

Education Programming for Orphans and Vulnerable Children Affected by or Vulnerable to HIV

Moving Beyond School Fees and Uniforms

Final Report – December 2008



Contents

| | |
|---|------------|
| ABBREVIATIONS AND ACRONYMS..... | III |
| 1. BACKGROUND AND THE GLOBAL RESPONSE..... | 1 |
| 1.1. ORPHANS, VULNERABLE CHILDREN, AND HIV | 1 |
| 1.1.1 <i>Defining orphans and vulnerable children</i> | 1 |
| 1.1.2 <i>Estimating the number of orphans and vulnerable children</i> | 2 |
| 1.1.3 <i>Vulnerability and HIV and AIDS</i> | 3 |
| 1.2. ORPHANS, VULNERABLE CHILDREN, AND EDUCATION | 3 |
| 1.3. EDUCATION FOR ORPHANS AND VULNERABLE CHILDREN AFFECTED BY HIV | 4 |
| 1.3.1. <i>Barriers to education for orphans and vulnerable children affected by HIV</i> | 4 |
| 1.3.1.1. Considerations in the classroom..... | 4 |
| 1.3.1.2. Considerations beyond the classroom | 5 |
| 1.3.1.3. Epidemiological considerations | 5 |
| 1.3.1.4. Needs of girls | 6 |
| 1.4. GLOBAL RESPONSE ON THE EDUCATION OF ORPHANS AND VULNERABLE CHILDREN..... | 7 |
| 1.5. ANALYTICAL FRAMEWORK FOR EDUCATION OF ORPHANS AND VULNERABLE CHILDREN AFFECTED BY HIV | 8 |
| 2. METHODS..... | 10 |
| 2.1. STUDY DESIGN | 10 |
| 2.1.1. <i>Step 1: Initial preparatory meetings</i> | 10 |
| 2.1.2. <i>Step 2: Data collection</i> | 10 |
| 2.1.3. <i>Step 3: Debriefing meetings</i> | 10 |
| 2.2. DATA COLLECTION | 11 |
| 2.2.1. <i>Review of relevant literature</i> | 11 |
| 2.2.2. <i>Key informant interviews</i> | 11 |
| 2.2.3. <i>Focus group discussions</i> | 11 |
| 2.3. DATA ANALYSIS..... | 12 |
| 2.4. RECOMMENDATIONS..... | 12 |
| 3. IDENTIFYING EXAMPLES OF GOOD PRACTICE..... | 13 |
| 3.1. LITERATURE REVIEW | 13 |
| 3.1.1. <i>Quality</i> | 13 |
| 3.1.1.1. Content..... | 13 |
| 3.1.1.2. Methodology | 14 |
| 3.1.1.3. Learners..... | 15 |
| 3.1.2. <i>Access</i> | 16 |
| 3.1.2.1. In-school | 16 |
| 3.1.2.2. Out-of-school | 18 |
| 3.1.3. <i>Community participation</i> | 19 |
| 3.1.3.1. Attitudes and advocacy | 19 |
| 3.1.3.2. Participation and support..... | 19 |
| 3.1.4. <i>Programme design</i> | 22 |
| 3.1.5. <i>Programme implementation</i> | 23 |
| 3.1.6. <i>Programme funding</i> | 23 |
| 3.1.7. <i>Programme monitoring</i> | 24 |
| 4. CRS AND EDUCATION | 26 |
| 4.1. CRS AND EDUCATION | 26 |
| 4.2. CRS AND EDUCATION PROGRAMMES FOR ORPHANS AND VULNERABLE CHILDREN | 26 |
| 4.3. CRS COUNTRY OFFICES AND EDUCATION PROGRAMMES FOR ORPHANS AND VULNERABLE CHILDREN | 26 |
| 4.4. EXISTING GOOD PRACTICES IN CRS COUNTRY OFFICE EDUCATION PROGRAMMES FOR ORPHANS AND VULNERABLE CHILDREN | 28 |
| 4.4.1. <i>Quality</i> | 28 |
| 4.4.2. <i>Access</i> | 29 |
| 4.4.3. <i>Implementation</i> | 30 |

| | |
|---|-----------|
| 4.5. CHALLENGES IN CRS COUNTRY OFFICE EDUCATION PROGRAMMES FOR ORPHANS AND VULNERABLE CHILDREN | 30 |
| 4.5.1. <i>Quality</i> | 31 |
| 4.5.2. <i>Access</i> | 31 |
| 4.5.3. <i>Implementation</i> | 31 |
| 5. RECOMMENDATIONS | 32 |
| 5.1. QUALITY, ACCESS AND COMMUNITY PARTICIPATION | 32 |
| 5.2. OTHER ISSUES TO CONSIDER | 36 |
| 5.2.1. <i>What can CRS do to support and strengthen the policy environment?</i> | 36 |
| 5.2.2. <i>How can CRS strengthen the implementation process through expanded partnership?</i> | 37 |
| 5.2.3. <i>How can the capacity of partners be strengthened towards quality implementation?</i> | 37 |
| 5.2.4. <i>How can CRS expand its reach to meet the growing demand?</i> | 38 |
| 5.2.5. <i>How can CRS strengthen monitoring and evaluation systems and better demonstrate their impact?</i> | 39 |
| REFERENCES | 40 |
| ANNEX 1: OVC AND EDUCATION: POSSIBLE RESPONSES | 43 |
| ANNEX 2: COUNTRY SUMMARY REPORTS..... | 47 |
| LESOTHO | 47 |
| ZAMBIA..... | 51 |
| BURUNDI..... | 56 |
| ANNEX 3: PARTICIPANTS TO THE DISCUSSIONS | 62 |

Abbreviations and Acronyms

| | |
|-----------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| AMADE | Association Mondiale des Amis de l'Enfance |
| APECOS | Association de prise en charge des orphelins du SIDA |
| ART | Antiretroviral therapy |
| BELONG | Better Education and Life Opportunities through Networking and Organizational Growth |
| CBO | Community-Based Organization |
| CHAMP-OVC | Community HIV/AIDS Mitigation Project for Orphans and Vulnerable Children |
| COBET | Complementary Basic Education in Tanzania |
| CPC | Child Protection Committee |
| CRS | Catholic Relief Services |
| DFID | Department for International Development – United Kingdom |
| EFA | Education for All |
| FBE | Five Basic Education |
| FBO | Faith-Based Organization |
| FRESH | Focusing Resources on Effective School Health |
| HAART | Highly active antiretroviral treatment |
| HIV | Human Immunodeficiency Virus |
| IATT | Inter-Agency Task Team |
| IRI | Interactive Radio Instruction |
| ITN | Insecticide-Treated Bed Net |
| KESSP | Kenya Education Sector Support Programme |
| LCBC | Lesotho Catholic Bishops' Conference |
| LRCs | Learning Resource Centres |
| MAF | Mission Aviation Fellowship |
| MoEST | Ministry of Education, Science and Technology |
| MOVE | Mountain Orphans and Vulnerable Children's Empowerment |
| NFEC | Non-Formal Education Centre |
| NFS | Non-Formal School |
| NGO | Non-Governmental Organization |
| ORACLE | Opportunities for Reducing Adolescent and Child Labour through Education |
| OVC | Orphans and Vulnerable Children |
| PCD | Partnership for Child Development |
| PCI | Project Concern International |
| PEPFAR | United States President's Emergency Plan for AIDS Relief |
| PLWHA | People Living With HIV&AIDS |
| PMTCT | Prevention of Mother to Child Transmission |
| PTA | Parent Teacher Association |
| RAPIDS | Reaching HIV/AIDS Affected People with Integrated Development and Support |
| STI | Sexually transmitted infection |
| TOR | Terms of Reference |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| UWESO | Uganda Women's Efforts to Save Orphans |
| WHO | World Health Organization |
| ZOCS | Zambia Open Community Schools |

I. Background and the Global Response

I.1. Orphans, vulnerable children, and HIV

In 2007, an estimated 145 million children 0 to 17 years old were orphaned, having lost one or both parents (UNICEF 2008b). Many millions of other children can be described as vulnerable, due to the effects of illness and poverty. There are many reasons for this situation, including 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 pandemic. Worldwide, 15 million children have been orphaned due to AIDS, with 11.6 million orphans due to AIDS in sub-Saharan Africa alone (UNICEF 2008b). AIDS is also unique in its impact on double orphans, or children who have lost both parents. If one parent is living with HIV, there is a high likelihood that the other parent is as well and that a child will lose both parents in a short period of time.

Children who are orphaned are more likely to suffer from detrimental health and nutritional outcomes; orphaned children are more likely to be stunted compared to non-orphans. Paternal orphans are also more likely to have suffered from recurring sickness in the past month compared to non-orphans. Additionally, caregivers of double and maternal orphans are less likely to report that the child has been sick in the last 12 months although maternal orphans are more than twice as likely to report being treated worse than other members of the household, compared to non-orphans (UNICEF 2006).

I.1.1 Defining orphans and vulnerable children

Estimating the number of orphans and vulnerable children depends in large part on how orphans and vulnerable children are defined and on different methods used to project future levels of factors that cause children to be orphaned and made vulnerable, including the course of the HIV and AIDS pandemic.

Orphans tend to be defined as children aged under 18 who have lost their mother, father or both parents (UNAIDS *et al.* 2004).

Vulnerable children can be defined as children whose safety, well-being or development is at significant risk. Amongst others, such children can include children orphaned due to AIDS, children infected with HIV, children caring for terminally sick parents with AIDS, fostered children, children in poor households which have taken in orphans, disabled children, street children, children exposed to excessively hazardous labour, children involved in the sex industry, children affected by conflict, migrant children and children out of school. The extent to which such children can be said to be vulnerable will vary from place to place and community to community. Some indicators, used in different countries are shown in Box 1.

| Box 1: Country definitions of vulnerable children | |
|---|--|
| Botswana policy definition | <ul style="list-style-type: none"> ▪ Street children ▪ Child labourers ▪ Children who are sexually exploited ▪ Children who are neglected ▪ Children with handicaps ▪ Children in remote areas from indigenous minorities |
| South Africa local/community definition | Child who: <ul style="list-style-type: none"> ▪ Is orphaned, neglected, destitute, or abandoned ▪ Has a terminally ill parent or guardian ▪ Is born of a teenage or single mother ▪ Is living with a parent or an adult who lacks income-generating opportunities ▪ Is abused or ill-treated by a step-parent or relatives ▪ Is disabled |
| South Africa working definition for Rapid Appraisal | <ul style="list-style-type: none"> ▪ A child who is orphaned, abandoned, or displaced ▪ A child, under the age of 15 who has lost his/her mother (or primary caregiver) or who will lose his/her mother within a relatively short period |
| Zambia criteria for accessing support from the Public Welfare Assistance Scheme | <ul style="list-style-type: none"> ▪ Double/single orphans ▪ Does not go to school ▪ From female/aged/disabled-headed households ▪ Parent/s are sick ▪ Family has insufficient food ▪ Housing below average standard |

Source: Adapted from Smart 2003.

Children move in and out of various groups of vulnerability as their life circumstances change. It can be observed that while orphanhood often imposes a heavy burden on children, not all children orphaned are needy or poor. Similarly, there are many children who are not orphans but who are needy or vulnerable. Other factors, such as quality of parental care, the presence of conflict and families' needs for children to work, can also act strongly to affect children's vulnerability. Many such factors are not readily quantified or recognized, as a result, common understandings or definitions of vulnerability are difficult to achieve. While anecdotal evidence of the experience of OVC exists, the extent of the 'invisible' causes of vulnerability remains unknown.

1.1.2 Estimating the number of orphans and vulnerable children

However orphans and vulnerable children are defined, their sheer number is immense. Around 145 million orphans in sub-Saharan Africa, Asia, Latin America and the Caribbean have lost one or both parents. In sub-Saharan Africa, where HIV has hit hardest, both the percentage of children (12%) who are orphans (UNICEF 2006) and the absolute number of children (47.5 million) who are orphans (UNICEF 2008a) are rising dramatically. Absolute numbers have increased by more than one-third since 1990. In Asia, the percentage of children who are orphans is smaller, but the absolute numbers total more than that of sub-Saharan Africa. An estimated 37.4 million children are orphaned in South Asia, another 30.1 million are orphaned in East Asia and the Pacific, and 5.9 million children are orphans in the Middle East and North Africa. An estimated 9.4 million children are orphaned in Latin America and the Caribbean (UNICEF 2008a).

More and more children are being orphaned due to AIDS. Of the 47.5 million children that are orphans in sub-Saharan Africa, 11.6 million have been orphaned due to AIDS (UNICEF 2008b), and the percentage of orphans that are due to AIDS is only expected to increase.

Estimating the number of vulnerable children is a much more difficult task. As has been discussed, their extent depends upon their definition and that varies from country to country. In addition, countries' ability to monitor the extent of so broad a category of people is highly limited. It may be safe purely to say that number of vulnerable children is likely far to exceed that of orphans.

1.1.3. Vulnerability and HIV and AIDS

In addition to orphanhood, children can be affected by HIV in a number of ways (UNICEF 2006). With chronically ill parents or guardians, children may have to forgo education for work or household duties to support themselves and family members. They may also experience greater household poverty because of the disease and live at a greater risk of becoming infected with HIV. Additionally, because of connections to people living with HIV, children may face stigma and discrimination. Young girls are also particularly vulnerable to HIV infection; in some areas for every boy infected there are up to six girls infected (World Bank *et al.* forthcoming).

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. Children may also experience the indirect effects of HIV on the community. They may have decreased access to healthcare as personnel attend to large numbers of HIV patients, and their education may be jeopardized again as teachers become ill and are unable to teach.

Evidence suggests that children affected by HIV suffer from psychosocial problems. One study in Tanzania has found increased rates of depression in AIDS orphans (Makame *et al.* 2002). Another study in Zimbabwe found that orphans had a higher rating than non-orphans on a measure of depression (Nyamukapa *et al.* 2008). Female orphans were also more likely to suffer from poor self-esteem. At the same time, attending school can help mitigate the impact of orphanhood on children's mental health, as shown by a study in Ethiopia (Bhargava 2005).

1.2. Orphans, vulnerable children, and education

Education is a basic human right for all children, as recognized in the Convention on the Rights of the Child (Committee on the Rights of the Child 1989). 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 also 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 as 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. Education increases labour productivity, improves health, and enables people to participate fully in the economy and the development of their societies. In the world today, children and societies who lack access to quality education are disadvantaged in terms of income, health and opportunity. For orphans and vulnerable children in particular, the issues raised above underscore the importance of education in the lives of orphans and vulnerable children and point to the opportunities it can provide.

In the area of vocational training for orphans and vulnerable children, this has been found to be particularly effective in certain contexts (World Bank *et al.* forthcoming).

1.3. Education for orphans and vulnerable children affected by HIV

Even in communities worst affected by HIV, the overwhelming majority of school-age children are uninfected with the virus. As a result, they have been called the “Window of Hope” in the face of the pandemic (World Bank 2002). In the absence of a medical vaccine, education has been termed a “Social Vaccine against HIV”; by equipping school age children with the right knowledge, attitudes and beliefs to grow up free from HIV infection, it is possible to change the face of the pandemic with one generation. With increased knowledge and awareness, children delay their first sexual encounter, have fewer partners, and use contraception more often, among other behaviours, reducing their risk of infection (Vandemoortele and Delamonica 2000).

1.3.1. Barriers to education for orphans and vulnerable children affected by HIV

Orphans and vulnerable children stand in particular need of such an education intervention as they are amongst the children most in danger of becoming infected with HIV due to economic hardship, reduced parental care and protection and increased susceptibility to abuse and exploitation. These factors contribute to the barriers orphans and vulnerable children face when pursuing an education. These barriers can be categorized as:

1. within the child, through impaired health, including impaired development, and through emotional stress;
2. within the family, including the child but adding the dynamics of the family’s function as a group;
3. within the community; and
4. within the school system and the school (Cooper *et al.* 2007).

1.3.1.1. Considerations in the classroom

Within the school there is 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.

For the infected child, attendance is also likely to be affected by bouts of illness, leading to frequent and sometimes prolonged absences. This should occur less often when children are on highly active antiretroviral treatment (HAART), in fact the child may be thriving and show no sign of illness at all. But things do not always go so smoothly. Because children often miss doses of medication, because they have failed to swallow the dose or because there has been miscommunication among several carers, or because their diagnosis is being kept secret, among many other reasons, they may well have only partially suppressed viral replication, and the frequent mutations of replicating HIV may have led to drug resistance. Often when suppression of viral replication is only partial, children nevertheless are less sick than they would be if they were not on anti-viral treatment at all. However, they are subject to complications and absence from 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 the situation. Their concentration and work at school will suffer. Children are especially likely to show physical symptoms that are an attempt to resolve their emotional conflicts, because of the immature symbolic expression of their thoughts and feelings.

In high HIV prevalence countries, many teachers are infected. Increasingly, teachers have access to antiretroviral drugs. There will be many classrooms in which a teacher on HAART is instructing pupils on the way in which good blood cells keep bad viruses suppressed and how taking medicine helps the good cells to be on top in the war, while knowing that something similar is happening, and perhaps sometimes failing to happen, in his/her own body. Because of the association of HIV infection with anger, confusion and denial on the part of adults who know their diagnosis, it is impossible to predict the average response to this on the part of teachers, although the range of responses will certainly be wide.

1.3.1.2. Considerations beyond the classroom

Teachers need some sensitivity to the difficulties that HIV affected children face. The pupils are often from impoverished households where sickness, tiredness and a sense of sadness pervade. Children will be affected in their interactions with peers, for example in play. Play is important for development, as teachers have classically been foremost in recognising. The sensitivity of teachers can only be enhanced by in-service training and workshops designed to promote awareness. In workshops for education administrators conducted as part of the “Accelerating the Education Sector’s Response to HIV/AIDS” through the Inter-Agency Task Team (IATT) of the World Bank and United Nations Agencies, colleagues have had the task of planning their ministry’s response to opening access to education to vulnerable children. They have always given such sensitising workshops high priority as part of their planning. This is clearly based on their experience, e.g. as focal points on HIV issues, and this experience must be respected by outside agencies.

1.3.1.3. Epidemiological considerations

Since its inception in the early 1980s, the HIV epidemic in sub-Saharan Africa has progressed through several phases. The main factors governing the timing of the phase transitions are the infectious nature of HIV, its long incubation,

and as a sexually transmitted infection (STI), its high dependence upon behaviour for its transmission. In each country, the initial phase is one of epidemic increase, reaching a peak, which happened in the 1990s for most countries. Some time about 10 years into the epidemic, deaths began to surpass new infections and prevalence declined. There was often a subsequent shift in behaviour due to the surges in mortality experienced by the population, further lowering incidence. Where aggressive prevention campaigns have been successful (e.g. Uganda and Kenya) prevalence continues to decline (Hallett *et al.* 2006). Where prevention campaigns have been more unfocussed (e.g. Tanzania), prevalence is expected to gradually increase, and where HAART use has succeeded in becoming the norm (e.g. Botswana); prevalence is expected to undergo a dramatic increase, while deaths from AIDS will undergo an attendant decrease.

In this new era where the use of HAART is rapidly becoming universal in some sub-Saharan countries, new challenges accompany the triumphs of universal access and dramatically declining AIDS mortality. Increasing access for HIV positive mothers to effective Prevention of Mother-to-Child Transmission (PMTCT) drugs is set to decrease the number of HIV positive children being born, while use of antiretroviral therapy (ART) for children is set to allow increasing numbers of those born with HIV to survive into adulthood. A case study for this phenomenon is Botswana, where ART use in adults has recently increased to 90% in a short space of time (UNAIDS and WHO 2006). If PMTCT and provision of HAART to children requiring it proceeds in a similar manner, the number of HIV positive children in school and surviving to sexual maturity will be initially boosted and later, decline, as the source of this population (perinatal acquisition of HIV) is cut off by effective PMTCT. Steps should be taken to plan for the expected increase in both HIV positive children, and school age children taking drugs to suppress their infection – i.e. steps should be taken both to reduce stigma and support treatment adherence in the school setting.

As this cohort ages, particular attention should be paid to adolescents, who are at risk both of discontinuing treatment, thus boosting their infectivity, and of engaging in risk behavior for the first time as they make their sexual debut. The result could mean ongoing transmission and further prevalence increases.

1.3.1.4. Needs of girls

An especial concern for programmes seeking to enable the access to quality education of orphans and vulnerable children is the needs of girl children. As is well known, girls' education frequently falls behind that of boys for a whole host of reasons. These include factors such as parents' and care-givers' decision to prioritize the use of scarce resources on the education of boys and cultural expectations on the division of labour that make girls more likely to have tasks that prevent them from attending school such as household chores or caretaking of younger siblings or sick members of the family. Vulnerability is likely only to exacerbate the impact of such factors, creating a vicious cycle in which the vulnerable girl child becomes ever more likely to become the mother of vulnerable children.

I.4. Global response on the education of orphans and vulnerable children

In addition to the more general Millennium Development Goals, global partners have recently signed on to a number of commitments specific to orphans and vulnerable children. The 2005 Group of Eight summit in Gleneagles, Scotland, committed to providing access to HIV prevention, treatment, and care for all who need it by 2010. Furthermore, they committed also to “work with them [partners in Africa] to ensure that all children left orphaned or vulnerable by AIDS or other pandemics are given proper support” (UK Government 2005).

Also launched in 2005, the Unite for Children, Unite Against AIDS campaign led by The United Nations Children’s Fund (UNICEF) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) focuses on four areas:

1. Prevention of mother-to-child transmission of HIV
2. Providing paediatric treatment and care
3. Preventing infection among adolescents and young people
4. Protection and care for children affected by AIDS (UNICEF 2008a)

The campaign identifies the education sector as an essential component in a comprehensive approach to preventing infection among adolescents and young people. Along with Ministries of Education, the Media in Education Trust Africa, the Open Society Institute, the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNICEF and the World Bank are cited as supporting school-based interventions (UNICEF 2008a).

ActionAid, who lobbied for universal access to treatment during the Gleneagles Summit, continues to provide support for children affected by AIDS. In Malawi, their Priority Project is seeking to provide 400 orphans access to basic education, emotional support, and healthcare, including HIV testing and antiretroviral treatment (ActionAid 2007). World Vision International also advocates for the needs of orphans and vulnerable children and recommends the development of national orphans and vulnerable children strategies and plans of action, supported by sufficient resources from national and international partners (Casey 2006).

Looking at current trends in donor funding to orphans and vulnerable children programmes, 9.7% of the United States President’s Emergency Plan for AIDS Relief (PEPFAR) funding (or USD\$312 million) for prevention, treatment, and care was planned for orphans and vulnerable children for FY2008. As stated in the annual report, PEPFAR is seeking to radically scale up HIV programmes for orphans and vulnerable children and to strengthen the quality of these programmes. Programmes must report on seven key service areas, including food and nutrition support, shelter and care, protection, health care, psychosocial support, education and vocational training, and economic opportunity/strengthening. PEPFAR is seeking to integrate food and nutrition as well as education into programming in particular (Office of the United States Global AIDS Coordinator 2009).

I.5. Analytical framework for education of orphans and vulnerable children affected by HIV

The following framework used in this report was adapted from previous Catholic Relief Services (CRS) education and orphans and vulnerable children analysis frameworks and includes findings from a literature and programmatic evidence review (Eversmann 2008; Sellers 2008a; Sellers 2008b). The first part of the framework (see Table 1) applies three components of education—quality, access, and community participation—to orphans and vulnerable children.

Quality education is broken down into content, methodology, and learners and addresses curriculum, teacher qualification and training, and counselling for students and teachers. Ensuring access involves both in- and out-of-school factors such as national policies for education for all and support of education at home. Community participation encompasses attitudes, participation and support, and governance and decision making and outlines the responsibilities everyone has in the education of children.

The second part of the framework highlights programmatic considerations such as design, implementation, funding, and monitoring and evaluation. This framework is meant to guide the development of quality, accessible education for orphans and vulnerable children with support from the community, based upon literature findings and good practice.

Table I. Frameworks for analyzing education and general programmatic considerations for OVC affected by HIV

| | |
|-----------|--|
| I. | Education analytical framework applied to orphans and vulnerable children |
| | a. Quality |
| | i. Content |
| | 1. Relevant curriculum |
| | 2. Effective life skills |
| | 3. Outlets for creativity |
| | ii. Methodology |
| | 1. Qualified teachers |
| | 2. Different teaching approaches to serve different needs |
| | 3. Counselling services |
| | 4. Support for teachers |
| | 5. Teachers and students able to access good instructional materials |
| | 6. Assessment of differential learning achievement |
| | 7. Mentoring for students who need additional assistance |
| | 8. Students and teachers respect each others' differences |
| | iii. Learners |
| | 1. School-based health and nutrition services |
| | 2. Psychosocial support |
| | b. Access |
| | i. In-school factors |
| | 1. National policies and programmes for education for all and specifically for orphans and vulnerable children |
| | 2. Community awareness of the policies and programmes |
| | 3. Location of schools and learning centres |
| | 4. Direct and indirect school costs |
| | 5. Time constraints |
| | 6. Learning resources |
| | 7. School infrastructure |
| | 8. Welcoming classroom environment |

- ii. Out-of-school factors
 1. Household attitudes towards education
 2. Safe and short routes to school
 3. Food and clothing
 4. Resources for homework
 5. Childcare facilities
 6. Health services
 7. Attitudes of orphans and vulnerable children toward school
- c. Community participation**
 - i. Attitudes
 1. Stigma associated with HIV
 2. Community attitudes toward education and what children should attend school
 - ii. Participation and support
 1. Structures for parental/caregiver involvement in education
 2. Level of caregiver involvement in orphans and vulnerable children education
 3. Literacy levels
 4. Community members management of school services, planning of activities, and monitoring of attendance
 5. Community leaders' vision for schools and learning centres
 6. Adult serving as role models for the children
 - iii. Governance and decision making
 1. National policy or goal for parental involvement
 2. Roles of parents and community members in school governance and decision making
 3. Ability of children, parents, and community members to participate in governance and decision making

II. Programmatic considerations

a. Programme design

- i. Targeting avoids further stigmatization of those affected by HIV
- ii. Includes children in design of programme
- iii. Identifies and addresses context-specific issues
- iv. Considers target age, staffing available, cost, and feasibility (with regards to government activity) when selecting interventions

b. Programme implementation

- i. Involves children as active participants
- ii. Considers societal roles of children, men, and women and addresses gender discrimination

c. Programme funding

- i. Ensures local buy-in to avoid dependence on external funding
- ii. Investigates current trends in donor support to orphans and vulnerable children

d. Programme monitoring and evaluation

- i. Monitoring system is designed in cooperation with those who will be collecting data
 - ii. Inputs, outputs, processes, and outcomes/impact are mapped and monitored
 - iii. Appropriate "home" for data is determined
-

2. Methods

2.1. Study design

This study explores the current strategies and activities employed by the CRS in enabling orphans and vulnerable children to access quality formal education and how these may be improved through a better understanding of good practice in the field. For this a descriptive cross sectional study was adopted, and mainly comprised qualitative approaches to data collection.

A three step arrangement was adopted as the process to develop the study design, data collection, and report writing. This entailed an initial meeting with the implementers, followed by a period of data collection with participation of the orphans and vulnerable children programme staff, and finally a de-briefing meeting with the implementers.

2.1.1. Step 1: Initial preparatory meetings

The overall aim of this was to develop a common agenda for the study between the consultant and the programme implementers. Two Partnership for Child Development (PCD) staff members and three CRS technical team members (2 Education and one HIV technical advisor) met in September 2008 at CRS Headquarters in Baltimore, Maryland. Follow-up phone calls were held between the two parties to finalize the format of the consultation and methodology for conducting field visits. The meetings covered the objectives of the study as indicated in the Terms of Reference (TOR), the proposed methods of data collection and identification of key informants for the study.

2.1.2. Step 2: Data collection

In addition to a literature review, other data was collected by the consultant through qualitative discussions either with key informants or with the designated groups. The consultant visited the CRS Lesotho country office (29/09-04/10), the CRS Zambia country office (04/10-12/10), and the CRS Burundi country office (13/10-18/10). During the discussions arrangements were made to ensure that a member of the CRS team was always present to help clarify some of the issues raised. At the end of the in-country data collection, the consultant prepared a “quick impressions report” and held a de-briefing meeting with the implementers. The focus of this was tri fold. First to present a quick impression of the situation as seen by the consultant in all the discussion held in country. Secondly to seek further clarification from the implementers on whatever issues were still outstanding and lastly to give a direction in terms of what the next steps were to

2.1.3. Step 3: Debriefing meetings

Various phone and in-person consultative meetings were held between PCD and CRS to validate the results of the study and to ensure that report writing met the needs of CRS.

2.2. Data collection

Three particular qualitative methods were adopted for the purposes of data collection. These were: Review of relevant literature and collection of qualitative data through visits to three CRS country programmes conducting OVC-related educational activities, key informant interviews, and focus group discussions.

2.2.1. Review of relevant literature

Existing orphan and vulnerable children and education frameworks developed by CRS were combined to produce one, holistic framework to guide the review of relevant literature. Within this, key programme components and strategies were identified. Some examples of good practice for each were then discussed. A note on terminology, “good practice” is used here rather than “best practice” as the latter can imply that responses have been evaluated and somehow ranked against each other. “Good practice” is a less controversial term and simply denotes responses that have been proven successful.

2.2.2. Key informant interviews

The key informants were selected purposively from all the groups in the study population, and engaged on a one-on-one discussion around their areas of expertise but in relation to the orphans and vulnerable children programme. Specifically these were the programme implementers, Government representatives, and heads of local partner organizations.

Individuals who were interviewed included:

- The orphan and vulnerable children programme implementers within CRS, (Country Manager, Programs Directors, and other staff on the orphans and vulnerable children projects in all the three countries and at headquarters)
- CRS Regional Technical Advisors, based in Lusaka Zambia
- Beneficiaries of the orphans and vulnerable children projects, namely: Orphans and vulnerable children, guardians of orphans and vulnerable children, and heads of schools attended by orphans and vulnerable children.
- Local partners, namely: Directors and staff of the local Non-Governmental Organizations (NGOs), Community-Based Organizations (CBOs) and Faith-Based Organizations (FBOs) working with CRS on the orphans and vulnerable children programme.
- Government partners, namely: Directors and staff of different Government ministries such as education, social services, youth and child development

Purposive sampling was used to select respondents for the qualitative aspect of the study thereby enabling the selection of persons who were able to give relevant and specific information based on the study objectives.

2.2.3. Focus group discussions

Similarly participants to the focus group discussions were also purposively sampled, mainly from the community beneficiaries and engaged in group discussion of between six to 12 participants. Most of these were guardians of the orphans and vulnerable children or the Child Protection Committees.

2.3. Data analysis

The qualitative data collected in the study was analyzed in two main ways:

- Analysis of the information from literature review was done manually, focusing on the information required in the study and with the aim of generating both qualitative and quantitative information.
- Content analysis of the information gathered from the key informants, focus group discussions and observations was also done manually by summarizing, categorizing, and drawing comparisons of the thematic areas generated. Similarly verbatim reporting was also used where appropriate.

2.4. Recommendations

Recommendations were developed based on examples of good practice identified in the literature review section combined with information collected from country and headquarter discussions. These recommendations are considered appropriate to the CRS context and needs based on background information provided by CRS Headquarters and country offices during the consultation process.

3. Identifying Examples of Good Practice

3.1. Literature review

Based on a literature review of good practices of orphans and vulnerable children and HIV education programming, good practices and sample programmes are detailed according to the analytical framework described earlier. Table 2 summarizes programmatic examples of good practice for the first part of the framework (quality, access, and community participation) (see Annex 1 for additional possible responses). Table 3 outlines good practice for programme activities related to design, implementation, funding, and monitoring.

3.1.1. Quality

3.1.1.1. Content

Orphans and vulnerable children may have unique needs as learners, dependant on individual circumstance and context; hence, existing curricula may need to be reviewed for relevance where appropriate or necessary. A good practice example for relevant curriculum is the **Complementary Basic Education in Tanzania (COBET) programme**, which supports the formal primary education system by providing quality basic education and life and survival skills to children who are missing out on formal schooling. The programme's condensed, three-year, child-friendly, competency-based curriculum helps children return to the formal education system or access secondary or other post-primary education opportunities. The programme has considerably more learning contact time than classes in the formal system, although children spend less time in class than in formal schools. The curriculum is specifically tailored to children's ages and responsive to their learning needs. Delivery is flexible, so children can attend lessons when they are free to learn, and they do not have to wear uniforms. Through the use of these and other measures, learning using the COBET curriculum has shown itself highly attractive to out-of-school. At the end of the three-year pilot phase, monitoring data showed that COBET had taught 1,530 learners in 50 learning centres in 5 districts. Of these, 449 children (173 girls and 276 boys) were orphans and 146 (78 girls and 68 boys) were children in abject poverty children (World Bank *et al.* forthcoming).

Many resources are available which outline good practice for inclusion of life skills in the curriculum for all school age children; especially with regards to HIV and reproductive health (Valerio *et al.* 2003; Beasley *et al.* 2008).

Evidence shows that life skills are best learned through participatory, student-centred activities, where learners are able to acquire information, explore attitudes, and exercise skills (Gachuhi 1999). One model categorizes life skills in skills-based health education as:

- Communication and interpersonal skills
 - Interpersonal communication skills
 - Negotiation/refusal skills
 - Empathy building
 - Cooperation and teamwork

- Advocacy skills
- Decision-making and critical thinking skills
 - Decision-making/problem-solving skills
 - Critical thinking skills
- Coping and self-management skills
 - Skills for increasing internal locus of control
 - Skills for managing feelings
 - Skills for managing stress (WHO and UNICEF 2003)

Some of the health topics that can be included in life skills education are alcohol, tobacco, and other drugs; healthy nutrition; sexual and reproductive health and HIV prevention; reducing helminth infections; and violence prevention. The inclusion and content of each topic can be tailored to the local context (WHO and UNICEF 2003). UNICEF has also developed a checklist to help evaluate the relevance of life skills resources in particular settings as well as to adapt materials to specific needs and purposes (UNICEF 2003).

Another aspect of quality education involves outlets for creativity both in and out of the classroom. To increase the quality and capacity of schools, **Learning Resource Centres (LRCs)** in Kenya help teachers engage classes of more than 100 children with approaches such as using mats rather than desks, decorating classrooms in a bright and attractive manner, making low-cost teaching resources, and painting the walls black to make “mini blackboards” around the classroom (World Bank *et al.* forthcoming). In terms of recreation, international organizations such as **Right To Play** promote sport as a means of improving health, supporting education, and fostering peace. These programmes can target marginalized students, such as orphans and vulnerable children, and through regular participation in activities, can establish a structure and “normalcy” in their lives (Right To Play 2008).

As with all school age children, orphans and vulnerable children also need practical numerical and literacy skills to survive economically and socially after they leave school. Some programmes for orphans and vulnerable children have attempted to revise curricula to include vocational subjects and the development of skills for life. 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 (World Bank *et al.* 2006). Additionally, due consideration must be given to which vocational skills are most appropriate and how to ensure that the cadre of skilled graduates does not exceed labor market demand (World Bank *et al.* forthcoming).

3.1.1.2. Methodology

In order for education interventions for orphans and vulnerable children to be effective, teachers must be properly trained. The necessity of teacher training has been shown in a number of programmes (Tortu and Botvin 1989; Perry *et al.* 1990; Smith *et al.* 1993). **Zambia Open Community Schools (ZOCS)**, a non-profit organization and a pioneer of community schools, supports pre-service and in-service teacher training. The training of teachers or facilitators for ZOCS has been “mainstreamed” into national pre-service teacher training to a high degree. ZOCS teachers are trained both by education advisors employed by the programme and in the Ministry of Education’s Teacher Training colleges, in which case mentoring support is provided by ZOCS. In both cases, teacher training follows the national curriculum. Training that is offered by the programme, however, has a more flexible schedule, with training occurring in bi-monthly weekend workshops.

Teacher training lasts for two years and includes instruction during the first year and practical teaching in schools in the second year. The practical training is done under the supervision of Ministry of Education school inspectors, as well as ZOCS mentors. End-of-year examinations are offered by the Examination Council of Zambia for both first- and second-year trainees. Continuous assessment takes place throughout the year and a residential course is offered during the school vacation. The need for refresher training is also identified during routine staff appraisals at school level (World Bank *et al.* forthcoming).

Teachers can also be trained in counselling to support orphans and vulnerable children as well as other teachers affected by HIV (Task Force on Orphans and Vulnerable Children 2001). The **Opportunities for Reducing Adolescent and Child Labour through Education (ORACLE) programme** in Uganda trains teachers to help young people come to terms with traumatic events, so that they can be free to learn. Training utilizes open group discussion, brainstorming, traditional teaching, group and individual work, role-playing, song and dance, and group prayer and equips teachers to work with large groups of children as well as on a one-on-one basis (World Bank *et al.* forthcoming).

Another enabling factor for implementation of educational responses is good instructional resources at the classroom level (Kealey *et al.* 2000; Viig and Wold 2005). Children who fall behind in their studies may also need additional assistance to catch up. Good practice examples for instructional resources and tutoring specifically aimed at orphans and vulnerable children has yet to be documented (Valerio *et al.* 2003; Beasley *et al.* 2008).

3.1.1.3. Learners

Quality education in terms of the learner can also comprise school-based health services; including, for example, the provision of school-based psychosocial support services for orphans and vulnerable children discussed above. In general, health affects the degree to which schoolchildren benefit from education, as poor health impacts brain development, cognition, and behaviour. Healthy children are better able to absorb what they are taught, such that school-based health services like deworming and micronutrient supplementation maximize the benefit of whatever education a student receives (Jukes *et al.* 2008).

School feeding programmes can enable children in general, and orphans and vulnerable children in particular, to access education by addressing hunger and the need to work to survive. Evidence also shows that children who are not hungry are better able to concentrate in class. Take-home rations have been shown to promote the participation, progression, and retention of orphans and vulnerable children in education. They can help close the gender gap and promote the secondary school education of girls (Edström *et al.* 2008). One issue that needs consideration is that school feeding, rather than education itself, can often be the attraction for children coming to school, and enrolment and attendance may fall when feeding programmes stop. This highlights the need to address the education being provided in parallel with the school feeding programme being implemented.

The **Better Education and Life Opportunities through Networking and Organizational Growth (BELONG) programme** is a good practice example of school feeding, focusing on children who attend Zambia's community schools (see discussion of ZOCS above and below) as well as those in residential centres providing services to former street children. These facilities have a high proportion of children from poor families or from households that have been affected by AIDS. The school feeding component of BELONG is focused on improving children's

nutritional status and performance in school and on expanding school attendance. Orphans and vulnerable children attending participating community schools are provided with breakfast, and take-home rations are distributed to targeted households every month. Most children benefit from this feature of the programme for a maximum of six years, or for as long as they continue to access either basic education in the community schools. The BELONG programme also assists with capacity-building in areas including training teachers, school cooks, and school storekeepers. Additionally, there is education for caregivers on nutrition and hygiene. In 2007, the programme supported school gardens and school-based agriculture in 20 pilot sites, with BELONG providing money, training and technical guidance for the projects (World Bank *et al.* forthcoming).

3.1.2. Access

3.1.2.1. In-school

National policies on Education for All (EFA) have greatly impacted access to learning. The abolition of school fees in Uganda, Tanzania, and Kenya have led to dramatic increases in enrolment. In Uganda, the abolition of fees in 1996 led to a 70 percent increase in enrolment. In Tanzania, where fees were abolished in 2001, the response was even greater with the net primary enrolment rate soaring from 57 percent to 85 percent within one year. When Kenya eliminated fees in 2002, 1.2 million additional students entered primary school (World Bank *et al.* forthcoming). Even with free primary education, orphans are still more likely to lose out on education than other children. In Kenya, 92% of non-orphans and 88% of orphans are in school (Republic of Kenya 2006), and the percentage of double orphans aged 10-14 attending school is 70% lower than that of children living with at least one parent (Government of Kenya 2004). Reasons for this include additional costs of education (such as uniforms and books), inability to go to school full time, and lack of educational capacity and quality (World Bank *et al.* forthcoming).

Some countries have developed national policies and plans for orphans and vulnerable children, with education-specific aspects. **Swaziland's National Plan of Action for Orphans and Vulnerable Children** affirms the right to education and seeks to promote community EFA initiatives, continue grants for schooling to orphans and vulnerable children, maintain the quality and increase the capacity of schools, and expand non-formal education services (Kingdom of Swaziland 2005).

Possible responses to improve educational capacity and quality have been discussed above, but some additional good practice examples stand out for covering the indirect costs of education. **Tanzania's Most Vulnerable Child programme** focuses on community identification of the most vulnerable children and on the mobilization of resources at the local level to support these children. Community identification, care and support of the most vulnerable children is directed by village "most vulnerable child" committees, which raise money from members of the local community to support the activities of the programme. Every person in the village is asked to contribute financially or in kind, and the funds raised by communities are matched to varying degrees by the district council and by UNICEF. The "most vulnerable child" committee sets up a bank account and distributes cash or in-kind assistance to children identified as most vulnerable, as well as their caregivers, to facilitate the children's access to basic essential services (World Bank *et al.* forthcoming).

Another initiative in Swaziland, called **All Children Safe in School**, addressed the specific needs of orphans and vulnerable children through the provision of school

grants. Community EFA grants, a large-scale government initiative supported by UNICEF and other external donors, were used to pay school fees for orphans and vulnerable children. To enrol children in schools, the school administration worked with the school committee and community leaders to identify out-of-school orphans and vulnerable children in their communities, and to use monetary support to bring them into school. Community EFA grants were also used by schools to recruit additional volunteer teachers and classroom teachers from local communities to accommodate increased enrolment, and to provide basic psychosocial support to orphans and vulnerable children (World Bank *et al.* forthcoming).

Orphans and vulnerable children may have unique time constraints because of the need to work at home or for a paying job. Traditional, full-time schooling may not be a practical option for them, so a number of different approaches including distance education, community schools, and non-formal education have sought to facilitate their learning.

One form of distance education, the **Interactive Radio Instruction (IRI) programme** in Zambia, has become an important way to provide education to orphans and vulnerable children who do not otherwise have access to formal schooling. The programme, also called Learning at Taonga Market, is heard in approximately 900 centres throughout the country and reaches around 60,000 students. Learning at Taonga Market is a set of radio lessons for children in primary grades 1 to 7 designed to provide affordable, quality education to children around Zambia who are unable to access formal schooling. Learning at Taonga Market is broadcast Monday to Friday from 9AM to 4PM, with lessons for different grades broadcast at different times during the day. The Interactive Radio Instruction is complemented by face-to-face teaching by volunteer teachers (called mentors) who are trained in the IRI methodology. The average size of a class is 30 children, and mentors are mobilized and recruited by IRI community support groups. The main beneficiaries of the programme are marginalized and vulnerable children age 9–16 who have never been in school or have dropped out of formal education, or who can't participate in formal schooling because they are over-age (World Bank *et al.* forthcoming).

Another option for orphans and vulnerable children is community schools, which are established by local community members or organizations. These schools use volunteer teachers and do not charge fees or require that children wear uniforms. 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.

A good practice example of community-run schools is **Zambia Open Community Schools (ZOCS)**, which has become a major part of efforts to create learning opportunities for some of the most vulnerable and underserved children in the country. ZOCS currently provides technical support to 53 schools (17 ZOCS schools and 36 affiliated schools), ensuring the primary education of 11,500 students taught by 250 volunteer teachers. ZOCS was a trailblazer in efforts in Zambia that saw numerous other organizations open community schools throughout the country, enabling many thousands of children left out of formal schooling to access education. More than 3,200 community schools, or about one-third of all primary schools in Zambia, have been founded by non-governmental organizations, CBOs, FBOs, and ad hoc local committees. In addition to providing technical support to community schools, ZOCS also supplies relevant teaching/learning materials and supports pre-service and in-service teacher

training. The organization trains teachers in psychosocial counselling to ensure that both teachers and children can receive both emotional and psychological support and care and offers primary school scholarships to orphans and vulnerable children (World Bank *et al.* forthcoming).

Other non-formal schools have been established by FBOs and individuals to serve orphans and vulnerable children. The Government of Kenya has supported this non-formal approach to education through the **Kenya Education Sector Support Programme (KESSP)**, which includes Non-formal Schools (NFSs) that offer the formal school curriculum and Non-formal Education Centres (NFECs) which offer flexible learning schedules and diverse curricula. These national policies seek to improve the quality of non-formal education by improving training of non-formal school teachers, by improving supervision of non-formal schools, and by registering non-formal schools with the Ministry of Education, Science and Technology (MoEST) so that grant money can be disbursed (World Bank *et al.* forthcoming).

3.1.2.2. Out-of-school

An out-of-school factor that can prevent orphans and vulnerable children from attending school is the need to care for younger siblings. With the **Neighbourhood Care Point programme** in Swaziland, older students can leave their preschool siblings in safe places and return to school (Neighbourhood Care Points discussed more fully in community section below) (World Bank *et al.* forthcoming). Another out-of-school factor affecting access to education is the food and shelter needs of street children. The previously mentioned BELONG school feeding programme in Zambia supports former street children living in residential centres (World Bank *et al.* forthcoming).

Microcredit can also enable access to schooling because when caregivers are economically empowered, the orphans and vulnerable children in their households stand a significantly increased chance of receiving education. Microfinancing and providing funds for income-generating schemes have been implemented as strategies for improving the economic status of foster households (Donahue 2000). However, effectiveness depends on follow-up training and marketing support (Deininger *et al.* 2003), and sometimes the returns are small in relation to the effort and resources invested (UNAIDS and UNICEF 1999). Care must be taken to ensure that the income-generating scheme does not require the children to provide labour 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.

One example of good practice in this area is the **Uganda Women's Efforts to Save Orphans (UWESO)** organization, which provides microfinance to families caring for orphans and vulnerable children. Its microfinance activities have enabled more than 100,000 children, including 30,000 orphans, to attend school and to have their nutritional and other needs met through improved household income flow resulting from the programme. UWESO seeks to meet its objectives through the formation of "clusters" of UWESO members at the community level, training of cluster members, and access of cluster members to "Village Savings and Loans Associations." UWESO clusters are composed of UWESO members, with membership open to women and men in Uganda (and other countries) who give their personal commitment and/or financial and moral support to the organization's objectives. UWESO members are encouraged to accept orphans into their families, adopt and educate them where possible, give love and care, offer

prayers and make financial and material donations for the needs of orphans in their local communities and nationwide (World Bank *et al.* forthcoming).

3.1.3. Community participation

3.1.3.1. Attitudes and advocacy

At times, the needs of orphans and vulnerable children may not be fully understood by the community. The experience of the **All Children Safe in School programme** in Swaziland showed that the term “orphans and vulnerable children” created some division among children, as the label was sometimes considered discriminatory. In light of grants paid for the school fees of orphans and vulnerable children, some parents were questioning whether they should continue to pay school fees. A continuing challenge for the programme was ensuring that everyone in the community appreciated the needs of orphans and vulnerable children. In order to respond to this challenge, the programme conducted extensive awareness-raising in communities about the importance of providing access to education for orphans and vulnerable children. It also sought to place a great deal of decision-making about programme activities in the hands of local communities. For example, local communities identified and selected orphans and vulnerable children to be enrolled in community schools. Communities were also encouraged to participate in programme implementation. They helped with the construction of water and sanitation facilities, as well as other school structures, and volunteer teachers and classroom assistants drawn from the community helped mitigate the burden of increased enrolment. These acts of community involvement were an important means of fostering better understanding of the needs of orphans and vulnerable children (World Bank *et al.* forthcoming).

The **Community Child Mentoring Programme** in Rwanda undertakes a number of different advocacy approaches to achieve its goals. In the absence of responsible adults, final statutory responsibility for child-headed households rests with local authorities, whose limited human and financial resources severely hampers their ability to meet the needs of children and uphold their rights. The work of the programme and mentors is to support the child protection aims of local authorities. The Community Child Mentoring Programme seeks to ensure that local authorities are fully aware of and support all programme activities. Such support is essential for the legal and practical functioning of the programme. Community support is also critical to the effective functioning of the programme. As discussed above, local attitudes shape how programme messages are received, and determine the extent to which child-headed households feel accepted and included in community life. Community approval of the programme’s activities is essential to the recruitment and retention of mentors. For these reasons, staff spend a considerable portion of their time speaking to local communities, publicizing the organization’s objectives, and making people aware of the circumstances and needs of child-headed households.

3.1.3.2. Participation and support

A number of the good practice examples above have highlighted the importance of community participation and support for the education of orphans and vulnerable children. The previously mentioned village committees in **Tanzania’s Most Vulnerable Child programme** identify and raise cash and in-kind support for orphans and vulnerable children, involving the community in the decision making of the programme. The “most vulnerable child” committees are elected by local community members and are comprised of members of the village government, four

members of the community, representatives from the village school, two children identified as being most vulnerable, and two caregivers. Nationally standardized criteria are used as a starting point for the identification of the most vulnerable children. Under the leadership of the village “most vulnerable child” committee, the national criteria are adapted to the context of each village after meetings, focus groups, and personal interviews. Notably, discussions are held with a variety of groups within the village, because different groups may hold differing views about who is most vulnerable. Once criteria have been decided, meetings, village mapping and household visits by the “most vulnerable child” committee members are then used to identify the most vulnerable children, which is in turn confirmed by meetings of the village. Community confirmation of children identified as most vulnerable is meant to ensure that only the neediest children are selected for support by the programme (World Bank *et al.* forthcoming).

Communities are also able to support orphans and vulnerable children through mentoring. The **Community Child Mentoring Programme** in Rwanda again matches child-headed households with mentors who are willing and able to give advice, counsel and support to children in these households. Mentors also help motivate children to continue their education as well as support them to access healthcare, shelter, and legal rights. Children living in child-headed households can suggest community members whom they think would make good mentors, and have the opportunity to accept (or reject) a person as their mentor before that person is offered the post. Members of the local community can also identify potential mentors who have a strong interest in child welfare and who wish to undertake the role, and ensure that potential mentors are people in good standing with the community and are considered suitable for the work. Program staff interview those nominated to be mentors, introduce potential mentors to children in child-headed households for approval, foster the establishment of the mentor-household relationship and provide simple training for those nominated to be mentors. Once mentor-household relationships have been established, mentors meet with the children in the household once or twice a week or as often as necessary. They provide the children with interest, concern and encouragement; psychological support; and practical advice and assistance (World Bank *et al.* forthcoming).

Table 2. Good practices for education programming with orphans and vulnerable children affected by HIV within education analytical framework

| Key Element | Main Component | Good Practices | Programmatic Examples |
|--------------------------------|---------------------------|---|--|
| Quality | Content | Providing curriculum relevant for orphans and vulnerable children | Complementary Basic Education in Tanzania (World Bank <i>et al.</i> forthcoming) |
| | | Including life skills | Participatory, learner-centred activities (Gachuhi 1999) |
| | | Providing outlets for creativity | Learning Resource Centres in Kenya (World Bank <i>et al.</i> forthcoming) Right To Play (Right To Play 2008) |
| | Methodology | Orphans and vulnerable children specific teacher training | Zambia Open Community Schools (World Bank <i>et al.</i> forthcoming) |
| | | Training for counselling | ORACLE programme in Uganda (World Bank <i>et al.</i> forthcoming) |
| | | Providing good instructional materials | Zambia Open Community Schools (World Bank <i>et al.</i> forthcoming) |
| | | Mentoring for children who need additional assistance | Complementary Basic Education in Tanzania (World Bank <i>et al.</i> forthcoming); Zambia Open Community Schools (World Bank <i>et al.</i> forthcoming) |
| | Learners | Providing school-based health services | Comprehensive school health programmes (Jukes <i>et al.</i> 2008) |
| | | Offering school feeding | BELONG programme in Zambia (World Bank <i>et al.</i> forthcoming) |
| Providing psychosocial support | | ORACLE programme in Uganda (World Bank <i>et al.</i> forthcoming) | |
| Access | In-school | National policies for education of orphans and vulnerable children | Swaziland's National Plan of Action for Orphans and Vulnerable Children (Kingdom of Swaziland 2005) |
| | | Abolition of school fees | Free primary education in Kenya (World Bank <i>et al.</i> forthcoming) |
| | | Providing for indirect school costs | Most Vulnerable Child programme in Tanzania (World Bank <i>et al.</i> forthcoming) All Children Safe in School initiative in Swaziland (World Bank <i>et al.</i> forthcoming) |
| | | Distance education | Interactive Radio Instruction in Zambia (World Bank <i>et al.</i> forthcoming) |
| | | Community-run schools | Zambia Open Community Schools (World Bank <i>et al.</i> forthcoming) |
| | | Non-formal education | Kenya Education Sector Support Programme (World Bank <i>et al.</i> forthcoming) |
| | Out-of-school | Community care for younger siblings | Neighbourhood Care Points in Swaziland (World Bank <i>et al.</i> forthcoming) |
| | | Micro-credit schemes for caretakers | Uganda Women's Efforts to Save Orphans (World Bank <i>et al.</i> forthcoming) |
| | | Providing shelter and food for street children | BELONG programme in Zambia (World Bank <i>et al.</i> forthcoming) |
| Community participation | Attitudes and advocacy | Fostering awareness of the needs of orphans and vulnerable children | All Children Safe in School initiative in Swaziland (World Bank <i>et al.</i> forthcoming) |
| | | Involving local authorities and publicizing activities | Community Child Mentoring Programme in Rwanda (World Bank <i>et al.</i> forthcoming) |
| | Participation and support | Identification and support of most vulnerable children | Most Vulnerable Child programme in Tanzania (World Bank <i>et al.</i> forthcoming) |
| | | Mentoring child-headed households | Community Child Mentoring Programme in Rwanda (World Bank <i>et al.</i> forthcoming) |

3.1.4. Programme design

Effective programme design for orphans and vulnerable children takes into account the aspects of quality, access, and community participation discussed above. As with the design of any programme, factors such as target age, staffing available, cost, and feasibility must also be considered when selecting education interventions for orphans and vulnerable children.

As regards targeting, focus should be on the most vulnerable children and communities, not only children orphaned by AIDS. Programs should not single out children orphaned by AIDS, as 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 (World Bank *et al.* 2006). One example of effective targeting is the previously mentioned identification of most vulnerable children by village committees in the **All Children Safe in School programme** in Swaziland (World Bank *et al.* forthcoming).

Children and young people should also be involved as active participants in developing 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 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 (World Bank *et al.* 2006). Including children in the design of the programme will help maximize the outcomes. For example, in the **COBET programme**, children help set times for lessons that are convenient for them and that fit around their work priorities. Because children participate in setting lesson times, they then tend to hold each other and their facilitators accountable for keeping to the agreement, reducing absenteeism and wasted time. Children also participate in a number of other decisions, including selection of class leaders who play a role in representing learners' views to facilitators and the COBET management committees (World Bank *et al.* forthcoming).

Additionally, successful programmes 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 (World Bank *et al.* 2006). **Tanzania's Most Vulnerable Child programme** tailors responses to the local needs of orphans and vulnerable children, which may be met through formal schools or through complementary basic education centres. Uniforms and books have been purchased for children, and in some cases, fees have been provided so that children can attend secondary school. In other places classrooms have been built or rehabilitated to improve the condition of schools. Communities have also helped improve health care for children identified as most vulnerable and have assisted in the construction and repair of houses (World Bank *et al.* forthcoming).

As mentioned above, the starting point for identifying children as most vulnerable are national criteria drawn from the National Strategy for Community-based Care and Support of the Most Vulnerable Children. The criteria cover such areas as education (school enrolment/drop out), health (growth monitoring, immunization, morbidity and birth weight), and livelihood (age of caregiver, size of family, income, possession of cattle or other livestock, cash crops). The criteria are adapted by the “most vulnerable child” committees of each village to ensure only the neediest children in the area receive support (World Bank *et al.* forthcoming).

3.1.5. Programme implementation

As in the design, children should also be able to participate in the implementation of the programme. 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 behaviour (World Bank *et al.* 2006). In the **BELONG programme**, children participating in Theatre for Development use performing arts to disseminate information on HIV. Additionally, youth participating in the BELONG programme, along with street children who have entered gainful employment, are used as role models for other children, encouraging them to get involved. Such role models also encourage caregivers to send children to school. This type of advocacy, using participating children as role models, also addresses the stigma and discrimination against orphans and vulnerable children.

Particular attention should also be paid to the roles of children, men, and women, and address gender discrimination in the community. Much of the burden of caring for people with HIV or AIDS and for orphans and vulnerable children falls on women and girls. 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 programme 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. To encourage the education of girls, the **ORACLE programme** constructed water and sanitation facilities in a number of schools. By ensuring a safe and private space for menstruation, the provision of gender-segregated latrines is a proven strategy for encouraging the retention and attendance of adolescent girls.

3.1.6. Programme funding

Effective funding of programmes uses external support to strengthen community initiative and motivation. Governments, donors, and non-governmental, 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. Project Concern International (PCI), the organization ultimately responsible for managing the **BELONG programme**, has entered into a memorandum of understanding with every school that it supports. Because the community owns

the schools, the memorandum of understanding facilitates a spirit of partnership between PCI and the community, through their school. Their involvement in the day-to-day operation of the school is a continuous manifestation of the community's sense of ownership.

3.1.7. Programme monitoring

At the heart of the challenge of coordination and collaboration of programming are data gaps. The information-base needed to effectively plan and provide services is often lacking, and a vicious cycle revolves around these data gaps. For example, a weak or nonexistent policy framework results in inadequate planning and budgeting for service delivery. Without the necessary resources, the programmes and activities provided are undermined and rarely monitored in any systematic way. Without the requisite data, policy cannot be designed or strengthened. To break this vicious cycle, planners and programme managers need to:

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

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. 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, and the failure of data to get to those that need it. 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, programmes and learners/educators. 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.

As with many programmes, there is little evidence of good practice in the monitoring and evaluation of education interventions for orphans and vulnerable children. Many programmes emphasize processes over impact and lack consistent, systematic record-keeping. One example of good practice is the **COBET programme**, which is monitored at the centre/community, district and national levels. At each centre, facilitators monitor learners' progress by using a COBET progress card outlining skills to be achieved in each subject area, with final tests and examinations relevant to each cohort. COBET students (as well as children in the formal school sector) are also monitored through the use of class and school registers as mandated by the national scaling-up process called for by the country's Primary Education Development Plan. As part of education development in their communities, school committees are responsible for overseeing COBET learners. At the district level, monitoring is undertaken every three months by the district education office, which collects information on the number of students, and their backgrounds and progress. These statistics are then gathered at the national level to provide ongoing data about the programme's activities and progress. Since 2006, data on COBET learners has been included in the basic education sub-section of

Basic Education Statistics of Tanzania, the government’s official compilation of data on the education sector. This ongoing monitoring has provided a wealth of data demonstrating that the programme is both inclusive and effective (World Bank *et al.* forthcoming).

Table 3. Possible programme activities

| Key Element | Good Practices | Programmatic Examples |
|----------------|--|---|
| Design | Targeting avoids further stigmatization of those affected by HIV | All Children Safe in School initiative in Swaziland (World Bank <i>et al.</i> forthcoming) |
| | Includes children in design of programme | Complementary Basic Education in Tanzania (World Bank <i>et al.</i> forthcoming) |
| | Identifies and addresses context-specific issues | Most Vulnerable Child programme in Tanzania (World Bank <i>et al.</i> forthcoming) |
| Implementation | Involves children as active participants | BELONG programme in Zambia (World Bank <i>et al.</i> forthcoming) |
| | Considers societal roles of children, men, and women and addresses gender discrimination | ORACLE programme in Uganda (World Bank <i>et al.</i> forthcoming) |
| Funding | Ensures local buy-in to avoid dependence on external funding | BELONG programme in Zambia (World Bank <i>et al.</i> forthcoming) |
| | Investigates current trends in donor support to orphans and vulnerable children | Food and nutrition and education integrated into programming (Office of the United States Global AIDS Coordinator 2009) |
| Monitoring | Monitoring system is designed in cooperation with those who will be collecting data | Not known |
| | Inputs, outputs, processes, and outcomes/impact are mapped and monitored | Not known |
| | Appropriate “home” for data is determined | Not known |

4. CRS and Education

4.1. CRS and education

CRS operate education programmes in more than 60 countries worldwide and every day, more than one million children attend a school supported by CRS through its in-country partners. The focus of CRS' education portfolio is supporting formal basic education systems at the primary level guided by three principles of access, quality and community participation.

Current interventions focus around the following:

- Fostering community support for education programmes e.g. establishment of Parent Teacher Associations (PTAs);
- Food for education;
- Teacher and education administrator training (e.g. child focused pedagogy); and
- Working with orphans and vulnerable children specifically.

4.2. CRS and education programmes for orphans and vulnerable children

In addition to the specific educational support noted above that CRS provides, they also include orphans and vulnerable children in many of their 250+ HIV programmes. Within CRS, support to orphans and vulnerable children is considered a priority area and part of the holistic response to HIV. Interventions to support OVC are varied, but most commonly are:

- Provision of food and nutrition;
- Provision of psychosocial support;
- Delivery of education and skills building; and
- Economic strengthening and livelihoods development.

4.3. CRS country offices and education programmes for orphans and vulnerable children

A survey of 19 country offices and their orphan and vulnerable children programmes revealed a number of interesting results in the area of orphans and vulnerable children in general, but also on the issue of education. Overall, all country offices surveyed reported that their programmes targeted children affected by HIV although in the literature reviewed, there was little discussion on CRS' definition of OVC and it is unclear how these countries identify which children are affected by HIV and which children have been orphaned or left vulnerable by other causes.

Referring back to the theoretical framework developed in Table 2, in terms of quality (including content, methodology and learners) of those country offices that responded to the survey:

- The majority (77.8%) reported that their food and nutrition services were focused on nutrition education; a major shift from CRS' more traditional food for education programmes previously being implemented.
- All reported that addressing issues of stigma and discrimination were a key protection service being supported.
- All reported providing HIV prevention health care services for orphans and vulnerable children and many (42.9%) reported various HIV treatment related activities; all to be expected in PEPFAR funded activities as the majority of CRS' are.
- Few reported any other health service provision and only one office reported providing support to provision of a school health and nutrition programme.
- The majority are offering some form of psychosocial support including: support groups (100%); memory books (77.8%); parental training in psychosocial support skills (77.8%); and individual counselling (77.8%).
- The majority (77.8%) are also providing life skills training within the remit of provision of psychosocial support although it is unclear who this is targeted at, what this includes, and why it is included here.

In terms of the content of education being delivered, most country offices that responded reported that they supported provision of life skills education (63.6%) and many (81.8%) that they provided "stigma reduction" which is assumed to be education to reduce stigma and discrimination. There was no mention of other educational content interventions.

CRS country offices appear to be more experienced and confident in the area of ensuring access to education for OVC. In particular, of the country offices that replied:

- The majority supported provision of primary school and secondary school fees, school supplies and uniforms.
- A significant majority (70%) also reported that they were addressing issues related to succession planning and inheritance rights issues; both essential to long term stability (financial and emotional) for orphans and vulnerable children that contribute towards enabling continued access to education.

The two components of orphans and vulnerable children support that the surveyed offices felt most confident in providing are life skills education and provision of school supplies.

When asked which components they wanted further guidance from CRS Headquarters on country offices responded that they were interested in obtaining guidance on a number of issues, the top three being: life skills education; teacher training for psychosocial support; and provision of day care options for young children of child headed households.

The results briefly summarized above are from an internal CRS questionnaire. They are included here for the purposes of providing an overview of CRS country office activities. They are not intended to be used as a thorough discussion of CRS and partner activities at country level.

4.4. Existing good practices in CRS country office education programmes for orphans and vulnerable children

Through review of the CRS literature provided, as well as the discussions held during the three country mission, several examples of good practice in education programmes for orphans and vulnerable children were identified in CRS country offices. The following are some summary highlights of CRS good practice in education programming for orphans and vulnerable children in the three countries visited; detailed country reports are provided in Annex 2. These are proposed as good practice due to their inclusion of at least one “good practice intervention” identified within the analytical framework in Table 2. Community participation is included within the examples below and so has not been treated separately.

4.4.1. Quality

The **Nzokira Project** in Burundi is a 3-year Department for International Development (DFID) funded project run by a consortium of local and international NGOs. The project started in July 2006 and, currently, is scheduled to run through to June 2009. The main partners in the project are CRS and CARE International with CRS being the primary recipient organization. The consortium also involves 11 local partners.

The Nzokira Project aims at mitigating the effects of war and HIV in 30,000 orphans and vulnerable children and their foster families with specific components within the project targeted at improving quality of and access to education. In the area of quality, Nzokira looks at the methodology of education delivery through support to teacher training (organized during school holidays to prevent class time disruption) aimed at equipping teachers with necessary skills to deliver life skills education. From the learners’ perspective Nzokira also trains teachers to provide counselling and other forms of psychosocial support to orphans and vulnerable children. The project manual to guide this has been approved by the Ministry of Education for use in schools.

The **Community HIV/AIDS Mitigation Project for Orphans and Vulnerable Children (CHAMP-OVC)** was started in Zambia in 2003 as an initiative of CRS and other partners in an attempt to improve the situation of orphans and vulnerable children in Zambia.

In terms of quality of education, CHAMP-OVC has a strong psychosocial support component composed of two approaches. First, guidance and counselling is provided at school, usually under the leadership of a teacher who has been trained in guidance and counselling. An internal school referral system operates where teachers refer their pupils to this trained individual for guidance and counselling services. Secondly, there are trained volunteer counsellors at the community level who provide counselling and other psychosocial support services to orphans and vulnerable children. These individuals also implement a referral system to local health facilities or other psychosocial support centres for further counselling.

Of the four ecological¹ zones in Lesotho, the **Mountain Orphans and Vulnerable Children’s Empowerment (MOVE)** project targets the mountains,

¹ The four ecological zones in Lesotho are: lowlands; foothills; Sengu river valley; and the mountains.

where about 20% of the population live. The region is targeted because of its remoteness, its difficult terrain and the limited number of local and international NGOs providing support to the populations there. The MOVE project was initiated after a rapid needs assessment was conducted in 2006 in the Districts of Mokhotlong and Qacha's Nek. The assessment revealed that the central problem facing orphans and vulnerable children in the mountains was that their basic rights were not being fully met (CRS Lesotho, 2006). The immediate causes of this problem being: limited education and training opportunities, and inadequate care and support.

The MOVE project puts strong emphasis on education quality components as well as those of access. In terms of content, five-day life skills camps are jointly organized for schools during the school holidays. In these camps, orphans and vulnerable children are taught life skills by a group of trained teachers, with participation of community mentors and the police. Vocational training centres are also supported with equipment and finances to enable them to absorb orphans and vulnerable children into their programmes and provide them with skills training in different areas of apprenticeship.

From a learner perspective, MOVE supports provision of farming inputs and keyhole gardening training to persons caring for orphans and vulnerable children as a way of enabling the entire household to benefit from year-round availability of food.

4.4.2. Access

Provision of support to orphans and vulnerable children to enable access to education is a very favoured intervention for CRS programmes. As demonstrated in the summative results of the survey, the majority of country programmes are active in this aspect.

The **Nzokira Project** in Burundi provides material support to orphans and vulnerable children (e.g. books, pens and school uniforms) that will enable them to attend school. It also has a strong community awareness component where CRS partners engage in sensitization programmes with community members to highlight the importance of enabling access to education for orphans and vulnerable children, especially girls. This is done through public community meetings in which education and children's rights issues are discussed.

The Nzokira Project also engages local communities more formally through the establishment of Child Protection Committees (CPCs). These are joint Committees whose membership is drawn from teachers, pupils (specifically orphans and vulnerable children), and parents from the community. Members of the CPCs are responsible for following up on those children who are orphaned or considered vulnerable within their communities and providing supportive counselling and linkages for further care. CPC members are trained to assess and counsel orphans and vulnerable children and guidelines developed do include an indicator for attendance and school performance. Strategies such as this are strong examples of good practice in the area of access by promoting community participation and bringing a high profile to the issues being addressed.

Some projects such as the **Reaching HIV/AIDS Affected People with Integrated Development and Support (RAPIDS) project** are entirely focused on address educational access issues. RAPIDS was initiated with the aim of improving the quality of life of Zambians affected by HIV. RAPIDS is funded by the United States

Agency for International Development (USAID) as a consortium of five main organizations each implementing a different component of the project. Within this, CRS works with local partners to support implementation at the community levels. The interventions supported by CRS address out-of-school issues affecting orphans and vulnerable children. Looking at Table 2, CRS' work within RAPIDS includes many interventions identified as good practice in overcoming out-of-school access issues including: strengthened community-led responses to protect and care for orphans and vulnerable children and their families; increased livelihood options to enable orphans and vulnerable children and their households to better care for themselves.

CHAMP-OVC provides educational support for school going orphans and vulnerable children to enable better access but they also extend this assistance to vocational skills training, particularly for out-of-school children, through similar support (e.g. payment of school fees, and provision of the required materials).

The **MOVE Project** adopts a more widespread approach to the issue of access. It provides support to learners through provision of uniforms and textbooks etc. but it also provides support in-school. In the case of schools needing specific equipment (e.g. a generator) MOVE provides this in exchange for admission of an orphaned or vulnerable child or children. In the case of vocational training, MOVE supports vocational training centres with equipment and the finances to enable them to absorb orphans and vulnerable children and provide them with skills training in different areas of apprenticeship.

4.4.3. Implementation

Overall, CRS country programmes strongly promote and advocate for context appropriate responses in the design of programmes and projects. They also, as part of their mission statement, engage very actively with local partners to facilitate local ownership.

The **Nzokira Project** CPCs enable the participation of orphans and vulnerable children in activities and interventions designed for their benefit; a good practice highlighted in Table 3.

In addition to provision of education support (e.g. textbooks and uniforms), **CHAMP-OVC** also provides protection and paralegal support. This is mainly provided at community level by community volunteers trained in paralegal skills that equip them with the knowledge and skills to identify and advise orphans and vulnerable children whose rights have been violated, on how to seek legal redress. This could be a very effective strategy for addressing out-of-school issues that affect orphans and vulnerable children access to education.

4.5. Challenges in CRS country office education programmes for orphans and vulnerable children

The country visits revealed a number of challenges at country level, but also between country and headquarter level. Once again, these are summaries of the challenges faced and a few are provided as examples; for a more in depth review, please see the country reports in Annex 2.

4.5.1. Quality

For projects such as **RAPIDS** in Zambia that rely heavily on training community-based volunteers to provide care and support for orphans and vulnerable children, the basic education level of those who have volunteered can sometimes be a challenge. As a result, sometimes training has been found to be difficult and, in some cases in RAPIDS, incomplete; e.g. training on some of the tools that are regularly needed in project management, for example, the assessment forms has been found to be difficult.

In the **Nzokira Project** in Burundi, a high attrition rate among project volunteers has also led to problems of maintaining the quality of the education interventions being provided.

4.5.2. Access

In all cases, an overly high demand was raised as an issue for sustainability of the projects. It was felt that the success of the projects is welcomed, but that this, in turn, has led to an over subscription for some of the support being provided. This would be particularly relevant to those interventions that require substantially increased financial input with increased numbers of children being targeted; e.g. uniforms and textbooks.

Enabling access was otherwise not reported to be a particular challenge.

4.5.3. Implementation

During the initial rapid assessment for the **MOVE Project**, orphans and vulnerable children were identified and registered in the schools that they attended. Criteria to assess the degree of vulnerability of the orphans and vulnerable children were based on guidelines developed by the project and their partners. While this was an easier method of registration, it did not take into account out-of-school children who are often the most vulnerable.

In **Nzokira Project** in Burundi, monitoring and evaluation was raised as an issue. The CRS country office felt that partners were being poor and inconsistent in their reporting of the situation on the ground making it difficult to gain a clear picture of the situation on the ground.

5. Recommendations

5.1. Quality, access and community participation

Table 4 below is based on Table 2 summarising the analytical framework developed previously. Table 4 includes: the key elements identified as essential for effective education programming for orphans and vulnerable children; good practices identified through the literature and a review of CRS literature and country visits; and suggestions of whether these good practices may be adapted by CRS for various contexts. CRS clearly has tremendous expertise in the area of access to education; the question is how best to enable this to be systematically and sustainably scaled up, but also, how to build quality components, identified as good practice, into existing CRS country programmes.

Providing a comprehensive package of education support to orphans and vulnerable children is crucial. CRS has a number of examples of good practice within their own organization that they can explore and build upon to strengthen existing and new orphans and vulnerable children projects.

Enabling the removal of financial barriers is crucial and exploring how to ensure the efforts, to date, are not lost and future efforts are sustainable, a dialogue with partners and the government is essential. Evidence has shown that where policies exist that provide for free uniforms for children who are orphaned or vulnerable (or no uniforms needed for any children), free textbooks, and elimination of school fees (including at secondary level), education access and quality is improved. This is the very message for CRS to take forward in their advocacy programmes with governments.

In the area of quality, in order to facilitate further provision of supplementary teacher training on life skills and guidance and counselling skills, CRS may seek to engage with other partners and advocate, again, for the role of the government in these activities. In the area of basic teacher training, and in the absence of longer term government-led solutions for teacher training, CRS has some scope for action. For example, in Zambia, CRS has found that many teachers engaging with orphans and vulnerable children are not fully trained. This is an area where CRS can become active by liaising with partners with an education focus who can provide short-term training for teachers (e.g. during the school holidays), active in schools with a large proportion of orphans and vulnerable children. As long as the courses provided are done so within the government frameworks for teacher training, this can be a highly effective way of improving the quality of education being delivered and can enable orphans and vulnerable children to enjoy the same education as other school-age children.

In addition to focusing on the supply side of education such as textbooks, uniforms, teachers, etc. CRS can also engage more strongly with the demand side. CRS can build more strongly on the provision of guidance and counselling that it has been engaged with to date; be that community-based, or through teacher training.

Table 4. Suggestions for the application of good practices for education programming for orphans and vulnerable children affected by HIV to the CRS context

| Key Element | Main Component | Good Practices | Suggested Action |
|-------------|----------------|---|---|
| Quality | Content | Providing curriculum relevant for orphans and vulnerable children | CRS has no control over the formal in-school curriculum but, in partnership with local education partners, could consider providing complementary basic education (in line with government requirements) for children who need to make up classes in order to (re)enter mainstream education. Providing a curriculum that's responsive to the needs of the learners being targeted and sufficiently flexible to enable maximum participation. |
| | | Including life skills | CRS country offices report already providing life skills as an education intervention for orphans and vulnerable children. Fewer though report being confident in the delivery of this intervention and many have asked for support from Headquarters. Training teachers on life skills delivery also has implications for sustainability when teachers are transferred and CRS' remit to train government staff on curriculum issues is limited in many contexts. Additionally, life skills being integrated into the curriculum and teacher training in many countries for all children. CRS could provide participatory, learner-centred activities in their complimentary basic education programmes and in extra-curricular activities. Capacity needs to be built in country offices so CRS Headquarters could provide regional workshop training to address this (combined with other issues below). |
| | | Providing outlets for creativity | CRS already provides learning materials to students. In some cases, materials are also provided to schools. Provision of materials to schools enables more children to benefit. CRS could use resources to provide materials to schools that encourage more participatory and creative learning. A trade-off system could be employed (c.f. MOVE Project, Lesotho), whereby schools receive new materials in exchange for the admission of orphans and vulnerable children. Extra curricular activities such as sports can also provide creative outlets for orphans and vulnerable children. |
| | Methodology | Orphans and vulnerable children specific teacher training | CRS already provides some training for teachers. Again, sustainability of this is questionable. Partnering closely with teacher training colleges may be a solution to enable CRS to provide support to teacher training on education components for orphans and vulnerable children. |
| | | Training for counselling | CRS already has many models for this in operation. CRS could focus on training teachers in guidance and counselling skills to overcome issues of a lack of basic education in the wider community. |
| | | Providing good instructional materials | See "Providing outlets for creativity" above. |
| | | Mentoring for children who need additional | Within the process of training teachers on guidance and counselling skills (see above) CRS could also provide training on mentoring for orphans and vulnerable children (e.g. |

| | | | |
|--------|-----------|--|--|
| | | assistance | dealing with gaps in education within a multi-grade class). See also “Providing curriculum relevant for orphans and vulnerable children” above. |
| | Learners | Providing school-based health services | CRS could provide support to the implementation of school health and nutrition programmes through supporting teacher training and tagging new activities onto existing ones (e.g. where teaching materials are distributed to schools distribution could also include deworming tablets, iron tablets, etc.). Many countries have clear policies on school health and nutrition programmes that would enable CRS to develop clear guidelines for their complimentary programmes where government is unable to reach all children. |
| | | Offering school feeding | CRS has in the past provided support to large food for education programmes but sustainability of programmes can be difficult. Provision of support to more holistic programmes could be pursued including establishment of school gardens to encourage skills development and nutrition education. CRS could also: support training in keyhole farming techniques for carers of orphans and vulnerable children; provide nutrition education training for teachers and school support staff (e.g. cooks); strengthen local agriculture towards home grown school feeding programmes. This could all be achieved by strengthening the linkage between their education and agricultural programmes at all levels. |
| | | Providing psychosocial support | See “Training for counselling” above. |
| Access | In-school | National policies for education of orphans and vulnerable children | CRS has a huge role to play in the area of advocacy for strengthened and clearer policies for orphans and vulnerable children. Beyond policies around free access to education, CRS could also advocate for property and asset rights that may affect a child’s abilities to overcome the hidden costs of education. Working with communities to raise awareness of these rights could also be a key role for CRS. |
| | | Abolition of school fees | Where countries have yet to introduce free education for all/orphans and vulnerable children, CRS has a huge role to play in advocating for this. |
| | | Providing for indirect school costs | CRS has a strong history in the provision of materials that can overcome hidden costs of education. CRS could also strengthen community advocacy programmes to address certain attitudes in communities around the opportunity cost of education (for girls for example). See also “Providing outlets for creativity” above. |
| | | Distance education | CRS could engage with partners already active in radio programming for education to target children that are not accessing formal education. In some cases it may also be in CRS’ interests to develop distance education programmes for local radio stations; costs of running and investment levels needed are often low and coverage can be vast. |
| | | Community-run schools | Where capacity is available in the community, community run schools can be very effective. CRS could partner with local education groups to strengthen and expand existing community-run schools or develop new ones. These schools could also be used to provide complimentary basic education for orphans and vulnerable children seeking to |

| | | | |
|-------------------------|---------------------------|---|---|
| | | | (re)enter mainstream education. See also “Providing curriculum relevant for orphans and vulnerable children” above. |
| | | Non-formal education | CRS could advocate with government to develop clearer guidelines and policies around non-formal education. In this way, training of non-formal teachers could also be made more sustainable. See also “Providing curriculum relevant for orphans and vulnerable children”, “Community-run schools” and “Distance education” above. |
| | Out-of-school | Community care for younger siblings | CRS is ideally placed to support safe drop in centres for older siblings, particularly in child headed households, to leave younger siblings while they attend school. Churches and community centres are ideal venues as they are viewed as trustworthy and community centred. |
| | | Micro-credit schemes for caretakers | CRS has a strong microfinance component. Building a strong linkage between education and microfinance at Headquarters and at country office levels. CRS would need to combine this approach with a strong advocacy programme to ensure effective use of resources and no resulting child labour. Developing a programme where communities also need to contribute financially to the scheme could promote ownership and increased responsibility. |
| | | Providing shelter and food for street children | CRS could work with local partners to strengthen the provision of safe shelters and facilities for street children. Such efforts can be costly and unsustainable. Community contributions to, and participation in supporting, such shelters could be explored by CRS partners. It would require a significant advocacy programme with communities to gain their in-kind/financial support. |
| Community participation | Attitudes and advocacy | Fostering awareness of the needs of orphans and vulnerable children | CRS currently builds community advocacy and information into the majority of their programmes. CRS could seek to continue this and strengthen components where possible. |
| | | Involving local authorities and publicizing activities | CRS could strengthen their work with local authorities. In some cases it was observed that the relationship between CRS and its partners and the local authorities was not as strong as may be needed if CRS is seeking to expand and strengthen their education components. |
| | Participation and support | Identification and support of most vulnerable children | Carrying out needs assessments is an ideal way to begin a project to provide support to orphans and vulnerable children. CRS Headquarters could work with country offices to develop universal guidelines for: components that should be included in the needs assessment and strategies for registering orphans and vulnerable children. Additionally, on an individual country level, Headquarters could work with CRS country offices to clarify the definition of “orphan” and “vulnerable child” where needed. |
| | | Mentoring child-headed households | CRS could provide support to local authorities where they are unable to reach all the child headed households that need support. To do this CRS would need to strengthen relationships with local authorities where appropriate. |

There is also much scope to expand on the food for education programme for the neediest and, with the current global focus on the food crisis, there is a good opportunity to gain additional funding and support to enable expansion of these activities. Additionally, most countries now have a basic framework for school health and nutrition programming and CRS' school feeding programmes can serve as a strong entry point for other interventions (e.g. deworming, micronutrient supplementation, improved school environments, etc.). Several governments are now working with NGOs, FBOs and communities to reach all children with school health and nutrition interventions. The evidence reviewed shows that improved health and nutrition leads to improved learning ability such that children are better able to absorb whatever education they receive. By supporting school health and nutrition programming, although CRS may not be directly addressing the quality of education being delivered, it is having an impact on the quality of uptake of that education.

CRS may look at working with partners already active in the areas of education, guidance and counselling, school feeding, and school health and nutrition etc. to provide a comprehensive package for orphans and vulnerable children. This is not to say that CRS should take on implementation of all these activities, but given the strong rapport that CRS has with communities, there is an opportunity here for a coordination role and a linkage between other partners and communities.

5.2. Other issues to consider

Many of the issues raised here would mean a fundamental change in some of the approaches that CRS currently employs and are included for completeness sake rather than as firm, clear suggestions for next steps. CRS Headquarters may wish at some point to address some of the suggestions below in order to explore possibilities to strengthen components described above.

5.2.1. What can CRS do to support and strengthen the policy environment?

Cognisant of the fact that CRS is not in a position to actively engage with governments in the development of policies, there is a strong role for CRS to coordinate an advocacy programme with governments at the national level. Such a programme might focus on exploring the needs of orphans and vulnerable children in a specific country context (as informed by CRS and partner experience on the ground) and the mechanisms needed to enable effective coordination of activities within the framework of established government policies and strategies.

Through advocacy programmes with the government at the national level, CRS can be a key informant to governments on the needs at the ground level to facilitate strengthened coordination of OVC-Education programmes within the appropriate country and policy context. At the same time, CRS can also better position itself to become a key partner in supporting the coordination of these activities. In some contexts country offices may be happy to take on such an advocacy programme, and in others it may be preferable to begin advocacy activities through the Conference of Catholic Bishops in that country.

Additionally, simply by engaging with the number of partners that it does, CRS is ideally placed to support overstretched district and provincial departments by facilitating improved coordination amongst whatever players are involved in orphans and vulnerable children and education programmes. This does not mean taking over a government level responsibility of course. It may only mean planning together with the government officer in charge, and then facilitating regular meetings of all stakeholders for discussions with district and provincial departments. Clearly, this can be a costly endeavour, so collaborating with other large-scale partners in this area may be necessary in some contexts. Such a thing would go a long way in creating a critical mass of organizations in the area of orphans and vulnerable children and education that can engage with governments at all levels and advocate for their cause.

5.2.2. How can CRS strengthen the implementation process through expanded partnership?

There are two levels of partnership that can facilitate strengthened implementation of projects: partnership with implementing partners at the local level; and the subsequent partnership with the communities in which CRS projects are active. In both cases, CRS country offices may choose to develop a set of minimum standards and implementation guidelines (including proposed methods of community engagement) where they do not exist for certain projects. Where they do exist, a review of these may be appropriate. In all cases, such guidelines should be in line with government frameworks for orphans and vulnerable children. Engagement with implementing partners at the community level during these processes of development and review would facilitate quality and coordinated implementation. The role that CRS can play in advocating at the national level is already being implemented at the local and community levels to a great extent and, in general, has been found to be highly successful. Such successful advocacy programmes should be adapted and replicated where needed.

Where appropriate, CRS may also seek to establish new partnerships with organizations active in the area of orphans and vulnerable children and/or education to facilitate capacity building exercises but also, to strengthen the quality and content of projects. As a first step towards this, CRS country offices and existing partners might undertake a rapid stock taking to identify partners active in this area with whom they have yet to engage. Such an activity would also inform the implementation of recommendations made in 5.1 above; i.e. the strengthening of national level coordination within government.

5.2.3. How can the capacity of partners be strengthened towards quality implementation?

The general role of CRS in the projects evaluated in this report, as in the majority of other projects, is management of grants. This includes the timely disbursement of funds to local partners and accounting for the same. As a method of strengthening programme quality, CRS has also sought to build the capacity of its implementing partners. Indeed, CRS has invested substantial effort in this and furthermore, reports from the local partners indicate the value they have placed on capacity building activities; especially, for example, in enabling projects to better account for the use of project funds.

The success demonstrated in CRS' efforts to develop capacity amongst its implementing partners has been noted. This is a clear strength that CRS may seek to build upon with a focus on strengthening areas of organization development and management in order to further strengthen programmatic aspects including coordination of implementation. The concept of community dialogue, partnerships and development of engagement/implementation guidelines raised above could also be weaved into such a training and concrete steps developed so that the local partners engage favourably with community members.

5.2.4. How can CRS expand its reach to meet the growing demand?

The numbers of children who are orphaned or vulnerable globally is huge and the response needed to enable each of them to access quality education can sometimes be daunting. However, by building on existing successes and programmatic strengths CRS can reach a larger number of children. The paradox is that while orphans and vulnerable children need focused and tailored interventions in order to enable improved school attendance and achievement, a widespread response is needed. In order to achieve this, projects need to be developed that are inline with national priorities and frameworks, but in parallel enable capacity development to take place at the local level. CRS is already active in both these arenas and efforts to accelerate these activities should bring positive results. The likelihood of success of the expansion of CRS projects is augmented by the strong community network in which many of its projects are grounded and a fair assumption that communities will be active in project implementation where sensitization is carried out effectively.

Where partners engage firmly and constructively with other partners active in the field (particularly under the auspices of national frameworks) they are able to reach more orphans and vulnerable children effectively. Good practice examples from Tanzania and Zambia discussed previously have shown that bringing together a number of partners active in this area can be mutually reinforcing and beneficial – both in terms of reach, but also in terms of quality of intervention.

However, as projects expand, there is a need to be somewhat cautious. First, it is essential to ensure that projects grow gradually so as not to outstrip the available collective capacity, this could be controlled by restricting new growth to new areas which are adjacent to current operation areas. In so doing, it will be easier to build on lessons learned in the first phase. Secondly, when considering which activities to expand upon or to replicate in other areas, it is essential to focus on those programmes that have, to date, been found to be successful and effective in enabling access to and quality of education. Where time is properly spent planning such an expansion, the role of CRS and its partners would only need to be in supporting the process financially and perhaps technically. Additionally, it is possible that some specific interventions might be strengthened and mainstreamed so that they emerge as actions of the existing structures (e.g. interventions that might be delivered by teachers). In this way, the activities would become less costly and thus, able to reach out to more orphans and vulnerable children.

5.2.5. How can CRS strengthen monitoring and evaluation systems and better demonstrate their impact?

At the school level, there were some indications of school enrolment and attendance amongst orphans having increased in Lesotho (although none founded in strong evidence). Similarly reports from Burundi indicated that communities were now more vocal in speaking up against child abuse and that there were areas where they had dedicated one day per month to help orphans and vulnerable children-headed households. It was also reported in Burundi that a number of orphans and vulnerable children had successfully completed vocational training, landed jobs and embarked on bearing the education costs for their siblings.

Generally, projects were found to have a well developed system for monitoring and evaluation; however, the majority of indicators captured by these systems are more activity focused rather than results based. Discussions with members of CRS at all levels suggested that this may be due to efforts to align monitoring and evaluation systems with donor reporting requirements rather than those relevant to country or CRS priorities.

The packaging and sharing of evidence to demonstrate the achievements made in CRS led orphans and vulnerable children and education projects is something that must be considered more strongly in the coming years. The encouraging stories around the successes of CRS projects need to be captured and documented for further sharing with government ministries and with non-CRS partners.

It is possible that all that is needed to achieve this is, in addition to collecting data necessary for donor feedback, the collection of information on indicators that are in line with the national priorities as defined in orphans and vulnerable children-related frameworks and documentation. This would lead to a more effective monitoring and evaluation system, but also enable greater sharing and a start to unearthing evidence that the CRS approach was making a difference in enabling orphans and vulnerable children to access quality education. Such evidence would be very useful in advocacy endeavours to convince governments to adopt what CRS was doing as part of their national strategies and in engaging partners to further strengthen and expand the impact; indeed, the majority of recommendations made here rely heavily on the ability of CRS to demonstrate their impact.

References

- ActionAid (2007). Supporting HIV/AIDS orphans in Malawi.
- Beasley, N.M.R., Bundy, D.A.P., Drake, L.J., Patrikios, A.E., Miedema, E. & Valerio, A. World Bank Publication (2008). Education and HIV&AIDS: A Sourcebook of HIV&AIDS Prevention Programs in the Formal Sector: Phase 2. World Bank Publications, World Bank, Washington D.C.
- Bhargava, A. (2005). "AIDS epidemic and psychological well-being and school participation of Ethiopian orphans." Psychology, Health and Medicine **10**(3): 263-275.
- Casey, K. (2006). Averting the Long-term Consequences of the Growing Cohort of Orphans and Vulnerable Children in Africa. Discussion Paper, World Vision International.
- Committee on the Rights of the Child (1989). Convention on the Rights of the Child, Office of the United Nations High Commission on Human Rights.
- Cooper, E. S., C. L. Risley, L. J. Drake and D. A. P. Bundy (2007). "HIV as part of the life of children and youth, as life expectancy increases: Implications for Education." Journal of International Cooperation in Education **10**(1): 101-113.
- CRS Lesotho (2006). *Final report: OVC Rapid Needs Assessment, Mokhotlong and Qancha's Nek Districts.*
- Deininger, K., M. Garcia and K. Subbarao (2003). "AIDS-Induced Orphanhood as a Systemic Shock: Magnitude, Impact and Program Interventions in Africa." World Development **31**(7): 1201-1220.
- Donahue, J. (2000). Microfinance and HIV/AIDS: It's Time to Talk.
- Edström, J., H. Lucas, R. Sabates-Wheeler and B. Simwaka (2008). A Study of the Outcomes of Take-home Ration Food Rations for Orphans and Vulnerable Children in Malawi.
- Eversmann, E. (2008). Framework for Analysis of Education Using the CRS Vision and Priorities, Catholic Relief Services.
- Gachuhi, D. (1999). The Impact of HIV/AIDS on Education Systems in the Eastern and Southern Africa Region and the Response of Education Systems to HIV/AIDS: Life Skills Programmes, UNICEF.
- Government of Kenya (2004). Report on the Rapid Assessment, Analysis and Action Planning Process (RAAAPP) for Orphans and Other Children Made Vulnerable by HIV/AIDS in Kenya, Office of the Vice-President and Ministry of Home Affairs.
- Hallett, T. B., J. Aberle-Grasse, G. Bello, L.-M. Boulos, M. P. A. Cayemittes, B. Cheluget, J. Chipeta, R. Dorrington, S. Dube, A. K. Ekra, J. M. Garcia-Calleja,

- G. P. Garnett, S. Greby, S. Gregson, J. T. Grove, S. Hader, J. Hanson, W. Hladik, S. Ismail, S. Kassim, W. Kirungi, L. Kouassi, A. Mahomva, L. Marum, C. Maurice, M. Nolan, T. Rehle, J. Stover and N. Walker (2006). "Declines in HIV prevalence can be associated with changing sexual behaviour in Uganda, urban Kenya, Zimbabwe, and urban Haiti." Sexually Transmitted Infections **82**(Suppl 1): i1-i8.
- Jukes, M. C. H., L. J. Drake and D. A. P. Bundy (2008). School Health, Nutrition and Education for All: Levelling the Playing Field. Cambridge, MA, CABI Publishing.
- Kealey, K. A., A. V. Peterson, M. A. Gaul and K. T. Dinh (2000). "Teacher Training as a Behavior Change Process: Principles and Results from a Longitudinal Study." Health Education & Behavior **27**(1): 64-81.
- Kingdom of Swaziland (2005). National Plan of Action for Orphans and Vulnerable Children 2006-2010.
- Makame, V., C. Ani and S. Grantham-McGregor (2002). "Psychological well-being of orphans in Dar El Salaam, Tanzania." Acta Paediatrica **91**(4): 459-465.
- Nyamukapa, C. A., S. Gregson, B. Lopman, S. Saito, H. J. Watts, R. Monasch and M. C. H. Jukes (2008). "HIV-Associated Orphanhood and Children's Psychosocial Distress: Theoretical Framework Tested With Data From Zimbabwe." American Journal of Public Health **98**(1): 133-141.
- Office of the United States Global AIDS Coordinator (2009). Celebrating Life: The U.S. President's Emergency Plan for AIDS Relief. 2009 Annual Report to Congress.
- Perry, C. L., D. M. Murray and G. Griffin (1990). "Evaluating the statewide dissemination of smoking prevention curricula: factors in teacher compliance." Journal of School Health **60**(10): 501-504.
- Republic of Kenya (2006). UNGASS Country Report.
- Right To Play (2008). Results: Progress Report. Toronto, Canada.
- Sellers, A. (2008a). Education and OVC: Analysis Framework, Catholic Relief Services.
- Sellers, A. (2008b). OVC and Education: Possible Responses. Catholic Relief Services.
- Smart, R. (2003). Policies for Orphans and Vulnerable Children: A Framework for Moving Ahead. Washington, DC, USAID, POLICY.
- Smith, D. W., L. K. McCormick, A. B. Steckler and K. R. McLeroy (1993). "Teachers' use of health curricula: implementation of growing healthy, project SMART, and the teenage health teaching modules." Journal of School Health **63**(8): 349-354.
- Task Force on Orphans and Vulnerable Children (2001). Proceedings of a Consultative Meeting on Orphans and other Children made Vulnerable by HIV/AIDS. Matuu, Kenya, Family Health International.

- Tortu, S. and G. J. Botvin (1989). "School-based smoking prevention: The teacher training process." Preventive Medicine **18**(2): 280-289.
- UK Government (2005). The Gleneagles Communiqué 2005, Gleneagles Summit.
- UNAIDS and UNICEF (1999). Children Orphaned by AIDS: Front-line Responses from Eastern and Southern Africa. New York.
- UNAIDS, UNICEF and USAID (2004). Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action.
- UNAIDS and WHO (2006). AIDS epidemic update: December 2006. Geneva.
- UNICEF (2003). Quality Checklist for Selecting Teaching and Learning Materials.
- UNICEF (2006). Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS. New York.
- UNICEF (2008a). Children and AIDS: Third Stocktaking Report, 2008. New York.
- UNICEF (2008b). The State of the World's Children 2009: Maternal and Newborn Health. New York.
- Valerio, A., Bundy, D.A.P., Lee, S., Baños, H., Tripp, K., Drake, L.J. World Bank Publications (2003). Education and HIV/AIDS; A Sourcebook of HIV/AIDS Prevention Programs.
- Vandemoortele, J. and E. Delamonica (2000). "The "Education Vaccine" Against HIV." Current Issues in Comparative Education **3**(1): 6-13.
- Viig, N. G. and B. Wold (2005). "Facilitating Teachers' Participation in School-Based Health Promotion – A Qualitative Study." Scandinavian Journal of Educational Research **49**(1): 83-109.
- WHO and UNICEF (2003). Skills for Health. Skills-based health education including life skills: An important component of a Child-Friendly/Health-Promoting School. Information Series on School Health, UNICEF, WHO, EDC, Education International, UNESCO, UNFPA, World Bank, PCD.
- World Bank (2002). Education and HIV/AIDS: A Window of Hope. Washington DC.
- World Bank, UNICEF and Partnership for Child Development (2006). Ensuring Education Access for Orphans and Vulnerable Children: A Planners' Handbook. 2nd Edition.
- World Bank, UNICEF and PCD (forthcoming). Enabling Orphans and Vulnerable Children to Access Quality Education: A Sourcebook.

Annex I: OVC and Education: Possible Responses

Interventions to support OVC participation in high quality and relevant educational opportunities (Sellers 2008b).

Strengthening quality and relevance

Content

- Promoting curriculum that is relevant to the lives and needs of the students and communities
- Developing teaching/learning materials – and training teachers in how to develop them using local materials
- Developing skills training as after-school programme
- Creating / strengthening life skills curriculum components
- Incorporating parents as resource persons for relevant curriculum topics

Methodology

- Training teachers (pre- / in-service) in teaching methodologies, classroom management, supporting OVC
- Training teachers in counselling and referral
- Providing teaching supports and/or learning materials, equipment, etc.
- Exploring options for psychosocial treatment (i.e., art/play therapy)
- Creating support structures and systems for teachers
- Monitoring teacher and learner performance
- Creating libraries
- Implementing mentoring programmes
- Supporting youth clubs and peer support groups
- Providing and/or strengthening alternative educational opportunities that are accessible and of high quality
- Enabling parents to serve as teaching assistants, either to complement teacher or to fill in when teacher is ill

Ensuring access

In-school factors

- **Promoting a safe and supportive environment:**
 - Reducing stigma and changing attitudes of teachers and students to support OVC in school
 - Setting up monitoring or other systems to ensure well-being of children
 - Life skills training to children, teachers, administrators and parents

- Creating opportunities for recreation, creativity, etc.
- Providing private/sanitary latrines or bathrooms
- Establishing safe water provision
- **Reducing school costs and fees:**
 - Waiving or abolishing school fees
 - Providing scholarships/school subsidies – for fees, uniforms, materials, etc.
 - Making resource exchange or block grants to schools who serve OVC
 - Establishing school canteens and/or take-home rations (or financial incentives)
 - Organizing school gardens
 - Providing support to school committees in fundraising and financial management so that school budgets don't suffer as a result of diminishing contributions by parents
- **Improving physical access:**
 - Undertaking school infrastructure construction/renovation
 - Setting up community monitoring of safety on paths to and from school
 - Establishing school transportation services
 - Establishing a community/school mapping system to ensure appropriate locations for schools
 - Adding satellite schools, community schools, accelerated learning courses or other alternative educational opportunities
- **Reducing time constraints:**
 - Promoting flexible school hours/calendar
 - Promoting flexible learning opportunities: libraries; tutoring; radio instruction
 - Developing instructional materials to support out-of-school learning that could be used by children who have to miss school (for illness or to care for others)
 - Establishing / managing school canteens, perhaps even with meals to take home to ill relatives
- **Asserting rights**
 - Advocating for responsible stakeholders to protect children's right to education (creating new policies or laws and enforcing existing ones)
 - Promoting government initiatives to fulfil the right to quality education

Out-of-School Factors

- **Changing attitudes:**
 - Reducing stigma and raising awareness on the value of, and right to, education for all; promoting a supportive community environment for children affected by HIV/AIDS

- Undertaking parental education, school newspapers, outreach activities
- Providing life skills training for community members, teachers, children
- **Reducing burden of costs to the child and family:**
 - Supporting foster families through cash or food transfers, grants/credit for Income Generating Activities, assistance with agricultural/domestic tasks, house construction, etc.
- **Reducing time constraints:**
 - Providing child care (e.g. community kindergartens) for younger siblings / children, with an explicit focus on children of HIV/AIDS-affected parents
 - Developing systems (adult mentor, friend/peer groups) to support out-of-school learning for children who have to miss school (due to illness of self or family members)
- **Providing health services:**
 - Providing food for canteens, micro-nutrient supplementation, and de-worming medicine
 - Establishing health education and health services at school, for students with outreach to those still out of school (FRESH approach)
 - Routine health checks, respecting privacy of children
 - Training teachers and administrators in first aid and basic health provision
 - Developing counselling services and/or referral systems – for students and for teachers
 - Training teachers in meeting children’s psychosocial needs
 - Ensuring proper sanitation/hygiene practices at school and at home
 - Peer training on STI and HIV prevention
 - Encouraging HIV/AIDS infected parents to write wills to ensure that their children are taken care of
- **Asserting rights**
 - Raising awareness of, and participation in, programmes for OVC and HIV-positive children and family members
 - Creating networks and coalitions of stakeholders to jointly address challenges
 - Strengthening of birth registration, to ensure that all children have necessary paperwork for school enrolment

Enabling community participation

Attitudes

- Reducing stigma and awareness-raising on the value of education and on the need to support and protect OVC

Participation & Support

- Enabling community structures to manage school canteens, health services, school gardens, other support services
- Holding school fairs, festivals, fundraising events to increase parents' involvement in, and support of, school or learning centre
- Training parents to serve as mentors, teaching assistants, para-teachers, monitors, etc.
- Providing adult literacy programmes in evenings
- Life skills and STI/HIV education for parents
- Providing support to parents to develop short presentations/lessons on their work or other important, relevant topics
- Strengthening and contributing to already-existing community support networks

Governance & Decision Making

- Strengthening/training PTA and/or school management committees
- Assisting PTAs to plan and develop project proposals
- Implementing small grants programmes
- Supporting PTAs to undertake outreach activities
- Providing leadership training

Annex 2: Country Summary Reports

LESOTHO

Introduction and context

Lesotho is a landlocked country that is engulfed within the Republic of South Africa. It covers an area of 30,355 square kilometres. Its population is estimated at 1.7 million with a growth rate of 0.12% and with a Youth Dependency Ratio¹ of 66.8. It is one of the Southern Africa countries with high HIV&AIDS prevalence rates in the world. The small mountainous Kingdom of Lesotho has HIV prevalence levels that have remained high. Almost one in four (23.2%) adults in the age group 15 years to 49 years were living with HIV in 2007 with infection rates highest in urban areas (UNAIDS, 2008a). A closer look at the prevalence rates reveals that women account for about 58% of people living with HIV (UNAIDS 2008a), with prevalence amongst antenatal attendees reaching 38% in the age group 25 years to 29 years in 2005 (Ministry of Health and Social Welfare Lesotho, 2005).

Given the high HIV&AIDS prevalence rates, Lesotho also has a high proportion of orphans. An estimated 160,000 Basotho children are orphaned of which, 110,000 have lost one or both parents due to AIDS (UNICEF, 2008), and 12% are reported to be living with HIV&AIDS (UNICEF, 2005).

Policy environment

In its national constitution the Government of Lesotho provides access to education as a basic right for every child (Government of Lesotho, 2000). The government ensures that schools provide children with opportunities for physical, cognitive, emotional and spiritual growth and support. It also identifies the importance of quality education as a means of empowering orphans and vulnerable children, though the provision of life skills and thus, contributing to poverty alleviation and creation of employment opportunities in the long-term.

Recognizing the difficulties that most orphans and vulnerable children face in trying to access quality education the Lesotho Government has further committed itself to two main undertakings in its National Orphans and Vulnerable Children Policy. First, to ensure that all orphans and vulnerable children have access to quality education up to tertiary level and secondly, to ensure protective school environments that provide for special needs, including psychosocial care and support of orphans and vulnerable children (Ministry of Health and Social Welfare Lesotho, 2006). The policy also elicits very clearly what the government specifically commits to undertake at all the levels of the education system for the above to happen.

The Government of Lesotho has also outlined in its Orphans and Vulnerable Children Strategic Plan, a clear strategic aim of education and empowerment of orphans and vulnerable children. Similarly in the current HIV&AIDS Strategic Plan, under the section of Mitigating the Impact of HIV&AIDS, the National AIDS Commission has identified orphans and vulnerable children as a special target in five main strategic activities, one of which is establishing programmes and support

¹ The Youth Dependency Ratio is the number of persons aged 0 to 14 years per 100 persons in the 15 to 64 years age group.

mechanisms of keeping orphans and vulnerable children in schools (National AIDS Commission Lesotho, 2006).

The MOVE project

Overview

Of the four ecological² zones in Lesotho, the 'Mountain Orphans and Vulnerable Children's Empowerment (MOVE)' project targets the mountains, where about 20% of the population live. The region is targeted because of its remoteness, its difficult terrain and the limited number of local and international NGOs providing support to the populations there.

The MOVE project was initiated after a Baseline Survey study was conducted sometime in early 2006. The Baseline Survey study was a Rapid Needs Assessment in the Districts of Mokhotlong and Qacha's Nek. The study revealed that the central problem facing orphans and vulnerable children in the mountains was that their basic rights were not being fully met (CRS Lesotho, 2006). The immediate causes of this problem being: limited education and training opportunities, and inadequate care and support.

Aims and objectives

The MOVE project aims at enabling orphans and vulnerable children in Lesotho's mountainous region to grow up in communities where their basic rights are met.

The project has two main objectives. The first is to improve education and training opportunities in primary, secondary and vocational training, for orphans and vulnerable children especially girls in the areas of Bobete, Nkau and Nchana. The second objective is to enhance the capacity of targeted communities to mitigate the socioeconomic impact of HIV&AIDS.

Specific interventions

The MOVE project aims at supporting 6,000 orphans and vulnerable children and has been operational in Bobete since some 2 years ago, after which it was recently expanded to two new areas of Nkau and Nchana. The project has implemented a number of interventions in trying to improve the education and training opportunities for orphans and vulnerable children. These include:

- *Provision of material support:* Where orphans and vulnerable children have been provided with material requirements such as text books, school uniforms, socks and shoes, blankets and even hygiene kits to enable them to attend school.
- *Skills training:* Where vocational training centres are supported with equipment and finance to enable them to absorb orphans and vulnerable children and provide them with skills training in different areas of apprenticeship.
- *Life skills camps:* These are 5-day camp sessions organized jointly for schools during the school holidays. In these camps, the orphans and vulnerable children are taught life skills by a group of trained teachers, and with participation of community mentors and the police.
- *School equipment:* In some instances the programme also provides schools with required equipment like generators in exchange for admission of a certain child orphaned or vulnerable.

² The four ecological zones in Lesotho are: lowlands; foothills; Sengu river valley; and the mountains.

- *Food security interventions:* For this particular intervention, persons caring for orphans and vulnerable children are provided with farm inputs and trained on basic gardening (e.g. keyhole gardening) as a way of enabling them to have food throughout the year so that the orphans and vulnerable children they care for can also benefit.

Project partners

Nationally, Catholic Relief Services (CRS) works under the auspices of the Lesotho Catholic Bishops' Conference (LCBC). Of the four departments (i.e. Caritas, Justice and Peace, Education, and Health) CRS has partnered more closely with the departments Caritas, and Justice and Peace. The role of CRS is to source funds and also to provide technical and material support to the two main partners, who in turn work with various other partners at the community level.

At the project level there are three main partners who are directly involved in the implementation of the programme in Bobete, Nkau and Nchana areas. These are:

1. *Partners In Health (PIH):* PIH manage the health facilities from where orphans and vulnerable children receive health care including the provision of antiretrovirals (ARVs) for those in need. PIH also works with village health workers who train local communities on basic health care.
2. *The Clinton Foundation:* The Foundation's role is procurement of goods and services required in the programme.
3. *Mission Aviation Fellowship (MAF):* MAF provides logistical support in the form of transport, to and from, the remote mountainous regions.

Perception of partners

There were two divergent opinions regarding how the partners perceived CRS in the orphans and vulnerable children and Education project. There was the view that CRS has been very supportive of government initiatives, particularly from the views of government officers. The partners indeed talked of the MOVE project as a show case of a good orphans and vulnerable children project.

On the other hand, there were also views that CRS had not done enough and needed to cover a wider scope and also be more intensive. Three main areas suggested in this regard were:

1. The Government of Lesotho is already engaged in trying to get all children to schools. Even with the free primary education, there are children who for some reason were still not in school. CRS needs to increase its support to the Government of Lesotho in ensuring that all the orphans and vulnerable children receive access to education in Lesotho.
2. The government through a project called '*Education for Production*' had recently embarked on a massive effort to give the young people skills that would make them more entrepreneurial and to enable them to initiate businesses. This project was seen as a process that CRS needs to also invest in.
3. Owing to CRS' experience in meeting the education-related needs of orphans and vulnerable children, CRS should in collaboration with the Lesotho AIDS Commission, spearhead a process of developing the '*minimum standards*' of care for orphans and vulnerable children, and market the same to NGOs involved in similar projects.

Project success

The project has experienced a great deal of success, some of which are:

1. The MOVE project has so far registered approximately 300 orphans and vulnerable children that were identified in the target villages, by the project partners, during the initial project Rapid Needs Assessment. These orphans and vulnerable children now regularly receive assistance from the MOVE project.
2. There is good collaboration with the Department of Social Welfare, and the Child and Gender Protection Unit (CGPU). The CGPU is a unit within the Lesotho Police force. Both have played an active role in training communities on the rights of orphans and vulnerable children and the need for protection, and what one should do in case of abuse.
3. There is tremendous goodwill from the Government of Lesotho at the national, district and local levels. Nationally, the MOVE project is recognized as an example of good practice. This recognition has sparked greater involvement at the district level in terms of co-facilitation of training activities and prompt action taken by the Department of Social Services whenever there are cases of orphans and vulnerable children that are referred. For example, those that would be sent for bursaries for secondary education.
4. Communities have also “bought into” the project and most households are now supporting project activities. For example, there is an increase in the number of orphans and vulnerable children enrolled in and regularly attending school. Similarly, many households with orphans and vulnerable children were also reported to have increased food production at the household level.

Project challenges

The project like any other has also experienced its share of constraints. Some of these are constraints are:

1. At the start of the project, during the Rapid Needs Assessment, orphans and vulnerable children were identified and registered in the schools that they attended. In this exercise, the degree of vulnerability of the orphans and vulnerable children in the schools within the project area was assessed based on a criterion that was developed by the project in conjunction with the partners. While this could have been an easy and accurate way of registration, it missed out on non-school orphans and vulnerable children.
2. Since the onset of the MOVE project, demand for services in support of education for orphans and vulnerable children has increased and is bound to increase further. This may reach a level where partners cannot cope anymore especially knowing well that funding will not continue forever. Consequently, this will jeopardize the ability of the partners to continue supporting the orphans and vulnerable children, and more so, the sustainability of the project once CRS winds up its operations in the mountainous region of Lesotho.

3. The MOVE project, through partners such as the Bethel Business Community Development Centre, has also tried to strengthen vocational training, for orphans and vulnerable children who never get to join, or who opt out before completing secondary education. However, most of the vocational training centres are far away from the rural communities and thus, many orphans and vulnerable children are still unable to attend.

ZAMBIA

Introduction and context

Zambia is one of the landlocked countries of Southern Africa, bordering Angola, Botswana, the Democratic Republic of Congo, Malawi, Mozambique, Namibia, and Zimbabwe. The country has one of the world's most devastating HIV&AIDS epidemics. More than one in every seven adults in Zambia is living with HIV and life expectancy at birth has fallen to just 43 years (UNAIDS, 2008b). At the same time, even though the prevalence rates in the country have remained stable since the nineties, they still remain as high as 20.4% in urban areas (Republic of Zambia, 2008).

In Zambia, HIV is not primarily a disease of the most underprivileged; infection rates are very high among wealthier people and the better educated (UNAIDS, 2008a). HIV is most prevalent in the two urban centres of Lusaka and the Copper belt, rather than in the poorer rural populations. Although the HIV epidemic has spread throughout Zambia, young women and girls are still very vulnerable. The UNAIDS/and the World Health Organization (WHO) estimates that 15.2% of people aged between 15 years to 49 years were living with HIV or AIDS, where 57% of these were women (UNAIDS, 2008a).

Children have also been affected. In 2007, there were 600,000 AIDS orphans in Zambia (UNICEF, 2008). Thousands of these children are abandoned due to stigma or lack of resources, while others run away because of mistreatment and abuse by foster families (Ministry of Sports Youth and Child Development Zambia, 2004a).

Policy environment

The Government of Zambia recognizes that education has the greatest impact in breaking the cycle of social deprivation that is faced by orphans and vulnerable children (Ministry of Sports Youth and Child Development Zambia, 2004b). Following this recognition, and realizing that quite a number of orphans and vulnerable children dropped out of school before completing primary school education, the Government of Zambia developed a Five Basic Education (FBE) policy in the late 1990s. This policy not only guarantees FBE for children in Zambia, but it also made it compulsory.

The FBE policy was reviewed in 2002 following a national situation analysis on the status of orphans and vulnerable children. This review established the position of a focal point person in the Ministry of Youth Sports and Child Development, whose responsibilities were to ensure that orphans and vulnerable children accessed bursaries to cover their education until they finished school regardless of the level at which they joined. This was after the realization that there were other factors that influenced overall enrolment rates other than the abolition of school fees.

Challenges in coordinating government policy and programmes on orphans and vulnerable children

Lack of proper coordination structures and funding appears to have been the greatest problems faced in implementing policies and programmes relating to orphans and vulnerable children and education. At the national level, there was not a coordinating body to oversee and set standards on a minimum package of quality in education. It was only recently, that the Ministry of Sports and Child Development had sponsored a motion in parliament to discuss, amongst other things, the formation of the 'Zambian Council of the Child'. This body was given the mandate nationally, to coordinate and regulate all the child development initiatives. Similarly, at the provincial and district levels, there were neither proper coordination structures nor adequate funding, either from the Government of Zambia or from NGOs in the field, to enable proper coordination of activities relating to orphans and vulnerable children and education, to happen.

"The biggest gap in all these is that participating organizations are not linked up. The church is doing its own things ... Government also doing its own thing and other organizations the same."

*Chief Child Development Officer
Zambia*

Project summary: CHAMP-OVC project

The 'Community HIV/AIDS Mitigation Project for Orphans and Vulnerable Children' (CHAMP-OVC) was started in Zambia in 2003 as an initiative of CRS and other partners in an attempt to improve the situation of orphans and vulnerable children in Zambia.

The CHAMP-OVC project is implemented in partnership with two dioceses of the Catholic Church. These are the Mungwa Diocese in the western provinces and the Solwezi Diocese in the north-western provinces. In this partnership, CRS solicits for funds, disburses the same to partners, and accounts for the funds to the donor on behalf of the two dioceses. The two dioceses on the other hand implement the project in collaboration with other community-based structures and institutions.

Specific interventions

The project implements four main activities, in an attempt to support access to education for orphans and vulnerable children. These four main activities are:

1. *Educational support:* This support is given directly to the orphans and vulnerable children in the form of school fees, books and other school-related requirements to enable them to access and complete school.
2. *Psychosocial support:* There are two levels at which psychosocial support is provided to the orphans and vulnerable children. First, it is provided in the form of counselling and guidance at school. This is usually under the leadership of a teacher who has been trained in guidance and counselling, such a teacher attends to cases of students who require counselling support, most of whom are referred by other teachers within the schools. Secondly, at the community level there are trained volunteer counsellors who provide counselling and other psychosocial support to the orphans and vulnerable children. These are the same people who refer the orphans and vulnerable children to the health facilities or other psychosocial support centres for further counselling.

3. *Protection and paralegal support:* This support is mainly given in the community. Part of the training that the community volunteers go through is paralegal. This training equips them with the knowledge and skills to identify and advice orphans and vulnerable children whose rights have been violated, in seeking legal redress.
4. *Vocational skills training:* The project also supports orphans and vulnerable children to access vocational training. This is achieved by meeting their needs for the same, like payment of school fees, and provision of the required materials. This aspect of the project mainly targets out-of-school youths.

Apart from the four main activities, the project also provides health care support to orphans and vulnerable children and in some cases also helps with rehabilitation of their housing.

Project summary: RAPIDS project

Overview

The 'Reaching HIV/AIDS Affected People with Integrated Development and Support (RAPIDS)' project was initiated with the aim of improving the quality of life of Zambians affected by HIV&AIDS. The RAPIDS project is funded by USAID as a consortium of five main organizations each implementing a component of the overall HIV&AIDS intervention. The organizations are Africare, the Salvation Army, World Vision, Care, and CRS. These organizations then also work closely with local partners, like the Catholic Diocese of Ndola in the case of CRS, who help with implementation at the community levels.

Project aims

The project has four strategic aims: Improved Quality of Life and Resilience of OVC and their Households; Improved Health, Quality of Life and Resilience for People Living With HIV&AIDS (PLWHA) and Their Households; Improved Livelihoods and Healthy Norms for Youth; and Increased Capacity of Households and Communities to Cope with HIV/AIDS.

With regard to the strategic aim 'Improved Quality of Life and Resilience of OVC and their Households', the project has four intermediate results, which are:

1. Improved enabling environments at the national, provincial, district and local levels for the benefit and well-being of orphans and vulnerable children.
2. Mobilized and strengthened community-led responses to protect and care for orphans and vulnerable children and their families.
3. Strengthened capacity and resilience of orphans and vulnerable children and household members to care for themselves through increased livelihood options.
4. Established referral systems for counselling and testing and referrals for treatment and follow-up of HIV-positive orphans and vulnerable children.

Specific interventions

The project has several interventions one of which is the support for education and vocational training. In this particular intervention, a range of measures have been taken to ensure that orphans and vulnerable children find access to schools, and learn in environments that are friendly and healthy. This range of measures include, Payment of user fees; Provision of educational materials such as stationery, teaching and learning materials; Provision of school uniforms including

shoes; Rehabilitation of schools; Provision of sports equipment and material to schools; and Advocacy with school administration.

Apart from education and vocational training, the project also undertakes the following:

- Providing general health care needs for orphans and vulnerable children, particularly for those who are HIV-positive;
- supporting activities geared towards the prevention of HIV&AIDS;
- providing psychosocial support to orphans and vulnerable children in the form of guidance and counselling;
- catering for the food and nutritional needs of orphans and vulnerable children;
- providing for, and rehabilitating shelter;
- legal protection; and
- strengthening orphans and vulnerable children household economic capacities.

Project partners

The main partners of CRS are the Catholic Dioceses of Zambia in which the projects are implemented. These dioceses are organized into parishes each under the leadership of a parish coordinator. The Christian congregations in each of these parishes are then divided into small Christian communities led by a community volunteer leader. Within these small Christian communities, three support groups have been formed: The Orphans and Vulnerable Children Volunteer Caregivers Support Group; The Orphans and Vulnerable Children Guardian Support Group; and the Peer Support Group which is amongst the orphans and vulnerable children themselves.

Perception of partners

There were mixed reactions with regard to how the partners perceived CRS and its engagement in orphans and vulnerable children and education activities. Some of the partners felt that CRS had applied holistic and long-term strategies that were useful to orphans and vulnerable children over and above being able to access schooling. A number of things were mentioned in support of this view. First, being the fact that CRS was directly supporting orphans and vulnerable children with education-related needs such as shoes, school uniforms, training of teachers on psychosocial support, and even giving direct funding to partners to implement some of the project activities. Secondly, the close and practical follow-up by CRS was seen as being directly contributing to their improved accounting standards.

At the same time, there were also observations in relation to the fact that CRS needed to do a little more in the current project activities with partners. Amongst the government circles it was felt that CRS should assist the Government of Zambia in identifying more orphans and vulnerable children, especially those beyond school going age, and link them to government for support to attend vocational training, after which they could then get placements in the private sector. Similarly, there was the feeling from a range of partners that CRS needed to dedicate and give out more resources to partners given that demand from the participating communities had increased tremendously. For example, at the Kabulyonga Rehabilitation Centre the impression of the sister in-charge was:

“The cost of rehabilitating a child who is handicapped is too high, and what CRS contributes to the process, is very often inadequate for this type of service”
Sister in-charge
Kabulyonga Rehabilitation Centre

This sentiment was also echoed by several head teachers at different schools. Their specific concerns being that orphans and vulnerable children need to be given two sets of school uniform, and that money from CRS to partners ought to be disbursed in the month of January, as this is when the school calendar starts, and not at the middle of the year, as was the case.

Lastly, the discussion brought out three areas where partners thought that CRS could invest more in. Firstly, the need to always ensure that the money given to partners on work for orphans and vulnerable children actually goes down to do the same. Secondly, that CRS needs to also support teachers with teaching materials. Thirdly, that CRS needs to engage more with non-formal schools, as this is where the bulk of the orphans and vulnerable children are.

Project success

So far the project has achieved the following:

1. The project has reached a total of 16,547 orphans and vulnerable children beneficiaries and has developed a data base, and trained a total of 2,500 caregivers as at August 2008.
2. The project has also reviewed and developed new tools for monitoring and evaluation of project outcomes. Furthermore, the diocesan staff are trained on the use of the same, and are also generating information from the field based on the same. Lastly, caregivers in the project have also been trained on psychosocial support and are providing quality support services to orphans and vulnerable children.
3. The project has also been able to mobilize external resources for the benefit of orphans and vulnerable children. First, from Better Way Foundation, to support 100 youths above 17 years of age (considering that the project itself does not cater for the youth who are above 17 years of age). Similarly, the project has also secured a total of 11,133 Insecticide-Treated Bed Nets (ITNs) for its partners and has trained partners in ITN use. As a result, the project now enjoys a good relationship with its partners.
4. At the community level, the project has been able to train caregivers who are now providing quality services to orphans and vulnerable children, in terms of psychosocial support. This training, in some instances, has resulted in the establishment of linkages with health facilities and other support centres within communities for purposes of attending promptly to orphans and vulnerable children who need psychosocial support.

Project challenges

The challenges the project has faced are:

1. *Poverty*: Most households are where orphans and vulnerable children also happen to be the poorest. This means that the needs of orphans and vulnerable children for external resources are always greater than the rest of

the members of the household. Consequently, whatever support the project provides, this support always will most certainly be inadequate.

2. *Age limitation*: The programme stipulates that orphans and vulnerable children are weaned out once they attain the age of 17 years. However, it is now clear that there are orphans and vulnerable children who start going to school late i.e. from the age of 10 years or older. If so, such orphans and vulnerable children would still be in school even at the age of 17 years.
3. *Volunteer retention*: There has been high attrition rates amongst volunteers working in the project. Part of this is because these volunteers have opted to work in projects that pay better stipends while others would have just opted out due to fatigue.
4. *Increased demands*: Due to sensitization efforts of the project, many households in the project areas have got more involved in the project but, this involvement has in turn created demand either in terms of over enrolment of orphans and vulnerable children or demand by other households in the project, seeking to benefit from other activities of the project. These increased demands may be too much for the project to cope with.
5. *Vast catchment areas*: Another challenge faced by the project is the vast catchment areas, to the point that partners are unable to effectively cover catchment areas. Worse still this happens to be a period in Zambia when the community and family structures are disintegrating, and many families are no longer interested in taking care of orphans.
6. *Education of caregivers*: Most of the people in the project who volunteer as caregivers have low education levels. As such it has been quite difficult to train them to the extent to which they can easily utilize some of the tools that are regularly needed in project management, for example, the assessment forms.

BURUNDI

Introduction and context

Burundi is one of the East African countries bordering the Democratic Republic of Congo, Tanzania, and Rwanda. It is a landlocked, resource-poor country with an underdeveloped manufacturing sector. The economy is predominantly agricultural with more than 90% of the population dependent on subsistence agriculture. The country covers an area of 27,830 square kilometres, with a population of 8.7 million people, and a birth rate of 3.4% and with a life expectancy at birth of 57 years. The first AIDS case in Burundi was diagnosed in 1983, since then the epidemic has grown rapidly making it one of the major causes of mortality in the country. Adult national HIV prevalence rates in Burundi had reduced from nearly 8.3% in 2001 (UNAIDS, 2002), to an estimated 3.3% in 2005 (UNAIDS, 2006), and then to an estimated 2.0% in 2007 (UNAIDS, 2008a). The highest prevalence was found in the capital, Bujumbura, where, in 2002, 16.8% of female sex workers were tested HIV-positive (UNAIDS, 2008a).

Policy environment

Prior to the year 2005, there were plans developed and implemented by the Ministry of Education and the Ministry of Internal Affairs. The main focus of the plans at that time was the provision of necessary equipment and school uniforms. Parents, on the other hand, paid school fees and also provided for other required

learning materials such as books and pens. Orphans and vulnerable children were by and large paid for by the families in which they were adopted (i.e. foster parents).

The FBE policy in Burundi was developed in 2005 and like in other countries it abolished school fees in primary education and also made basic education compulsory. As a way of ensuring equity with regard to orphans and vulnerable children accessing education, the policy also provides for their, free health care, meals and protection while at school. Furthermore, this policy has also expanded the scope of those responsible. It does extend the responsibility of providing these necessities, from the Ministry of Solidarity to four other ministries, namely the Ministry of Education; the Ministry of Justice; the Ministry of Health; and the Ministry of Internal affairs.

Burundi has now developed an Orphans and Vulnerable Children Action Plan for 2007-2011, where even greater emphasis has been placed on orphans and vulnerable children education (Republic of Burundi, 2007). In this document, the fourth strategic objective focuses specifically on increasing orphans and vulnerable children access to education and professional training.

Challenges in coordinating government policy and programmes on orphans and vulnerable children

Discussions with the National Orphans and Vulnerable Children Coordinator revealed three main difficulties that the office faced in coordinating the government policy and programmes. These are:

1. *Lack of a framework to guide the coordination:* While the development of a strategic plan for orphans and vulnerable children was a slow and participatory process, it took too long with the document being published in July 2008. This implies that prior to this it was very difficult for the office to coordinate activities from the organizations that support the education of orphans and vulnerable children.
2. *Lack of adequate funding:* The Office of the National Orphans and Vulnerable Children Coordinator does not receive adequate funds from the central government in Bujumbura, even for its own administrative demands let alone the function of coordinating activities implemented by NGOs, at the provincial levels. This has made it almost impossible for the office to closely follow up and support NGOs involved in education for orphans and vulnerable children.
3. *Lack of good coordination structures at lower levels of government:* Owing to the lack of funds, and the consequent inability of the National Office to properly coordinate education activities, the provincial level has been weakened further. At the provincial level, there are no clear structures that bring actors together.

“There is a lot of good work being done by different organizations in the provinces But no one knows our offices have not been able to capture this.”

*National OVC Coordinator
Burundi*

Project summary: The Nzokira project

Overview

The project Nzokira (meaning “I will overcome” in the Burundi language Kirundi) is a 3-year DFID funded programme run by a consortium of local and international NGOs. The programme started in July 2006 and runs through to June 2009. The main partners in the project are CRS and CARE International with CRS being the primary recipient organization. The consortium also involves 11 local partners. Eight of these local partners implement all the elements of the project while the remaining three local partners are in some way specialized and thus, play a capacity building role. These three local partners are charged with the responsibility of strengthening the capacity of the eight other partners in project implementation. The Nzokira project is being implemented in 8 of the 17 provinces of Burundi and targets to support 30,000 orphans and vulnerable children.

Specific interventions

The project aims at reducing the effects of war and HIV in 30,000 orphans and vulnerable children and their foster families, part of which is through supporting the education needs of orphans and vulnerable children. In trying to improve both orphans and vulnerable children access to education and also strengthening the quality of education provided, the project has implemented several activities. Some of these activities include:

- *Material Support:* The project provides orphans and vulnerable children with material requirements such as books, pens and school uniforms to enable them to attend school.
- *Community awareness:* Apart from the material support to orphans and vulnerable children, the project with support of the partners, also sensitizes community members on the importance of taking orphans and vulnerable children, especially girls, to school. This is done through public community meetings in which education and children’s rights issues are discussed.
- *Teacher training:* In order to prevent any disruption to the school programme, the teachers training is organized during school holidays where a selected group of teachers attend. These trainings are meant to equip teachers with skills to enable them to provide counselling and other forms of psychosocial support to orphans and vulnerable children; Champion the protection of rights of orphans and vulnerable children; and Train children in life skills. The project has even developed modules for this, and has been validated and approved by the Ministry of Education.
- *Home visits for follow-ups:* One of the local partner institutions that work with the project is the Child Protection Committees (CPCs). These are joint Committees whose membership is drawn from teachers, pupils (specifically orphans and vulnerable children), and parents from the community. Members of these Committees have the responsibility of following up on those children who are orphaned or vulnerable within the villages and providing supportive counselling and linkages for further care. During this time CPC members assess and counsel the orphans and vulnerable children on:
 - Attendance and academic performance while in school.

- Cases where the rights of orphans and vulnerable children have been violated, and where to seek remedial measures in case there is need to.
- Any other cases that require psychosocial counselling.
- In situations where the CPC members are confronted with cases that they cannot handle, they refer the orphans and vulnerable children for more specialized care and support, either to the designated health facilities or to other psychosocial support organizations from where the orphans and vulnerable children receive counselling services.

Project partners

The Nzokira project is implemented in 8 of the 17 provinces of Burundi through a consortium of partners, the main ones being CRS and CARE International, with CRS being the recipient partners and accounts for the same. Each of the two partners focuses on 4 provinces. These two main partners also work with 11 other partners, who are local NGOs and CBOs. Apart from their willingness and ability, partners were selected based on what specific activities they were engaged in and whether these could add value to what the project intended. The local NGOs and CBOs are the ones that implement the different elements of the project in the designated provinces.

These partners meet at the provinces every month to discuss and draw lessons from the project implementation under the auspices of the Nzokira provincial coordinator. The forum also invites the provincial director of education and other stakeholders to the meeting every quarter.

Perception of the partners

Partners generally expressed satisfaction in the way in which they had related with CRS. Generally the partners stated that the work they are involved in was demanding, given that they have to follow up orphans and vulnerable children and regularly collect information concerning their situation in schools and also at home. However, they also pointed out three specific areas in which they thought they had benefited, from their association with CRS. These three specific areas are:

1. *Financial assistance:* The partners appreciated the financial assistance from CRS. This enabled them to accomplish their mission of reaching out to orphans and vulnerable children. One such partner FVS/AMADE now has the capacity to meet regular education and health care needs of 12,750 orphans and vulnerable children, courtesy of the financial support from CRS.
2. *Proper financial management practices:* The partners also acknowledged the strict financial management processes that they have been introduced to by the project. A process that they think has helped to improve their own way of doing business.

“We are now more vigilant about funds We ensure justification for all money we spend and keep all our bills and receipts.”

*CEO. partner organization
Burundi*

3. *Capacity of staff:* Through training in management, the staff capacity has also been enhanced. The PTAs and CPCs particularly talked of training in psychosocial support and in children’s rights.

Project success

The Nzokira project has also experienced success:

1. *Increased enrolment of orphans and vulnerable children:* With the help of all the partners and the community, the project has so far been able to enrol 34,000 orphans and vulnerable children for assistance. This is way above the 30,000 targeted in the whole project period which is due to end in 2009.
2. *Community reawakening:* The project has also ignited some form of community reawakening. Through continuous sensitization and through training, community members are now able to speak up against abuse of orphans and vulnerable children and even take action whenever it happens. In other villages, community members have designated one day every month, to assist orphans and vulnerable children in building and refurbishing their houses, and also preparing their farms in order to be able to feed their siblings.
3. *Increased commitment by CPCs and PTAs:* The CPCs and PTAs have also shown very serious commitment in supporting the education needs of orphans and vulnerable children. For example, in Mutanga South and Kiranira schools the PTAs have been contributing 500 and 1,000 Burundian Francs per person respectively, just to ensure that orphans and vulnerable children in those schools get what they require to go to school.

Project challenges

The main constraints raised in the discussion with the project implementers were:

1. *High demand for services:* Because of the intense mobilization and sensitization sessions in the communities, the Nzokira project seems to be raising too much demand with the number of orphans and vulnerable children seeking enrolment rising by the day and to an extent to which the local partners are unable to cope.
“Sometimes we get very little money and not all foster parents can be assisted, even when the OVCs they care for have been listed for help.”
CPC Member
Cibitoke School, Bujumbura
2. *High dropout rate amongst volunteers:* It also emerged from the discussion that there was a high attrition among project volunteers. There were two possible explanations for this. Firstly, there is the group of volunteers who after years of intense commitment, are feeling fatigued, and are therefore spending more of their time attending to family chores as opposed to project activities. Secondly, there is also an emergence of organizations involved in orphans and vulnerable children and education activities, many of whom offer financial compensation to the volunteers.
3. *Delays in disbursement of funds;* Some of the partners also talked of delays in the disbursement of project funds. There were times when project funds would take too long to be issued thus, compromising the partners ability to continue caring for orphans and vulnerable children.
3. *Bureaucracy in the partner organizations:* Some of the partners, though having a presence at the provinces, have their headquarters in the capital city, Bujumbura. So the plans made, and any resolutions passed at the provincial meetings have to be subjected to national level authority which often would come very late thus, slowing down project implementation.

4. *Increased demands:* There is also the feeling amongst some partners that the Nzokira project has too many demands compared to the amount of funds they disburse to the partners. This mentality has been manifested in the fact that such partners do not have someone fully assigned to the project.
5. *Inadequate representation:* Whenever partnership meetings are called such partners send staff that cannot adequately represent their organization.
6. *Poor and inconsistent reporting:* Some of the reports received from partners are not factual and do not present the situation on the ground.
7. *Contrasting approaches applied by partners:* The Nzokira project does not favour compensation in cash to project volunteers, the reason being that such compensation would kill the spirit of volunteerism. However, not all partners approve of this strategy, and some of them have given financial compensation to the project volunteers in their areas. Worse still, even those who have decided to pay tokens to volunteers, still have different rates of compensation, for example, for those involved in home visits.

Annex 3: Participants to the Discussions

The following is a list of the individuals and groups who took part in the discussions at the country level.

Lesotho

1. Mr. John Shumlansky Head of Programmes – CRS
2. HIV/AIDS Coordinator
3. Mr. Pumulo Monitoring and Evaluation Officer – CRS
4. Tsielo Mpenza Country Director – Caritas
5. CRS Coordinator at the ground level
6. Kaketso Sefeane Chief Executive – National AIDS Commission of Lesotho

Zambia

1. Mr. D. Banda Chief Child Development Officer – Ministry of Youth Sports and Child Development
2. Julie Ideh Regional Technical Advisor – Justice Peace and Solidarity
3. Anna Maria Ferraz de Campos Regional Technical Advisor – Health, HIV/AIDS
4. Hlobotha Nkunika Senior Project Officer – OVC/RAPIDS
5. Masialet Wasiliro Head, Mutendere Community School
6. Mr. Stephen Mpondu Head, Kaloko Basic School
7. Mr. Y. Chisanga Head, Lubuto High School
8. Mr. Kelvin Chinyama Head, Bwafwano Community School
9. Sr. Pascalina Nambwe Coordinator Children’s Desk –Catholic Diocese of Ndola
10. Mr. T. Nongola Curriculum Development, Special Education – Ministry of Education
11. Mr. Peter S. Mwelwa Peace Building and Partnership Coordinator – CRS
12. Mulenga Kapwepwe Policy Advisor – Ministry of Youth Sports and Child Development/RAPIDS
13. Alice Mwewa Saili HIV/AIDS Technical Advisor

Burundi

1. Jim Hazen Programme Director, OVC/Nzokira Project – CRS
2. Germain Niragira National OVC Coordinator, Nzokira Project
3. Dr. Cizanfrancois Technical Advisor, Health and HIV/AIDS
4. Mr. Gachungu Reverier Director General, Basic Education
5. Gaudence Rwamaheke National OVC Coordinator
6. PTA Members Matungu South Primary School
7. CPC Members Kijiji Community
8. Spes Nihangaza Legal Representative AMADE – Partner to CRS
9. APECOS – Partner to CRS
10. PTA Members Kinanira Primary School
11. CPC Members Cibitoke Primary School