

UK working group on education and HIV/AIDS

HIV & AIDS

Addressing the educational needs of
orphans and vulnerable children

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Authors: Tania Boler & Kate Carroll

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Addressing the educational needs of orphans and vulnerable children

This paper was developed by the working group on education and HIV/AIDS and summarises issues raised from a meeting in London on 10 December 2003.

Background

Millions of children around the world have been orphaned by the AIDS crisis. Aside from the emotional and psychological effects that losing a parent can have, there is clear evidence that orphaned children are dropping out of school at a higher rate than non-orphaned children. International agencies have been vocal in demonstrating this risk; however, the question remains open on how to best meet the educational needs of these orphans and vulnerable children (OVCs). This paper draws together discussion between interested researchers, practitioners and policy makers at a meeting in December 2003.

The paper will briefly describe the educational disadvantage faced by OVCs, identifying a spectrum of vulnerability. A number of educational responses will then be summarised, with a specific focus on three: open and distance learning; school feeding schemes; and the index for inclusion.

Defining the educational needs of OVCs

OVCs facing a spectrum of vulnerability

The term OVC has been coined in light of the high number of children affected by the AIDS epidemic. Yet the OVC category is conceptually problematic: who should be included, and who should not? Some argue that in high prevalence countries, all children are already affected by the epidemic.

Why do we even need such a term? The merits of creating a specific category of children who are affected by the AIDS epidemic, are to track the welfare of these vulnerable children, and to aid the targeting of interventions. However, at the same time, such categorisation may inadvertently lead to increased stigmatisation.

Counting OVCs is tricky; it is easier to count orphans than vulnerable children, but even with orphans: do we include the rich orphans? It is also crucial not to allow cultural biases to cloud judgement on who is vulnerable: for instance, in European societies, a child living away from their family is seen as disadvantaged, whilst this is not the case in many Asian and African societies.

In deconstructing the OVC concept, the working group concludes that it remains important to retain some definition of children who are affected by the AIDS epidemic, whilst acknowledging that the impact of the epidemic on children is multi-faceted.

Therefore a spectrum of vulnerability unfolds, with individual children falling under multiple areas of disadvantage. Consequently, a spectrum of educational disadvantage also unfolds, and an array of educational responses is needed in response.

A spectrum of educational disadvantage

Of the relevant research, work has mainly focused on the impact orphanhood has on enrolment. Current knowledge suggests that when parents die, the amount of resources available for education decreases. As a result, orphans are more likely to drop out of school than non-orphans, as school fees become unaffordable.

UK working group on education and HIV/AIDS

However, when looking at the impact of orphanhood on education, it is important to consider not only enrolment rates, but also the quality and consistency of attendance. Anecdotal evidence also suggests that the opportunity costs^[LS1] of schooling increase, and that AIDS-related stigma in the classroom (and discrimination on the part of teachers, students and parents) can also cause children to drop out of school. Such stigma and discrimination in schools contravenes the underlying principles of Education for All, and governments must legislate against all forms of discrimination.

The research is nascent and in some cases, an overly simplistic approach has been taken in which simple correlations are made between orphanhood and enrolment. However, it is obvious that parental death is not the only factor which affects how well a child does at school. Research also needs to include the multitude of intervening factors: poverty; family size; family educational background; and supply side factors. Children's physical and psycho-social health, especially in the context of OVC, also needs to be considered when assessing children's performance in school. Thus, research which has relied on simple correlations between orphanhood and enrolment should be treated with caution.

Orphans are different from other vulnerable children in that they have lost a parent. They are grieving. Grieving is a process, and some children never stop grieving. If they are not helped to overcome this grief, it can become psychologically disabling and they are unlikely to become fully functioning members of society and the economy. For this reason orphaned children need psychosocial help, especially in cultures where adults do not talk to children about death and where children are discouraged from self-expression.

Yet orphans are not the only young people suffering because of AIDS. They are the easiest to identify, and have therefore been the recipients of the most attention. However, it is clear that parental death is only one of many difficulties which a young person will experience as AIDS impacts on his or her family. There is evidence that children whose parents have died are at a disadvantage educationally, yet it is not known how much of

this disadvantage took place before the parent died. There is a dearth of data on the educational problems faced by children whose parents are ill with AIDS. We need to know which children are at risk of becoming educationally disadvantaged, when, and why.

The educational needs of children born with HIV have also been ignored, possibly because they are seen as children without a future – and education is an investment for the future. This standpoint becomes redundant with the increasing availability of ARV^[LS2]s and the consequently rising number of paediatric HIV cases who are now reaching adulthood.

Another limitation of studies on educational disadvantage and OVCs is that the concept of education is often restricted to one of enrolment. Though enrolment is one of the most important educational indicators, education is far more complex: children may be enrolled at school but not learning because they are hungry; they may be unable to concentrate due to anxiety at home; or missing classes to look after their family. Research therefore needs to look at the spectrum of possible disadvantages these children face, including educational progression and outcome variables such as repetition, highest grade completion, learning outcomes, gender equity and the inclusivity of education.

Evidence from Zimbabwe

Research in Manicaland^[LS3] attempts to take into account some of the intervening factors discussed above, suggesting that orphanhood has an independent effect on enrolment. Further analysis of the data shows that, losing their mother has a more detrimental effect on a child's primary school completion than losing their father. It is worth noting that the UNAIDS defines an orphan as a child who has lost both parents or their mother only^[LS4], solidifying the above theory. Moreover, the research in Zimbabwe shows that the likelihood of educational disadvantage increases as time since parental death increases.

Follow-up qualitative work^[LS5] suggests that maternal orphans may be especially disadvantaged because mothers place more priority on their children's education than fathers – possibly because women's weaker property rights increase their perceived

UK working group on education and HIV/AIDS

importance in investing in their children. In addition, orphan support programmes allocate more resources for an orphan whose father has died, than one whose mother has died (again disadvantaging maternal orphans). Finally, the qualitative work suggests that when the mother dies, the father often takes on a new spouse, who is unlikely to prioritise the education of her step-children.

[TB6]

The increased need for education in the context of HIV/AIDS

The case for education is largely undisputed: 164[LS7] countries have pledged their commitment to provide universal primary education, and the rights to education have been clearly enshrined in the Convention of the Rights of the Child. In the context of HIV/AIDS, an additional argument arises: a general foundation in formal education serves as a protective barrier to HIV infection. In other words, there is a negative correlation between HIV susceptibility and education attainment.

The first research[LS8] in this area actually suggested the opposite – that more educated people showed higher HIV prevalence rates. It was argued that the higher mobility and socio-economic status of better-educated people enabled sexual encounters with a greater number and range of partners, therefore increasing their susceptibility to HIV infection. More recent studies[LS9], however, have shown that this positive correlation can subsist only as long as the epidemic is at an early stage, and that reversal in the trend occurs once infection rates expand among broader population segments. The dominant explanation for this phenomenon is that as an epidemic advances and people gain knowledge and skills, the more educated people are better able to change their behaviour, thus reducing their risk to HIV.

Evidence of this protective function that formal education can play against HIV is growing – though dogged by methodological problems in assessing causality. One of the strongest pieces of evidence comes from Zimbabwe, where 15-18-year-old girls who were still enrolled in school showed HIV prevalence

rates of 1.3%. Prevalence among girls of a similar age who had dropped out of school rose at 7.2%[LS10].

The preferred interpretation is that participation in the formal education system reduces susceptibility to HIV infection. One explanation is that participation in schooling leads to later sexual debut and lower numbers of casual sexual partners (this is backed by numerous Demographic and Health Surveys)[LS11]. The counter-argument is that girls who are already sexually active are more likely to then drop out of school.

The second explanation of how formal education may change sexual behaviour lies in increased access to information: both to HIV-related materials in school, and better access to such material later in life. A counter-argument is that education is in fact a confounder for socio-economic status: richer learners are more likely to stay in the formal education sector; they may also be in a better position of power to protect themselves from HIV infection (by avoiding situations of risk; being able to afford condoms; or having more self confidence and higher self esteem).

The research in Zimbabwe also suggests that OVCs are more likely to engage in sex at an earlier age than non-OVCs[TB12]. This evidence further suggests that maternal orphans (children whose mother has died) are more likely to become HIV-positive than any other type of orphan. If it is the case that OVCs are particularly vulnerable to HIV infection, then the argument for addressing their specific educational needs is fortified.

The educational response to OVCs

Learning lessons from the past

It is clear that we need to know more about the difficulties faced by OVCs and their corresponding spectrum of educational needs. Although there are many unknowns, we do know that OVCs face multiple disadvantages – not unlike those faced by other marginalised children. Educators have been grappling for decades with how to include marginalised children into mainstream schooling: we, therefore, should be able to respond knowledgeably to the orphan crisis with

UK working group on education and HIV/AIDS

appropriate tools developed by tackling similar issues.

Previous research and programmatic experience in responding to the education needs of marginalised children mean that we have a good base to start from in our consideration of how to support OVCs to gain better access to education. Reviewing and building upon best practice with out-of-school children in a number of different settings, the working group applied lessons learnt from attempts to include different categories of out-of-school children such as girls, gypsy children, working children, children with disabilities, migrants, refugees, and ethnic or linguistic minorities.

Implications for the educational response to OVCs

Drawing from the earlier discussion, it is clear that OVC is a nebulous concept, and that these children often face multiple disadvantages. These disadvantages may be conceptualised as a spectrum of vulnerability,

with an individual young person falling into one or more categories of vulnerability.

The table on the following pages is an attempt to capture the spectrum of vulnerability in relation to education. Because OVC is a heterogeneous category, not all of the categories will apply to every OVC. On the other hand, there will be categories of vulnerability that are not covered here.

The spectrum outlines the following:

The characteristics of OVCs which can cause educational disadvantage
The consequent negative impacts of this disadvantage
Suggested educational responses



Girls in a village near Kitwe
Corinna Witt for Cecily's Fund (www.cecilyfund.org)

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CONSEQUENCES FOR EDUCATION	OVCs ISSUES	EDUCATION RESPONSE
<ul style="list-style-type: none"> Drop out of education due to unaffordable schools fees Stigmatised because of inadequate uniform and learning materials Low attention span due to hunger 	<p style="text-align: center;">POVERTY</p>	<ul style="list-style-type: none"> Abolish school fees or provide bursaries for poor children School feeding schemes Change policies around uniforms and learning materials
<ul style="list-style-type: none"> Social exclusion: marginalisation of children affected by HIV/AIDS Negative learning environment Barriers to participation 	<p style="text-align: center;">STIGMA</p>	<ul style="list-style-type: none"> Create inclusive school policies and practices Eliminate discrimination in education and care services Pressurise authorities to recognise rights and allocate funds Encourage all learners and educators to adopt inclusivity and zero tolerance towards discrimination. Education of community and parents to combat AIDS-related stigma
<ul style="list-style-type: none"> Special educational needs Difficulty to concentrate and learn 	<p style="text-align: center;">TRAUMA</p>	<ul style="list-style-type: none"> Sensitivity training for educators to identify special needs Counselling and referral skills for educators and children Access to counsellors and educational psychologists
<ul style="list-style-type: none"> Low expectations of children Fear of infection by learners and educators Difficulties in adhering to ARV treatments due to lack of understanding 	<p style="text-align: center;">HIV-POSITIVE</p>	<ul style="list-style-type: none"> Train teachers and learners around infection, to reduce stigmatisation and ensure that necessary safety precautions are available Foster policies, practices and cultures on inclusive education Treatment education
<ul style="list-style-type: none"> Low prioritisation of education within families and society Fear of violence (including sexual violence) in the school place High demands for labour at home Household chores and responsibilities[LS13] Sexual risks[LS14] Perceived irrelevance of education 	<p style="text-align: center;">GIRLS</p>	<ul style="list-style-type: none"> Flexible, certified educational options Safety to and in school Women teachers Evening literacy classes Financial incentives for girls Life skills training Analysis of texts and content for gender stereotyping Gender-sensitive teacher training and school facilities (e.g. toilets) Community advocacy
<ul style="list-style-type: none"> Low motivation for learning due to depression and anxiety Silence surrounding death in many countries may lead to emotional problems, which in turn are likely to impact on learning 	<p style="text-align: center;">BEREAVEMENT</p>	<ul style="list-style-type: none"> Strengthen links between schools and local health and counselling providers, to ensure referral and access to bereavement counsellors when necessary Include 'coping with death' as part of school curricula

UK working group on education and HIV/AIDS

CONSEQUENCES FOR EDUCATION	OVCs ISSUES	EDUCATION RESPONSE
<ul style="list-style-type: none"> • Low educational expectations of orphans • Lower prioritisation of orphans' education over other children within the household • Lack of homework support or household encouragement of education 	LACK OF FAMILY SUPPORT	<ul style="list-style-type: none"> • Increase school-home liaison to work with families on increasing support to education • Create after-school homework clubs to provide additional support to those without families • Create mentor schemes in which vulnerable children have a mentor to provide emotional and intellectual support to their studies
<ul style="list-style-type: none"> • Tiredness during classes • Erratic school attendance • Lower learning achievement 	WORKING CHILDREN	<ul style="list-style-type: none"> • Provide flexible but sensitive educational options[LS15] that are regulated and certified • Encourage open and distance learning • Link to broader poverty reduction strategies and to the development of alternative livelihood strategies
<ul style="list-style-type: none"> • No access to schooling • Problems with authority: difficulties in adapting to mainstream education intuitions • Drug abuse 	STREET CHILDREN	<ul style="list-style-type: none"> • Link to broader poverty reduction strategies and to the development of alternative livelihood strategies • Provide flexible, certified educational options, including open and distance learning
<ul style="list-style-type: none"> • Low attention • Absenteeism • Difficulty in participating in certain school activities (e.g. sports) 	CHRONIC ILLNESS	<ul style="list-style-type: none"> • Take special consideration with respect of each school activity to ensure that less physically able children are included • Train all staff in first aid • Resource person within the school with knowledge of local healthcare providers
<ul style="list-style-type: none"> • Increased responsibilities at home reduce the amount of time available for education • Education becomes less relevant • Problems with respect and discipline in the classroom as young people become adults prematurely and consequently, expect to be treated as such 	ADULT ROLES	<ul style="list-style-type: none"> • Include more relevant and vocational courses • Acknowledge that young people are taking on different roles in the family and need educational support on how to care for sick parents or younger siblings • Nurture respect in the classroom – between learners and educators, and vice versa
<ul style="list-style-type: none"> • Denial of the right to education • Trauma • Difficulties in accessing schools • Fear of violence affects learning 	CONFLICT	<ul style="list-style-type: none"> • Prioritise the provision of education in refugee camps and areas of conflict • Ensure that place of learning is secure and not a focus for conflict • Provide flexible learning options • Provide sensitivity training for educators on how to deal with traumatised children

Three educational approaches in more detail

1) Open distance and flexible learning (ODFL)

Many schools and educators view their boundaries of responsibility as ending in the classroom. However, the rigid timetables of schools make learning problematic for a number of children affected by HIV/AIDS. There is a real need to adapt existing learning materials for delivery at a distance. This would make them available to children who are out of school, would prevent them from falling behind when they cannot attend schools and help them re-enter school. Although specific open and distance learning courses have not been designed for OVCs, lessons can be drawn from existing distance and face-to-face programmes.

For example, the 'Escuela Nueva' programme in Columbia delivers the national curriculum in modular form through the provision of learner guides for each subject. These guides enable children to learn independently and in groups in class or at home when they cannot attend school for short periods of time. When children return to school they carry on wherever they have reached in the modular guides. This form of ODFL could be especially useful for children who are caring for sick parents or younger siblings, or those who are working part-time.

Any ODFL programme should not undermine formal education efforts: on the contrary, it should form an integral part of government provision of education. Partnership with local NGOs should also be utilised, as there are financial and capacity constraints in expecting schools to reach out-of-school youth in the community. When partnering with NGOs, consideration must be made of the extent to which volunteerism should be relied upon in very poor communities. In addition, programme design should always be undertaken with the view to scaling up to the national level.

2) School feeding programmes

Anecdotal evidence suggests that OVCs are more likely to be tired and hungry at school – with the consequence of children fainting during classes. Clearly education cannot

take place under such circumstances. One solution is to provide school feeding schemes in which schools provide food for the poorest children. Although school feeding schemes can be beneficial to poor children, a number of points need to be taken into consideration to improve the chances of success:

Timing of the school feeding scheme:

In many programmes, the food is distributed at the end of the day. This reduces the potential level of impact on children: they need food at the start of the day to concentrate. Moreover, it is thought that the poorest children are not able to stay after the end of the school day because of work commitments at home, and they therefore miss out on the school feeding programme.

Nutritional value of food:

Consideration needs to be taken of the content of the school feeding scheme. For example, is the food provided through the scheme an addition to a home meal, or a replacement? The content of food programmes designed by international agencies have also been criticised for not having a high nutritional value, or for not including indigenous foods.

Sustainability:

Food schemes are often undertaken by NGOs, which leads to difficulties in sustainability and up scaling. Governments should therefore be active partners in such feeding schemes.

Stigmatisation:

Feeding schemes that specifically target poor children also label them as poor, causing inadvertent stigmatisation. Sensitivity needs to be taken to prevent poor children being stigmatised, and to ensure respect and confidentiality wherever possible.

Source of food:

Food should be sourced locally, ensuring the scheme support local income-generation work. Transporting food from outside will create greater expense, be less sustainable, less appropriate, and have less impact on the community as a whole.

3) Index for inclusion

Many of the problems faced by OVCs are linked to AIDS-related stigma and denial. Unfortunately, schools are not immune to stereotypes and in some cases may serve to exacerbate negative labeling and treatment of people with HIV. All schools should aim for inclusive education. This means minimising all barriers to learning and participation, whoever experiences them and wherever they are located within the cultures, policies and practices of a school.

Inclusive education involves:

Valuing all learners and staff equally
Restructuring the cultures, policies and practices in schools so that they respond to the diversity of learners in the locality
Learning from attempts to overcome barriers to access and participation of particular learners to make wider changes for the benefit of learners
Viewing the difference between learners as resources to support learning, and learners as problems to overcome
Acknowledging learners' rights to an education in their locality
Improving schools for staff as well as for learners

One approach for obtaining inclusive education is known as the index for inclusion, which is a set of materials to guide schools through a process of inclusive school development. It aims to build supportive communities and foster high achievement in all staff and learners.

The process of working with the index is itself designed to contribute to the inclusive development of schools. It encourages staff to share and build upon their existing knowledge about what impedes learning and participation. It assists them in a detailed examination of the possibilities for increasing learning and

participation for all their learners in all aspects of their school.

It is not seen as an additional initiative for schools, but as a systematic way of engaging in school development planning, setting priorities for change, implementing developments and reviewing^[LS16].

Many barriers to learning and participation reside within contexts over which schools have little control. The most powerful obstacles to achievement remain those associated with poverty and its related stresses. Nevertheless, schools can and do change. They can radically affect the educational experiences of learners and staff, by developing cultures in which everyone is respected, and where policies and practices support all learners to be engaged in learning, to participate with others and to achieve highly.

Conclusions & recommendations

The AIDS epidemic has thrown up new and difficult challenges for the education community. Children affected or infected by the epidemic – known as OVCs – face a spectrum of vulnerabilities. The risk to their education and future well-being is immediate, and yet there are still many unknowns. Multi-dimensional research is urgently needed to explore which children are at risk, when they are most vulnerable, and why.

There will never be one answer: the children affected by the AIDS epidemic are too diverse for that. However, it is possible to identify a spectrum of vulnerability in which to place individual children or sub-groups of children. In order to do this, lessons must be learnt from the past: the many initiatives for out-of-school or marginalised youth should be assessed with respect to their applicability to the current AIDS crisis. This paper discussed three important approaches: open and distance learning; school feeding schemes; and the index for inclusive education.

For any of these strategies to work, the following are also necessary:

- A specific understanding of the group of children and a detailed analysis of their situation at home and in their community**
- The participation of the affected group of children in determining their needs and defining appropriate responses**
- The involvement of parents, caregivers and the community**
- The full engagement of the ministry of education in developing responsive systems for children and teachers**

The urgency of this challenge is not only to fulfil the right of all children to education, but also to help shield a generation of children – already damaged by the epidemic – from the further misery that HIV can bring.

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Education for all (EFA) will not be achieved unless we, the international education community, recognise the HIV/AIDS epidemic to be a global emergency and react accordingly.

The working group on education and HIV/AIDS consists primarily of UK-based researchers, practitioners and policy makers working in the fields of education and reproductive health. The group provides an informal opportunity for UK-based partners to discuss and build upon research on the interfaces between education and HIV/AIDS.

The purpose of the working group is threefold. First, it aims to build upon current research. Second, it aims to engage people working on education at all levels to prioritise HIV/AIDS as an issue that should not be ignored. And finally, to strengthen links between education and HIV/AIDS networks.

This paper summarises discussions from the second meeting of the working group, chaired by Alan Whiteside.

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For more information:

<http://www.aidsconsortium.org.uk/Education/educationworkinggroup.html>

Or contact Tania Boler: Tboler@actionaid.org.uk

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of people who are
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ActionAid UK
Hamlyn House
Macdonald Road
London N19 5PG
United Kingdom

E-Mail
mail@actionaid.org.uk

Website
www.actionaid.org.uk

Telephone
+44 (0)20 7561 7561

Fax
+44 (0)20 7272 0899

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Registered charity
No 213890

Save the Children
1 St. Johns Lane
London
EC1M 4AR

Website
www.savethechildren.org.uk

Telephone
+44 (0)20 7012 6400

Fax
+44 (0)20 7012 6963