Primary Education in Eastern and Southern Africa

Increasing Access for Orphans and Vulnerable Children in AIDS-affected Areas

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Amy E. Hepburn
Terry Sanford Institute of Public Policy
Duke University

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Executive Summary

What national and community level interventions offer promise for increasing primary education access for children who have been orphaned or made vulnerable in areas heavily affected by AIDS in the eastern and southern Africa region? [1] What lessons can be learned from these interventions to more effectively target Displaced Children and Orphans Fund's resources to increase primary education access for orphans and other vulnerable children in this region?

This research and analysis assesses national and community level initiatives that have the potential to increase primary education access for children who have been orphaned (or made vulnerable) in areas heavily affected by AIDS in the eastern and southern Africa region (ESAR). This assessment analyzes various initiatives to learn lessons that can be used to more effectively target USAID's Displaced Children and Orphans Fund (DCOF) resources to increase primary education access for orphans and other vulnerable children in this region.

The Orphan Crisis in Eastern and Southern Africa

The devastating impact of the AIDS epidemic in Africa has attracted international attention for almost two decades. Sub-Saharan Africa has been hit particularly hard as AIDS has earned the dubious distinction of being the leading killer in the region:

- In 2000, 5 million new HIV infections were documented, 3 million people had died of AIDS (in one year alone), and 36.1 million people – two-thirds of which lived in sub-Saharan Africa - were living with HIV or AIDS worldwide (UNAIDS, 2001).
- Year 2000 estimates from the U.S. Census Bureau suggest that, globally, more than 15 million children under the age of 15 have lost their mother or both parents to AIDS or other causes (Hunter & Williamson, 2000).
- By 2010 the Bureau projects there will be 24 million maternal and double orphans, with AIDS being the primary cause (Hunter & Williamson, 2000).

[1] The term "or made vulnerable" includes children who are caring for an ailing parent but are not yet orphaned.

- While all of sub-Saharan Africa is experiencing extremely high orphaning rates due to AIDS, the eastern and southern Africa region is home to almost 60 percent of the total number of orphans in the region, with AIDS being the primary cause.[2]

Impact of Orphaning on Children

Children orphaned by AIDS suffer a number of significant hardships:

Economic. When parents become sick, household income declines and expenses increase forcing young children to drop out of school since they cannot afford the fees and expenses (Williamson & Hunter, 1998).

Psychosocial. Many orphans experience anxiety, depression and despair as they endure the loss of parental support and nurturing (Williamson, 2000a).

Health. As household income falls, families are often forced to consume less nutritious foods and are regularly denied basic health services (The World Bank, 1999a).

Stigma. Community members who fear orphans are HIV-positive or feel that their families have brought shame to the community, often discriminate against the children and deny them social, emotional, economic, and educational support (Williamson, 2000a).

Girls' Increased Vulnerability

Girls are particularly vulnerable among children affected by HIV/AIDS. There are several symptoms of this vulnerability: (1) the prevalence of HIV infection among women of reproductive age is as much as 20 percent higher than among men (Rihani, 2000), and (2) when a family member falls ill they are more likely to drop out of school to assume household and care-taking responsibilities (Kelly, 2000a). This is particularly disturbing in light of statistics suggesting that girls' and society benefit significantly from education (UNICEF et al., 2000).

Cultural and Fiscal Barriers to Caring for Orphans Emotional and Physical Needs

Approximately one-third of the population in sub-Saharan Africa lives in an urban setting and the balance live in small rural villages (The World Bank, 1999b). In both settings, families and local communities are caring for children orphaned by AIDS. Although African families have traditionally enabled their communities to cope with disaster, it appears that the AIDS pandemic is stretching them beyond their capacity (C. Coombe, personal communication, June 2, 2001). Institutional care is a last resort because it is inconsistent with the strong cultural values of the region, is prohibitively expensive, does not meet children's

[2] The author calculated this statistic from orphan estimates provided in *Children on the Brink: Updated Estimates & Recommendations for Intervention* (Hunter, Susan et al., 2000).

developmental needs, and many countries lack the management capacity to ensure adequate and safe institutional care for children. In addition, the diminished management structures, processes and capacities of many government ministries limit the effectiveness of national outreach to all children in need (C. Coombe, personal communication, June 2, 2001).

The largest increase in the orphan population is occurring in highly urbanized countries with weakened family safety nets (Foster & Germann, 2000). This results in children living in households with caretakers who are too old or young to care for them, or living on the streets. In either case, the needs of young children regularly go unmet.

Importance of Primary Education for Orphans and Vulnerable Children

Despite the many challenges HIV/AIDS poses to the educational systems, access to primary education is a basic need and right of every child, as defined in the UN Convention on the Rights of the Child. Well-designed primary educational opportunities are critical, since they offer children the opportunity to socialize and develop behaviorally, as well as provide them with adult supervision, emotional support, nutritional and health care attention and the life skills training they need to support themselves.

Primary education also has the ability to play a role in fighting the spread of HIV. Although evidence has emerged indicating that the more mobile, educated and wealthy members of society are more vulnerable to HIV infection, recent studies have shown that beyond the initial stage of the AIDS pandemic, education reduces the risk of infection. As one research study notes, the "education vaccine against HIV is likely to be the only one available in the near future" (Vandemoortele & Delamonica, 2000).

Obstacles to Schooling in Areas Heavily Affected by AIDS

AIDS affects the access and quality of learning for all children. World Bank assessments suggest that orphans also have lower primary school enrollment and completion rates than non-orphans (1999a). Kelly (2000b) notes several reasons for these lower enrollment and completion rates:

- *Lack of affordable schooling* –a sudden increase in poverty and the inability to pay school-related costs is a significant factor (The World Bank, 1999a);
- *Increased familial responsibilities* – children are relied upon to take care of siblings or ailing family members;
- *Stigma and trauma* – the emotional stress accompanying the loss of a family member or caregiver along with the stigma attached with being an "AIDS orphan";
- *Family skepticism regarding the value of primary education* – families are often skeptical of the usefulness and importance of primary education to their child's future in light of the AIDS pandemic;

- *Poor schooling quality* - the lack of trained teachers and decreased teacher productivity in the classroom due to AIDS has negatively affected the quality of instruction.

- *Fear of infection* – many children (particularly girls) and their families are afraid of possible infection on school grounds and/or on their way to and from school;

Initiatives to Increase Access to Primary Education

Eleven initiatives that represent approaches tried in the field with a potential to increase access for orphans and other vulnerable children (OVC) were analyzed. In addition, two promising but not piloted initiatives are discussed. These thirteen initiatives should be viewed as one dimension of a necessarily multi-dimensional response to the increasingly complex effects AIDS has on children, families and communities. Each initiative, except the elimination of national school fees, can be implemented by non-governmental organizations (NGO) in partnership with donor agencies and/or local communities.

The thirteen initiatives have been grouped into four categories: 1) subsidize school-related costs, 2) restructure traditional educational delivery, 3) increase access indirectly through community mobilization, awareness and national advocacy, and 4) improve educational quality through curriculum revision and teacher training (see Table below). Every initiative was evaluated according to five criteria: affordability and cost, accessibility, safety, sustainability, and quality.

13 Initiatives Attempting to Increase Primary Education Access For Orphans and Vulnerable Children in the ESAR
Subsidize school-related costs
Eliminate primary enrollment fees Subsidize prohibitive school-related expenses In-kind support to schools that admit orphans
Restructure Traditional Educational Delivery
Community schools Interactive radio education
Increase Access Indirectly
Microfinance Build and support the capacity of community care coalitions Advocacy on behalf of orphans and vulnerable children
Improve Educational Quality
Increase relevance of school curriculum to orphans Sensitize teachers to orphans' psychosocial needs Supplement teachers with trained volunteers from the Community
Two Approaches Not Yet Piloted
Itinerant teachers Peer outreach

Lessons Learned

Nine lessons learned are presented to assist DCOF effectively target funding and technical assistance to increase primary education access for orphans and vulnerable children in the eastern and southern Africa region:

- **Initiatives should target all vulnerable children in AIDS-affected areas**

To avoid stigmatizing orphans and risk overlooking the needs of other vulnerable youth, policies and initiatives should target all children in AIDS-affected areas. Programs designed to increase the access of orphans and other vulnerable children to primary education should be particularly sensitive to the particular causes of vulnerability, yet be as inclusive as possible in their implementation.

- **Initiatives should create affordable schooling opportunities**

The lack of affordable schooling is one of the most commonly cited obstacles to the access to education for children affected by HIV/AIDS. As a result, initiatives should make every effort to make schooling affordable for all children – particularly those who are most vulnerable. Increasing schooling affordability includes eliminating or subsidizing prohibitive school-related expenses for children such as enrollment fees, uniforms, textbooks and school supplies. Creating more affordable schooling opportunities is a critical first step for increasing access.

- **Non-formal education should be prioritized in addition to formal education**

Resources permitting, to promote children's practical and intellectual skill development, educational initiatives should include both non-formal and formal skill instruction, including life skills and vocational training. Including both non-formal and formal education increases the quality and relevance of schooling for the children and their families.

- **Initiatives should be developed with community participation and cater to community needs**

Increasing orphans and other vulnerable children's access to education requires a multisectoral response that utilizes the support of local and national stakeholders. National and international organizations must work with communities to identify specific access barriers in their community, harness local resources and develop programs to address them. Implementing organizations should develop participatory methods for assessing community needs and institute monitoring and evaluating programs to ensure they are responsive to them.

- **Increased management capacity at the national and community level is necessary to implement and sustain initiatives**

The successful implementation of initiatives requires that appropriate management and administrative structures are in place at the community and national level to monitor and evaluate their implementation, progress and effectiveness. Increasing the management capacity of both national ministries and community agencies should be prioritized to ensure that services are rendered in the most effective, participatory and efficient way.

- **Initiatives should be developed within a integrated policy and planning framework ensuring that short-term initiatives are linked to long-term strategies**

Due to the devastating effects of AIDS on the sub-Saharan economy, local and international financial resources are increasingly limited. As a result, every effort should be made to identify programs that provide short-term relief to vulnerable families (e.g. subsidize prohibitive school-related expenses) but link them with long-term, financially sustainable policies/strategies that promote systemic policy change and permanent educational access (e.g. national advocacy, microfinance activities).

- **School safety concerns for girls should be given special consideration**

Research indicates that girls are particularly vulnerable to HIV infection and sexual abuse in a school setting, and initiatives that address this concern should be given special consideration. Research is necessary to explore new ways to protect girls in schools, possibly through the reorganization of schools/classes and teacher training and monitoring. Initiatives should build on existing gender programs to increase girls' schooling participation.

- **Educational quality and access concerns should not be separated**

Given that access and educational quality concerns are so closely intertwined it is important to explore approaches that attempt to address both. As seen in the establishment of the universal primary education (UPE) policy in Malawi, increasing access without increasing the supply of teachers and facilities results in high attrition rates that undermine initial access gains. While increasing access is of primary importance, enhancing quality helps to foster long-term educational achievement by keeping children in school.

- **More data evaluation and information sharing are necessary**

To better assess what initiatives offer the best promise for assisting orphans and other vulnerable children, more data and analysis is necessary to evaluate the benefits and costs of each initiative. Specifically, more research into the costs and benefits of supplemental teachers, peer education, vocational training, and psychosocial training for teachers is necessary. Without this research, it is difficult to know whether children's needs are being effectively addressed or if financial resources could be better directed. Wide dissemination of these results and a compilation of best practices are essential.

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List of Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CRC	Convention on the Rights of the Child
DCOF	Displaced Children and Orphans Fund
ESAR	Eastern and Southern Africa Region
HIV	Human Immunodeficiency Virus
IRE	Interactive Radio Education
MOE	Ministry of Education
OVC	Orphans and Other Vulnerable Children
SIDA	Swedish International Development Agency
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
USAID	United States Agency for International Development

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CHAPTER ONE

Introduction

This research and analysis assesses national and community level initiatives that have the potential to increase primary education access for children who have been orphaned (or made vulnerable) in areas heavily affected by AIDS in the eastern and southern Africa region. This assessment analyzes various initiatives to learn lessons that can be used to more effectively target USAID's Displaced Children and Orphans Fund (DCOF) resources to increase primary education access for orphans and other vulnerable children in this region.

This report has five chapters. Chapter One introduces the problem and briefly describes the methodology and analysis. Chapter Two provides background on children orphaned by AIDS in the eastern and southern Africa region, defines the scale of the orphan problem, and outlines the impact of orphaning on children. Chapter Three examines obstacles that limit orphans and other vulnerable children's (OVC) access to primary education including affordability, increased familial responsibilities, family skepticism regarding the value of primary education, stigma and trauma, fear of infection, and poor educational quality. It also explores the concept of an "education vaccine" and offers insights into meeting the many challenges HIV/AIDS poses to the delivery of primary education. Chapter Four describes initiatives that have been employed in various countries to increase OVC access to primary education and analyzes them according to five criteria – affordability and cost, accessibility, safety, sustainability and quality. Chapter Five describes nine lessons learned to help DCOF target future monetary and technical resources.

Methodological Approach

Target Population. This research focused on children orphaned or made vulnerable in countries heavily affected by AIDS in the eastern and southern Africa region.[3, 4] In keeping with the Convention on the Rights of the Child (CRC), it defines children as all persons less than 18 years of age but much of the research focused on the needs of primary school-aged children between 5 and 15 years. The term orphan is used to describe children who have lost

[3] I define children orphaned or made vulnerable by AIDS as young persons who 1) have lost one or both parents and/or primary caregivers to AIDS; and 2) are caring for a HIV positive parent or caregiver; and/or 3) are living in a family that has taken in children orphaned or displaced by HIV/AIDS. My definition does not include HIV positive children since it is unlikely that they would be members of the target population considering many children infected at birth die before their fifth birthday (Hunter, Susan & Williamson, 2000).

[4] Since I examined primary education initiatives specifically targeted at the needs of orphans, I researched initiatives tried throughout the eastern and southern Africa region – particularly the 15 countries that have the highest prevalence (above 5 percent of the adult population) of HIV in sub-Saharan Africa. Considering that data and resources vary among these countries, the majority of the initiatives came from eight countries: Botswana, Malawi, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

a mother or both parents (maternal or double orphans).[5] While recognizing that any attempt to improve basic primary education access for all children will benefit orphans and other vulnerable children, the analysis concentrated on programs of particular relevance to orphans in AIDS-affected areas.[6]

Methodology Overview. The research included an extensive literature review of primary education systems in eastern and southern Africa and programs in place to meet the education needs of children made vulnerable by AIDS. The review was supplemented by correspondence from practitioners working in non-governmental organizations in the eastern and southern Africa region, as well as international organizations such as UNICEF, USAID and the World Bank.[7]

Using this research, a list of 13 initiatives (11 have been implemented and 2 have not been piloted) designed to increase primary education access for the target population was generated. Due to time and data constraints this was designed to be representative and not an exhaustive list of initiatives.

To provide additional insights from practitioners with expert knowledge on orphan issues, a questionnaire was sent directly to 35 individuals to provide feedback on their strengths, limitations and the specific conditions necessary for their success (noting that the initiatives listed were not mutually exclusive).[8,9,10] The questionnaire responses were analyzed in conjunction with the literature review to identify the strengths and limitations of each initiative and explore the conditions under which they offer promise for increasing access for orphans and other vulnerable children.

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[5] Including the loss of a father increases orphan estimates considerably, however, statistics isolating paternal orphaning, with the primary cause being AIDS, are not readily available.
[6] Basic primary education is defined by DCOF as systems that educate children in grades 1-9.
[7] See Appendix A for a list of practitioners who contributed their insights to this analysis through telephone contact, meetings, email correspondence or by responding to the Qualitative Feedback Questionnaire.
[8] See Appendix B for a copy of the Questionnaire, cover letter and three initiatives suggested by respondents that are not included in this analysis due to time and data constraints.
[9] The questionnaire was also distributed to the Children Affected By AIDS (CABA) list serve. The CABA list serve has approximately 380 subscribers who have an interest and/or expertise on orphan issues.
[10] Ten responses to the questionnaire were received – five responses came from members of the CABA list serve.

CHAPTER TWO

Children Orphaned by AIDS in Eastern and Southern Africa

The devastating impact of the AIDS epidemic in Africa has attracted international attention for almost two decades. Sub-Saharan Africa has been hit particularly hard as AIDS has earned the dubious distinction of being the leading killer in the region. In 1998, 200,000 lives on the African continent were lost to conflict and war, yet AIDS killed 2.2 million people (UNICEF et al., 2000). In 2000, there were an estimated 5 million new HIV infections, 3 million people had died of AIDS (in one year alone), and 36.1 million people – two-thirds of which lived in sub-Saharan Africa - were living with HIV or AIDS worldwide (UNAIDS, 2001).

In sum, AIDS has claimed the lives of more than 16.3 million Africans over the last two decades and the death toll is rising rapidly (UNICEF et al., 2000). Many of those dying from AIDS are parents stricken in the prime of their lives. The overwhelming impact of their death can not only be measured in the loss of human life but also in the vast number of young children left behind.

Within sub-Saharan Africa, countries in the eastern and southern Africa Region (ESAR) have experienced extremely rapid growth in HIV infection. The average HIV prevalence rate for those aged 15-49 in fifteen eastern and southern African countries is estimated at approximately 14 percent compared to 8.5 percent for the entire sub-Saharan Africa region and approximately 1 percent for the world (Kelly, 2000c).[11,12]

Scale of Orphaning

Definition. "Orphan" is a socially constructed concept and varies among cultures and countries. Some refer to children who have lost one parent and others reserve the definition for those who have lost both. While quantitative data is important, statistics on orphans do not measure the full impact of AIDS on children or the magnitude of the problem caused by AIDS. For example, orphan statistics do not track the number of children who are caring for a sick parent and experiencing physical and psychosocial stress similar to their orphaned counterparts. As a result, it is widely acknowledged by many experts that interventions and

[11] These 15 countries include: In Southern Africa: Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. In East Africa: Burundi, Ethiopia, Kenya, Rwanda, Tanzania, and Uganda.

[12] While 95 percent of all children orphaned by AIDS are living in sub-Saharan Africa, it is not a problem unique to Africa. Experience has shown that the increase in orphan rates lags behind HIV infection levels by about 10 years. In fact, countries such as India, Cambodia, Myanmar and Vietnam are beginning to experience a similar orphan crisis. Former Soviet countries and Central Asia have experienced a six-fold increase in the number of HIV infections since 1995 and high levels of orphaning are expected to follow. In the United States, increased rates of HIV infection in poor urban and rural communities over the past decade have also caused a correlated rise in the number of children orphaned (Hunter, Susan et al., 2000).

programs designed to assist children should not seek to serve only those orphaned by AIDS but all children affected by AIDS, orphans and other vulnerable children (OVC).

In addition, programming designed to assist orphans in areas heavily affected by AIDS should not ignore those orphaned or made vulnerable by other causes. Singling out children based on the serostatus of their parent(s) can intensify discrimination and further stigmatize them. Moreover, children whose deceased parents serostatus is uncertain or negative should not be denied assistance (Lorey, 2000).

Orphan Estimates. Year 2000 estimates from the U.S. Census Bureau suggest that, in 34 countries with high HIV prevalence, more than 15 million children under the age of 15 have lost their mother or both parents to AIDS or other causes. By 2010 the Bureau projects there will be 24 million maternal and double orphans, with AIDS being the primary cause (Hunter &Williamson, 2000).

Sub-Saharan Africa. The U.S. Census Bureau's has estimated that by the year 2000, 13.6 million children in sub-Saharan Africa under the age of 15 will have lost either a mother or both parents, due to AIDS. This number is expected to grow to almost 22 million by 2010. Children who lose their fathers are also disadvantaged and because it would be programmatically inappropriate to address the needs of orphans due to AIDS while ignoring orphans from other causes, USAID has developed estimates of the numbers of children who will lose either or both parents from all causes in countries with high HIV prevalence. USAID has estimated that by 2000 in at least eight sub-Saharan African countries between one-fifth and one-third of children under 15 had lost either or both parents (Hunter & Williamson, 2000).

One of the most disturbing elements of this crisis is its continued growth. In 1990, in 34 countries with high HIV prevalence, AIDS was the cause of orphaning for 16.4 percent of the children whose mothers or both parents had died; by 2010, that number is expected to rise to 68.4 percent. The Census Bureau estimates that half of all HIV-positive children in 34 countries[13] with high HIV prevalence (greater than 5 percent) will die before their first birthday and many more will die before their fifth birthday. As a result, the majority of children orphaned (five years or older) by AIDS are HIV-negative, and it is expected that the number of children orphaned by AIDS will continue to grow through at least 2020 (Hunter & Williamson, 2000).

Eastern and Southern Africa. [14] While all of sub-Saharan Africa is experiencing extremely high orphaning rates due to AIDS, eastern and southern Africa region is severely affected. Among the 26 African countries included in USAID's *Children on the Brink 2000*, 15 are in east and southern Africa. Table 1 details the projected growth in these rates over two decades.

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[13] Of these 34 countries, 26 are in sub-Saharan Africa.

[14] Appendix C provides a breakdown of the 15 countries most heavily affected by AIDS in eastern and southern Africa. The graphs show that the orphaning crisis will require sustainable interventions for the next several decades. Data detailing the percentage of orphaning due to AIDS is only available regarding maternal and double orphans not paternal and double orphans.

Table 1. *Orphans in the Eastern and Southern Africa Region: 1990, 2000, and 2010*

Year	Children Under Age 15 (millions)	Maternal/Double Orphans from all causes (millions)	Maternal/Double Orphans as % of Children under 15	% Of Maternal/Double Orphans caused by AIDS	# Of Children Orphaned by AIDS (millions)	% Of Children Under Age 15 Orphaned by AIDS
1990	95.3	4.2	4.5 %	23.3 %	1.1	1.2 %
2000	115.6	8.2	7.8 %	60.1 %	4.6	4.6 %
2010	85.3	9.0	11.6 %	71.5 %	7.3	9.8 %

Source Data: U.S. Bureau of the Census 2000 estimates, as cited in (Hunter & Williamson, 2000). Calculated by the author

Impact on Children

No reliable, comprehensive data are available on the demographics, health, and care of orphans in sub-Saharan Africa. To understand the negative economic, social and physical impact orphaning by AIDS has on children researchers must rely on a variety of small-scale country assessments and community field analyses. The vast majority of data are available from eastern and southern African countries.

Economic. The economic hardships that accompany being orphaned by AIDS cannot be overemphasized. These children suffer an increase in vulnerability that begins while a parent is sick. In many cases, parents are forced to stop work and pay high prices for medications. As the illness progresses other family members must shift their attention from work caring for their ailing family member. Young children are often required to drop out of school since they cannot afford the fees and expenses when household income declines and expenses increase (Williamson et al., 1998).

Psychosocial. The psychosocial effects of losing a parent to a debilitating illness are severe and can have long-term effects on a child's behavioral development. As they endure the loss of parental support and nurturing, many orphans experience anxiety, depression and despair. Further complicating these emotions, siblings are often divided among several households within an extended family to mitigate the economic burden of caring for the children. In addition, relatives or neighbors who have agreed to care for the orphans may contribute to the despair by taking their property or inheritance and leaving them more vulnerable to exploitation (Williamson, 2000a).

Health. It is not uncommon for these children to become the primary caregiver to their sick parent and/or take responsibility for tending to younger siblings. These child-headed household situations are particularly vulnerable since their average monthly income is substantially below that of non-orphan households (US$8 and US$21 respectively) (Foster et al., 2000). Many children attempt to supplement lower household incomes and increasing expenses with activities that make them vulnerable to sexual and physical exploitation and HIV contraction.

In addition, as household income falls, families are often forced to consume less nutritious foods and are regularly denied basic health services. A World Bank study noted

that it is common for an orphan's nutritional needs to go unmet resulting in stunted growth and an overall decline in health (The World Bank, 1999a).

Stigma. Despite the prevalence of HIV infection in sub-Saharan Africa, the stigma associated with AIDS is still very real and tangible there. Community members who fear orphans are HIV-positive or feel that their families have brought shame to the community, often discriminate against the children and deny them social, emotional, economic and educational support. Orphaned children may also be treated poorly or abused in their new home furthering their emotional distress and contributing to poor mental and physical health (Williamson, 2000a).

Girls' Increased Vulnerability

The prevalence of HIV infection among women of reproductive age is generally higher than among men, as much as 20 percent higher in some countries (Rihani, 2000). In South Africa for example, young women have significantly higher HIV positive prevalence rates (25%) than young men (less than12%). One study noted that girls aged 15-19 in sub-Saharan Africa were approximately 8 times more likely to be HIV positive than their male counterparts. Between the ages of 20-24 years, women in sub-Saharan Africa are still three times more likely to be infected than men their age (UNICEF et al., 2000).

When a family member falls ill, girls are also more likely to drop out of school to assume household and care-taking responsibilities. This is particularly disturbing in light of statistics suggesting that girls' and society benefit significantly from education (UNICEF et al., 2000). For example, a research study on sub-Saharan African found that a 10 percent gain in female literacy resulted in a proportional drop in infant mortality. A Kenyan study found that for every 1,000 girls completing an additional year of school, two maternal deaths and 45 infant deaths would be prevented (Williamson, 2000b).

Cultural and Fiscal Barriers to Caring for Orphans

Urban v. rural. According to the World Bank, approximately one-third of the population in sub-Saharan Africa lives in an urban setting while the rest live in small rural villages (The World Bank, 1999b). In both urban and rural settings, families and local communities are bearing the burden of care for children made vulnerable by AIDS. Preliminary research in the eastern and southern Africa region has shown that orphans are found in both settings and are often absorbed into extended families and/or families of community members (UNICEF et al., 2000; Williamson et al., 1998).

Institutional Care. Increasingly, countries with booming orphan populations are seeing a growing number of street children. For example, despite the results of a 1996 Zambian survey which found that approximately 75 percent of all families in the country included at least one orphan, approximately 90,000 orphans are living on the streets (Hunter & Williamson, 2000; UNICEF, 1999). Institutional care has been one response, but is not viewed as a viable response to the large and growing number of orphans because it 1) is

inconsistent with the strong cultural, community, family values of the region, 2) it often fails to meet children's developmental needs, 3) many countries lack the management capacity to ensure adequate and safe institutional care for children, and 4) it is prohibitively expensive (Williamson 2000a). For example, keeping a child in an Ethiopian orphanage cost between US$300 and US$500 a year, over three times the national income per person. Furthermore, institutionalization often results in the separation of siblings, and fails to equip young people with the necessary socialization skills to integrate into the wider community once they reach adulthood (UNAIDS, 2000).

Families and Communities. In sum, with institutional care as a last resort the burden for orphan care falls on the shoulders of extended families and communities and the largest increases in orphans are occurring in several countries with high rates of urbanization and weakened family safety nets (Foster et al., 2000). As a result, children may be forced to 1) live in households with caretakers who are too old or young to care for them, or 2) live on the streets. In either case, the financial, educational, health and emotional needs of young children regularly go unmet.

HIV/AIDS in Eastern and Southern Africa: More Than a Humanitarian Emergency

Responding to the high rates of orphaning and increases in children's vulnerability due to HIV/AIDS in eastern and southern Africa in a decisive way is essential for the survival of both the millions of children affected by AIDS and the community and social structures that serve them. The AIDS pandemic in sub-Saharan Africa is more than a humanitarian crisis – it has serious long-term political and economic consequences. As UNAIDS director Peter Piot recently noted, "By overwhelming Africa's health and social services, by creating millions of orphans and by decimating health workers and teachers, AIDS is causing social and economic crises which in turn threaten political stability (UNAIDS, 2001 p.1)." The reduction in national productivity and growth that accompanies this pandemic has quickly begun to reverse the development gains of the last 20 years. While most governments in sub-Saharan Africa have pledged increased support to address the needs of vulnerable children and their families, social infrastructure investments declined in the 1980's and 1990's as the region suffered severe economic deterioration (UNAIDS, 2001).

These devastating economic and social impacts have manifested in the deterioration of the region's educational systems. Valuable financial and human resources are siphoned off, leaving few resources for the provision of education. In several countries, the budgets for materials and equipment have been reduced to zero (Graham-Brown, 1991). Improving primary education access for all children and particularly orphans and other vulnerable children not only honors a child's basic right under international law, it also reflects economic sense. In countries that are quickly losing their human capital, the failure to provide children with basic educational skills only exacerbates a failing economy. Without an educated populace, Africa will continue to struggle to make economic and development gains. While this deterioration in education has affected the quality and access of primary education for all children, those living in areas heavily affected by AIDS are particularly disadvantaged and deserve special consideration.

CHAPTER THREE

HIV/AIDS, Primary Education and Children's Vulnerability

The constraints believed to affect orphans' and other vulnerable children's access to primary education are numerous and differ in magnitude from one community to another. This chapter examines six primary obstacles limiting access: lack of affordable schooling, increased familial responsibilities, family skepticism regarding the value of education, poor educational quality, stigma and trauma, and fear of infection. It explores the concept of an "education vaccine" and examines the importance of primary education as tool for fighting the spread of HIV.

To meet the many challenges HIV/AIDS poses to the delivery of primary education, this chapter suggests that community leaders, policymakers, and donors work to 1) revise the role and content of the curriculum; 2) restructure the traditional organization of primary schools to become more flexible in delivering instruction; and 3) explore cost-effective community-based initiatives.

Importance of Primary Education for Orphans and Vulnerable Children

As defined in the United Nations Convention on the Rights of the Child (CRC), despite the many challenges HIV/AIDS poses to the educational systems in eastern and southern Africa, access to primary education is a basic need and right of every child. For orphans particularly, well-designed primary educational opportunities are critical, since they offer children the opportunity to socialize and develop behaviorally and provide them with adult supervision, emotional support, nutritional and health care, attention, and the life skills training they need to support themselves.

Research. Primary education has the ability to play a role in fighting the spread of HIV. Although evidence has emerged indicating that the more mobile, educated and wealthy members of society are more vulnerable to HIV infection, recent studies have shown that beyond the initial stage of the AIDS pandemic, education reduces the risk of infection. The "education vaccine against HIV is likely to be the only one available in the near future." (Vandemoortele et al., 2000 p.2)

Education Vaccine. Several research studies conducted in the late 1980's and 1990's when the AIDS pandemic was emerging, as well as more recent studies, contested the validity of the "education vaccine" and argued that a direct and positive relationship exists between education level and prevalence rate.[15] Experts have argued that the correlation is spurious since evidence from countries at different stages of the pandemic was combined,

[15] More recent studies have also contested the validity of the education vaccine against HIV but those with the strongest evidence have emerged from the late 1980's and early 1990's.

making it difficult to discern a clear correlative pattern between education and HIV infection. In addition, more recent studies testing communities at advanced stages of this pandemic no longer show a positive correlation between education level and HIV infection. One reason for this is that HIV/AIDS initially affects individuals with increased mobility, education and money due to their increased access to multiple sexual partners in urban centers. However, after the initial pandemic stage, the more educated segments are generally better able to protect themselves and change their behavior (Vandemoortele et al., 2000).

It is difficult to discern from the research exactly how the "education vaccine" works. Some experts argue that HIV/AIDS education in the curriculum should be credited while others note that basic education equips individuals (especially women) with important skills to gather information and translate knowledge into behavioral change. In both cases, education helps to break the deadly silence that surrounds the disease. As one study notes, "The four allies that make the virus so prevalent in many developing countries all start with "S". They are Silence, Shame, Stigma and Superstition. These four S's thrive on a climate of ignorance and illiteracy. Education is key to defeating this deadly alliance." (Vandemoortele et al., 2000 p.3)

Obstacles to Schooling in Areas Heavily Affected by AIDS[16]

AIDS affects the access and quality of learning for all children. Although no comprehensive data compare the enrollment rates of orphans and non-orphans in sub-Saharan Africa, World Bank country assessments suggest that orphans have lower primary school enrollment rates than non-orphans (1999a). Kelly (2000a) notes several overlapping reasons for these lower enrollment and completion rates that include[17]:

1) *Lack of affordable schooling* –a sudden increase in poverty which often accompanies the impacts of AIDS on a household is a significant causal indicator leading to lower enrollment rates as children are unable to pay school-related costs (The World Bank, 1999a);

2) *Increased familial responsibilities* – children are increasingly relied upon to take care of siblings or ailing family members and therefore unable to begin (or finish) school;

3) *Family skepticism regarding the value of primary education* –some families are skeptical of the usefulness and importance of primary education to their child's future and therefore, opt not to send them to school even if they can afford to do so;

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[16] This section relies heavily on two works by Michael J. Kelly - Planning for Education in the Context of HIV/AIDS. International Institute for Educational Planning, Paris, France July 2000 and HIV/AIDS and Education in Eastern and Southern Africa: The Leadership Challenge and the Way Forward. Executive Summary of the Synthesis Report for African Development Forum 2000. United Nations Economic Commission for Africa, Addis Ababa, October 2000.

[17] These are adapted from Kelly's *Chapter 4: The Impact of HIV/AIDS on Educational Demand and Supply* found in Planning for Education in the Context of HIV/AIDS. International Institute for Educational Planning, Paris, France July 2000.

4) *Poor educational quality* - the lack of trained teachers and decreased teacher productivity in the classroom since AIDS has negatively affected the quality of instruction.

5) *Stigma and trauma* – the emotional stress accompanying the loss of a family member or caregiver along with the stigma attached with being an "AIDS orphan" deters school participation;

6) *Fear of infection* – many children (particularly girls) and their families are afraid of possible HIV infection on school grounds and/or on their way to and from school;

1. Lack of affordable schooling. Since primary education is not universally free in sub-Saharan Africa, families, through locally imposed fees, must pay a substantial proportion of the costs of operating a school. In addition to school fees, children are often required to pay for teaching materials and supplies (such as textbooks, paper, pencils), uniforms, recreational activities and levies for school development, maintenance and/or construction. While paying these expenses is difficult for many families, it is almost impossible for households seriously weakened by AIDS. Some of the reasons include: 1) the loss of income from employment and other activities; 2) in rural areas, a reduction in agricultural productivity that decreases income generating potential; 3) high costs for health care and medication and 4) the growing number of households headed by children (Foster et al., 2000; Kelly, 2000a; Williamson, 2000a). In Uganda, orphan households (where at least one parent had died) per capita income was 15 percent less than in non-orphan households (Foster et al., 2000).[18]

2. Increased familial responsibilities. Research suggests that many children in AIDS affected households delay or drop out of school because they are expected to assume the responsibility of caring for a sick parent and/or siblings left behind (Ainsworth, Beegle, & Koda, 2000; Foster et al., 2000; Kelly, 2000a; Williamson, 2000a). These responsibilities increase the opportunity costs of sending a child to school particularly if the quality of education is perceived as poor. As the demand for a child's labor increases, tardiness and repeated absences affect a child's ability to learn and often lead to dropping out of school (Kelly, 2000a). In Zambia, a recent study showed that 32 percent of school-aged orphans in urban areas were not enrolled in school, compared to 25 percent of their non-orphaned peers (UNICEF et al., 2000). In Mozambique, only 24 percent of orphans were attending school, compared to 68 percent of those with both parents still living (Kelly, 2000c). Failing to finish school compounds financial difficulties by reducing the future economic possibilities for children and their families.

[18] While there is ample evidence suggesting that financial burdens are a significant barrier to primary education access for children living in areas heavily affected by AIDS, a recent UNAIDS study in Tanzania suggests that cost may not be the most significant barrier in all communities. After examining the impact of orphan status and adult deaths on primary enrollment in Tanzania, the authors found that maternal or adult deaths delay first-time enrollments of children in primary school, but they eventually do enroll. They also did not find a direct correlation between dropping out of primary school and the loss of an adult. Considering that Tanzania has one of the lowest primary school enrollments in Africa, it is difficult to know how easily one can generalize these results to other countries (Ainsworth et al., 2000).

3. Family skepticism regarding the value of primary education. Research indicates that a growing sense of "AIDS-driven fatalism" on behalf of parents and caregivers is deterring school enrollment (Kelly, 2000a). In many areas, adults question the value of basic education if the children will eventually succumb to the disease before they receive the economic benefits of their enhanced education. In addition, experience suggests that some families believe the curriculum taught in government-sponsored schools is not directly relevant to their child or community's needs. Underlying gender discrimination also exists in communities that share the misperception that the economic and social returns of primary education are higher for boys than for girls (Kelly, 2000a).

4. Poor educational quality. Families are skeptical about the value of education since schooling quality in AIDS-affected areas is poor. In AIDS-affected areas educational quality is negatively impacted by (a) the decreasing supply of trained teachers and (b) the loss of teacher productivity once they become ill. As Kelly notes (2000a p.24), parents and caregivers choose not to educate the children because "little learning is occurring, teachers are frequently absent, few learning materials are available, and employment prospects are slender."

- Decreasing supply of trained teachers. High teacher mortality rates have a serious impact on the future and quality of primary education and, without trained teachers, it is difficult to maintain high quality instruction and/or keep schools open. The result often is schools with high student/teacher ratios that are forced to combine students in different primary grades into one classroom. While experts debate the reasons for high infection levels among teachers, research suggests that increased educational training resulting in higher income levels, and physical mobility may influence exposure rates (Kelly, 2000a). While estimates of teacher mortality vary from country to country, a striking trend towards increased teacher HIV infection levels and mortality is emerging. The following examples are cited by Kelly (2000a):

  - *Zambia.* In 1998, teacher deaths were equivalent to the loss of approximately two-thirds of the annual output of newly qualified teachers. Overall, there was no net gain of teachers in a system that continues to expand. A recent study revealed teacher mortality to be 4 percent– almost 70 percent higher than the general population with AIDS being the primary cause.

  - *Botswana.* In 1999, estimates suggest the country was losing up to 5 percent of its teachers annually.

  - *Tanzania.* A 1992 World Bank study predicted more than 14,000 teachers would die from AIDS by 2010. The number was projected to grow to 27,000 by 2020.

  - *Malawi.* In 1999, research suggested that the country was losing approximately one teacher per day to AIDS.

- Loss of Teacher Productivity. If teachers become ill, their teaching capacity decreases, further limiting the quality of instruction. As HIV progresses into full-blown AIDS, teachers are often forced to take long absences to recuperate from illnesses attacking their weakened immune system. Since substitute teachers are rare, classes are often suspended. If teachers are able to physically attend classes, the emotional stress is traumatic and lesson preparation, homework correction and classroom interaction are often a last priority (Kelly, 2000a). A recent study has shown that an infected teacher loses approximately 6 months of professional working time before succumbing to the illness and approximately one-year lapses between the clinical onset of AIDS and death. As one expert notes, "Each AIDS death is preceded by the equivalent of eighteen months of disability, during which teacher involvement in school activities becomes progressively impaired or is at a very low ebb (Kelly, 2000a p.18)."

5. Stigma and trauma. Anecdotal research suggests that one often-overlooked impact of AIDS is the increasing number of children who do not wish to attend school because of the stigma and scorn they experience coming from AIDS-affected households (Gilborn & Nyonyintono, 2000). For others, the deterrent is the psychological trauma and shock they feel after the death of a family member. While the need for counseling and support is obvious, few schools have the resources to offer services and reach out to these children. While these psychosocial needs of children are well documented, they regularly go unmet in school settings (Kelly, 2000a).

6. Fear of infection. The high HIV infection rate of teachers and an increasing concern about HIV transmission from teacher to student or peer to peer, discourages school participation - particularly for girls (Kelly, 2000a). In Tanzania, one quarter of primary school girls reported having sex with teachers, relatives, or an adult known to them, and another 23 percent with "strangers." "Forced sex" accounted for one third of all primary school girls' first sexual experience and nearly half reported having "forced sex" at some point (Shell & Zeitlin, 2001). Given that females have a greater vulnerability to HIV infection, many families are reluctant to send girls to school. One South African study notes that approximately 23 percent of HIV infection in the region is acquired between the ages of 10-19 years and suggests that schools are major sites of HIV transmission (Shell et al., 2001). A second study documents cases of rape, assault, and sexual harassment committed by both male teachers and students and suggests that violence and abuse are an inevitable part of the schooling environment for many South African girls. This study notes that girls who encounter sexual violence in schools were raped in school toilets, empty classrooms and hallways, and in hostels and dormitories (Human Rights Watch, 2001).

Meeting the Challenges of HIV/AIDS in Primary Education

Education in a world with AIDS must be different from education in an AIDS-free world. The content, process, methodology, role and organization of school education in a world with HIV/AIDS have to be radically altered. The entire educational edifice has to be taken down. Every brick examined and where

necessary re-shaped before being used in a new structure that has not yet been designed (Kelly, 2000b p.2).

Maintaining the process of learning in a traditional, formal setting is difficult in AIDS-affected communities. As an increasing number of children are forced to drop out of school and teachers become ill, the quality of the learning environment declines and becomes increasingly chaotic and unproductive. In addition to this disjointed learning process, hostility and distrust towards teachers who may be viewed as a dangerous source of HIV/AIDS transmission in the community, decreases the credibility of formal primary education in the eyes of children and adults.

Community leaders and policymakers working to overcome the six primary obstacles for primary education discussed in this chapter should work to accomplish three things: 1) revise the role and content of the curriculum; 2) revise the organization of primary schools; and 3) explore cost-effective community-based initiatives.

Revise the role and content of curriculum. As the number of adults continues to decline, the pressure on children to assume income-generating activities will increase. In addition to teaching basic math and literacy, schools should integrate instruction on important "life skills" that promote positive social behavior and break the silence surrounding HIV/AIDS issues. Such preparation can help students to avoid risky sexual behavior. As AIDS continues to spread at a rapid pace, so too does the need to integrate HIV/AIDS education material in the curriculum (Kelly, 2000a).

Revise the organization of primary schools. Taking into account the variable needs of students, primary schools need to adopt a more flexible calendar, curriculum and mode of presentation. School reformers need to rethink their formal approach to education and adopt new interventions that reach out to children unable to physically attend school. Finally, in light of the changing student profile, schools may need to rethink the structure of formal classes and explore ways to decrease the HIV transmission risk between students, teachers and others (Kelly, 2000a).

Explore cost-effective community-based initiatives. HIV/AIDS affects the way that national primary education systems will be financed in both the short and long-term. Beyond the loss of experienced teachers, a rapidly increasing number of HIV positive teachers has serious financial consequences. Since many eastern and southern African countries have extensive sick leave policies, a large number of these unproductive teacher's salaries are subsidized by the state. The additional costs of replacement teachers or short-term substitutes greatly increase these expenses and divert resources away from the schools themselves (Kelly, 2000a).

The depletion of private funds worsens this financial crisis. A growing sense of donor fatigue and frustration surrounding the seemingly intractable problem seriously threatens the infusion of badly needed private funds into the development of educational reforms and alternatives (Kelly, 2000a). National and community leaders must explore cost-effective and sustainable initiatives to increase school participation in AIDS-affected areas at the grass-roots level utilizing local resources, in addition to, promoting better OVC educational access at the national level.

Looking Forward

In sum, effective initiatives to increase primary educational access for orphans and other vulnerable children should take into account the obstacles noted above in order to respond effectively to the crisis. Initiatives should accommodate children who need to learn income-generating skills and participate in school programs that are flexible and sensitive to their community and familial responsibilities. Most importantly, successful primary educational initiatives for orphans and other vulnerable children will need to capitalize on community strengths and equip children with critical learning skills while taking into account their need for security, stability, personal growth and development.

CHAPTER FOUR

Initiatives to Increase Access to Primary Education

This chapter evaluates eleven initiatives that represent programs or policies tried in the field with a potential to increase access for orphans and other vulnerable children (OVC).[19] Two additional initiatives are discussed that may be promising although they have yet to be piloted.[20] These thirteen initiatives present one dimension of a necessarily multi-dimensional response to the increasingly complex effects AIDS has on children, families and communities. Given that many eastern and southern African countries are at different stages in dealing with the AIDS pandemic and have varying financial constraints, no specific initiative is recommended for implementation in a particular country. Each initiative, except the elimination of national school fees, can be implemented by non-governmental organizations (NGO) in partnership with donor agencies and/or local communities.[21]

The thirteen initiatives are presented in four groupings: 1) subsidize school-related costs, 2) restructure traditional educational delivery, 3) increase access indirectly through community mobilization, awareness and national advocacy, or 4) improve educational quality through curriculum revision and teacher training.[22]

Given that quantitative evaluative data are extremely limited, this analysis draws upon relevant literature, descriptive data from the questionnaire responses, and correspondence with field practitioners. Each initiative is summarized and assessed according to five criteria: affordability and cost, accessibility, safety, sustainability, and quality. These five criteria address the six primary obstacles that limit orphans' access to primary education discussed in the previous chapter: lack of affordable schooling, increased familial responsibilities, stigma and trauma, family skepticism regarding the value of primary education, fear of infection, and poor educational quality. The general discussion of each criterion focuses on a few key assessment questions to guide the analysis (See Table 2).

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[19] Due to time and data constraints, this chapter does not provide an exhaustive list of initiatives that have been tried to increase OVC primary education access in areas heavily affected by AIDS in eastern and southern Africa.

[20] While some of these initiatives, such as peer outreach, may have been implemented in other countries or settings, they have not yet been implemented to address orphans' primary educational needs in the ESAR.

[21] In addition, these initiatives are not mutually exclusive.

[22] See Appendix D for a summary chart of the analysis.

Table 2 *Evaluation Criteria Used to Evaluate 13 Initiatives*

Six Education Obstacles[23]	Criteria[24]	Questions For the Initiative
1. *Lack of affordable schooling*	Affordability and Cost • Student Affordability • Implementing Costs	(a) Does it make schooling affordable? (b) What are the implementation costs?
2. *Increased familial responsibilities*	Accessibility • General • Girls'	(a) Is its delivery flexible and accessible to orphans and other vulnerable children? (b) Does it increase enrollment? (c) Does it specifically encourage girls' participation?
3. *Fear of infection on school grounds*	Safety[25]	(a) Does it address student/family safety concerns?
	Sustainability[26] • Financial • Community Support	(a) Is it financially sustainable in the long-term? (b) Does it rely on donor and/or state-level support? (c) What is the role of community support?
4. *Poor educational quality* 5. *Stigma and trauma* 6. *Family skepticism*	Quality • Student Retention • Curriculum and Stigma	(a) Does it account for the decreasing number of teachers? (b) Does it retain students? (c) Does it allow for the curriculum to be tailored to students' needs? (d) Does it specifically address psychosocial needs of orphans and other vulnerable children?

[23] Presented and discussed in Chapter Three.
[24] The success of each of these initiatives requires that communities be sensitized about the importance of primary education for both boys and girls.
[25] The criterion for safety addresses the obstacle relating to the fear of infection on school grounds; none of the thirteen initiatives evaluated deal directly with this obstacle. One reason for this may be that evidence suggesting that schools are dangerous sites for HIV contraction is relatively recent (Human Rights Watch, 2001; Shell et al., 2001). This criterion will be discussed only for those initiatives that have the potential either address this problem or exacerbate it.
[26] Sustainability does not specifically address one obstacle but is an important consideration for assessing the long-term potential of each initiative.

I. Subsidize School-Related Costs

Initiative 1. *Eliminate primary enrollment fees*

The elimination of primary school enrollment fees at the national level would provide free and universal primary education to all children (S. Phiri, personal communication, April 12, 2001). Partnering with large donor agencies and national governments, Malawi and Uganda have implemented this Universal Primary Education policy (UPE).[27]

Affordability and Cost

Student Affordability. This policy can be implemented on a large scale and can make education more affordable for many children, albeit not all since it does not cover other costs such as, instructional materials, books, uniforms and end-of-year exams, which typically exceed enrollment fees.

Implementing Costs. Since most governments do not have the resources to supplement schooling costs, UPE policies have the potential for placing governments in further debt. Since governments often do not have the financial resources to expand services to accommodate increasing enrollment, schools have been forced to collect unofficial school levies. According to one practitioner, in Tanzania, where school fees for orphans have been abolished, teachers' pay depends on the collection of levies from parents (Hepburn, 2001).

Accessibility

General. In both Uganda and Malawi, UPE policies increased enrollment rates for all children, but did not provide for flexible educational delivery to accommodate students who have increased familial responsibilities.

Girls. While eliminating primary school fees addresses the most commonly cited barrier to school participation for boys and girls – lack of financial resources, it does not address non-economic or cultural reasons for not attending school - particularly for girls (Hepburn, 2001).

Safety

UPE policies do not address concerns regarding HIV infection and could potentially exacerbate the problem if inexperienced and untrained teachers are allowed into the classroom. For example, following the introduction of free primary education, Malawi recruited approximately 18,000 teachers and placed them in public schools with no training or teaching certificate (Ligomeka, 2001). In addition, due to high pupil/teacher ratios, teachers may be unable to adequately supervise students' behavior towards one another.

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[27] Uganda provides free primary education for a maximum of four children per household. (USAID, Megan Thomas)

Sustainability

Financial. Since this policy requires a strong national commitment and few governments are in a financial position to effectively implement this policy, it is heavily dependent on donor support. As a result, its long-term sustainability is questionable. In addition, government corruption and instability could undermine sustainability.

Community Support. Since it requires families to overcome non-economic reasons for not sending their children to school and/or subsidize other school-related costs, the long-term sustainability of this policy requires community support.

Quality

Student Retention. In Uganda and Malawi, UPE policies have received criticism since rapidly increasing enrollment rates came at the expense of educational quality. The governments were unable to expand instructional resources to accommodate increasing enrollments and educational quality suffered. For example, children in these countries are dropping out of school before finishing their primary education due to the poor quality of instruction. In Uganda primary classes have as many as 120 students per teacher and in Malawi the ratio can reach 130:1 (Ligomeka, 2001).

In Malawi, the education system is unable to retain students due to the lack of qualified teachers and inadequate school facilities. As one author notes, "many pupils who start school, drop out without attaining the minimum literacy levels needed to contribute meaningfully to the development of the country" (Ligomeka, 2001 p1). In 1994, just over one million pupils enrolled in Grade One, but by Grade Two the next year, the number of students dropped 41 percent (560,000 pupils). By 1999, less than 300,000 pupils made it to Grade Five – a 71 percent dropout rate.

Curriculum and Stigma. In addition to high pupil attrition rates, this initiative does not tailor the curriculum to meet orphans' needs. While it also does not specifically address OVC psychosocial needs, making primary schooling affordable for all children is important, as orphans are less likely to be stigmatized or singled out.

Other Implementation Considerations

Considering both the strengths and limitations of this policy, it becomes clear that access and quality concerns are not entirely separate considerations. Eliminating enrollment fees alone does not guarantee that all students will attend school and receive a quality education. This initiative should be considered in countries that have 1) a large state-sponsored school system, 2) a stable government that demonstrates a commitment to providing a quality primary education, and 3) a government with the resources and capacity to expand the number of trained teachers and facilities rapidly. The effectiveness of this policy would also be increased if paired with other initiatives that help reduce other additional school-related expenses.[28]

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[28] Implementing governments should make any UPE policy applicable for all children (as in Malawi), instead of limiting it to four children per family as in Uganda.

Initiative 2. ***Subsidize school-related expenses for individual children***

In many cases, non-formal school-related expenses such as PTA fees levied by schools, textbooks and uniforms are greater and, therefore, more problematic than primary enrollment fees (S.Phiri, personal communication, April 12, 2001; Hepburn, 2001). Additional payments may also be required from the students' as schools that are unable to fill funding gaps with government assistance often impose community levies to continue basic operations. Programs are initiated by local and international NGO's to either subsidize individual children's fees on behalf of the organization or facilitate the direct sponsorship of individual children or groups of children by linking them up with sponsors. The direct payment or provision of expenses to alleviate the burden on families is a well-documented and increasingly popular initiative for increasing access. Initiatives are currently underway in Zambia, Zimbabwe, South Africa and Malawi.

Affordability and Cost

Student Affordability. This initiative makes primary education affordable for the most vulnerable children who are not in school for financial reasons. If resources are limited, this initiative can be targeted at those considered most vulnerable.

Implementing Costs. These programs rely heavily on donor or community financial support. Annual costs include $1-$2 for enrollment fees, $3-$5 for a school uniform and additional expenditures for textbooks and school supplies (S. Phiri, personal communication, April 12, 2001).

Accessibility

General. While it appears to be effective for increasing access for individual children, only a small number benefit at one time. For example, in Zimbabwe three of the largest local NGO's operating in the region each pay annual fees for approximately 1,000 to 1,500 children out of approximately 1.5 million children (G. Foster, personal communication, February 19, 2001). Nonetheless, eliminating prohibitive school expenses for individual children effectively increases access for those most vulnerable.

Girls. Since the initiative is targeted at extremely vulnerable children, girls are likely to benefit. However, paying school-related expenses does not directly address the other non-economic reasons for low attendance.

Sustainability

Financial. While literature suggests that implementing organizations' have been able to sustain sponsorships for several years at a time, direct sponsorship is costly and may not be financially sustainable in the long term (Grant, 2000; Donahue & Williamson, 1998; UNICEF et al., 2000).

Community Support. Since communities must help identify particularly vulnerable children and encourage families to send children to school, this initiative is greatly dependent on community support.

Quality

Student Retention. While sponsorship is able to provide children access to school, this initiative does not directly address the need for educational resources to expand in conjunction with increasing enrollments.

Curriculum and Stigma. Similar to UPE policies, this initiative does not address the need to revise curriculum to meet the needs or orphans and other vulnerable children since it is centrally determined. However, it could alleviate some discrimination and stigma in school settings if poor children are discriminated against for lacking proper uniform or necessary school materials.[29] In contrast, targeting only children who have been orphaned by AIDS may further stigmatize them.

Other Implementation Considerations

This approach is appropriate when financial resources are limited in a community. Considering cost and quality concerns, the initiative would be most effective if the host country's Ministry of Education (MOE) targeted supplemental funds and materials to schools to maintain educational quality and reduce the need for schools to burden students and their families with levies. To ensure that the most vulnerable children are reached, implementing agencies should require community involvement in the identification of vulnerable children and families most in need of assistance. To further encourage girls' participation, sufficient attention should be paid to choosing a school close to the child's home.

Initiative 3. ***In-kind support to schools that admit orphans and vulnerable children***

In this initiative, NGOs partner with state-sponsored schools and agree to build or renovate classrooms, provide supplies or equipment, food and/or other items in return for a commitment from school administrators to admit a specific number of vulnerable children without enrollment fees. The initiative has been implemented on a limited basis in Zimbabwe and South Africa (Hepburn, 2001).

Affordability and Cost

Student Affordability. While this initiative makes education more affordable, it does not provide financial support for additional school-related costs such as uniforms and school supplies.

Implementing Costs. The provision of material support can be costly to the implementing agency and some practitioners argue that this is not a cost-effective option. Other practitioners note that improving school infrastructure benefits all children in the long-term (Hepburn, 2001). Despite the in-kind exchange, schools may still need to compensate for the absence of enrollment fees through community levies and requiring students' families to supplement additional school-related expenses.

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[29] However, there has been some anecdotal evidence that sponsored children are still stigmatized because they stand out with their new supplies and brand-new uniforms.

Accessibility

General. This initiative increases access for a targeted OVC population but is difficult to implement on a large scale. One drawback, is that it is complicated to implement and monitor to ensure that access is provided in conjunction with the material investment.

Girls. Since the initiative targets the most vulnerable children, girls are likely to benefit. However, this approach does not directly address the non-economic reasons for low school attendance.

Sustainability

Financial. Since the initiative is largely dependent on donor support, sustainability is questionable. However, since in-kind supplements may be less susceptible to administrative corruption and mismanagement than cash payments, it may be an attractive option for donor agencies.

Community Support. Community support is critical to the sustainability of this approach. Some practitioners argue that this initiative should be viewed as a short-term intervention since its sustainability may be hampered by the inability of NGOs or school committees to conduct the resource-intensive monitoring and evaluation necessary to ensure its success (Hepburn, 2001). However, if community support is high the sustainability could increase significantly as organizations draw on a wider array of human and material resources.

Quality

Student Retention. This initiative has the potential to improve the learning environment for all children in school and decrease attrition rates by increasing classrooms and educational supplies. If properly implemented and monitored it has the potential to increase access and quality simultaneously.

Curriculum and Stigma. This approach does not tailor the curriculum to meet the particular needs of orphans and other vulnerable children. There is also a risk that if it is more profitable to admit orphans, the initiative will dislocate other children (not deemed as vulnerable) from school. Such a scenario may further stigmatize children and/or lead to criticism that implementing agencies favor children orphaned by AIDS.

Other Implementation Considerations

Community members should be included in identifying vulnerable children. To avoid misunderstandings regarding each side's expectations and deliverables, it is important that clear agreements are constructed with NGOs, donor agencies, school committees and school authorities.

II. Restructure Traditional Educational Delivery

Initiative 4. *Community schools*

Community schooling is a popular approach in some AIDS-affected areas. Local communities or churches run schools and do not charge fees, require no uniforms, provide educational materials, and use local teachers, often on a voluntary basis (UNICEF Zambia & USAID Zambia, 2000). Successful models exist and have proven to be replicable in Mali, Malawi, Uganda and Zambia among others (Hepburn, 2001; USAID& The World Bank, 1999; USAID, UNICEF, SIDA, 1999; Donahue & Williamson, 1998).

Affordability and Cost

Student Affordability. Since community schooling makes primary education affordable for all children in a targeted community, it directly addresses the financial obstacle inhibiting OVC participation.

Implementing Costs. Community schools are less expensive per pupil than government schools (Webb, 2001). However, to maintain low costs, significant community resources are required such as trained volunteer teachers, donated or locally constructed/rented buildings, and basic teaching materials. Without these inputs, the cost to students' families increases dramatically.

Accessibility

General. Research and anecdotal evidence suggest that community schools increase access for all children within a given community, especially OVC who are unable to attend government sponsored schools (DCOF, 1999; Donahue et al., 1998; USAID, UNICEF, & SIDA, 1999). It is tailored to communities' scheduling needs and can be flexible to accommodate non-traditional students with increased familial responsibilities. This initiative could be relevant in rural areas where the school calendar could reflect communities' agricultural cycles or provide half-day lessons for certain students.

Girls. Community schooling has the potential to meet girls' educational needs effectively. Local volunteer teachers can sensitize families about the importance of primary education for girls, tailor curriculum to be more gender sensitive, create same-sex classes and provide more individualized assistance for those with learning difficulties.

Safety

Community schools can create a safe learning environment for girls with low student/teacher ratios and increased community supervision. In addition, community schools are local, which decreases the safety risks of traveling long distances, particularly for girls.

Sustainability

Financial. While evidence suggests it is a cost-effective approach, it is nonetheless highly dependent on donor inputs and community management. Volunteer community teachers may leave if offered paid jobs in the state-sponsored school system and many schools "borrow" buildings, which may be needed for other purposes (USAID et al., 1999). In sum, as the AIDS epidemic continues to deplete valuable human and material resources the sustainability of community schools is threatened.

Community Support. This approach is solely reliant on community commitment and support. As noted earlier, communities are responsible for staffing schools, designing curriculum and providing necessary school supplies.

Quality

Student Retention. Since these schools are responsive to community needs and able to adapt the educational schedule/calendar to accommodate children who are working or caring for siblings and sick adults, attrition may be reduced.

Curriculum and Stigma. These schools can tailor the curriculum to include formal, non-formal, and life skills education and meet the needs and concerns of the community.[30] Some community schools have also provided psychosocial support for children (S. Phiri, personal communication, April 12, 2001). In addition, since community schooling increases access for all children, they are less likely to be discriminated against by their peers, and non-orphans are less likely to be dislocated.

While there are many ways in which community schooling may improve educational quality, poorly trained volunteer teachers could compromise quality standards. In addition, there is a danger that governments may dismiss the need to address the lack of access to state-sponsored schools by noting that community schools are serving them. One Zambian study suggests that a plan in needed to integrate community and government schools, bringing together the best qualities of each (USAID et al., 1999).

In addition, there is a possibility that community schooling could isolate children based on their orphan status (if they are the only ones in the community who cannot afford government sponsored schools) and therefore, enhance stigma. For example in Zambia, community schools were established to provide basic education for children who did not enter school at the usual age of seven and were now "too old." As a result, community schools offered children the opportunity to compress six grades into three years and be able to enter Grade 7 on par with their age-mates. These schools were affiliated with Zambia Open Community Schools (ZOCS), a national NGO. Recently, a number of new community schools have opened that do not necessarily maintain the same quality standards as those affiliated with ZOCS and

[30] The author defines formal education as that which focuses on basic math, reading, writing skills while non-formal education includes vocational or skills training, apprenticeships and professional mentoring.

are viewed by many as "parallel schools for poor children and orphans," which receive no funding from the government (USAID et al., 1999).

Other Implementation Considerations

Community schools are flexible in meeting children's formal educational needs in a local setting. To ensure effectiveness, communities must demonstrate a collective commitment to increasing children's access to quality primary education. In addition, a large number of volunteer or para-professional teachers must be identified and trained. Implementing agencies must also attempt to secure donor or government support to supplement community resources and provide coherent oversight to maintain educational quality and effectiveness. Extensive community mobilization and training are necessary to ensure the effectiveness and sustainability of this approach.

Initiative 5. *Interactive radio education (IRE)* [31]

This initiative is based on a Zambian pilot program currently in operation that targets out-of-school youth in AIDS-affected areas. Interactive lessons targeting elementary English and math skills are broadcast for a limited number of hours per day targeting out-of-school youth in community centers. Minimal support from printed materials is offered, and trained, literate community mentors, most of who have completed secondary school and participated in a three-day training program, are matched with students to provide instructional support. Families are expected to contribute in cash or in-kind to provide for the upkeep of the educational centers.

The pilot program follows the Zambian curriculum and the objective is to cover the entire Grade One mathematics and English language curriculum in 100 thirty-minute radio lessons. Specifically, this pilot is designed to reach vulnerable children who are currently out of school and provide a less costly alternative to formal education. Students meet for a short time each day and receive instruction from both the radio and the mentor. Mentors are also provided with lesson plans and instructions on how to prepare.

Affordability and Cost

Student Affordability. IRE makes education more affordable for all children. Similar to community schooling, it does not deter student enrollment with school-related expenses. However, in Zambia students do contribute financially for the upkeep of the schooling center – which has deterred some children's participation.

Implementing Costs. While it has not been formally evaluated, IRE appears to be cost-effective and able to be implemented on a large scale in both urban and rural settings. Communities, who are responsible for maintenance costs, initiate the development of the educational center, which requires a reliable radio, chalkboard, chalk, and stationery for students. Some centers in rural areas must also provide

[31] This section relies heavily on information provided in the *October 2000 Evaluation of the Interactive Radio Pilot for out-of-school audiences* (Education Development Center Inc., 2000).

toilets for the children. While community contributions are expected, donor funding has covered significant administrative expenses in the Zambian pilot of IRE.

Accessibility

General. The pilot project serves children in both urban and rural areas, with an average of 60 students per class. The median age of students in July 2000 is approximately 8 years old, ranging between 5 and 14 years. Since many families are experiencing extreme poverty and have children in need of primary education, the pilot program has had difficulty specifically targeting orphans, only 27 percent of the children were identified as single or double orphans. However, anecdotal evidence suggests that many caregivers are reluctant to identify their children as orphans since they are afraid they will be discriminated against or stigmatized by other children or instructors. Access is not increased in areas that lack transmission channels, radios or power.

Girls. Of those enrolled in the Zambia pilot program, 48 percent are female. IRE has the potential to meet girls' educational needs in the same way as community schools since education is provided at a nominal cost, in a local environment, and is flexible.

Safety

IRE does not directly address school safety concerns, however, similar to community schooling, it allows students to be educated in a community environment by local volunteers and mentors. Lower student/teacher ratios may also enhance student supervision to avoid sexual abuse and harassment by male teachers and peers.

Sustainability

Financial. Provided that there is appropriate monitoring, dedicated mentors and supervisors, IRE has the potential to be sustainable in the long-term.

Community Support. Community support is essential for securing participation and funding for the maintenance of the learning center. A few pilot centers in Zambia are on the verge of collapse as families are unwilling and/or unable to contribute to the maintenance of the center. Methods for rewarding radio education mentors should also be devised to recognize their time and efforts and ensure their continued participation and the sustainability of the program.

Quality

Student Retention. After 10 weeks of radio classes, the average number of students attending was high with 47 (out of 60) children in class. Average daily attendance remained high over the course of 50 lessons with 78 percent of the initial students continuing to attend classes. Skill retention from IRE appears to be strong as analysis of pretest and post-test scores indicate average gains between 21 and 46 percent for language comprehension. Gains in mathematical counting were small, although many children knew how to count when they began school.

Curriculum and Stigma. The curriculum is centrally determined and may not be relevant to communities' direct needs (e.g. vocational education and life skills training) and the psychosocial needs of children are not directly addressed through mentor training or counseling. However, since the approach makes education affordable for all children, orphans are not singled out.

Other Implementation Considerations

Implementing agencies must ensure that communities have transmission channels, radios and power. They must also be careful that IRE does not undermine formal schooling. One Zambian school expert noted that applications for Grade 1 schools have dropped in some areas that have IRE. Parents question the usefulness of formal schooling when children can learn just as much for "free" and at more suitable times (Hepburn, 2001). IRE is not a substitute, but rather an economically feasible alternative or supplement to formal schooling. It is designed to accommodate extremely vulnerable children in their local environment and their family responsibilities. Implementing agencies should consider forming partnerships with NGOs to build management infrastructure and explore ways in which IRE can strengthen community and state-sponsored schools.

III. Increase Access Indirectly Through Financial Strengthening, Community Mobilization and National Advocacy

Initiative 6. *Microfinance*

This approach is designed to increase household income and assets, thereby enabling children to stay in school. Microfinance services include credit and saving services provided to solidarity groups. Microfinance activities have been well documented and widely implemented in several African countries including Malawi, Uganda, Zimbabwe and Zambia (Donahue, 1999; Donahue, 2000; Wright, Kasente, Ssemogerere, & Mutesasira, 1999; Lorey, 2000). Most microfinance activities target women and research suggests that they are more likely to repay loans and use generated income to benefit the household by paying school and medical fees, as well as purchase food (Williamson, 2000a). Individuals receive loans from the group and repay to the group (e.g. village banking). The size of a typical loan is between US$30 and US$500 and repayment is expected over a set period of time (Lorey, 2000). The purpose of microfinance activities in the context of HIV/AIDS is to help clients 1) maintain or increase income, 2) provide an opportunity to build savings that are secure and retain value, 3) reduce vulnerability to financial loss, and 4) enable clients to avoid destroying their future income earning and productive capacity through contingency planning (Donahue, 2000).

Affordability and Cost

Student Affordability. By strengthening a family's economic base, microfinance can make primary education more affordable. In a recent evaluation of the Uganda Women's Finance Trust, women used income secured through the program to pay both educational and health expenses (Williamson, 2000a; Wright, Kasente, Ssemogerere, & Leonard Mutesasira, 1999).

Implementing Costs. These initiatives are usually cost-effective and can achieve large-scale outreach. Activities depend initially on donor support and investment but eventually become self-sufficient through lending practices. The effectiveness of these inputs depends on the market and activities undertaken.

Accessibility

General. Considering that enrollment rates are positively correlated with income, this approach is likely to increase access for vulnerable children whose families participate. However, children of families who do not participate (due to age, lack of skills or sickness), will not likely benefit. This is particularly true of child-headed households if children are very young.

Girls. While microfinance does not directly address non-economic or cultural reasons for girls' lack of educational access, it has the potential to increase access for girls whose families participate. Activities that are available to women contribute to their economic empowerment and gender equity within the household, which may also manifest in more equal schooling opportunities for girls (Lorey, 2000).

Sustainability

Financial. While microfinance activities are sustainable in theory, their success depends largely on the economic environment in which they operate. Nonetheless, research indicates that in general microfinance programs, which operate according to state-of-the-art principles, are self-sustaining (Donahue, 1999).

Community Support. Since microfinance services are traditionally implemented by an international or national NGO, it does not rely directly on community support. However, community support is necessary to sustain the initiative, since families are more likely to participate and undertake income-generating ventures if microfinance services are positively perceived within the community.

Quality

Student Retention. While microfinance activities do not directly affect quality, they do so indirectly by providing families with additional resources to enhance the quality of learning. However, microfinance initiatives will not succeed if fewer teachers are able to provide instruction in areas heavily affected by AIDS.

Curriculum and Stigma. Microfinance does not address the need to tailor the curriculum nor meet OVC psychosocial needs. However, if families are able to provide students with necessary school supplies and uniforms, orphans are less likely to be singled out.

Other Implementation Considerations

To ensure effective implementation, all programs must be well implemented by experienced practitioners in this field. Implementing organizations should work with local communities to find and/or create markets and avoid financial management and planning

problems to avoid burdening families with more debt. Creative ways to encourage loan recipients to enroll their children in primary school should also be explored (Hepburn, 2001).

Initiative 7. ***Build and support the capacity of community care coalitions***

This initiative focuses on mobilizing and building the capacity of community groups to identify children not attending school and their reasons for not attending, and carry out activities to increase their educational participation. Implementing agencies, such as NGOs or the government, work with local leaders to mobilize communities to engage in a variety of activities including: persuading guardians to send children to school, persuading schools to accept vulnerable children, offering community-based child care that enables students caring for younger siblings and other dependents to attend school, or assisting vulnerable households with basic tasks (gathering firewood, tending crops, etc.). For example, in Zimbabwe the government established the Community Based Orphan Care Project that organized village committees using community volunteers. These volunteers make sure that the orphans are well fed, clothed and housed, and make every effort to ensure that school-aged orphans attend and remain in school. This approach has been successfully implemented in several other countries including Zambia, Malawi, Uganda and Kenya (DCOF, 1999; Donahue & Sussman, 1999; Donahue et al., 1998; Donahue & Williamson, 1999; Grant, 2000; UNICEF et al., 2000).

Affordability and Cost

Student Affordability. This approach can make schooling affordable for vulnerable children if it is linked to the creation of community-based educational opportunities such as community schooling, or used to alleviate prohibitive school expenses to state-sponsored schools. For example, in Zambia one NGO mobilized communities to begin community schools, while in Malawi, village committees initiated fundraising activities to provide school supplies and pay enrollment fees for orphans and other vulnerable children attending state-sponsored schools (Donahue et al., 1999).

Implementing Costs. This approach requires initial donor/government inputs to subsidize the coordination and training of community members and implementing agencies may be required to provide continued technical assistance. The FOCUS Program in Zimbabwe mobilized volunteers to visit orphans regularly, monitor their situation, and respond with community resources. Focus serves approximately 4,000 orphans at the cost of about US$3 per child per year (Donahue et al., 1999).

Accessibility

General. Community mobilization has increased access for out-of-school youth – particularly when linked to community schooling. However, its success is largely dependent on the commitment of community members, local resources, and the adequate identification of school access barriers (Hepburn, 2001). With proper training, community members are able to identify the most vulnerable youth and address the different financial or non-economic reasons inhibiting participation (Donahue et al., 1999).

Girls. If implemented effectively, community mobilization addresses girls' educational needs. Community volunteers can work with caregivers to alleviate girls' household responsibilities so they may attend school, as well as, raise funds to pay for their school related expenses.

Safety

This initiative has the potential to address girls' safety concerns since community leaders could work within the community to create community schools sensitive to girls needs by establishing same sex or age classrooms, training teachers, or monitoring the situation in and around schools.

Sustainability

Financial. This approach is sustainable since it does not rely heavily on donor resources, reflects the community's priorities, and builds on existing community strengths. However, communities with few financial and material resources and insufficient training may have difficulty sustaining the approach.

Community Support. Community support is critical and without a commitment to improve primary educational access for orphans and other vulnerable children, this initiative could not succeed.

Quality

Student Retention. This approach provides support to students and their families so they do not have to drop out of school to take care of their families. For example, in Zimbabwe, volunteers have even taken on children's household chores to ensure that children do not drop out (UNICEF et al., 2000).

Curriculum and Stigma. While this initiative does not directly address curriculum revision and psychosocial needs, it could. For example, village committees could work with community teachers to increase the relevance of curriculum and also educate teachers about stigma and trauma. In Zambia, one NGO mobilized neighborhood committees to gain MOE recognition for their community schools, approval for their syllabus, and training for their volunteer teachers (Donahue et al., 1999).

Other Implementation Considerations

This approach requires particular skills and significant effort to organize monitor and bring to scale. Community members need training in areas such mobilization, childcare, fundraising, home-based care, organization and management. The effectiveness of this approach may increase if linked directly to community schooling initiatives.

Initiative 8. ***Advocacy on behalf of vulnerable children***

This initiative involves the mobilization of communities and agencies to perform national and community level advocacy to remove or reduce barriers that prevent children from attending school. Examples include 1) persuading ministry or local school administrators to waive school fees and eliminate requirements to wear uniforms, and 2) raising the awareness of out-of-school children and their caregivers about the importance of attending school. Community and national level advocacy campaigns were used successfully in Zambia to alleviate enrollment fees for orphans for one year (USAID, UNICEF & SIDA, 1999).[32]

Affordability and Cost

Student Affordability. This initiative does not necessarily affect the cost of schooling. However, in Zambia, national advocacy efforts focused on eliminating school expenses have been successful.

Implementation Costs. Advocacy is generally low cost. The primary costs include 1) community mobilization training, and 2) disseminating information.

Accessibility

General. To increase access, advocacy efforts must effectively target the reasons children are not attending school. Provided that governments are willing to make policy changes, effective policy implementation is essential to the success of this approach.

Girls. Community advocacy could increase girls' access if advocates raise awareness about the importance of girls' education and target the community obstacles that are inhibiting their access, such as safety concerns and the need for more flexible schooling schedules.

Safety

This approach could address safety concerns for students (particularly girls) and their families by raising awareness at the national level about the increased risks of sexual abuse in schools and encouraging governments to address the issue through teacher training, life skills training and a gender sensitive curriculum.

Sustainability

Financial. This approach is sustainable in the long–term. Initiating advocacy by community groups requires donor support to train communities and disseminate information, but communities' can eventually direct and support the initiative themselves. The financial costs to agencies that engage in advocacy are minimal.

Community Support. This approach is sustainable provided it maintains community support and resources to advocate on behalf of orphans and other vulnerable children.

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[32] Anecdotal evidence suggests that other successful advocacy efforts have been conducted in South Africa and Uganda (Hepburn, 2001).

Advocates must feel that their efforts have a demonstrated impact; if not, they may become disillusioned, and disengage from advocacy efforts.

Quality

Advocacy could address student retention, curriculum or the psychosocial concerns if advocates choose to make that their focus. Advocates must be careful not to promote increasing access without addressing whether governments can expand services accordingly and maintain instructional quality.

Other Implementation Considerations

The effectiveness of this approach depends on how well the barriers to attendance are identified by advocates and whether communities and/or national governments have the resources to make program/policy changes (Hepburn, 2001). Governments may not have the resources to respond to the advocates' demands, which may frustrate them and limit the effectiveness of the approach. A responsive, organized government make advocacy easier.

IV. Improve the Educational Quality Through Curriculum Revision and Teacher Training

Initiative 9. *Increase relevance of school curriculum to orphans and other vulnerable children*

This initiative is intended to complement the reading, writing, and arithmetic curriculum and has been implemented in government-sponsored and community schools with mixed success in Malawi and Zambia (S. Phiri, personal communication, April 12 2001). It supplements basic academic education by providing students apprenticeships that allow them to learn skills such as agricultural, vocational, household and business management skills. In addition, the curriculum could include life skills training that provide instruction on leadership, gender role awareness, HIV prevention, informed decision making and the promotion of positive health choices. Including vocational and life skills training will increase the practical benefits of primary education and, thereby, encourage households able to pay school expenses to do so.

Affordability and Cost

Student Affordability. While it may make families who can afford to send their children to school more likely to do so, it does not make primary schooling more affordable.

Implementing Costs. The costs of this approach depend on the types of training included. For example, establishing mentors or apprenticeships within the community have some costs (money, supplies, and/or equipment for the mentor). Training students in fields with high costs for supplies or equipment is more expensive. Life skills training costs include teacher trainings and the dissemination of materials.

Accessibility

General. Increasing the relevance of school curriculum has the potential to increase access significantly for children whose parents/caregivers do not feel that education is a wise investment. In some AIDS-affected areas, the cost of sending a child to school outweighs the benefits of their possible wages. By increasing the relevance of schooling, this perception could change and more families may wish to educate their children. However, this approach does not increase access for children whose families cannot afford it.

Girls. This initiative could increase access for girls who are out of school for financial reasons. It has the potential to address some of their educational needs by establishing mentoring and apprenticeships, as well as life skills training. Life skills training promotes positive health choices and raises awareness of a girls specific vulnerabilities and needs (Gachuhi, 1999). Through mentoring and apprenticeships, girls learn business management skills that can build confidence, self- sufficiency, and promote gender equity within the family (Lorey, 2000). Careful supervision is required, however, to ensure that all children – particularly girls – are not exploited or sexually harassed.

Sustainability

Financial. Revising the curriculum to include hands-on training can be costly, largely because of the retaining required and the potential need for materials, supplies, and equipment, which can threaten the long-term financial sustainability of the approach. However, establishing apprenticeships and mentoring with community members could help remedy this by drawing upon local resources.

Community Support. Community support is critical to this initiative because it requires community members to build on their existing practices and traditions and act as mentors to students and pass along relevant skills. Without community involvement the program would be too costly to maintain and valuable skills would not be passed on.

Quality

Student Retention. Revising the curriculum to include more relevant vocational and life skills training could greatly increase the quality of education and staying in school a more attractive option.

Curriculum and Stigma. Since AIDS is reducing the number of adults in a community, children have fewer mentors and advisors from whom they can learn income-generating skills. Revising the curriculum to include apprenticeships and mentors is particularly useful in meeting this need. While this initiative does not directly address psychosocial needs, including life skills training may sensitize children to the needs of vulnerable children , thereby reducing stigma and discrimination. However, practitioners have expressed concern that this type of curriculum restructuring may heighten the discrimination of underprivileged children if wealthy schools continue with a purely academic curriculum and vocational skills

training is seen as an option only for OVC and/or poor township schools (Hepburn, 2001).

Other Implementation Considerations

To ensure the effectiveness of this approach, there must be significant community interest and infrastructure support from teachers and the host country's MOE. Previous attempts to reorganize the curriculum of formal schools in Zambia were not successful due to the significant amount of organization and coordination required among teachers and the government. Implementing agencies should teach vocational skills with broad applicability in fields where there is likely to be higher demand and opportunity. Practitioners note that skills training relevant to girls' needs should be emphasized and students supplemented with start-up capital or other financial support (Hepburn, 2001). While increasing access for children made vulnerable by HIV/AIDS is a priority, programs should not only target youth from AIDS-affected households since it could further stigmatize these children and discriminate against other vulnerable children. It is appropriate, however, to target schools and vulnerable children in geographic areas seriously affected by HIV/AIDS. Community input should be used to identify participants based on vulnerability.

Initiative 10. ***Sensitize teachers to the psychosocial needs of orphans and other vulnerable children***

To promote the social integration of isolated children, and avoid stigmatizing those affected by AIDS, this approach requires qualified professionals to train teachers to be sensitive to the psychosocial needs of orphans and other vulnerable children. Training can include counseling skills, classroom management strategies that minimize stigma, and the organization of structured activities to promote the social integration of grieving or isolated children. This approach was implemented by NGOs in Malawi and Zambia (L. Mwewa, personal communication, April 12, 2001; S. Phiri, personal communication, April 12, 2001)

Affordability and Cost

Student Affordability. While this approach does not make schooling more affordable, it may encourage those who can afford it to continue sending their children to school.

Implementing Costs. Extensive psychosocial training for teachers is likely to be costly. The primary costs include hiring a qualified trainer, training materials and follow-up supervision (Hepburn, 2001).

Accessibility

General. While this approach may not increase access for all orphans and other vulnerable children, for those not attending school because of stigma or trauma, enhanced psychosocial support from teachers could be helpful.

Girls. To the extent that discrimination and stigma are deterring participation, this approach could increase girls' access to education.

Sustainability

Financial. The financial sustainability of this approach depends largely on the continuance of donor and/or government funds. In addition, significant teacher buy-in is critical, since training would require them to overcome their own fears of HIV infection and reach out to vulnerable children.

Community Support. Community support is necessary to sustain this initiative. Since donors may not view children's psychosocial needs as a priority, community leaders must raise awareness.

Quality

Student Retention. Since children benefit from learning in an environment that is sensitive to their emotional, educational and physical needs, psychosocial support has the potential to decrease the attrition rate and keep children in school longer.

Curriculum and Stigma. This approach directly addresses stigma and trauma concerns. As children feel more comfortable in their school environment, they are more likely to engage the material and develop emotionally as well as educationally (Williamson et al., 1998; Kelly, 2000c). However, training teachers to be more sensitive to children's psychosocial needs will not necessarily lead to the curriculum revisions that make schooling relevant to OVC needs (Williamson et al., 1998).

Other Implementation Considerations

Psychosocial support is critical for supporting children made vulnerable by AIDS and could play an important role in the promotion of quality primary education. However, some practitioners noted that teachers might not be the most appropriate persons to provide such support as they have their own counseling needs (Hepburn, 2001). Other community members, such as clergy, health workers, or community workers may be in a better position to work with students in and out of the schools to provide such services. In addition, some practitioners have expressed a concern that funding psychosocial support may force schools to draw resources away from other educational priorities[33] (Hepburn, 2001). Implementing agencies should take these concerns into consideration and explore ways (possibly partnerships with other organizations) to provide psychosocial support without siphoning scarce resources from already struggling schools.

Initiative 11. *Supplement teachers with trained volunteers/para-professionals from the community*

In this initiative, NGOs and community leaders partner with both state-sponsored and community schools to train community-identified individuals as para-professional teachers to teach lessons in certain key elements of the curricula (e.g. life skills, basic literacy and numeric skills). Additional volunteers could assist teachers by passing along traditions, sharing useful skills, introducing new ways of thinking and communicating, and serving as role models. This approach is designed to increase the relevance of the curriculum and

[33] These "educational priorities" were not defined by the Questionnaire respondent.

decrease student/teacher ratios. Para-professional teachers and other volunteers can be mentored and supervised by experienced and trained teachers in their schools/community. This approach has been piloted in community schools in Zambia with secondary school graduates interested in pursuing a teaching career (L. Mwewa, personal communication, April 12, 2001).

Affordability and Cost

Student Affordability. Unless supplemental teachers are placed within community schools, this approach does not directly make schooling more affordable.

Implementing Costs. This initiative has relatively little cost, considering that it draws upon local resources. The most significant costs include training and some form of remuneration (e.g. food and cash) to recognize the contributions of the volunteers. One significant benefit of this approach is that it invests resources in communities.

Accessibility

General. By increasing the number of available instructors, this approach has the potential to increase access and retain students. A World Bank study on the impact of adding a supplementary teacher in non-formal education centers in the Indian state of Rajasthan suggests that attendance increases by 55 days a year, raising enrollments by approximately twenty-five percent. Over the first 26 months of the program the approach increased daily attendance by more than 2 children, which was largely attributable to an increase in girls' enrollment (Lanjouw, Banerjee, Kremer, & Lanjouw, 2000).

Girls. This approach could use trained community volunteers to sensitize families and other children about the importance of girls' education. As noted above, this initiative also has the potential to increase access.

Sustainability

Financial. Volunteers trained in educational instruction could train others. Volunteers can also fill gaps in the curriculum that draw upon cultural traditions and skills.

Community Support. Community commitment is necessary for the success of this initiative. In Rajasthan, attendance rates returned to pre-intervention levels within approximately one year (Lanjouw et al., 2000). While it is not clear what caused this decline, community support is likely a significant factor. In addition, without active community participation, volunteer teachers would not be available to pass along their knowledge and skills, which limits the sustainability of this initiative.

Quality

Student Retention. While research suggests that adding a supplemental teacher in non-formal educational centers increases access but does not significantly increase test performance, supplementing teachers with community volunteers has the potential to decrease attrition rates by increasing the relevance of instruction and reducing the student/teacher ratios (Lanjouw et al., 2000).

cater to the needs of disabled children who are vulnerable to the absence of educational activities and HIV transmission (Hepburn, 2001).

Girls. This approach has the potential to increase girls' access to education by schooling them in their community and structuring the school day to accommodate non-traditional schedules.

Safety

Some practitioners voiced concern that itinerant teachers could be potentially dangerous vectors for HIV. In addition, practitioners noted that long travel distances to district school cluster centers could compromise girls' safety (Hepburn, 2001).

Sustainability

Financial. The sustainability of this intervention would rely heavily on donor and/or government financial support and coordination to pay teacher salaries and instructional materials. The devastating impact AIDS is having on the supply of teachers and the lack of national resources for education delivery may also seriously threaten the sustainability of this approach. According to Kelly, one extra teacher per small school in Zambia could imply an increase of 15 to 20% in demand for teachers (M.Kelly, personal communication, January 19, 2001).

Community Support. Without strong community support, families would be less inclined to send their children to school cluster centers, threatening its long-term sustainability.

Quality

Student Retention. This approach does not directly address retention concerns. Since teachers do not reside in the community for any significant period of time to build credibility with students and their families retention rates may suffer.

Curriculum and Stigma. This approach does not directly address stigma concerns but has the potential to tailor instruction and curriculum to meet the specific needs of children in the community. Practitioners note that the ability of teachers to tailor the curriculum to meet needs of orphans and other vulnerable children depends largely on their training and preparation (Hepburn 2001). Considering that government MOE's are currently struggling to find the financial resources to train teachers, practitioners note that it is likely that preparation will be minimal (Hepburn, 2001).

Other Implementation Considerations

The effectiveness of this approach relies on well-trained and dedicated teachers willing to travel and teach. HIV transmission concerns between itinerant teachers and students should be addressed directly through the process of selecting teachers, training them on the importance of professional conduct, and supervising them at the regional or national level. In addition, practitioners note that the effectiveness of itinerant teachers would be increased if they were positioned within a community for a reasonable length of time to build

trust, credibility and linkages with community schools, thereby providing expert advice to volunteer community teachers (Hepburn, 2001).

Initiative 13. ***Peer outreach***

This initiative organizes older students in secondary schools to teach educational skills and mentor children who are out of school or attending a community school. It could be organized as a service component that secondary schools require of their students. While peer education has been used extensively in HIV prevention programs, research suggests that successful programs require extensive initial and reinforcement training; ongoing follow-up, support and supervision; clearly understood expectations of the peer educator's role; and continued incentives and motivation to keep peer educators involved (UNAIDS, 1999).

Affordability and Cost

Student Affordability. While peer outreach does not replace formal schooling, this approach makes one-on-one tutoring affordable to all children in a targeted community.

Implementing Costs. The costs for teachers' salaries are relatively minimal since secondary school children volunteer their services. However, basic learning materials such as textbooks, paper and other supplies must be financed.

Accessibility

General. Peer education does not increase access but it does increase OVC opportunities to receive instruction. While it is not an ideal replacement for full-time formal schooling, it may be the only option for some.

Girls. Given proper training, peer outreach has the potential to reach girls not attending school since it is flexible in its delivery and can accommodate non-traditional students who need to work or care for their families.

Safety

Practitioners have voiced concern that without proper oversight and monitoring, male peer educators could pose an HIV transmission risk to girl students (Hepburn, 2001).

Sustainability

Financial. Since it is low-cost, this approach has the potential to be financially sustainable in the long-term. However, it is heavily dependent on community support and whether communities have secondary schools.

Community Support. Since this approach requires that a community have a significant number of secondary students available to teach younger children, community support is essential for the sustainability of this approach. This may be particularly difficult considering that the quality of secondary education in AIDS-affected areas is low and in some (particularly isolated rural areas) there are relatively

few secondary students. In addition, secondary students' time may be limited if families are relying on them to generate income. Finally, practitioners note that while tutoring and mentoring reinforces the learning of the secondary students, it also places additional stress on them (Hepburn, 2001).

Quality

Curriculum and Stigma. It is unlikely that curriculum could be tailored to meet OVC needs specifically, however, research suggests that children listen to their peers and one-on-one instruction could be effective for learning basic skills (UNAIDS, 1999). In addition, training secondary students to tutor and mentor gives these older children valuable and marketable skills – particularly in countries that are desperately seeking new teachers. Effective mentoring could also reinforce important peer relationships and life skills, and help build a young child's support network to deal with stigma and trauma.

Other Implementation Considerations

Continuing oversight and monitoring is critical to the successful implementation of the peer approach. Peer educators should be trained about the risk factors that girls face and same-sex tutoring should be encouraged. Organizations should build on the best practices of the HIV/AIDS peer education prevention model to ensure that peer educators are knowledgeable about HIV transmission as well as basic educational skills. Peer education may increase its sustainability and effectiveness if integrated with other approaches designed to increase access such as, community schooling and/or interactive radio education.

CHAPTER FIVE

Lessons Learned

This chapter outlines nine lessons learned from the thirteen initiatives identified as having the potential to increase primary education access for children orphaned or made vulnerable in areas heavily affected by AIDS in the eastern and southern Africa region. Each lesson should assist DCOF in effectively targeting funding and technical assistance to increase primary education access for orphans and other vulnerable children in this region. While not every initiative will be able to incorporate each of these lessons, they should serve as guiding principles to inform DCOF's broader strategy for meeting the educational needs of orphans and vulnerable children in AIDS-affected areas.

- **Initiatives should target all vulnerable children in AIDS-affected areas**

To avoid stigmatizing orphans and risk overlooking the needs of other vulnerable youth, policies and initiatives should target all children in AIDS-affected areas. Programs designed to increase the access of orphans and other vulnerable children to primary education should be particularly sensitive to the particular causes of vulnerability, yet be as inclusive as possible in their implementation.

- **Initiatives should create affordable schooling opportunities**

The lack of affordable schooling is one of the most commonly cited obstacles to the access to education for children affected by HIV/AIDS. As a result, initiatives should make every effort to make schooling affordable for all children – particularly those who are most vulnerable. Increasing schooling affordability includes eliminating or subsidizing prohibitive school-related expenses for children such as enrollment fees, uniforms, textbooks and school supplies. Creating more affordable schooling opportunities is a critical first step for increasing access.

- **Non-formal education should be prioritized in addition to formal education**

Resources permitting, to promote children's practical and intellectual skill development, educational initiatives should include both non-formal and formal skill instruction, including life skills and vocational training. Including both non-formal and formal education increases the quality and relevance of schooling for the children and their families.

- **Initiatives should be developed with community participation and cater to community needs**

Increasing orphans and other vulnerable children's access to education requires a multisectoral response that utilizes the support of local and national stakeholders. National and international organizations must work with communities to identify specific access barriers in their community, harness local resources and develop programs to address them. Implementing organizations should develop participatory methods for assessing community needs and institute monitoring and evaluating programs to ensure they are responsive to them.

- **Increased management capacity at the national and community level is necessary to implement and sustain initiatives**

The successful implementation of initiatives requires that appropriate management and administrative structures are in place at the community and national level to monitor and evaluate their implementation, progress and effectiveness. Increasing the management capacity of both national ministries and community agencies should be prioritized to ensure that services are rendered in the most effective, participatory and efficient way.

- **Initiatives should be developed within a integrated policy and planning framework ensuring that short-term initiatives are linked to long-term strategies**

Due to the devastating effects of AIDS on the sub-Saharan economy, local and international financial resources are increasingly limited. As a result, every effort should be made to identify programs that provide short-term relief to vulnerable families (e.g. subsidize prohibitive school-related expenses) but link them with long-term, financially sustainable policies/strategies that promote systemic policy change and permanent educational access (e.g. national advocacy, microfinance activities).

- **School safety concerns for girls should be given special consideration**

Research indicates that girls are particularly vulnerable to HIV infection and sexual abuse in a school setting, and initiatives that address this concern should be given special consideration. Research is necessary to explore new ways to protect girls in schools, possibly through the reorganization of schools/classes and teacher training and monitoring. Initiatives should build on existing gender programs to increase girls' schooling participation.

- **Educational quality and access concerns should not be separated**

Given that access and educational quality concerns are so closely intertwined it is important to explore approaches that attempt to address both. As seen in the establishment of the universal primary education (UPE) policy in Malawi, increasing access without increasing the supply of teachers and facilities results in high attrition

rates that undermine initial access gains. While increasing access is of primary importance, enhancing quality helps to foster long-term educational achievement by keeping children in school.

- **More data evaluation and information sharing are necessary**

To better assess what initiatives offer the best promise for assisting orphans and other vulnerable children, more data and analysis is necessary to evaluate the benefits and costs of each initiative. Specifically, more research into the costs and benefits of supplemental teachers, peer education, vocational training, and psychosocial training for teachers is necessary. Without this research, it is difficult to know whether children's needs are being effectively addressed or if financial resources could be better directed. Wide dissemination of these results and a compilation of best practices are essential.

Appendix A

List of Practitioners

Name	Organization
O'Gara, Chloe	Academy for Educational Development (AED)
Rihani, May	Academy for Educational Development (AED)
Lorey, Mark	The Synergy Project
Gibbons, Michael	Banyan Tree Foundation
Grant, Gill	Bethany Project, Zimbabwe
Phiri, Stan	Center for International Development and Research, Duke University
Graybill, Don	Creative Associates
Foster, Geoff	FACT, Zimbabwe
Gourdets, Sandra	Hope for a Child in Christ, Zimbabwe
Raiten, Daniel J.	National Institute of Health (NIH/NICHD)
Sully, Paul	Peace Corps
Gilborn, Laelia	Population Council
Mwewa, Louis	Project Concern International (PCI), Zambia
Beegle, Kathleen	Rand Corporation
Boothby, Neil	Save the Children, U.S.
Siame, Daphetone	SCOPE OVC, Zambia
Robbertze, Maraliza	South Coast Hospice, South Africa
Ainsworth, Martha	The World Bank
Cohen, Desmond	UNAIDS (formerly)
Connolly, Mark	UNICEF
Gillespie, Amaya	UNICEF
Kelly, Michael	University of Zambia
Strickland, Brad	USAID
Sussman, Linda	USAID
Thomas, Megan	USAID
Williamson, John	USAID
Woods, Joan	USAID
Holsti, Monika	World Vision

Appendix B-1

Primary Education Questionnaire Cover Letter

Greetings!

As many of you know, I am working with John Williamson at USAID's Displaced Children and Orphans Fund on research regarding access to primary education for children affected by AIDS (particularly orphans) in eastern and southern Africa.

With the assistance of Mark Lorey and John, I have compiled a list of 13 interventions designed to increase primary educational access for AIDS-affected children in the ESAR that I have come across in my research. Several of these interventions have been implemented extensively while others are still in their infancy.

We wish to draw on your knowledge in this field to assess 1) whether any additional categories should be added to this list and 2) the potential effectiveness of each of these interventions for increasing access to primary school for orphans and other vulnerable children. Since there is very little documentation regarding the effectiveness or applicability of each of these interventions, I welcome your thoughts and any recommendations for additional research documents. I would also appreciate suggestions of any other persons who have relevant experience in this field.

I have attached a document briefly listing the interventions. I have provided space next to each intervention for you to (roughly) rank their general effectiveness on a scale from 1-5 and provide feedback on their strengths and limitations and the specific conditions necessary for their success. Please note that the interventions listed are not mutually exclusive. Some may have marginal benefits, yet be worth incorporating along with other approaches if there is sufficient value added. Feel free to include suggestions for additional interventions at the end of the form.

As our research is time-sensitive your prompt response is very much appreciated. If possible, please reply by *March 9, 2000.* All responses can be sent as either an email attachment or directly in an email text. Please contact me directly if this is not a convenient method of response and other arrangements can be made.

Many thanks in advance for your thoughts. While this survey is unscientific and necessarily imprecise, your feedback is invaluable. Please do not hesitate contact me if you have any questions.

Sincerely,

Amy Hepburn

9. ___ **Increase Relevance of School Curriculum** – revising the content of basic education to include training and/or apprenticeships that allow children to learn directly applicable skills such as agricultural, vocational, household and business management skills. Designed to increase the practical benefits of primary education and, thereby, influence households potentially able to pay school expenses to do so.

Advantages/strengths:

Disadvantages/limitations:

Specific Conditions:

10. ___ **Build and support the capacity of community care coalitions, school committees, or other community organizations** - mobilize and build the capacity of community groups to identify children not attending school (and their reasons for not attending) and make appropriate interventions. Interventions may include such activities as: persuading guardians to send children to school, persuading schools to accept vulnerable children, providing school materials to vulnerable students and raising funds for school fees, providing community-based child care that enables students caring for younger siblings and other dependents to attend school, providing home-based care for ill adults being cared for by children, and assisting vulnerable households with basic tasks (gathering firewood, tending crops, etc.) to enable students to attend school.

Advantages/strengths:

Disadvantages/limitations:

Specific Conditions:

Previous Page Missing

11. ___**Address the psychosocial needs of orphans and other vulnerable children** - train teachers, students, community members to be aware of and sensitive to the unique psychosocial needs of OVC, promote the social integration of isolated children, and avoid stigmatizing children affected by AIDS. Training can include counseling skills, classroom management strategies that minimize stigma, as well as organizing structured activities to promote the social integration of grieving or isolated children.

Advantages/strengths:

Disadvantages/limitations:

Specific Conditions:

12. ___ **Supplement teachers with trained volunteers/para-professionals from the community** – community identified individuals could be trained as para-professional teachers to teach lessons in certain key elements of the curricula (e.g. life skills, basic literacy and numeric skills). Additional volunteers could assist teachers pass along traditions, share useful skills, introduce new ways of thinking and communicating, serve as role models. Para-professional teachers/other volunteers can be mentored/supervised by experienced and trained teachers assigned to a large school catchment area.

Advantages/strengths:

Disadvantages/limitations:

Specific Conditions:

13. ___ **Advocacy on behalf of vulnerable children** – national and community level advocacy to remove or reduce barriers that prevent school attendance by orphans and other vulnerable children. It may include such activities as persuading ministry or local school administrators to waive school fees, eliminate requirements to wear uniforms, or advocating with out-of-school children and their caregivers the importance of attending school.

Advantages/strengths:

Disadvantages/limitations:

Specific Conditions:

II. Suggestions for Additional Interventions:

Intervention: _____

(Please use the same format as above)

Advantages/strengths:

Disadvantages/limitations:

Specific Conditions:

III. Recommended Documents/ Resources:

-
-

Appendix B-3

Three Suggested Initiatives from Primary Education Questionnaire Not Analyzed [35]

1. Linking with Local Health Clinics for HIV/AIDS prevention.

   "Given that schools in high HIV prevalence areas are usually understaffed and teachers not adequately trained, linkages with local health workers to teach HIV prevention/Life skills is useful. Health workers should already have basic knowledge about HIV transmission and prevention and could come into schools on a regular basis (once per week) to talk about HIV/AIDS issues." (Hepburn, 2001)

2. Implementing a Government Bursary System to Provide School Fees for Vulnerable Children

   "This type of program will strengthen families and ensure quality scholastic education for all children. However, governments may not be prepared to subsidize school fees at present." (Hepburn, 2001)

3. Linking with Donors to Provide Children Adequate Nutrition in Schools.

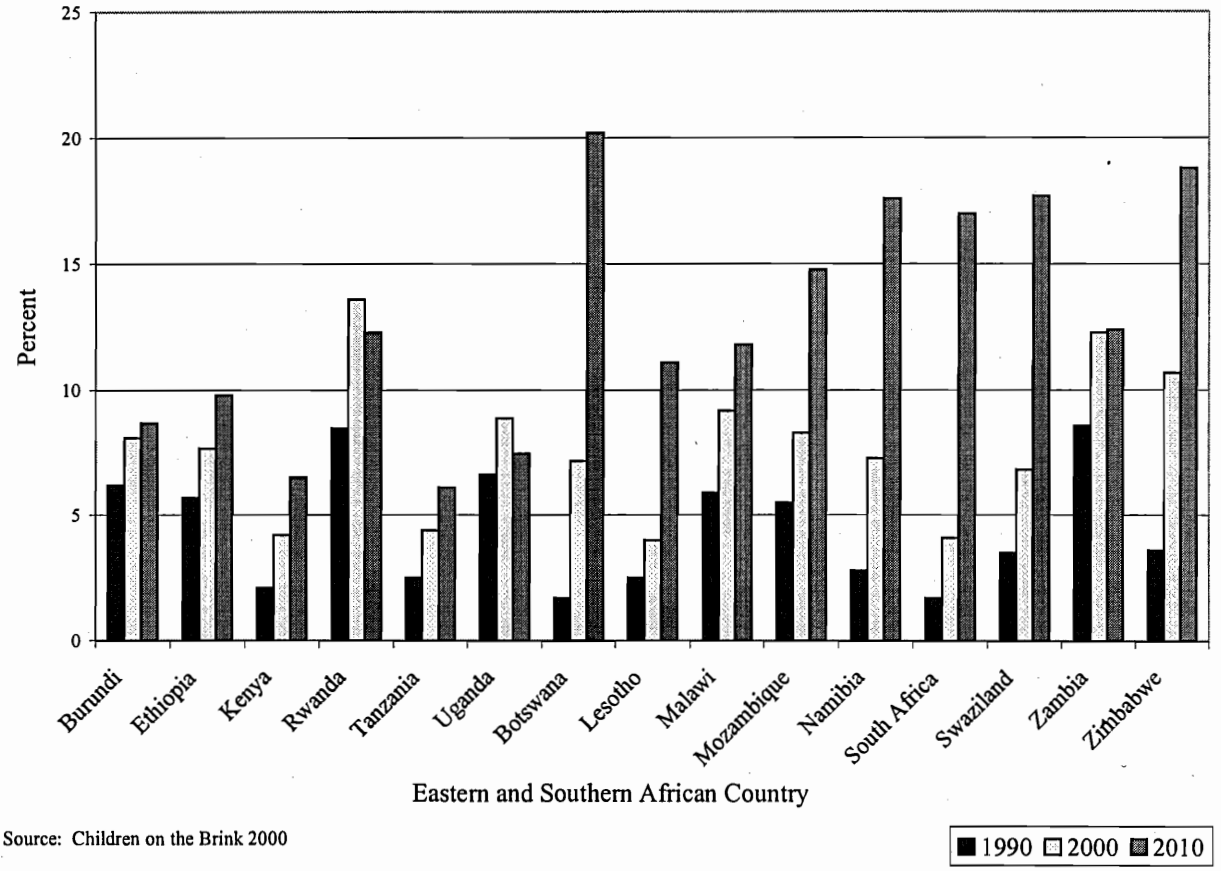
   "Programs to ensure the resolution or at least amelioration of food insecurity are essential to the success of other programs identified [in the survey]. There is an extensive literature attesting to the essentiality of adequate diets to cognitive development and performance. Without adequate nutrition, e.g., iron deficiency, children cannot receive and utilize the information presented." (Hepburn, 2001)

[35] These initiatives were not included in this analysis due to time and data constraints but should be considered in other studies relating to this topic.

Appendix C-1

Maternal and Double Orphans from All Causes

Percent of Children Under 15 Years of Age
15 countries, selected years

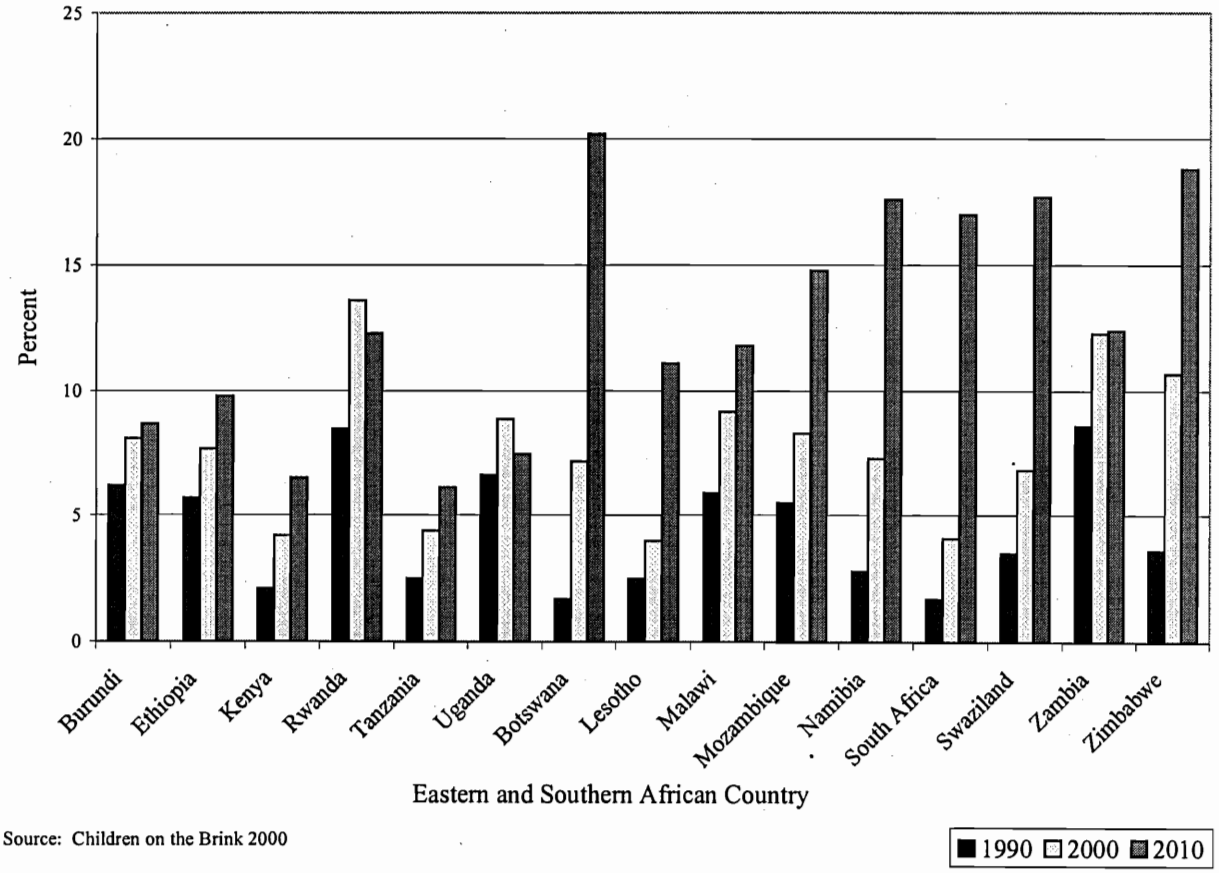


Source: Children on the Brink 2000

Appendix C-2

Percent of Maternal and Double Orphans from AIDS

Percent of Children Under 15 Years of Age
15 countries, selected years



Source: Children on the Brink 2000

Appendix D

Analysis Summary Chart

13 Initiatives to Increase Primary Education	Summary of Analysis			
	Increases schooling affordability?	*Increases general OVC access?*	*Financially sustainable?*	*Improves schooling quality?*
# 1 Eliminate primary enrollment fees	Very good	Good	Poor	Poor
# 2 Subsidize prohibitive school-related expenses	Very good	Good	Poor	Fair
# 3 In-kind support to schools that admit orphans	Very good	Good	Fair	Fair
# 4 Community schools	Very good	Very good	Good	Very Good
# 5 Interactive radio education (IRE)	Very good	Good	Good	Good
# 6 Microfinance	Good	Good	Very good	Fair
# 7 Build and support community care coalitions	Good	Very good	Very good	Good
# 8 Advocacy on behalf of orphans	Good	Good	Very good	Fair
# 9 Increase relevance of school curriculum	Poor	Good	Fair	Very good
# 10 Sensitize teachers to psychosocial needs	Poor	Fair/Good	Poor	Very good
# 11 Supplement teachers with trained volunteers	Poor	Fair/Good	Fair	Very good
# 12 Itinerant teachers	Very Good	Good	Fair	Fair
# 13 Peer outreach	Fair	Fair	Good	Fair

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