SOFIE Opening Up Access Series No 1

Access to conventional schooling for children and young people affected by HIV and AIDS in sub-Saharan Africa: A cross-national review of recent research evidence

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SOFIE is a three year Research Project supported by the UK Department for International Development (DFID) and the Economic and Social Science Research Council (ESRC). Its purpose is to strengthen open, distance and flexible learning (ODFL) systems and structures to increase access to education for young people living in high HIV prevalence areas in Malawi and Lesotho. It seeks to achieve this through developing a new, more flexible model of education that uses ODFL to complement and enrich conventional schooling. It also seeks to encourage application of the new knowledge generated through effective communication to development agencies, governments, development professionals, non-governmental organisations and other interested stakeholders.

Access to education and learning is being viewed as a 'social vaccine' for HIV but in high prevalence areas orphans and other vulnerable children are frequently unable to go to school regularly and are thus being deprived of the very thing they need to help protect themselves from infection. In this context sustained access is critical to long term improvements in risk and vulnerability and it requires new models of education to be developed and tested.

The partners

The research team is led from the Department of Education and International Development, Institute of Education, University of London and the research is being developed collaboratively with partners in sub-Saharan Africa.

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Abstract

This paper examines the evidence on access to conventional schooling for children and young people affected by HIV and AIDS in sub-Saharan Africa and makes recommendations for the further development of the SOFIE Project. The findings reveal the highly complex and context specific nature of the educational impact. In some areas broad adaptive capacities are emerging that may enable households to support a larger number of orphans whilst in other areas households are reaching the limits of their capacity to cope. In HIV-stressed households children have reduced educational access and attainment and maternal orphans are a particularly disadvantaged group in terms of schooling, even relative to other poor children. At the same time schools in high HIV prevalence areas are increasingly challenged to meet the educational and emotional needs of the children who walk in through their door and are unlikely to reach out to the young people who cannot attend regularly.

The findings imply that there is a need for educational reform to move away from the 'one size fits all' view of conventional schooling and to think creatively, 'out of the box' to develop alternative, more open and flexible, models of educational delivery and support. It is argued that such models could play a useful role in facilitating educational reform by sharing the burden faced by schools and helping to integrate responses to learners' needs more effectively and suggestions for alternative models are put forward.

The review concludes that, given the highly variable and context specific nature of the educational impact of HIV and AIDS, detailed case studies and well evaluated interventions are needed in specific social and cultural contexts to inform effective policy recommendations and practice.

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List of abbreviations

AIDS   Acquired Immune Deficiency Syndrome
ACEM Association of Christian Educators in Malawi
ART   Anti-Retroviral Treatment
CBEP Complementary Basic Education Programme
CRC   Convention on the Rights of the Child
DFID   Department for International Development (UK Government)
DHS   Demographic Household Survey
EFA   Education for All
EMIS   Education Monitoring Information System
ESRC Economic and Social Science Research Council
FAO   Food and Agriculture Organisation
HIV   Human Immunodeficiency Virus
IFSW   International Federation of Social Workers
HIS   Integrated household survey
IRIN   UN Office for the Coordination of Humanitarian Affairs
MDG   Millennium Development Goals
MOE   Ministry of Education
MTCT Mother to child transmission
ODFL   Open Distance and Flexible Learning
OVC   Orphans and other vulnerable children
SSA   Sub-Saharan Africa
UK   United Kingdom
UN   United Nations

1. Introduction

1.1 Problem statement and purpose

In sub-Saharan Africa (SSA) AIDS is recognised to be a threat to national development. It strongly challenges the ability of the education sector to meet the Millennium Development Goals (MDGs) and schools are facing teacher shortages and rapidly increasing numbers of AIDS orphans and other vulnerable children. An estimated 15.7 million children in SSA will have lost at least one parent due to AIDS by 2010 (UNICEF, 2006a) and there are already more than half a million AIDS orphans in Malawi and 100,000 in Lesotho with numbers continuing to rise for many years to come (UNICEF, 2007).

Despite efforts to strengthen education systems there is increasing evidence that not enough is yet being done (Kendall and O'Gara, 2007, Bennell, 2003, Family Health International, 2003). In Lesotho and Malawi, for example, the orphan school attendance ratio[1] of 93 and 95 respectively (UNICEF, 2007) reveal that large numbers of orphans are missing out on education now, which increases their risk of HIV infection. The Global Campaign for Education has estimated that around 700,000 annual cases of HIV in young adults could be prevented if all children received a complete primary education and the economic impact of the pandemic could be greatly reduced (GCE, 2004).

Current efforts to accelerate the education sector response to HIV/AIDS in SSA mainly focus on how to shore up the education system and continue 'business as usual' in the face of the challenges presented (Carr-Hill et al., 2002). A powerful argument can be made that this approach is unlikely to succeed where affected children may not be able to attend school regularly and that new more effective models of schooling should be developed (Badcock-Walters et al., 2003, Crewe, 2004, Bennell, 2005a, Boler and Carroll, 2005, Nyabanyaba and Letete, 2007). Ministries of Education in some countries are now becoming aware of this need:

> As deaths from HIV and AIDS cause the number of orphaned children to increase drastically, action must be taken to protect their right to schooling and education. It will, therefore be necessary to create alternative pathways to learning that meet *needs and* requirements of these children (Government of Malawi, (undated)).

The purpose of this paper is to address this need in two ways. Firstly, by reviewing evidence from recent, well-designed studies to build up a holistic picture of the impact of HIV and AIDS on access to conventional schooling for affected children and young people in SSA. Secondly, by considering how open, distance and flexible learning (ODFL) strategies and structures could be used to overcome the barriers to learning and develop a more effective, flexible model of schooling to complement conventional schooling in high HIV prevalence areas. A third purpose of this paper is to inform the development of the SOFIE Project in which case studies will subsequently be carried out in Malawi and Lesotho to further identify barriers to education access that can be addressed through more open and flexible models of schooling. The models will then be trialed and evaluated.

1.2 Method

A systematic, step-by-step, approach was taken to searching the literature as follows:

Step 1   A search was conducted to identify peer reviewed journal article published from 2005 onwards on the Education Resources Information Centre (ERIC) database using the following string of keywords in stages: (HIV or AIDS) and (developing

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[1] Defined as the percentage of double orphans (10-17 years) that are currently attending school as a percentage of non-orphaned children of the same age who live with at least one parent and are attending school.

countries or Africa or Lesotho or Malawi) and (households or orphans or vulnerable children) and (education or schools or school or schooling)

Step 2 Similar searches were conducted of the PubMed, Popline and Social Sciences Citations Index (SSCI) databases using the same string of keywords.

Step 3 Searches were conducted on the web pages of key international development agencies – UNICEF, UNESCO, UNAIDS, WHO, World Bank.

Step 4 Personal communication was made with key people in the line ministries, development agencies and NGOs during a field visit to Lesotho and Malawi in April 2007 to collect further literature.

Step 5 Key references cited in the literature collected were followed up.

Step 6 The whole database was then carefully scrutinised and references published in English that met the following criteria were entered into the Endnote bibliography.

  (i)   Recent summaries and meta-analyses of the evidence base.
  (ii)   Well-designed, individual studies from DFID priority countries in Africa, including Malawi and Lesotho.
  (iii) The most recent statistical data and consensual views from the international development agencies.

The bibliography includes scientific papers published in peer-reviewed journals, international development agency and NGO reports, government documents, and books.

The selected references were carefully scrutinised again and two major categories of factors, family/household level and school level were identified within which there were a number of related and over-lapping themes as shown in section 1.4.

1.3 Defining key terms

Terms such as 'access', 'child', 'orphan', 'youth', 'vulnerable children', are subject to a variety of different meanings and vary across communities and contexts. For the purpose of this paper the following working definitions will be used.

The term access to education or schooling is used to refer to secure enrolment and regular attendance resulting in learning that enables the child to progress through the grades at the appropriate age.

A child is defined as a boy or girl under the age of 18 years, following the definition given in the UN Convention on the Rights of the Child (CRC) (UNICEF, 1989). An orphan is defined as a child who has lost one or both parents under the age of 18 years and this includes both single (maternal or paternal orphans) who have lost one parent and double orphans who have lost both of their parents. This is a widely used definition and is the definition set out in the Malawi National Task Force on orphans (1996). The term 'youth' and 'young people' are used interchangeably to refer to young men and women between the ages of 15 and 25 years.

A vulnerable child is defined as a boy or girl considered by their teacher or other community members to be most at risk of social, emotional, economic and health problems because of the circumstances in which they are living. Children may be deemed vulnerable if they are orphans or live with disabled, chronically or terminally ill parents or live in households that have already expanded as a result of taking in other children, or have been abandoned by their parents or abused. Whilst adopting this definition, there is a need to acknowledge that not all these children will be living in especially difficult circumstances and to recognise the agency of those who are but who challenge the notion of vulnerability in different ways.

The term fostering is used to refer to situations where a child has been taken in by a household that is not part of their extended family. Fostering may be arranged officially through an agency or take place spontaneously without outside intervention.

The term social cohesion, in the present context, refers to the solidarity and willingness of communities to work cooperatively to address the needs of orphans and other vulnerable children and HIV/AIDS issues. Building social cohesion is an ongoing process towards developing a community of shared values, shared challenges and equal opportunities based on a sense of trust, hope and reciprocity among all community members.

1.4 Organisation

This review paper is organised into three further sections in line with the categories and themes identified in the literature that can reduce access to schooling in high HIV prevalence areas in SSA. The first section analyses the literature on family and household level factors:

1. Childhood malnutrition and infection.

2. Changing patterns of household organisation and increased child migration.

3. Parental illhealth and death, increased poverty and demand for child labour.

4. Family scepticism and intra-household discrimination against orphans.

5. Trauma, child abuse and unplanned pregnancy.

6. Loss of social cohesion.

The second section analyses the literature on school-level factors:

1. Lack of support for the special educational needs of HIV-affected children.

2. Gender based violence, stigma and discrimination.

3. Reduced supply and quality of education.

In the third and final section, the implications from the analyses are drawn out in relation to the design of the case study and intervention work that the project will conduct in Malawi and Lesotho to develop, implement and evaluate an intervention that aims to strengthen ODFL systems and structures and increase educational access and attainment.

2. Household/family level barriers to education

Under conditions of poverty children and young people in high HIV prevalence areas are frequently subjected to adverse conditions that can be cumulative and endure over time leading to educational exclusion. Exclusion may take the form of late or no enrolment, poor attendance and inability to concentrate due to the psychosocial impact of HIV and AIDS. These adverse conditions are many and varied. They include: shocks from malnutrition and infection, constantly changing household organisation and child migration, increased poverty and demand for child labour, family skepticism and intra-household discrimination against orphans, trauma, stress, child abuse and unplanned pregnancy and loss of social cohesion.

2.1 Childhood malnutrition and infection

A recent review of evidence for the impact of health on educational access and attainment by Pridmore (2007) pointed out that without access to inexpensive anti-retroviral drugs to prevent mother-to-child transmission about 30 percent of infants born to HIV positive mothers become infected with HIV in utero or through breastfeeding. In the absence of anti-retroviral therapy (ART) the vast majority (about 90 percent) of these children fail to thrive

and die before they reach school-age. Those who survive have reduced attendance and increased drop out as they become progressively ill with AIDS-related health problems. However, as Boler and Caroll (2005) point out, the wider availability of ART has resulted in more paediatric HIV cases reaching adulthood and the educational needs of children born with HIV, which have previously been ignored, now need to be urgently addressed.

Although lack of adequate child protection leading to sexual abuse, especially of orphans and other vulnerable children, is of growing concern, relatively few children are infected in the lower primary school grades. During the upper primary and secondary school-age years, however, young people are becoming sexually active and in SSA prevalence rates rise sharply, especially amongst women and girls. For example, in 2005 HIV prevalence figures for 15-25 year olds in Malawi were 9.6 percent for women and 3.4 percent for men and in Lesotho 14.1 percent for women and 5.9 percent for men (UNICEF, 2007).

Children who are not infected at birth but live in disadvantaged communities (where they are challenged by malnutrition, heavily burdened with parasites especially worms, and endemic infectious diseases such as tuberculosis and where they lack access to medical care) have been to shown to have increased vulnerability to HIV infection and increased viral load (Pharoah, 2004, Foster, 2006, Stillwater, 2006). Stillwater points out that given current knowledge of what interventions are needed to reduce the disease burden it is a scandal that so much human suffering results from the failure to allocate adequate resources to these human needs and to challenge oppressive systems (Stillwater, 2006).

A study using school survey data from Malawi, Uganda and Botswana found that in all three countries over half of all absences from school were due to children being ill. This was of particular concern in Malawi and Uganda where absenteeism rates are very high although there was no evidence that orphans are ill more often than non orphans (Bennell, 2005b). A recent study in Uganda, however, has found evidence that although a programme of Universal Primary Education has increased foster children's access to schooling new inequalities have emerged in their access to health services. The researchers argue that the policy response to orphanhood in many African countries has remained piecemeal and they use data from existing programs to estimate the cost of a concerted policy response (Deininger et al., 2003).

A further pathway to reduced educational access and attainment in high HIV prevalence communities is through the link between orphanhood and stunting[2] caused by mild chronic undernutrition. Some orphans are reported to perceive that they are given less or poorer-quality food than the biological children of their carers (Urassa et al., 1997). This perception is supported by findings from other studies that have found stunting to be significantly higher among orphans than other children, even if other factors are controlled for (Ainsworth and Semali, 2000). This gives cause for concern because stunting in the early years is linked in poor families to late enrolment (especially for girls) and to later deficits in cognitive ability (Mendez and Adair, 1999, Deininger et al., 2003). Even where orphans are not treated inequitably they may be undernourished along with the other members in their family due to the impact of AIDS on family food production. Reduced food production has been shown to be greatest when the father falls sick because female family members are expected to care for him and, consequently, female labour is reduced and less food and cash crops are produced. When a woman is sick and later dies, however, the effect on male labour and food security is not as great because males are not caregivers (Thangata et al., 2007).

This brief review has shown how malnutrition and infection can reduce educational access in ways that call for a range of school and community based interventions. Current interventions include (i) anti-retroviral treatment (ART) to reduce MTCT of HIV and keep infected children healthy for longer (ii) routine de-worming, (iii) supplementary feeding, food

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[2] Low height for age

for education (iii) direct cash transfers and (iv) skills-based, critical, HIV prevention education (See Pridmore, 2007).

2.2 Changing patterns of household organisation and increased child migration

The movement of family members between households in SSA is not new, households have long been characterised by a high level of social fluidity and high mobility of members. Adult members migrate to find work and to be with spouses who migrate for work. Children migrate in response to the changing circumstances and needs of families, to stay with their parents or to live with other relatives and access care and schooling. What is new, however, is that HIV and AIDS have greatly increased the migration of children between households where families use it as a coping strategy to mitigate the impacts of adverse events such as the death of an adult family member. Increased patterns of child care inevitably increase stress levels in newly formed households (Mann, 2002) and, as Hosegood et al. (2007) note, this increased fluidity has resulted in the phenomenon of 'stretched' households within which the situation of orphans is very complex and highly heterogeneous.

Two linked studies from high HIV prevalence areas of KwaZulu, Natal in South Africa serve to illustrate the complexity and dynamic nature of family restructuring and child migration. The first study analysed household and membership longitudinal data from the Africa Centre Demographic Information System (ACDIS), collected in January 2000 and followed up one year later on 10,490 households. This study found that households that experienced an adult AIDS death were three times more likely to have dissolved by the end of the year than other households. The death of the mother was associated with a two-fold risk of migration and the risk was only slightly lower in children whose father died. This is important because migration and death of children were found to be strongly related; children who died in 2000 were 78.9 percent more likely to have migrated prior to their death than those who survived. Child migration was also found to be strongly associated with both parental mortality and migration. Households headed by women were much more likely to dissolve, migrate or experience an adult AIDS death that those headed by men and consequently children in female-headed households were significantly more mobile than those in male-headed households. A further finding from this study was that child-headed household was a poor indicator of potentially vulnerable children because many children were living alone during the week whilst the adult household members were away working. However, the short follow-up period of one year was a limitation of this study and the researchers called for more research on co-residency, carers and support from neighbours (Hosegood and Ford, 2003)[3] .

Hosegood et al. (2007) then conducted a follow-on ethnographic study of 20 households directly affected by HIV and AIDS in the same area between 2002 and 2004. The researchers comment that several reviews have noted the limited ability of impact studies with short follow up periods to identify the full array of social and economic effects of ill-health and death. This study therefore had a longer follow up period to enable multiple events within a household over time to be explicitly captured. The findings from a sub-set of 12 of the households studied showed that experience of HIV and AIDS is cumulative with many households facing multiple episodes of HIV-related illness and AIDS deaths. Household dissolution, or children being taken out of school or sent to live with other households was found to be the final culmination of a series of AIDS and non-AIDS episodes of illness and death occurring within and outside the household and consequently,

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[3] These findings are important for the SOFIE Project study because in Malawi both single and double orphans are more likely to be found in female-headed households than male-headed households Yamano, T., Yasuharu, S. & Sserunkuuma, D. (2006) Living arrangements and Schooling of Orphaned Children and Adolescents in Uganda. Economic Development and Cultural Change, 54, 833-856. and in both Malawi and Lesotho the reported prevalence of child-headed households is low Monasch, R. & Boerma, J. (2004). Orphanhood and childcare patterns in sub-Saharan Africa: an analysis of national surveys from 40 countries. AIDS 18, S55-65.

questionnaire-based household surveys that only collect data on household members are limited. They endorse a call by Russell (2005) for greater use of case studies to capture household experiences and responses more holistically.

These calls have been met by a detailed case study from Malawi that examined the further complexity introduced into child migration by traditional patterns of inheritance. The study found that in matrilineal communities the children belong to the mother and upon her death go to her relatives whereas in patrilineal communities they belong to the father and upon his death go to his relatives. In both communities it is the dead parent's brothers who decide who the children are to stay with and who preside over property sharing. One disadvantage of patriliny is that many children who lose a parent though death become 'virtual' double orphans because traditions of patrilineage may dictate that paternal orphans remain with the paternal relatives rather than with their mothers; remarriage and migration among widows and widowers may also result in the separation of children from their surviving parent (Case et al., 2004). Traditions of patrilineage are also widespread in Lesotho.

Patterns of orphans care practices are also influenced by a wide range of other strategies. In Malawi, for example, a study of 73 programs caring for over 100,000 vulnerable and orphaned children found that although the majority of AIDS affected children were still living within the extended family, other strategies adopted to provide child care included community-based orphan care, institutional and residential care and self-care (child-headed households). Programmes supporting community based care commonly had a centre where children received supplemental care, pre-school education in the morning, a meal when food was available, and activities for primary school children in the afternoon including skills training. To reduce stigma most of these centres were open to all children in the village and staffed by volunteer teachers with a high level of support from community volunteers. Residential care, known as children's homes or children's villages, sought to provide a home environment for children that had no relatives capable of raising them. One project visited focused solely on orphan-headed households although community based orphan care programmes often included provision for child-headed households. The researchers note that the emergence of child-headed households is an indication that the extended family is under pressure and that these families are in crisis and need long term support (Beard, 2005).

It is clear from these studies that in response to the huge threat posed by the AIDS epidemic alternative forms of social organisation and new social relationship patterns, with broad adaptive capacities, are emerging that may be able to support a larger number of orphans. The adaptive capacity of households and communities partly explains why, according to some reports, surprisingly few children as yet live in environments where they find themselves completely without the support that extended families have traditionally provided (Monasch and Boerma, 2004, Pharoah, 2004).

2.3 Parental ill health and death, increased poverty and demand for child labour

Given that HIV/AIDS is acknowledged to be a key development issue facing SSA surprisingly little systematic empirical research has estimated the impact of parent death on children's education. Evans and Miguel (2007) discuss the methodological difficulties of estimating the impact of parent death on child schooling pointing out the weaknesses of many of the earlier studies and of cross-sectional studies and the difficulties of tracking respondents through time in longitudinal studies. Many early studies suffer from methodological weaknesses and longitudinal studies are expensive and difficult to carry out due to problems of tracking index individuals over time. Several studies have yielded conflicting results. Consequently a range of views currently persists regarding the likely impacts. The evidence will be reviewed below.

A retrospective population-based cohort study from Karonga District in Northern Malawi identified 197 HIV-positive and 396 HIV-negative index individuals from population based

surveys in the 1980s and followed them up together with their spouses and children in 1998-2000. Around 50 percent of children living apart from both parents had a grandparent as their primary carer and for the rest the carer was an aunt, uncle or sibling. There were no child-headed households. Almost all children aged 6-14 years were attending primary school and there was no evidence that parental HIV affected primary school attainment amongst children under 15 years. Children of HIV-positive parents were less likely to have attended secondary school and the researchers called for interventions to facilitate secondary school attendance. (Floyd et al., 2007) These findings support those of some earlier studies. For example, Ainsworth et al. (2005) found minimal impacts of death on parental death on schooling in Tanzania and this finding has sometimes been attributed to the ability of the extended family to support orphans.

The majority of recent studies, however, present different findings. UNAIDS (2006) presents evidence from Demographic and Health Survey (DHS) data from 31 countries in SSA showing that children aged 10-14 years who had lost both their parents were less likely to be in school that their peers who were living with only one parent. Many other studies also provide support for a negative impact on schooling and suggest that following the death of a parent, children, especially girls, often take on caring roles that disrupt household routines and force many to leave school or attend it erratically (Bicego et al., 2003, Poulsen, 2006, Rispel et al., 2006).

In some studies, however, overly simplistic correlations have been made between orphanhood and school enrolment which fail to acknowledge the very complex and country specific nature of the relationship and the need to consider progression and attainment as well as enrolment. A study by Bennell (2005b) draws on data from school surveys in Uganda, Malawi and Botswana to illuminate some of the complexities. The findings showed that in Botswana orphans attended school even more regularly than non-orphans (but school attendance rates for all children are very high). In Malawi and Uganda, where overall attendance rates are low, only female paternal and double orphans had significantly (i.e. more than 20 percent) higher absenteeism rates than non-orphans. Grade repetition rates in Botswana were higher among maternal orphans, in Malawi they were higher amongst male orphans and only slightly higher among female paternal and maternal orphans and in Uganda they were again lower for maternal and double orphans but higher among paternal orphans. In all three countries all orphans, and double orphans in particular, were more likely to interrupt their schooling than non-orphans. Grade repetition has been receiving much current attention in Malawi where it has been reported[4] that most teachers are against grade repetition in the early primary grades and where repeaters are at a disadvantage because 75 percent of places in secondary school are kept for non-repeaters.

A particularly robust study in Uganda analysed a relatively long panel data set consisting of the 1992 Integrated Household Survey (IHS) and the 1999/2000 Uganda National Household Survey (UNHS) and the findings supported those of Bennell (2005b). The findings showed that female orphans aged 15-18 years, who were not living with their remaining parent, were significantly less likely to be enrolled in secondary school and exhibited slow progress in grade school advancement which made it more difficult for them to find non-farm employment. Among children aged 7-14 years, however, they did not find any differences in school enrolment between orphans and non-orphans and it is suggested that this may be due to the introduction of Universal Primary Education or to support systems within the extended family structures (Yamano et al., 2006).

A study using DHS data from Zimbabwe, Kenya, Tanzania, Ghana, and Niger found that although all orphans were less likely than non-orphans to be at their proper educational level, the effect was stronger at younger ages (age 6–10 years) than older ages (11–14 years). Double orphans were at particular disadvantage but the loss of a mother appeared to

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[4] Data from interview with Ken Warren, Head of Education, UNICEF, Lilongwe, April 2007

be more detrimental than loss of a father with regard to educational attainment (Bicego et al., 2003). The importance of the mother to a child's education is also demonstrated in a study from rural Zimbabwe using a combination of quantitative and qualitative data. The findings showed maternal orphans had lower primary school completion rates than non-orphans due to lack of support from fathers and stepmothers and ineligibility for welfare assistance due to residence in higher socio-economic status households. These effects were particularly offset by increased assistance from maternal relatives. The sustained high levels of primary school completion amongst paternal and double orphans, particularly for girls, resulted from increased residence in female-headed households and greater access to external resources. They concluded that programmes should assist maternal orphans and support women's efforts by reinforcing the roles of extended families and local communities, and by facilitating greater self-sufficiency (Nyamukapa and Gregson, 2005).

Robust evidence to link maternal death to poor child schooling outcomes is also presented by a study in South Africa that analysed longitudinal data from a demographic surveillance area (DSA) in KwaZulu-Natal. The study found that the loss of a child's mother was a strong predictor of poor schooling outcomes. Maternal orphans were significantly less likely to be enrolled in school and had completed significantly fewer years of schooling, conditional on age, than children whose mothers were alive. The researchers use the timing of mothers' deaths relative to children's educational shortfalls to argue that mothers' deaths have a causal effect on children's education and that the effect is cumulative. There was no evidence for female orphans being at particular risk, however, living with a female pensioner, but not a male pensioner, offsets the negative educational effects of being an orphan. They suggest that dropping behind was due to the loss of the mother as gatekeeper for children's education or to scarring caused by the trauma of mother's death making children less ready for school. The loss of a child's father was found to be a significant correlate of poor household socioeconomic status. The researchers use evidence from the South African 2001 Census to suggest that the estimated effects of maternal deaths on children's outcomes in the Africa Centre DSA reflect the reality for orphans throughout South Africa (Case and Ardington, 2006).

Evans and Miguel (2007) report the findings from a robust, longitudinal study of children in 75 schools in rural Kenya between 1998 and 2002 that estimated the impact of parent death on primary school participation using an unusual five-year panel data set of over 20,000 Kenyan children. The findings showed a substantial and highly statistically significant negative impact of parental death on primary school participation and a smaller drop before the death (presumably due to pre-death morbidity). Impacts are more than twice as large for maternal deaths (at 9 percentage points) than paternal deaths (at 4 percentage points). Most of the difference was due to a sharp drop in school participation amongst children in the two years before their mother dies. The researchers suggest that these findings imply that encouragement and income provided by (healthy) mothers is more important, on average, in determining child schooling participation than that provided by fathers. The disruption caused by fostering may also account for part of the large maternal death effect. Children under 12 years of age were found to be more likely to drop out than older children but girls were no more likely than boys to experience decreased participation following a parent death. A striking finding was that children with lower baseline (pre-death) academic test scores experience significantly larger decreases in school participation after a parent death than children with high test scores suggesting that households decide to use their increasingly scarce resources after a parent death on the more academically promising students. The researchers stress, however, that although many adult deaths recorded in their study are likely to be due to AIDS they did not have data on HIV status and cannot therefore test whether AIDS orphans fare differently from other orphans, for example because of stigma.

Given that the overwhelming majority of those who are infected and affected by HIV in high prevalence countries are already living in poverty it is not surprising to find children whose

parents or main carers fall sick and die are frequently removed from school to take care of failing family members, or forced to work in order to bring extra income into the household (UNAIDS, 2006). However, the study by Bennell (2005b) cited above illustrates again how this finding plays out differently in different countries. The findings showed that in Malawi the higher school absenteeism rates for female orphans following the death of the mother appeared to be due to an increase in household demand for female child labour. In Uganda, however, it was the loss of the father that increased the demand for child labour. Illness in the family was only a major reason for absenteeism in double orphans in Uganda. The findings from focus group discussions with orphans in Malawi (where Primary schooling is free) also indicated that lack of appropriate clothing and money to buy detergent for washing clothes, as well as food and other basic need were main reasons why they missed out on schooling.

Loss of schooling cannot, however, be accounted for solely by poverty. A multivariate analysis of data from nationally representative household surveys conducted between 1992 and 2003 from 51 countries (including countries in sub-Saharan Africa, Latin America, the Caribbean and Asia) found that, after controlling for economic status, the countries most affected by the AIDS epidemic still had among the lowest enrolment rates in the world and that orphans of primary school age were statistically less likely to be enrolled than non-orphans albeit with wide enrolment difference ranges between countries. All categories of orphans in Malawi were found to have statistically significantly lower school enrolment in 1992 but this deficit had substantially reduced by 2000 although it remained significant at a 6 percentage point deficit among maternal orphans. For most countries the economic gap in the enrolment between the lower 20 and the upper 20 was significantly larger than the orphan gap but the gender gap in enrolment between female and male orphans was not much different than the gap between girls and boys with living parents, suggesting that female orphans are not disproportionately affected in terms of their enrolment. The researchers note that when orphan enrolment gaps remain after controlling for economic status, it is unlikely that these gaps are economically motivated. They argue against purely economic interventions as a means to close the gap and for policies and programmes that aim to improve the welfare of all children in the poorest households to avoid creating incentives to redistribute orphans in ways that may adversely affect their welfare. They call for more research on the reasons why differences in enrolment among orphans and non-orphans persist, when they do, and pilot field tests of alternative mitigation measures. They also identify as a research priority the need to document the dynamic impacts of HIV on affected children before a parent dies (Ainsworth and Filmer, 2006). This need has also been identified by Boler and Caroll (2005) who call for research to find out how much of the educational disadvantage that an orphan can face has already taken place before their parent died.

A recent analysis of budgetary provision for education in Lesotho identified a need for more targeted support to help decrease the high levels of student drop out. The researchers argued that the MOE should consider flexible primary education and non-formal education in order to cater for rural boys who have to undertake economic activities such as herding cattle. The researchers stressed the need for social welfare programmes to address the constant interruptions to the schooling of growing numbers of girl-learners who are dropping out of higher primary and secondary schools as a result of increasing poverty and HIV/AIDS to become domestic workers and to care for sick family members (Nyabanyaba and Letete, 2007).

2.4 Family skepticism and intra-household discrimination against orphans

Rispel et al. (2006) contend that some families in SSA, particularly when facing the challenges of HIV and AIDS, doubt the usefulness and importance of education to their children's future. Hepburn (2004) endorses this view and identifies family skepticism regarding the value of primary education as an important obstacle to educational access. A

literature review by Pridmore (2007) also identified the need to find out more about how parental attitudes to the education of their boy and girl children influence decision making on school enrolment at the household level.

Further evidence of intrahousehold discrimination comes from a meta analysis of data from 19 DHS studies conducted in 10 countries in SSA between 1992 and 2000. The findings showed a statistically significant lower enrolment of orphans compared to non-orphans with whom they lived even after household characteristics were controlled. The lower enrolment of orphans was therefore not accounted for solely by their poverty. Although the overall lower enrolment for orphans was equally severe for boys as for girls this differed between countries. In 1992 in Malawi 200 girls were at a significantly greater risk of not being enrolled in schools. Outcomes for orphans were found to depend on the relatedness of orphans to their household head and the lower enrolment of orphans was largely explained by the greater tendency of orphans to live with distant relatives or unrelated caregivers (Case et al., 2004). Although Evans and Miguel (2007) point out that there were weakness in the study design used by Case et al. which may have lead to omitted variable bias, a subsequent study by Case and Ardington (2006) also found evidence of intrahousehold discrimination in South Africa. Not only was less money spent on maternal orphans' education, on average, conditional on school enrolment but children whose mothers' had died appeared to be at an educational disadvantage when compared with the non-orphaned children with whom they lived. The death of a child's father did not show negative effects on schooling.

The researchers in both of these studies note that their findings differ from those of previous studies that identify poverty as the main cause of poor educational access and call for policies to increase living standards and educational attainment of all children in areas where orphanhood is prevalent. The researchers imply that the findings from their studies call for a more nuanced approach to address the lower within-household enrolment of orphans. They argue that if there is intrahousehold discrimination against orphans then policies are needed that reduce the price of investments in orphans relative to nonorphans, for example through educational subsidies or nontransferable vouchers for schooling earmarked for orphans. Policies that are aimed at keeping orphans with close kin may be beneficial but we need to know more about the processes that determine orphans' living arrangements. The researchers concluded that cash transfers to orphan's caregivers are unlikely to close the gap in school attainment because orphans suffer relative to the non-orphaned children with whom they live, and orphans in wealthy households are also at risk for educational deficits. They contend that in-kind educational transfers to orphans, such as waiving school fees and subsidising school uniforms) merit consideration as long as they are provided through a central fund that do not deplete local school resources. Countries such as Lesotho have taken up this option and the MOE has received money from the Global Fund for OVC bursaries.

A rapid needs assessment of orphans and other vulnerable children carried out in Makhotlong and Qacha's Nek, Lesotho (Hensley and Mokitimi, 2006) also identified intrahousehold discrimination as a barrier to educational access. Children and teachers in two primary schools and one secondary school in each area were interviewed as well as church leaders, NGO workers, government departments, and UN organisations. The study found that the most common problems faced by these children were limited educational opportunities and poor quality education, food insecurity, and the inadequacy of available care and support leading to child abuse. Single and double orphans accounted for an average of 35 percent of students enrolled in the schools visited. In one school that had a complete list single and double orphans and vulnerable children accounted for 50 percent of 2005 school enrolment. They identify barriers to education access as being (i) economic due to the inability of parents or guardians to provide uniforms or shoes or to pay secondary school fees and (ii) social because children were being required to work or otherwise contribute to household's immediate livelihood needs, caring for sick parents/adults and animals, early pregnancy and/or marriage, and guardians who either neglect or refuse to let

orphans and vulnerable children attend school regarding them as 'lesser' members of the household. However the needs of these children were clearly embedded in and not separate from the needs of their communities (in relation to access to ART, provision of home-based care, HIV prevention education, income generation and poverty alleviation, improving food security and reinforcing social cohesion) and need to be addressed through integrated comprehensive programming with stigma and discrimination being treated as a cross-cutting theme. To improve educational opportunities for these children this study recommended support for income generating activities, expansion of the 'cluster school' model, support for schools in their efforts to maintain an accurate, up-to-date register of orphans and other vulnerable children and sensitisation of communities on the importance of education, child rights and child abuse issues (Hensley and Mokitimi, 2006). However, in Lesotho the issue needs a broad focus because poor perceptions by parents about the value of education are widespread and do not only affect orphans (Nyabanyaba and Letete, 2007).

The need to strengthen household support for HIV-affected children's education has been recognised by the Forum for Women's Education in Malawi (FAWEMA). This NGO is developing and supporting Malawi mothers groups in primary schools and two secondary schools. They use a manual to train ten mothers in each school together with the school head, a member of the school management committee and two community leaders (all male if possible to get more of a gender balance) to act as ambassadors and promote the value of girls education in their community. An evaluation of this intervention is reported to have shown that these groups can be effective[5].

2.5 Trauma, child abuse and pregnancy

It is well recognised that, despite the ability of some children to demonstrate remarkable resilience in the face of family members who are sick or dying or who are separated from their siblings due to family restructuring, many others are traumatised and made especially vulnerable to abuse. In the context of HIV and AIDS children may also be stigmatised and discriminated against leading social isolation and being left alone with their grief (UNAIDS, 2006). Moreover, the impact is frequently amplified because HIV infection tends to cluster within families making it is very likely that both parents will become infected and that children will experience repeated illnesses and deaths' as their families become restructured to cope with the impact (UNICEF, 2006a, Pharoah, 2004).

A recent study in Zimbabwe confirmed that the psychosocial impact of HIV and AIDS on children and young people is highly complex and dependent on developmental stage, resilience, quality of care, and social support networks. Children were often found to be impacted by a progression of experiences from the onset of a parent's or caregiver's illness, through to the aftermath of death. AIDS-related bereavement was found to be especially complicated and difficult to accommodate. A key finding from this study was that, while many orphaned teenagers desire direct communication with adults about parental illness and death, adults themselves were often ill-equipped to identify and manage children's distress positively. The researchers contend that understandings of bereavement and grief among African children, and adults' responses to orphans' psychological difficulties, remain under-developed and point out that while most existing psychosocial interventions focus on bereaved children there is also a need to create an enabling environment for orphans by building the capacity of key adults in orphans' lives (particularly surviving relatives, caregivers, and teachers). They argue that developing the understanding and skills in adults needed to address emotional issues relating to parental loss constructively is a neglected, area of programming (Wood et al., 2006). The cumulative nature of the impact of HIV and AIDS on children has also been noted by Hosegood et al. (2007).

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[5] Interview with Eunice Chamgomo at FAWEMA, Lilongwe, April2007.

Traumatised children can be especially vulnerable to abuse. In the case study from Malawi by Mann (2002) cited above, interviews with orphaned children revealed a pattern of abuse and discrimination within the household. Discussion of their late parents was frequently discouraged and they were expected to behave well and not complain. Children expressed a profound feeling of isolation from lack of love and emotional support and of feeling different from other children in the household whom they thought were treated more favourably. Sometimes these feelings led to inappropriate behaviour which fuelled the general view of adult guardians that orphaned children had behavioural problems and were difficult to look after. Adult guardians prioritised the material capacity of a family to care for an orphaned child and consequently criticised children for being ungrateful whereas children prioritised being in a home where they were loved and they generally preferred living with grandparents (Mann, 2002). (Data from other East African countries suggest that children's preferences are frequently met because grandparents are major providers of foster care (23 percent in Uganda, 43 percent in Tanzania, and 38 percent in Zambia) (Deininger et al., 2003).

Similar findings have come from a qualitative study in Zambia where guardians were sometimes reported to have spoken harshly to orphaned children in their care not so much out of ill intent towards the children but because they were unable to cope with the economic and emotional stress of providing for additional dependents within the household. The study also found evidence that guardians could be intentionally cruel and abusive towards the children in their care. This study found that some of the children grieved over not being allowed to participate in the deceased parent's funeral and associated this with negative feeling of not having had the chance to say a final goodbye. From the guardian's point of view they were protecting the child but from the child's point of view there feelings of sadness and frustration were being compounded (Family Health International, 2003).

The need for children to be in a loving home was also highlighted in a qualitative study conducted with children and guardians in urban and rural Lesotho and Malawi. This study recommended policy interventions to reduce the economic costs of caring for children, particularly school-related costs, to allow children to stay with those relatives (e.g. grandparents) best able to meet their non-material needs; reduce resentment of foster children in impoverished households; and diminish the need for multiple migrations (Ansell and Young, 2004).

There is also evidence that reduced access to schooling in itself exacerbates trauma and loss of well- being. A study in Zambia showed that children associated school attendance with being taken care of and provided with opportunities for a good future. Out of school children expressed feelings of being unhappy with their lives and feelings of neglect and envy for others. The study recommended extending the bursary scheme (Family Health International, 2003).

Another major cause of school drop out worldwide is teenage pregnancy. UNICEF draws attention to reports from East Africa showing that girls orphaned by AIDS are increasingly being steered towards early marriage by their caregivers who find it hard to provide for them. This gives cause for concern not only because it can lead to educational exclusion but because pregnancy-related deaths are the leading cause of mortality for 15 to 19 year old girls worldwide. Those under 15 years are five times more likely to die than women in their twenties (UNICEF, 2006b).

A study in Malawi has shown that girls affected by HIV and AIDS have increased school drop out rates due to pregnancy as a result of poverty increasing their susceptibility to the advances of older men with disposable income (Chawani and Kazamira, 2003). In Malawi, where the age of average age of first sexual debut is reported to be 12-13 years[6] and the current MOE policy is for a girl to be asked by the school authorities to leave if she is

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[6] Interview data: Ken Longden, Senior Education Adviser, Basic Education Programme (BEP), Lilongwe, April2007

pregnant, 1061 girls are officially recorded as having dropped out due to pregnancy in 2006 (Government of Malawi EMIS data). Even though there is a draft re-admission policy that encourages them to come back after one year the Association of Christian Educators in Malawi (ACEM), which owns 63 of all secondary schools in Malawi, implements a re-entry policy in its school that require a girl who leaves due to pregnancy to re-enter into a different school. The policy also requires the boy responsible for the pregnancy to leave school for one year. This is worrying given that drop our rates are very high especially among girls in primary grades six and seven and there is a high level of failure to enrol in junior secondary school after grade eight (Malawi MOE, EMIS data). In Lesotho there is a Bill before the Parliament now to raise the legal age of marriage from 16 to 18 years. If the law is passed and is enforceable then it is likely to reduce teenage pregnancy and increase demand for secondary schooling particularly among girls.

2.6 Loss of social cohesion

Despite suggestions that the newly emerging patterns of household organisation may be able to support a larger number of orphans (see section 2.1), there have been recent reports of the extended family being stretched to breaking point and in danger of collapse. These reports are from high HIV prevalence countries faced by worsening economic and political crisis and from countries, such as Lesotho where the epidemic has spread very rapidly and reduced social cohesion resulting in poor child care and loss of education (Madhaven, 2004). Even in Malawi where the capacity of communities to absorb and support orphans and other vulnerable children is very high many communities are now reaching their limits and it has been reported that there are increasing requests for orphanages[7].

The existence of child-headed households has been taken as evidence of the widespread poverty in many SSA countries and the collapse of the extended family system under the pressure of the epidemic. Given the importance of a loving environment during childhood it is worrying to note the dramatic increase in child-headed households currently reported in some high HIV prevalence countries. For example, in November 2005 the International Federation of Social Workers (IFSW) quoting figures from the UN Office for the Coordination of Humanitarian Affairs (IRIN) reported that the number of child-headed households had increased dramatically from 50,000 to 318,000 between 2002- 2005 (IFSW, 2005). A qualitative study in Zambia found that all ten of the child headed households included in the study lived in abject poverty surviving on irregular 'piece work' and the kindness of neighbours. The young people and adults who were heads of household expressed an acute sense of abandonment by the extended family and other community members frequently expressed feelings of frustration that the extended family was not fulfilling their traditional obligations of caring for the orphaned children.

The child heads reported that for many of them the reality was that only children with living parents received the benefit of an education. Those who had received words of guidance from their parents before they died valued the instructions given and tried to live up to them whereas those left without any guidance clearly indicated that parents should talk to their children and provide instructions on how to live. This study recommended increased access to savings schemes and micro-credit in order to establish a small but steady source of income (Family Health International, 2003).

A disturbing trend reported in the earlier study by Hensey and Mokitimi (2006) was that many community members did not feel responsible for orphans and other vulnerable children or feel any need to assist them. Reasons given for this attitude included stigma and discrimination towards these children, increased poverty and the increase in their number which was so fast that communities could absorb them. Discussions with CBO staff, child

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[7] Interview data: Ken Longden, Senior Education Adviser, Basic Education Programme (BEP), Lilongwe, April 2007

focus groups, local counselors and traditional chiefs and school teachers indicated that over the last five years there had been considerable loss of social cohesion within communities and between communities marked by breakdown of trust, increasing levels of conflict and loss of traditional practices such as 'Matsema' that fostered community involvement and knowledge traditionally passed from parents to children. HIV-related stigma and discrimination also appeared to have contributed to loss of social cohesion. This reported loss of social cohesion is important because it undermines the potential for effective community response to mitigate the impact of HIV and AIDS. Loss of social cohesion may also underlie the many reports in the literature to indicate that 'property grabbing' is a considerable problem for orphans in many countries including Malawi whose livelihoods depend on the scarce resources left by their parents (Mann, 2002, Muula et al., 2003). A study in Zambia noted a trend towards the deceased's family taking property but not wanting to take responsibility for the care of the widow and children (Family Health International, 2003).

By contrast a qualitative study from Ethiopia rejects the notion that the traditional extended family is in the process of collapsing due to the 'orphan burden' and calls for a more contextual understanding of this so-called burden. Drawing on data from in-depth interviews with orphans, social workers and heads of households; focus group discussions with orphans, elderly people and community leaders; and story-writing by children in school contexts the researchers examined family capacity to cope with orphan care economically, socially and emotionally. From this analysis they identified four profiles of extended families (i) rupturing (ii) transient (iii) adaptive, and (iv) capable families which are spread out along a continuum from least capable to most capable. They found a rural–urban divide in the capacity to cater for orphans that emanates from structural differences as well as the socio-cultural and economic values associated with children. Care of orphans within extended family households was found to be characterised by multiple and reciprocal relationships in care-giving and care-receiving practices. They stress that strategies to promote the capacities of extended family households need to pay particular attention to the structures of extended family systems, their multiple functions and resources, and the complexities and reciprocities involved during exchange of care. They call for more research on the social position which orphans have within families and how this position is negotiated in everyday life. They question normative, one-dimensional notions of care whereby adults provide resources to children (Abebe and Aase, 2007). The study by Evans and Miguel (2007) in Kenya also found that orphans did not fare significantly worse in primary school communities with higher orphan rates suggesting that social networks were not yet breaking down under the strain on HIV/AIDS deaths.

3. School level barriers to education

The studies reviewed in the section 2 of this paper provide strong evidence that children made vulnerable by HIV and AIDS frequently have reduced access to schooling and those who are able to enrol in school are at increased risk of repetition and drop out. In section 3 the review focuses on barriers to conventional schooling that are at the level of the school. These barriers include lack of support for the special educational needs of HIV-affected children, gender based violence, stigma and discrimination and reduced supply and quality of education.

3.1 Lack of support for the special educational needs of HIV-affected children

There is evidence to suggest that in high HIV prevalence areas some teachers struggling to deliver the National Curriculum have disassociated themselves from the impact of HIV and AIDS on their pupils and exhibit detached, uncaring attitudes to those who have been made

vulnerable by the epidemic. In the study by Pridmore and Yates (2005) in Mozambique and South Africa reasons given by young people for dropping out of school included (i) falling behind and not being able to catch up with their school work after being absent to meet family needs or being excluded for indiscipline and fighting and (ii) the uncaring, detached attitude of some teachers who treated them harshly and scolded them in front of their classmates for being late or absent or for having poor concentration in class.

The inability of some teachers to meet the emotional as well as educational needs of vulnerable children was endorsed by a study by Hensley and Mokitimi (2006) in Lesotho reported above. In this study focus group discussions with school children revealed reluctance on the part of most children to approach their teachers for psychosocial support or to confide in their teachers. This reluctance seemed to be based on the children's experience in the classroom where they reported teachers being harsh or impatient with students. One focus group of students reported that the discipline given in their school was harsh to the point of being abusive (verbal and physical). However staff did report that the complete lack of school-based counselling services and their own lack of training limited their ability to support these children. Abuse of orphans and other vulnerable children was found to be frequently unreported because children were afraid to report it and there was a lack of community advocates for these children's rights. It is encouraging to see, therefore, that some MOEs are now including training teachers on HIV and AIDS mitigation in their strategic planning as well as the need to increase the quality and coverage of training and education programmes for orphans (Government of Malawi, (undated)). In Malawi, teachers have also been trained in counselling for orphans and other vulnerable children and provided with school packages (uniform, bath soap and washing soap) by the UN Food and Agriculture Organisation (FAO).

Case studies by Kendall and O'Gara (2007) from Malawi and Zimbabwe also found that schools were not accountable for vulnerable children and had not reorganised or built capacity to meet their special needs, despite being materially and symbolically well-positioned to serve as the institutional base to meet these needs. These cases show that elimination of fees, passive open door policies and exhortations are insufficient measures to bring and keep these children in school. The researchers also reported on a case study from Kenya, which suggested that investments in long term, well-resourced local partnerships could be effective in helping to meet the special educational needs of these children.

The need to build partnerships to support vulnerable children was recognised by an education policy round table meeting held in South Africa in 2003. This meeting recommended that schools should provide more holistic support for children in high HIV prevalence areas by maximising opportunities for reaching vulnerable children through the existing service infrastructure and thereby strengthen their role as nodes of care and support for these children. The report outlines a detailed strategy to take this role forward that includes (i) strengthening ongoing partnerships with National and Provincial Departments of Education whilst at the same time developing the role at the local level (ii) linking the role to ongoing school-based initiatives such as feeding programmes and school health policy (iii) identifying policy champions whilst also institutionalising the expanded role of the school so that it is supported by the education system as a whole, and (iv) forming school clusters with one school serving as a resource to the others. At the same time the report emphasises that the expanded role should focus on schools becoming vehicles through which services can reach children and children can access support. In this way schools become one important link in the service chain (Giese, 2003). This expanded role for schools has now been taken forward in five SSA countries (Swaziland, Zambia, Malawi, Mozambique and South Africa) in the form of the Schools as Centres of Care and Support (SCCS) model that aims to achieve HIV and AIDS care and support for children in schools and inclusive education (Rispel et al., 2006). Given this drive to think creatively 'out of the box', Pridmore and Yates (2005) note with regret that the idea of delivering the national curriculum more flexibly has not yet taken root in these countries. It was however put forward as a recent recommendation to the MOE

in Lesotho based on the findings from a budgetary analysis that found that basic education appears to squeeze out other sectors and particularly learners with special needs who require special resources and special attention (Nyabanyaba and Letete, 2007).

3.2 Gender-based violence, stigma and discrimination

An unhealthy and unsafe school environment has been found to reduce the demand for education, especially from girls. This is a common cause of absenteeism and school drop out in many countries in SSA and carries a serious risk of HIV infection in high prevalence areas. Where schools promote stereotypical masculine and feminine behaviours and inequalities in the classroom, the different expectations of how girls and boys should behave can lead to strong pressures to conform and to many different forms of gender violence. A study in South Africa, in Kwa-Zulu Natal, Gauteng, and Western Cape, found that sexual harassment of girls by both teachers and other students was common in many schools. Girls aged 7-17 years reported being raped in school lavatories, dormitories, and empty classrooms. One girl said "I left [school] because I was raped by two guys in my class who were supposedly my friends" and another commented "I didn't go back to school for one month after I came forward. Everything reminds me, wearing my school uniform reminds me of what happened. I have dreams. He [the teacher] is in my dreams" (Human Rights Watch, 2001, Section II summary). A study in junior secondary schools in Dodowa, Ghana, found that teachers were responsible for five of sexual assaults on female students and one third of the 50 teachers interviewed said they knew of at least one teacher who had sex with students (Afenyadu and Goparaju, 2003).

Leach (2004) examines the prevalence of gender-based violence in African schools drawing on a number of studies that endorse the above findings. She concludes that there is contradiction between the school as a location for high-risk sexual practice and the school as a forum for teaching and encouraging safe sex. She advocates for 'breaking the silence' around school-based abuse and a greater level of responsibility at the Ministry level for tackling harassment and abuse in schools. She argues that at school level there needs to be increased efforts to replace authoritarian school cultures by a more open and democratic one in which pupils, teachers and parents can discuss sexuality issues openly together. To achieve these changes schools need to work both through the curriculum and through school management and discipline to encourage collaborative relationships between pupils and to punish teachers and pupils who engage in abusive and violent behaviour.

In Malawi a number of interventions have been piloted to address gender based violence in schools. The School Alliances for Female Education (SAFE) Project seeks to reduce gender violence in schools by training and supporting peer counsellors for all ages in primary and secondary education using a training manual developed by Christian Educations of Malawi (ACEM). There is also a project that trains facilitators using a manual to develop and support girls empowerment clubs in schools known as 'Tuseme' (Let's Talk). The facilitators use Theatre for Development in this project. At secondary level, there are 'Why Wait' clubs that promote abstinence to reduce HIV spread. Life skills education is included in the curriculum at both primary and secondary level. UNICEF is funding ACEM to support 'AIDS Toto '(NO to AIDS) Clubs in primary schools, which use sports activities and counselling to reduce HIV spread and gender violence. ACEM co-ordinates a network of 19 churches spread all over Malawi. In each church there is an education co-ordinator to facilitate community mobilisation and action planning to encourage families to value education and keep their children in school.

It is recognised that many children affected by HIV and AIDS are stigmatised and discriminated against in school by their classmates and teachers (UNICEF, 2006a). This was found to be the case in a recent study of schools in Northern Thailand (Ishikawa, 2007) and there is anecdotal evidence from other countries to suggest that AIDS-related stigma in the classroom (and discrimination by teachers, pupils, and parents) can cause children to

drop out of school (Boler and Carroll, 2005) but more school based studies are needed (Hepburn, 2004). Nyaba and Letete (2007) note that in Lesotho stigmatisation is a barrier to the participation of orphans in formal education. They call for legislation to make it compulsory for parents and caregivers to keep their children in school and stress the need for stronger partnerships between government and civil society in the monitoring of quality and equitable access to basic education.

3.3 Reduced supply and quality of education

There is a general consensus that HIV and AIDS affects the supply of primary and secondary schooling:

> In countries hard hit by HIV/AIDS school availability has fallen precipitously. Substantial numbers of teachers are ill, dying or caring for family members. The quality of education has also dropped in many regions. The illness and death of qualified personnel threaten management of the education system. Rural schools often lose staff because teachers flock to urban areas so that they or their family members can be closer to hospitals (UNICEF, 2006b, p.7).

> HIV and AIDS weaken the quality of training and education mainly because trained teachers are lost, student-teacher contact is reduced with inexperienced and under-qualified teachers taking over before they are ready, and increased class sizes. A teacher's illness or death is more devastating in rural areas where schools are dependent on only one or two teachers. (Rispel et al., 2006, pp.6-7)

Estimates suggest that the overall number of days lost through increased educator absenteeism result in a total of 18 months of working time (Bennell, 2003). It has also been suggested that such repetitive absence reduces the educators contact time with learners, compromising continuity and quality, and may constitute a significant cost to the system in output terms (Rispel et al., 2006).

However, the question of whether teachers are or are not a high risk group for HIV has been the subject of an ongoing debate. Three investigators have reviewed the evidence and come to different conclusions. Although their arguments are highly qualified and nuanced, Kelly (2000) contends that teacher infection rates in SSA are very high, Bennell (2005a) contends that teachers' infection rates are no higher than other people's and Carr-Hill et al. (2002) contend that teachers are dropping out slower than pupils:

> Actual HIV testing of teachers and office workers in the early 1990s found that the levels of infection were strikingly high relative to other groups. Seven years later the almost inevitable outcomes of this finding materialized: teacher mortality in Zambia stood at 39 per thousand, being about 70 percent higher than the general population (Kelly, 2000, p.64).

> Teacher mortality rates are generally much lower than those for the adult population as a whole (Bennell, 2005a, p.444)

> …there is no obvious impact of the death of teachers on the pupil-teacher ration; students are either dying or abstaining as fast or faster (Carr-Hill et al., 2002, p.164)

In the latest of these reviews, Bennell (2005a) presents evidence from high HIV prevalence countries in eastern, central and southern Africa that suggests teacher mortality rates are considerably lower than those for the adult population as a whole. He points out that while demographic projections show AIDS-related mortality for teachers increasing very sharply during the next 5-10 years, teacher mortality rates are in fact declining in a number of high prevalence countries mainly as a result of behaviour change and the increasing availability of anti-retroviral drugs. Bennell and Akyeampong (2006) report that even in Swaziland, which has an estimated national HIV prevalence of over 40%, only 1% of teachers died from all causes in 2004. However, a critical response to Bennell's impact analyses written by Kinghorn and Kelly (2005) challenged Bennell's assertion that teacher mortality predictions

were gross overestimates. Whilst acknowledging that more studies would be useful the authors contend that enough is already known about the interventions needed to mitigate the impact on children, therefore, policy development and programming should not be delayed further.

What we need to remember here is that in SSA there is not one HIV epidemic but many epidemics all at different stages of maturity. Further insight into the complexities and ramifications of these stages are provided by Jukes and Desai (2005) who review the evidence for an association between levels of education and HIV prevalence in different countries. They conclude that although a higher level of education is associated with higher HIV prevalence in the early stages of an epidemic, in the later stages more educated individuals have less risky behaviour and are less likely to be HIV positive. They note that this is true in many settings but it is particularly evident in Uganda, where a national prevention campaign has successfully reduced HIV prevalence.

Education supply and quality is also affected by poor school management leading to low teacher motivation. There is growing concern in the literature that teachers are becoming increasingly de-motivated and that this is reflected in deteriorating teacher performance and learning outcomes. The close association between HIV prevalence and disadvantage in countries with mature epidemics means that teachers in high prevalence areas are more likely to be adversely affected through living and working in especially difficult circumstances with high levels of stress and inadequate support from school managers. A report by Bennell and Akyeampong (2006) synthesised the findings from 12 country studies in sub-Saharan Africa and south Asia and found that sizeable proportions of school teachers in Lesotho and Zambia and to a lesser extent in Tanzania did not agree with the general statement that 'the impact of HIV/AIDS has not been serious at this school'.

Bennell (2005b) analysed school survey data from Uganda, Botswana and Malawi and found that schools have provided very little support for children directly affected by HIV and AIDS. He lists the problems: failure of Ministries of Education to develop comprehensive and coherent policy frameworks; negative attitudes of school managers and teachers concerning what schools should do to support orphans and other disadvantaged children; chronic and pervasive resource constraints (except in Botswana and South Africa); the generally unsupportive school environment with only a minority of schools being child-friendly; the absence of serious overt discrimination against children directly affected by the epidemic. These findings are endorsed by a cross-country review of government action to combat AIDS which found that no action had been taken in 17 out of the 18 countries surveyed to prevent potential impact of teacher shortages or meet the educational needs of orphans and HIV positive children. Furthermore, donor aid was not helping government to address these problems more systematically. Rather aid tended to be directed towards a series of stand-alone initiates that enjoyed little ownership by government (Boler and Carroll, 2005).

A study by Allemano (2003) argues that the theme of educational quality is particularly appropriate for developing policy responses to HIV/AIDS in the education sector, because the responses must be multi-faceted and holistic to take account of the complex factors that mediate the achievement of educational quality. A focus on a single factor, such as teacher supply or curriculum, would be insufficient to protect the education sector from the impact of the epidemic. In essence, the effort to prevent and mitigate the impact of HIV/AIDS in the education sector must be mainstreamed in strategies to promote and protect educational quality. Allemano acknowledges that appropriate interventions will differ in each country and highlights the need for flexible delivery of education in high HIV prevalence areas. He presents a case study of a programme of radio broadcasts for vulnerable children in remote areas of Zambia, which he considers combines both effective delivery of education and adequate learning outcomes.

This section has examined the serious barriers to education access and attainment of children made vulnerable by HIV and AIDS that can exist at the school level.   Bennell

(2005b) contends, however, that these barriers have not yet been analysed in detail with adequate supporting evidence and calls for more systematic research to be undertaken in schools themselves. This need will be addressed in the next phase of the SOFIE Project.

4. Discussion and conclusion

This review paper has identified a wide range of barriers to educational access and attainment for children affected by HIV and AIDS and confirmed that orphans, especially maternal orphans, are a particularly disadvantaged group in terms of schooling, even relative to other poor children. The review has also demonstrated the complex nature of the educational impact and the need for more case studies and pilot interventions to be conducted in specific cultural context in order to make effective policy recommendations and inform practice. At the start of the review it was acknowledged that not enough is yet being done by governments to address these barriers (Kendall and O'Gara, 2007, Bennell, 2003, Family Health International, 2003) and this gap in policy and practice is at the heart of the SOFIE Project. The final section of this paper will therefore draw out the implications of the review findings to inform the new more open and flexible model of schooling that the Project seeks to develop and evaluate.

4.1 Implications for case study design

The review findings confirm the need for more case studies in low income, high HIV prevalence communities in specific socio-cultural contexts. The SOFIE project will carry out this research in Malawi and Lesotho to identify the specific barriers to educational access that can be addressed through more open and flexible models of schooling and support and thereby inform the development of the interventions to be trialled and evaluated. These case studies need to be carried out in communities where there are both primary and secondary schools and NGOs/CBOs to provide possibilities of partnership. The communities can be purposively selected to allow for the influence, if any, of differing patterns of inheritance in Malawi and of living at differing altitudes in Lesotho to be examined.

The case studies will be largely school-based seeking to assess how accountable schools are for the special educational needs of the children made vulnerable by HIV and AIDS. They will need to focus on the level of support provided for learning by the physical and emotional environment of the school, support for nutritional and health needs, teacher supply and quality of educational provision. They will need to examine how orphans and other vulnerable children and their family, household and community interacts, or not, with schools to support the education of children in high HIV prevalence areas.

The studies will also need to capture the nature of household experiences and responses to HIV that impact on affected children's access to schooling and elucidate the underlying mechanisms that are operating within families and households. They can assess the role of resource constraints versus psycho-social factors versus fostering patterns versus adult and child attitudes to education. The studies can explore the cumulative impact on a child's education of multiple migration; repeated AIDS and non-AIDS episodes of illness and death occurring within and outside the household including death of the main income earner or primary carer; and kinship relations between the child and the head of household (mother/ father/ grandmother/ grandfather/ other relative/ non-relative etc.).

4.2 Implications for the design of a school-based intervention package

The barriers identified in this review suggest that an intervention package to trial a more open and flexible model of schooling would need to take a holistic, whole school approach to learning and provide additional support for the cognitive, social and emotional needs of

affected children. It is beyond the scope of this paper to comprehensively review proposed educational interventions because other background papers will focus on this, but a brief overview will be given here.

Despite a current dearth of evaluation data for proposed interventions there is agreement in the literature as to what generally needs to be done to provide a holistic educational response to mitigate HIV and AIDS in high prevalence, poor communities. School-based interventions are needed to address trauma, stigma and discrimination, abuse, bereavement, lack of family support, chronic illness, conflict, gender inequity and violence and to reach out to children that are not able to attend school regularly. A good way into the literature on interventions to mitigate the educational impact of HIV is through five recent and comprehensive reviews (Pridmore, 2007, Rispel et al., 2006, Boler and Carroll, 2005, Giese, 2003, Bennell, 2005b, Kelly, 2000). The interventions proposed in these reviews include: (i) the need for more open and flexible delivery of the national curriculum together with efforts to strengthen support systems and structures (ii) increased numbers of social workers to work with schools (iii) increased emphasis on children's rights and strengthening of child protection legislation (iv) increased efforts by school managers and teachers to identify affected and needy children for referral and monitoring (v) school feeding, pastoral care and counselling (vi) greater involvement of students, people living with HIV and AIDS, parents, guardians and caregivers and other community members in supporting affected children (vii) and increased support for children who are themselves infected.

Furthermore, Pridmore et al. (2006) provide a detailed analysis of the ways in which ODFL systems and structures could be strengthened to support children's learning in an environment of poverty and AIDS. Suggestions are made for interventions to support and extend the work of existing infrastructures at the individual/family/household level, at the school/community level and at the national level. The interventions proposed include the use of (i) simple, individualised, and empathetic personal counselling booklets or audiocassettes that could help to explain the grief and healing stages of parental loss and a series of life skills handbooks[8] (ii) computer programmes, including virtual reality, to increase motivation for learning and speed the learning of entrepreneurial skills such as how to set up and run a small business, to deliver relevant careers counselling and to help young people learn how to apply for a job and go through an interview (iii) ODFL such as comic books to deliver a strong dose of reality, political consciousness raising, and calls to communal action to help mobilise young people and their communities to take collective action for positive change and help develop a post-AIDS society (iv) including ODFL specialist collections within national resource centres on HIV and AIDS linked up with international HIV/AIDS materials collections such as the UNESCO International Bureau of Education clearinghouse.

Some interventions in Malawi and Lesotho are also worthy of special mention. In Malawi, a complementary basic education programme (CBEP) delivered by unemployed secondary school leavers trained to be community-based facilitators gives a second chance of education to 9-17 year olds who have dropped out of school for at least one year. After finishing the CBEP some students go back into the government secondary school system because the MOE have agreed to accredit the CBEP within the government school system. However, the factors that caused students to drop out are still there. For example, about 30% recruits onto the CBEP are orphans and other vulnerable children compared to about 12% in government primary schools. For this reason, the core subjects in the complementary curriculum are the same as in the national curriculum, but in the CBEP there

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[8] This would extend the memory counselling idea to the notions of 'family memory information banks' and 'community memory information banks'. The booklets would contain up-to-date and accurate information on practical issues on topics such as You and Your Rights, Getting Your Welfare Payments/Food Parcels etc., Dealing with Your School, Managing Your Household, Caring for Younger Brothers and Sisters, Making Low Cost Healthy Family Meals, and Community Resources to Support You.

is a greater focus on vocational training for rural livelihoods[9]. In Malawi a USAID funded, three year, national interactive radio instruction (IRI) programme was due to start in June 2007 to put a radio in every community (more than 16000!) to deliver primary school curriculum materials[10].

In Lesotho, a key strategy to get children (back) into school is currently through the conditional cash transfers (CCT) that are given to some double orphans as bursaries for attending secondary school but the size of the orphan problem precludes this being a solution for all and providing cash transfers are not within the remit of the SOFIE Project. It has been suggested that another key strategy should be to develop peer support groups because it is reported that there is a generation gap and young people listen to their peers more than to their parents nowadays[11]. There is a well established traditional distance learning institution seeking to provide alternatives to conventional secondary schooling but the students do not qualify for the same privileges or support as their school based counterparts. For example, they are not able to access the textbook subsidy or the bursary scheme resources. Such institutions are clearly an important education resource to the country and staff have identified the need to know more about why students drop-out, leave or fail to complete their programmes[12]. School feeding programmes also operate in some areas and there is a text book loan scheme. A recent budgetary analysis has noted that the current budgetary provision made to orphans does not appear to be sufficient to retain the growing number of orphans and vulnerable groups (Nyabanyaba and Letete, 2007).

It is one thing to make suggestions for interventions and quite another thing to be able to build support for the notion that schools will need to 'look and feel different'. Nevertheless, Kelly (2000 p.103) lists some of the changes that are needed in the education system: greater flexibility; increased resourcefulness and openness to change; tolerance for a diversity of solutions and models; willingness to loosen up bureaucratic constraints and procedures; co-operation and collaboration with several partners; meaningful decentralization based upon school autonomy and effective participation of local stakeholders; enhanced understanding of what education is all about; and sensitivity to the needs of those infected and affected by HIV, the poor and those in difficult circumstances.

4.3 Concluding comments

This review has demonstrated that broad adaptive capacities are emerging, which may be enable households to support a larger number of orphans. However, some families and communities are reaching the limits of their capacity to cope, leading to reduced educational access and attainment for affected children. The review has also shown that schools are increasingly challenged to meet the educational and emotional needs of the children who walk in through their door and are unlikely to reach out to the young people who cannot attend regularly.

It is ironic that children should be both pushed and pulled out of school at a time when education is being viewed as a 'social vaccine' and the very thing vulnerable young people need to help protect themselves from HIV infection[13] (Coombe and Kelly, 2001, Monasch and Boerma, 2004, Pridmore and Yates, 2005, Richter, 2004). And yet, the barriers to educational access identified in this review present us with an opportunity in the midst of

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[9] This programme is funded by GTZ and Ken Longden is the Senior Education Adviser for the programme

[10] Interview with Tom le Blanc, Education Team Leader USAID, Lilongwe, April 2007.

[11] Interview with the Permanent Secretary, MOE, Maseru, Lesotho, April 2007.

[12] Interview with staff member at Lesotho College of Distance Education, Lilongwe, April 2007.

[13] The mechanisms by which education exerts a protective effects appears to be a combination of delayed sexual debut, higher rates of condom use, lower levels of coercive and transactional sex, and a smaller age difference between partners.

crisis providing a springboard from which to radically rethink educational delivery and transform outdated education systems for the better.

To find a way forward for children in high HIV prevalence areas more well designed case studies and well evaluated pilot interventions are needed that are specifically tailored to different situations to enable evidence informed policy development and practice. In developing new educational models there is clearly a need to move away from the 'one size fits all' view of conventional schooling and think creatively, 'out of the box', about alternative, more flexible forms of educational delivery. A strong argument has been made by Pridmore and Yates (2005) that ODFL systems and structures could play a useful role in facilitating such educational reform by sharing the burden faced by schools and helping to integrate responses to learners' needs more effectively. It can enable the curriculum to be delivered to young people beyond the school gate and not only in relation to HIV prevention. ODFL can help children keep up with the curriculum when they have to miss schooling and to re-enter the system once they have dropped out. ODFL can help them continue their education after they leave school. And it can mitigate the impact of HIV and AIDS on affected young people by providing materials that give practical advice and emotional support for their everyday lives.

Although the ODFL response to the needs of out-of-school young people is growing, it lacks the necessary urgency, remains unfocused, and is limited in scope. ODFL programming to support educational transformation needs to develop as part of an approach focusing on increasing knowledge, critical thinking, and positive group identity and solidarity among the young. It must build empowerment and motivation, strengthen supportive social networks, and increase access to services and links to outside agencies. Initiatives are needed at all levels to develop policy and legislation and mass media and macrolevel communications and to support community, interpersonal, and participatory initiatives. Such work must be based on the goals of poverty reduction, human rights, and capability building. Only in this way can ODFL stimulate the information-rich and dialogue-rich environment needed to mitigate the impact of HIV and AIDS and enable young people to participate in transforming their communities and wider society.

References

ABEBE, T. & AASE, A. (2007) Children, AIDS and the politics of orphan care in Ethiopia: The extended family revisited. *Social Science and Medicine,* 64**,** 2058-2069.

AFENYADU, D. & GOPARAJU, L. (2003) Adolescent sexual and reproductive health behavior in Dodowa, Ghana. *Occasional Report No. 13.* Washington DC.

AINSWORTH, M. & FILMER, D. (2006) Inequalities in children's schooling: AIDS, orphanhood, poverty, and gender *World Development,* 34**,** 1099-1128.

AINSWORTH, M. & SEMALI, I. (2000) The impact of adult deaths on child health in Northwestern Tanzania. *World Bank Policy Research Working Paper no. 2266.* Washington, World Bank.

AINSWORTH, M., BEEGLE, K. & KODA, G. (2005) The Impact of Adult Mortality and Parental Deaths on Primary Schooling in North-Western Tanzania *Journal of Development Studies,* 41**,** 412-439.

ALEMANO, E. (2003) HIV/AIDS: A threat to educational quality in Sub-Saharan Africa. An analytical framework and implications for policy development. Association for the Development of Education in Africa (ADEA).

ANSELL, N. & YOUNG, L. (2004) Enabling households to support successful migration of AIDS orphans in southern Africa *AIDS Care,* 16**,** 3-10.

BADCOCK-WALTERS, P., DESMOND, C., WILSON, D. & HEARD, W. (2003) Educator Mortality in KwaZulu Natal: A Consolidated Study of HIV/AIDS Impact and Trends.

BEARD, B. (2005) Orphan Care in Malawi: Current Practices. *Journal of Community Health Nursing,* 22**,** 105-115.

BENNELL, P. (2003) The Impact of the AIDS Epidemic on Schooling in Sub-Saharan Africa. *Working document produced for the ADEA Biennial Meeting (Mauritius, December 3-6, 2003).* Paris. France, Biennial Meeting (Mauritius, December 3-6, 2003).

BENNELL, P. (2005a) The Impact of the AIDS Epidemic on Teachers in Sub-Saharan Africa. *The Journal of Development Studies,* 41**,** 440-466.

BENNELL, P. (2005b) The Impact of the AIDS Epidemic on the Schooling of Orphans and Other Directly Affected Children in Sub-Saharan Africa. *Journal of International Development Studies,* 41**,** 467-488.

BENNELL, P. & AKYEAMPONG, K. (2006) Is there a teacher motivation crisis in sub-Saharan Africa and South Asia. Published by Knowledge and Skills for Development, Brighton.

BICEGO, G., RUTSTEIN, S. & JOHNSON, K. (2003) Dimensions of the emerging orphan crisis in sub-Saharan Africa. *Social Science and Medicine,* 56**,** 1235-1247.

BOLER, T. & CARROLL, K. (2005) Addressing the educational needs of orphans and vulnerable children. ActionAid International; Save the Children Fund

CARR-HILL, L., KATABARO, K., KATAHOIRE, A. & OULAI, D. (2002) The impact of HIV/AIDS on education and institutionalizing preventive education. Paris, UNESCO/IIEP.

CASE, A. & ARDINGTON, C. (2006) The Impact of Parental Death on School Outcomes: Longitudinal Evidence from South Africa.

CASE, A., PAXTON, C. & ABLEIDINGER, J. (2004) Orphans in Africa: Parental Death, Poverty, and School Enrolment. *Demography,* 41**,** 483-508.

CHAWANI, B. S. & KAZAMIRA, E. (2003) The Impact of HIV/AIDS on the Education Sector in Malawi. Study 1. Examining policy, leadership and advocacy responses in the education sector. Ministry of Education Science and Technology (MoEST) Government of Malawi; International Institute for Educational Planning (IIEP) / UNESCO

COOMBE, C. & KELLY, M. (2001) Education and a Vehicle for Combating HIV/AIDS. *Prospects,* Vol. 31**,** 435-446.

CREWE, M. (2004) Confronting AIDS through new explanatory frameworks.

DEININGER, K., GARCIA, M. & SUBBARAO, K. (2003) AIDS-Induced Orphanhood as a Systemic Shock: Magnitude, Impact, and Program Interventions in Africa *World Development,* 31**,** 1201-1220.

EVANS, D. & MIGUEL, E. (2007) Orphans and schooling in Africa: A longitudinal analysis. *Demography,* 44**,** 35-57.

FAMILY HEALTH INTERNATIONAL (2003) Voices from the Communities: The impact of HIV/AIDS on the lives of orphaned children and their guardians. Washington, Family Health International.

FLOYD, S., CRAMPIN, A., GLYNN, J., MADISE, N. & MWENEBABU, M. (2007) The social and economic impact of parental HIV on children in northern Malawi: Retrospective population-based cohort study. *AIDS Care,* 19**,** 781-790.

FOSTER, G. (2006) Children who live in communities affected by AIDS. *The Lancet,* 367**,** 700-701.

GCE (2004) Learning to survive: how education for all would save millions of children from HIV/AIDS. Brussels, Global Campaign for Education (GCE).

GIESE, S. (2003) Strengthening schools as nodes of care and support *Education Policy round Table Meeting Report.* Cape Town, Children's Institute, University of Cape Town, South Africa.

GOVERNMENT OF MALAWI ((undated)) Combating HIV and AIDS in the Education Sector in Malawi: Strategic Plan 2005-2008. Lilongwe, Ministry of Education.

HENSLEY, M. & MOKITIMI, M. (2006) OVC Rapid Needs Assessment - Mokhotlong and Qacha's Nek Districts. IN SERVICES, C. R. (Ed.) Maseru.

HEPBURN, A. (2004) Chapter 8 Increasing Primary Education Access for Children in AIDS-Affected Areas. IN COOMBE, C. (Ed.) *The HIV Challenge to Education: A collection of essays.* International Institute for Educational Planning.

HOSEGOOD, V. & FORD, K. (2003) The impact of HIV and AIDS on children's living arrangements and migration in rural South Africa.

HOSEGOOD, V., PRESTON-WHYTEC, E., BUSZAA, B., MOITSED, S. & TIMAEUSA, I. (2007) Revealing the full extent of households' experiences of HIV and AIDS in rural South Africa *Social Science and Medicine*.

HUMAN RIGHTS WATCH (2001) Scared at School: Sexual violence against girls in South African Schools New York, Human Rights Watch, New York

IFSW (2005) Zimbabwe: Dramatic increase in child-headed households due to HIV/AIDS. International Federation of Social Workers.

ISHIKAWA, N. (2007) The Psychosocial impact of HIV and AIDS on affected school children in Thailand. *Lifelong Education and International Development.* London, University of London, Institute of Education.

JUKES, M. & DESAI, K. (2005) Education and HIV/AIDS. *UNESCO Global Monitoring Report 2005.* UNESCO.

KELLY, M. (2000) Planning for education in the context of HIV/AIDS. *Fundamentals of Education Planning.* Paris, UNESCO/IIEP.

KENDALL, N. & O'GARA, C. (2007) Vulnerable Children, Communities and Schools: Lessons from Three HIV/AIDS Affected Areas. *Compare: A Journal of Comparative Education,* 37**,** 5-21.

KINGHORN, A. & KELLY, M. (2005) the impact of the AIDS epidemic' Articles by Paul Bennell: Some Comments. *Journal of Development Studies,* 41**,** 489-499.

LEACH, F. (2004) Chapter 9: School-based gender violence in Africa: a risk to adolescence sexual health. In COOMBE, C. (Ed.) *The HIV Challenge to Education: A collection of essays.* Paris, International Institute for Educational Planning (IIEP).

MADHAVEN, S. (2004) Fosterage patterns in the age of AIDS: continuity and change. *Social Science and Medicine,* 58**,** 1443-1454.

MANN, G. (2002) *Family Matters: the Care and Protection of children Affected by HIV/AIDS in Malawi*.

MENDEZ, M. A. & ADAIR, L. S. (1999) Severity and Timing of Stunting in the First Two Years of Life Affect Performance on Cognitive Tests in Late Childhood. *Journal of Nutrition,* 129**,** 1555-1562.

MONASCH, R. & BOERMA, J. (2004) Orphanhood and childcare patterns in sub-Saharan Africa: an analysis of national surveys from 40 countries. *AIDS* 18**,** S55-65.

MUULA, S. A., MISIRI, H., L., M., KALENGO, S., KACHALI, F., MBEWE, M. & MSUKU, S. (2003) The living situations of orphans in periurban Blantyre, Malawi. *South African Medical Journal,* 93**,** 920-921.

NYABANYABA, T. & LETETE, M. (2007) Education budget analysis and capacity building for civil society in Lesotho. Maseru, Lesotho Educational Research Association.

NYAMUKAPA, C. & GREGSON, S. (2005) Extended family's and women's roles in safeguarding orphans' education in AIDS-afflicted rural Zimbabwe. *Social Science and Medicine,* 60**,** 2155-67.

PHAROAH, R. E. (2004) *A Generation at Risk?HIV/AIDS, Vulnerable Children and Security in Southern Africa*, South Africa, Institute for Security Studies..

POULSEN, H. (2006) The gendered impact of HIV/AIDS on education in South Africa and Swaziland: Save the Children's experiences. *Gender and Development,* 14**,** 47-56.

PRIDMORE, P. (2007) Impact of Health on Education Access and Attainment: A review of the research evidence. create-rpc.

PRIDMORE, P. & YATES, C. (2005) Combating AIDS in South Africa and Mozambique: The Role of Open, Distance, and Flexible Learning (ODFL) *Comparative Education Review,* vol. 49.

PRIDMORE, P., YATES, C., WITH, KUHN, K. & XERINDA, H. (2006) The role of open, distance and flexible learning (ODFL) in HIV/AIDS prevention and mitigation for affected youth in South Africa and Mozambique IN DFID (Ed.) *Researching the Issues, No. 61.* London.

RICHTER, L. (2004) The impact of HIV/AIDS on the development of children. In PHAROAH, R. (Ed.) *A generation at risk: HIV/AIDS, vulnerable children and security on Southern Africa.* Pretoria, Institute of Security Studies.

RISPEL, L., LETLAPE, L. & METCALF, C. (2006) Education sector responses to HIV and AIDS: Learning from good practices in Africa. Commonwealth Secretariat, Association for the Development of Education in Africa, Human Sciences Research Council.

RUSSELL, S. (2005) Illuminating cases: Understanding the economic burden of illness through case study household research. *Health Policy and Planning,* 20**,** 277-289.

STILLWATER, E. (2006) *AIDS and the Ecology of Poverty*, Oxford University Press.

THANGATA, P. H., HILDEBRAND, P. E. & KWESIGA, I. F. (2007) Predicted impact of HIV/AIDS on improved fallow adoption and rural household food security in Malawi. *Sustainable Development,* 15 205 - 215.

UNICEF (1989) The Untied Nations Convention on the Rights of the Child. New York, UNICEF.

UNAIDS (2006) *Report on the Global AIDS Epidemic,* New York, UNAIDS.

UNICEF (2006a) Africa's orphaned and vulnerable generations: Children affected by AIDS. New York, UNICEF.

UNICEF (2006b) The State of the World's Children Report 2006: Excluded and Invisible. New York, UNICEF.

UNICEF (2007) The State of the World's Children Report 2007. New York, UNICEF.

URASSA, M., BOERMA, J. T., NG'WESHEMI, J., INSINGO, R., SCHAPINK, D. & KUMUGOLA, Y. (1997) Orphanhood child fostering and the AIDS epidemic in rural Tanzania. *Health Transition Review* 7**,** 141-153.

WOOD, K., CHASE, E. & AGGLETON, P. (2006) 'Telling the truth is the best thing': Teenage orphan's experiences of parental AIDS-related illness and bereavement in Zimbabwe. *Social Science and Medicine,* 63**,** 1923-1933.

YAMANO, T., YASUHARU, S. & SSERUNKUUMA, D. (2006) Living arrangements and Schooling of Orphaned Children and Adolescents in Uganda. *Economic Development and Cultural Change,* 54**,** 833-856.