



ED/EFA/MRT/2015/PI/16

Background paper prepared for the
Education for All Global Monitoring Report 2015

*Education for All 2000-2015: achievements and
challenges*

Improving access to education for orphans or vulnerable children affected by HIV/AIDS

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2015

This paper was commissioned by the Education for All Global Monitoring Report as background information to assist in drafting the 2015 report. It has not been edited by the team. The views and opinions expressed in this paper are those of the author(s) and should not be attributed to the EFA Global Monitoring Report or to UNESCO. The papers can be cited with the following reference: "Paper commissioned for the EFA Global Monitoring Report 2015, Education for All 2000-2015: achievements and challenges" For further information, please contact efareport@unesco.org

**Improving access to education for orphans or vulnerable children affected by
HIV/AIDS**

Kathryn E. Fleming

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
NGO	Non-governmental organization
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

Abstract

Children and youth affected by HIV/AIDS face many stressors and competing priorities regarding family, health, education, protection and economic stability. The policy environment created by the Dakar Framework for Action–Education for All created an entry point for governments to respond to the educational needs of orphans and vulnerable children based on locally driven context. The international community has made financial and programming resources available to support education for orphans and vulnerable children affected by HIV/AIDS at the country level. Country-level responses have varied, but any measurement of their progress must be framed by the limited available data on children affected by HIV/AIDS, education and the competing national interests within poverty reduction strategies.

Keywords: HIV/AIDS, OVC, orphans and vulnerable children, education policy

Introduction

Among other international commitments, the Dakar Framework for Action–Education for All obligates countries to ensure ‘that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete, free and compulsory primary education of good quality’ (UNESCO, 2000, p. 8). Children orphaned or made vulnerable by HIV/AIDS are widely considered a key subset of this target population. The ability of governments to provide services for orphans and vulnerable children in education and across other social welfare sectors – and the effectiveness of the services they provide – is as varied as their definitions of orphanhood and vulnerability. The HIV/AIDS pandemic compounds the issue, since HIV/AIDS have been drivers of orphanhood and have dramatically affected life expectancy and productivity in the countries and regions with the highest prevalence of the disease. ‘Historically, large-scale orphaning has been a sporadic, short-term problem

associated with war, famine, or disease. The HIV/AIDS epidemic is producing orphans on an unrivaled scale' (Smart, 2003, p. 4). Governments' abilities to support orphans and vulnerable children pre- and post-2000 have been in a constant state of flux as countries work to roll out poverty reduction strategies, economic development strategies and social services. This paper focuses on the policies and strategies implemented by governments to improve access to and completion of primary education specifically for children affected by HIV/AIDS.

It is useful to understand the challenges associated with orphanhood and vulnerability in order to appreciate the context and need for broad programme and policy design. However, orphanhood and vulnerability should not be used to discriminate against or stigmatize individuals or limit their right to access services and protections (Gulaid, 2008, p. 13). In countries with high levels of HIV/AIDS-related stigma, these children experience discrimination when they seek access to education and healthcare because orphanhood is associated with HIV/AIDS. It is also important to identify how different types of orphanhood influence the educational attainment of children affected by HIV/AIDS but bearing in mind that not all orphans and vulnerable children are because of HIV/AIDS. For instance, maternal orphans are less likely to be enrolled in school and are likely to have completed fewer years of schooling than children whose mothers are alive. Although paternal orphans also experience inequalities, double and maternal orphans seem to be at the greatest disadvantage, especially when it comes to educational outcomes (Case et al., 2004). The resulting households experience additional responsibilities and challenging financial constraints through the loss of primary caregivers and income generators, while the costs associated with participating in education (e.g. textbooks, fees) persist. Children affected by HIV/AIDS and other orphans and vulnerable children, particularly those from child-headed households, carry the burden of additional domestic and economic responsibilities, may have

emotional trauma from the loss of their parent(s), and may be in ill health themselves, all of which often prevent them from taking advantage of available educational opportunities (UNICEF, 2009, p. 7).

Several recent studies looking at educational attainment and orphanhood in southern and eastern Africa have found that ‘household wealth, gender, and region of residence are all more important predictors of school outcomes than orphan status’ (Smiley et al., 2013, 2). Socio-economic status or poverty and adult care may be more strongly linked to educational attainment than to orphan status directly. Despite the role socio-economic status may play over orphan status in educational attainment, the challenges experienced by orphans and other children made vulnerable by HIV/AIDS influences their ability to enroll, attend and succeed in school as seen through the existing pervasiveness of stigma and discrimination of HIV+ children and children living in households affected by HIV/AIDS. We will assume that higher socio-economic status of orphans and vulnerable children at their time of becoming an orphan or vulnerable child is a better predictor of educational access to attainment than the socio-economic status of their parents prior their becoming an orphan or vulnerable child. It proves difficult to correlate the data on orphanhood, educational access and completion and socio-economic status, if these conditions are co-linear, this assumption is plausible but since this data comes from different sets, their precise interaction is unknown. The increased enrollment numbers of orphans in school may be related to a myriad of government programs, policies, and NGO and donor driven activities that target orphans and HIV-affected orphans specifically than other issues and causes related to vulnerability (Smiley et al., 2013, 2 and Meintjes & Giese, 2006). Overall, poverty reduction strategies and economic development programs and policies across South America (Argentina, Brazil, Chile), South East Asia (Thailand, Malaysia, Indonesia) and Sub-Saharan

Africa (Uganda, Kenya, Tanzania, South Africa) have increased gross domestic product, household income, and diversified household, community and national revenue among others, which has influenced household resources and support and national-level programming for all children inclusive of orphans and their ability to access primary education.

This paper primarily focuses on children orphaned or made vulnerable as a result of HIV/AIDS and their educational needs, access and support. There is no ‘one size fits all’ approach to the education response for orphans and children affected by HIV/AIDS and often Education for All programs encompass the needs of children affected by HIV/AIDS. The positive role of education envisioned in the Dakar Commitment and the Millennium Development Goals may prove even more critical in the world of HIV/AIDS because education is often the best protection against HIV infection and ensuring resilience.

Definitions

There are no universal definitions for many of the terms related to the policies and programmes surrounding the education of children affected by HIV/AIDS. This paper uses the Demographic and Health Survey definitions interchangeably, as illustrated in Textbox 1.

These definitions align with recent UNICEF and UNAIDS reporting and are built on the agreed

upon 2004 *Framework for the Protection, Care and Support of Orphans and Vulnerable*

Children Living in a World with HIV and AIDS (Gulaid, 2004, p. 7). The multiple definitions for

orphans and vulnerable children range from very narrow to all-encompassing and broadly

applied, meaning that the children who are counted and served vary based on the definition that

is being used in a particular context. For example, while the United Nations Convention on the

Rights of the Child defines a child as an individual aged between 0 and 18 years old, some

countries define a child as an individual under 15 years old. The definition of ‘school age’ also

differs among countries. For compulsory primary education, ‘school age’ ranges from as young

as age 4 in Niger, Ghana and Uruguay to as old as age 19 in Uzbekistan and Macedonia

(UNESCO, 2014a).

In addition, the term ‘free education’ is not always associated with schooling that is attainable at no cost to the student or his or her family. It, too, has varied definitions, and there are many variations among government policies, as well as varied degrees of disconnect between the policies and the resources needed to run schools (e.g. fees for teacher salaries, supplies, school maintenance) and the costs borne by families to send their children to school (e.g.

Textbox 1: Demographic and health survey definition of orphan and vulnerable children

The broader definition includes children who are orphaned or live with chronically ill parents.

The more restrictive definition includes children who are orphaned, who live in households with HIV-infected adults, who live in households with chronically ill adults or households in which an adult has recently died due to chronic illness, who live in households with no adults aged 18–59, or who live in households with orphaned children.

Source: Mishra & Bignami-Van Assche, 2008, p. 12

uniforms, books, food). In Azerbaijan, for example, children affected by HIV/AIDS receive free uniforms, lunches and supplies. In Zimbabwe and Namibia, however, tuition is free but school boards can levy other fees at their discretion (UNAIDS, 2013a).

This paper will focus only on the countries and regions that have targeted their efforts on orphans and children made vulnerable as a result of HIV/AIDS, as opposed to those who have been made vulnerable by the other direct causes of orphanhood, vulnerability and or marginalization (such as disability, violence, conflict, ethnic or linguistic minorities and natural disasters). However, it does take into consideration the fact that children affected by HIV/AIDS may also belong to other marginalized groups (e.g. street children and those who reside in child-headed households). This paper is also only looking at primary schooling, a different set of challenges and opportunities exist for adolescents affected by HIV/AIDS and secondary schooling. It is also beyond the scope of this paper to address the additional challenges that Ministries of Education and schools face in achieving Education for All (for example, challenges relating to financing, materials and teaching quality, trained teachers and infrastructure).

Policy approaches to providing education to orphans and vulnerable children around the year 2000

Who and where are the orphans and vulnerable children?

Prior to the year 2000, there was minimal systematized tracking of children affected by HIV/AIDS (in part because of an absence of appropriate definitions) and minimal systematized provision of education services to those children. HIV/AIDS-related stigma and discrimination have kept orphans and vulnerable children hidden, as have limited birth registration records, limited vital statistic surveillance systems, and the limited legal rights of women and girls in many places. As such, countries face challenges when planning and budgeting for education

programmes for children affected by HIV/AIDS, and when determining how to best provide services for this group, whose needs are theoretically covered by a variety of national programmes and ministries.

As affirmed in the expanded commentary on the Dakar Framework that was published in 2000, ‘many governments and agencies have focused their efforts on the easy to reach and they have neglected those excluded from basic education, whether for social, economic or geographic reasons’ (UNESCO, 2000, p. 13). In addition, there is often a disconnect between policy frameworks and the ministries responsible for providing specific services. Where the political will does exist, often the policies and implementation tend to be disjointed and uncoordinated: social welfare policies do not address education, healthcare policies do not address education, HIV education does not include basic education, and so on.

Countries, regions and cultures define and respond to children affected by HIV/AIDS – and other marginalized groups and children – through a variety of different lenses based on the social, political and economic structures that drive each society. Some focus on the urban–rural divide, while others – including many in Latin America – focus on ethnic minorities, or on lower castes, as in South Asia (Lugaz, 2009, pp. 7–8). The geographic distribution of children affected by HIV/AIDS, and HIV/AIDS prevalence across countries and regions also influences how countries prioritize or localize their efforts to provide education to these children.

The greatest concentrations of AIDS-related deaths and children living with HIV/AIDS internationally are clustered in Sub-Saharan Africa, followed distantly by South Asia and South-East Asia (UNAIDS, 2013b, p. 29). Correspondingly, the overwhelming majority of children affected by HIV/AIDS continue to be located in Sub-Saharan Africa. This has not changed since the Dakar Declaration (Smart, 2003, p. 1; UNICEF, 2013c). The availability of anti-retroviral

treatment, improvements in palliative care, and reductions in stigma and discrimination have reduced AIDS-related morbidity and mortality around the world, including in Sub-Saharan Africa. However, as improved health services and HIV/AIDS-related education have dramatically reduced transmission and increased life expectancy, improvements in monitoring and evaluation and surveillance systems have increased understanding of the number of orphans due to AIDS over the last fifteen years (See Table 1) (UNAIDS, 2014a, p. 12). In some countries, like Kenya, Uganda and Zambia, as parents and caregivers are living longer; the number of orphans has remained constant (not increased because of HIV-related deaths). Whereas the number of AIDS orphans has increased dramatically as have the number of persons living with HIV/AIDS due to improved surveillance and the large population of existing AIDS orphans growing up over the last decade since treatment became readily available. These changes have not been universally felt and have led to different HIV/AIDS and orphan demographic patterns that require varied responses to address the changing household structures, socio-economic status and education needs over time.

UNICEF estimates that the ‘absolute number of children orphaned due to AIDS will only show a slight reduction to 15 million globally by 2020’ (UNICEF, 2013a, p. 14). The number of out-of-school youth in Sub-Saharan Africa has remained static at about 30 million between 2007 and 2012. ‘As a result, the share of the world’s out-of-school children living in Sub-Saharan Africa has increased to more than one-half of the total [children out-of-school worldwide]’ (UNESCO, 2013b, p.2). These varied concentrations have influenced different countries’ responses to education issues related to children affected by HIV/AIDS. Children affected by HIV/AIDS have not generally been a unique target population in education plans in countries with low HIV prevalence (as indicated by the limited references to children affected by

HIV/AIDS or education for orphans and vulnerable children in the HIV/AIDS National Plans of Action, poverty reduction strategies and education sector policies found in UNAIDS, World Bank, UNESCO/International Institute for Education Planning and OVCSupport.net databases).

Table 1. Number of person living with AIDS, AIDS-related deaths and AIDS orphans by select country

Country	AIDS orphans		Children (0-14 years) living with HIV/AIDS		Adults (15+ years) living with AIDS		AIDS-related deaths (children & adults)	
	2000	2013	2000	2013	2000	2013	2000	2013
Latin America and the Caribbean								
Chile	*	*	*	*	32,000	38,000	1,800	<1,000
Haiti	130,000	100,000	21,000	13,000	140,000	130,000	15,000	6,400
Sub-Saharan Africa								
Kenya	1,100,000	1,100,000	210,000	190,000	1,400,000	1,400,000	170,000	58,000
South Africa	380,000	2,400,000	160,000	360,000	3,400,000	5,900,000	170,000	200,000
Uganda	1,200,000	1,000,000	210,000	190,000	810,000	1,400,000	110,000	63,000
Zambia	720,000	600,000	140,000	150,000	740,000	960,000	72,000	27,000
South and South East Asia								
Cambodia	*	*	3,600	5,200	110,000	70,000	5,200	2,200
India	*	*	71,000	140,000	2,200,000	1,900,000	110,000	130,000
Thailand	*	*	7,800	8,300	680,000	430,000	57,000	18,000

(Note: * = not available. See UNAIDS, 2014b, *The Gap Report*, p. A5 for clarification)

Early responses to orphan and vulnerable children education needs

Prior to 2000, policies and support services that focused primarily on care, treatment and social welfare protections were largely externally funded. In addition, policies and programmes in the education sector conventionally targeted students based on their gender or age alone and failed to consider other marginalizing traits such as orphan status. Furthermore, prior to 2000 many government education or HIV/AIDS policy considerations regarding education and HIV did not focus on access to or completion of quality primary education, but rather on education *about*

HIV/AIDS. The provision of education about HIV/AIDS remains central to education sector responses to HIV/AIDS.

The confluence of international commitments that occurred around the year 2000 – including the Dakar Framework for Action, the Millennium Development Goals, the United Nations General Assembly Special Session Declaration of Commitment on HIV/AIDS and the creation of the Global Fund to Fight AIDS, TB and Malaria (Global Fund) – created greater alignment across the areas of HIV/AIDS, education and support for orphaned and vulnerable children. Mechanisms established in each of these areas reinforced each other to create global commitments and mobilize resources to address key poverty and development issues at the country level. The progression of HIV/AIDS and the commitment to Education for All forced governments to include these interdependent issues in their policies and planning.

Including education for orphan and vulnerable children in the Dakar Framework created an environment that empowered governments to respond to the educational needs of children affected by HIV/AIDS, with coordinated support from multilateral and bilateral donors and NGOs. After the establishment of the Dakar Framework for Action, the majority of countries across Latin America, sub-Saharan Africa and Asia included child protection, access to health care, life skills and social safety nets in their policies in support of children affected by HIV/AIDS, their poverty reduction strategies, and their HIV/AIDS National Plans of Action. However, fewer countries confirmed the rights of children affected by HIV/AIDS or included programmes designed to ensure that they had access to primary education. Many countries acknowledged the educational needs of vulnerable children and those affected by HIV/AIDS, but there were few systematic responses.

Prior to 2000, commitment to responding to children affected by HIV/AIDS issues – both at the national level and among the donor community – was lacking, but Education for All created an impetus for improved national and regionally coordinated responses to the educational needs of all youth. Estimates vary, but according to the Dakar Framework, an estimated 113 million children did not have access to primary education in 2000 (UNESCO, 2014a). In the decade following the launch of the Dakar Framework for Action–Education for All, the number of primary school-age children without access to education almost halved. However, governments had limited technical guidance and few evidence-based practices to inform their responses to the educational needs of children affected by HIV/AIDS. In 2013, UNICEF estimated that there were approximately 17.3 million children under the age of 18 who had lost one or both parents to AIDS, and it reported an orphan school-attendance ratio of 91 for Sub-Saharan Africa and 72 for South Asia (UNICEF, 2013b; UNICEF, 2013c, p. 81). There are limited data directly linking the AIDS orphans with the 57 million out-of-school youth during the same year (UNESCO, 2014a), but the lack of programmes and policies targeting this population and the continued lack of education for these children suggest that they may likely constitute a large portion of this population. How countries responded to education needs and their HIV/AIDS orphan issues was not a central focus of government policy or programming in 2000. Since 2000, various strategies have been employed at the local, national, and international levels to improve access to education for all children and youth and at times a concentrated approach for HIV/AIDS affected communities. The changing needs of children affected by HIV/AIDS to access education has been taken many shapes since 2000 and continues to evolve as programme effectiveness is evaluated and as country and household economies develop.

Evidence on policy evolution since 2000 and the current status of key policies

Much of the policy focus prior to 2000 related to child protection and social welfare or social safety nets in areas such as housing, food and nutrition. Since 1998, however – with support from UNICEF, UNAIDS, bilateral donors and other donors – various countries in Sub-Saharan Africa, South Asia and South-East Asia have held national and regional consultations and conducted situational analyses to respond to the growing number of children affected by HIV/AIDS (Gulaid, 2008, pp. 10–15).

Although our understanding of the social determinants of HIV/AIDS transmission and its impact on educational attainment, poverty reduction and development has evolved, the key interventions to improve access to education have not changed since the commitment to Education for All (see Table 2). These interventions have been evaluated and showed varying levels of success and acceptance at the policy and programme levels.

Table 2. Examples of interventions to improve access to education

Orphan and vulnerable children – specific interventions	General population interventions
Subsidized school fees through scholarships/ bursaries/vouchers/cash transfers	Birth registration and non-discriminatory legal system (land rights, women’s rights)
School-based psychosocial counseling	Community schools
Social workers ensuring access to rights and services	Increased number of trained teachers
In-kind support to schools through block grants	Revision of school uniform and textbook provision policies
Peer counseling and support groups	School feeding programmes
Community- and home-based responses	Abolition of all tuition and support fees
Age- and gender-specific services (vocational education, sexual and reproductive health)	Safe and healthy schools programmes

(Adapted from various including Bundy, OGAC, UNICEF)

Many of these interventions have been embraced in different ways by different countries, leading to improvements in educational attainment among orphans and vulnerable children (examples of which are described in the sections that follow). Some interventions and government policy

developed education sector specific activities and responses while others have looked at broader socio-economic and social welfare programs that improve the household well-being allowing families and communities to respond to the educational needs of children including those made orphaned or vulnerable because of HIV/AIDS.

One intervention that has received considerable focus in recent years is conditional and social cash transfers. Originally made popular in Latin America, the use of conditional cash transfers have been demonstrated, with reasonable consistency although not universally, to increase children's school enrollment and attendance, reduce child labor, increase the use of preventive and palliative healthcare services, and improve children's nutritional status (Adato & Bassett, 2012, p. 17). Cash transfer programmes funded by UNICEF in Kenya have shown considerable success in improving household socio-economic status and household decision-making. Recent findings from a randomized control trial of the cash transfer programme in Kenya found statistically and economically meaningful impacts across the majority of outcomes, including assets, consumption, food security, revenue from self-employment and psychological well-being. However, they did not observe changes in other measures, for example health and education. (Haushofer & Shapiro, 2013, p.12). That being said, they did note:

That transferring cash to the primary male in the household leads to a larger impact on standard measures of economic welfare, namely assets and consumption, while transferring cash to the primary female in the household improves outcomes most likely to benefit children, i.e. food security, health, and education, as well as psychological well-being and female empowerment. (Haushofer & Shapiro, 2013, p.12)

Alternate cash transfer schemes in South Africa and Zambia have shown impact on primary school enrolment and attendance. Evaluators 'hypothesize that children were starting school earlier and staying in primary school longer due to improved nutrition as well as their ability to pay school fees' (Adato & Bassett, 2012, p. 86). The long-term

impact of cash transfers on primary education for children orphaned or made vulnerable because of HIV/AIDS, particularly girls, could prove promising as household economic status improves the ability and interest in educational access and achievement, particularly in household with women as primary caregivers looks encouraging.

Progress has been made in lessening the impact of HIV/AIDS on communities and children affected by HIV/AIDS through national and international commitments to preventing mother-to-child transmission and providing universal access to low-cost anti-retroviral treatment (UNICEF, 2013c, p. 2). However, providing education to orphans and vulnerable children has not received the same amount of political will or financial commitment, either prior to or since 2000. In Haiti, for example, the initial proposed government budget for combined orphan and vulnerable children support was US\$126 million for five years, which covered education, health, nutrition and housing. In contrast, the United States government's President's Emergency Plan for AIDS Relief (PEPFAR) programme in Haiti had a planned budget of just under US\$134 million for 2013 alone, inclusive of the 10 percent earmarked for orphans and vulnerable children (described in more detail in the next section) (OGAC/Haiti, 2014a, p. 23). The United States government has externally funded programmes support a variety of services – with orphan and vulnerable children-related services representing only one sector – but the contrast between the locally funded programming and the international budget is clear.

International support for education access for children affected by HIV/AIDS

In recent years, multilateral and bilateral donors have included orphans and vulnerable children

Textbox 2: United Nations General Assembly Special Session Declaration of Commitment on HIV/AIDS – related required and recommended indicators

Required – #12: Current school attendance among orphans and among non-orphans aged 10–14

Recommended – #15: Percentage of children under the age of 18 who are orphans (disaggregated by sex [female, male], age [<5, 5–9, 10–14, 15–17], and type of orphan [maternal, paternal, double])

Source: Hales, 2010, p. 93

and primary education policies and indicators in their funding and programming guidance and reporting, albeit to different degrees. This includes metrics like the United Nations General Assembly Special Session Declaration of Commitment on HIV/AIDS indicators (see Textbox 2), as well as increased education expenditures that specifically focus on orphans and vulnerable children and their education.

Since the inception of the Global Fund in 2002, more than \$16 billion has been provided to countries to assist in the fight against HIV/AIDS. Every low- and medium-income country has received some of these funds (Global Fund, 2014). Even though the Global Fund promotes holistic approaches to development and the inclusion of a wide array of stakeholders – including orphans and vulnerable children – this support, like that of other donors, has remained focused on health and social welfare services, rather than primary education for children affected by HIV/AIDS or other vulnerable populations. Even education services supported under the Global Fund focus only on HIV prevention and life skills education. The only mention of basic education is embedded within one of the Global Fund’s economic indicators – in the component ‘material support for education (e.g. uniforms, school books, etc.)’ – and is disaggregated based on orphan status. Despite the financial resources available through the Global Fund mechanism, and despite its overlap with the Millennium Development Goals and Education for All, country-level support for educating children affected by HIV/AIDS is not a central consideration of the integrated and purportedly holistic programming supported through the Global Fund (Global Fund, 2011, p. 129).

The United States government’s President’s Emergency Plan for AIDS Relief (PEPFAR), enacted in 2003 and reauthorized in 2008, specified that ‘10 percent [of the budget] should be used for orphans and vulnerable children’ (USG/US Congress, 2003, p. 36; USG/US Congress.

2008, p. 49). From this allotment, the United States government has provided funds, technical assistance, policy support and research related to children affected by HIV/AIDS issues, including extensive guidance on best practices for policies, programmes, and monitoring and evaluation related to the provision of comprehensive services for orphaned and vulnerable children, both at the community and the government level. These concentrated efforts have infused considerable bilateral resources into numerous countries responding to HIV/AIDS. Many United States government programmes in this area focus on child rights, child protection, care and support, social safety nets, and, in some cases, education.

The 2012-revised President's Emergency Plan for AIDS Relief Orphans and Vulnerable Children Guidance included education as a priority activity for children affected by HIV/AIDS. The plan also positioned completing primary school as the highest educational priority for children made vulnerable by HIV/AIDS (OGAC, 2012, p. 6). The President's Emergency Plan for AIDS Relief highlights the need for education activities to focus on both in-school and out-of-school youth as critical populations. Education is a priority activity under the United States government's strategy to support efforts to reduce educational disparities and barriers to access among school-age children through sustainable 'systemic' interventions that ensure that children have a safe school environment and complete their primary education (OGAC, 2012, p. 7).

Despite the commitment of the United States government and other multilateral and bilateral donors to HIV/AIDS health programming, and despite a commitment to the education needs of children affected by HIV/AIDS, there is limited coordination between the funded health and education programmes across activities, which are often 'siloes' based on the primary service sector. UNAIDS' Inter-Agency Task Team on Education, hosted by UNESCO, focuses on fostering research into and monitoring government commitment to the relationship between

HIV/AIDS, education and vulnerable children in order to achieve ‘improved collaboration within and across agencies to support harmonized and cost-effective global and country-level actions’ (UNESCO, n.d.). The team works with key stakeholders – governments, donors and NGOs – on measuring the education sector’s response to HIV/AIDS through the development of core indicators and government commitments (for example, through the Eastern and Southern Africa Ministerial Commitment to the needs and rights of young people to sexual and reproductive health, education and services) (UNESCO, 2013b, p. 10).

Although a lack of coordination persists, these international commitments have created multilateral and bilateral support for national governments to promote country ownership of sustainability through capacity building and the transfer of programme responsibility and policy reform to national governments and line ministries. In 2001, the United Nations set targets related to the global commitment to curb HIV/AIDS for all United Nations signatory nations through the United Nations General Assembly Special Session Declaration of Commitment on HIV/AIDS. It affirmed that ‘children orphaned and affected by HIV/AIDS need special assistance’ (United Nations, 2001, p. 29). Additionally, UNAIDS’ periodic Country Progress Reports serve as a framework that requires countries to self-report on their policy evolution, relevant statistical information and coordination activities. This commitment includes ensuring

Textbox 3: United Nations General Assembly Special Session Declaration of Commitment on HIV/AIDS’ commitment to orphans and vulnerable children

By 2003, develop and, by 2005, implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counselling and psychosocial support, *ensuring their enrolment in school*, and access to shelter, good nutrition and health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.

Source: UNAIDS, 2001, p. 27

access to education (see Textbox 3).

Despite the adoption of the Dakar Framework and the United Nations General Assembly Special Session Declaration of Commitment on HIV/AIDS, government ownership of education sector policies and plans (and related education policies and plans for children affected by HIV/AIDS) took between three and five years to materialize in many of the countries that took active steps (see Textbox 4).

Textbox 4: Select countries' earliest inclusion of orphan and vulnerable children and primary education in national policies or plans of action post-2000

Country	Year
Cambodia	2002
Ethiopia	2000
Ghana	2003
Kenya	2005
Mozambique	2005
South Africa	2005
Swaziland	2005
Uganda	2004
Vietnam	2003
Zimbabwe	2004

Source: Various

Although these countries developed national education policies in the aftermath of Education for All and the Millennium Development Goals, they focused on strategies such as providing education about HIV/AIDS. A few years later, HIV/AIDS strategies specifically targeted at the education sector began to appear, although these focused mainly on life skills and workplace prevention and mitigation programmes to keep teachers in the classroom. Finally, between 2005 and 2010, numerous countries in Sub-Saharan Africa, South Asia and South-East Asia created national action plans for children affected by HIV/AIDS (available at OVCsupport.net and UNESCO/IIEP *Planipolis*). These plans were some of the first policy documents that aimed to address the accessibility of quality education for children affected by HIV/AIDS, some through revisions of previous policies (Cambodia, Kenya, Uganda, Zambia, Zimbabwe) and some through new policies (Botswana, Burundi, Lesotho, Myanmar, Nigeria). Some of these policies are profiled in the following sections.

Over the last fifteen years, several institutions have undertaken both systematic and cursory reviews of countries' processes and have provided analysis and recommendations for the provision of comprehensive education and educational support to orphans and vulnerable children. This contribution to the literature on children affected by HIV/AIDS and their educational needs has helped to bring the opportunities and challenges of country-level responses to the attention of donors, governments and policy makers.

The 2009 UNESCO *Educational Marginalization in National Education Plans* background paper for the 2010 Education for All Global Monitoring Report completed a systematic review of 44 national plans for each Education for All goal. This review of the national plans found that almost 70 percent included specific references to marginalized groups in relation to Millennium Development Goal 2, but that the marginalized groups targeted were girls (18 plans), children with special needs/disabled children (14 plans), and rural children (13 plans). Poor and vulnerable children were only mentioned in eight plans, and orphans were only targeted in one plan – Namibia's (Lugaz, 2009, p. 10). Children living with HIV/AIDS were referenced in 10 national plans and orphans were referenced in nine national plans, although without being targeted for specific services (Lugaz, 2009, p. 11).

Country-level progress on education and children affected by HIV/AIDS

Despite considerable external support from bilateral and multilateral donors, many countries have made little *systemic* progress toward comprehensive education policy reform and programme implementation for orphans and vulnerable children. The most progress has been made in Sub-Saharan Africa, where HIV/AIDS prevalence is high and where the bulk of children affected by HIV/AIDS reside. Limited progress has been made elsewhere. The usefulness of targeting policy and programme resources specifically for orphans and vulnerable children,

particularly those affected by HIV/AIDS has been defined at the country level based on need and appropriateness. All things being equal, if education systems are able to provide the necessary resources to achieve Education for All, then issues of vulnerability related to HIV/AIDS orphanhood would prove irrelevant. That being said, in many places where AIDS-related deaths continue to rise, child-headed households persist, and costs of primary education is out of reach, particularly for children subjected to discrimination and stigma, targeted programmes and policy maybe still be necessary to ensure attain of the Education for All. How each country responds to the needs of its children affected by HIV/AIDS must vary and be locally driven and this response can change over time. Assumptions at the time of the commitment to the Dakar Framework for Education for All may no longer prove relevant as economies grow and stabilize, HIV/AIDS treated prolongs life and improves productivity, and commitment to education as a right is felt more universally.

Few countries made a concerted effort to address the educational needs of children affected by HIV/AIDS in the manner envisioned in the Dakar Framework for Education for All. In 2007, the *Orphans and Vulnerable Children Policy and Planning Effort Index* found that 68 percent of countries in Sub-Saharan African had Orphan and Vulnerable Children National Plans of Action in place. Ninety-two percent of countries were integrating children affected by HIV/AIDS into national AIDS plans and 62 percent of countries were integrating them into National Development Plans or poverty reduction strategies (de Bruin Cardoso, 2010, p. 9). Despite this progress, many of these plans focused on child protections, social safety nets, and care support, rather than on the educational needs and rights of children affected by HIV/AIDS.

Some countries have taken initial steps toward taking ownership of education for children made vulnerable and affected by HIV/AIDS. In Burundi, for example, the 2008 *National Policy*

for Orphans and Vulnerable Children (Politique Nationale en Faveur des Orphelins et des Autres Enfants Vulnérables) states that education is an essential prerequisite for child development and ensures access to formal and informal education through traditional school, special schools or private lessons (Burundi, 2008, pp. 12–15). This aligns with President Pierre Nkurunziza’s 2005 affirmation of free primary education for all the country’s children, although there is no legal guarantee to education in Burundi and no compulsory education age group (UNESCO, 2014a). The abolition of school fees in Burundi increased adjusted net primary enrollment from 54 percent in 2004 to 94 percent by 2010 (UNESCO, 2014b, p. 7).

Cambodia has also made steady progress on national policy and programming since 2000. The *HIV/AIDS Strategic Plan 2002–2005* emphasized the needs and rights of children affected by HIV/AIDS and other orphans, as well as the need for HIV-related education programmes (Cambodia, 2004). *The National Plan of Action for Orphans, Children Affected by HIV and Other Vulnerable Children in Cambodia, 2008–2010* also made explicit the importance of achieving Cambodian Millennium Development Goal 2: to achieve universal, nine-year, basic education (Cambodia, 2008a, pp. 11–12). The *National Plan of Action* aligns with the *Strategic Plan and Operational Plan for HIV 2008–2012*, which announced the mission of ‘Reducing HIV-Related Vulnerability, Stigma and Risk among Cambodian Youth through Education’ (Cambodia, 2008b).

In Botswana, the *Children’s Act of 2009* and the 2008 *National Guidelines on the Care of Orphans and Vulnerable Children and the Children’s Act* upholds all children’s rights to education (see Textbox 5). Despite this affirmation, however, the Government of Botswana’s *User-Friendly Guide to the Care*

Textbox 5: Botswana – Children’s Act of 2009

- (1) Every child has a right to free basic education.
- (2) A parent or other relative or guardian who, without reasonable excuse, denies a child the opportunity of going to school shall be guilty of an offence and shall be sentenced to a fine of not less than P5,000 but not more than P10,000.

Source: Botswana, 2009, p. A.62

of Orphans and Vulnerable Children states that the burden of responsibility for ensuring access to basic education rests with parents, guardians, community members and NGOs (Botswana, 2010, pp. 10–12).

The most recent United Nations General Assembly Special Session Declaration of Commitment on HIV/AIDS Country Progress Report for Guyana states that the *Orphan and Vulnerable Children Policy* was prepared and approved by the Ministry of Labour, Human Services and Social Security. As in many countries, however, this policy focuses on child rights, child protection, and health and social welfare considerations and services. No targeted policy or programming has been devised that ensures that orphans and vulnerable children have access to primary education. Instead, the educational considerations of Guyana’s policy are limited to ‘children’s rights to’ survival, development, protection and participation (Guyana, 2012).

The commitment to children affected by HIV/AIDS and education is similar in Vietnam, where policy focuses on health and welfare services with a nascent reference to education. *The National Plan of Action for Children Affected by HIV and AIDS* states that ‘at least 50% of all children affected by HIV/AIDS can access services of health care, education and social policies according to the current regulations,’ but it provides no implementation guidance or strategies for education (Vietnam, 2009, p. 9). Vietnam has not focused on the educational needs of children affected by HIV/AIDS, nor has it made primary education free. Instead, the *National Education For All Action Plan 2003–2015* commits to providing *affordable* schooling for all children of primary school age, only guaranteeing free textbooks (Vietnam, 2003, p. 23). The 2012 Vietnam Country Progress Report states: ‘There is still strong stigma and discrimination, which poses a barrier to school attendance for many children... and there is a lack of data on orphans and

vulnerable children, which makes planning and evaluation of orphan and vulnerable children programmes difficult’ (Vietnam, 2012, pp. 130–1).

South Africa has made considerable progress in addressing the needs of children affected by HIV/AIDS in recent years, despite the growing presence of HIV/AIDS and the increase in the number of children affected by HIV/AIDS. Over the last decade, the percentage of orphans attending school in South Africa has increased. The government attributes this to ‘changes in household reporting; increases in maternal and paternal deaths; and improved opportunities for orphans to attend school, owing to the no-fee schools policy’ (South Africa, 2013, pp. 22–24). In the short term, it is estimated that by 2015, ‘South Africa will have 5.7 million children – a third of all children in the country – who would have lost one or both parents’ (South Africa, 2013, p. 63). Responding to the educational needs of these children is a priority for the Department of Education and the Department of Social Development. *The Policy Framework on Orphans and Other Children Made Vulnerable by HIV and AIDS* spells out a series of activities to support South Africa’s education needs (see Textbox 6).

Textbox 6: South Africa’s education support for orphans and vulnerable children

- Develop mechanisms for a school-based support system
- Provide academic support for orphans and other children made vulnerable by HIV/AIDS
- Provide education for all as a priority, as well as key coordinating mechanisms for protecting orphans and other children made vulnerable by HIV/AIDS
- Develop and implement appropriate life skills programmes
- Provide Primary School Nutrition Programme and Food fortification

Source: South Africa, 2005, p. 22

The prevalence of orphans and HIV/AIDS in Haiti is similar to the prevalence in many countries in Sub-Saharan Africa. Haiti’s policy commitment to education for children affected by HIV/AIDS has been limited, and it has been primarily driven and implemented by international

donors and local NGOs. In 2006, the Haiti Mortality, Morbidity and Service Utilisation Survey (*Enquête Mortalité, Morbidité et Utilisation des Services, or EMMUS-IV*) found that 11 percent of children were classified as orphans and another 15 percent were classified as vulnerable (Baruwa et al., 2011, p. 1). In 2013, UNICEF estimated that between 80,000 and 120,000 children were orphaned or vulnerable due to AIDS in Haiti (UNICEF, 2013c, p. 79). Despite these figures, the current Education Operational Plan 2010–2015 (*Vers la Refondation du Système Éducatif Haïtien Plan Opérationnel 2010-2015*)¹ makes no reference to the primary education needs of this population, although it does assert a plan to abolish school tuition fees and provide education to all children aged between 6 and 12 years old by 2015 (Haiti, 2012, p. 25). The most recent multisectoral AIDS control plan – *Programme National de Lutte contre le SIDA* – limits its consideration of issues relating to orphans and vulnerable children to acknowledging the impact HIV/AIDS has had on families and orphans and tracking the number of orphans aged between 10 and 14 years old who are not in school (Haiti, 2008, p. 46).

Case studies

Although many countries have made progress toward Education for All, fewer have been successful in developing and implementing national policies and programmes that respond to the unique educational needs of children affected by HIV/AIDS. However, three countries stand out – India, Uganda² and Zambia – because of their considerable commitment to, and considerable progress toward meeting, the educational needs of orphans and children affected by HIV/AIDS. Their approaches are not unique, but they represent differing national responses to the

¹ Developed after the January 2010 earthquake.

² The focus on Uganda as a case study country does not take into consideration the potential impact of recent developments – specifically the Uganda Anti-Homosexuality Act of 2014 and the proposed act criminalizing HIV transmission – on children affected by HIV/AIDS and HIV-related policies and programmes.

educational needs of these children as they make up a strong human, economic and visual presence in their communities and countries.

India

The Government of the Republic of India has responded to the educational needs of children affected by HIV/AIDS in a different manner than the governments in Sub-Saharan Africa (where HIV/AIDS issues are often at the top of policymakers' agendas). However, UNAIDS estimates that India had 0.3 percent HIV prevalence in 2012, which translates to over 2 million (20.9 lakh) people living with HIV – twice the number of people living with HIV in Zambia, which has 7.2 percent prevalence (UNAIDS/India, n.d.; UNAIDS/Zambia, n.d.). In terms of sheer quantity, India has the third largest number of people living with HIV/AIDS in the world (Boston University, 2012, p. iv).

With the availability of free anti-retroviral treatment and the steady decline in HIV prevalence through large-scale voluntary testing, treatment, and care programmes and activities targeted at the most at-risk populations – largely funded by the Global Fund and USAID – India's focus has shifted from prevention and treatment to providing support to affected children and families through comprehensive social services. The decrease in transmission and the reduction in morbidity and mortality through anti-retroviral treatment have reduced the risk of orphanhood or vulnerability previously attributed to HIV/AIDS.

A recent evaluation of support programmes in India for orphans and vulnerable children found that 839,000 (8.39 lakh) front line workers, civil society and government personnel have been trained and deployed to reduce discrimination and improve access to services (Boston University, 2012, p. v). The *National Policy on Education*, the *Right of Children to Free and Compulsory Education Act*, and the *Policy Framework for Children and AIDS* work together to

address the Education for All commitments to children affected by HIV/AIDS. Both the education policy and the *Education Act* guarantee primary education to children aged between 6 and 14 years of age (India, 1992; India, 2009).

What differentiates India's response from that of many other countries is its overt conviction that distinguishing between types of vulnerability does not serve the greater good. The country 'recognize[s] the futility of trying to differentiate between children in distress, and affirm[s] the need for a universal approach in addressing the needs of all children subjected to social, exclusion, neglect and abuse, and those affected by HIV/AIDS' (India, 2007, p. 4).

India's policy and legislative evolution

India's policy and legislative environment³ is based on the dual concepts of human rights and equality, although these have not yet been fully realized as the country continues to grow both economically and in population. India's 1986 education policy laid the groundwork for the country's commitment to Education for All, and to the educational needs of vulnerable populations. However, this policy could not predict the impact HIV/AIDS would have on the population or the education sector, as the first case of HIV was identified that same year in Chennai. The 1992 revision of this policy and the *Right of Children to Free and Compulsory Education Act* do not directly address the issue of orphans and children affected by HIV/AIDS, but their commitment to ensuring education for *all disadvantaged groups* supports the educational needs of these vulnerable youth. The *Education Policy* states that 'the concept of a National System of Education implies that, up to a given level, all students, irrespective of caste, creed, location or sex, have access to education of comparable quality' (India, 1992, p. 5). The *Education Act* goes further, creating definitions for a 'child belonging to a disadvantaged group' and 'a child belonging to weaker section' (India, 2009, p. 60). The progress that has occurred

³ See Annex A for key international and national commitments and policies.

since 1986 highlights India's evolving commitment to ensuring primary education for all, including vulnerable populations. The *Education Act* and the related state orders also provide transparency to institutions and parents on school fee reimbursements.

Food security is often a concern for vulnerable households and is critical to their prioritization of resources, including education. In 2001, by directive of the Indian Supreme Court, states became obligated to institute a primary school lunch programme, referred to as 'midday meals.' This directive was thought to address two issues related to enrollment and learning outcomes, as envisioned in the Dakar Framework: it would lower the cost of attending school, and through improving child nutrition, would foster learning and cognitive development (Jayaraman & Simroth, 2013, p. 2).

The *National Plan of Action for Children* works to integrate the holistic needs of India's children at the national and state level:

- Strategy 16.3.1 Ensure non-discrimination through the promotion of an active and visible policy of de-stigmatisation of children infected, orphaned and made vulnerable by HIV/AIDS.
- Strategy 16.3.9 Enable children affected by HIV/AIDS to attend schools without discrimination (India, 2005b, p. 40).

Additionally, the *Policy Framework for Children and AIDS* integrates the roles of the Ministry of Women and Community Development, the Ministry of Social Justice and Empowerment, and the Ministry of Human Resource Development to ensure a quality life for children, including those affected by HIV, through a comprehensive set of welfare and social services. The policy targets 25 million students, reached through the Adolescent Education Programme, and 70 million out-of-school youth, reached by HIV prevention skills education programmes and related services (India, 2007, p. 12).

To achieve these objectives, the Indian government provides special packages for children affected by HIV/AIDS that provide extended care and protection, strengthen linkages with other government agencies and NGOs, develop counseling programmes in schools, and ‘ensure non-discrimination through the promotion of an active and visible policy of de-stigmatization of children infected, orphaned and made vulnerable by HIV/AIDS’ (India, 2005b, p. 40). Numerous organizations are responding to the social, health and educational needs of orphaned and vulnerable children across India. The Karnataka Cash Transfer Programme, for example – funded by the state government and implemented by the Karnataka Health Promotion Trust – provides cash transfers of 500 rupees per month (on average) to vulnerable households, while the Sneha Charitable Trust provides residential care and education services to HIV-affected children in Bangalore through funding from USAID and the Global Fund (Boston University, 2012).

Locally informed decision-making

Across India, there is no systematic disaggregation or tracking of data on the availability of primary education for orphans and children affected by HIV/AIDS. The HIV Sentinel Surveillance System is considered robust, however, and it feeds into the national Strategic Information Management System. The system demonstrates that HIV/AIDS prevalence varies across the country: There are states with a high prevalence of HIV/AIDS (such as Tamil Nadu and Andhra Pradesh); states with a moderate prevalence of five percent or more, concentrated in high-risk groups like commercial sex workers, intravenous drug users and men who have sex with men (such as Goa and Gujarat); and states with a low prevalence (India, 2007, p. 6). The national government also collects country-level indicators, but it does not systematically track

these indicators beyond the requirements of the United Nations General Assembly Special Session Declaration of Commitment on HIV/AIDS.

The decentralized, semi-autonomous state government structure has created an environment where programmes and policies are developed based on local context, which allows individual states to address the educational and other needs of their population. In areas like Goa and Gujarat, for example, orphans and vulnerable youth are at greater risk of abuse or are denied information because of their vulnerabilities and their lack of access to education and services (India, 2007, p. 7). The *Goa Right to Education Bill 2005* does not mention the risks and impact associated with the concentrated prevalence of HIV/AIDS in risk groups (India, 2005a). In Tamil Nadu, meanwhile, the *Tamil Nadu School Education Policy* embraced the *Education Policy* and *Education Act* while directly taking into account the policy and programming needs resulting from the high HIV prevalence and the large number of HIV/AIDS-affected orphans in the area. It expanded the definition of weaker and disadvantaged groups to include HIV/AIDS-affected children and orphans, which resulted in the specific objective of reducing the social gap and ensuring equality in education (India, 2012, p. 2). The state is also working ‘to dispel the myth that a school is only for those children who are normal and who can afford it,’ and ‘the State has envisaged special initiatives to cover out-of-school children, children from remote areas, and without adult care’ (India, 2012, p. 3).

The Tamil Nadu government is employing several new and ongoing ‘schemes’ to reduce the disparity between orphan and vulnerable children and non-orphans (see Textbox 7). During the 2011–12 school year, 9.2 million (92 lakh) students benefitted

Textbox 7: Tamil Nadu – new education welfare schemes

- Four uniforms
- One pair of footwear
- Educational kits (school bag, pencils, notebooks)

Existing education welfare schemes

- Textbooks
- Bus pass
- Financial assistance for students who have lost a breadwinning parent

Source: India, 2012, pp. 21–26

from the provision of textbooks, 1.4 million (14 lakh) benefitted from the provision of bus passes, and 4,968 students benefitted from the provision of financial assistance (India, 2012, pp. 25–27). Prior to the 2012 policy, external evaluators found (in 2005) that the presence of HIV/AIDS-affected household members did not affect the enrolment of children in schools in Tamil Nadu, but that continuation and retention was a problem. Dropout rates for children of HIV and non-HIV households in the 6–14 age group were 4.8 percent and 0.8 percent, respectively (UNDP, 2005, p. 2). The long-term impact of the updated policy remains to be seen.

Since 2000, the policy progress made by India in response to the Dakar Framework has been considerable. This process began with the *Education Policy* prior to 2000, and it has only been strengthened by continued support at the national and state level for responding to the needs of orphans, disadvantaged and vulnerable youth. As the HIV/AIDS demographics continue to evolve in India, so will the needs of children and youth affected by the disease, and the government's response will need to evolve, too.

Uganda

The government of Uganda has given considerable attention to basic education and the overall needs of children affected by HIV/AIDS. The country's broader commitment to education and poverty reduction has focused on raising standards for all learners, not just children affected by HIV/AIDS, but with a concentrated focus on the poorest quintile, children with disabilities and the needs of the girl-child. This process began when President Yoweri Museveni introduced the Universal Primary Education Programme in January 1997.

The Universal Primary Education Programme is one of Uganda's main policy tools for achieving poverty reduction and human development under the direction of the Ministry of Education and Sports. The tenets that underpin the programme are part of the country's broader

development commitment and are directly linked to the *National Standards for the Protection, Care and Support of Orphans and Other Vulnerable Children*. The main objectives of the programme are to ensure that every child enrolls and stays in school through primary education, to eliminate disparities and inequalities and to ensure affordable education. The Universal Primary Education Programme promised that the government would meet the cost of primary education for four children per family under a supply-driven system. However, this commitment has blurred the distinction between children affected by HIV/AIDS and children with other vulnerabilities.

The Universal Primary Education Programme has been extremely successful in improving access to primary education for all learners in Uganda, particularly the most vulnerable. The Ugandan government's early commitment to universal primary education and reducing the impact of HIV/AIDS led to considerable external support from USAID, the Global Fund, United Kingdom, the World Bank and other donors. Gross enrolment in primary school increased from 3.1 million in 1996 to 7.6 million in 2003. This amounted to an increase of 145 percent, compared with an increase of only 39 percent (0.9 million children) between 1986 and 1996 (Bategeka & Okurut, 2006, p. 1).

Uganda's policy and legislative evolution

Uganda has implemented national (and international) policy⁴ centered on four key areas, one of which is education. Specifically, Uganda seeks to develop a 'healthy, well-educated society with a high quality of life' (Uganda, 2004, p. 4). Since 2000, there have been regular revisions of Uganda's various national and strategic plans and policies, and the 2007 *National Quality Standards for the Protection, Care and Support of Orphans and Other Vulnerable Children in Uganda* expanded policy and programme support for all learners in the country in continuation

⁴ See Annex A for key international and national commitments and policies.

of the country's Universal Primary Education Programme. The standards associated with 'Core Programme Area V: Education' include providing material and financial support to ensure education access and retention among orphans and vulnerable children, as well as the provision of alternative or non-formal basic education. The national-level indicator for tracking progress in education is the 'ratio of proportion of orphans and vulnerable children versus non-orphan and vulnerable children aged 10–14 years who are currently attending school' (Uganda, 2007, p. 43). These standards were more fully articulated in the Ministry of Education and Sports' revised 2008 *Education Sector Strategic Plan 2008–2015*, which sought to rebudget and update the plan based on lessons learned and new education sector needs. This included bringing the strategic plan into full conformance with Education for All Fast Track Initiative goals, improving the quality of primary education and ensuring that all learners successfully complete Primary 7 and have access to continuing education (Uganda, 2008b, pp. 3–4). The Ministry's strategy includes expanding capitation grants to help schools cover costs – taking into account the differences among schools in the populations they serve – and providing guidance and counseling for the children who need it. The strategy also provides additional grant support to NGOs that provide non-formal education services to disadvantaged and vulnerable children and communities (Uganda, 2008b, pp. 29–30). Children affected by HIV/AIDS and other vulnerabilities are a critical subset of this population because they come to school with fewer intellectual, social and economic resources.

Although children affected by HIV/AIDS are not at the heart of the *National Development Plan*, the impact of HIV/AIDS on Uganda's development is a key focus. Accordingly, the *National Development Plan* pledges to 'develop and implement sector HIV/AIDS policies with priority on the sectors with the highest degrees of vulnerability with the

review and scale up of interventions targeting ... orphans and vulnerable children and other vulnerable groups' (Uganda, 2010, p. 266). By aligning the *National Development Plan* and the strategic plan (the *National Development Plan's* Primary Education Objective 1 flows directly into the strategic plan), Uganda has integrated support for children affected by HIV/AIDS into all education and other poverty reduction strategies and attempted to ensure proper coordination across policies, sectors and the country.

The ability of these national-level plans to respond to the educational needs of children affected by HIV/AIDS and other learners is further enhanced by a decentralization process that has given local authorities the power (through the Local Governments Act) to plan contextually driven responses. Provinces and districts now develop their own strategic plans for education. For example, the Iganga District Local Government's *Five Year Orphans and Other Vulnerable Children Strategic Plan 2008–2013* found that the 'gross intake for learners was very high but net intake is very low. This implies that less than half of those who enroll do not complete' (Uganda, 2008a, p. 14). In addition, they determined that those who dropped out of school were more likely to work in sugar plantations, rice gardens and construction sites and were subjected to the worst forms of treatment. In response, the Iganga strategic plan identifies service gaps, interventions and strategies to increase school completion and reduce the challenges faced by orphans and children affected by HIV/AIDS. These include organizing stakeholder meetings to improve the coordination of education programmes, encouraging parents and leaders to ensure that children complete school, and supporting orphans by requiring schools to facilitate retention and completion (Uganda, 2008a, p. 37).

Proper coordination across sectors that support education for orphans and vulnerable children has created an environment where there are fewer out-of-school youth each year. This

process has also been aided by considerable budgetary support for education. In partnership with multilateral and bilateral donors, Uganda has been receiving budgetary and programme support from the Global Fund, the World Bank, the Fast Track Initiative, the governments of the United States and the United Kingdom, and UNICEF, among others. In addition, the government of Uganda has been allocating considerable resources in support of the Universal Primary Education Programme and the Dakar Framework. Total education expenditure increased from 2.1 percent of the gross domestic product in 1995 to 4.8 percent of the gross domestic product in 2000, while the education sector's share of the national budget increased from 13.7 percent in 1990 to 24.7 percent in 1998 (Bategeka & Okurut, 2006, p. 1). Although government expenditure on education fell from 24 percent in the 2001/2002 fiscal year to 17.3 percent in the 2009/2010 fiscal year, this is still considerably higher than most country-level spending on education (Uganda, 2010, p. 209). More importantly, it is stipulated that at least 65 percent of the education budget must be put toward funding primary education. The budgetary needs for the Universal Primary Education Programme have been financed largely from the Highly Indebted Poor Countries (HIPC) debt relief initiative through Uganda's Poverty Action Fund, and through support from donors like USAID, the Global Fund and the World Bank, which have funded community- and national-level programmes and education reforms (Bategeka & Okurut, 2006, p. 4; OGAC/Uganda, 2014b).

In the early years of HIV/AIDS, Uganda made monumental strides toward reducing the transmission of HIV and its impact on Uganda's development. The rate of HIV prevalence dropped from a peak of 18 percent in 1992 to 6.1 percent in 2002, and it has since remained fairly constant, rising slightly to 7.2 percent in 2012 (UNAIDS/Uganda, n.d.). Despite this progress, the recent controversial anti-homosexuality law and the pending bill to criminalize the

intentional transmission of HIV may have a negative impact on HIV/AIDS prevention and support and its social and economic consequences, including those for children affected by HIV/AIDS. Even with the advancement made through the Universal Primary Education Programme and Uganda's poverty reduction and development strategies, the Government of Uganda's most recent report to UNAIDS acknowledges that 'overwhelming numbers of [orphans and vulnerable children] remain underserved, there is still limited support for [orphans and vulnerable children], and there remains high donor dependence for [orphan and vulnerable children] programming' (UNAIDS, 2012, p. 12). Achievements for education among children affected by HIV/AIDS may be at risk if donor funding and HIV programmes are hindered by the negative social consequences of these new legislative actions.

Zambia

The government of the Republic of Zambia has made considerable progress in its commitment to Education for All, particularly through its response to the needs of children affected by HIV/AIDS. Challenges remain, however, as Zambia works toward its poverty reduction and development goals, especially the persistent prevalence of HIV and the limited improvements in the *quality* of primary school learning. Nonetheless, Zambia's development of national standards of care for orphans and children affected by HIV/AIDS is a major achievement. It states that 'the Social Welfare Department and other government ministries support [orphan and vulnerable children] bursaries and there has been an observed increase in the number of [orphans and vulnerable children] attending school' (Zambia, 2014a, p. 14).

Zambia's policy and legislative environment

Prior to 2000, Zambia's 1996 National Education Policy – *Educating our Future* – had already acknowledged the educational and developmental needs of children, particularly those affected

by HIV/AIDS. It estimated that by 2000, an ‘additional 150,000 lower and middle basic school places would be needed at once if all children in the 7 to 13 age range were to attend school. This is the equivalent of almost 270 double-streamed primary schools, each with an enrollment of 560 pupils’ (Zambia, 1996, p. 17). Predictably, the availability of classrooms and teachers has been an ongoing challenge in meeting the needs of these additional students.

As a first step, the government recognized education as a basic right for every Zambian by introducing free basic education for Grades 1–7 in 2002, with an emphasis on key factors such as access, equity and quality (UNICEF, 2009, p. 99). Hidden education fees like uniforms, supplies and exam fees, as well as households’ economic need for children to work, create additional burdens for vulnerable families and impede their children’s participation in formal education. This is particularly true for households with ill members, multiple orphans or urban street children. In response, multiple line ministries have been developing and updating HIV and education-related policies steadily over the last fifteen years to reflect the changing needs, environment and demographics of HIV/AIDS-affected and vulnerable children in Zambia.

Zambia has made several global and national policy commitments to children and youth affected by HIV/AIDS and other marginalized populations.⁵ Through the alignment of the *National HIV and AIDS Strategic Framework 2014–2016, Vision 2030*, the *Sixth National Development Plan 2014–2016*, the *Poverty Reduction Strategy*, and the *National Policy on HIV and AIDS in the Education Sector 2014–2018*, Zambia is coordinating a national, multisectoral response to HIV/AIDS. This response is anchored in the wider socioeconomic development of the country and gives considerable attention to the role that responding to children affected by HIV/AIDS plays in attaining the Millennium Development Goals.

⁵ See Annex A for key international and national commitments and policies.

The evidence-based, coordinated policies and frameworks that form part of this new response include areas of focus such as providing protection from stigma and dissemination, the right to privacy (protecting people from mandatory testing, confidentiality of information), the right to education and access to services. The *National Policy on HIV and AIDS in the Education Sector* and its supporting implementation guidelines and operational plan include orphans and children affected by HIV/AIDS as a target population for education services, protections, bursaries and other critical rights and strategies in support of Education for All and the Millennium Development Goals (Zambia, 2014b).

Consolidated planning and alternative programming

Despite the government's free basic education policy, the cost of participating in government education is still high, and this has increased the growth and importance of community schools. These schools make up almost one-third of all primary schools in Zambia and are run by national, international and local NGOs. Community schools bring education to both the poorest and the most vulnerable – particularly orphans and children affected by HIV/AIDS – and to rural areas that government schools do not reach. Zambian community schools often condense the standard seven-year government primary school curriculum into a more flexible four years, typically charge lower fees than government schools, and do not require the students to wear uniforms, all of which enhance access to primary education for orphans and vulnerable children (Chatterji, et al., 2009, pp. 10–11). The government's positive response to community schools at the local and national level has increased educational opportunities and access for many children affected by HIV/AIDS.

In addition to the increased support provided to community schools, USAID and UNICEF supported the Ministry of Education in developing the *Operational Guidelines for*

Community Schools to ensure better quality and oversight and to bring community school students into the mainstream education process (Zambia, 2007, p. 7). Implementation of the *Guidelines* began in 2012, when donor-funded programs (e.g. the Time to Learn and Community Health and Nutrition, Gender and Education Support 2 projects, funded by USAID and the President's Emergency Plan for AIDS Relief) and national education NGOs (e.g. Zambia Open Community Schools, Campaign for Girls Education and the Forum for African Women Educationalists of Zambia) began working with community schools and the newly reorganized Ministry of Education, Science, Vocational Training and Early Education.

Zambia has been continuously engaged in the ongoing process of revising pre- and in-service teacher training programmes, expanding school construction and strengthening decentralization. As part of the 2012 restructuring of the Ministry of Education, Science, Vocational Training and Early Education, the Ministry created a combined mission of early childhood development/education and vocational education with primary education needs. This combined focus increased the government's commitment to planning for holistic educational needs. Currently, all four USAID-funded education projects with the Ministry have focused between 25 percent and 40 percent of their budget allocation on activities relating to the needs of orphans and vulnerable children (activities related to the President's Emergency Plan for AIDS Relief). These projects include Strengthening Educational Performance–Up (decentralization and management), Read to Success (early grade reading and bursaries), Time to Learn (community schools and support services for orphan and vulnerable children), and SPLASH (school-based water, sanitation, hygiene promotion).

Reflecting this commitment, the Ministry is dedicated to ensuring that all children affected by HIV/AIDS are able to access and complete a programme of basic education (Grades

1–9) and that 20 percent of vulnerable children are provided with school fees for primary and secondary education (Zambia, 2014a; Zambia, 2014b). In partnership with local NGOs (e.g. Learning at Taongo Market) and donor-funded initiatives (e.g. USAID–Quality Education Services Through Technology), the Ministry also expanded its interactive radio instruction to reach additional out-of-school children, particularly orphans and vulnerable children. Finally, the Ministry’s School Health Unit (in partnership with the World Food Programme) provides school feeding and take-home ration programmes to improve nutrition for learners, which serve as an added incentive for school attendance. The Ministry is working to transition this funded programme to a homegrown school feeding programme.

Data quality and coordination

Tracking children affected by HIV/AIDS and ensuring universal access to primary education has been challenging because of the absence of a comprehensive registration system for vital statistics, and because of outdated and inconsistent data. In response, the government has restructured the line ministries and worked with donors to improve management information systems in order to track vital statistics, population and demographic information, health and education services, and quality improvements (see Table 3).

Table 3: Example of Zambian ministries’ management information system data element redesign through donor support

Ministry	Donor	Examples of key data
Education, Science, Vocational Training and Early Education	USAID	Enrolment, completion, orphaned and vulnerable children, absenteeism, school health indicators
Health	Global Fund to Fight AIDS, TB and Malaria	Health service utilization, immunization, morbidity and mortality
Community Development, Maternal and Child Health	UNICEF	Vital statistics, birth registration, orphaned and vulnerable children, social service utilization

For example, the Ministry of Education monitors children affected by HIV/AIDS in the formal education sector (i.e. government and community schools) through item #28 on the Annual School Census Questionnaire: ‘pupils orphaned by grade and sex by maternal, paternal and dual orphan status’ (Zambia, 2010, p. 70). The relevant line ministries’ ability to use these quality data is critical for short- and long-term planning for budget allocation to schools, targeted programming (such as expanded teacher training), and the provision of additional services to vulnerable children through school feeding and bursary programmes. Improved management information systems and data will continue to help the government develop evidence-based policies and programmes to effectively respond to the educational needs of orphans and children affected by HIV/AIDS.

The contested nature of key definitions, the quality of the relevant data, the complications associated with coordination, and the scarcity of financial resources will continue to create challenges for Zambia, particularly as HIV prevalence remains high. However, the government’s coordinated response to ensuring improved access to primary education for all children has already had a positive impact, reducing the number of out-of-school youth from an estimated 539,553 in 2000 to 58,623 in 2012. Net enrollment rates for primary schooling for both sexes, meanwhile, increased from 70.67 to 93.73 over the same period (UNESCO/UIS, n.d.).

Conclusion: Key priorities for policies related to a post-2015 agenda

The growing number of policies, programmes and services demonstrates a growing commitment to Education for All for orphans and children affected by HIV/AIDS among countries, multilateral and bilateral donors, and local, national and international NGOs. However, considerable progress is still needed to achieve what was intended through Education for All. Echoing this sentiment in the Global Progress Survey, UNESCO declared that:

The enrolment and retention of [orphans and vulnerable children] in schools can be seen as an important opportunity to provide social protection and monitoring, along with access to nutrition, the cognitive skills required for informed decision-making, and sufficient education for employment or entrepreneurial activity (UNESCO, 2013a, pp. 29–30).

Applying a global standard to the education needs of children affected by HIV/AIDS may not be as critical in time where the availability of antiretroviral treatment is keeping primary caregivers alive longer, rapid economic growth, increased national and local budgets and commitments to education and rights based programming and services, however, in environments where children affected by HIV/AIDS or other vulnerabilities are still denied access to primary education for any number of reasons, policy and programming at the national and community level must respond to the education needs of these children. Focusing specifically on the educational needs of children orphaned or made vulnerable by HIV/AIDS may only be appropriate in contexts where these children experience stigma, discrimination, lack of access to educational and human rights. In countries and communities where Education for All is being achieved through broader education and social poverty reduction and development strategies, these children may not be in need of special programs or protections (Meintjes & Giese, 2006). Nevertheless, in places where this is not the case, ensuring the rights and need for education may be more critical to these children and should not be overlooked in the post-2015 agenda.

Based on the above review of countries' policies regarding Education for All for children affected by HIV/AIDS, where appropriate, there are a number of key policy priorities for the post-2015 agenda, many of which would education for all children not just those affected by HIV/AIDS.

- Increasing the focus on policies relating to children affected by HIV/AIDS and vulnerable children and developing a greater understanding of the needs of this group, particularly those in child-headed households, those who are double orphaned or those who are HIV positive where the local response to children affected by HIV/AIDS require greater focus
- Transitioning from a reliance on donors, NGOs and volunteers to the implementation of national- and local-level government-driven policies, services, infrastructure, monitoring and budgeting
- Strengthening child welfare systems, including improving access to and support of education, protection, birth registration and legal and inheritance rights to reduce discrimination
- Developing robust, transparent and effective monitoring and evaluation systems in order to facilitate evidence-based decision making about funding and programming
- Ensuring that adequate budget allocations for educating children affected by HIV/AIDS (and other vulnerabilities) based on level of need and appropriateness are included in the overall education strategy and that complete, free and compulsory primary education is provided for all children
- Instituting broader policy and programme support that includes both traditional and non-traditional education through government and community schools, directed funding schemes for education (including block grants, bursaries, cash transfers and reimbursements), and less obvious inputs like school feeding programmes and covering the cost of uniforms and supplies

Creating and implementing policies that address these key priorities for a post-2015 agenda will further the Education for All commitment to ensuring universal access to primary education for all children. Increased budgetary support and political ownership beyond these policy directives is necessary to ensure that where their needs are not being met, children affected by HIV/AIDS have access to free and compulsory primary education, and that they complete their education. Interventions require collaboration and coordination working jointly across all sectors – health, child and social protection and education – to achieve an AIDS-free generation and ensure education for all.

Annex A: Key international and national commitments and policies

India

International commitments:

- The Convention on the Rights of Persons With Disabilities
- Education for All
- The International Convention on the Rights of the Child
- Millennium Development Goals
- The United Nations General Assembly Special Session Declaration of Commitment on HIV/AIDS

National legislation:

- The Education Policy and the Right to Education Bill
- The Juvenile Justice (Care and Protection of Children) Act
- The Right of Children to Free and Compulsory Education Act

Relevant policies:

- The National Charter for Children
- The National Plan of Action for Children
- The Policy Framework for Children and AIDS
- The Supreme Court School Lunch Directive

Uganda

International commitments:

- The African Charter on the Welfare and the Rights of the Child
- The Convention on the Rights of Persons With Disabilities
- Education for All
- ILO Convention No. 182 – Prohibition of the Worst Forms of Child Labour
- The International Convention on the Rights of the Child
- Millennium Development Goals
- The United Nations General Assembly Special Session Declaration of Commitment on HIV/AIDS

National legislation:

- The Children's Act
- The National Council for Children Statute
- The Local Governments Act
- The Social Development Sector Strategic Plan

Relevant policies:

- The Uganda National Programme of Action for Children
- The Universal Primary Education Programme
- The Basic Education Policy for Disadvantaged Groups
- The National Youth Policy

Zambia

International commitments:

- The African Charter on the Welfare and the Rights of the Child
- The Convention on the Rights of Persons With Disabilities
- Education for All
- The International Convention on the Rights of the Child
- Millennium Development Goals
- The United Nations General Assembly Special Session Declaration of Commitment on HIV/AIDS

National legislation:

- The Juveniles Act
- The Employment of Young Persons and Children's Act
- The Sixth National Development Plan

Relevant policies:

- The National Child Policy
- The National Child Health Policy
- The National HIV and AIDS Strategic Framework and Policy
- The National Plan of Action for Children
- The National Policy for HIV and AIDS in the Education Sector

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