapa *et al.* (2003) investigated patterns of orphanhood and orphans' educational experience in populations in eastern Zimbabwe which is subject to a major HIV epidemic that is maturing into its endemic phase. Orphans were found disproportionately in rural, female-, elderly- and adolescent-headed households, with each of these being a risk factor for more extreme poverty. The authors suggested that over-representation in rural areas was due to urban-rural migration around the time of death of the parent due to loss of income and the high cost of living in towns. It was further suggested that over-representation in female-, elderly- and adolescent-headed households reflected the predisposition of men to seek employment in towns, estates and mines; the higher level of paternal orphanhood; the reluctance of second wives to take responsibility for their predecessors' children and stress in the extended family system. The death of the mother was found to have a strong

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detrimental effect on a child's chances of completing primary school education - the strength of effect increasing with time since maternal death. The death of the father had no detrimental effect, despite the fact that paternal orphans were typically found in the poorest households (See also the examples in Section 1a).

Following the above study, Nyamukapa and Gregson (2004) used a combination of quantitative and qualitative data to show that maternal orphans but not paternal or double orphans had lower primary school completion rates than non-orphans in rural Zimbabwe, and that these patterns reflected adaptations and gaps in extended family orphan care arrangements. Sustained high levels of primary school completion amongst paternal and double orphans--particularly for girls--resulted from increased residence in female-headed households and greater access to external resources. Low primary school completion amongst maternal orphans resulted from lack of support from fathers and stepmothers and ineligibility for welfare assistance due to residence in higher socio-economic status households. These effects are partially offset by increased assistance from maternal relatives. These findings indicate that programmes should assist maternal orphans and support women's efforts by reinforcing the roles of extended families and local communities, and by facilitating greater self-sufficiency.

Gregson *et al.* (2005) found that orphans and vulnerable children (overall), maternal orphans and young women with an infected parent were more likely to have received no secondary school education and to have started sex and to have become married than other young people. The study found that high proportions of HIV infections, STIs and pregnancies among teenage girls in eastern Zimbabwe can be attributed to maternal orphanhood and parental HIV. Many of these could be averted through further female secondary school education.

Age of the child

The impact an AIDS death in a household has on enrolment also depends on the age of the child––whether the child is young (7 to 10) or older (11 to 14), and also on the wealth of the household and on which of the parents dies. Figure 3.6 presents the results of household surveys carried out from 1991 to 1993 in Tanzania (Ainsworth et al. 2002). The survey revealed a lower enrolment rate for children aged 7 to 10 than for those aged 11 to 14 regardless of the wealth status of the household. This is explained by the fact that households may have delayed school enrolment to allow the young children, ages 7 to 10, to cope with the death. For those in the 11 to 14

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age group, the enrolment rate was unchanged, although it is not known whether attendance may have been disrupted.

Figure 3.6. Enrolment rates by age, orphan status, and household assets, Kagera, Tanzania, 1991–1993
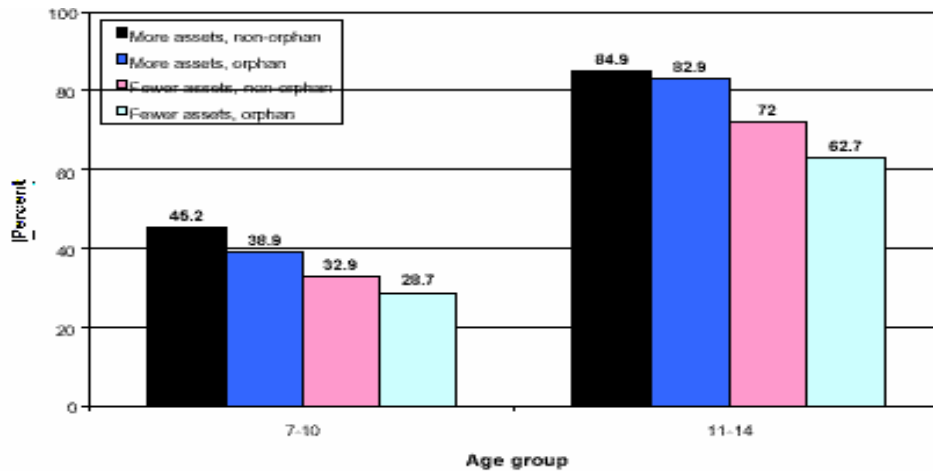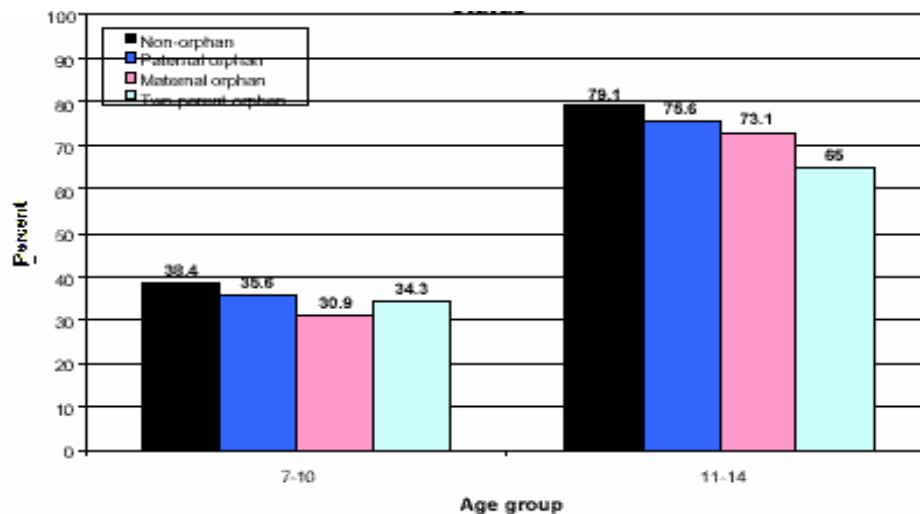

Source: **Ainsworth, Beegle and Koda, 2000 (Adapted from Figure 9)**

Within the same survey, it was found that in a household with a maternal death, the enrolment rate of children ages 7 to 10 is lower than that of children of this age group in a household with no female adult death (Figure 3.7). Mothers are closer than fathers to their children and support them in their schoolwork, and therefore their absence will have a more negative impact (Ainsworth et al. 2002; Oulai and Carr-Hill 1993).

A child's likelihood of enrolling at school increases with increasing levels of maternal education. The effect of maternal death on the enrolment of children aged 11 to 14 is smaller because the children have already been going to school for some time by this age. Unless there are other economic or social reasons for them not to enroll, they are more likely to continue going to school than younger children who need extra care and guidance during their initial years at school. This difference in enrolment between the ages highlights the impact that a female adult death can have on the enrolment, and therefore education, of children ages 7 to 10. On the other hand, the death of a male parent appears to have little effect on either school enrolment or attendance (Ainsworth et al, 2002; Oulai & Carr-Hill 1993). This is understandable, provided that his death does not present an economic barrier to the child's schooling.

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Figure 3.7: Enrolment of children 7 – 14 years of age and orphan status in Tanzania

Source: Ainsworth, Beegle and Koda, 2000 (Adapted from Figure 8)

Household wealth

Following the death of an adult, children in poor households often experience delayed enrolment, compared to those in more affluent households who show no delay. In Kagera in Tanzania, orphans aged 7 to 14 in poor households had lower enrolment rates than non-orphans (Ainsworth, Beegle, and Koda, 2002) (Figure 3.6). It is common practice in Tanzania for parents to delay the enrolment of their children in school. Fewer than 75% of children are enrolled, and this is not usually because families are unable to pay, as enrolment rates are low even in households given monetary assistance, but rather for a variety of other reasons. These include the poor quality of primary education, the location of the household with respect to the school, and additional chores that children perform; for example in rural areas often more help is needed for farming, especially from the boys.

Many of the reasons that prevent orphans from attending school are the same as those that prevent poor children from attending school. Figure 3.8 shows the results of the 1998 analysis of the Living Standard Measurement study of children in Zambia, and highlights that children from lower income households were less likely to enroll at school, regardless of their orphan status. This may be related to the amount

of work they have to do at home, which prevents them from going to school. Among children living in low income households, double orphans were around 15% less likely to have enrolled at school compared to either single parent orphans or non-orphans.

Figure 3.8. Enrolment rate by orphan status in Zambia, lowest and highest income quintiles (1998)
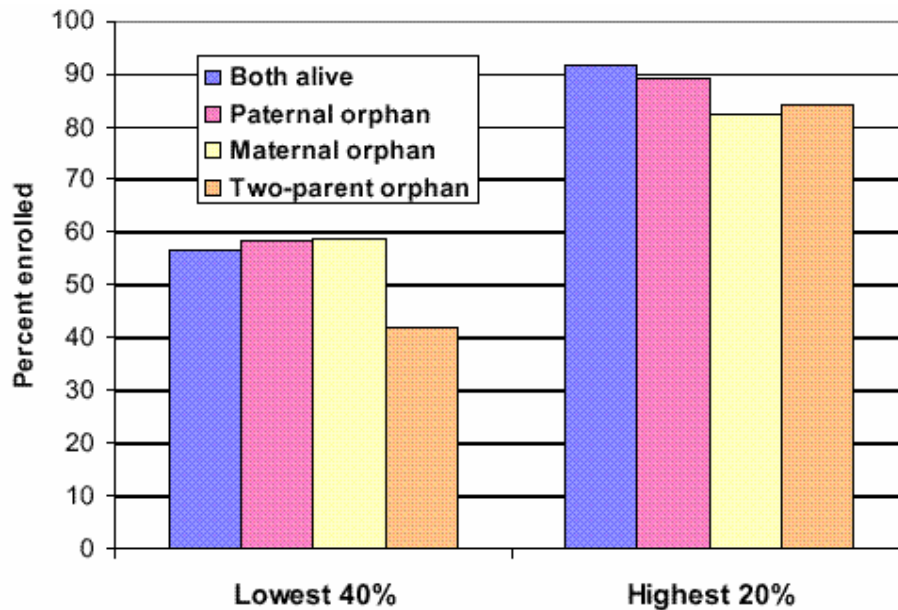
Source: Ainsworth and Filmer (2001).
(Calculations done by the authors from LSM data).

Country Examples

During an initial survey in Uganda in 1992, foster children were found to be disadvantaged in accessing primary and secondary education. In contrast, the 1999 survey revealed a marked increase in enrolment in both primary and secondary schools for all children, and little difference between foster and non-foster children (Deininger et al. 2001). This increase in enrolment is attributed to the implementation of the 1997 Universal Primary Education (UPE) policy in Uganda, which made primary education free to four children per household. The payment of school fees was abolished, publicity campaigns were launched, and communities were mobilized within the framework of the UPE program to aid parents or households that could not otherwise afford to send their children to school (Deininger et al. 2001).

In Zambia, a survey found that 32% of orphans were not enrolled in urban areas, compared to only 25% of non-orphans. In rural areas, this figure was much higher

with 68% of orphans not enrolled, compared to 48% of non-orphans (UNAIDS/UNICEF 1999). However, the survey made no mention of the general level of enrolment in Zambia.

Gender gaps in enrolments have also been observed among orphans and non-orphans, and the pattern is not consistent. In most developing countries, many more male children are enrolled than female children (World Bank 2002). More double male orphans than double female orphans are enrolled in school in Ghana, Kenya, Mozambique and Cameroon. In countries such as Nigeria and Tanzania however, female double orphans have a higher enrolment rate than their male counterparts (World Bank 2002) (Figure 3.9).

Figure 3.9. School enrolment rates of male and female orphan children
aged 7 to 14 for selected countries and years
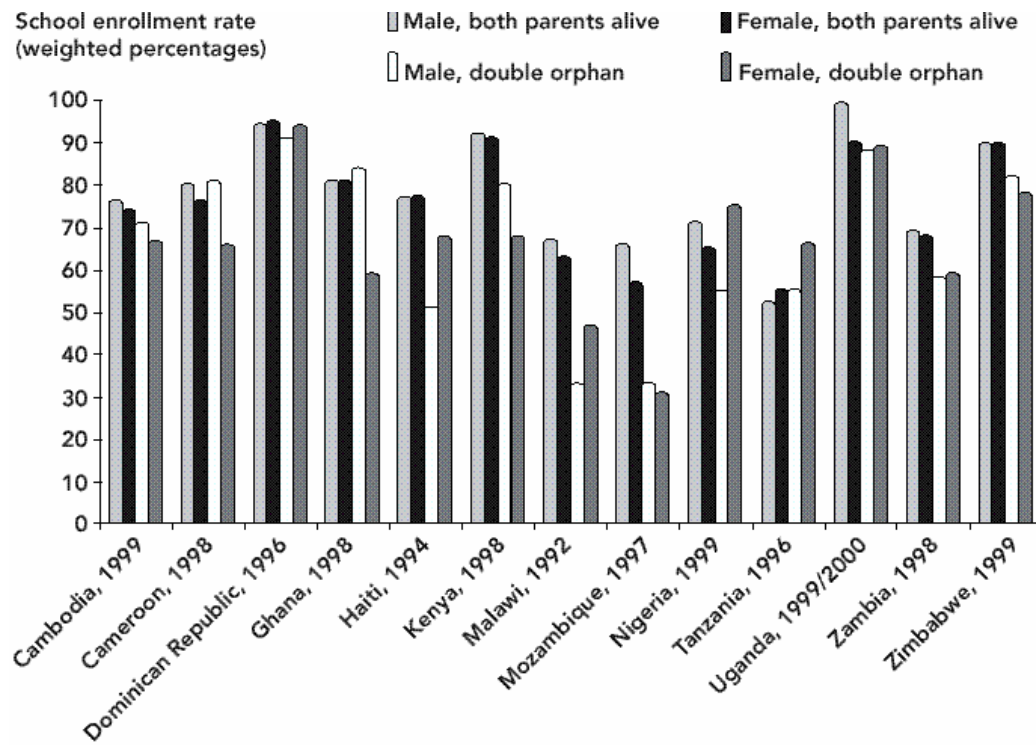
Source: World Bank (2002), Ainsworth and Filmer (2001)

Attendance

Many children in the world are required to take upon themselves responsibilities such as domestic chores, care-giving to other children in household and income-generating activities. It is often difficult for such children to continue education without interruption, and as a consequence regular or seasonal absenteeism is common. The cycle is self-propagating, and the more time a child is absent from school the more they fall behind. Unfortunately, this frequently results in the child having to drop out of school.

Performance

Although there is a lack of direct empirical data on the impact of being orphaned or made vulnerable on the performance of children in school, one can infer from the difficulties such children face that they might perform poorly in school. An extensive international student achievement test within the framework of the Third International Mathematics and Science Study was recently undertaken in about 40 countries with representative samples of students. To minimize the problems of comparing student achievements across countries, cultures, and languages, the survey was conducted in close association with the International Association for the Evaluation of Educational Achievement, which has 40 years' experience with international comparative studies on educational achievement (Wößmann 2000). The results indicate that students in the middle school years living with both parents performed better than others in mathematics, and boys performed better than girls. Students in geographically isolated communities performed worse than those in urban areas. Children in schools where parents play a part in curriculum development were better performers.

Discussing the results of a study addressing the psychosocial impact of HIV/AIDS in Lusaka, Webb (1997) says that "children of sick parents are significantly more likely to show behavior which is depressive in nature rather than that which is anti-social. Once a child is bereaved this behavior is exacerbated." When HIV-positive parents were interviewed about what psychosocial concerns they had about their children, they listed access to education, food, and the basic necessities for survival (Gilborn et al. 2001).

An overall view of the barriers to enrolment faced by orphans and vulnerable children is shown in Fig 3.10.

Figure 3.10. Barriers to preventing orphans and vulnerable children from enrolling at school and continuing with their education.
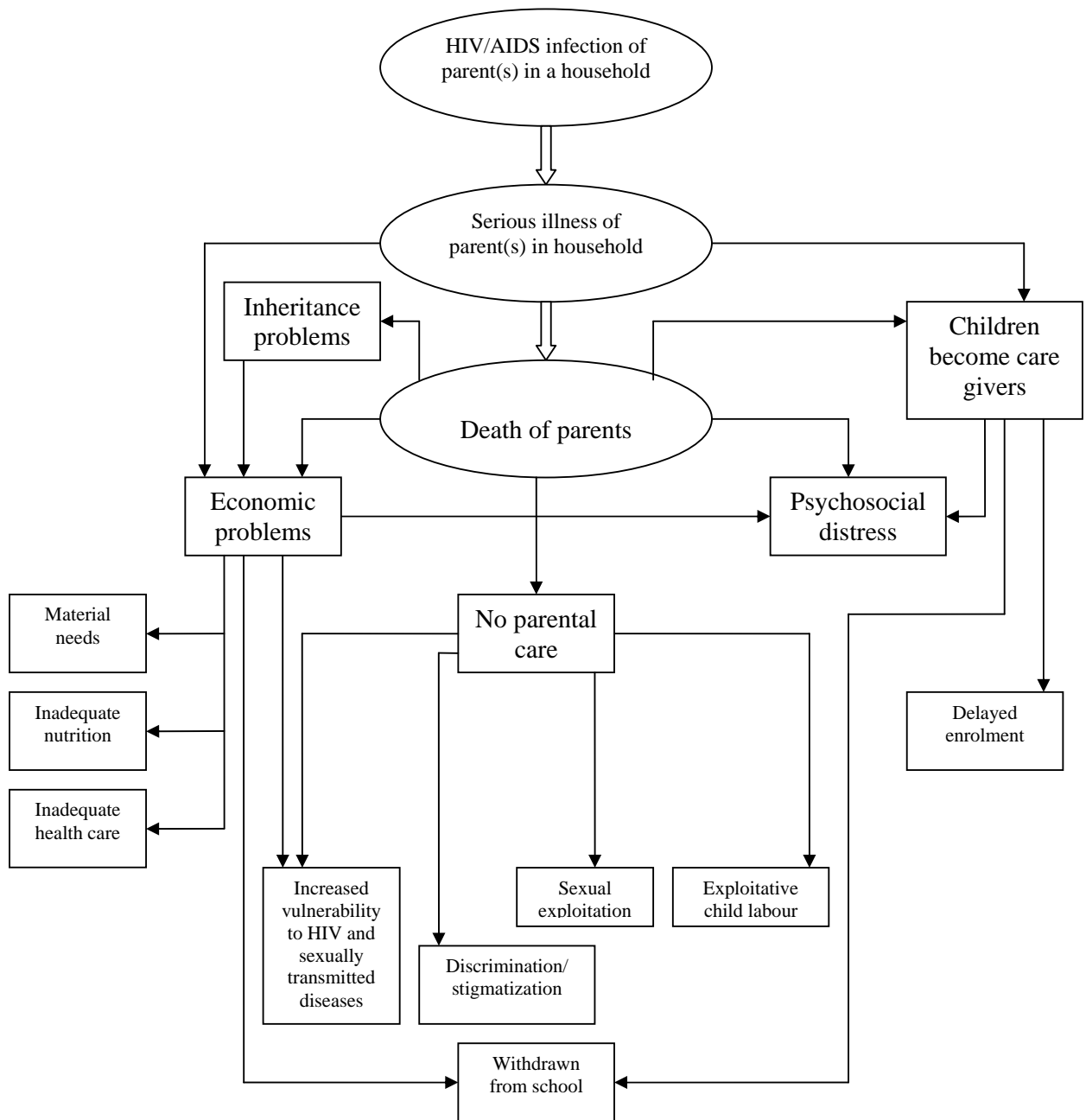
Source: Adapted from Foster and Williamson (2000); Williamson (2000b)

Section 4a: The particular impact of HIV

Introduction

The aim of this section is to enable users to consider:

- *The impact of HIV on patterns of orphaning in some countries*
- *The impact of a parent's HIV related illness and death on children's education*
- *Some concerns about terminology and the focus of programs.*
- *The impact of education on HIV/AIDS*

The impact of HIV on patterns of orphaning

In recent years, there has been a dramatic increase in the numbers of children orphaned or made vulnerable in some parts of the world, particularly in sub-Saharan Africa.

In the year 1990, approximately 3.2 million children were orphaned in sub-Saharan Africa. In the year 2003, 5.2 million children in the region became orphans.

Children on the Brink, 2004

One major cause of the increases observed has been the impact of HIV.

In 11 of the 43 countries in sub-Saharan Africa, more than 15 percent of children are orphans. Of these 11 hardest-hit countries, AIDS is the cause of parental death between 11 and 78 percent of the time.

Children on the Brink, 2004

The impact of HIV on numbers of orphans is much less in other parts of the world such as Asia, Latin America or the Caribbean. Even in those regions, the presence of HIV acts to crate orphans and to make families and children vulnerable.

Question: To what extent does HIV determine patterns of orphaning and children's vulnerability in your country?

The impact of a parent's HIV related illness on children's education

As is well known, people infected with HIV may live full, productive and apparently healthy lives for many years prior to the onset of HIV related illnesses. When such illness begins to occur, its impact is often devastating. HIV related illness is not just a matter for the individual affected. When it begins to occur, its impact upon the household and children of the individual affected is often severe and dramatic as,parents are less able to care for their children, income falls, the family experiences increasing levels of distress and sometimes must also bear the burden of stigma and discrimination. As these things happen they can easily have a negative impact on children's ability to access education; the costs of schooling cannot be met, parents are less able to encourage children to go to school, children may be so grief stricken that they may not wish to go to school and they may be picked on or shunned on getting there.

Amongst the most moving and poignant stories emerging from the HIV crisis affecting different parts of the world are of desperately ill parents doing all they possibly can to ensure the welfare and well being of their children. Such accounts demonstrate the impact that the life of a parent, however incapacitated, has on the life of their child.

When a parent dies, the life of a child changes forever. In the best scenarios, relatives or other care givers step in to fill the gap left by the parent as best they possibly can. In the worst scenarios, the loss of a parent or parents can lead to destitution, the closing off of opportunities and lives of immense sorrow and sadness.

In many ways, the issues faced by children whose parents have died of HIV related illness are no different to those of children whose parents have died of other causes. All are equally likely to face problems with respect to access to stability, love, care and affection, education, healthcare, welfare and shelter. At the same time, due to the stigma that surrounds HIV, children whose parents have died of that disease may experience discrimination and abuse at the hands of others. In addition, part of the dreadful reality of the disease is that when one parent has died of the infection, the other stands a high chance of doing the same.

The Cry of a Child Orphaned by AIDS

My heart bleeds,
When I see an adult pass by,
I look in the face,
Hoping to see my lost father and mother,
Hoping to hear their comforting voices,
Hoping for a hug,
But nobody has time for me.
Since my parents died
I have become a scavenger,
I must roam the streets looking for food,
I have nowhere to sleep,
I cannot go to school,
When my relatives take me in,
I must be beaten because I am naughty,
I must do all the work because I am lazy
I must be given little food because I eat too much,
If I laugh I an making noise,
If I cry, I am not grateful
When I become a parent
For the sake of my children
I will protect myself from AIDS
Oh God!
It is terrible to be an orphan!

Mukelabai Songiso

Published by the HIV/AIDS Programme
Ministry of Education, The Republic of Zambia

Question: *What impact does HIV related illness and death have upon individuals, families and children? How might children's education be affected?*

Some concerns about terminology and the focus of programs

It's important to remember that HIV is <u>not</u> the only factor that causes children to be orphaned or made vulnerable. Other causes of parental incapacity or mortality such as conflict, diseases such as tuberculosis, accidents etc. continue to affect many. Concentrating purely on children affected by HIV can result in the needs of others being ignored.

In practice the needs of a "child orphaned by AIDS" are usually highly similar to the needs of a "child not orphaned by AIDS". In practice, the principal difference between the two categories is that the number of children orphaned by AIDS can be projected through the use of mathematical models while the number of those not orphaned by AIDS cannot. (This is because patterns of disease related mortality in a country are fairly predictable. The number of people likely to die should that country end up going to war with another are not).

While referring to children as "children orphaned by AIDS" may be helpful in terms of estimating numbers, its impact upon the lives of children affected can often be extremely unhelpful. In many countries, to be known as a "child orphaned by AIDS" is to be the object of stigma and discrimination. Governments and programs need to take great care that terms, helpful to the estimation of numbers and planning and budgeting, do not result in the burdening of children whose lives are difficult enough already.

Children on the Brink, 2004 avoids the use of the term "AIDS orphan" because it may contribute to inappropriate categorization and stigmatization of children. Instead, the report uses such terms as "orphans due to AIDS" or "children orphaned by AIDS." The phrase "children affected by HIV/AIDS" refers to orphans and other children made vulnerable by the effects of HIV/AIDS in the family. *Children on the Brink* also avoids using acronyms such as "OVC" (for orphans and vulnerable children) or "CABA" (for "children affected by HIV/AIDS"). Experience has shown that such jargon eventually becomes used at the community level to identify particular children. When asked what they prefer to be called, children have said, "Just call us children."

Question: In your experience, what terms are used to refer to orphans and vulnerable children? Are these appropriate? Might they result in stigma?

Education's impact on HIV among orphans and vulnerable children

In this section, we have concentrated on the impact of HIV on children's education. It is also important to recognise the impact that education can have on HIV. Education is of vital importance to helping reduce numbers of orphans and vulnerable children in the future. Not only have many orphans and vulnerable children arisen as a result of the HIV pandemic, such children are also amongst the children most vulnerable to infection with HIV (FHI, 2001). Economic hardship and reduced parental care and protection mean that orphans and vulnerable children are likely to lose out on education about how to avoid HIV infection and may be more susceptible to abuse and exploitation than others. Education has been called a 'social vaccine' against HIV/AIDS. Orphans and vulnerable children stand in particular need of such an intervention.

Identifying the issues

Consider the discussions you've had in response to the questions asked in this section. What were the most important issues you identified in your country with respect to the particular impact of HIV?

Write out the issues you have identified in the table below:

The particular impact of HIV
Issues identified

Prioritising the issues

Rank the issues you have identified in terms of their importance starting with 1= most important. Once you have done this, write the most important issue you have identified in the first table of section eight.

Further information relating to the particular impact of HIV can be found in the next section.

Section 4b: The particular impact of HIV: Further Reading

HIV/AIDS affects the household and the extended family as well as the home life of children orphaned by AIDS. This section assesses the impact of parents' HIV/AIDS-related illness and death on households, extended families, and children's home life. Because of illness in a household, family financial resources decline, and psycho-social and physical support for the children is lacking. In case of illness, children become caregivers for the sick and for younger siblings. In case of death, families become poorer; the children may be placed in foster care with extended family members, who themselves might be poor; in many cases, the children are cared for by their grandparents. Sometimes as a result of a parent's death, the household is headed by a child, or the children are taken to orphanages.

The impact of HIV/AIDS related illness and death on the household and the extended family

Households and extended families that have patients suffering from HIV/AIDS-related illnesses are often severely constrained, both economically and socially. The constraints include a decline in their financial resources, malnutrition and stunted growth, loss of value systems, discontinuation of education, delinquency, and crime, and in many places have to deal with the stigma associated with the disease. Some of these impacts are presented in Box 4.1.

PROGRAMS
Box 4.1: HIV/AIDS impact on households and extended families

Decline in the family's resources:

A sudden decline occurs with either death or illness. As the family takes steps to mitigate the impact of the decline on the household, one or more of the following may occur in, for example, an agricultural family:

- The household members are forced to work long hours in their fields.

- The land being cultivated is reduced in accordance with the reduction of human resources.

- Food crops are substituted for cash crops that require much labor.

- The harvest has a poor yield because weeding has been delayed.

- In the worst case scenario, the family may have to abandon its farm completely.

Decline in the health status of the family**:**

When fewer household members are available to work on the land or the parents are unable to work or earn income, the food available to the household is reduced, and the nutritional status of the family members declines as a result. In such circumstances, households may do the following:

- Stick to one or two easily available staple foods, which might not be nutritional.

- Reduce the number of meals or portions available to family members, and particularly children.

- Sell most of what they produce to buy other essential things— Medicines, for example.

Households with AIDS patients commonly experience a decline in productivity.   A household with an AIDS patient spends, on average, between 11.6 and 16.4 hours a week on agriculture, compared with 33.6 hours for a non-AIDS-affected household. A shift occurs in the pattern of work; family members that were previously employed in income generation for the family need to be increasingly at home to care for the sick.   In a household in Tanzania where one person was sick, 29% of labor was spent on AIDS-related matters. When two people were devoted to caring for the sick, 43% of labor time was used (Kelly, 2001). The disappearance of households altogether is unfortunately a common consequence of an AIDS-related death. In Zimbabwe, 65% of households where a deceased female had lived no longer existed after her death (Kelly, 2001).

Because the infected individual is unable to work, the financial resources of the household decline and part of the resources that are available are used to provide care to the sick person (Ainsworth and Rwegarulira 1992; Gilks et al. 1998); this leaves fewer resources available for school fees, purchase of textbooks, and childcare. In Côte D'Ivoire, studies in urban areas have shown that when an adult in a family has AIDS, average income falls by between 52 and 67%, while expenditure on health care quadruples (UNAIDS/UNICEF 1999); as a consequence, a household with an AIDS patient spends twice as much on medical care as one without such a patient (Kelly 2001). Another study in Côte D'Ivoire found that the costs of health care for persons with AIDS accounted for about 80% of the health budget of the household and amounted to 8.4% of the household's total consumption. The cost of health care for other members of a household with an AIDS patient accounted for only 2.2% of total expenditures, compared with 5.6% in non-AIDS households by Bechu (1998).

Impact on the child

AIDS is substantially increasing adult mortality in most developing countries (Boerma, Nunn, and Whitworth 1998). There is due concern about what happens to the general well-being and to the education of orphans and vulnerable children. Some of the main impacts on the child are summarized in Box 4.2:

Box 4.2. Impact of HIV/AIDS-related death on a child's home life

Increased	Reduced
Poverty	Access to food
Household responsibility	Access to health services
Psychosocial distress	Access to school
Vulnerability to abuse, child labor, sexual risk	Material goods such as clothes, supplies
Stigma and isolation	Guidance, protection, and love from adults
Hunger, malnutrition	

Source: L. Gilborn (2001).

HIV/AIDS not only affects households with children orphaned by AIDS, it also affects the children living with HIV-positive parents or relatives. This group of children serves as an indicator for the future orphan burden. The exact number is unknown and most countries do not even have estimates. Like the children who have lost their mothers or both parents, this group of children is discriminated against, lacks basic health care and education, experiences physical and psychosocial stress, and they have little or no social and economic support. The children are frequently young: the mean age of orphaning is only 6.2 years (Mugabe, Stirling & Whiteside, 2002) and they are forced to take on responsibilities far beyond their years, not only caring for other siblings but also for their parents - the ones they look to for love and support. An adult AIDS patient requires increasing help with everyday activities, which is expected from the child, but also suffers from frequent opportunistic infections such as uncontrollable episodes of diarrhea, in conjunction with the slow debilitating effects of the HIV itself - the responsibility for caring for them frequently falls entirely on their young children.   The psychological demands and effects on the child must not be underestimated (Kelly, 2002).

The infectious nature of HIV means that if one parent dies of AIDS, it is likely that the other parent is also infected; the child has to face the traumas of watching one parent die tragically whilst all the time knowing that the course will soon be repeated.   Once left alone, orphanhood becomes an enduring condition that accompanies a child into adulthood.   A child requires continued loving care and support throughout its childhood; for orphans, the lack of a parent figure exacerbates the social, psychological and spiritual problems attached with growing up.   In addition, and a pertinent issue for the forthcoming years, is how a lack of parenting will impact on their performance as parents of the future generation (Kelly, 2002).

The illness or loss of a mother or both parents can affect a child in many ways that differ from country to country, depending on the culture, legal system, and family structure. Orphans, especially girls, have a higher probability of being sexually abused and forced into prostitution as a survival strategy. In any case, most of these children are discriminated against and lack basic health care, education, and economic and social support. The nutritional status of the child deteriorates and orphans and vulnerable children have an increased risk of stunting and malnourishment (Barnet and Blakie 1992); it has been observed that food consumption drops by 41% in a household with a family member who has AIDS (UNAIDS/UNICEF 1999). With illness or death, an accompanying rise in childhood psychosocial and physical problems can be expected. In addition absenteeism among children who are heads of households and those who help to supplement family income can be expected to rise. School enrolment and attendance rates are expected to decline (UNAIDS/UNICEF 1999; Coombe 2000).

In a survey carried out in Uganda in 1999, when children 13 to 17 years old were asked if the illness of their parents had any impact on their education, 26% said their school attendance had declined (Gilborn et al. 2001). In Kenya, it was found that 76.9% of boys dropped out of school due to an inability to pay fees. The expenses of being at school are often hard to meet, such as the additional costs of uniforms and textbooks. In the Kenya study, 12% of girls were found to have been withdrawn from school as a result of AIDS-related illness in the family (Johnston et al. 1999). In another study carried out in the Luwero and Tororo districts of Uganda in 1999, 81.3% of parents with HIV said that when they were sick, they needed assistance with farming or gardening, cooking, fetching water and firewood, going to health center or collecting medicine, food shopping, looking after livestock, and selling goods. This assistance is provided mostly by children, siblings, and brothers-in-law (Gilborn et al. 2001).

In another study, carried out in Rakai in Uganda involving 20 pupils (10 boys, 10 girls, 10 orphans, and 10 non-orphans), Shaeffer (1994) cited a report by Anne Katahoire, that "Nineteen of the pupils reported having been absent from school for periods ranging from five to fifteen weeks during the past year. The most common responses given for absenteeism were lack of school fees and helping with the nursing of AIDS patients at home. All other household members including themselves were reallocated to caring for the patient or patients... pupils (especially

girls) were required to take turns at home nursing the sick and helping out on the farm, especially with the decrease in farm labor in the homes. Most pupils indicated that they had to work on the farms in order to raise money for fees and to grow food to eat".

The psychosocial traumas associated with caring for a dying person and the ostracism, discrimination, and stigma suffered by children as a result of infection or HIV/AIDS in the family, coupled with a fear that they may also be infected, makes children unhappy in the school environment, and often less likely to attend.

Long before the death of a mother or both parents, children in a household with a member having AIDS start suffering and experiencing fear and anxiety. They take on some of the functions originally performed by the household member, such as household work, looking after younger siblings, going to the farm, and working to supplement household revenue. Taking on these functions produces stress in the child. The child also exhibits depression and anxiety over the suffering of the person who is ill (Black 1998; Forsyth et al. 1996; Hunter and Williamson 1997, 1998; Williamson 2000b). When such children do continue to go to school, their performance may decline. Discussing the psychosocial support for children affected by HIV/AIDS, one study found that, due to the unresolved psychological trauma, school performance of children is negatively affected by HIV/AIDS (UNAIDS 2001a). A study in Uganda in 1999 on the impact of parental illness on a child's performance revealed a decline of 27.6% among children ages 13 to 17 (Gilborn et al. 2001). Such a decline can also be linked to the fact that children may intermittently have to drop out of school to cater for the affairs of the household, including the care of the ill family member. In the situation where the parent is too sick to actively participate in the affairs of the school or the children's educational development, it becomes difficult for the children to concentrate even if they do continue in school. Parents who are ill are often unable to help their children with homework or supervise them at home. Both in the short and long terms, the children's performance or achievement in school will be negatively affected.

The Impact of HIV illness related death

Children whose parents suffer or die from HIV/AIDS-related illness are among the group of vulnerable children who have the highest risk of being excluded from or denied access to education.

In discussions of the international strategy to operationalize the Dakar Framework for Action on EFA, it has been stated that the international and bilateral partners at the national level should "support the diversification of education opportunities to ensure that access to learning opportunities is sufficiently flexible to respond to the demands that HIV/AIDS places on children and their families, and to meet the special needs of children orphaned by AIDS" (UNESCO 2002).

The HIV pandemic is severely hindering the opportunities for orphans and vulnerable children to attend school and receive the education so vital for a fulfilled life. The highest HIV/AIDS prevalence is seen in adults of parenting age with the mortality impact occurring at ages 20-44 years for women and 25-44 years for men (Boerma T.J., Nunn A.J., et al 1998). HIV/AIDS-related illness and death reduces the numbers of parents who are 20 to 40 years old (Todd, J. et al.,1997) and who would otherwise be expected to support their children in school.

When a parent dies from AIDS, the result may be a decline in the household's financial resources because the number of income earners in the household is reduced. Less money is available therefore, to pay for school fees or to purchase textbooks, and the children themselves may have to work to help support the family or foster family. In the long term, the education of the child suffers. The probability of orphans going to school regularly, or at all, is limited. In Uganda, the chance of a child orphaned by AIDS going to school is reduced by 50% compared to a non-orphan, and those that do go to school spend less time there (World Bank 1995).

Who cares for orphans and vulnerable children?
The choice of who will care for an orphan, within the extended family, depends on the family's circumstances, and it varies from country to country, and even from village to village in some cases. Where the extended family system still exists, orphans are often cared for by relatives (Ntozi et al. 1999), often moving between different families. Foster and Williamson (2000) observed that foster care of orphans is most often provided by elderly grandparents with little or no assistance from other family members. Their findings are illustrated in Figure 4.1, which highlights who children are looked after by in four African countries. Summarizing results from studies carried out in Uganda, Zambia, and rural Tanzania it was noted that 32% of grandparents in Uganda, 43% in Tanzania, and 38% in Zambia were caring for

orphans. Other members of the extended family also provided care for orphans, as was seen in Zambia, where 55% were cared for by the extended family (Deininger et al. 2001).

Figure 4.1. Relations of caregiver to orphans in four countries
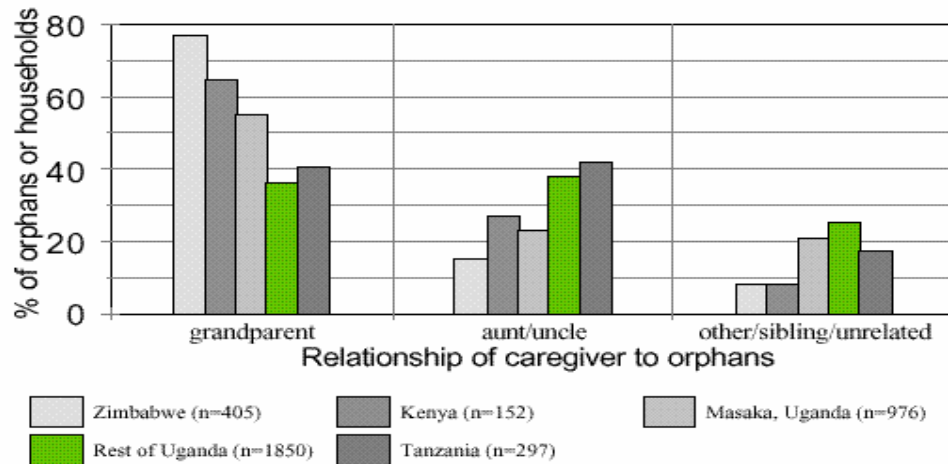
Source: Foster and Williamson (2000).

With the increasing numbers of parents dying from AIDS, there are fewer adults of parenting age to care for the children left behind. The burden of care falls increasingly on other children and elderly people. This situation is sometimes made worse by the reluctance of relatives to provide foster care for the orphans, by the death or illness of relatives, or by the lack of contacts between orphans and relatives (Foster et al 1997; Aspaas 1999). In some cases, the relatives are willing but are simply unable to shoulder the additional burden of foster children. Older orphans cared for 11% of the orphans in Zambia and 10% in Tanzania. Most foster care households are unable to regularly provide extra food and clothing. To make ends meet, the children are expected to work, and therefore they may not attend school regularly or may drop out of school completely.

Fostering is a deep-rooted practice in Africa, in the form of kinship systems and family networks that provide social safety nets for children, not just orphans, for reasons including continuity for the youngster and to strengthen family relationships. Deininger et al (2001) observed that in Uganda between 1992 and 2000, the incidence of fostering increased, even for children younger than 6, even though the

incidence of HIV/ AIDS had been declining in the same period. The numbers of households having foster children also increased, from 5% in 1992 to 15% in 2000.

In rural Tanzania, child fostering was found to be very common, and 34.2% of all children under the age of 18 were not living with one or both biological parents. 42% of all households had fostered a child (Urassa et al. 1997). These numbers point to the risk that poor households, especially in rural areas, that are taking in foster children, may not be able to accommodate the ever-increasing numbers of children orphaned by AIDS, considering the limited resources available to them. It has also been observed that there is a higher concentration of children orphaned by AIDS in rural than in urban areas. One reason for this concentration is the fact that when people are sick with HIV/AIDS-related illnesses, the tendency is for them to move back to their villages, where their parents and relatives are (Aspaas 1999). Another reason might be related to the fact that a higher proportion of the population live in rural areas, so much so that even if the infection rates are higher in the urban areas, the absolute numbers in rural areas might be higher. When parents die in the rural areas, the orphans may remain in the village with either the grandparents or other family members or migrate to towns and become street children.

From the point of view of the orphans and vulnerable children, being placed in a fostered environment can cause considerable stress.   Often they have no say as to where they are to be placed, and may be separated from their siblings and their community, at a time when they are most in need of their support (Kelly, 2002).   In the majority of cases the fostered orphans are treated with fairness and love, but the receiving households are often poor, and the addition of orphans puts more strain on their limited resources.   In these cases inequalities may arise in the allocation of resources between children, and orphans are often the first to suffer when resources are scarce.

What is the economic impact of fostering?
Deininger et al (2001) presented changes in real per capita expenditure and income based on results from 1300 panel households in Uganda that had a foster child below the age of 14 years. When considering children of school age (7 – 14 years), significant differences between households with and without foster children were observed. The addition of a foster child to a rural household would reduce per capita consumption and income. This has implications for the economic well-being of its members as these households invest significantly less than those without foster

children (Table 4.1). Using an econometric approach, Deininger et al. (2001), found that a household that initially had two children would be worse off were it to take in a foster child, but it will not be worse off if the third child is that of the occupants. Taking in orphans can bring economic hardships to the household, and if the orphans have to work and contribute economically to the well-being of the fostering family, they are likely to drop out of school. Some resentment on the part of the foster family has been documented; in a survey in Lusaka, only 56% of 13-18 year old orphans said they were well-treated (FHI/SCOPE OVC, 2002).

Table 4.1. Growth of per capita expenditure and income for households receiving foster children

Fostering	Change in real per capita expenditure	Change in real per capita income	Rate of Investment
Received foster child less than 14 years old in 1992–2000			
No	4.91%***	8.34%**	2.40%**
Yes	2.95%	5.81%	1.88%
Received foster child 7 to 14 years old in 1992–2000			
No	4.80%***	8.12%**	2.41%***
Yes	2.84%	5.98%	1.71%
Total sample	4.42%	7.70%	2.27%

Note: All rates are mean annual growth rates

** Significant at 5%; *** Significant at 1%

Source: Deininger, Garcia, and Subbarao (2001).

Taking orphans to orphanages is always the last resort, especially because the cultural, community, and family norms still support fostering within the community (Urassa et al. 1997). Orphans are taken to orphanages only if there is no family or community member prepared to care for the orphaned child and there is no child in the household old enough to care for the other siblings. Orphanages take the orphans away from their communities and cultures and bring them up in ways that may not be the same as in the orphan's culture, and it is often difficult for the child to adjust to life outside when they leave the institution (Kelly, 2002).

From an economic point of view, orphanages are very expensive. For example, it costs between $300 and $500 a year to maintain a child in an orphanage in Ethiopia (Bhargava and Bigombe 2002), and can be up to fifteen times more expensive than community care (World Bank, 2001). Similarly, orphanages only have the capacity to cater for a small fraction of the children in need of care (Kelly, 2002). Notwithstanding the above, orphanages have been perceived in Uganda to provide orphans with a higher standard of living than that provided by relatives. This is probably related to the fact that orphanages spend more money on the orphans than relatives do. Children in orphanages were more likely to be attending school than orphans living elsewhere, though it must be stressed that most of these orphanages are found in urban areas (Ainsworth and Rwegarulira 1992). Furthermore, there are not many orphanages available, probably related to low demand and high running costs. The situation is made worse by the fact that orphanages prefer toddlers/infants as opposed to the school age group we are dealing with here.

Kelly highlights that orphanages offer a temporary solution while orphans are waiting to be housed with families elsewhere, and also for abandoned children. Given the scale of the orphans and vulnerable children problem in Africa, orphanages can only hope to offer a partial and emergency response to the crisis. Other measures are needed in the long term. A third option and one that is developing in many parts of Africa is that of children's villages. The children live with relatives, but attend the school during the day where they are fed and receive a basic education and basic health care. In Zambia for example, the centers are run by widows, who have lost their husbands through AIDS.

Section 5a: The Policy Environment

Introduction

The aim of this section is to enable you to consider:

- *What is policy?*
- *What is the policy environment in which you work?*
- *What are its gaps and weaknesses?*
- *What opportunities would integration and rationalisation of policy bring?*

What is policy?

Education is a service delivered to a client group (children and young people in this context) by providers with special knowledge and skill (educators of every sort, including administrators of education). Provision of service is always within a policy framework and subject to some form of governance. *Policy* means the general direction of the provision, answering questions such as to *whom* is it delivered, *at what level* is it delivered, *how much is invested* in its delivery, *how equitably* is it delivered, *what rights* are held by its recipients and its deliverers, *what duties* are held by these, *what recourses* are available when things go wrong and *how* is the provision to be systematically *monitored*, *evaluated* and *improved*.

Governance is the creation of policy and the monitoring that policy has been executed. *Administration* is the bridge between policy and service provision, or the mechanism for translating policy into service provision.

It is important to agree that this description applies at every level of education. It may be most obvious at the level of a central Ministry of Education in a capital city, but the same elements can be discerned in the most remote and rudimentary places where education occurs.

For an example from non-formal education, consider a community school, set up by an educated woman in a poor district, using the back room of a shop. Although nothing has been written down, the "teacher" and a few like-minded friends have

decided which children they hope to attract, how they will try to help them to read and write, whether they will give them water and a little food, and how they will respond if bad people in the neighbourhood interfere. These are the rudiments of policy. If the school thrives and develops, the policies will need to be written down and formalized, probably to be endorsed within the community (governance), for example by a council of elders. The written policies will act as a record if there are later differences of opinion among the community governors as to the direction the school should take.

What is the policy environment in which you work?

At the central government level, there may be documents describing policies on Education for All, on access to school for children with special educational needs, perhaps also on fees and levies, on school uniforms, on family life education, on school feeding programs, on special provisions for education for those in poverty and on support for the most vulnerable children.

There are also likely to be policies in parallel ministries that are also relevant. For example, a Ministry for Women's Affairs and Social Welfare may have a policy on orphans and vulnerable children that overlaps the policy of the Ministry of Education. It is also possible that this policy contradicts that of the Ministry of Education. The essential need is for policies that
  (a) harmonise with each other,
  (b) are reflected in the more local policies at provincial, district and school level,
  (c) cover all relevant needs and eventualities.

The updating of these policies is a continuous process that must be undertaken by governance at every level.

The outcome will be documents that can be used as a standard against which to check service provision, in monitoring and evaluation, and as a recourse if service providers deny the authority that mandates them to provide services, such as those for vulnerable children.

As an example, suppose that a group of street children have come under the care of a faith-based NGO, which is trying to negotiate with the local school for the provision of basic education for them. The school principal refuses to consider this, but a local education official points out that there is a regional *policy* in place, which in turn reflects the national policy of EFA.

Question: **What gaps and weaknesses exist in your policy environment and what opportunities would integration and rationalisation bring?**

Identifying the issues

Consider the discussions you've had in response to the questions asked in this section. What were the most important issues you identified in your country with respect to the policy environment?

Write out the issues you have identified in the table below:

The policy environment
Issues identified

Prioritising the issues

Rank the issues you have identified in terms of their importance starting with 1= most important. Once you have done this, write the most important issue you have identified in the first table of section eight.

Further information relating to the policy environment can be found in the next section.

Section 5b: The policy environment: Further Reading

At the end of 2003, only 17 countries with generalized epidemics reported having a national policy for orphans and vulnerable children to guide strategic decision making and resource allocation.

A key outcome of the first *Global Partners Forum* convened by UNICEF, with support from UNAIDS, in October 2003 was the *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*. The *Framework* is now recognized as the normative basis for responding with increased urgency to the needs of the growing numbers of orphans and vulnerable children and for protecting their rights. It has been endorsed by all United Nations agencies that are cosponsors of UNAIDS and welcomed by many of the international partners working to address the complex and far-reaching impacts of HIV/AIDS on millions of children and adolescents. The *Framework* contains the following recommendations for national action:

- National governments should be encouraged and supported in giving priority to orphans and vulnerable children in national policies, plans, budgets, and legislation; in collaborating with nongovernmental and community organizations to ensure efforts are well-coordinated; and in monitoring progress toward national and global goals.
- All stakeholders should advocate to end the stigma, discrimination, and silence surrounding HIV/AIDS and affected children. They should also mobilize to put orphans and vulnerable children high on the development agenda.
- National governments, in partnership with international agencies and other stakeholders, must measure progress over time in closing the gap between what is being done and what must be done to fulfil the rights and ensure the wellbeing of orphans and vulnerable children.
- All governments should assess their resource commitments to urgently increase and sustain financial support for an adequate response over the long them.

Section 6a: Programming and the need for inter-sectoral collaboration.

Introduction

The aim of this section is to enable users to consider:

- *Different interventions that can be implemented that enable access to education.*
- *Inter-sectoral collaboration and co-ordination that is vital to efforts to enable orphans and vulnerable children to access education.*
- *The identities, roles and responsibilities of different partners that implement interventions*
- *Institutional frameworks that support them.*

Interventions that enable orphans and vulnerable children to access education

As has been discussed, access to education of orphans and vulnerable children is affected by a very wide range of different factors. As a result an enormous array of different responses can be employed to give children the help they need.

When eight year old Mohammed is asked why he doesn't go to school he hardly knows where to start, there are so many barriers in his way. He lives with his mother in their tumble down house. They don't have enough money to buy him a uniform and he's often needed to help on the family small holding. Since his father died last year the other children in the village have been picking on him and saying he has AIDS so he prefers to steer clear of the school yard anyway. Even when he went to school he ended up sitting at the back of the classroom and the teacher couldn't pay him or most of the other children any attention.

Some of the different interventions that can help orphans and vulnerable children are as follows[4]:

- Provision of school feeding

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[4] Programmatic information about these approaches can be found in the publication "Enabling Orphans and Vulnerable Children to Access Education – A Sourcebook"

- Distance education that allows those who live far from formal schools to access education [Collaborators: Ministry of Education, commercial sector including radio stations, cell phone networks, NGOs]

- Community run schools that enable those who live far from formal schools, or who cannot meet expenses associated with formal schools, to access education [Collaborators: Ministry of Education, community level organizations, e.g. village councils, community centres of worship, NGOs]

- Non formal education that provides flexible timetables/curricula. This meets the needs of orphans and vulnerable children who are unable to attend formal schools owing to their need to attend to other duties, e.g. care of sick parents,. They may also need to earn a living. [Collaborators: Ministries of Education, Social Welfare, Agriculture & Industry

- Community care and feeding centres that aim to meet all the needs of orphans and vulnerable children- health, nutrition, education etc.   [Collaborators: Ministries of Education, Social Welfare, Agriculture & Industry, Health, community level organizations, e.g. village councils, community centres of worship, NGOs]

- Abolition of school fees and levies that enables the poorest members of society to access education.   [Collaborators: Ministry of Education, people's representatives to democratic Government, Central Government]

- Micro-credit schemes for carers of orphans and vulnerable children that enable the direct and opportunity costs of education to be met. [Collaborators: Ministry of Finance, commercial financial sector, private sector business & industry, NGOs]

- Programs to help street children leave the street and move into settled communities where all their needs for shelter, health, education, etc., can be met. [Collaborators: Ministries of Education, Social Welfare, Agriculture & Industry, Health, community level organizations, e.g. village councils, community centres of worship, NGOs]

- Identification and support of the most vulnerable children living in a community, which enables a comprehensive response to their welfare needs to be made. [Collaborators: Ministries of Education, Social Welfare, Agriculture & Industry, Health, community level organizations, e.g. village councils, community centres of worship, NGOs]

- "Mentoring" of child headed households that provides support, encouragement and advice about how to live and ensure welfare and access to services.

[Collaborators: community level organizations, e.g. village councils, community centres of worship, NGOs, extended families]

The need for inter-sectoral collaboration

National and local governments in many parts of the world are understaffed, underfunded and overstretched. As a result, wise members of different government sectors have sought to concentrate their efforts upon their "core" areas of concern, and have avoided becoming distracted by matters that are secondary to their main aims and objectives. Health concentrates on health, transport on transport, and so on.

In large part, such thinking makes excellent sense; much time effort and money can be wasted to very little effect when sectors become involved in matters beyond their concern. The downside of such thinking can occur when an issue affects more than one sector. Too often, such inter-sectoral issues can remain unaddressed – they are "someone else's problem". As a result no one "gets around" to doing anything about them and the problems remain. Lots of offices display copies of the following story which makes the problem clear:

Once upon a time, there were four people; Their names were Everybody, Somebody, Nobody and Anybody. Whenever there was an important job to be done, Everybody was sure that Somebody would do it. Anybody could have done it, but Nobody did it. When Nobody did it, Everybody got angry because it was Everybody's job. Everybody thought that Somebody would do it, but Nobody realized that Nobody would do it. So consequently Everybody blamed Somebody when Nobody did what Anybody could have done in the first place.

Ensuring access to education for orphans and vulnerable children (OVC) is a classic example of the difficulties of attending to an inter-sectoral problem:

Question:

- *Is OVC education the responsibility of the education sector?*
- *Is OVC education the responsibility of the social welfare sector?*

- ***Given its impact on orphaning, should those working in the field of HIV play a part?***

Who should do what?

As was discussed in the introduction to this handbook, the aim of the education sector is to maximise the opportunities for children to receive an education of quality. It is not to take responsibility for all the needs of orphans and vulnerable children. In seeking to enable the education of children, careful discernment is needed to determine what the education sector should be seeking to do and what is rightly the role of other sectors, e.g. the education sector. This sector might reasonably be expected to set up a bursary fund that would provide needy children with uniforms. It would probably not be reasonable to expect the education sector to assist families with lack of good shelter, which also affects children's schooling. Provision of shelter would normally be the responsibility of another sector such as social welfare. Attention also needs to be given to questions of co-ordination and collaboration between sectors to ensure that synergy is maximised.

Encouraging co-ordination

Responsibility for the care and support of orphans and vulnerable children falls across many different sectors. Users are encouraged to keep in mind the need to focus on interventions that are the responsibility of their own sector and not to stray into areas which are more properly the remit of others. Essential to this aim is clear delineation of which sector is responsible for which activities. Without such understanding, potential exists for duplication to occur and time and effort to be wasted. At the same time, activities of different sectors can benefit and enhance the work of other sectors. Throughout planning for the care and support of orphans and vulnerable children, there is need to identify places where co-ordination can occur so that different sectors can reinforce and help each other.

Question: **Where can different sectors help each other to achieve their aims with respect to the education, care and support of orphans and vulnerable children? How can different sectors make clear to themselves and to others things for which they are responsible and things for which they are not? How can efforts be co-ordinated?**

For example:

- If the sectors responsible for child protection can ensure that orphans and vulnerable children do not go hungry, such activity is likely to enhance children's performance at school
- If the education sector can encourage children to enrol and remain at school, teachers can be vigilant for signs of abuse or neglect, thereby assisting the work of the welfare or health workers responsible for child protection.

Encouraging communication

Effective intersectoral co-ordination is difficult to achieve. Sectors usually have a great deal to do meeting their own aims and objectives without the added burden of co-ordinating meetings, decisions and actions with others. It can be very difficult when members of one sector seem to be "straying" into the responsibility of another.

Working together often demands that members of sectors must step outside the tried and trusted methods of their own sector and this can create problems of reporting and accountability.

The key to overcoming these problems lies in paying particular attention to inter-sectoral communication. If everybody knows what everyone else is doing:

- duplication and misunderstandings can be avoided
- opportunities can be identified
- partnerships can be formed

Question: *What communication strategies work well within your own sector? What good experiences of communication have you enjoyed with other sectors? In your position, what experiences have you had of poor communication and how can these be avoided?*

Identifying the issues

Consider the discussions you've had in response to the questions asked in this section. What were the most important issues you identified in your country with respect to programming and the need for inter-sectoral collaboration?

Write out the issues you have identified in the table below:

Programming and the need for inter-sectoral collaboration
Issues identified

Prioritising the issues

Rank the issues you have identified in terms of their importance starting with 1= most important. Once you have done this, write the most important issue you have identified in the first table of section eight.

Further information relating to programming and the need for inter-sectoral collaboration can be found in the next section.

Section 6b: Programming and the need for intersectoral collaboration: Further Reading.

Programming for orphans and vulnerable children

There is as yet no package of established knowledge on how to intervene in favor of orphans and vulnerable children, although the issue is now well recognized. The United Nations General Assembly's Special Session on HIV/AIDS in June 2001 represented an important turning point in the global response to HIV/AIDS. The *Declaration of Commitment*, issued by member states at the Special Session, outlines specific goals and targets in the areas of prevention, care, support and treatment of HIV/AIDS. For orphans and vulnerable children, the goals stated:

By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by:

- *providing appropriate counseling and psychosocial support;*
- *ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children;*
- *to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance*

In addition, by 2005, significant progress will be made in implementing strategies to:

Strengthen family and community-based care including that provided by the informal sector, and health care systems to provide and monitor treatment to people living with HIV/AIDS, including infected children, and to support individuals, households, families and communities affected by HIV/AIDS…" (UNGASS 2001, §§ 65, 66)

Structured around the goals set for orphans and other children made vulnerable by HIV/AIDS at the 2001 United Nations General Assembly Special Session on HIV/AIDS above, the *UN Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* has five key strategies:

- Strengthening the **capacity of families** to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial, and other support
- Mobilizing and supporting **community-based responses** to provide both immediate and longterm assistance to vulnerable households

- Ensuring access for orphans and vulnerable children to **essential services**, including education, health care, birth registration, and others
- Ensuring that governments protect the most vulnerable children through **improved policy and legislation** and by channeling resources to communities
- Raising awareness at all levels through advocacy and social mobilization to create a **supportive environment** for children affected by HIV/AIDS

The *Framework* contains a number of programming principles:

Focus on the most vulnerable children and communities, not only children orphaned by AIDS. Programs should not single out children orphaned by HIV/AIDS. Targeting specific categories of children can increase stigmatization, discrimination, and harm to those children while denying support to other children and adolescents in the community who may also have profound needs. Orphans are not the only children made vulnerable by AIDS. All children living in communities hit by the epidemic are affected. Services and community mobilization efforts should be directed toward communities where the disease is increasing the vulnerability of children and adolescents.

Define community-specific problems and vulnerabilities at the outset and pursue locally determined intervention strategies. Each community is unique in terms of its problems, priorities, and available resources. It is necessary to identify orphans and vulnerable children and collect baseline information about them, including the households in which they live, before support activities can be designed. Giving a community a central role in this process will increase its sense of ownership of, and responsibility for, new interventions that emerge. An essential aspect of programming for children is to engage community members in the assessment of their needs and priorities so that locally tailored interventions can be developed.

Involve children and young people as active participants in the response. Children and adolescents are not simply a passive, powerless group to receive assistance. They are part of the solution to the problems presented by the HIV/ AIDS epidemic and can play a vital role in mitigating its impact. Young people can help communities identify and understand the most critical problems faced by orphans and vulnerable children. They can visit with children, include them in recreation and

other social activities, and promote their social integration and sense of connection to the greater community. Involving youth in addressing community-wide problems can increase their self-esteem and a sense of control over their lives while contributing to responsible and compassionate behavior.

Give particular attention to the roles of children, men, and women, and address gender discrimination. Much of the burden of caring for people with HIV or AIDS and for orphans and vulnerable children falls on women and girls. Particular attention needs to be given to protecting and supporting girls in these circumstances. Due to their lower social status, girls and women in many circumstances are more vulnerable to sexual abuse and exploitation than boys and men. Orphans and children living in HIV-affected households are especially vulnerable, and program interventions to protect them from abuse and possible HIV infection are needed. The "demand" side of child abuse and prostitution, and the issues of male sexual norms, gender inequity, and sexual exploitation of children and adolescents, must also be addressed. It is important that men assume greater responsibility for raising children, for providing care for those who are ill, and for daily household tasks. In many countries, women are discriminated against by statutory or traditional laws or policies that forbid them from owning land or that prohibit widows from inheriting land or property. Such laws and policies – along with judicial administrative systems – must be changed to protect the basic rights of women and children.

Strengthen partnerships and mobilize collaborative action. The impact of HIV/AIDS on children, their families, and their communities cannot be addressed without collaboration and coordination among stakeholders. This requires the active involvement of government structures; international agencies; nongovernmental, faith based, and community organizations; donors; businesses; the media; and others. Many grassroots groups in impoverished communities have come together to use their own resources to support orphans, vulnerable children, and people living with HIV/AIDS. These local groups provide good examples of assessment, planning, and collaborative action for groups at other levels.

Link HIV/AIDS prevention activities and care and support activities for people living with HIV/AIDS with support for vulnerable children. The HIV/AIDS-related problems of children and families are complex and interlinked. They demand holistic, multisectoral, mutually reinforcing program strategies. Providing care for children and adults affected by HIV/AIDS can be especially effective for HIV prevention. Caring for

people with HIV/AIDS keeps awareness levels about the epidemic high. It informs both children and adults about how people get infected, how the illness progresses, and the consequences it can have on them and their families. Both adults and young people are more likely to adopt safer and more caring behaviors if they are looking after those affected. Many caregivers have begun to promote prevention because of their familiarity with the disease and their recognition of the urgent need to prevent more sickness, death, and orphaning of children.

Use external support to strengthen community initiative and motivation. Governments, donors, and nongovernmental, faith based, and community organizations must focus on strengthening and supporting the ongoing efforts of communities themselves. While outside funding and material assistance are needed, it is important to ensure that the amount of assistance and its timing and continuity do not have a detrimental effect on government incentive, community solidarity, or local initiative. To prevent dependency on external assistance or donor-driven conditions and priorities, local and national mechanisms must be in place to reinforce and expand upon efforts already in place.

Strategies to improve access to education for orphans and vulnerable children

As of yet, no consistent picture is emerging to indicate that orphans and vulnerable children have less access to education or poorer attendance, but it is clear that poor children have less access and poorer attendance than rich children. In some countries, local community groups and nongovernmental and church-based organizations have recognized the negative impact of HIV/AIDS on children's education and well-being, and have begun to take concrete action. Most of the interventions in favor of orphans and vulnerable children and their access to education are fairly recent and have not been evaluated yet for program effectiveness.

Many interventions can be implemented for orphans and vulnerable children to enable them to gain access to education (Deininger, Garcia, and Subbarao 2001; Hepburn 2001). Hepburn (2001) has discussed these interventions and grouped them into four categories (see Appendix 1.3).

- Subsidization of school-related costs—for example, payment of school fees;

- Restructuring of the traditional educational delivery system—for example, provision of community schools;
- Indirectly increasing access to education—for example, by providing community- and home-based care for children;
- Improving the quality of education—for example, through curriculum revision, teacher training, and provision of basic equipment.

Some of the interventions in these categories are specific to orphans and vulnerable children while others serve to benefit all children. They are regrouped and elaborated as presented in Box 6.1 as follows:

Box 6.1. Interventions to improve access to education

Interventions specific to orphans and vulnerable children

- Subsidization of school-related costs – school fees and provision of scholarships and/or school vouchers;
- Income-generating schemes;
- Community- and home-based responses;
- Teachers taking on psychosocial and work counseling;
- In-kind support to schools admitting orphans and vulnerable children;

General population interventions

- Abolition of tuition fees;
- Operation of community schools;
- Increased capacity of teacher training colleges to increase the number of teachers;
- Revision of curriculum to include teaching of vocational and life skills;
- General improvement of quality of education;
- School feeding programs.

Specific interventions that enable orphans and vulnerable children to access education

1.   Subsidization of school-related costs and provision of scholarships

As discussed in previous sections, the costs of tuition, textbooks, uniforms, and other fees hinder the access of many orphans and vulnerable children to education. One of the most common strategies used to overcome this barrier is to reduce or eliminate some of these costs. These reduction interventions include the provision of scholarships or subsidies to households, to help them cover the costs of books, stationery, and school clothing. They can represent substantial incentives for households to send vulnerable children, including orphans and particularly girls, to school. In some cases textbooks have been provided free of charge to schools, made available through textbook rentals, or sold at subsidized rates.

In many developing countries in sub-Saharan Africa, education systems are under funded and schools have to mobilize their own resources. This is often achieved by requesting that parents fill in the funding gaps through Parent-Teacher-Association levies. Intervention strategies can help families meet these additional schooling costs. The direct provision of some of these school requirements, as a means of increasing accessibility of education for orphans and vulnerable children has been proposed by countries including Zimbabwe and Burundi (Gouvernement de la République du Burundi 2002, unpublished; Government of Zimbabwe 2001, unpublished).

In Brazil, it was observed that school attendance increased when the *Bolsa Escola* program was introduced. The program aimed to reduce child labor and encourage families to send their children to school by providing cash grants to families with children aged 7 to 14. Attendance at school was a criterion: To qualify as a beneficiary for the grant, the child had to attend school for a minimum number of days a month (90%). It was observed that the rate at which children in beneficiary households were promoted to the next grade was 80%, compared with 72% in non-beneficiary households. It was also observed that a higher proportion of children from the beneficiary households enrolled in school at the right age (Guilherme, Nadeem, and Gustafsson, 2000).

The *Progresa* program in Mexico is implemented by the federal government and is a scheme of supplying educational grants and monetary support for the acquisition of school materials. It uses geographic targeting to select the poorest municipalities

and then means testing in the chosen locality to select the beneficiary households. Beneficiaries of the program are chosen after a household survey has been carried out. The size of the grants change with the school grade and gender of the child; a greater incentive is given to girls to attend school and children in a higher class in a school will get a higher grant than one in a lower class. Grants are awarded to mothers every two months during the school year, and all children between the ages of 7 and 18 are eligible. To receive the grant, parents must enroll their children in school and ensure regular attendance (i.e., students must have a minimum attendance rate of 85%, both monthly and annually) (Guilherme et al, 2000).

After analyzing data collected in the *Progresa* program, and controlling for community, household and school characteristics, Guilherme et al. (2000) observed that the enrolment rate was 2.2% higher (baseline of 92%) in program regions compared to the control regions. The program had a substantial impact on enrolment, increasing the proportion of pupils both continuing and returning to education from 61% in 1998 to 82% in 1999. The scheme was not ideal however in the eyes of the community; they were dissatisfied at not being more involved in the selection of beneficiaries (Adato et al. 2000).

In Latin American countries, some local authorities have provided school subsidies and funded the education of girls. Considering the number of orphans and vulnerable children in sub-Saharan Africa and the limited resources available, this approach may not be feasible. Sustainability in the African region might not be possible without continuous external support. In Burundi, for example, it is estimated that the subsidy package would cost $148 per family per year (Subbarao, Mattimore, and Plangemann 2001) and it would be difficult for Burundi to fund this on its own. One possibility for increasing the chances of sustainability might be to provide funds to families for income-generating projects (Donahue 2000).

Targeting orphans with assistance for school-related costs assumes that their low rates of enrolment are related only to their inability to pay. This is unlikely to be the case for reasons discussed in previous chapters. Having to care for a sick parent, poor quality schools and distance between the home and school and other factors also have a negative impacts on school enrolment. In a survey of 62 schools in Tanzania, school officials cited financial difficulties as being the least important reason for children being absent from school (Oulai and Carr-Hill 1993, p. 18).

Improvement in the whole education system might be more appropriate to increase enrolment among all children equally.

2. Income-generating schemes

Foster households often need financial assistance in order to be able to send the orphans and vulnerable children they are caring for to school. Microfinancing and providing funds for income-generating schemes have been implemented as strategies for improving their economic status (Donahue 2000). Income-generating schemes have been undertaken in countries such as Uganda and Eritrea. Their effectiveness, however, depends on follow-up training and marketing support (Deininger et al. 2001). Where income-generating schemes have been implemented, sometimes the returns are small in relation to the effort and resources invested (UNAIDS/UNICEF 1999). Care must be taken to ensure that the income-generating scheme does not require the children to provide labor instead of going to school, and also that the child has enough time to study outside school.

The foster households can also be given a targeted conditional transfer of cash, but this might not be sustainable unless the government is prepared to contribute substantially. In some cases, foster households have been given loans to enable them start a small income-generating business. Donahue (2000) and Hepburn (2001) have found that microfinancing, which has been undertaken in several African countries, helps the household to maintain or increase income and reduces its vulnerability to financial loss. Most of the microfinancing credit or loan schemes target women because they are more likely to repay the money and also more likely to use the income for the benefit of the household, including the orphans and vulnerable children (Williamson 2000a). In a vulnerable children's project in two local government areas in Benue State in Nigeria, 250 households with orphans and vulnerable children are receiving support through income-generating activities and microcredit schemes, and 350 orphans and vulnerable children are receiving education and vocational training (USAID 2001, pp. 30–31).

3. Community- and home-based responses

After the extended family, the community is the orphan or vulnerable child's next safety net. A community in this case represents people who have something in common and who are prepared to act together in their common interest, for example, a women's group, a church group, or a cooperative of workers. These groups focus

on orphan monitoring and the psychological needs of orphans and vulnerable children and provide assistance in community schools and community day care centers (Gilks et al. 1998).

The community can devise methods of identifying those households in need and children not attending school, and their reasons for not doing so. Communities can be mobilized to assist orphans and vulnerable children with activities in the home so that they have enough time to attend school. Such activities include support with household chores, helping with crops and tending animals, and providing home-based care for the sick parent. In Zimbabwe, the Chief Charumbira Community-based Orphan Care program in Masvingo Province formed in 1994, uses volunteers through the village committees to ensure that orphans and vulnerable children attend and remain in school. The volunteers have taken on some of the household chores to enable the children to attend school, and village committees asked community members to contribute for the payment of school fees (UNAIDS/UNICEF 1999). In Nigeria, the River State Enhanced Care of Orphans project has provided care to 500 households looking after orphans and vulnerable children. Plans are underway to assist 300 more caregivers and enroll 300 additional orphans in schools (USAID 2001, p. 29).

The community can also serve as advocates for the orphans in communication with the parents/relatives, the Ministry of Education and the school in order to solve some of the problems that prevent children, especially orphans and vulnerable children, from being enrolled in school. Community and national-level advocacy campaigns were used successfully in Zambia to waive enrolment fees for orphans for one year (USAID, UNICEF, and SIDA, cited by Hepburn 2001).

4.   Support to schools that admit orphans and vulnerable children

As mentioned earlier, in most developing countries there is always a funding gap in the education sector. Admitting orphans and vulnerable children who are unable to contribute to school funds is always very difficult. In an effort to improve the quality of education, some projects have attempted to overcome this constraint by donating materials needed by a school on condition that the school admits a certain number of orphans without enrolment fees (Hepburn 2001). Zimbabwe has implemented this strategy. The organizations providing the assistance are also involved in the physical infrastructure renovation. This is quite expensive however, and difficult to sustain. It

also might not prevent schools from seeking more funds from the parents to compensate for the enrolment fees not received from the orphans. However, although expensive, it is an intervention that provides benefits not only to the orphans but also to all the children who attend the school.

General education sector interventions that enable orphans and vulnerable children to access education

1.   Abolition of tuition fees

Abolition of tuition fees is an example of a general intervention that is beneficial to all children including orphans and vulnerable children. In an effort to increase enrolments, a number of countries have put in place Universal Primary Education (UPE) policies, which abolish the payment of tuition fees at the primary level. For example, Uganda's UPE policy abolishing the payment of fees for the first four children in a family, increased enrolments fivefold within a year. The policy covers all vulnerable groups (Tumushabe, Barasa, Muhanguzi, and Otim-Nape 1999). Malawi also abolished fees, and saw an associated rise in enrolment despite the costs of uniforms, books, and the other levies that were still in place (Kadzamira, Chibwana, Chatsika, and Khozi 1999). In Indonesia, Tanzania, and Kenya, enrolment has increased substantially following abolition of primary school fees for all children. However, governments are unable to keep pace with the increased enrolment resulting from the abolition of the fees. This has resulted in poorer-quality education.

2.   Operation of community schools

Another strategy that has been used to improve the access of orphans and vulnerable children to schools is to increase coverage so that schools are available to children living in areas outside the those covered by the formal education system. Children whose education was interrupted can also gain access to a general education program outside the traditional channel. Community schools have been created to respond to the problem.

Community schools are established by local community members and sometimes supported by nongovernmental organizations (NGOs) and churches. These schools do not charge fees, nor do they require that children wear uniforms. They sometimes adjust their timetable to local needs and use volunteer teachers. The drawbacks are that the quality of education using volunteer teachers may not be optimal and the teachers can leave if they find a better job elsewhere. Also, the donor can reclaim the buildings at any time for other purposes. Sustainability in such cases is doubtful.

Community schools implement the same curriculum used in the public schools, though modified. They also concentrate on those things that affect the quality of life in the community and may offer more vocational courses. Tanzania has had community schools since the late 1970s (Ministry of Education 1980), not because of orphans but because of a need to make education relevant to the needs of the community. In Zambia, more than 200 community schools have been opened in far-away remote areas where there are no government schools (World Bank 2002).

3.   Increased capacity of teacher training colleges to increase the numbers of teachers

Access may also be hindered by the absence of teachers in the classrooms. HIV/AIDS has claimed the lives of many teachers and when teachers are ill with an HIV/AIDS-related illness, they may be absent from school for long periods. More than 30% of teachers in parts of Uganda and Malawi are HIV positive (Coombe 2000). A review of the situation in six African countries reveals high rates of infection and death from AIDS among teachers. Of the teachers who died in the Central African Republic between 1996 and 1998, 85% were HIV positive. In Kenya, the number of teachers' deaths resulting from AIDS rose from 450 in 1995 to 1,500 in 1999 (Gachuhi 1999). Projections of the current situation indicate that Zimbabwe will lose about 2.1% of its teachers, Zambia 1.7%, and Kenya 1.4% in the 2000 to 2010 period (World Bank 2000). These projections have serious implications for the supply of teachers in schools and attainment of Education for All (EFA) goals (Kelly 2001).

Countries that have already lost a large number of teachers have had to take immediate action to replace the dead or absent teachers. Many have relied on hiring of temporary, untrained teachers or retired teachers. In Botswana, it is reported that 12% of teachers are temporary and untrained (World Bank 2002). Efforts to increase the supply of teachers in the long term include increasing the numbers of entrants into teacher training colleges based on strategic planning models. Meanwhile, other strategies such as employing untrained or retired teachers in the community or peer tutoring are being used. Another strategy is to raise the training capacity of teacher training colleges and consequently their output. For example, Guinea increased the output of its teacher training colleges tenfold and shortened the duration of teacher training courses. In The Gambia, training output of the teacher training college increased threefold. It is also reported that Zambia has doubled its teacher training college output (World Bank 2002, p. 38).

The Mobile Task Team on HIV/AIDS and Education, based in South Africa, supported by USAID, is working with governments in Malawi, Namibia, and Zambia to model teacher supply needs based on the current situation of teachers and the prevalence of HIV/AIDS in these countries. The Education and HIV/AIDS initiative (ED-SIDA/AIDS), supported by the World Bank, the Department for International Development, the International Institute for Educational Planning, and the Partnership for Child Development, are also working with Ministries of Education in ten African countries (Benin, Burkina Faso, The Gambia, Ghana, Guinea, Niger, Nigeria, Senegal, Togo and Zambia) to project the numbers of teachers that will be needed in both low- and high-prevalence scenarios in order for these countries to meet the EFA targets.

4.   Revision of curriculum to include teaching of vocational and life skills

Schools need to address work-related technical and vocational training earlier in the curriculum. Children orphaned or made vulnerable may no longer be "parented" (Ntozi et al. 1999), and will therefore need support to do most things on their own. They will need practical numerical and literacy skills to survive economically and socially after they leave school. These are skills related to work and income generation, as well as life skills dealing with key psycho-social factors (Gachuhi 1999). A revision of the curriculum will therefore be necessary to ensure that these skills are taught. Some programs have attempted to revise the curriculum to include vocational subjects and the development of life skills. However, efforts have to be made not to overload the curriculum and note has to be taken of the fact that the children being taught might be too young to understand the implications of the acquisition of vocational skills. It is perceived that by enabling primary school graduates to work, this revision in the curriculum will increase the benefits of primary education and serve as an incentive for some households to send their children to school.

5.   Improvement of quality of education

Ainsworth et al. (2002) found that some of the reasons for delayed schooling in northwestern Tanzania are overcrowding in schools, low returns from primary schooling, limited opportunities for secondary schooling, and opportunity costs of the children's time. The same study (p. 23) also found that the factors likely to reduce delayed enrolment and drop-out rates at the primary level include better access to secondary schooling, reduced overcrowding of classes, better quality of physical

facilities, and higher teacher-student ratios. In other cases, there are no post-primary education opportunities within a reasonable distance from home.

6.   School feeding programs

School feeding programs have been implemented as a strategy for reducing the cost of education to parents, as incentives for them to send their children to school, and also as a way of improving the nutritional status of children attending school. In situations where children in areas of food scarcity and /or walk for long distances to school and food is not provided, the effect on cognition, short-term memory, verbal fluency, and ability to concentrate is negative (Janke, 2001).

School feeding and take-home rations serve as an incentive (feeding) and a reward (take-home ration). They raise school enrolment and attendance and lower dropout rates. Enrolment and attendance rates significantly increase at the start of the school feeding program and then level off. Dropout rates decline too, but not as much as the enrolment and attendance rates increase. Food assistance of this nature provides an income transfer for households that have high opportunity costs for children's labor. The size, composition, and frequency of delivery of the rations should be sufficient to address the opportunity costs of the targeted families. One drawback is that children are attracted to school not by education but by the food, and enrolment and attendance fall when feeding programs stop. On the whole, school feeding programs do not necessarily improve nutrition and school performance. To sustain long-term educational benefits, it is advisable to plan school feeding programs for at least 10 years and that they should not stand alone but involve local stakeholders (Janke 2001).

School feeding programs are operating in several countries, particularly in areas of food scarcity. For example, in Ethiopia a school feeding program operates in areas that were affected by drought and suffering from food insecurity. It is reported that the program had a significant impact on enrolment, drop-outs, and performance. Similar programs exist in Côte D'Ivoire and the northern regions of Ghana. The programs have encouraged parents to send their children to school, and they may also result in improving health and performance at school.

Section 7a: Monitoring

Introduction

The aim of this section is to enable users to consider:

- *The need for monitoring to enable effective planning, budgeting and policy formation.*
- *Data needs*
- *Collecting data*

The need for monitoring

Interventions to enable orphans and vulnerable children to access education are provided by a range of different sectors. Services are provided by government ministries and also by large numbers of non-governmental organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs), and private sector agencies. As has been discussed in the previous section, the range of agencies providing interventions presents a major challenge to planners and program managers in terms of **coordination** and **collaboration** of planning and provision between various stakeholders.
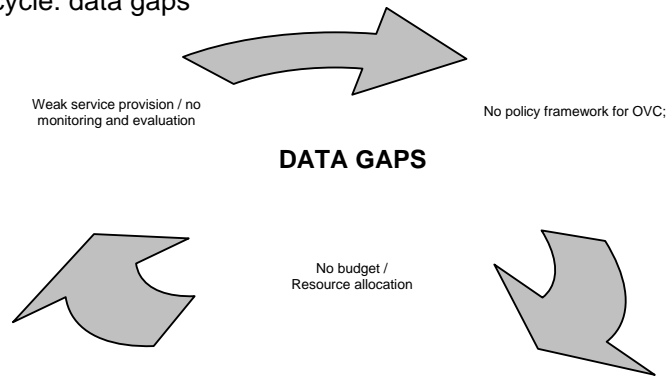
Hezekiah is a district planning officer in Tanzania. Amongst his many responsibilities he is charged with making sure that the orphans and vulnerable children in his district can access education. The district contains many thousands of such children and hundreds of schools. Lots of different local government offices are providing help to children such as non formal education, school feeding, and community support activities. In addition to these, lots of other stakeholders (CBOs, FBOs, NGOs and others) are all doing their bit to help children. Quite often, Hezekiah finds that two different NGOs are working in one school whereas nobody seems to be helping another. No one knows how many children in the district are being helped, what the real scale of the problem is or what resources are needed to respond to it. Planning is a nightmare.

A problem encountered by key decision makers in many countries at present is that *the right hand does not know what the left hand is doing*. As has been mentioned, the negative effects of poor coordination and weak collaboration include a duplication of

efforts, a wasting of precious resources, haphazard capacity building, and, as a result, a deepening of the OVC crisis.

At the heart of the challenge of coordination and collaboration are data gaps. The information-base need to effectively plan and provide services is often lacking. The figure below outlines a vicious cycle that revolves around data gaps. A weak or non-existent policy framework results in inadequate planning and budgeting for service delivery. Without the necessary resources, the programs and activities provided are undermined and rarely monitored in any systematic way. Without the requisite data, policy cannot be designed or strengthened. The cycle continues.

A vicious cycle: data gaps

Weak service provision / no
monitoring and evaluation

No policy framework for OVC;

DATA GAPS

No budget /
Resource allocation

To break this vicious cycle, planners and program managers need to:

- **Map** *service providers* in both government and civil society;
- **Map and monitor** *programs and activities* targeting OVC, in terms of inputs, outputs, processes, and outcomes/impact;
- **Monitor** the progress and future learning needs of *learners* and *educators* participating in these programs.

Question: How could improved data help you make policy/ plan/ budget?

Where to begin?

The key to the development of a monitoring system is to ensure that it is designed with the full co-operation of the people that will use it. This ensures that the right kind of data get collected and that they go to the right people. Design of monitoring systems in isolation from those who will use them usually results in:

- data being collected that isn't needed
- data that is needed being ignored
- the failure of data to get to those that need it

Question: ***In your context, who needs data about enabling access to education for orphans and vulnerable children?***

Careful thought needs to be given to the kind of data that will be collected. In terms of the access to education of orphans and vulnerable children, helpful categories of data that should be collected often relate to providers, programs and learners/educators.

Question: ***What kind of data would you like to have about these groups?***

A further question that needs to be considered is where should ultimate responsibility for monitoring lie. Careful thought is needed about the appropriate "home" for monitoring efforts and decisions need to be made about how work to collect data on enabling access to education for orphans and vulnerable children should relate to other monitoring activities such as EMIS.

Identifying the issues

Consider the discussions you've had in response to the questions asked in this section. What were the most important issues you identified in your country with respect to the monitoring of activities?

Write out the issues you have identified in the table below:

Monitoring
Issues identified

Prioritising the issues

Rank the issues you have identified in terms of their importance starting with 1= most important. Once you have done this, write the most important issue you have identified in the first table of section eight.

Further information relating to monitoring can be found in the next section.

Section 7b: Monitoring: Further Reading

In April 2003, UNICEF convened the Inter-Agency Task Team on Orphans and Other Vulnerable Children, which brought together a broad coalition of stakeholders to reach a consensus on a set of core indicators to measure national progress in improving the welfare of orphans and vulnerable children. Working from the UNGASS Declaration of Commitment, the team distilled 37 specific activities for improving the welfare of orphans and vulnerable children into 10 key domains (policies and strategies, education, health, nutrition, psychosocial support, family capacity, community capacity, resources, protection, and institutional care and shelter). These need to be addressed and monitored at the national level. The indicators reflect the strategies defined within the *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* (see Table 7.1 below).

In addition to monitoring national indicators, systematic monitoring of program effectiveness and quality is critical. Identifying best practices and disseminating lessons learned will contribute to program improvement and the expansion of responses that work. Both national and program level monitoring will help ensure the quality of interventions, validate response strategies, and ensure accountability for attaining global goals.

Table 7.1 Indicators for responses to orphans and vulnerable children taken from the *Framework*

Proposed Indicators for Monitoring the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS	
Strategic Approach	**Domains**
1 Strengthen the capacity of families to protect and care for orphans and other children made vulnerable by HIV/AIDS	
Core Indicators	
1: Basic material needs: Proportion of children that have three locally defined basic material needs	Family capacity
2: Malnutrition: Ratio of orphans to non-orphans of underweight prevalence	Nutrition
3: Sex before age 15: Ratio of orphans to non-orphans who had sex before age 15	Health
Additional indicators:	
A1: Food security: Proportion of households that are food insecure	Nutrition
A2: Psychosocial well-being: Ratio of orphans to non-orphans with an adequate score for psychological health	Psychosocial support
A3: Connectedness to an adult caregiver: The proportion of orphans who have a positive connection with primary caregiver	Psychosocial support
A4: Succession planning: The proportion of children for whom a caregiver has been appointed in case of premature death of current caregiver	Protection
2 Mobilize and strengthen community-based responses	
Core Indicators	
4: Children outside of family care: Proportion of all children living outside of family care	Institutional care and shelter
5: External support for households with orphans and vulnerable children: Percent of orphans living in households that receive external support	Community capacity
Additional indicators:	
A5: Orphans living with siblings: Percent of double orphans who have siblings living in other households	Community/family capacity
3 Ensure access to essential services for orphans and vulnerable children	
Core Indicators	
6: Orphan school attendance ratio: ratio of school attendance for double orphans to non-orphans for children ages 10-14	Education
7: Proportion of orphans who receive psychosocial support	Psychosocial support
8: Birth registration: Proportion of children ages 0-4 whose births are reported registered	Protection
4 Ensure that governments protect the most vulnerable children	
Core Indicators	
9: Orphans and Vulnerable Children Program Effort Index	Policies and strategies/Resources
Additional indicators:	
A6: Property transfer: Percentage of women who have experienced property dispossession	Protection
A7: Quality of institutional care (based on international standards)	Institutional care and shelter
5 Raise awareness to create a supportive environment for children affected by HIV/AIDS	
Core Indicators	
10: Percent of children under age 18 who are orphans	Key indicator
Additional indicators:	
A8: Stigma and discrimination: Percent of adults expressing accepting attitudes toward people with HIV	Protection
See www.childinfo.org for detailed guide on these indicators.	

Section 8: Building a Response Plan.

Introduction

In this section, users are invited to respond to the priority issues identified in the previous sections of the handbook by development of action plans for their country/region/district.

Priority Issues

In each of the previous sections, users have been invited to identify key issues affecting the access to education of orphans and vulnerable children. In each section, users have been invited to decide which of the issues identified was the most important. These "most important" issues should be written into the table below:

Enabling the Access to Education of orphans and Vulnerable Children
Priority Issues identified
1.
2.
3.
4.
5.
6.
7.

Building Response Plans

In response to the different priority issues identified, users are invited to build response plans by filling out for each issue the logical framework given below. Depending upon the capacity available, users may wish to address all, or only some of the priority issues identified. An example of a completed logical framework can be found in the introduction section of the handbook.

Priority issue 1:

Logical framework:

Objective: *What do you want to achieve with respect to the priority issues you have identified?*		
Outputs: *What specific results and tangible products need to occur to enable desired objective to be achieved?*		
Activities *What tasks need to be undertaken for the results and products you want to happen?*	**Partners Responsible**	**Time Line**
Inputs needed: *What resources will be needed to enable the activities to happen?*		

Priority issue 2:

Logical framework:

Objective: *What do you want to achieve with respect to the priority issues you have identified?*		
Outputs: *What specific results and tangible products need to occur to enable desired objective to be achieved?*		
Activities *What tasks need to be undertaken for the results and products you want to happen?*	**Partners Responsible**	**Time Line**
Inputs needed: *What resources will be needed to enable the activities to happen?*		

Priority issue 3:

Logical framework:

Objective: *What do you want to achieve with respect to the priority issues you have identified?*		
Outputs: *What specific results and tangible products need to occur to enable desired objective to be achieved?*		
Activities *What tasks need to be undertaken for the results and products you want to happen?*	**Partners Responsible**	**Time Line**
Inputs needed: *What resources will be needed to enable the activities to happen?*		

Priority issue 4:

Logical framework:

Objective: *What do you want to achieve with respect to the priority issues you have identified?*		
Outputs: *What specific results and tangible products need to occur to enable desired objective to be achieved?*		
Activities *What tasks need to be undertaken for the results and products you want to happen?*	**Partners Responsible**	**Time Line**
Inputs needed: *What resources will be needed to enable the activities to happen?*		

Priority issue 5:

<u>Logical framework:</u>

Objective: *What do you want to achieve with respect to the priority issues you have identified?*		
Outputs: *What specific results and tangible products need to occur to enable desired objective to be achieved?*		
Activities *What tasks need to be undertaken for the results and products you want to happen?*	**Partners Responsible**	**Time Line**
Inputs needed: *What resources will be needed to enable the activities to happen?*		

Priority issue 6:

Logical framework:

Objective: *What do you want to achieve with respect to the priority issues you have identified?*		
Outputs: *What specific results and tangible products need to occur to enable desired objective to be achieved?*		
Activities *What tasks need to be undertaken for the results and products you want to happen?*	**Partners Responsible**	**Time Line**
Inputs needed: *What resources will be needed to enable the activities to happen?*		

Priority issue 7:

Logical framework:

Objective: *What do you want to achieve with respect to the priority issues you have identified?*		
Outputs: *What specific results and tangible products need to occur to enable desired objective to be achieved?*		
Activities *What tasks need to be undertaken for the results and products you want to happen?*	**Partners Responsible**	**Time Line**
Inputs needed: *What resources will be needed to enable the activities to happen?*		

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