Promoting Quality Education for Orphans and Vulnerable Children

A Sourcebook of Programme Experiences in Eastern and Southern Africa

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PROMOTING QUALITY EDUCATION FOR ORPHANS AND VULNERABLE CHILDREN

A Sourcebook of Programme Experiences in Eastern and Southern Africa

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FOREWORD

The number of orphans and vulnerable children throughout Eastern and Southern Africa is growing. In large part, this is due to the death of parents from HIV and AIDS. It has been estimated that by 2008, 12 million children under the age of 18 had been orphaned by the disease[1]—this translates as roughly 1 in 20 children in sub-Saharan Africa.[2] Even where prevention efforts now enjoy success, the number of orphans and vulnerable children continues to increase. Where access to anti-retroviral treatment is limited, infections that happened years ago are only now causing mortality. Thus in 2015, the World Health Organization (WHO) estimates that a total of 1,629,547 people in Africa will die of AIDS.[3]

As the number of orphans and vulnerable children grows, their communities become less and less capable of addressing all their basic needs, including their ability to go to school. This volume was undertaken with the primary goal of documenting interventions from throughout the region that show some promise of helping young people achieve their educational goals. It charts the successes and challenges of 12 programmes in different parts of Eastern and Southern Africa, ranging in scope from single source, community-based initiatives to sweeping national policies. The case studies highlight current innovation, draw lessons from them and together point to future good practice. Major lessons learned include the need for a holistic, rights-based approach and strong coordination between programme efforts and upstream policy. As inspiring and promising as these programmes may be, the educational response to the HIV pandemic cannot be left to the will of individuals or small organizations. The response must be multi-sectoral and large scale if it is to surpass the scale of the epidemic itself.

In the process of collecting and comparing these case studies, the challenges and obstacles that stand between them and their goal became clear. To accelerate momentum towards the goal of getting all children in schools of acceptable quality, responses must be (i) gender-sensitive and (ii) systemic, and (iii) must have rigorous monitoring and evaluation mechanisms built in from the outset. It is these three areas or gaps that the range of initiatives studied in this volume all share. In moving forward, addressing these three gaps is the most urgent call to action this book places in front of its readers. Planning with these three principles in mind will significantly improve the impact of the work and the effectiveness of the assistance.

The book emphasises gender, especially girls, because in Eastern and Southern Africa HIV is an epidemic that kills more females than males. Females represent 60 percent of those infected. According to WHO projections a nine year-old girl who is infected today is over two times more likely to die of the disease between the ages of 15–29 than a boy of the same age. For that same girl who is infected and survives to age 30,

1 UNAIDS, Joint United Nations Programme on HIV/AIDS, *Global Report 2008 Global HIV challenge: Assessing progress, identifying obstacles, renewing commitment. http://data.unaids.org/pub/GlobalReport/2008/jc1510_2008_global_report_pp11_28_en.pdf* (accessed 16 October, 2009).

2 UNAIDS, Joint United Nations Programme on HIV/AIDS, *Global Report 2006, Report on the global AIDS epidemic http://data.unaids.org/pub/GlobalReport/2006/20060530-Q-A_PartI_en.pdf*, (accessed 16 October, 2009).

3 World Health Organization, *Projections of mortality and burdens of disease 2004–2030.* World Health Organization *http://www.who.int/healthinfo/global_burden_disease/projections/en/index.html*, (accessed 16 October, 2009).

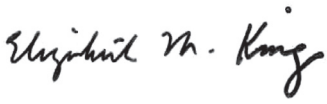
she is again 35 percent more likely to die of the disease than a man her age.[4] In the face of these statistics it should give pause for thought that in only one of the cases collected was gender directly addressed and in only a few more was it addressed indirectly. The gendered impact of the epidemic has overwhelming consequences for families and the societies from which they come. Gender and gendered social norms must be central to any approach undertaken.

The case studies also shed light on the consequences of HIV and AIDS for teaching and learning in schools due to the large numbers of teachers who are infected and fall ill to the disease. The epidemic also dampens demand for schooling unless education systems can successfully accommodate the socio-emotional needs of affected children who live with the impact of the disease in their families and the additional health needs of children who are infected themselves. The studies show that good interventions can be piloted and then mainstreamed throughout the country or they can begin with upstream policy decisions. Unlike other social systems, education is in a unique position to serve not only as a protective net for these children but, done well, also as an instrument of prevention.

The examples contained in this volume underline the need for rigorous monitoring and evaluation if responses are to be purposeful, decisive and effective. Without good monitoring and evaluation it is impossible for the impact of different approaches to be understood and improved, enabling programmes to become more effective in helping the children they seek to serve. Such action cannot be one off, or even sporadic; strong monitoring and evaluation mechanisms should be built-in and ongoing.

Education is critical to the future of all children, but especially to those who are orphaned or vulnerable. Education gives children hope for life and work, and is a strong protector against HIV to which these children may be particularly susceptible. It is essential that high quality education is accessible to all. There is an urgent need across Africa for programmes such as those contained in this book – those that reach orphaned and vulnerable children and take innovative approaches to delivering relevant and authentic curriculum to them.

Cream Wright, Ph.D.
Associate Director, Programmes
& Global Chief of Education
UNICEF



Elizabeth King, Ph.D.
Director of Education
Human Development Network
World Bank

4 ibid http://www.who.int/healthinfo/global_burden_disease/projections/en/index.html, (accessed 16 October, 2009).

EXECUTIVE SUMMARY

The *Sourcebook* documents 12 cases in 6 countries in Eastern and Southern Africa – Kenya, Rwanda, Swaziland, Uganda, the United Republic of Tanzania, and Zambia – that represent a wide range of approaches designed to address the educational rights and needs of orphans and vulnerable children. The single unifying feature of all of the cases was each intervention's goal of assisting children to exercise their right to education as guaranteed in article 28 of the UN Convention on the Rights of the Child.

As the HIV and AIDS epidemic becomes increasingly complex and as the personal and social consequences rise, the ways in which societies respond to ensure children's right to quality education must become more integrated, nuanced and dynamic. The 12 programmes described in the *Sourcebook* show that if orphans and vulnerable children are to access high-quality education, responses must be varied to increase the capacity to accommodate their diverse circumstances and demands, as well as the situations in which they live.

The cases in this *Sourcebook* cover an array of interventions in terms of scope, medium of delivery and beneficiaries. The scope of the interventions varied from narrowly targeted projects to universal policy decisions. The media ranged from standard formal education within government schools to non-formal education, specially tailored to the needs of children and provided by communities and volunteers, and to vocational education, designed to equip children with specific skills and abilities for the world of work. Some of the approaches benefited children directly in order to enable their access to quality education, while others provided support or services to the children's parents and/or caretakers as part of indirect efforts to stabilize the child's general environment, thus facilitating access to education.

Varied as the approaches were, themes emerged across all of them that are relevant to those planning interventions with goals related to enabling access to quality education. Questions arose about how to delineate 'communities', both in terms of the boundaries of those communities – from local to global – and what can and should be expected of them in the context of a human rights-based approach to educational programming. All of the cases shared concerns about sustainability due to limited financial or human resources, and about effectiveness due to scarcity of time to monitor and evaluate. Beyond that, given the nature and reach of HIV and AIDS in each of the countries discussed, it is paramount to manage those issues of inter-sectoral coordination and partnership required to provide quality education. Anyone considering implementing a similar intervention will have to consider these issues.

This *Sourcebook* is thus intended to be relevant to anyone who is seeking to launch or improve work that enables orphans and vulnerable children to access quality education. By recording grounded experiences of interventions, it aims to inform decision-making by those working towards the same goal, including education practitioners in formal and non-formal venues, programme managers and planners, and government policymakers.

INTRODUCTION

Background and purpose

Addressing the educational rights and needs of orphans and vulnerable children in sub-Saharan Africa today presents new opportunities and challenges. On the one hand, provision of basic education has shown remarkable improvements since 164 governments met in Dakar, Senegal, in 2000 and committed to the goal of Education for All (EFA). Since then, enrolment has increased by 36 per cent, 14 sub-Saharan African countries have abolished school fees and the gender gap is closing.

On the other hand, while in many contexts the prevalence of HIV has decreased, during the years 2000–2006, the number of HIV orphans actually increased on average and, in the worst affected countries, it increased by almost 300 per cent. This presents new challenges in addressing the educational rights and needs of orphans and vulnerable children, which are now further exacerbated by the global financial crisis.

The case studies collected here describe 12 initiatives in 6 countries – Kenya, Rwanda, Swaziland, Uganda, the United Republic of Tanzania, and Zambia – that represent a wide range of approaches designed to address the educational rights and needs of orphans and vulnerable children. The single unifying feature of all of the case studies is each intervention's goal of assisting children to exercise their right to education as guaranteed in article 28 of the UN Convention on the Rights of the Child.

The purpose of this *Sourcebook* is to share the practical experiences of humanitarian and government agencies and civil society organizations in seeking to address the educational rights and needs of orphans and vulnerable children. By raising important questions that emerge from those experiences, it is hoped that practitioners will be able to consider the relevance of different approaches to their own contexts and needs. We hope that the lessons learned from these case studies may illuminate the design of future interventions aimed at assisting orphans and vulnerable children to realize their right to education efficiently and effectively.

By recording practical experiences of existing interventions, this *Sourcebook* aims to inform decisions taken by people and organizations working towards the goal of universal primary education from a human rights-based approach. As we have found with previous books following this format, the information is particularly valued by education practitioners in formal and non-formal venues, programme managers and planners, and government policymakers.

The context of this *Sourcebook*

In addition to article 28 in the Convention on the Rights of the Child ensuring access to education, the Convention states that every child has the right to the enjoyment of the highest attainable standard of health and the right to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. In this way, the Convention recognizes that children have a wide range of needs – including, love, safety, nutrition and play – that are fundamental in and of themselves, and that only in concert with these can the right to education enable them to reach their fullest potential. The inattention to any of these needs puts a child at a disadvantage, limiting his or her opportunity to grow physically, cognitively, socially and emotionally.

Children's ability to enjoy their rights depends on a wide range of interrelated circumstances, including the family into which they are born, the community

in which they grow up and the situation of the country of which they are a citizen. Together, these factors act to determine whether a child can access all that is needed to thrive. In the face of the AIDS pandemic in Eastern and Southern Africa, the ability of families, communities and governments to provide all that is needed is severely limited.

The acute challenge school-age children face in sub-Saharan Africa is directly related to the broader context of the region's pandemic. In Eastern and Southern Africa, the intensity of the threat to children's rights cannot be overstated. The region is home to all countries in the world experiencing 'hyper-endemic' HIV epidemics, where prevalence rates surpass 15 per cent of the general population aged 15–49. In Zambia, where the prevalence is slightly higher than 15 per cent, roughly 1 of every 7 people in this age cohort is infected. In Swaziland, which has an infection rate of about 26 per cent, the ratio rises to 1 in every 4 people. Table 1 shows that the infection rates among this age group have decreased in all six of the countries included in this *Sourcebook*.

Table 1 – Estimates of adults (ages 15–49) living with HIV at two intervals, in thousands in the countries included in this study

	2001	Prevalence rate	2007	Prevalence rate	% change over time
Kenya	1,200–1,600	7.4–9.8	1.400–1.800	7.1–8.5	-0.3–[-1.3]
Rwanda	160	4.3	130	2.8	-1.5
Swaziland	150	26.3	170	26.1	-0.2
Uganda	1,200	7.0	1,300	6.2	-0.8
United Republic of Tanzania	950	7.9	810	5.4	-2.5
Zambia	860	15.4	980	15.2	-0.2

Source: *Report on the Global AIDS Epidemic 2008, Annex 1.* Joint United Nations Programme on HIV/AIDS (UNAIDS).[5]

The small declines in each of these countries suggest cautious optimism that the spread of the disease across the region has stabilized. This slow-down may be a reflection of the new, more accurate methodology used in 2008 for calculating infection rates, a measurement of the success of prevention interventions, or both. That aside, the rates remain alarming. Worse, however, is the geographic density of the disease within the region.

Though the population of the Eastern and Southern Africa region currently represents only about 6 per cent of the world's population, 32 percent of all new HIV infections around the world in 2007 occurred there. Without widespread accessibility to antiretroviral drugs, many of those people infected will continue to develop AIDS, and the number of deaths resulting from the disease will not abate. In fact, in the same year, 3 out of every 4 people who died were from Eastern and Southern Africa. The table below shows the number of orphans due to AIDS during the last decade.

Table 2 – Estimates of orphans (0–17 years old) due to AIDS at two intervals in the countries in this study

	2001	2007	% change
Kenya	510,000–870,000	990,000–1,400,000	+94–61
Rwanda	230,000	220,000	-4
Swaziland	19,000	56,000	+294
Uganda	1,100,000	1,200,000	+9
Tanzania	610,000	970,000	+63
Zambia	390,000	600,000	+65

Source: *Report on the Global AIDS Epidemic 2008, Annex 1.* Joint United Nations Programme on HIV/AIDS (UNAIDS).[6]

5 Joint United Nations Programme on HIV/AIDS, (UNAIDS) Report on the Global AIDS epidemic 2008, http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp, (accessed on 16 October 2009).

6 UNAIDS Joint United Nations Programme on HIV/AIDS, Report on the Global AIDS epidemic 2008, http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp, (accessed on 16 October 2009).

Table 2 shows that though prevalence rates have levelled off or even decreased, the number of orphans has risen significantly in the last decade. The two notable exceptions to this trend are explainable: In the case of Rwanda, the disease spread primarily due to tactics of ethnic warfare and genocide during the 1990s and, in the case of Uganda, it was contained by an effective inter-sectoral national strategy to prevent and protect against its spread.

The remaining four countries included in the *Sourcebook* are more representative of the region. In each, there was at least a 50 per cent increase in the instance of orphanhood, and in places where the prevalence rate was especially high, the number of orphans tripled in less than 10 years. Tragic as these numbers are, being orphaned is only one effect of the disease. These statistics have a significant impact on the abilities of families and communities to meet their children's needs, and on the abilities of countries to ensure their rights on a large scale.

The additional reality that women are disproportionately infected increases their proportion among those who perish from the disease, as well as deepens the effects of the disease. Unlike other regions, where epidemics are concentrated among people who share common behaviours (e.g., men who have sex with men [MSM] or intravenous drug users [IDU]), the epidemic is highly feminized in Eastern and Southern Africa, with long-lasting consequences.

According to the latest UNAIDS *Report on the Global AIDS Epidemic 2008*, females account for nearly 60 per cent of people living with HIV, a proportion that has increased steadily since 1990. This fact has significant, compound effects on children's life chances in general and in relation to their ability to access education in particular. Due to gendered roles, women are often mostly or solely responsible for child rearing, and have typically shown to make better-informed choices about their children's health and education than do men. This may be an important factor in the observation, for example, that in Zimbabwe, children who have lost their mothers are less likely to complete primary education than children who have lost their fathers.[7]

The pandemic also exacerbates vulnerabilities and contributes to the instability of households and communities. Where HIV infection is highly prevalent, social systems are weakened and almost everyone feels the effects. This results in households having additional responsibilities and experiencing financial constraints. In some countries in the region, children and young people who have lost their parents are only half as likely to go to school as those with both parents.

In other places, the difference between orphans and non-orphans is not as great, and is shrinking slowly. Even for those orphans who do make it to school regularly, however, such constraints as additional domestic responsibilities, emotional trauma and ill health may prevent them from being able to take full advantage of the learning opportunities offered. Given all the other demands on children in these circumstances, the quality and relevance of traditional education often provide little incentive for the children to spend their valuable time there.

7 Constance Nyamukapa, Geoff Foster, Simon Gregson, *Orphans' household circumstances and access to education in a maturing HIV epidemic in eastern Zimbabwe.* African Journal of Social Work, Vol 18: p. 7–32, 2003.

Table 3 – Estimated number of people living with HIV between the ages of 15–24, in millions in the countries in this study

Country	Females	Males	Ratio of female:male infection rates
Kenya	4.6–8.4	0.8–2.5	3.36–6:1
Rwanda	1.4	0.5	2.8:1
Swaziland	22.6	5.8	3.9:1
Uganda	3.9	1.3	3:1
Zambia	11.3	3.6	3.1:1

Source: *Report on the Global AIDS Epidemic 2008, Annex 1.* Joint United Nations Programme on HIV/AIDS (UNAIDS).[8]

Without the protective and preventive benefits schooling offers, children affected by HIV and AIDS are significantly more likely to become infected themselves. In fact, of the 2.1 million young people under the age of 15 who are living with the virus worldwide, almost 90 per cent of them – 1.89 million – live in the region. Much of this is owed to mother-to-child transmission at birth. A substantial amount of infection, however, has its roots in socio-cultural practices that discriminate against girls. Girls who do make it to school are often targeted by their male teachers for sex in exchange for payment of school fees, school supplies or grades, or face bullying and sexual advances from their male classmates.

HIV and AIDS are not the only threats to social systems in these countries, however, nor is the family the only system affected by them. The HIV and AIDS pandemic exists within (and because) social systems are already severely compromised by other long-standing threats. These pre-existing conditions include long-standing and deepening poverty, political instability, recurrent drought, food insecurity and ill health. In all of the countries in the region, the food, fuel and financial crises that surfaced in 2008 further exacerbated these threats and their impacts on all social institutions, including the family, community structures and essential social services, education principal among them.

Moreover, many of the countries – 13 of the 20 or so in the region – were in some state of emergency or fragility at the end of 2008. These multiple threats increase the vulnerability of all children, independent of family status, at the same time that the ability of governments to protect and educate them is compromised. The 12 case studies included here have attempted to fill that space as best they could, often with minimal resources. Programmers and practitioners must take this multilayered reality into consideration as they are planning their interventions.

The reach of the epidemic in each country, the vast number of children left orphaned or otherwise vulnerable by the disease, and the reality that females are disproportionately infected due to biological susceptibility as well as sociocultural practices has cascading effects on communities and countries. The emotional trauma borne by families and communities in the wake of these events is mirrored by the long-lasting socio-economic and developmental effects on countries. The case studies included in this *Sourcebook* represent a variety of responses to mitigate those effects.

Overview of the case studies

As the HIV and AIDS epidemic becomes increasingly complex and as the personal and social consequences rise, the ways societies respond to ensure children's right to education must become more contextualized, integrated, nuanced and dynamic. The 12 initiatives described in the *Sourcebook* show that if orphans and vulnerable children are to access high-quality education, responses must be varied in order to accommodate their diverse circumstances and demands. Brief descriptions of the case studies are included in Table 4 below.

As seen in the description of cases below this *Sourcebook* covers an array of possible responses to children's exclusion from schooling in terms of scope, medium of delivery and beneficiaries. The scope of the

8 UNAIDS Joint United Nations Programme on HIV/AIDS, Report on the Global AIDS epidemic 2008, http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp. (accessed on 16 October 2009)

Table 4 – Description of case studies

Country	Programme/ Policy	Description of intervention
Kenya	Free Primary Education (FPE) policy	Kenya's experience of abolishing primary school fees and the impact of the policy on children's access to education.
Rwanda	Community Child Mentoring programme	Psychosocial and community support to child-headed households.
	Children's Learning and Development (CHILD) programme	Vocational education programme benefiting orphans and vulnerable children.
Swaziland	Neighbourhood Care Points (NCP) programme	Community-based care of orphans and vulnerable children that promotes their access to education.
	All Children Safe in School programmes	Bursary scheme that pays school fees of orphans and vulnerable children.
Uganda	Kitgum Concerned Women's Association KICWA programme	Reception services that enable children to return to the community and school after their abduction.
	Opportunities for Reducing Adolescent and Child Labour through Education (ORACLE) programme	Supporting access to education of conflict-affected vulnerable children.
United Republic of Tanzania	Most Vulnerable Child programme	Community identification and assistance for the most vulnerable children.
	Complementary Basic Education in Tanzania COBET programme	Complementary basic education programme that provides a condensed curriculum to orphans and vulnerable children.
Zambia	Zambia Open Community Schools ZOCS programme	Community schools provide low-cost education to orphans and vulnerable children.
	Interactive Radio Instruction (IRI) programme	Interactive radio instruction provided to children by community facilitators.
	Better Education and Life Opportunities Through Networking and Organizational Growth BELONG programme	School feeding enables the education of orphans and vulnerable children.

interventions varied from narrowly targeted projects to universal policy decisions. The media ranged from standard formal education within government schools to non-formal education, specially tailored to the needs of children and provided by communities and volunteers, and to vocational education designed to equip children with specific skills and abilities to succeed in the world of work. At the same time, some of the approaches benefited children directly in order to enable their access to quality education, while others were social protection mechanisms aimed at the children's parents and/or caretakers in broader efforts to stabilize the children's general environment with the effect of facilitating their access to education.

The relationship between direct educational interventions and broader social protection mechanisms should not be overlooked or understated as practitioners contemplate responding to children's rights in their own contexts. Out of the 12 cases, 2 provided social safety nets. In Zambia, the BELONG school-feeding programme motivated children to come to school for what may have been their only meal of the day. The bursary scheme in Swaziland, All Child Safe in Schools, addressed the financial barriers that prevent children from attending school. While all of these social protection initiatives were highly localized and would be difficult to replicate, they provide experiential knowledge that governments and development agencies can use to devise policies on broader social protection mechanisms to be integrated comprehensively into the education sector.

Each organization showcased here does everything it can to mitigate the effects of HIV and AIDS within their sphere of influence. Rwanda's Community Child Mentoring programme, for instance, is a highly targeted intervention managed by local non-government organizations with unreliable sources of private funding and no government support. Swaziland's All Children Safe in Schools and Neighbourhood Care Points programmes still target their intervention, but share responsibility among local and international actors, are solidly backed by agency or donor support, and show some sort of government collaboration at the district or national levels.

The United Republic of Tanzania's COBET and Most Vulnerable Children initiatives represents a third group whose interventions still target orphans and vulnerable children, but which counts on a high level of partnership among local constituencies, international agencies and the

national government. Conversely, Kenya is unique in instituting a national policy of Free Primary Education (FPE) from the central government downward, and that has agencies and communities straining to meet the challenge. As important as each of these interventions has been to the lives of the children, families and communities they work with, the scope of the intervention matters or will matter a great deal in its long-term trajectory and potential impact.

The examples from the *Sourcebook* cited above represent three types of interventions: project-oriented, demonstration or pilot initiatives, and national-level policy adoptions. Each of these comes with its own unique opportunities for and challenges to tackling the issues affecting orphans and vulnerable children.

Eight of the 12 cases studies represent project-oriented interventions. The largest benefit of this type of approach is that such approaches are completely contextualized in a specific moment in a particular community, often tapping local resources to address a local problem. Because they are relevant to prevailing conditions, their potential for effectiveness is increased. This sharp but narrow focus can present challenges, however.

While locally based initiatives can make do in the short term with only experiential knowledge, the real opportunity to measure the impact of the eight case studies was lost because few had reliable baseline data before the interventions were started. Also, despite the promise the project-oriented approach holds, the initiatives were often plagued with insecure funding sources, insufficient financial resources and/or inadequate support capacity, and the seeds for sustainability were not being planted.

Therefore, for many of these interventions, before and during the initial start-up of the project, there was no apparent plan to scale it up to the national level, and few relationships in place to facilitate that. Instead, and understandably, they were seen as an end in themselves to solve the immediate problem of providing a safety net or helping to get children to schooling, or schooling to children. By and large, they were not seen as the beginning of a process that could be expanded to neighbouring communities or, possibly, shared across borders.

Three of the four remaining initiatives started as demonstration projects to inform scaling-up and policy development in the area of orphans and vulnerable children in the education sector. These initiatives encountered obstacles, too. Not unlike project-oriented initiatives, the challenges for these demonstration projects were financial; they did not have adequate funding or sufficient capacity to fully support their goals. Also, like the project-oriented cases, several of the demonstration interventions did not provide a baseline that could later inform planning, programming or monitoring. Because pilots or demonstrations are undertaken with an eye towards expansion, by definition they require that the initiative be empirically based.

One intervening variable that can and often did reduce the impact of this gap was seen with COBET and Neighbourhood Care Points (NCP). Though initially there was no baseline established, the strong relationships between UNICEF and the community-based organizations and governments led to an evaluation of each initiative. With COBET, it was ultimately fed into the formal primary education system. Likewise, NCP are still in operation and have been incorporated into the initiative

on Schools as Centers of Care and Support, which is part of Swaziland's education sector plan.

The fourth initiative, the Kenya policy on free primary education, was unique among the approaches examined here. The national policy to abolish school fees was instituted from one day to the next. The immediate nature of the policy shift has been referred to as a 'positive emergency.' Unlike either the project-oriented initiatives or the demonstration interventions, this big-bang approach was planned to go to scale from the outset, since it aimed to ensure that every child had access to primary education.

The opportunities associated with this approach are intuitive: It aims to reach every child of primary school age, addressing a nationwide gap in the right to education and reaching all children denied the right to formal schooling for whatever reason. Because this approach begins with the government, the commitment and involvement necessary for smaller interventions initially is already in place, which is of utmost importance for its implementation and sustainability.

Though this is a boon in some ways, such policy shifts also present considerable challenges. Schools can be unprepared to receive the hundreds of thousands of children nationwide that will take advantage of the policy change. Unless well planned in advance, they may have inadequate infrastructure, insufficient teaching materials and too few qualified teachers to handle the surge. Where inputs are in short supply, the immediate and significant effect may be a drop in quality, – a direct contrast to the intended goal of the policy – not only for the children who are newly enrolled, but for those who were already there as well. This underscores the need in each case to plan well, using rigorous empirical evidence to guide action.

Independent of the approach or scope of a given intervention, all of them face obstacles of capacity and capital. All contend with the reality of too few people with sufficient expertise or training to carry out the work. Each requires strong baseline data to inform planning, costing, implementation and monitoring. The cases in this *Sourcebook* provide lessons to be learned in relation to all of these issues.

Lessons learned

Varied as the approaches were, themes emerged across all of them that are relevant to those planning interventions with goals related to restoring children's right to quality education. Practitioners grappled with questions about how to delineate 'communities', both in terms of the boundaries of those communities – from local to global – and what can and should be expected of them in the immediate context of protracted and acute challenges and also within the broader framework of a human rights-based approach to educational programming. All of the case studies shared concerns about sustainability due to limited financial or human resources, and about effectiveness due to scarcity of time to monitor and evaluate. Below, we examine some of those lessons and urge individuals and organizations to weigh them as they move their own interventions forward.

Gender in/visibility

As Table 3 above demonstrates, HIV infection affects young females three times more than it does males in Eastern and Southern Africa.

The lopsided infection rate in this age group is the result of increased biological susceptibility among girls and women, as well as underlying social and cultural norms that perpetuate unequal power dynamics between males and females.[9] Interventions that overlook these facts run the risk of reduced effectiveness in the short and long term.

Few of the case studies contained here are gender sensitive; more should be in the future. Rwanda's Children's Learning and Development CHILD programme does address gender. It offers vocational training to all children and adolescents and actively encourages girls to engage in traditionally male trades, giving them the skills and means to pursue a viable livelihood for themselves. Zambia's Interactive Radio Instruction (IRI) programme is not gender sensitive, but it is gender blind, because it is offered over a public and highly accessible medium.

Similarly, because Kenya's Free Primary Education policy is universal, it reduces the obstacles to formal schooling due to poverty that girls face, and in that way indirectly addresses gender-induced disparities. However, it does not address those disparities caused by cultural norms that devalue girls' participation in schools. Practitioners are urged to address these gender issues directly in future work.

Mainstreaming and coordination

As of 2004, 194 countries had ratified the Convention on the Rights of the Child. As signatories to the Convention, each one has expressed its political will to uphold the ideals within it to its fullest capacity. Therefore, the assignment of responsibility for the education of orphans and vulnerable children to national governments is not difficult. Fulfilment of that responsibility, however, is often considerably more complex.

Where states' capacities to provide schooling are compromised, as many are in this region, and where the question of education hinges on the provision of other essential services, different sectors – social protection, HIV and AIDS, water and sanitation, and health – can all play their part to help the education sector meet children's educational needs. Coordinating policies, actions and resources is especially vital in these cases. Over time, multiple mechanisms have been developed to reinforce governments' abilities to provide education for all children.

In development contexts, the sector-wide approach (SWAp) "is development cooperation in which all significant public funding for the sector supports a single sector policy and expenditure programme, under Government leadership and with common approaches adopted across the sector by all funding parties".[10] Since 2006, under the UN Humanitarian Reform Agenda, such assistance is coordinated in emergency contexts as well under the 'cluster' approach.[11] This approach was developed to bring

9 For some discussion and explanation of these issues, individuals may read the Convention on the Elimination of All Forms of Discrimination against Women, serviced by UNHCR, as well as the various reports by the Office of the United Nations High Commissioner for Human Rights Special Rapporteur on violence against women, its causes and consequences.

10 UNESCO, SWAP Sector-wide approach, http://portal.unesco.org/unesco/ev.php?URL_ID=37312&URL_DO=DO_TOPIC&URL_SECTION=201&reload=1256582304. (accessed on 26 October, 2009).

11 As defined by OCHA (http:www//ocha.unog.ch/humanitarianreform/Default.aspx?tabid=70) the cluster was created "as a way of addressing gaps and strengthening the effectiveness of humanitarian response through building partnerships. Moreover the cluster approach ensures predictability and accountability in international responses to humanitarian emergencies, by clarifying the division of labour among organisations, and better defining their roles and responsibilities within the different sectors of the response. It is about making the international humanitarian community more structured, accountable and professional, so that it can be a better partner for host governments, local authorities and local civil society."

together national and international organizations providing educational services, and it draws on their comparative advantages to buttress the state's capacity where it is weak or recovering.

Furthermore, in many countries, poverty reduction strategies are increasingly including consideration of children's needs. As a result, activities to assist orphans and vulnerable children are occurring more frequently across all sectors. Clear and effective policies concerning such children are essential if the education, necessary care and support of children is to occur in a coordinated fashion at scale. Fortunately, in recent years, many countries have begun to develop coordinated national plans of action and other policies needed to guide activities. As a result, the potential for implementation of large-scale, effective interventions is becoming increasingly realized.

These commitments and mechanisms are in place for all children and as such, the CRC, SWAps and the Cluster Approach provide the frameworks and structures necessary for responding to the needs of orphans and vulnerable children. When civil society organizations develop interventions to temporarily fill the space between a government's will and its capacity to provide quality education to children in these circumstances, they should be undertaken with these structures in mind and in line with existing national curricular and teacher-training standards.

By aligning or mainstreaming their own initiatives with pre-existing formal expectations for teachers, organizations promote higher-quality teaching and learning. And using national syllabi as a guide for instruction allows the children and adolescents who benefit from organizations' interim services to be more easily absorbed into those formal systems when those systems become viable vehicles for quality education. Without this articulation, children's ability to transition smoothly from alternative education programmes to formal ones becomes more problematic and their motivation to continue schooling in any form can be reduced. At the same time, providing educational opportunities that are coherent with national standards facilitates governments' potential to coordinate and monitor interventions so that they meet the stated commitments.

Though all 12 initiatives in the *Sourcebook* work directly towards the goal of getting children into school, only one of them – the FPE policy in Kenya – explicitly linked its efforts with the Convention on the Rights of the Child and the right to education guaranteed therein. In that instance, as well as in general, the application of a human rights-based approach acts not only to validate programme approaches but also to build momentum towards systematic and sustainable responses to the needs of orphans and vulnerable children, since rights carry ethical force and legal validity.

The entitlements children are due create obligations for duty bearers to act to the fullest extent of their ability and establish a platform from which rights holders can claim the rights they are guaranteed. Indeed, Kenya – along with the other states that are signatories to the Convention – is bound to pursue the Convention's tenets. Therefore, linking any such efforts to children's rights, even linguistically, signals that obligation – and demands response.

Programming from a human rights-based approach sets in motion a long-term, systemic solution, even if immediate initiatives operate on a small scale. Implementing initiatives on any scale with an eye toward eventually

mainstreaming them within existing national policies and standards has a secondary, but significant, consequence for orphans and vulnerable children. Applying a rights-based rationale to interventions that can be progressively scaled up, or absorbed within the system, minimizes tensions arising from the need to target interventions at groups of people defined by a single characteristic, such as orphans, AIDS-affected children, or children recruited by armed forces or groups. Inevitably, many of those who have not been helped by the programme believe that they should have been, and resentment grows towards those who have benefited. The sense of injustice that builds often results in stigmatization of those who have been helped, with inevitable negative consequences for their enrolment and retention in education.

The situation is often compounded by a sense in communities that some of those who are assisted are somehow undeserving of help. Child soldiers, for example, may be seen as being unrepentant killers, the orphans of those who have died of AIDS may be seen as the children of the promiscuous, and so on. Both the KICWA and ORACLE initiatives in Uganda (which target children recruited by armed forces or groups or girls who were abducted by the opposition), as well as the Community Child Mentoring programme in Rwanda (which focuses on child-headed households), had to wrestle with these prejudices. Since the reality is that resources are limited and likely to become even more constrained with the financial crisis, situating targeted interventions within the rights-based approach aligned with government policies can lend legitimacy to the initiatives from the outset and can temper these perceptions within the affected communities.

Communities and systems

In the context of 'hyper-endemic' HIV scenarios or in post-conflict or emergency-recovery situations, communities are affected almost as much as individuals, and fixing their roles as part of the response figures centrally in each of the case studies in this *Sourcebook*. Definitions and responsibilities of communities within a rights-based perspective are dynamic and context-dependent.

Eight of the 12 initiatives described in the *Sourcebook* relied on community members for delivery of some part of their service. The degree of community involvement varies, as does the level of compensation for services. Often, initiatives lacked funding to assist volunteers in an even nominal way and programmes ended up placing considerable strain on already heavily burdened people. The use of a rights-based approach holds potential for programmes to "move beyond [such] short-term initiatives towards more strategic structural interventions aimed at creating long-term changes in society,"[12] demanding that the responsibility of care be borne not only by those living in a particular locality but by other duty bearers, such as government and the international community. Such change is essential if care and support to vulnerable children is to be set on a long-term sustainable footing.

This holistic interpretation recognizes children as subjects of rights (right holders), and the state and others, such as parents and teachers, as 'duty bearers' who have obligations to fulfil these rights. Where states

12 UNICEF, 2007. Basic Education and Gender Equality Education Strategy. New York.

lack the will or capacity to deliver on their obligations, however, the remaining duty bearers are expected to shoulder that disproportionately. In communities heavily affected by HIV/AIDS, where parents often cannot assume their responsibilities, the burden is increasingly borne by other adults in the immediate social environment of the child. But these community members, like the parents themselves, are also rights holders.

In these contexts of increasing demands and decreasing resources, adults are unlikely to enjoy fulfilment of their own rights. Therefore, a key consideration for organizations seeking to enable the education of orphans and vulnerable children by upholding the Convention on the Rights of the Child is that of harnessing and cultivating the long-term capacity of communities to help and assist their neediest children.

Rather than establishing novel, parallel structures that are difficult to maintain, organizations must carefully consider how interventions can be embedded within long-lasting community structures that already exist, such as schools and faith-based organizations, and whose existence is likely to continue long beyond the needs of any particular programme or initiative. Such a course of action will enable responses to be provided that are not short term and narrow in scope, but rather longer term and holistic.

Sustainability

The variety of programmes in this compendium is impressive, yet all faced multiple concerns regarding their sustainability. These concerns were tightly connected to the availability of funds and their subsequent application, and were also heavily affected by the questions of human resource capacity raised above.

Because of the recent and enormous increases in the number of children who have been orphaned or made vulnerable, there has been a tendency on the part of programme managers and policymakers to perceive a situation as an *emergency*, demanding rapid, short-term action to mitigate its immediate consequences. As time has gone on, it has become clear that the number of children in need will remain elevated for some time, even in countries where the prevalence of HIV and AIDS is in decline. As a result, rather than being a short-term emergency, addressing the rights of orphans and vulnerable children is increasingly being recognized as a long-term development need that is more readily and effectively addressed through holistic responses aligned and coordinated at the national level.

Many of the case studies depend on precarious sources of income with little predictability, and they were faced with burgeoning demands for services. Where resources were scarce, efficiency was particularly important. For the most part, where initiatives were generated outside the community, they duplicated existing approaches, creating redundancies and sometimes causing conflict with those already providing services. Conversely, where financial resources were more readily available, progress was frustrated by uneven absorption capacity due to scarcity of human resources, because of the pervasive effects of AIDS, ballooning demand, or both. Investing in the capacity of those directly affected can enhance their ability to assume their role as duty bearers.

The combination of state capacity and will, indigenous resources and external assistance shaped the interventions and their focuses. Whether

an organization provided project-oriented assistance, holistic but targeted programming or, in the case of the Free Primary Education (FPE) in Kenya, ushered in change through sweeping policy decisions had direct implications for the sustainability of the initiatives. There is often a positive correlation among the scope of the intervention, the strength of government endorsement and the resulting effectiveness.

This begs the question: Can initiatives have the same impact if they are not recognized and supported politically by the government? Smaller interventions that lack government support may have reduced chances of accessing government resources. For example, they may not be included in poverty reduction strategy paper (PRSP) or sector-wide approaches, and may be left out of transnational mechanisms such as FTI. As seen with the Kenyan case, even when there is government ownership, there may be issues of programme quality that can inhibit efficient delivery and protection of rights, especially in the short term.

Monitoring and evaluation

A major challenge identified among almost all of the programmes was a lack of effective monitoring and evaluation. Without good monitoring, the ability of programmes to understand whether activities are taking place as designed is severely limited. Without good evaluation, the ability of programmes to understand the impact of activities is seriously weakened, hampering efforts to learn from experience and improve programming in the future. Where resources are limited, the inability of programmes to provide clear evidence of impact may reduce their ability to access the recurrent funding needed for activities to continue. In particular, as responses are tied to long-term development needs, good learning and clear evidence about their impact becomes increasingly important.

The need for effective monitoring and evaluation becomes ever more important when the multiplicity of ways – through national plans of action, national development plans, or poverty reduction strategies –in which policies concerning orphans and vulnerable children are framed and enacted in different countries is considered. In many countries, the different policy formats do not have specific reporting or coordination structures. This increases the need for consistent monitoring of all activities related to orphans and vulnerable children, regardless of the planning modality that exists or the entity implementing the initiative.

KENYA

INTRODUCTION TO CASE STUDY 1

UNICEF/Kenya/2007/Wilkinson

In order to access education, orphans and vulnerable children must overcome a host of different barriers that stand between them and their goal. In many countries, the greatest of these is probably the presence of primary school fees, which severely restrict the ability of families and caregivers to enable children to go to school. Happily, a trend seen in recent years has been for countries to abolish primary school fees, and this has led to dramatic increases in enrolment. For example, in Uganda, the abolition of fees in 1996 led to a 70 per cent increase in enrolments. In the United Republic of Tanzania, where fees were abolished in 2001, the response was even greater, with the net primary enrolment rate soaring from 57 per cent to 85 per cent within one year.

International leadership has been critical to the advances made towards free primary school education. In 1990, delegates from 155 countries adopted in Jomtien, Thailand, a World Declaration on Education for All, which sought to make primary education accessible to all children and massively reduce illiteracy before the end of the decade. Ten years later, with many countries far from having reached this goal, members of the international community met in Dakar, Senegal, to reaffirm their commitment to achieving Education for All by the year 2015. International commitment to free primary education was further demonstrated by the creation of the Millennium Development Goals (MDGs), drawn from the actions and targets contained in the Millennium Declaration that was adopted by 189 nations and signed by 147 Heads of State and Government during the UN Millennium Summit in September 2000.

The successes achieved do not come without their own attendant challenges, problems and complications. Rapid increases in school enrolment are not so easily matched by similarly speedy increases in capacity or access to more trained teachers, more classrooms, more teaching resources, and so on. As a result, even where fees have been abolished, the supply of education of any real quality may be very limited. As those who frequently find themselves with the least ability to exercise

choice, orphans and vulnerable children are often among the worst placed in terms of accessing a good education.

Increasing the supply of quality education at the same time as managing the demands of massive increases in enrolment demands considerable planning, ingenuity and imagination. When Kenya eliminated fees in 2002, 1.2 million additional students entered primary school. Much has been written elsewhere about the mechanics of abolishing schools fees – the policy, fiscal and management decisions that must be made. The purpose of this account is to describe how the abolition of fees impacted the education of orphans and vulnerable children. It will also present a number of initiatives that have been introduced in Kenya to ameliorate the impact of fee abolition, as well as discuss some of the lessons that Kenya learned from this great endeavour.

The abolition of fees can be seen as one of the initiatives that offers a response to the needs of orphans and vulnerable children at a scale consistent with the magnitude of their needs. In Kenya, the *UNGASS 2008 Country Report for Kenya* stated that there are 2,430,000 orphans (1,149,000 from AIDS).[13] Kenya's 2003 Demographic and Health Survey (DHS) reported that 10.9 per cent of children 0–14 years old were orphans.[14]

13 National AIDS Control Council, Office of the President, Kenya, *UNGASS 2008 Country Report for Kenya, NACC, Nairobi, 2008, <http://data.unaids.org/pub/Report/2008/kenya_2008_country_progress_report_en.pdf>*, pp. 14–15, (accessed 18 September 2009).

14 USAID, 2005. *Education and Nutritional Status of Orphans and Children of HIV-Infected Parents in Kenya*, DHS Working Paper, Calverton, Maryland, <http://pdf.dec.org/pdf_docs/Pnadd695.pdf>, pp 10, (accessed 20 October 2009).

CASE STUDY 1

KENYA: FREE PRIMARY EDUCATION POLICY

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For almost three decades following its independence in 1963, Kenya saw impressive gains in educational access at all levels, resulting from substantial investment of resources in education and other government policies.[15] Unfortunately, during the 1980s and 1990s, these gains were reversed for a number of reasons. In 1984–1985, the introduction of a new educational structure and curriculum was accompanied by a reduction in enrolment rates, from 107 per cent to 99 per cent. In 1989, the introduction of a policy of cost sharing led to a further drop in enrolment to 92 per cent. In the years that followed, the enrolment rate continued to slowly decline for several reasons, including the expense to parents and the low quality of education being delivered in the country's schools.

While a signatory to EFA and the MDGs, the policy of the Kenya African National Union (KANU) Government held that primary education could not be funded from government sources alone and that continued collection of fees was essential to the effective functioning of schools. During the Kenyan general election of December 2002, free primary education became a matter of intense political debate, as KANU's position was opposed by the challenging National Alliance Rainbow Coalition (NARC), which claimed that fees should and could be abolished. NARC's position combined a desire to do something to respond to Kenya's falling school rolls with the creation of a political stance that was highly attractive to voters. NARC won the election, and was then challenged to deliver on the political promises it had made.

The main cause of the introduction of FPE was the votes of Kenyans seeking to improve the education of their children. The primary motivation was not to improve access for orphans and vulnerable children. Nonetheless, as will be seen, such children were perhaps the greatest beneficiaries of the measure.

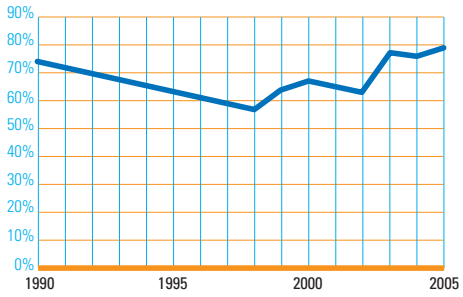
15 Arjun Bedi, et al., *Higher costs, reduced benefits, and HIV kept children out of school during the 1990s*, Kenya Institute for Public Policy Research and Analysis (KIPPRA), Nairobi, 2002.

KEY FEATURES AND ACHIEVEMENTS

FPE was announced on Friday, 6 January 2005, by Professor George Saitoti, the Minister of Education, Science and Technology (MoEST). News of the policy was accompanied by the announcement that it would be implemented beginning the following Monday, 9 January, 2003. For the overwhelming majority of MoEST, from top civil servants to teachers on the ground, the announcement came as a complete surprise. It was made without extensive prior planning or preparation and constituted what became known as a 'positive emergency.'

The enormously daring political move showed a fine understanding of the practical realities of introducing such an innovation to the Kenyan education system. Had preparations occurred, it was only too likely that the move would have become bogged down for years over questions of budgets, school and human capacity, etc. As Kenya's Director of Basic Education, Mary Njoroge, said, "If we'd waited to plan it, we wouldn't have done it." Implemented overnight at scale, the move forced the education sector, the Kenyan treasury and donors to immediately take the necessary steps for the measure to succeed.

Figure 1 Percentage net enrolment in Kenya, 1990–2005



Source: Constructed from data held at the UNESCO Institute of Statistics website: <*http://stats.uis.unesco.org/unesco/tableviewer/document.aspx?ReportId=143*>.

The immediate consequence of the announcement was a period of great turmoil, as thousands of additional children appeared at school on that Monday and during subsequent days. Schools and planners had no idea how many would come. As one Nairobi City Council MoEST officer said, "You don't know how many will turn up until you invite them." The children who came comprised both those who had never been to school and also many who had dropped out of the education system. Schools reported that a significant proportion of those who came were orphans and vulnerable children. Almost overnight, school enrolment in Kenya leapt from 5.9 million to 7.2 million.

MoEST and schools were told to deal with the situation as best they could. "The issue was to think of accepting children first and to think of quality later," Kenya's Director of Basic Education said. The move immediately led to dramatic increases in class size. The norm for class ratio, set in 1975, envisaged 1 teacher per 40 children. After introducing FPE, class ratios in many schools rose as high as 120 children per teacher.

POLICY HISTORY AND IMPLEMENTATION DETAILS

Financial implications of FPE

When FPE was introduced, there was an immediate financial vacuum, as schools' income from fees was abruptly cut off. The Government of Kenya called on the donor community to respond, and agencies reacted quickly and effectively. UNICEF immediately gave US$2.5 million and the World Bank gave a grant of US$700,000. Other donors, including DfID, ADB, OPEC, SIDA and CIDA, also contributed generously, with development partners committing to the measure for a five-year period.

The inflow of funds enabled MoEST to give each school an immediate grant of 28,000 Kenyan shillings (US$400). Schools subsequently received a capitation from MoEST of 1,020 Kenyan shillings (US$14) per child per annum to cover all learning costs. An important part of the measure was the demand for a substantial increase in the financial accountability of schools. In exchange for receipt of capitation fees, head teachers and

Table 1: School Enrolment in Nairobi, 2002–2005	
September 2002	145,303
February 2003	194,658
March 2003	196,570
November 2004	206,353
February 2005	203,515

Source: City Education Statistics, Education Department, Nairobi City Council, Nairobi, 2005.

Parent-Teacher Associations PTAs had to undertake training in financial management. Since the measure, school budgets have been published and accounts audited. Local communities can see how much schools receive and the ways in which the school committee decides to spend the money. Such measures have acted to increase the confidence of parents, tax payers and donors.

Educational impact of FPE

The introduction of FPE meant that the costs of education were no longer met by parents but by tax payers and donors. The measure did not result in a rapid increase in financial or human resources available to the education sector. The number of teachers allowed to be employed in Kenya under treasury and international financing rules remained at 235,000. In many schools, classroom provision was stretched and inadequate; in some cases, student enrolment rose above 120 per class. Many schools experienced a lack of adequate water and sanitation facilities, especially toilets, to meet the needs of a larger school population. Schools also suffered from a lack of desks, books and other materials for pupils to use.

Many expected that upon the introduction of FPE, school enrolment would rise quickly, only to fall back as students and parents encountered decreased quality in education resulting from overstretching of resources (teachers, classrooms, textbooks, etc.). The headmaster of one school in Nairobi, Samson Opande, head teacher of Chandaria School said, "We later got to discover that this [lack of adequate sanitation facilities] could have been part of the cause of high drop-out rates, especially for big girls."

Impact of FPE on enrolment of orphans and vulnerable children

FPE has led to a massive increase in school enrolment in Kenya. Anecdotal evidence from teachers and other education sector staff suggests that many children who came to school following the introduction of the measure were orphans and other vulnerable children. Unfortunately, Kenyan educational statistics do not disaggregate children by orphan/non-orphan status, meaning that data to confirm or refute are unavailable.

Another positive consequence of the announcement of FPE was the arrival at schools of many children with special needs. MoEST encouraged schools to welcome such children. Recognizing that special-needs children can place additional demands on teachers, schools receive an additional capitation of 2,000 Kenyan shillings (US$27) per special-need child admitted per annum. MoEST is conscious that even with such help, ordinary schools may be unable to fully cater to the needs of some children with special needs, and is assessing what more must be done for them to access education.

Even with FPE, orphans are still more likely to lose out on education than other children. In Kenya, the rate of female orphans to female non-orphans attending school is 0.9, while the rate of male orphans to male non-orphans is 0.93. The chances that both male and female orphans will attend school are significantly lower than those of their non-orphaned counterparts. The percentage of double orphans aged 10–14 attending school is 70 per cent lower than that of children living with at least one

parent (93 per cent).[16] Four major reasons for orphans' continuing lack of access to schooling are:

- Additional costs of education – even when school fees are abolished, money must still be found to pay for uniforms, books, etc.
- Inability to go to school full-time – orphans and vulnerable children may be unable to attend school full-time due to the need to earn a living, or care for siblings or sick parents.
- Lack of educational capacity – where there is competition for school spots, orphans and vulnerable children are likely to be at the end of the queue.
- Lack of educational quality – lacking parental direction, orphans and vulnerable children can easily reject spending time in school unless the education they receive is attractive and rewarding.
- Enabling orphans and vulnerable children to benefit from FPE.

It can be seen that:

- When fees are abolished, the supply of education of any real quality is likely to become even more limited than previously.
- As those who frequently find themselves with the least ability to exercise choice, orphans and vulnerable children are likely to find themselves among the worst placed in terms of accessing the limited supplies of quality education.

To meet these constraints, the challenge for the Government of Kenya was to work out ways to increase the supply of education so that greater demand could be met, and to provide education that could be accessed by even the most resource-poor of children. Addressing the first of these challenges meant facing the difficulty that increasing educational capacity was not something that could happen overnight; it takes time to train new teachers and build new classrooms. In addition, the fiscal constraints under which the government was operating put a bar on its ability to recruit new teachers.

Addressing the second challenge meant facing the difficulty that providing children with a quality education demands many more resources than school fees alone. If such resources are unavailable from the government or from the parents/caregivers of schoolchildren, it is necessary to determine how else they can be found. In Kenya, these two dilemmas were met in two very different ways: The first was addressed through highly creative and extremely thrifty efforts to increase the quality and capacity of existing schools, while the second was tackled by making better use of the efforts, capacity and skills of civil society through enhanced support to non-formal education.

Increasing the quality and capacity of existing schools

In the almost four years following the introduction of FPE, it has become clear that the measure's impact has not been uniform across schools and across the country. Some schools have introduced double-shift teaching, which, while allowing more children to be taught, has attendant problems of teacher alienation and/or burnout. In other schools, teachers have attempted to continue to teach large classes using the same modes of

16 The Government of Kenya. Office of the Vice-President and Ministry of Home Affairs. 'Report on the Rapid Assessment, Analysis and Action Planning Process (RAAAPP) for Orphans and Other Children Made Vulnerable by HIV/AIDS in Kenya', Nairobi, 2004.

Box 1: Increasing quality with increasing class size – the work of Learning Resource Centres[17]

Early in the history of FPE, UNICEF recognized that rapid and effective action was needed to help teachers maintain and enhance educational quality in the face of massively increased class sizes. Action was taken in nine Kenyan districts through the establishment of Learning Resource Centres (LRC) that help teachers adopt child-centred, participatory methods of instruction that can be delivered to classes of more than 100 children.

Each LRC is sited within a cluster of 4–10 schools and acts as a centre of in-service training in the new teaching methodologies. In addition, the LRC trains teachers in production of teaching resources, and helps develop school-improvement plans. LRC's objectives are to:

- Promote the improvement of quality in teaching;
- Upgrade teachers' skills;
- Increase enrolment, attendance and achievement;
- Mobilize the community;
- Increase teachers' peer group support; and
- Strengthen links between teachers and the District Education Office.

The teaching approach of LRCs recognizes that it is almost impossible to teach large class sizes with any quality using traditional 'chalk and talk' methods in traditional, desk-bound classroom environments. In traditional settings, teachers are unable to follow children's progress and many children, particularly those who sit at the back, are unable to follow the teacher.

"You cannot teach 150 children the way you teach 40. If you try, you end up nowhere." (Mrs. Josephine Opondo, Deputy Head Teacher, Chandaro Primary School, Nairobi).

LRCs encourage schools to revolutionize the classroom environment, rejecting desks in favour of mats on which classes sit. The walls of the classroom are painted black to waist height and are turned into 'mini blackboards' on which children can work. Teachers are shown how to make their classrooms bright and attractive, as well as how to make teaching resources that are low in cost and enjoyable for children to use. In the new environment, teachers are able to teach children concepts, set children tasks and follow children's progress through the visibility and mobility allowed by the use of the mini blackboards.

The impact of the new methodology on teachers' enthusiasm and morale has been remarkable, with those using the system full of praise for its effect and pleasure at using it. One teacher said, "You become a different teacher altogether." (Mrs Joyce Otieno, Kahawa Cluster Co-ordinator) The new methods have proved highly attractive to children, leading to ever-increasing enrolment. "Children are being admitted every day. We see a child outside, we tell them to come to school." (Mr. Samson Opande, Head Teacher, Chandaro Primary School, Nairobi). The view of teachers using the new system is that many of the children who come are orphans and other vulnerable children.

The example of LRCs shows that by changing teaching approach, existing teacher and classroom capacity can provide a high-quality education to the large class sizes generated by FPE. It should be emphasised that LRCs do not solve all the problems associated with massively increased enrolment. While the new learning style can be highly effective in helping manage large classes, assignment and marking will remain a major problem. Further, the new approach will be unable to ease pressure on other aspects of school capacity, such as latrines and sanitation facilities.

17 More recently, LRCs in Kenya have been renamed Child Friendly School Initiatives.

instruction as were used prior to FPE. In these schools, many children have drifted away as quality has decreased dramatically. A much more creative response to FPE has been to introduce highly innovative pedagogic methods that enable the quality of education to be increased, even in the presence of large class sizes. A description of the methodology used is provided in *Box 1* left.

While introducing new pedagogic methods can do much to alleviate the extreme problems of overstretched supply experienced by schools as a result of FPE, it may still do little to address some of the core problems that orphans and vulnerable children face in their efforts to access education. Staff at one Nairobi school described some of the constraints that children face in *Box 2* below.

Box 2: Continuing access issues for orphans and vulnerable at Baba Dogo School, Nairobi

Baba Dogo school is situated in the slums of Nairobi. With considerable success, its staff have successfully implemented many of the strategies advocated by the LRCs. Even in the presence of these approaches, orphans and vulnerable children continue to face a number of challenges. In particular, uniforms are still a problem and a big factor hindering needy children's access to school. As a school, Baba Dogo has attempted to solve this by:

- Encouraging parents to help contribute to the purchase of uniforms for orphans and vulnerable children in the school.
- Requesting that older children's uniforms are handed down to orphans and vulnerable children in lower classes.
- By appealing to NGOs like World Vision and Christian Children's Fund for assistance with the purchase of uniforms.

Other issues remain a problem. For example, where school feeding programs exist, parents may be required to contribute a small sum (about US$3) each year for expenses such as paying cooks and buying firewood for cooking. Orphans and vulnerable children seldom have ready access to such sums of money.

—Staff at Baba Dogo School, Nairobi

Box 3: St. John's Community School, Korogocho, Nairobi

St. John's Community School is found in the slum area of Korogocho, Nairobi. The school sits next to the city's main rubbish dump. As you sit in its compound, noxious fumes from burning plastics waft through the air, causing you to cough and choke. You wouldn't choose to live in St. John's if you didn't have to. Many of the children who come to the school are either orphans, or come from some of the city's most vulnerable families.

The Catholic Church established St. John's with the aim of getting children off the street and into education. The school seeks to help all in the community, irrespective of creed. Of the 940 students who attend the school, 350 are orphans or vulnerable children. Families that can afford to are asked to pay fees of 100 Kenyan shillings (US$1.50) per month. Children who cannot pay attend for free. As well as income from fees, the school receives funding from the community, the church and from well wishers. Its financial flexibility helps it grasp opportunities much more quickly and easily than a school in the state sector.

"Even without fees, education in government schools is not free," says St. John's head teacher, Paul Ouma. He adds, "Parents still have to find cash for things like uniform and books. Here at St. John's children don't have to wear uniform. Also there's a different atmosphere at St. John's. Emotional support is greater and we have a social worker who follows up with home visits when students drop out. Our class sizes are small – we have about 45 children per teacher. When FPE was introduced, many of our children went up the hill to the formal school. But many came back."

Enhanced support to non-formal education

In areas of the country where educational capacity is very low (such as slum areas of Nairobi, where formal schools are few and far between), non-formal schools play a vital role in provision of education to thousands of children. Non-formal schools are often started by faith-based organizations and individuals and are often better suited to the needs of orphans and vulnerable children than formal schools (*see Boxes 3 left and 4 below*). Students are not required to wear uniforms, their working hours tend to be more flexible than in the formal sector, and greater emphasis can be given to vocational education. Students can also enter the same national examinations as others in the formal sector. Their results are often comparable.

Box 4: Roselyne's story

Roselyne is an only child who lost her father in 1997 and her mother in 2002. After the death of her mother, she lived for a while with her grandmother before moving to stay with an aunt in one of the villages next to St. John's School. Her aunt walked out one day and abandoned Roselyne in the hands of a neighbour.

"I came from school one day and failed to find her…I knew she had moved and yet she did not tell me anything…My greatest problem now is where to stay and what to eat…I want to be a Lawyer/ Judge when I finish schooling."

Roselyne was able to seek refuge with another distant aunt, a housewife with two children. She has benefited from St. John's fee exemption programme and, through the support provided by the school, is able to pursue her studies.

When the Government of Kenya realized that many orphans and vulnerable children were not enrolling in formal schools, it decided to provide increased support to non-formal education. Two types of non-formal education are categorized in the Kenya Education Sector Support Programme (KESSP): non-formal schools, which offer the formal school curriculum, and non-formal education centres, which offer flexible learning schedules and diverse curricula. The non-formal education centres are not described here, but function in a similar manner to the United Republic of Tanzania's COBET programme, which is documented elsewhere in this book.

Increased support to such schools brought in an estimated additional 300,000 children. The support given has included the following:

- Registration of non-formal schools with MoEST (previously non-formal schools tended to be registered with the Ministry of Social Welfare).
- The development of a non-formal education (NFE) database, which has been collected, collated and analysed by ministers of education from six urban municipalities and seven arid and semi-arid ASAL districts. This database has been crucial in the identification of non-formal schools in urban slums, enabling them to receive FPE grants.
- Improved training of non-formal schoolteachers.
- Improved supervision of the work of non-formal schools.
- By December 2005, provision of the same capitation fee to non-formal schools per student as to formal schools led to 166 non-formal schools

receiving support totalling 42 million Kenyan shillings (approximately $560,000 US Dollars).

- A curriculum from non-formal schools was developed by the Kenya Institute of Education and approved for national use by the minister of education early in 2007.
- The development and review of draft NFE policy guidelines.

As well as increasing access, it is hoped that the support given (particularly the need for schools to register with MoEST) will act to improve the quality of non-formal schools, which until now has often been variable.

CHALLENGES AND LESSONS LEARNED

A number of challenges accompanied the introduction of FPE:

Lack of a clear communication strategy

The introduction of FPE was not accompanied by clear messages about the precise roles and responsibilities of government, schools and parents. Lack of clarity led to uncertainty about what the introduction of the measure would mean. Newspapers expressed doubt as to whether the new policy would work and speculated about the practicalities of its implementation. This led to many problems with respect to parents' expectations. Some parents thought that "free meant free"[18] and believed that their children would in future receive free schools, free uniforms and free food. On the part of some, there was disappointment and anger when they learned that this would not be the case. The uncertainty created dented public support of and confidence in the measure.

Differing parental attitudes

When fees were charged, schools relied heavily on the financial and practical support of parents. Parents who paid for their children's education tended to be highly committed to the support of schools and worked hard to ensure their success. The introduction of FPE took responsibility from parents into the hands of the state. In addition, the measure saw the influx of many new children whose parents tended to see education as their children's right, but not something to which they bore a responsibility. Together, these consequences of FPE have led to a reduction in parents' perception of 'ownership' of their schools. At times, they have also resulted in conflict between 'old' – previously fee-paying parents and 'new' – parents of newly entered children.

> *"Participation of parents has gone down in the school. Part of it is merely politics ... For example, this [our new school] building is half-way done. Parents who had paid cannot be refunded ... Those who had paid don't want to pay now, claiming education is free ... the new system has made management more difficult for us in PTAs."*
>
> *—PTA member, Ayany School, Kibera, Nairobi*

18 PTA member, Ayany School, Kibera, Nairobi

School flexibility

In pursuit of 'free' education, the new FPE policy forbade schools from levying parents for additional school funds without the permission of MoEST. While widening access, the policy has reduced the ability of schools to raise funds for new classrooms, improved facilities, etc. Schools may be able to access other funds, such as constituency development funds, but these are often limited. The ability of schools to improve, grow and expand has been constrained.

A regret on the part of many involved with FPE was that the introduction of the measure was not accompanied by measures to harness the enormous goodwill of many in Kenya towards provision of quality education for the nation's children. More could have been done to enable the private sector to contribute to the construction and operation of schools.

The need for increased capacity

While the different efforts of MoEST described in this chapter have acted to ameliorate conditions in schools following the abolition of school fees, Kenya's education sector continues to labour under an enormous deficit of human and financial capacity. In the longer term, there is a need to address capacity issues if the country's children are to receive quality education.

The Government of Kenya is seeking to address these constraints through the development and implementation of KESSP (2005–2015). This initiative aims to increase access by all Kenyan young people, including orphans and vulnerable children, to a range of services that include early childhood development centres, primary schools, secondary schools and technical institutions. The programme includes measures such as actions to improve the supply of textbooks, and the mobilization of resources for the construction of new classrooms and schools (especially in poor communities, such as urban slums, and in arid and semi-arid areas of the country).

Box 5: Piloting the use of cash transfers in Kenya

In 2004, 500 households in 3 locations in each of 3 of Kenya's poorest areas were provided with 500 Kenyan shilling (approximately US$6.50) per child, per month in order to enable school attendance. The results showed that the intervention had a positive impact on the welfare of the beneficiaries, mainly in terms of access to education, health and nutrition. There was little leakage, with monies being efficiently spent upon uniforms, textbooks, food, rent and drugs. By 2006–2007, the programme was planned to be expanded to benefit some 10,500 beneficiaries in 17 districts. Eventually, by 2008–2009, the Government of Kenya aims to benefit around 100,000 orphans and vulnerable children in 34 of the country's districts.

Source: Interview data with UNICEF Kenya.

Continuing barriers to education

While the abolition of school fees has removed a major barrier to the education of the most vulnerable children, household poverty continues to prevent some children from attending school, especially those in urban slums and northern nomadic districts. Nomadic children, as well as children who work, may have problems conforming to the routines of regular schooling. In addition, a lack of adequate sanitary facilities (which has only been exacerbated by the increases in school enrolment) continues to hinder the participation of girls who have reached the age of menstruation.

A number of initiatives are under way which seek to address these constraints. In some areas, family grants are being given to children for a basic meal after school, and UNICEF is piloting the use of cash transfers to assist the poorest families (see *Box 5*). Non-formal education centres are seeking to provide working and nomadic children who are unable to attend full-day schooling with quality complementary education offering basic literacy, numeracy and skills. Many initiatives by government, non-governmental organizations and others are taking place that seek to improve sanitation facilities in schools.

CONCLUSION

The introduction of FPE enabled Kenya's school enrolment to grow by more than 1 million almost overnight. Almost-universal anecdotal evidence suggests that many of those who came into Kenya's schools were orphans and other vulnerable children. A move of great political daring, FPE's introduction created a number of challenges for Kenya's education sector. As has been described in this chapter, a number of initiatives have been designed to address these challenges. Among the groups of children who benefit most from the activities undertaken are orphans and vulnerable children.

School fees present perhaps the biggest obstacle to the education of orphans and vulnerable children. Their abolition has done much to improve the chances of such children attending school. Nonetheless, a number of obstacles remain in enabling more orphans and vulnerable children to attend school. Kenya continues to face a shortage of educational capacity. There is a continuing need for more schools, teachers, classrooms, latrines and quality. Other limiting factors may still prevent access: Hunger, trauma, poverty, stigma and discrimination all act as constraints on the education of orphans and vulnerable children. If needy children are truly to be able to benefit from education that is free, a range of other interventions will be required in order to enable them to accept the opportunities presented to them.

Contact Information

Director of Basic Education,
Jogoo House 'B',
Harambee Avenue,
P.O. Box 30040
Nairobi, Kenya
Telephone: +254-20-318-581
E-mail: *info@education.go.ke*

Basic Education and Youth Section,
UNICEF Kenya Country Office,
UN Complex,
P.O. Box 44145,
Gigiri, Nairobi, Kenya
Tel: +254-20-762-1234
Fax: +254-20-622-746/045
E-mail: nairobi@unicef.org

RWANDA

INTRODUCTION TO CASE STUDIES 2 & 3

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The well-being of Rwanda's children and their ability to obtain quality education has been severely diminished by the lingering effects of the 1994 genocide, as well as the ongoing toll of the AIDS epidemic.

While the primary school net enrolment/attendance ratio in Rwanda is 86 per cent and the country is considered on track to achieve the MDG target of both boys and girls completing a full course of primary education,[19] the country's education system continues to experience some serious limitations, reflected in high drop-out rates and grade repetition.

Orphans and vulnerable children are often among those who are either unable to access formal education in the first place or who rapidly drop out after one or two years. Many children who fled the country during the genocide when they were very young returned to Rwanda much older than the usual age for starting school and, as a result, were often considered 'too old' to go to school. In addition, many children have been made vulnerable by the AIDS epidemic, and their educational attainment has therefore been compromised.

One effect of both the genocide and the AIDS epidemic is Rwanda's relatively large number of child-headed households. According to the latest Rwanda census in 2002, 42,239 (out of 1,757,426) households are headed by children 0–19 years old.[20] The latest Rwanda DHS from 2005 found that 11.5 per cent of children 0–14 years old and 13.1 per cent of children 0–17 years old were not living with either parent, which implies they were heads of households.[21] The 2008 *UNGASS Rwanda*

19 United Nations Children's Fund, *Progress For Children: A world fit for children statistical review*, UNICEF, New York, 2007, p. 53, <www.unicef.org/publications/files/Progress_for_Children_No_6_revised.pdf>, (accessed 18 September 2009).

20 Rwanda Ministry of Finance and Economic Planning, *3rd general census of Population and Housing of Rwanda – August 2002*. Rwanda Ministry of Finance and Economic Planning, Kigali, 2003, p. 39, <www.statisticsrwanda.gov.rw/Publications/English/Final_Results.pdf>, (accessed 20 October 2009).

21 Institut National de la Statistique du Rwanda (INSR) and ORC Macro. *Rwanda Demographic and Health Survey 2005.* Calverton, Maryland, U.S.A.: INSR and ORC Macro. 2006, p. 244 <www.measuredhs.com/pubs/pdf/FR183/16Chapter16.pdf>, (accessed 20 October 2009).

"These children are easily marginalized when it comes to allocation of resources in society, because they lack the adult voice to speak for them."

—UNICEF child protection officer, 2005

Country Progress Report estimates that 1,350,820 children are orphaned or vulnerable.[22] The current UNICEF Rwanda country page states that the number of orphans is 860,000,[23] around 16 per cent of all children. UNAIDS reports that the number of orphans due to AIDS is 220,000.[24] Some of these children are living in households headed by children under age 18, who are taking on responsibilities usually carried out by parents, including providing care for other children in the household.

It may be that child-headed households are an evolution of the traditional extended family model, which in Africa has been central to the provision of care and support for children left without parents. Even in countries where the impact of the AIDS epidemic has been most severe, it appears that a majority of child-headed households receive some support from relatives. In common with concerns raised across Africa, there is increasing worry that the extended family system that has provided a safety net for so many for so long is failing to cope and is in danger of collapse. What's clear is that children living in child-headed households are among the most vulnerable in society.

The two programmes included here use differing approaches to providing orphans and vulnerable children – including those in child-headed households – with educational opportunities. The Community-Harnessed Initiatives for Children's Learning and Development (CHILD) programme offers a combination of literacy and vocational training to educate older children who have dropped out of or have never begun formal schooling. The Community Child Mentoring programme takes a different approach, in that the primary goal is to support children in child-headed houses with mentors who can guide, advise and advocate, with the hope that this will have a positive influence on the capacity of the children in these households to attend and stay in school.

These two programmes were selected for inclusion in the *Sourcebook* because they were identified by local experts as models of good practice that complement the range of approaches highlighted in the book.

22 United Nations General Assembly Special Session on HIV and AIDS, *UNGASS Country progress report: Republic of Rwanda – January 2008*, UNAIDS, Kigali, 2008, p.16.

23 UNICEF website 'Rwanda – statistics' <www.unicef.org/infobycountry/rwanda_statistics.html>. (accessed 21 October 2009).

24 Joint United Nations Programme on HIV/AIDS (UNAIDS) 2008 Report on the global AIDS epidemic, UNAIDS, Geneva, 2008 p. 218, <www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp> (accessed 21 October 2009), UNAIDS/WHO Working Group on Global HIV/AIDS and STI, *Epidemiological Fact Sheets on HIV and AIDS, Rwanda 2008 Update* UNAIDS/WHO, Geneva, 2008, p. 7, <www.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008_RW.pdf>, (accessed 20 October 2009).

CASE STUDY 2

RWANDA: COMMUNITY CHILD MENTORING PROGRAMME

The Community Child Mentoring programme in Rwanda was launched in 2003 by the Bamporeze Association, a Rwandan non-governmental organization, as a way to assist children living in child-headed households. The country experienced large increases in the number of orphans due to the 1994 genocide and also to the AIDS pandemic. In addition, the impact of the genocide almost entirely fractured the supportive function of the extended family. This has resulted in many thousands of orphaned Rwandan children living in households headed by another child and outside the immediate responsibility of an adult parent or guardian. There are an estimated 42,000 child-headed households in the country, caring for around 101,000 children.[25]

"We are four left children, two girls and two boys, but we opted to remain at home and find means to let the boys go to school."

—Girl in a child-headed household, 2005

Many children living in child-headed households do not go to school for a number of different reasons, such as a lack of motivation due to feelings of grief and isolation, a sense of being overwhelmed, and the long distances between home and school. Other factors include lack of psychological resilience to respond to the demands of school, the presence of stigma and discrimination, the inability to pay for fees and materials associated with school, and the need to work to make ends meet. Gender expectations, also often mean that girls are expected to look after younger siblings more than boys, making it less likely that girls can go to school.

25 UNICEF website, *Information by country – Rwanda: facts and figures* www.unicef.org/infobycountry/23867_20292.html, (accessed 21 October 2009).

The focus of this case study is Bamporeze's Community Child Mentoring Programme. The organization, however, also has a number of other related initiatives in Rwanda. Some orphans and vulnerable children receive assistance for such small-scale income-generating activities as rearing goats or chickens, while others are given school materials or take part in training for such trades as carpentry, welding and soap-making. Children from child-headed households can take part in these other initiatives if they live in areas where the opportunities are offered.

"We said to them [the mentors]: Look! The parenthood we ask you for them is about advice and nothing else. Go meet them in their homes and give them advice, correct them, guide them. And we said to the children: Listen to them and obey them. If they trust you with any advice, respect them and don't disobey them. Actually, these mentors are asked to be 'parents of the heart/mind' who provide children with advice and advocacy and thus help them solve their problems."

—Bamporeze social worker, 2005

While there has been little monitoring and no evaluation done of the Child Mentoring Programme, it was active in five districts and benefited 11,123 children in 2007.

KEY FEATURES AND ACHIEVEMENTS

The Community Child Mentoring programme matches child-headed households with mentors who are willing and able to give advice, counsel and support to children in these households. The mentor also serves as an advocate for the children in the household he or she is matched with. The programme aims to help uphold the rights of children living in child-headed households to education, health, shelter, property, etc.

To achieve its aim, the programme helps local communities provide children living in child-headed households with the practical and psychosocial support needed to enable both their integration within community life and their access to education, health care, shelter, legal support, land ownership rights and other benefits.

"In our area, we keep a record in which children under our responsibility are identified as being orphans either of HIV/AIDS or war. We help them understand that the eldest has to be responsible for those who are younger. In this task we are assisted by the local authorities. We urge these children to seek advice because we aim at making them responsible."

—Bamporeze social worker, 2005

The programme targets children and young people ages 0–20 living in child-headed households. After beginning in 2003 in the Buliza District in Kigali Rural Province, the programme expanded its activities and now operates in five districts of Kigali Rural Province, including Buliza, Bicumbi, Nyamata, Gashora and Ngenda.

Following are the main features of the programme:

Identification of child-headed households

In each district of operation, the Community Child Mentoring programme employs a social worker who liaises with community leaders, teachers and communities to identify orphans and vulnerable children who are heads of households. Children may also approach social workers directly.

Identification of mentors

The selection process for finding suitable mentors for each child-headed household takes into account the views of children living in such households, as well as those of the local community and the staff of the Bamporeze organization.

Children living in child-headed households can suggest community members they think would make good mentors, and have the opportunity to accept (or reject) a person as their mentor before that person is offered the post. Members of the local community can also identify potential mentors who have a strong interest in child welfare and wish to undertake the role, and ensure that potential mentors are people in good standing with the community and are considered suitable for the work. Bamporeze

staff interview those nominated to be mentors, introduce potential mentors to children in child-headed households for approval, foster the establishment of the mentor-household relationship, and provide simple training for those nominated as mentors.

Mentoring support to child-headed households

Once mentor-household relationships have been established, mentors meet with the children in the household once or twice a week, or as often as necessary. They provide the children with attention, concern and encouragement; psychological support; and practical advice and assistance.

Assistance can take a number of different forms:

- Simply listening to children and sharing in their hopes, joys and fears;
- 'Being there' as a resource in case of trouble or difficulty;
- Providing advice and counsel on a wide range of different matters; and
- Advocating on behalf of children living in child-headed households in the local community or institutions.

"If an enrolled child does not come to the class and is frequently absent we visit the child and inquire about the reason. Most of the time, this is due to poverty. However, we make the child understand that not attending classes cannot be a solution. We then try to assist in whatever is in our possibilities. When it's a problem whose reason lies with the school, we approach the teacher and make him or her understand that the child is also theirs and that [the teacher] therefore has to help the child solve the problem. Mentors are of course very helpful in this process."

—Bamporeze social worker (paraphrased), 2005

Support for education in the mentoring process

Mentoring helps vulnerable children access education in a number of different ways. Mentors help motivate children to grasp educational opportunities presented to them. They also support children's ongoing participation in education, helping them to remain enrolled in school when they are tempted to drop out. In addition, mentors help lessen the impact of stigma and discrimination by connecting children with communities and helping them understand their right to participate in community structures, including schools. They provide children with practical support in such areas as applying for fee exemptions to navigating administrative systems. Mentors can also mediate between schools and children, or request the help of Bamporeze social workers in doing so.

Monitoring and evaluation

Bamporeze is a comparatively small organization with slightly more than 11,000 beneficiaries. Monitoring of programme activities is highly limited. The staff has an understanding of the approximate number of children assisted by the programme and of the interventions provided. Beyond that, rigorous monitoring of programme processes and outcomes does not occur. There has been no evaluation of the programme.

PROGRAMME HISTORY AND IMPLEMENTATION DETAILS

The mentoring programme for child-headed households came about upon the recognition on the part of the Bamporeze staff that a holistic approach to the needs of such households was required to enable children to exercise their rights and fully integrate into community life. The programme in effect seeks to help communities take responsibility for the children living in their midst to enable these children to thrive.

A major concern for many thousands of orphans living in child-headed households in Rwanda is their lack of adequate material support and resources, which results in their living lives of great risk and vulnerability. No less a concern for such children is their lack of the emotional succor, care, love, solace and comfort that are essential to their well-being. The experience of many people working with the children of child-headed households in Rwanda is that they are 'without hope', marginalized and isolated from the wider community and its aims, purposes, norms and traditions. It was thought that a mentoring programme would address these problems and give life to the Rwandan tradition that 'a child belongs to everyone in the society' by helping communities undertake care of children as a collective responsibility.

Programme management and funding

Due to its relatively small size, Bamporeze has a management structure that is simple and streamlined. The organization's head office is based in Rwanda's capital, Kigali. Programme staff based in this office are responsible for programme strategy and direction, overall management of programme activities, liaising with development partners and other programme funders, and design and dissemination of training materials.

In each district of operation, Bamporeze employs a social worker responsible for liaising with the community and local authorities, and with the organization's head office, and for encouraging community members to step forward as mentors. The social workers also work with local communities and authorities to identify child-headed households that could be helped by a mentor; they match potential mentors with child-headed households and manage the establishment of relationships. The social workers are charged with ongoing oversight of the mentoring process, and with resolving conflicts between mentors and child-headed households. It is sometimes necessary for relationships to be 'called off' and for new mentors to be found for child-headed households.

Social workers employed by the programme are drawn from the local region. Their work schedule involves paying visits at least three times each week to communities, mentors and child-headed households.

The Community Child Mentoring programme has limited ability to raise funds within Rwanda, one of the world's poorest countries. In order to pay for the organization's activities, staff commit a considerable amount of time to advocating with funding bodies. This has resulted in the organization receiving funding from UNICEF, the Firelight Foundation, Kindernothilfe e.V (Germany) and other organizations. Bamporeze also seeks funding through the use of 'child sponsorship' programmes directed at individual donors in Europe.

"We approach local authorities and ask them to help us sensitize the community in order to bring back Rwandan culture, according to which the child belongs to the country and not to the individual alone."

—Bamporeze social worker, 2005

Advocacy

Bamporeze's Community Child Mentoring programme undertakes a number of different advocacy activities to achieve its goals.

Advocacy with local authorities:

In the absence of responsible adults, final statutory responsibility for child-headed households rests with local authorities, whose limited human and financial resources severely hampers their ability to meet the needs of children and uphold their rights. The work of Bamporeze and

the mentors is to support the child protection aims of local authorities. Bamporeze seeks to ensure that local authorities are fully aware of and support all programme activities. Such support is essential for the legal and practical functioning of the programme.

Advocacy within local communities:

Community support is critical to the effective functioning of the Community Child Mentoring programme. Local attitudes shape how programme messages are received, and determine the extent to which child-headed households feel accepted and included in community life. Community approval of Bamporeze's activities is essential to the recruitment and retention of mentors. For these reasons, Bamporeze staff spend a considerable portion of their time speaking to local communities, publicizing the organization's objectives, and making people aware of the circumstances and needs of child-headed households.

Training

At the national level, Bamporeze social workers from each district receive training in all aspects of the programme's rationale, activities and processes. At the district level, Bamporeze social workers, together with staff from the programme's head office, undertake a wide variety of different training workshops, which include: 1) training mentors about the needs of children of child-headed households, explaining what mentoring entails, and providing information on managing relationships and on what support can be expected from Bamporeze staff; and 2) training and sensitizing children living in child-headed households, to enable them to meet with social workers and mentors to discuss their situation and learn more about available opportunities and support.

CHALLENGES AND LESSONS LEARNED

The challenge of the new

The presence of large numbers of child-headed households resulting from the 1994 genocide and from the impact of AIDS is a comparatively new phenomenon in Rwanda, as is the Community Child Mentoring programme's approach to helping them. In such circumstances, communities may at first have little appreciation of the circumstances and vulnerabilities of children living in child-headed households, or of the need to help them.

Key to the programme's success is effective communication and advocacy with local authorities, local communities and children. Communication is necessary for the recruitment and retention of mentors, and it also plays an essential role in changing communities' attitudes and responses to child-headed households. Effective advocacy helps communities cease to see child-headed households as 'other' and a potential source of problems, and to see them instead as 'ours', a vulnerable group needing support, inclusion and protection.

Programme staff report that where awareness of the needs of children living in child-headed households increases, the programme is appreciated and there is a growing demand to expand it. More recently, some districts have incorporated the Community Child Mentoring Programme as part of their performance contracts with the President of

Rwanda that describe the services that local authorities will offer in return for central government funding.

Sustainability

The Community Child Mentoring programme has faced numerous challenges to its sustainability. One challenge has been to create a programme that is sustainable within the life of communities. As it seeks to encourage communities to provide mentors for child-headed households, Bamporeze is essentially asking the very poor to take responsibility for the nearly destitute.

In many cases, those who are asked to become mentors are people with considerable strains and stresses in their own lives. Programme staff report that there is often considerable pressure from those asked to contribute to children's welfare for financial recompense for their time and trouble. With limited resources, a non-governmental organization like Bamporeze finds it difficult to provide such short- or long-term funding.

In addition, as a small organization operating only in Rwanda, Bamporeze has the ongoing challenge of finding funding sufficient to maintain its staff and activities, let alone expand its activities to cover the many thousands of children that would benefit from them.

To respond to this reality, at the local level Bamporeze has made the hard but necessary decision that it will not pay mentors for their work with child-headed households. Mentors do receive small allowances for attending training sessions. Otherwise, programme advocacy continually reinforces the message that care of children living in child-headed households is a duty of the community that should be carried out as a matter of course in fulfilment of children's rights.

"There is need to apply extra effort in strengthening community capacity in monitoring of the programme. When girls who are heads of households are left alone for short periods they can get pregnant – and without follow-up have disappeared."

—Bamporeze programme manager, 2005

To pay for its existing activities and growth, Bamporeze depends on advocacy and communication with development partners and donors, a continual necessity that the organization must undertake to ensure that it can carry out its activities and expand to reach more children.

Monitoring and evaluation

Bamporeze's situation with respect to the monitoring and valuation of its activities is similar to that of many other small non-governmental organizations. Monitoring of its programme is virtually non-existent: Aside from records of the number of children involved, little quantitative data is available about the programme's processes and activities, and evaluation of activities is even more limited. As a result, there is no concrete evidence of the impact of the programme on children's lives.

This lack of monitoring and evaluation presents many problems. It is difficult to tell the extent and range of activities, and whether work that the organization thinks is taking place is actually occurring. Little can be said about Bamporeze's cost-effectiveness or its impact, and the organization's ability to learn from its experience is seriously hampered. All of this means that arguments to continue supporting the organization are likely to depend on sentiment rather than hard evidence.

The need for Bamporeze and organizations like it to properly engage with issues of monitoring and evaluation is urgent. The implementation of a range of simple monitoring techniques and data analysis could

revolutionize the organization's ability to demonstrate its functioning, and simple evaluation techniques would enable it to show its impact.

The need for a holistic package

With time, it has become clear to those running the programme that its interventions need to be more holistic. For example, when it began, the programme specifically targeted the heads of child-headed households for training. But then it was realized that subsequent transmission of information to other members of the household was inadequate and that other approaches were needed. Again, the programme also realized that provision of psychosocial support alone was not enough; there was a need to link action to poverty reduction.

The programme has sought to help vulnerable children with interventions that are increasingly systematic and comprehensive. For example, where just the head of household used to receive training, now the entire household is invited to programme sessions. In addition to providing children with psychosocial support, the programme seeks to include approaches to poverty reduction as well.

Contact Information

Coordinator
Bamporeze Association
B.P. 2597
Kigali, Rwanda
Telephone: +250-586-830/ +250-830-4120
E-mail: *bamporeze2002@yahoo.fr*

Child Protection Section
UNICEF Rwanda
B.P. 381
Kigali, Rwanda
Telephone: +250 5787-17/18/19
E-mail: *fo_rwanda@unicef.org*

CASE STUDY 3

RWANDA: COMMUNITY HARNESSED INITIATIVES FOR CHILDREN'S LEARNING AND DEVELOPMENT (CHILD) PROGRAMME

Rwanda has turned to vocational skills training as a means of enabling orphans and vulnerable children to realize their right to education. For older young people who have dropped out of formal schooling – or who have never gone to school – the Community Harnessed Initiatives for Children's Learning and Development (CHILD) programme, begun with seed money from CARE USA in 2003 and now run by CARE International in Rwanda, offers a tailored training package.

Its combination of literacy training, vocational training and business skills development enables those without access to formal education to make the longer-term investment in their human capacity that is required if they are to escape from poverty. Having heeded the lessons of vocational training programmes elsewhere, the CHILD approach offers a vision of vocational training for orphans and vulnerable children that seeks to be practical, effective and sustainable within the Rwandan context. It is a model of vocational education that could potentially be applied to other contexts.

KEY FEATURES AND ACHIEVEMENTS

The CHILD programme entails community establishment of low-cost, non-formal education centres; teaching in literacy and numeracy; training in vocational skills and simple business development techniques; and provision of toolkits that enable programme graduates to establish income-generating activities.

The programme is designed for young people 12–25 years old who are not enrolled in formal education, with a particular emphasis on orphans and vulnerable children. A 2004 evaluation found, however, that 90 per cent of actual beneficiaries of the programme are 15 years old and over, suggesting that those under 15 enjoyed greater opportunities for

"Ordinary secondary school learners study in order to work for the government, while we study in order to establish our own entrepreneurship."

—Learner in the CHILD programme, Umutara Province, 2005

reintegration into the formal education system and were less likely to enrol in the programme.

CHILD began in the Nyamugali District of Ruhengeri Province and subsequently expanded its activities to Gitarama, Umutara, Gikongoro, Gisenyi and Cyangugu Provinces. This geographic expansion was made possible by integrating the programme with other CARE efforts already under way in the other provinces.

In 2005, around 1,000 young people graduated from the programme every six months and, in 2006, the programme had approximately 2,500 graduates. Since its inception, the programme has benefited around 6,000 children.

Following are the key features of the CHILD programme, along with results of an evaluation undertaken in 2004 following its pilot phase.

Establishment of low-cost, non-formal education centres

The CHILD programme involves establishing both literacy and vocational training centres. Literacy centres are usually created in churches, community centres and other communal venues, with lessons delivered by instructors who are often church catechists with experience in traditional methods of teaching adults to read the Bible. These 'literacy facilitators' are trained in new teaching methodologies and encouraged to help all young people who want to learn to read, regardless of creed or beliefs. Literacy facilitators are volunteers, but they do receive a bicycle in return for their services. By making volunteers more mobile, their ability to engage in income-generating activities across wider geographical areas is enabled.

Vocational training occurs through apprenticeship on the premises of local artisans who have offered to become programme facilitators. Facilitators are paid a monthly allowance of around 15,000 Rwandan francs (US$30) and also receive incentives such as participation in exchange visits, allowances for in-service training, and some limited material gifts like bicycles. Facilitators also receive recognition at national events.

Teaching in literacy and numeracy

The programme's experience has been that some functional literacy is essential if young people are to benefit from the vocational skills training provided. If young people coming into the programme are unable to read, they first attend literacy classes before going on to vocational training. Those who can already read can go directly to vocational training. The standards of literacy and numeracy to which the programme aspires are those that enable learners to participate in vocational skills training: essentially, the ability to count, measure dimensions and heights, and read and write.

Literacy instruction occurs in the afternoon and usually takes place two days a week for about three hours a day, over nine months. Classes of typically no more than 25–30 students are formed according to literacy level rather than age, and use participatory, child-centred learning methodologies. Young people are encouraged to provide input about the content of lessons and there is flexibility about the schedule

Table 1: Literacy timetable at Nyakigando Centre, Kahi District, Umutara Province

Kinyarwanda:	60 minutes
Mathematics:	60 minutes
Environmental studies:	30 minutes
Social studies:	30 minutes

The literacy course is taught two days a week, three hours a day, from 1400 hours to 1700 hours.

"One of my young parishioners, who had just started to learn how to read, came to see me to ask how to plan and control births in her home. I asked her to come back to me after three months, knowing that she would learn about this during her studies. She came back after that time to tell me what she knew about the subject and to say that she regretted not having known about such matters earlier. I sensed in her a much greater confidence, based in increased knowledge, yes, but more about her being able to take control of her life."

—Pastor, Ruhengeri Province, 2005

(morning/afternoon, different days of the week, etc.). There are no fees for instruction.

Although not included in the official curriculum, gender issues, life skills training, reproductive health, HIV/AIDS, nutrition, child care, health and hygiene are addressed in both the literacy and vocational skills phases of the programme.

Training in vocational skills and simple business development techniques

Vocational skills training is provided three times a week, four hours a day, for six months. Training occurs in the mornings from 8 a.m. until 1 p.m., which allows students to work in the fields later in the day.

To avoid flooding local employment markets with too many young people trained in just one or two skills, students can learn about as wide a range of skills as there are facilitators to teach them. Common subjects include tailoring, joinery, bricklaying, agriculture, bicycle repair, mechanics, construction, hairdressing, and others. Students are asked to pay 500 Rwandan francs (US$1) for training. This is considerably less than comparable costs for vocational training elsewhere in Rwanda, which are typically 4,000 Rwandan francs (US$8) for tailoring training lasting five months, or 25,000 Rwandan francs (US$50) for construction training lasting eight months.

Items produced during vocational training are sold and the proceeds divided as follows: 39 per cent towards providing learners with starter toolkits upon graduation from the programme; 31 per cent to the Association of Artisans; 20 per cent to the facilitators as an incentive; and 2 per cent to

Box 1: Examples of subjects covered in the CHILD programme vocational curricula

Tailoring

- Knowledge of the different types of tailoring equipment
- Dismantling and mounting a sewing machine, cleaning different parts of a sewing machine and making necessary repairs
- Measuring and cutting cloth in order to tailor a dress, a pair of trousers, a shirt, etc.
- At the end of training, students take a test covering all material.

Construction

- Knowledge of construction equipment and its use
- Arranging the building plot and making bricks
- Digging foundations in order to construct brick walls
- Installing roofing using either tile or sheet metal
- Coating walls with roughcast and repairing wall cracks
- Making an estimate of materials to use

At the end of the six-month training period, there is a test.

Carpentry

- Knowledge and use of the different parts of a carpenter table as well as other carpenters' equipment
- Acquisition of skills needed to make products such as stools, chairs, doors, windows and coffins, etc.

At the end of the training period, there is a test consisting of making a stool and a window.

Agriculture and animal husbandry

- Making a bridge, including knowledge of what materials to use and how to prepare the ground where the bridge will be built
- Lined crop planting and how to use both artificial fertilizer and fertilizer from animals
- Using plants as drugs for both preventive and curing purposes
- Establish plant nurseries
- Harvesting techniques and sheep farming

At the end of the six-month training period, there is a test.

the community development committees. The remaining eight per cent is not assigned.

Along with learning vocational skills, an important aspect of the programme is teaching business skills and entrepreneurship development. Young people learn how to add value to the goods and services they are trained to provide, and students are encouraged to form small business cooperatives with their peers and make plans for revenue-generating projects. At the end of their training, students receive a certificate of achievement.

Toolkits for generating income

On completion of their course of vocational skills training, young people receive starter toolkits, the cost of which they gradually pay back. The toolkits contain equipment needed regarding the trade they have learned.

Those who have formed small business cooperatives or associations are eligible to join micro-finance savings and loan schemes that enable them to begin business. In order to give young people a good start, district authorities are asked to give tenders to programme graduates for items such as uniforms and furniture. Once young people have begun to earn a living, they are expected to repay their loans and the cost of their starter toolkits. By 2007, at least 40 small business associations had been formed by CHILD programme graduates, supported with financial and in-kind assistance, including toolkits.

Monitoring and evaluation

Programme field staff regularly inspect teaching centres, monitor programme activities and gather feedback from learners.

At the end of the programme's pilot phase in 2004, a qualitative evaluation was conducted in the Nyamugali District. The evaluation used interviews, focus groups, observation and a review of the literature to gather the opinions of beneficiaries, facilitators, parents and local authorities. Overall, discussions with both parents and beneficiaries suggested their satisfaction with the programme's ability to meet their needs.

"Being stigmatized, especially for girls who learn masonry. Our learning is a kind of sacrifice. And again we incur the risk of not getting a job once we finish. People are not very willing to hire women masons. They consider us as fools. We only close our ears and carry on. Until maybe we show them achievements."

—Learner in the CHILD programme, Umutara Province, 2005

Yet the evaluation revealed a clear gender difference in how programme activities are embraced by male and female students. It found that the overwhelming majority (75 per cent) of those learning basic literacy and numeracy were girls, while only 40 per cent of those doing vocational training were girls. Of girls who participated in vocational training, 93 per cent chose to study traditional topics (hairdressing or tailoring), with very few (about 6 per cent) learning joinery and even fewer (about 2 per cent) studying construction.

Overall, beneficiaries saw the programme as an opportunity to engage in trades that were in demand, and their greatest satisfaction was the possibility of receiving financial and material support to establish business activities once training was completed. Equipped with the right skills, the students saw themselves as having a real chance to compete effectively in markets at the district level and beyond.

For their part, the facilitators suggested that the programme had enabled them to rethink the management of their workplaces, acquire necessary equipment, enhance their social standing and increase their income.

"I am 17 years old. I learnt bricklaying through the CHILD programme. Last month, I worked with a friend from my group to build four houses. I earned 120,000F ($210 US Dollars), which I've invested in buying equipment and paying back money I owed."

—CHILD programme graduate, Ruhengeri Province, 2004

Local authorities saw the CHILD programme as a way to reduce exodus from the countryside, create employment, give young people hope for a future, and increase household incomes and the pool of skilled labour in the district.

The evaluation suggested that the main reason for the programme's success was its attractiveness to, and ability to meet the needs of, its target group. This was itself a result of several factors: strong awareness-raising in the community; the participatory manner in which selection criteria were developed and beneficiaries chosen; the inclusion of facilitators in the planning of activities; and the establishment of a transparent system for managing programme revenue from the sale of articles made during training.

PROGRAMME HISTORY AND IMPLEMENTATION DETAILS

The CHILD programme is one of many such vocational training programmes established by non-governmental organizations in Rwanda. Out of 6,000 orphans and vulnerable children in the area, 700 undertook education in literacy and numeracy, and 268 in vocational skills training.

During the programme's pilot period, there were a number of developmental phases:

- Community mobilization and sensitization
- Identification of orphans and vulnerable children by local authorities, youth and women's councils
- Development of curricula
- Identification and training of instructors
- Provision of training materials
- Implementation of teaching

Identification of beneficiaries is done by communities, with guidance from the project staff. Criteria for inclusion take into account a range of factors related to different aspects of vulnerability, such as whether young people are living with their parents, whether they are single or double orphans, live in a child-headed household, etc. Young people's varying levels of literacy and educational attainment, and differences in emotional difficulties they may experience, are also considered.

Programme management and funding

CARE International in Rwanda is responsible for the day-to-day management of the CHILD programme under the aegis of the Ministry of Education. The Ministry of Education acts as the coordinating institution of the programme, bringing together local steering committees that are formed in each community. Local authorities are responsible for raising awareness about the programme in their communities so that a variety of stakeholders – young people, parents, community members and community-based organizations (especially faith-based organizations) –

can become involved. All work together to design the content of training programmes and to select beneficiaries.

The literacy and vocational centres are operated under the supervision of locally elected community management committees, and community involvement is essential to their effectiveness. Parents and young people have the opportunity to voice their concerns and can give suggestions about how the programme is shaped. These features foster a strong sense of community ownership of the programme.

Initial seed money for the programme was provided by CARE USA. From 2004 onward, funding for the programme has been received annually by CARE International in Rwanda on a renewable basis from a private donor from the United States who happened to visit the programme and find it worthwhile.

Advocacy

The CHILD programme seeks to help partners and stakeholders address the problems of orphans and vulnerable children, and advocate for their access to basic education and life skills. The participation of local authorities in raising awareness and selecting beneficiaries, centre locations and facilitators has been of particular importance. Continuous dialogue with district authorities has been significant in maintaining support for the programme.

Training

Regarding training of literacy facilitators, local church catechists who have previously run more traditional literacy programmes for adult church members are trained to use more modern, accelerated, participatory methodologies of literacy training centred on the needs of the learner and their environment. Literacy facilitators are also trained in the delivery of life skills lessons that include information about the environment, reproductive health, HIV/AIDS and conflict management.

Local artisans who wish to become vocational training facilitators are selected according to whether they possess appropriate facilities for training learners, appropriate professional experience and the right level of education to be trainers. Other factors include their motivation to help out-of-school youth, and membership in the Association of Artisans of the district. Upon selection, vocational training facilitators take a 10-day course given by CARE on participatory teaching methods and day-to-day management of training centres. This is followed by a series of in-service training sessions. Regular supervision and technical support are also provided by CARE staff. During the monitoring process, facilitators are encouraged to give feedback about the kind of support they need.

Materials

Specific curricula are developed for all subjects with facilitators, guided by highly flexible work plans designed by expert consultants employed by the programme's management. In literacy classes, for example, facilitators do not arrive for sessions with rigid lesson plans. Learners are instead encouraged to propose content for lessons, with facilitators building instruction around the suggested topics.

Teaching materials are selected from resources within the learners' environment and experience. As a result, a discussion is developed based on the interests of learners, who can then build on what they already know. Textbooks are limited. The establishment of small community libraries increases students' access to information and helps them strengthen their reading and writing skills. Libraries contain magazines, periodicals, newspapers, readers and locally published storybooks.

For the vocational skills curriculum, facilitators develop a work plan that guides regular teaching and learning, using references and materials from their trades. There are some printed materials developed by programme staff together with the learners, again ensuring that subject matter is highly relevant to each local context. Equipment for vocational training is provided by the CHILD programme and is managed under a tripartite contract between the facilitator, the district and the local Association of Artisans.

CHALLENGES AND LESSONS LEARNED

Marketplace viability

Vocational training activities across Africa are often limited by their inattention to the needs and realities of the market. Frequently, many young people are trained for tasks that are little needed (e.g., tailoring in places where there is mass importation of cheap clothes from abroad, or carpentry where access to timber is highly limited). The result of such programmes is the graduation of large numbers of young people with a limited range of skills who quickly find themselves unemployed. The value of the vocation education they receive is quickly perceived to be diminished.

The CHILD programme has sought not only to give young people access to a range of different skills, but also to equip them with a greater sense of business acumen and entrepreneurial skills. Trainees are encouraged to form working collectives, and upon graduation they receive small grants to establish themselves in business.

Costs of establishing vocational training

Vocational training centres are often expensive to set up, take relatively few students, and undertake instruction over comparatively lengthy periods. They also often teach students to use very high-quality materials to produce high-quality items – which are frequently more expensive than most people in the country can afford.

In contrast to such a high-cost approach, the programme's partnerships with volunteer literacy facilitators and local artisans who act as vocational training facilitators enable it to deliver training at a much lower cost than that of other schemes operating in Rwanda. By enabling students to learn alongside local artisans, the training young people receive enables them to learn how to make products affordable by local people.

Sustainability

A concern for all involved with the programme is the precarious nature of its funding, which currently depends up the goodwill of a single

benefactor. There is an urgent need to identify long-term sources of funding that will enable programme sustainability.

A number of solutions have been suggested to foster such sustainability. Principal among these is encouraging much greater involvement on the part of local authorities, central government and other large partners. In Rwanda, each district has an education fund for orphans and vulnerable children. At the moment, however, these funds can be accessed only by young people enrolled in the formal education sector. A higher level of involvement by the local authorities in the CHILD programme's planning and execution might enable these district funds to be used for long-term, government funding of CHILD activities.

The impact of poverty

While the CHILD programme can be a powerful and effective means of helping orphans and other vulnerable young people access education and make their way out of poverty, the reality for many young people is that the poverty in which they live can prevent them from fully participating in the programme and reaping its benefits. This manifests itself most obviously in the poor attendance common in the programme and in the high number of young people who drop out.

The programme's capacity to deal with the major causes and effects of poverty is limited. Nonetheless, programme staff do the best they can to ameliorate its impact. Those who miss classes are visited by programme staff and, when young people drop out of training, local authorities are also contacted and asked to follow up with the children. Those associated with the programme have suggested that community funds might be established to help orphans and vulnerable young people get through difficult times during training.

Attitudes towards education

A challenge for the programme is the low regard in which literacy and numeracy education is held by many orphans and vulnerable young people in Rwanda. This kind of education is often seen as a waste of time and an impossible luxury in the face of pressing economic demands. When a person's principal concern is, "Am I going to eat today?" it is difficult to ask them to devote precious time and energy to learning to read, write and add.

The experience of the programme is that it is essential to change young people's perspectives from the short to the long term. CHILD achieves such a change through its mix of literacy, vocational and entrepreneurial training. When taken together, these different components help young people see beyond today and help them realize that, without a whole range of skills, their ability to care for themselves and their families is limited.

Gender attitudes

One challenge of the programme is enabling young people to break out of gender stereotypes that bind them to particular roles in society. Such stereotypes assign girls to professions such as tailoring and hairdressing and boys to motor mechanics and building. In the CHILD programme, the strong pull of traditional gender roles is manifested in the comparatively small number of girls that choose to train in skills that are traditionally

associated with boys. Girls face problems if they choose to train in a non-traditional skill.

Breaking down gender stereotypes is not easy. One way in which the programme enables girls to establish themselves as credible workers in non-traditional skills is by encouraging them to join with boys in forming small business cooperatives that are set up during the course. The idea is that the boys with whom they work know the girls' value, which is quickly demonstrated to employers when the cooperative gains work.

Contact Information

Education Technical Adviser
CARE International in Rwanda
BP 550
Kigali, Rwanda
Telephone: +250-5831-47/48/49
Fax: +250 520038
E-mail: care@care.org.rw

Education Section
UNICEF Rwanda
B.P. 381
Kigali, Rwanda
Telephone: +250-5787-17/18/19
E-mail: fo_rwanda@unicef.org

SWAZILAND

INTRODUCTION TO CASE STUDIES 4 & 5

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The all-encompassing nature of the AIDS epidemic in Swaziland has taken an extreme toll on the country's education system and has had severe consequences on the ability of orphans and other vulnerable children to realize their rights to an education. With pupil-teacher ratios growing dramatically and the percentage of students entering school – particularly secondary school – declining, gains made between 1970–1997, when universal primary education was almost achieved, have been lost.

An impact assessment undertaken in the late 1990s forewarned a shortage of teachers in the ensuing years and foretold declines in the country's capacity to train new teachers. It also noted that it was "difficult to see how these AIDS orphans can be accommodated in the formal schooling system unless costs are shifted to Government. Even then, many children will drop out of the schooling system because their labor is needed at home."[26]

As predicted, vulnerability among the children of Swaziland has grown on the heels of the country's widespread AIDS epidemic. One in four adults in Swaziland is infected with HIV,[27] and annual AIDS-related deaths are estimated at 10,000 out of a population of slightly more than 1 million. [27] This has left the country with a large proportion of very young and very old people, and has led to significant and growing numbers of orphans and vulnerable children.

In 2007, it was estimated that there were 108,000 orphans and vulnerable children in Swaziland, and it is estimated that by 2010 the number will

26 Ministry of Education, Swaziland, *Impact of HIV/AIDS on the Education Sector*, Ministry of Education, Mbabane, 2000, <http://www.harare.unesco.org/hivaids/view_abstract.asp?id=406>, (accessed 21 October 2009).

27 UNAIDS, *2007 AIDS Epidemic Update*, UNAIDS, Geneva, 2007, p. 16, <http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf >, (accessed 21 October 2009).

28 UNAIDS, *2008 Report on the Global AIDS Epidemic*, UNAIDS, Geneva, 2008 p. 217, <www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp>, (accessed 21 October 2009).

increase to 113,000.[29] Overall, AIDS-related deaths, along with poverty, drought, food insecurity and malnutrition, are leading to rapid increases in the number of children who can be classified as vulnerable.

More fortunate children may be cared for by relatives, often their grandparents. At best, members of the older generation are able, at the end of their lives, to shoulder the unexpected demands of caring for young people. Where older caregivers are unavailable, young people may end up living in child-headed households. In other cases, grandparents need someone to look after them, compelling grandchildren to jump into the role of caring for the aged.

A particular concern about children living in child-headed households and those who are caregivers is their frequent inability to access education. A 2002 survey of 49 communities in Swaziland identified more than 10,000 children living in child-headed households and found that most of these children were out of school.[30] Many older children are unable to access basic formal primary education due to their need to attend to, support and provide for younger members of the family or older generations in their care. Another problem affecting younger children is that they may lack nurturing and lag in early childhood development, so it can be extremely difficult for them to ever be 'ready' for school.

Women and girls, who in Swaziland are traditionally responsible for growing much of the food and caring for the sick and dying, are often among those worst affected by the country's situation. In many hard-hit communities, girls are being withdrawn from school to help lighten the family load. The decline in the number of children attending primary school, particularly in drought-stricken areas or where there is a food emergency, has corresponded with a rise in the number of girls acting as surrogate mothers and as family nurses tasked with caring for critically ill relatives with AIDS.[31]

Access to education for orphans and vulnerable children in Swaziland has been hindered not only by compelling family needs, but by a wide range of other factors, including the country's lack of a national universal primary education policy and the need for families to pay school fees and other levies in order for children to attend school. At the primary level, school fees, which are determined by the school committees that represent the parents at each school, range from 200 emalangeni (US$28) to 1,000 emalangeni (US$141) per year for government or government-aided schools, but can be as high as nearly 6,000 emalangeni (US$850) for private school. At the secondary level, the average is 2,000–3,000 emalangeni (US$282– US$423) for urban schools, but is lower in rural areas.

In 2006, the World Bank reported that school fees at the primary level amounted to about 800 emalangeni (US$113) per pupil per year on average.[32] The amount was nearly half of the yearly per capita food expenditure of 40 per cent of households with the lowest income levels.[33]

29 UNAIDS, Monitoring the declaration of commitment on HIV/AIDS (UNGASS) Swaziland country report January 2008, UNAIDS, Swaziland, 2008, pp. 46–47, <http://data.unaids.org/pub/Report/2008/swaziland_2008_country_progress_report_en.pdf>, (accessed 21 October 2009).

30 United Nations Convention on the Rights of the Child, *Initial Report of Swaziland*, UNCRC, Geneva, 2006, p. 3, *<www.unhchr.ch/tbs/doc.nsf/0/1cf3b67f72c7bf7ec12572020051cb71/$FILE/G0644326.pdf>*, (accessed 21 October 2009).

31 United Nations Children's Fund, *Humanitarian Action Report: Swaziland in 2008*, UNICEF, 2008, p. 2, *<www.unicef.org/har08/files/har08_Swaziland_countrychapter.pdf>*, (accessed 21 October 2009).

32 World Bank, *Swaziland: Achieving basic education for all – Challenges and policy directions*, World Bank, Washington DC, 2006, *<www.wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2007/02/21/000310607_20070221130319/Rendered/PDF/386930SZ0Basic1DWPS1No110901PUBLIC1.pdf>*, (accessed 21 October 2009).

33 Ibid, p. 117

In many cases, children from poor households were found to drop out of formal education because of difficulties affording school fees. And even if an orphan or vulnerable child is able to make it to school, their education is likely to be adversely affected by factors such as hunger or ill health.

Swaziland's National Strategic Plan for HIV/AIDS 2000-2005 aimed to reduce the impact of HIV and AIDS on the education sector. Strategies were outlined as follows:

- Support peer education in all education facilities;
- Advocate, engage and provide appropriate information to parents on reproductive, family life education on HIV/AIDS and life skills;
- Develop policies and guidelines on HIV/AIDS in the education sector;
- Expand and strengthen counselling services in schools;
- Find solutions to teacher housing problems and encourage families to live together;
- Increase intake into the teacher training institutions in order to maintain low teacher-pupil ratios;
- Integrate HIV/AIDS education into the curricula at al levels, including preschools; and
- Mainstream gender issues in all curricula at all levels in schools.[34]

Taking their cue from the National Strategic Plan, the two programmes highlighted in this *Sourcebook*, All Children Safe in School and Neighbourhood Care Points, have sought to empower local communities to care for the orphans and vulnerable children among them so that they might realize their human rights to education and health. Both programmes, while very different in the kinds of activities undertaken and results achieved, have been used to guide the formation of a number of different national policies and programmatic responses regarding the needs of orphans and vulnerable children.

34 Ibid, p. 117

CASE STUDY 4

SWAZILAND: ALL CHILDREN SAFE IN SCHOOL

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All Children Safe in School, an initiative introduced in Swaziland in January 2003 and which ran until 2005, addressed the specific needs of orphans and vulnerable children through the provision of school grants. At the same time, the programme improved the school environment for all children by increasing educational capacity and providing food and health interventions. The programme demonstrated that providing school grants and improving school quality are effective means of enhancing the access of orphans and vulnerable children to education.

"The Community EFA grant [All Children Safe in School] initiative has contributed to a changing national environment, where the right to education is increasingly recognized in public opinion."

—*Tizie Maphalala, UNICEF project officer – education, 2005*

The initiative's success prompted the Government of Swaziland and its development partners to increase allocations for mitigating the impact of AIDS in schools. In 2004, after the Ministry of Education announced the provision of school grants to support all orphans and vulnerable children, total enrolment at primary schools increased by nearly 10,000 students – a 4.5 per cent increase in the gross primary school enrolment ratio[35] – a clear and strong impact on enrolment in the country. The initiative is an example of how collecting data on the effects of an intervention can enable the subsequent design of effective policies and programmes.

KEY FEATURES AND ACHIEVEMENTS

All Children Safe in School used grants to schools, meals for schoolchildren, farming opportunities and improvements in water and sanitation (in select schools) to increase access of orphans and vulnerable children to quality education, and to mitigate the impact of poverty and AIDS on children attending school.

The programme began in 40 communities in Lubombo and Shiselweni, two of Swaziland's four regions. The initiative was later extended to

35 World Bank, *Swaziland: Achieving basic education for all - Challenges and policy directions Volume II:Main report*, The World Bank, Washington, D.C., 2006, p. 18. <www-wds.worldbank.org/servlet/WDSContentServer/IW3P/IB/2006/07/18//000112742_20060718100511/Rendered/PDF/361450v20SZ.pdf>, (accessed 22 October 2009).

44 communities and, in 2005, the school meals component expanded from 80 to 95 schools. The programme focused on orphans and vulnerable children 6–18 years old in Lubombo and Shiselweni, because these two regions were the worst hit by drought and poverty and while school fees were relatively low, drop-out rates among all children were increasing there.[36]

The local communities were a secondary focus of the programme in order to ensure that they were made aware of the needs of orphans and vulnerable children, and were contributing towards meeting these needs.

Following are some key features of each component of the programme, as well as brief summaries of findings from a midterm review conducted in 2004.

Community EFA (Education for All) grants paid to schools

Community EFA grants, a large-scale government initiative supported by UNICEF and other external donors, were used to pay school fees for orphans and vulnerable children. To enrol children in schools, the school administration worked with the school committee and community leaders to identify out-of-school orphans and vulnerable children in their communities, and to use monetary support to bring them into school. Children of primary school age were assisted by the programme (the maximum age was 18).

Community EFA grants were also used by schools to recruit additional volunteer teachers and classroom teachers from local communities to accommodate increased enrolment, and to provide basic psychosocial support to orphaned and vulnerable children.

A midterm review, conducted in 2004, indicated that the use of community EFA grants in 44 programme communities had brought more than 3,000 children back into school, with many coming back into Grades 1 and 2. In the communities that benefited from the programme, this represented an increase of more than 20 per cent in overall primary school enrolment. The support provided to orphans and vulnerable children already enrolled in school meant that many who might otherwise have dropped out were able to remain in school throughout the year.

The enrolment increases led to some strain on school facilities and capacity. Training community volunteer teachers and classroom assistants was important in ensuring that this situation was managed appropriately.

School meals

During the lifetime of the programme, 80 schools were equipped to organize both a main meal and a mid-morning snack. In 2003, 29,245 children (14,339 girls and 14,906 boys) benefited from this support. In 2004, support to the schools passed from UNICEF to the World Food Programme (WFP). In the same year, a project funded by the European Commission Humanitarian Office and carried out by the Baphelali Red Cross covered an additional 95 schools.

36 ibid

Discussions with head teachers conducted during the programme's midterm review suggested that introducing school meals had largely eliminated dropout in programme schools. Provision of meals also resulted in children's timely arrival in the morning and reduced hunger-related conditions such as listlessness and fainting in class, which had been affecting learning.

School farms

As part of the mobilization of communities to support school meals initiatives, schools were required to establish school farms and gardens. The approach also sought to engage students in life skills activities related to agriculture. Training was provided in the establishment of 'trench gardens' to enable crops to be grown where water supplies were limited. Schools also received technical support on establishing drought-resistance crops.

The midterm review found that community responses to the establishment of school farms were excellent. Problems that had occurred were mostly due to drought. Of 44 schools that were provided with seeds, 17 were harvesting vegetables; of 27 that were given fruit tree saplings, 23 were harvesting fruit. The establishment of school farms was seen as a base for the future expansion of community expertise and ability in food production.

Water and sanitation

Recognizing the impact that inadequate quality and quantity of water and sanitation facilities can have on children's health and education, the All Children Safe in School programme helped build new facilities or renovate existing infrastructure in 20 schools. The midterm review found that these facilities were enthusiastically received by communities.

Monitoring and evaluation

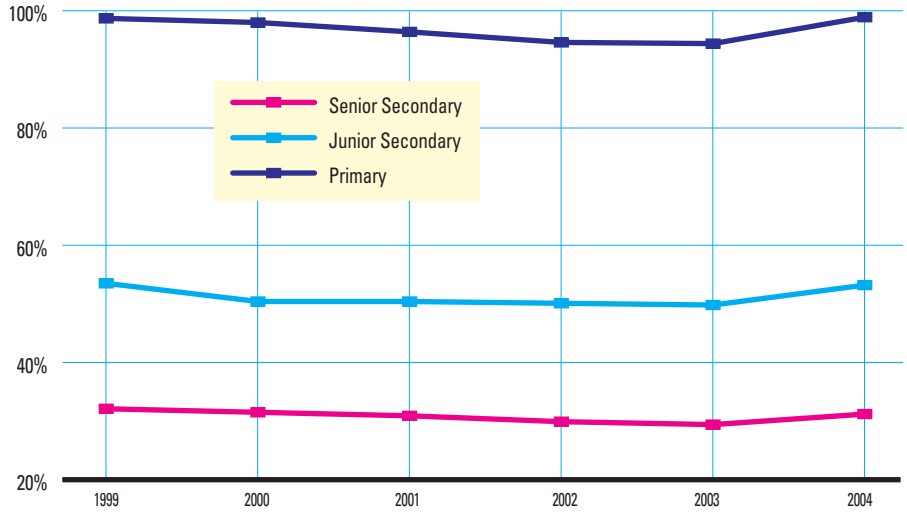
The programme had a full-time field monitor attached to the Deputy Prime Minister's Office, who visited the schools and liaised with the Ministry of Education. In addition to data collection, the monitor also facilitated the reporting of water shortages in schools to the regional education offices (for water tanker scheduling) and reported on specific issues that required responses by school inspectors or guidance officers.

As noted above, a midterm review was conducted in 2004. A recurrent theme was the conviction that the different components of All Children Safe in School had enabled schools to become places of refuge and fun that were attractive to orphans and vulnerable children, as well as places where they could receive the care and attention necessary for them to grow up healthy and well.

The midterm review also repeatedly highlighted the need for school and community collaboration to ensure that all relevant stakeholders were involved, including regional health motivators and school and community leaders.

There was no formal evaluation of the programme. Nonetheless, the potential benefit of providing school grants to support all orphans and vulnerable children unable to attend school due to an inability to pay school fees was clearly demonstrated by observing the impact of the

Figure 1: Trend of Gross Enrolment Ratio, by level of schooling



Source: World Bank, '*Swaziland: Achieving Basic Education for All - Challenges and policy directions*', vol. 2, World Bank, Washington, D.C., 2006, p. 19.

programme – which did not reach all those in need because it was not implemented nationwide – on enrolment in Swaziland. Enrolment increased by 10,000 students when the Ministry of Education announced that school grants would be provided for all orphans and vulnerable children in 2004.[37] A similar impact was observed in the gross enrolment ratios of lower and senior secondary schools, where declines seen from 1999 onward were reversed after the introduction of grants.

PROGRAMME HISTORY AND IMPLEMENTATION DETAILS

All Children Safe in School was initiated in 2003 in a bid to provide a comprehensive package of measures that would enable the country's orphans and vulnerable children to access education. It demonstrated an approach that could be taken to assist children with the greatest needs during a period of sustained instability and emergency. Running until 2005, the experiences and impact of the programme were subsequently used to guide the development of a number of different policies and programmatic responses to the needs of orphans and vulnerable children, particularly the Second National Multi-sectoral HIV & AIDS Strategic Plan 2008, the National Plan of Action for Orphans and Vulnerable Children (2006–2010), the National Multi-sectoral HIV & AIDS Policy (2006), the European Union Education Sector Programme (beginning in 2006) and Media in Education Trust's (MiET) Schools as Centres of Care and Support programme (beginning in 2006).

Programme management and funding

All Children Safe in School was implemented within the framework of the Community Action for Child Rights programme in the Deputy Prime Minister's Office, with the Ministry of Education's regional education offices providing support to the participating schools. The programme was

37 World Bank, *Swaziland: Achieving basic education for all - Challenges and policy directions Volume II:Main report,* The World Bank, Washington, D.C., 2006, p. 18. <www-wds.worldbank.org/servlet/WDSContentServer/IW3P/IB/2006/07/18//000112742_20060718100511/Rendered/PDF/361450v20SZ.pdf>, (accessed 22 October 2009).

developed by UNICEF in partnership with the Ministry of Education, WFP, the Food and Agriculture Organization of the United Nations, and Save the Children Fund. The programme was designed to promote community ownership, as communities were encouraged to identify orphans and vulnerable children who would benefit from school grants. Community members were also encouraged to work with the school committees to provide school meals, establish school farms, and implement the water and sanitation component of the programme.

All Children Safe in School was funded by a number of different donors. School meals were provided by the World Food Programme, school farms and gardens were sponsored by the Food and Agriculture Organization, and the European Commission Humanitarian Office contributed to the water and sanitation component of the programme. UNICEF financed the community EFA grants that were disbursed by the Ministry of Education's school inspectors in the course of their normal duties. UNICEF also funded a project monitor attached to the Deputy Prime Minister's Office, who worked with the regional education offices and the schools involved in the project.

In 2004, financial inputs to 7,627 students in 44 communities taking part in the programme were as follows (US$ figures):

Table 1: Financial Inputs to All Children Safe in School

Community EFA Grant	$354,069.98	($46 per student)
Agriculture inputs	$41,000	($5 per student)
Water and Sanitation expenditure:		
Toilet construction (327 units) in 20 schools	$182,855	
Water supply hand pumps + one motorized pump	$37,500	
Storage tanks (4) and gutters	$833	
Water tankers	$107,000	($14 per student)

Note: Costs for WFP support for school feeding are not given.

Advocacy

The programme relied heavily on local communities to identify and select orphans and vulnerable children to enrol in community schools. In addition, these communities were required to provide unpaid services, such as the construction of water and sanitation facilities and other school structures. Raising awareness in the wider community about the importance of providing access to education for orphans and vulnerable children was thus a key concern for programme managers and implementers.

An important aspect of the programme's advocacy was effective collaboration with other initiatives targeting orphans and vulnerable children. For example, links were established between All Children Safe in School farms and Neighbourhood Care Points (*see the case study on Neighbourhood Care Points included in this compendium*), whereby school farms functioned as a base for the supply of seeds and seedlings to establish gardens that would benefit orphans and vulnerable children.

While the design of the All Children Safe in School programme did not directly involve children and youth, those responsible for the programme strongly believed that children and youth could change other people's behaviour vis-à-vis HIV and AIDS. Children and youth participated in programme advocacy by forming peer groups and initiating discussion

groups to cover issues of concern such as abuse, and protective measures against the dangers of HIV. Programme staff also organized workshops targeted at orphans and vulnerable children to get their views on ways of improving HIV preventive education.

Community mobilization and responsibilities

Community mobilization was critical to achieving support for the programme. This work was undertaken by a team comprising education officers from the regional education offices, community officers from the Deputy Prime Minister's Office, representatives of non-governmental organizations, and UNICEF. School management committees, (which included representatives of the local Chief) were the first group to be sensitized, after which the committee typically convened a parents' meeting. At the heart of the mobilization work was the formation of 'social contracts' through which communities pledged to fulfil contractual obligations that would enable implementation of the programme.

The responsibilities of the stakeholders were as follows:

Chief's representative

- Ensure that school-age children were in school.
- Identify a piece of land for allocation by Chief as a school farm.
- Ensure that community members would maintain a school meals programme and that orphans and vulnerable children in particular received a snack and hot meal every day.
- Report on a monthly basis to the Chief and Inner Council on any cases of children missing from school.
- Ensure through the Chief and Inner Council that community meetings were held at least once every three months to report on school issues, including financial reports.

School committee

- Monitor school enrolment.
- Monitor school finances.
- Report on finances to parents and to the Orphans and Vulnerable Children committee at the end of each term.
- Work with teachers on parent education programmes.
- Work with parents to develop ways of managing a school meals programme.
- Prepare and maintain a record of all minutes of meetings.

Head teacher

- Handle school funds honestly and sensibly.
- Compile monthly financial reports for the school committee.
- Compile monthly reports to the school committee on enrolment and dropout, specifying follow-up measures to trace dropouts.
- Submit financial and attendance reports at the end of each term to UNICEF, the Deputy Prime Minister and the Ministry of Education.

- Ensure all children were treated fairly and with dignity, and protected from abuse.
- Promote within the school a spirit of unity and caring for one another.

Teacher

- Keep a daily attendance register appropriately.
- Monitor pupils' performance and well-being, especially that of orphans and vulnerable children.
- Inform head teacher of any child's absence of more than two days so that further enquiries could be made (including referral to the Community Child Protector).
- Ensure all children were treated fairly and with dignity, and protected from abuse.
- Work with parents or caregivers to promote pupils' educational achievement.

Parent or caregiver

- Ensure child was in school regularly and on time.
- Ensure child received care and protection from abuse.
- Support the school meals programme by working or through financial, labour or in-kind contributions.
- Support child by setting aside some time each day for schoolwork.
- Ensure that girls and boys had equal praise and support and opportunities to excel in school.
- Participate in all parent education workshops in the community.

Pupil

- Do all schoolwork to best of ability.
- Do share of maintenance of school farm as instructed by schoolteachers.
- Watch out for children in trouble (e.g., children with sick parents, children who dropped out of school, abused children) and report to the Community Child Protector and to school guidance teacher.
- Respect school property and assist with keeping the school clean and tidy.
- Treat all classmates and teachers with respect.

Training

In addition to funding school fees for needy students, community EFA grants were used to help schools expand their capacity to cope with the increased enrolment of orphans and vulnerable children that resulted from the programme. Training workshops for community volunteer teachers and classroom assistants were facilitated by a team of school inspectors, community development officers and members of a support network for orphans and vulnerable children.

By 2004, in 28 schools where increases in enrolment far exceeded what the existing teaching staff could handle, two workshops had trained 39 community volunteer teachers who were at least high-school

graduates in the care and support of orphans and vulnerable children, basic child-centred teaching skills, classroom management, life skills, and gender and education concerning HIV and AIDS. Many of those trained were unemployed youth who found new purpose by engaging in the opportunities for community service and personal growth that the programme provided. The terms of reference for volunteers were as follows:

- Uphold the highest level of professional integrity and care for school pupils.
- Monitor pupils' attendance, performance and well-being, especially that of orphans and vulnerable children.
- Ensure all children were treated fairly and with dignity.
- Work with parents and caregivers to promote pupils' educational achievement.
- Report on pupils' progress to parents and caregivers at least once per term.
- Promote within the school a spirit of unity and caring for one another.
- Work with team of school-based child protectors to ensure the welfare of orphans and vulnerable children.
- Liaise with Community Child Protectors to ensure the welfare of orphans and vulnerable children.
- Take an active part in all school activities both in and out of school.
- Carry out any other duties that were assigned by the head teacher and school committee.
- Protect all pupils from sexual exploitation, including by refraining from sexual involvement with pupils.

The Deputy Prime Minister's Office, Ministry of Education facilitators and UNICEF staff also trained school committees and community mobilization teams on the impact of HIV and AIDS on children within education settings (such as increased dropout due to parents' inability to pay for fees, learning materials and uniforms, or dropout due to household food insecurity and subsequent poor concentration in class, poor performance and ill health); interventions to support orphans and vulnerable children; and the development of school or community-specific plans.

The In-Service Training Department of the Ministry of Education also trained school committees and head teachers in financial management.

Ministry of Education facilitators, WFP and Save the Children also trained school committees, head teachers and other teachers (particularly home economics teachers, who served as school focal points) in the management of school feeding programmes.

CHALLENGES AND LESSONS LEARNED

Resources

All Children Safe in School filled a critical gap in Swaziland's education system. In the absence of free primary schooling, the programme assisted orphans and vulnerable children who could not afford school fees in accessing education. Unfortunately, due to limited resources,

the programme could only extend support to a minority of the country's orphans and vulnerable children.

However, the positive impact of the introduction of school grants on enrolment rates resulted in political acceptance of the need to commit increased resources towards caring for orphans and vulnerable children. The Government of Swaziland subsequently increased its commitment of resources for orphans and vulnerable children from 16 million emalangeni (US$2.4 million) in 2004, to 47 million emalangeni (US$7.09 million) in each of the years 2005 and 2006, and to 66 million emalangeni (US$9.9 million) in 2007. The Ministry of Education also introduced free stationery for all students in Grades 1 to 4, expanded to cover all primary grades in 2007.

In addition to the government's initiatives, and as a way to further efforts to achieve free primary education without compromising quality, the European Union Education Sector Programme piloted a capitation grant scheme (10 schools in 2006, set to increase to 30 schools in 2007). According to the programme, the key elements of a free primary education funding strategy in Swaziland are for the government to maintain its commitments to salaries and textbook costs, and the progressive introduction of a per-pupil grant to meet non-wage recurrent costs . The programme aims to continue until all government and government-aided primary schools are covered, but this is conditional on the community bringing out-of-school orphans and vulnerable children back into primary school. Capitation will replace bursaries in the covered schools and, as a condition of the grant, parental contributions would be maintained during the introduction of the capitation at diminishing levels in inflation-adjusted terms.

The effectiveness of this approach presupposes improved quality assurance, in-service education and training, accountability and professional support. The grant is 100 emalangeni (US$15) per learner, with an additional 150 emalangeni (US$23) for each orphan and vulnerable child. In 2006, the European Union disbursed 842,000 emalangeni (US$127,000) to the 10 schools, which reached 5,628 learners – of whom 1,547 were orphans and vulnerable children.

Continuing the work of All Children Safe in School, UNICEF has also contributed 650,000 emalangeni (US$98,000) towards retaining orphans and vulnerable children in school by enabling 32 schools with high numbers of orphans and vulnerable children to have volunteer teachers who also offer basic psychosocial care and links with community caregivers. Grounded in the Child Friendly Schools framework, the initiative – which is entitled Schools as Centres of Care and Support and is now primarily supported by the organization MiET – engages various community-based service providers and caregivers, as well as teachers, to help create schools that are inclusive and protective environments for children.

"The 'All Children Safe in School' EFA initiative is unable to accommodate all [orphans and vulnerable children] because schools have limited resources, i.e., a shortage of teachers, classrooms, furniture and stationery."

—Tizie Maphalala, UNICEF project officer – education, 2005

The initiative is also meant to motivate community participation in school-based developments, e.g., school feeding and garden programmes, which have an impact on children's learning capacities and well-being. Although intended to begin in 40 schools, 56 schools were reached in 2006 and it is planned that the initiative will eventually be implemented in all four regions of the country. The continued availability of bursaries for orphans and vulnerable children (or other financial support to cover basic fees)

is crucial to ensuring access and retention for orphans and vulnerable children in the participating schools.

The potential to create stigma

The experience of All Children Safe in School showed that the term 'orphans and vulnerable children' created some division among children, as this label was sometimes considered discriminatory. The midterm review found that in light of grants paid for the school fees of orphans and vulnerable children, some parents were questioning whether they should continue to pay school fees. A continuing challenge for the programme was ensuring that everyone in the community appreciated the needs of orphans and vulnerable children.

In order to respond to this challenge, the programme conducted extensive awareness-raising in communities about the importance of providing access to education for orphans and vulnerable children. It also sought to place a great deal of decision-making about programme activities in the hands of local communities. For example, local communities identified and selected orphans and vulnerable children to be enrolled in community schools.

Communities were also encouraged to participate in programme implementation: They helped with the construction of water and sanitation facilities, as well as other school structures, and volunteer teachers and classroom assistants drawn from the community helped mitigate the burden of increased enrolment. These acts of community involvement were an important means of fostering better understanding of the needs of orphans and vulnerable children.

Meeting the non-material needs of orphans and vulnerable children

All Children Safe in School provided considerable material support to orphans and vulnerable children, yet the barriers to their education are not material only. Psychosocial and emotional support can be just as important in enabling children to access education.

Rather than trying to do everything, the approach of All Children Safe in School was to do what it did well and to ensure that it integrated its activities with other initiatives. Careful attention was paid to integrating the programme with the work of Neighbourhood Care Points (*see the Neighbourhood Care Points case study in this compendium*). All Children Safe in School concentrated exclusively on children's material concerns, while Neighbourhood Care Points contained a specific psychosocial component, carried out with varying degrees of success.

Financial accountability

A challenge for All Children Safe in School was the requirement for improved accountability in the disbursement of school grants to support orphans and vulnerable children. At first, criteria for selecting recipients were not well defined, and many schools claimed that insufficient funds – or none at all – were received. In some communities, demands were made for the government to provide an accurate list of recipients.

All Children Safe in School sought to ensure accountability by empowering local communities to identify and select orphans and

vulnerable children to be enrolled in community schools. In most places, this was effective in ensuring that the selection of children to receive grants was – and was perceived to be – free and fair. A lesson learned through the programme was the need to establish clear systems for monitoring and evaluation that would enable any bias, or perception of bias, to be addressed.

Contact Information

Project Officer – Education
United Nations Children's Fund (UNICEF)
4th & 5th Floor Lilunga Building, Somhlolo Rd
P.O. Box 1859
Mbabane, Swaziland
Telephone: +268-407-1000 / +268-608-5485
Fax: (+268) 404-0000
E-mail: mbabane@unicef.org

CASE STUDY 5

SWAZILAND: NEIGHBOURHOOD CARE POINTS

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Swaziland established its Neighbourhood Care Points programme in 2003 as a way to enable local communities to care for orphans and vulnerable children and help these children realize their human rights to education and health. The programme was also designed to address the psychosocial consequences of the AIDS epidemic by helping children deal with the trauma of losing their parents to the disease.

"One of the great benefits of the [neighbourhood care points] strategy is that it makes the orphans and vulnerable children visible to their neighbours, the chiefs, the district, regional and national leaders, and, ultimately, to the international community as well."

—Programme implementer, 2005

The Neighbourhood Care Points programme is associated with minor increases in the percentage of orphans and vulnerable children who eat well and attend school in communities served by the programme. Perhaps more significantly, a 2005 visit to some care points by the Prime Minister, the Cabinet and members of Parliament had a positive impact on Swaziland's policymaking and budgeting for children: The government subsequently increased the budget of the Ministry of Education to take care of out-of-school children. In addition, neighbourhood care points were adopted by the government as a crucial strategy in the National Plan of Action for Orphans and Vulnerable Children (2006–2010).

KEY FEATURES AND ACHIEVEMENTS

The Neighbourhood Care Points programme uses community mobilization and establishment of care centres, training of caregivers, provision of education activities to young children, daily hot meals, and offers of psychosocial support to help orphans and vulnerable children realize their rights to food, education, health and shelter.

By 2007, there were 625 neighbourhood care points spread throughout the four regions of Swaziland receiving some material support from UNICEF. In the UNICEF-supported centres, a total of about 5,000 caregivers, including young people, old women, and men cater to the needs of more than 34,000 children. These figures exclude the many other neighbourhood care points that have not received any external

support and whose day-to-day operations are sustained solely by the communities themselves.

Preschool-age orphans and vulnerable children and out-of-school children aged 4–12 are the primary focus of the programme. Older children also benefit, because they can leave younger siblings in a safe place and go back to school. The programme also benefits community caregivers.

Following are the key features of the main components of the programme, as well as brief summaries of achievements drawn from the results of a midterm review conducted in 2004 and a UNICEF assessment of the programme undertaken in 2006.

Community mobilization and establishment of care points

Central tenets of the Neighbourhood Care Points programme are that local capacity is important to meeting unmet needs, and that the wider community is needed to take ownership of the initiative in order to sustain it beyond donor support. The programme uses a bottom-up approach that fosters community leadership and instils a sense of responsibility for orphans and vulnerable children. This begins with programme staff holding a meeting of traditional leaders, who are introduced to the rationale behind the programme and invited to share their aspirations for the community and their sense of what works in their particular context.

The leaders then convene a community meeting where participants discuss the plight of orphans and vulnerable children and the different interventions that can meet their needs. Considerable emphasis is placed on the need for community ownership and maximum participation. To counter any tendency towards dependency, short- and long-term sustainability is discussed. Finally, the meeting addresses the need for a fair process to identify the orphans and children who will benefit from services.

The neighbourhood care points themselves can be houses, churches, community sheds, schools, or sites under trees – any place where neighbours can come together to provide love, care and support for children from the neighbourhood. Because accessibility is vital, community members identify locations for care points based on proximity to children in need of basic social services.

A mid-term review of the programme conducted in 2004 found that 198 neighbourhood care points had been established in the country, with a total of 7,185 children being looked after by 387 caregivers. The 2006 UNICEF review saw those numbers increase to 438 neighbourhood care points benefiting 33,000 children, and found that around 75 per cent of care points visited during that assessment were functioning well, i.e., open five or more days per week and offering services in addition to food. The average reported attendance at care points was 58 children.

Caregiver training

Community members who volunteer to provide assistance at neighbourhood care points are called caregivers. They are identified and vetted by local communities and are trained in a number of subjects, among them early childhood development, psychosocial support, basic facts on HIV and AIDS, children's rights, early identification of signs of

sexual and other physical abuse, trauma and loss, and food preparation and storage. As of 2005, more than 5,000 community caregivers had been trained. These individuals were expected in turn to train other caregivers in their communities.

Provision of education activities for young children

On weekdays, caregivers provide young children with non-formal early childhood development activities between 9 a.m. and 1 p.m. There is teaching and storytelling, including Bible stories. Non-formal lessons cover the alphabet, vowels, identification of body parts, poems, dancing, writing, counting, and concepts such as respect and proper behaviour. In the longer term, the goal is that neighbourhood care points will become early learning centres of the Ministry of Education. Until there is a formal relationship with the Ministry of Education, efforts are being made to integrate formal early childhood development learning activities into care points.

In some communities, the Neighbourhood Care Points programme is a bridge that enables out-of-school children to return to formal education through the use of a referral system provided by the Sebenta National Institute, a Swazi literacy organization.

The 2006 assessment of the programme showed that school enrolment in communities with neighbourhood care points was slightly higher than in other communities (80 per cent compared with 73 per cent). In communities where they were operational, neighbourhood care points were considered by respondents to be important sources of preschool education for orphans and vulnerable children. The assessment also found that a key area in which the existence of care points helped children's education was in ensuring that children had birth certificates and immunization cards, which helped them access the government school bursary fund.

A relatively small proportion of all out-of-school orphans and vulnerable children of school-going age are enrolled in neighbourhood care points. Those present are usually children who have been unable to access government and other grants, or who have dropped out of school because they did not have uniforms. Due to government bursaries, most orphans and vulnerable children of school-going age have been able to enrol in or return to formal schools. (*See Case Study 3, Swaziland: All Children Safe in School, in this compendium for more information on government bursaries/community EFA grants.*)

Daily meals

"When the situation at home is very bad and there is nothing to eat, the caregivers give me food to eat here at the NCP and some to take home with me."

—Fifteen-year-old boy, heading a household of three siblings, 2005

Each weekday, children enrolled at neighbourhood care points receive at least one hot meal. Some care points also provide food on weekends and during school holidays.

The 2006 assessment found that the most important activity by far at care points is the provision of food. Food is what motivates children to attend care points and parents or guardians to send them. For many children, the meal received at the care point is the most nutritious they will get; for some, it is the only meal of the day. The assessment found that children attending neighbourhood care points had slightly better access to food than children in communities where there were no care points: 74 per

cent of children attending care points reported having at least two meals a day, compared with 65 per cent of children in communities without care points.

"I like coming here because we don't have to work. We just read and eat."

—Six-year-old girl, 2005

Other services, including psychosocial support

Neighbourhood care points serve as critical entry points for delivery of services to orphans and vulnerable children. In some communities, care point volunteers work with Community Integrated Management of Childhood Illnesses teams for outreach and health services, including immunization, micronutrients, growth monitoring and other preventive care. In 2005, improved links of the neighbourhood care points to strengthened health outreach services through the Ministry of Health and Social Welfare resulted in almost 15,000 orphan and vulnerable children receiving basic health check-ups. The plan is to continue to develop and expand such activities to become part of the Swaziland national strategy.

Caregivers at neighbourhood care points also provide children with psychosocial support. At a practical level, care points can be places of refuge for out-of-school orphans and vulnerable children during and after school hours.

However, the 2006 review found that only 31 per cent of care points provided children with individual psychosocial counselling, and even where undertaken it was found to be infrequently done, with caregivers reporting undertaking it once a week or whenever the need arose. HIV prevention was similarly not commonly addressed at care points; those that did undertake HIV prevention activities reported that the issue was not addressed frequently.

Monitoring and evaluation

Community volunteers, supported by UNICEF, assist local care points in monitoring their activities by helping them collect data on programme indicators, and reporting on progress. Feedback is sent to the Ministry of Regional Development and Youth Affairs, which is in charge of the coordination of the initiative at the national level. UNICEF also funds focal points within each local non-governmental organization that supports the programme. The focal points enable the smooth implementation of activities and timely reporting to UNICEF and the government.

A midterm review of the programme was conducted in 2004. The review stated, "NCPs were recognized as a powerful strategy that addresses multiple issues simultaneously: they address cross-cutting issues such as hunger and poverty, HIV/AIDS, child protection and health."[38]

The physical structures of care points, however, were generally found wanting, so attendance was essentially regulated by weather patterns (i.e., attendance would cease during the rainy season) rather than needs. In addition, a key concern raised about the programme was the lack of proper monitoring and evaluation systems, which was leading to problems with the accurate estimation of the number of orphans and vulnerable children living in an area and difficulties in reporting on supplies used by neighbourhood care points. These issues in turn hampered the release of food supplies from donors.

38 United Nations Children's Fund, *The Government of Swaziland and UNICEF Cooperation 2001–2005: Midterm review*, Swaziland. Ministry of Economic Planning and Development, UNICEF, Mbabane, 2004.

In 2006, UNICEF conducted another assessment of the Neighbourhood Care Points programme. The assessment sought to determine the functionality of three different cohorts of care points established between 2003 and 2005 and to identify their specific achievements in terms of the health, nutrition, access to education and psychological well-being of children served. The ability of the assessment to have clear findings was limited because it took place at the same time as the school holidays and harvest. Nonetheless, the assessment was able to draw a number of conclusions, some of which are detailed in the 'Key features and achievements' areas above. Other notable findings are as follows:

Of the 62 care points visited during the assessment, 75.8 per cent were judged to be well functioning, i.e., open five or more days a week and offering other services in addition to food provision. Only nine (15 per cent) were found to be either not functioning or poorly functioning. Of the functional care points, 93 per cent were found to be open Monday through Friday, with 47 per cent of those open on Saturdays. Only 8 per cent of them were open on Sundays. Fewer than half of the functional care points (46 per cent) were found to be open during school holidays.

The 2006 assessment gave a strong sense that the general quality of care points was often low. While 84 per cent of care points visited were said to have buildings, only 17 per cent were made with bricks. Most were constructed of sticks and mud. Only 33 per cent had cement floors. The majority (65 per cent) of care points had no access to tap or borehole water, with most collecting water from other sources, such as rivers and dams, which were in most instances reported to be far from the care points.

Caregivers were reported by the assessment to be committed but usually poorly supported by the community, as was reflected in the lack of water, soap and other supplies at many care points. The general sense was of well meaning but poor women doing their very best in difficult circumstances to care for the neediest members of their communities.

Record-keeping at neighbourhood care points was generally found to be poor, with only 68 per cent having an attendance sheet.

PROGRAMME HISTORY AND IMPLEMENTATION DETAILS

At the end of 2002, the Office of the Deputy Prime Minister, with support from UNICEF, conducted an assessment to determine the condition of orphaned children, especially those living in child-headed households. The assessment was conducted in all four regions of Swaziland, in 38 of Swaziland's 55 'tinkhundla', or constituencies. Areas assessed included education, health, nutrition, level of community support, availability of shelter, gender issues, and the age distribution of the children at these homesteads.

The assessment identified 10,664 children living in child-headed households in 2,600 homesteads. These children faced limited availability of food, low access to education, poor quality of shelter and lack of an extended family support system. Anecdotal evidence suggested that the capacities of extended families had been overwhelmed, and that a new phenomenon of child-headed households was rapidly growing in Swaziland.

It was further noted that although the community child protection initiative, Lihlombe Lekukhalela ('A shoulder to cry on'), was playing an important role in dealing with issues of child abuse and protection, the children needed other forms of assistance beyond protection from abuse alone. In addition to the problems of HIV and AIDS, Swaziland had also been affected since 2001 by extreme drought conditions, with the Lubombo and Shiselweni regions being particularly badly hit. As a result, most people in these regions were dependent on monthly food rations from WFP.

The Neighbourhood Care Points programme emerged in 2003 in response to an urgent need for a community-driven intervention that would mitigate the impact on children of both HIV and AIDS and the drought. The intervention arose from a programme entitled Community Action for Child Rights. In some of the 106 communities implementing that particular programme, individuals had established places where orphans and vulnerable children received meals and limited educational and recreational activities. While the numbers of these locations quickly mushroomed, the problem of management by volunteers quickly emerged.

The Neighbourhood Care Points programme was conceived as a way of systematically establishing and managing such centres as community-owned, self-reliant bases for organized activities aiming to reduce the vulnerability of children living in child-headed and other vulnerable households. The centres were also designed to focus on children's access to health, nutrition, care, growth, and psychosocial well-being and support. The programme was established by UNICEF in collaboration with the Deputy Prime Minister's Office, and is implemented within the framework of the Community Action for Child Rights programme in the Deputy Prime Minister's Office.

In 2006, Swaziland adopted and began implementing a National Plan of Action for Orphans and Vulnerable Children. Resulting from the work of a multi-sectoral technical working group comprising the government, civil society, the United Nations and children, the Plan identifies neighbourhood care points as the best strategy for scaling up vital services for out-of-school and excluded children. It has since become a guiding principle in realizing rights of vulnerable children in Swaziland.

Programme management and funding

The Ministry of Regional Development and Youth Affairs is the lead government ministry implementing and coordinating neighbourhood care points countrywide. Jointly with UNICEF, this ministry convenes a monthly inter-agency coordination meeting focusing on the neighbourhood care points, which acts as a forum for developing strategies, reviewing progress and sharing experience in implementing the project. UNICEF and WFP coordinate their activities through a joint programme. In addition to receiving support from the government, UNICEF and WFP, a number of care points are assisted and sustained by local non-governmental organizations.

At the local level, the traditional leadership of each community with a care point appoints a committee to oversee the day-to-day operation of the care point. Additionally, the traditional leadership appoints caregivers who cook and care for the children.

The Neighbourhood Care Points programme makes extensive use of in-kind donations as well as substantial outside financial resources. Because the care points meet a wide-ranging array of needs, the programme has sought to obtain resources from several different donors.

Communities are invited to make food and material donations to centres, which in turn complement supplies provided by other donors. The European Commission Humanitarian Office (ECHO) and UNICEF fund emergency supplies, including building, educational and play equipment and cooking pots, as well as hygiene and sanitation materials. In addition, UNICEF also works to mobilize communities and train caregivers. WFP has provided corn-soy meal for children. In 2004, in response to the drought, WFP's relief and recovery operation used the care points as a key strategy for delivering food assistance to the most vulnerable members of the community.

Table 1: Estimated start-up costs for a new Neighbourhood Care Point

Item	Rough estimate of cost (USD)
Procurement of critical emergency supplies: cooking pots, utensils, buckets, water tank, recreational, educational materials, and hygiene and health supplies	$1,900
Mobilization costs: average attendance of 80 community members	$500
Training costs: five caregivers trained for six days (includes transportation allowance, stationery costs, meals and venue)	$1,800
Partner costs: distribution, mobilization and training	$2,500
Monitoring and evaluation costs	$1,000
Coordination costs	$300
TOTAL	$8,000

The cost of establishing a neighbourhood care point with five caregivers that would benefit approximately 75 children is about US$8,000, which includes the cost of providing critical emergency supplies such as structural materials, hygiene, education, and cooking and health equipment, as well as the cost of training caregivers. There are also costs related to community mobilization and for monitoring and evaluation. This does not include ongoing support for supplies, refresher training, food or costs of implementation. This figure is in line with the findings of a recent national OVC Plan of Action costing exercise,[39] which determined that it costs US$230 per year to provide a child in Swaziland with a basic package of services. This is the amount being spent per child to provide the same services at the neighbourhood care points.

In order to meet these costs, the Neighbourhood Care Points programme has received international assistance from several governments and organizations, including ECHO, the UNICEF Danish National Committee, the US National Committee for UNICEF, the Government of the Netherlands and the United Kingdom's Department for International Development. In total, between 2001 and 2005, UNICEF spent more than US$8 million on the programme, $3.1 million of which was donated by ECHO. ECHO funding, which was principally given during the period 2003–2005 under the rubric of the care and protection of orphans and vulnerable in Swaziland, enabled a rapid increase in the number of neighbourhood care points, as well as improvements in the quality of services.

Advocacy

The programme involves advocacy at both the local and national levels. Locally, UNICEF has been active in raising awareness within communities about the needs of orphans and vulnerable children, with care points created as communities realized that orphaned children needed a safety net.

The most significant event in terms of national advocacy occurred in 2005 when the Prime Minister, Cabinet and members of Parliament visited some neighourhood care points to get a deeper understanding of the plight of vulnerable children.

39 Kingdom of Swaziland, *National Plan of Action for Orphans and Vulnerable Children 2006–2010*, Government of Swaziland, Mbabane , 2006, pp. 32–55, <*www.unicef.org/swaziland/sz_publications_2006npaforovc.pdf*>, (accessed 21 October 2009).

Box 1: Swaziland's Neighbourhood Care Points are special because …

- They are community-driven responses to a crisis that shows no signs of dissipating. The concept makes sense to communities, and they are learning from one another, exchanging ideas and help.
- They are conceived as part of a 'going-to-scale' strategy to put in place protection and care for orphans and vulnerable children that forms part of a national strategy to use traditional community governance structures for looking after orphans.
- They have become key entry points for basic service delivery to orphans and vulnerable children, and from 2005 to date, birth registrations and child health days have been held annually in these 'care points', making health services (e.g., immunization, de-worming, growth monitoring, vitamin A supplementation, treatment of minor ailments) and birth registrations accessible to children who previously could only dream of accessing such services. The children get all these services free of charge.
- Because national coverage is anticipated, the neighbourhood care points have the potential to be developed as part of a programme that can be monitored and built up over time, with the goal ultimately being to leave no child out.
- Among the challenges for the future of this initiative are finding ways to provide at least some financial incentives for the neighbourhood care point volunteers, and to ensure that children at the care points will all have access to schooling opportunities.

Training

UNICEF staff guided trainers from seven non-governmental organization partners as well as the Office of the Deputy Prime Minister. These trainers in turn taught more than 5,000 community caregivers by 2005. They in turn have trained other community caregivers who share and practice new skills and information in the care points and with their families and neighbours.

Materials

Caregivers are trained using a curriculum developed by UNICEF entitled Growing Up Straight and Strong. The curriculum combines good practices in integrated early child development, community integrated management of childhood illnesses, prevention of abuse – especially sexual abuse – and life skills. A user-friendly health and nutrition manual was developed by the Ministry of Health and Social Welfare to standardize caregiver training. In addition, caregivers received supplemental training on providing basic health care at care points.

A caregiver manual in English and siSwati was also developed on how to manage NCPs and how to provide psychosocial support to children who have experienced trauma and loss; may be victims of abuse, exploitation or violence; or have cared for dying relatives. This manual was developed jointly with the National Emergency Response Council on HIV/AIDS in collaboration with a local organization, Swaziland HIV/AIDS Public Education (SHAPE), and has been field-tested by UNICEF and partners for expansion to all caregivers.

CHALLENGES AND LESSONS LEARNED

Providing a holistic response

Orphans and vulnerable children can face a wide range of problems and challenges that limit their access to education. For example, poor health or lack of shelter can hinder education as much as the inability to pay school fees or buy textbooks. Programmes that fail to take a holistic view of the needs of children may have little impact upon their education.

The Neighbourhood Care Points programme functions as an entry point for a range of services, ensuring that children are provided basic health and nutrition, non-formal education, and psychosocial support.

Through neighbourhood care points, children in remote communities have benefited from government child health days, which aim to provide high-impact health services for children, including growth monitoring for children under five, immunization, vitamin A supplementation and other interventions.

The Neighbourhood Care Points programme also allows for the ready identification of children in need of bursary support in order to attend school, such as those children who were previously included in the All Children Safe in School programme, which came to an end in 2005 (*see Case Study 3 in this compendium*).

Targeting vs. stigmatization

Swaziland's National Strategic Plan for HIV/AIDS 2000–2005 states that the HIV and AIDS epidemic has affected "nearly every family and all the institutions of the society and the economy of Swaziland."[40] With such widespread hardship, the overwhelming majority of children living in many areas of the country could be said to be 'in need'. In such circumstances, spending precious resources on those 'most in need' reveals a dilemma: At one extreme, there is an urgent need to ensure that limited resources reach only the most vulnerable and, at the other, the identification of the 'most' vulnerable children can quickly lead to problems of stigmatization.

As the UNICEF programme coordinator for the Neighbourhood Care Points programme put it, "If I could set up the programme again, what I would do differently is to prepare proper guidelines for identifying and selecting OVC to avoid the risk of non-OVC benefiting from limited resources meant for OVC."[41] Yet, she also noted, "Communities regard children the same whether or not they are orphans. However, the problem arises when OVCs are seen to be getting benefits from their OVC status. Other 'normal' children then prefer to be OVCs to get benefits from service providers."[42]

Where resources are limited and needs are great, there is no easy solution to the problem of fairly targeting resources at beneficiaries. The best that can be done is to ensure that local communities are fully aware of and involved in all programme procedures, particularly regarding decisions about who will benefit from programme activities. In most cases, identification of children to be registered at neighbourhood care points is undertaken by the local chief's inner council and by community members. In other cases, children are selected by care point caregivers, in consultation with other community-based workers, rural health workers, those involved in child protection, and church officers. Efforts are made to ensure that all the children are orphans who have lost one or both parents and are from destitute families.

Sustainability

Ongoing problems with community participation in some communities, and, more broadly, the dependence on outside donors for funding are impediments to the long-term sustainability of the Neighbourhood Care Points programme.

The volunteer caregivers who enable neighbourhood care points to function come from the communities where the children reside and are struggling with the same conditions faced by the children. Against this backdrop, beyond the initial training for community members, there is a perceived lack of incentive to participate in the programme. In the words of the programme manager, "Very few communities contribute to the well-being of the NCPs . This needs to be encouraged in other communities to ensure sustainability of the initiative … Some

40 Deputy Prime Minister's Office, Swaziland Government, *Swaziland National Strategic Plan for HIV/AIDS.* Deputy Prime Minister's Office, Mbabane 2000, p. 10.

41 Pelucy Ntambirweki, UNICEF Programme Coordinator, Mbabane, Swaziland, 2005.

42 ibid

communities feel that NCPs are feeding points, and when food has not been delivered the centres do not operate."[43]

The Neighbourhood Care Points programme has sought to address these issues by promoting enhanced community participation and encouraging communities to accept their responsibilities as the primary allies of the orphans and vulnerable children in their midst. Communities are invited to become involved by identifying orphans and vulnerable children and constructing care points. Traditional leaders have donated land for care points and kitchen gardens. Community members have provided labour free of charge and made financial contributions per family to buy bags of cement used towards the construction of permanent care points.

Where problems with community participation have arisen, UNICEF has supported efforts to raise awareness again among community members of the needs of orphans and vulnerable children, and has encouraged people in the communities – again – to become involved in meeting these needs.

In order to sustain caregivers in their roles, UNICEF has worked with the government, civil society organizations and community members to find ways for households to generate extra income. In the Manzini, Hhohho, and Shiselweni regions, for instance, caregivers contribute a small amount of money to savings and credit associations, which loan out money, generating interest income. UNICEF supported the Office of the Deputy Prime Minister in training 610 caregivers in Hhohho, 586 in Manzini, and 80 in Shiselweni to establish and run caregiver savings and credit associations. Caregivers in the three regions have generated approximately US$128,450, supporting about 1,275 volunteer caregivers at 200 neighbourhood care points, and providing services to 15,000 children. The National Emergency Response Council on HIV/AIDS (NERCHA), responsible for the coordination of the national response to orphans and vulnerable children, has committed to expanding this initiative to all caregivers.

While providing a package that meets the whole range of children's needs is highly desirable, it is also highly costly, particularly in a resource-poor environment such as Swaziland. The Neighbourhood Care Points programme has functioned because it has accessed resources and funding not only from the local community but also from a wide range of different external donors. While this has been a useful means of directing emergency aid to those worst affected by the HIV epidemic in the country, without the external support it would seem unlikely that the programme could be sustained over the long term.

Cost-effectiveness

The UNICEF-led assessment of neighbourhood care points conducted in 2006 found that communities in Swaziland with care points had only a slightly higher percentage of orphans and vulnerable children who ate well, compared with communities without the programme (74 per cent vs. 65 per cent). The same was true for the percentage of orphans and vulnerable children attending school (80 per cent in communities with care points vs. 73 per cent in areas without the programme). An analysis

43 Pelucy Ntambirweki, UNICEF Programme Coordinator, Mbabane, Swaziland, 2005.

of how this compares to other programmes would be a useful way to evaluate the return on the investment made.

To enable neighbourhood care points to deliver services in a sustainable and cost-effective way, ongoing efforts are taking place to link care points with programmes funded by the Ministry of Education, with the longer-term goal of transforming the care points into community centres for early childhood development.

Contact Information

OVC Coordinator
Ministry of Regional Development and Youth Affairs
P.O. Box A33
Swazi Plaza
Mbabane, Swaziland

Programme Coordinator
UNICEF
4th & 5th Floor Lilunga Building, Somhlolo Rd.
Mbabane
P.O. Box 1859
Mbabane, Swaziland
Telephone: +268-407-1000/ +268-602-4135
Fax: +268-404-0000
E-mail: mbabane@unicef.org

UGANDA

INTRODUCTION TO CASE STUDIES 6 & 7

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Children in Uganda face numerous hurdles to obtaining a primary education, despite the government's institution of a policy of free primary education in 1997. At the time, the move resulted in an enormous increase in the country's enrolment – from 2.5 million children in 1997 to 6.5 million in 2000.[44] Between 2000 and 2006, however, the net enrolment/attendance ratio in Uganda was 82 per cent, and the country is currently considered to be making 'no progress' towards the MDG target that "by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling."[45] In 2007, the government extended its action to offer free secondary education to 250,000 children. However, such factors as protracted armed conflict in the north and the AIDS epidemic, which has been among the most severe in Africa, continue to make children vulnerable and mitigate their access to quality education.

During the last 20 years, northern Uganda has experienced the brutal insurgency of the Lord's Resistance Army (LRA), a rebel paramilitary group that was engaged in an armed rebellion against the Government of Uganda. The LRA has engaged in horrifying tactics, including the abduction of more than 30,000 children. The conflict has affected children's education in a number of catastrophic ways: by creating trauma and disruption, causing economic deprivation and poverty, creating stigma for those abducted by the LRA, leading to overcrowding of classrooms, and decreasing the quality of education. During the last 20 years, the situation has evolved constantly as the conflict has progressed through different trends and stages. In February 2008, a ceasefire was signed by the government and the LRA.

The long course of conflict left many classrooms destroyed and schools closed, with teachers reluctant to serve in many areas in the north. A

44 United Nations Girls' Education Initiative Website "Information by Country", http://www.ungei.org/infobycountry/247_885.html (accessed 25 October 2009).

45 UNICEF website, *Uganda – statistics*, <*www.unicef.org/infobycountry/uganda_statistics.html*> , (accessed 21 October 2009).

UNICEF study in northern Uganda published in 2006[46] found that only 60 per cent of youth (aged 14 to 30) interviewed had reached Standard 7 (completion of primary schooling). The quality of education received was also found to be poor – only one-fifth of those that completed four years of schooling were educated well enough to read a book or newspaper. Among those with seven years' education, only 90 per cent could read well.

The experiences of agencies that have worked in northern Uganda for the last 20 years provide important lessons about how children's access to education can be maintained in places of conflict. This *Sourcebook* describes two important interventions: one that has enabled children who have participated in conflict to return to patterns of everyday life that provide them with stability and the opportunity to learn, and another that has provided children living in areas of conflict with additional support to overcome conflict-specific barriers to education. The programmes described are based in Kitgum, one of the districts in northern Uganda most affected by the conflict with the LRA, and where 44 per cent of the 122,000 residents have taken refuge in camps for internally displaced persons scattered all over the district.

46 Jennie Annan, Christopher Blattman, and Roger Horton, *The state of youth and youth protection in Northern Uganda: Findings from the survey for war affected youth – Report for UNICEF Uganda*, UNICEF Uganda, Kampala, 2006.

CASE STUDY 6

UGANDA: KICWA RECEPTION CENTRE

In 1998, the Kitgum Concerned Women's Association (popularly known as KICWA) established a reception centre in Kitgum to help meet the needs of traumatized war victims, particularly children and young people who had escaped after being abducted by rebel forces. The KICWA centre is one of several such centres established largely by non-governmental organizations in northern Ugandan towns to help children who had previously been abducted by the LRA. Children who arrive at the centres have typically escaped from the LRA or been captured from the LRA by the Uganda People's Defence Force (UPDF).

Prior to the opening of the KICWA centre, young people escaping from captivity were routinely taken to the UPDF barracks in the neighbouring district of Gulu, and then to the Children of War Center run by World Vision in Gulu, where they would remain for several months. From Gulu, it was often difficult to trace children's families. In addition, parents who learned of their child's return were often unable to travel to Gulu due to lack of funds and the dangers of travel in the region.

In response to this situation, women volunteers in Kitgum used their own resources and support from the district council to set up a centre – initially under trees – to provide recently returned children with food and medical care. The International Rescue Committee quickly assisted KICWA with the construction of a traditional structure, where up to 100 children at any one time can receive psychosocial support and help with reintegration into their homes and communities. More than 4,000 children have benefited from KICWA's services since the centre opened.

KEY FEATURES AND ACHIEVEMENTS

Formerly abducted children arriving at the centre face a large array of difficulties. Some come with serious injuries, including bullet wounds, cuts and foot sores, while others suffer from malnutrition. The children

may have experienced various degrees of trauma and psychosocial distress reflected in symptoms such as aggression, anger, fear, withdrawal, absentmindedness, hallucinations, nightmares, hyperactivity, etc. Girls who have been taken captive as 'wives' for LRA commanders may be pregnant or arrive with young children.

The KICWA centre caters to formerly abducted children, mostly 8–18 years old, in the district of Kitgum.

Following are the key features of the programme:

Services provided to children arriving in centres

Children arriving in centres receive medical care either at the centre itself or, for more serious cases, at St. Joseph's Hospital in Kitgum. Food and clothing are provided to the children. Children also receive psychosocial care for trauma resulting from abduction, through such avenues as peer group discussion, drawing and art therapy, music and dance, puppet shows and storytelling, cultural activities, and sports and recreation. Children are also encouraged to re-adapt to the activities of a normal family household routine, such as collecting water, cleaning the compound, and assisting with cooking and washing. Young women and their children receive the special support needed to work through the highly complex issues that they face, and assistance in thinking about their future. The time that young people spend in the centre varies, averaging about 30 days.

Reuniting children with families and communities

A major concern facing many children arriving at the centre is the need to be reunited with their families. Children arriving at the centre come not only from Kitgum District but also from districts much farther way, including Lira, Apach, Kotido, Katakwi, Soroti and Adjumani. Centre staff contact camps for internally displaced persons and local towns to report the names and previous addresses of children that have returned from captivity. Parents are encouraged to come to Kitgum to be reunited with their children. When they come, they are offered family counselling in the hope of easing children's transition back into their families.

"You come back to a community where you are identified as killing your neighbour. Your parents don't want you there. There's conflict between your family and others."

—Christopher Arrwai, KICWA Centre manager, 2005

In addition to assisting children's return to their families, the centre also seeks to smooth children's reintegration into their communities. Centre staff seek to educate local communities about the needs, situation and concerns of formerly abducted children. Staff also conduct some limited follow-up of formerly abducted children, although the hazards and expense of travelling in a conflict area make this extremely difficult.

Due to the LRA tactic of implicating those who have been abducted as perpetrators of the atrocities, the task of reuniting families and reintegrating children into their former communities is difficult and demanding. Many formerly abducted children face stigma, rejection and hatred as a result of the actions they have been forced to perform.

Enabling the education of formerly abducted children

With respect to education, KICWA seeks to enable children to move on from the centre to complete primary or secondary education (depending on aptitude and ability), undertake vocational training, receive ongoing

psychosocial support, and initiate income-generating projects that can be self-sustained.

Monitoring and evaluation

The emergency context in which the KICWA centre operates has led to greater emphasis on monitoring programme processes rather than on the long-term impact of the work. The programme keeps extensive records about contacts with the children that benefit from its activities, covering the following areas:

- The number of children received at the centre at different times;
- Medical treatment provided to children;
- Reunification of children with their families;
- Follow-up (where possible) of children who have been reunited with their families; and
- Children referred to other districts for assistance.

PROGRAMME HISTORY AND IMPLEMENTATION DETAILS

Programme management and funding

The KICWA reception centre operates under the auspices of the board of the Kitgum Concerned Women's Association. Responsibility for running the centre on a day-to-day basis is in the hands of the reception centre manager, who is supported by two programme officers and a psychosocial coordinator. Approximately 12 other staff also work in the centre to ensure that children are provided with 24-hour care.

The International Rescue Committee provides the funds for running the KICWA centre, which also receives occasional support from the Association of Volunteers in International Service (AVSI) – an Italian non-governmental organization – the WFP, UNICEF and others. KICWA works closely with the local government of the Kitgum District – particularly the Community Development Office – and with the UPDF.

Training

Staff of the KICWA centre receive training in child psychology, the care of children affected by trauma, and the use of counselling techniques. Staff have also received training in strategic planning, corporate governance and planning, and monitoring and evaluation.

The KICWA programme (as well as the ORACLE programme, described elsewhere in this *Sourcebook*) operates in a context of extreme emergency. As such, it has been designed to assist children with their greatest needs as quickly as possible. The constantly changing situation in northern Uganda has meant that both programmes have had to be highly flexible and able to adapt their emphases and working practices quickly, as required.

CHALLENGES AND LESSONS LEARNED

The areas of challenge described here – insecurity, targeting the most vulnerable and providing psychosocial support – are identical to those described in the chapter covering the ORACLE programme. While the areas are the same, there are some differing details on how each programme is responding to these challenges.

Insecurity

The ability to move around the Kitgum District and other parts of northern Uganda is severely limited because of insecurity. In many areas, movement can only occur accompanied by army escorts, and vehicles must be modified to withstand gunfire and mine explosions. All this makes movement highly expensive and enormously difficult to organize. As a result, the ability to follow up with children is often extremely limited.

Overcoming the difficulties of moving around the area is a continuing challenge for organizations. Effective communication and cooperation with the UPDF – t the government's military presence in the region – is essential. Operational budgets must anticipate the substantive costs of operating in a conflict area.

Identification of beneficiaries

A challenge to programming in an area such as Kitgum is that of targeting assistance at the children most in need. Programmers often seek to respond to this issue by focusing on particular categories of children, such as orphans or formerly abducted children, which may increase stigma and discrimination against an already vulnerable group.

The two programmes in the Kitgum area included in this *Sourcebook* have addressed this challenge in very different ways. The KICWA centre offers a service that provides a highly specific response to the needs of a very particular group: formerly abducted children returning from captivity. Children falling outside this category would not need or desire the services that KICWA offers.

Providing psychosocial support

Concern exists among professionals working in northern Uganda that programmes in the region are making huge investments in psychosocial programming in the absence of a proper understanding of children's situation and needs. Much programming assumes that children living in conflict areas are necessarily psychologically distressed, and there is also a tendency to see children as victims rather than as active agents able to influence their own destinies. Training teachers in how to provide psychosocial support tends to involve following counselling models with seemingly little awareness that a teacher with a class of 150 will have an almost negligible ability to provide any meaningful support to the children.

With its high staff-to-child ratio, (the centre has a staff of 15 and can accommodate up to 100 children at any one time), the KICWA centre has sought to provide entering children with a meaningful experience of counselling and psychosocial support. In addition to providing children with medical, material and psychosocial support, a critical role of facilities

such as the KICWA centre is to provide opportunities for formerly abducted children to go through a 'cleansing' rite of passage that makes it clear that they are no longer with the LRA. Such an outcome is as important to their long-term healing as any other intervention.

Contact Information

KICWA
P.O. Box 3
Kitgum, Uganda
E-mail: *irc.kitgum@wfp.org*
Child Protection Officer

UNICEF
P.O. Box 7047
Kampala, Uganda
Tel: +256-414-234-591
Fax: +256-414-235-660
E-mail: kampala@unicef.org

CASE STUDY 7

UGANDA: OPPORTUNITIES FOR REDUCING ADOLESCENT AND CHILD LABOUR THROUGH EDUCATION (ORACLE)

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The Opportunities for Reducing Adolescent and Child Labour through Education (ORACLE) programme was established in 2003 as a way to raise awareness of the worst forms of child labour – and to address this problem by improving access to quality education for children and adolescents either engaged in hazardous child labour or at risk of becoming engaged in conflict. Funded through 2007, it later became Livelihoods, Education and Protection to end Child Labor (LEAP), a programme that seeks to build on ORACLE's success.

ORACLE operated in the Kitgum District in northern Uganda, which has been a scene of conflict for more than 20 years. The programme, run by the International Rescue Committee and AVSI, viewed education as a means of protecting children, creating opportunities for young people's involvement in society, and as a way to promote community engagement and equal opportunity for girls. ORACLE also followed the principle that by providing opportunities to go to school, learn skills and find a job, education offered the chance of a better future.

"For those who live in the areas affected by the conflict, survival is the primary concern. Education is a secondary concern."

—Joyce, IRC programme officer, Uganda, 2005

ORACLE's aims and activities were similar to those of many other programmes seeking to assist the education of children in northern Uganda, some of the most vulnerable children in the world. Closer examination of the programme reveals that undertaking ordinarily 'simple' activities in a conflict area like Kitgum is complex and problematic, and demands particular planning and operational sophistication in order to achieve results.

KEY FEATURES AND ACHIEVEMENTS

Working with local communities, ORACLE enrolled vulnerable children in school. Part of the programme consisted of remedial and catch-up classes and involved work to prevent students from dropping out. For those unable to continue with schooling or who needed a secure income,

ORACLE offered non-formal vocational skills to help them find a job and become self-supporting.

The ORACLE programme operated throughout the Kitgum District, where almost any child could be considered extremely vulnerable. Nonetheless, even in Kitgum, some groups of children can be considered particularly uniquely vulnerable, including children that have been abducted, those living in camps for internally displaced persons, and those living in extreme poverty.

Among this overall vulnerable population, the ORACLE programme was specifically designed to assist orphans and vulnerable children under age 18, including single or double orphans, children affected by AIDS, and war-affected and disabled children.

Following are the key components of the programme, as well as achievements in each area:

Identification of children in need of assistance

A community-based network helped identify the most vulnerable children in need of educational assistance. People in the community brought potential beneficiaries to the attention of programme staff; these children were then visited by the programme's social workers, who undertook in-depth assessments of each child's specific situation and needs. During assessments, parents or guardians were invited to think carefully about the learning needs of their child and to take responsibility for ensuring that their child was able fully to participate in appropriate education. Each assessment covered the following areas:

- Family status;
- Details about a child's history of abduction, if applicable;
- Physical health;
- Economic circumstances;
- Educational status;
- Psychosocial status; and
- Coping mechanisms identified/interventions to be undertaken.

After the assessment, cases were reviewed by programme staff and decisions were made about who would be assisted and how.

Providing assistance

Different forms of assistance were provided to beneficiaries and their families, as appropriate. The programme sought to ensure that the most vulnerable children had access to school. For example, young mothers and former children recruited by armed forces or groups were encouraged to return to classes to which mothers could also bring their babies. The programme also worked to strengthen parents' or guardians' income-generating capacity so that they did not need to rely on their child's labour and so that they could pay education-related costs until their child's course of study was completed. Specific assistance provided by the programme included the following:

- Medical treatment for the child.

- Primary school educational support (such as help with the purchase of uniforms, school materials, etc.).
- Formal educational sponsorship (secondary or junior vocational training course). Fees were paid for one year, after which it was expected that parents and guardians, because of enhanced income-generating capacity, would be able to meet the costs.
- Non-formal educational sponsorship (six-month or one-year vocational training courses in skills such as carpentry, tailoring, bricklaying, baking and business skills).
- Remedial/catch-up teaching to assist children's education.
- Sponsorship to undertake teacher training.
- Business skills training (for parents).
- Support with training and start-up costs of income-generating activities (for parents).
- Counselling.
- Use of traditional/cleansing ceremonies.

Programme follow-up

Programme workers followed up with children to ensure that results were satisfactory. Follow-up covered physical health, family economic circumstances, education (including assessments of attendance and completion), psychosocial and spiritual status, coping methods identified and interventions to be undertaken.

Training teachers in psychosocial support

"People stigmatize formerly abducted children and call them names like 'rebel', 'captain', etc., and this makes it very difficult for them to learn or even interact freely in school."

—William Nockrach, ORACLE program manager, Kitgum, 2005

In addition to facing financial and material barriers to education, many of Kitgum's young people face an additional obstacle that can be just as pernicious in preventing learning: the memories of traumatic events resulting from the conflict that has affected the area. An important aspect of ORACLE's work was to train teachers to help young people come to terms with what occurred, so that they could be free to learn. The training sought to help teachers recognize that they were part of the complex network of relationships – which includes immediate family, relatives, friends, neighbours, and community and religious leaders – that make up a child's psychosocial environment and can promote a child's psychosocial health and wholeness.

Training sought to help teachers understand that children in conflict areas are best helped when:

- Their basic needs (food, protection and health) are met;
- Their self-esteem and sense of belonging (resilience) are promoted;
- The resources of individuals and communities are valued and used;
- The reconstruction of the family fabric is fostered;
- Social access, such as to schools and communities, is enhanced; and
- Traditional, religious and cultural practices that promote positive growth in a society are promoted.

Through training, teachers learned how they could play an important role in helping children cope with and heal from the psychosocial

consequences of trauma and war. Because teachers have large numbers of children (often more than 100) in their classes, training sought to equip them to work with larger groups of children, in addition to teaching them how to respond to children on a one-to-one basis.

Training was carried out using a participatory approach that utilizes open group discussion, brainstorming, traditional teaching, group and individual work, role playing, song and dance, and group prayer.

Flexible learning

During its first year of operation, the ORACLE programme implemented a method of helping child mothers, former child soldiers and formerly abducted children make the transition back into formal education by providing them with flexibly timed 'catch-up' education. Classes were offered in the afternoon, evening and on weekends, and covered only the four main subjects of Uganda's national curriculum (mathematics, English, social studies and science). ORACLE provided educational kits with some materials, revision books, etc. Child mothers were encouraged to either bring their babies to class or make care arrangements with local communities. Lessons were taught by volunteer teachers, who received only small incentives in recompense for their time.

This aspect of the ORACLE programme was stopped after one year for a number of reasons. Due to the security situation, it was difficult to offer classes outside the town, where travel is dangerous, particularly later in the afternoons and in the evening – so most classes were offered within the town of Kitgum, where educational opportunities were comparatively plentiful. Additionally, monitoring data showed that most of the projected beneficiaries who wanted to receive formal education preferred to do so directly rather than by first going though a course of alternative education. Programme staff also felt that for most of the young people that the project sought to help, technical training would be more desirable and helpful.

Construction of water and sanitation facilities in schools

To encourage the education of girls, the ORACLE programme constructed water and sanitation facilities in a number of schools in the Kitgum area. By ensuring a safe and private space for menstruation, the provision of gender-segregated latrines is a proven strategy for encouraging the retention and attendance of adolescent girls.

Monitoring and evaluation

The ORACLE programme, like the KICWA programme described in this *Sourcebook*, was designed to assist children with their greatest needs as quickly as possible. The constantly changing situation in northern Uganda meant that the programme had to be highly flexible and able to adapt priorities and emphases and working practices quickly as required.

This emergency context led the programme to place greater emphasis on monitoring programme processes rather than on tracking the long-term impact of its work. Both the ORACLE and KICWA programmes have kept extensive records about their contacts with the children that benefit from their activities.

During social worker interviews with beneficiaries, the ORACLE programme collected detailed information about the overall situation of children, including their family context and needs. A record was kept of the ensuing interventions and follow-up.

Consistent monitoring led to effective programme management. For example, the programme's early attempts to introduce flexible learning opportunities for some groups of young people were halted when monitoring data demonstrated that the intervention was failing to assist its target group.

PROGRAMME HISTORY AND IMPLEMENTATION DETAILS

Programme management and funding

The ORACLE programme was located within the office of the District Education Officer, which helped ensure close cooperation with district authorities.

ORACLE was funded by the United States Department of Labor, which provided funding for four years (2003–2007). ORACLE had yearly targets. In 2004, for example, the programme was able to achieve the following:

- 1,303 children enrolled in both formal and non-formal education programmes, with a 99.5 per cent retention rate;
- 377 primary school teachers received training;
- Teaching and learning materials were provided to 85 primary schools, 19 secondary schools and 1 teacher training college;
- Water and sanitation facilities were provided for 26 schools;
- 802 primary, 151 secondary and 370 college students received individual scholastic kits; and
- A market survey to guide vocational training was carried out.

Training

The primary training carried out by ORACLE is described above in the 'Key features and achievements' section.

Materials

The ORACLE programme used two sets of materials for teacher training: a training manual for teachers and a handbook for teachers. Both sets of materials were published by the AVSI East African Regional Office in Kampala. The materials covered topics including:

- The definition of psychosocial
- The needs of a person
- The development of a person
- The world of a person
- The characteristics of traumatic events
- Effects of trauma on individuals and communities

- The effects of war and trauma on children
- The process of recovery
- The road to healing

Training also equipped teachers with practical classroom skills in the following areas: discipline and classroom management, counselling and listening skills, classroom activities to promote expression, and the development of individual teacher plans and self-evaluation.

CHALLENGES AND LESSONS LEARNED

The areas of challenge described here – insecurity, targeting the most vulnerable and providing psychosocial support – are identical to those described in the section covering the KICWA reception centre. While the topics are the same, there are some different details on how each programme is responding to these challenges.

Insecurity

During the lifetime of the programme, the ability to move around the Kitgum District and other parts of northern Uganda was severely limited because of insecurity. In many areas, movement could only occur accompanied by army escorts, and vehicles had to be modified to withstand gunfire and mine explosions. All this made movement highly expensive and enormously difficult to organize. As a result, the ability to conduct follow-up of children was often extremely limited.

Overcoming the difficulties of moving around the Kitgum area was a constant challenge for organizations. Effective communication and cooperation with the UPDF– in the region was essential. The operational budgets had to allow for the substantive costs of operating in a conflict area.

Identification of beneficiaries

A challenge to programming in Kitgum is that of targeting assistance to the children most in need. Programmers often seek to respond to this issue by focusing on particular categories of children, such as orphans or formerly abducted children – a static approach to a fluid problem that is often based on highly questionable assumptions.

For example, programmes may decide to target assistance to formerly abducted children. Little or no differentiation may be made between those who were abducted for two weeks and those who were taken away for six years. In such a case, children with the greatest need may receive the same treatment as those with much lesser needs. Furthermore, if only those who had been abducted are assisted, there is potential for programmes being seen as 'rewarding' abduction – with the potential to increase stigma and discrimination against an already vulnerable group. Focusing assistance on certain groups of children can lead to children with certain 'labels' receiving education while others, perhaps with greater educational needs, miss out.

The ORACLE programme had the challenge of targeting assistance in a context where almost the entire population could be said to be in need. ORACLE met this challenge by using a highly intensive method

of selecting children and families to receive assistance: a combination of community identification coupled with social-worker case study. The upside of this was that limited assistance was targeted at those most in need. The downside was that the programme's operational costs were much higher than they would have been without such an intensive identification process, reducing the funds available for disbursement to beneficiaries.

Providing psychosocial support

The ORACLE programme sought to recognize that while teachers can play an important role in the lives of the children in their care, their role is necessarily limited and they are only one of many influences on a child's life. Quite as much as seeking to counsel children, the programme sought to look more holistically at other sources of children's resilience, including community resources, food and work. Finally, programme staff recognized that what children need above all to sustain resilience is hope for a livelihood and a future.

Contact Information

AVSI
P.O. Box 21
Kitgum, Uganda
Also
Plot No. 1119 Ggaba Road
P.O. Box 6785
Kampala, Uganda
Tel: +256-41-501-604/5
Fax: +256-41-501-606
E-mail: kampala@avsi.org
Education Officer

UNICEF
P.O. Box 7047
Kampala, Uganda
Tel: +256-414-234-591
Fax: +256-414-235-660
E-mail: kampala@unicef.org

UNITED REPUBLIC OF TANZANIA

INTRODUCTION TO CASE STUDIES 8 & 9

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The Government of the United Republic of Tanzania aims to ensure that all the country's most vulnerable children are effectively and efficiently provided with community-based support and care. The education sector is recognized as having a critical role to play in these efforts, and access to education is viewed as one of the principal means by which children can be freed from long-term poverty and vulnerability.

In line with this understanding, the United Republic of Tanzania was among 155 countries that in 1990 adopted the World Declaration on Education for All. In 2000, it was among members of the international community that met in Dakar, Senegal, to reaffirm their commitment to achieving Education for All by the year 2015.

In line with these objectives, the Ministry of Education and Culture. Education and Training Policy (1995) stated, "the Government shall guarantee access to pre-primary and primary education, and adult literacy to all citizens as a basic right. In this regard primary education shall be universal and compulsory to all children at the age of 7 years until they complete this cycle of education and the Government shall ensure that all primary school age children are enrolled and in full attendance".

The United Republic of Tanzania's progress towards achieving Education for All is impressive. The country's primary school net enrolment/attendance ratio (2000–2006) was 73 per cent, and it is considered 'on track' to achieve the MDG target related to the complete primary schooling for all boy and girls.[47]

In moving towards enrolling 100 per cent of its primary-school-age children in school, the government recognized that even with improved provision of primary schools around the country, the ability of vulnerable

47 United Nations Children's Fund, *Progress for Children: A world fit for children statistical review*, UNICEF, New York, 2007, p. 53.

children to benefit from formal education was likely to remain limited. Such a perspective stemmed from an appreciation of the fact that vulnerability may result from a wide range of causes. Some time ago, the Social Welfare Department of the Ministry of Health and Social Welfare coined the concept of 'social orphan', referring to children who are victims of abuse, violence and exploitation, or whose living parents are unable or unwilling to care for them.

The most vulnerable children are said to include such 'social orphans' as well as those children who have been orphaned or made vulnerable by AIDS or other causes. The country's appreciation of the needs of such children led to the establishment of the two programmes described in this *Sourcebook*. The Most Vulnerable Child programme was designed to enable communities to improve the care and support for the vulnerable children living in their midst, including their access to education. The Complementary Basic Education in Tanzania (COBET) programme was designed to provide a quality education to vulnerable children unable to access formal schooling.

Both programmes have acted to shape national policy and practice in the United Republic of Tanzania. The impact of the Most Vulnerable Child programme has led to the needs of orphans and vulnerable children being addressed in the country's forthcoming Children's Act, and the 1996 Child Development Policy has been reviewed to ensure its inclusion of vulnerable children's needs.

As part of its efforts to mitigate the impact of AIDS, the government has drafted a National Community-based Protection Strategy, a National OVC Coordination Framework, a national coordination mechanism and a Costed National MVC Action Plan that have built upon the structures pioneered by the Most Vulnerable Child programme to ensure the efficiency and effectiveness of responses to orphans and vulnerable children in the country.

The United Republic of Tanzania's National Strategy for Growth and Poverty Reduction has also sought to mainstream issues relating to orphan and vulnerable children in the work of every sector and local government body involved in the provision of services. In the education sector, the first priority of the country's Education Sector Development Programme was its Primary Education Development Plan. The first phase of the Plan (2002–2006) focused on seeking to ensure that all school-age children had equitable access to a quality basic education. The COBET programme sought to make an important contribution to this goal, and its success resulted in the second phase of the Plan (2007–2011) – taking COBET's approach to national scale.

CASE STUDY 8

UNITED REPUBLIC OF TANZANIA: COMPLEMENTARY BASIC EDUCATION IN TANZANIA

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The Complementary Basic Education in Tanzania (COBET) programme offers out-of-school and older-for-grade children a rare second chance to attain an education. Children and adolescents who have dropped out of school or who never started school at the right age can often find it difficult to gain access to other quality basic education opportunities – and once they have failed to access the formal system, it can be very difficult for them to get back into education at all.

The programme was initiated in 1997 in response to the country's poor primary school enrolment rates. COBET's three-year pilot phase established its track record as an effective means of enabling orphans and other vulnerable children to access quality basic education, and the programme's successes and prospects have prompted the government to expand it nationwide. At the same time, certain aspects of the programme's pilot phase, such as its high per-pupil cost, the concern that it created a parallel structure and the sometimes mixed perceptions of its success, raise the question of whether COBET has the potential to be scaled up from a resource-hungry pilot project to a sustainable national programme of quality.

"I love the programme ... We are provided with various education materials and also get vocational skills for building our careers, like being fundis [the Kiswahili word for an artisan, a generic term meaning anything from a technician to a carpenter, depending on the context and skill]."

—A learner from Masanganya COBET centre, Kisarawe District, 2004

KEY FEATURES AND ACHIEVEMENTS

As its name suggests, the Complementary Basic Education in Tanzania programme supports the formal primary education system by providing quality basic education and life and survival skills to children – particularly girls – who are missing out on formal schooling.

The programme's condensed, three-year, child-friendly, competency-based curriculum helps children return to the formal education system or access secondary or other post-primary education opportunities. The programme has considerably more learning contact time than classes in the formal system, although children spend less time in class than in

formal schools. The curriculum is specifically tailored to children's ages and is responsive to their learning needs. Delivery is flexible, so children can attend lessons when they are free to learn, and they do not have to wear uniforms. Through the use of these and other measures, learning using the COBET curriculum has shown itself highly attractive to out-of-school children.

COBET students are divided into two age cohorts: Cohort I includes children ages 8–13, while Cohort II includes adolescents ages 14–18. Initially implemented as a pilot effort in two districts (three more were added in 2000),[48] the programme has since expanded rapidly and in 2007 served 185,206 children in the country's 21 regions.[49] Key features of the programme, as well as results of a 2002 evaluation, are outlined below.

Table 1: Number of COBET learners by region and sex, 2007

Region	COBET LEARNERS COHORT I			COBET LEARNERS COHORT II			TOTAL NO. COBET LEARNERS COHORT I–II		
	<11 – >13 years			<14 – >18 years			<11 – >18 years		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Arusha	1943	1,341	3,284	1,127	806	1,933	3,070	2,147	5,217
Dar es Salaam	1782	1,198	2,980	651	568	1,219	2,433	1,766	4,199
Dodoma	4587	3,491	8,078	2397	1758	4,155	6,984	5,249	12,233
Iringa	1078	670	1,748	1,767	1255	3,022	2,845	1,925	4,770
Kagera	3730	3,234	6,964	2,245	1,655	3,900	5,975	4,889	10,864
Kigoma	2,686	2,554	5,240	3,173	3,391	6,564	5,859	5,945	11,804
Kilimanjaro	531	288	819	300	174	474	831	462	1,293
Lindi	1,971	1,477	3,448	2,737	1,749	4,486	4,708	3,226	7,934
Manyara	1,543	1,238	2,781	1,700	1,312	3,012	3,243	2,550	5,793
Mara	2,631	1,815	4,446	3,311	2,471	5,782	5,942	4,286	10,228
Mbeya	1,620	1,126	2,746	1,036	578	1,614	2,656	1,704	4,360
Morogoro	5,406	3,755	9,161	1,934	1122	3,056	7,340	4,877	12,217
Mtwara	1,194	653	1,847	2,092	912	3,004	3,286	1,565	4,851
Mwanza	7,172	6,571	13,743	4,653	2,850	7,503	11,825	9,421	21,246
Pwani	1,929	1,301	3,230	1,600	683	2,283	3,529	1,984	5,513
Rukwa	2,885	2,530	5,415	1,437	1,178	2,615	4,322	3,708	8,030
Ruvuma	1,467	1,131	2,598	2,582	1,831	4,413	4,049	2,962	7,011
Shinyanga	4,363	3,019	7,382	2,206	1453	3,659	6,569	4,472	11,041
Singida	2,753	2,007	4,760	814	473	1,287	3,567	2,480	6,047
Tabora	7,679	6,071	13,750	3,891	3,032	6,923	11,570	9,103	20,673
Tanga	2948	2102	5,050	2,912	1,920	4,832	5,860	4,022	9,882
Total	61898	47572	109,470	44565	31171	75,736	106,463	78,743	185,206

The region with the highest number of COBET learners in 2007 is Mwanza (21,248), followed by Tabora (20,673), while the Region with the lowest number of learners is Dar es Salaam (4,199), followed by Kilimanjaro (1,293).

Source: Ministry of Education and Vocational Training, *'Basic Education Statistics in Tanzania (BEST) 2003–2007' Dar es Salaam, 2007*, Table 2.18 (a) Number of COBET learners, 2007.

Identification of COBET learners

The involvement of people from the local community is critical to the establishment of the COBET programme in any given place. Many children learning through the programme are brought by their parents or caregivers, or come on their own. After the expansion of the programme, head teachers, ward education coordinators and village 'most vulnerable child' committees also became involved in identifying COBET learners (*See Case Study 6 for details on the Most Vulnerable Child programme.*).

48 The Ministry of Community Development Gender and Children of the United Republic of Tanzania and the Ministry of Labour, Youth, Women and Children Development of the Revolutionary Government of Zanzibar, *"Plus 5" Review of the 2002 special session on children and world fit for children plan of action*, Government of Tanzania, Dar es Salaam, 2008, <*www.unicef.org/worldfitforchildren/files/Tanzania_WFFC5_Report.pdf*>, (accessed 22 October 2009).

49 Ministry of Education and Vocational Training, United Republic of Tanzania *Basic Education Statistics in Tanzania (BEST) 2003–2007*, Table 2.18 (a) Number of COBET Learners, Ministry of Health, Dar es Salaam, 2007.

Census data, village registers and reports are also used to identify children who would benefit from participating.

Curriculum development

A key component of the COBET programme has been the development of a curriculum that provides a quality basic education and also enables children to acquire life and survival skills. Using the formal primary curriculum as a starting point, the COBET curriculum was developed by the Ministry of Education and Culture (now the Ministry of Vocational Education and Training), its associated institutions (the Tanzania Institute of Education, the Tanzania Institute of Adult Education, and the National Examinations Council of Tanzania), officials of the five pilot districts and UNICEF.

Having established, through a tracer study and needs assessment, the factors that prevent children from participating in formal primary schools, COBET's developers designed the curriculum to facilitate retention. The curriculum calls for participatory teaching and learning methodologies, and materials that are responsive to children's needs.

COBET students learn mathematics, general knowledge (history, geography, science, etc.), communication skills (English and Kiswahili), personality development and vocational skills, with a specific curriculum for each cohort. In addition to receiving basic academic education, children in the programme can learn vocational skills that can help them earn a living. The COBET curriculum is set up so that students attend classes for three-and-a-half hours per day, five days a week, in two 15-week terms, for three years. This compares with six hours per day for seven years in formal schools.

COBET students take national examinations accredited by the National Examinations Council of Tanzania. The Cohort I curriculum is designed to enable children to take the National Standard IV Examination, allowing entry into Standard V or VI. The Cohort II curriculum is designed to enable learners to take the National Primary School Leaving Examination, which is the gateway to secondary school or vocational education and training.

Establishment of COBET learning centres

The COBET programme calls for the establishment of COBET learning centres in a wide variety of venues, such as community halls, spare classrooms in schools, godowns (warehouses), etc. Responsibility for running the centres rests with district education authorities, in collaboration with local communities. In addition to identifying venues, districts and local communities work together to furnish and equip centres. With the expansion of the programme nationwide, existing primary schools have become one of the main learning venues for the younger cohort, while the older cohort often attends classes in other community facilities.

Delivery of the curriculum

Rather than being 'taught' a curriculum, children are helped to use learning materials by COBET facilitators. There are two types of facilitators: teachers newly graduated from teacher training colleges, and paraprofessionals – community members who have as a minimum qualification a secondary school education or who are retired teachers.

During the pilot phase, each COBET centre was staffed with three facilitators, one trained teacher and two paraprofessionals. Interviewing and final selection of COBET paraprofessionals was usually done by a panel of education officials from the district education office. Paraprofessionals meet minimum education standards (at least lower secondary school qualifications); are respected by the community; are available to teach classes at the times determined by the community and the students; hold ideas about discipline consistent with the COBET principle of no corporal punishment; and are patient and flexible.

To deliver the curriculum effectively during the pilot phase, the facilitators had regular training sessions in such areas as use of the COBET syllabus, analysis of COBET teaching materials, and dialogue with local communities about the COBET philosophy on children's right to a quality education.

The curriculum can be delivered through illustrations, exercises, charts and displays; by making word cards, doing role play, or having group discussions; and through storytelling and drama. In some places, radio programmes are used. For example, in Ngara, COBET uses programmes provided by Radio Kwizera.

The use of two different cohorts of children means that studies can be tailored to specific needs. In order to generate lessons learned during the pilot phase, COBET classes were comparatively small (30 students per class, compared with 45 or more per class in formal schools). The use of corporal punishment was banned and discipline problems were addressed by establishing close and effective facilitator–learner relationships.

Capacity-building among key partners and in the community

A key activity of the COBET programme is identifying and improving the capacity of key partners (non-governmental and community-based organizations, religious groups, and employers involved in providing basic education) to plan and implement education activities for out-of-school children. There is also work on improving the capacity at the community level to initiate, plan, monitor, evaluate and report on the programme itself.

Raising awareness and the role of children

The programme works to raise awareness in parents and the broader community of children's rights to an education (and of their other basic rights), with the goal of increasing support for and participation in the complementary basic education programme.

Children play an active role in decision-making regarding the organization of COBET centres. Many children involved in COBET need to devote time to earning a living, often during certain seasons and at specific times of the day. For example, in fishing communities there are definite times each day to fish and sell produce. Working alongside COBET facilitators, children set times for lessons that are convenient and fit around their work priorities. Upon agreement, classes may be postponed at times, such as during harvests.

A helpful consequence of participating in setting lesson times is that children then tend to hold each other and their facilitators accountable for

keeping to the agreement. This reduces absenteeism and wasted time. In addition to helping set lesson times, children participate in a number of other decisions about centres, including selection of class leaders, who play a role in representing learners' views to facilitators and the COBET management committees.

Monitoring and evaluation

COBET is monitored at the centre/community, district and national levels. At each centre, facilitators monitor learners' progress by using a COBET progress card outlining skills to be achieved in each subject area. There are also final tests and examinations relevant to each cohort. COBET students (as well as children in the formal school sector) are also monitored through the use of class and school registers as mandated by the national scaling-up process called for by the country's Primary Education Development Plan. As part of education development in their communities, school committees are responsible for overseeing COBET learners.

At the district level, monitoring is undertaken every three months by the district education office, which collects information on the number of students, and their backgrounds and progress. These statistics are then gathered at the national level to provide ongoing data about the programme's activities and progress. Since 2006, data on COBET learners has been included in the basic education subsection of Basic Education Statistics of Tanzania, the government's official compilation of data on the education sector.

This ongoing monitoring has provided a wealth of data demonstrating that the COBET programme is both inclusive and effective. At the end of the three-year pilot phase, monitoring data showed that COBET had taught 1,530 learners in 50 learning centres in 5 districts. Of these, 449 children (173 girls and 276 boys) were orphans and 146 (78 girls and 68 boys) were children in abject poverty.

"I went to a COBET centre where I saw a 21-year-old young woman nursing a baby. She passed her Standard VII and is now in Form II at Chole Secondary School."

—Mr. Lewis, District Executive Director, Kisarawe District, 2004

What's more, data from the programme's pilot phase show that learners who studied in COBET centres for three years achieved results similar to those who studied for seven years in the formal primary school system. This enabled many COBET graduates to enter secondary education. For example, in the Masasi District, out of 90 COBET Cohort II learners who sat for the Primary School Leaving Examination, 12 (4 girls and 8 boys) were selected to join secondary education; in Kisarawe, 18 of 61 learners were selected; in Songea, of 37 learners were selected; and in Musoma, 18 of 94 learners were selected. Many of those not selected for secondary school went on to vocational training or other forms of post-primary education.

Cohort I learners have also been found to be high performers. In one pilot district, out of 124 children 8–13 years old who had gone through the COBET programme and subsequently sat for the National Standard IV Examination, 76 per cent qualified for mainstreaming into the formal primary school system in Standard V.

In terms of evaluations, COBET was assessed in 2002 at the end of the three-year pilot cycle. The evaluation occurred in all five pilot districts – Kisarawe, Masasi, Musoma Rural, Ngara and Songea Rural – and took a little more than one month to complete.

The evaluation assessed the following areas: impact of the programme on learners and the community; outreach to target groups; effectiveness of facilitators; programme management and cost-effectiveness; and implications for the formal education system. The evaluation was based on contact with national government officials, local authorities, COBET centre staff, parents and learners. Data were collected in interviews and focus-group discussions and through a review of project documentation.

A number of different tests were used to assess the impact of COBET education on learners. The mean scores of COBET learners in the National Standard IV Examinations were slightly lower than the mean scores achieved in formal schools in the pilot districts. The scores of COBET learners in both national tests and math and English tests developed by the evaluators were, however, typical of the performance of students in the country's rural primary schools.

In interviews, respondents rated the COBET programme as being more effective than the formal primary system in meeting curriculum objectives related to communication skills, personality development, general knowledge and vocational skills objectives.

Table 2: Who do COBET learners live with?

Learners who live with …	Percentage
Both parents	35.6
Mother only	35.6
Father only	7.2
Guardian	21.1
Living alone	0.4
Missing	0.4

Source: Justinian C.J. Galabawa, *'Complementary Basic Education in Tanzania (COBET): Some revelations from a strategy for access and quality improvement at primary school level'*, Paper presented at UNICEF workshop 20 June 2003, Dar es Salaam, 2003, p.32

The number of students involved in the COBET pilot phase was 1,530, of whom 46 per cent were girls. Ages ranged from 8 to 24, with an average age of 14. The majority of COBET students who took part in the pilot phase did not live with both parents, and interviews and focus group discussions suggested that many were orphans or otherwise affected by the AIDS epidemic. Discussions also indicated that most COBET students were working.

The evaluation found that limited exposure to professional teacher training seems to have been adequate in making facilitators competent: they were able to create an environment that motivated students to learn. One weakness of the programme was its frequent inability to exploit within the curriculum the unique life skills and experiences of the paraprofessionals, which could have been of particular relevance to the programme's target students.

Table 3: Work status of COBET learners during pilot phase

	Pre-Cobet %	Post-COBET %
Working for wages	11.2	18.8
Working in household (e.g., farming)	68.6	75.3
Not working	20.2	4.9

Source: Justinian C.J Galabawa, *Complementary Basic Education in Tanzania (COBET): Some revelations from a strategy for access and quality improvement at primary school level.* Paper presented at UNICEF workshop 20 June 2003, Dar es Salaam, 2003, p.33

The evaluation also found that most community members saw COBET as a way to overcome barriers preventing access to secondary education experienced by children from socially and economically disadvantaged backgrounds. There was also a perception that COBET led to increased income and productivity, a reduction in the demand for social services, the fostering of political stability and women's empowerment, and a general increase in capacity at the local level. While it was felt that COBET learning experiences seemed student-friendly, there was a feeling that more needed to be done to increase the direct relevance of learning to the needs of communities and employment opportunities in the area.

Regarding the programme's management, the evaluation concluded that activity planning was often separated and detached from budgeting and supply functions. COBET committees typically did the planning, COBET centre management undertook supply, and the Ministry of Education and Culture, the districts and UNICEF did much of the actual budgeting. This separation led to a number of problems, not least of which was the frequent failure or delay of districts in paying facilitators' honoraria. District officials working with COBET were often overloaded and as a result often gave limited attention to the programme on a daily basis.

Little had been done to identify viable non-governmental organizations that could become partners in implementing the programme.

Truancy and daily non-attendance rates in COBET centres were found to be slightly higher on average than in normal primary schools. Yet dropout rates were lower in COBET centres than in formal primary schools.

The evaluation concluded that district officials could not yet see the relevance of lessons learned from COBET compared with formal schools in their areas. Such lessons might include questions about the use of corporal punishment, child-centred learning and the time learners spend in school (i.e., if three years of COBET for three hours per day can produce comparable results to seven years of formal education for six hours per day, is there a potential for considerable efficiency gains in the formal sector?).

In addition, attitudes towards the programme on the part of district officials were often ambivalent They tended to complain that the programme created an expensive system parallel to the mainstream primary school system, yet at the same time they praised COBET for providing opportunities for children who otherwise might never enter secondary – or even primary – education.

PROGRAMME HISTORY AND IMPLEMENTATION DETAILS

Preparations for the COBET programme began in 1997 when about 3 million children between 7 and 13 years old – almost half the school-age population – were out of school.[50] COBET was initiated by the Ministry of Education and Culture, with support from UNICEF, in order to provide quality basic education, and life and survival skills to children who had either never entered or who had dropped out of school, with a particular emphasis on girls.

One of the first activities undertaken for the development of COBET was school mapping, followed by a needs assessment and tracer study conducted in the pilot areas of the Maneromango Division in the Kisarawe District and the Lisekese Division in the Masasi District. The aim of the study was to document the profiles and identify the educational needs of children who had either dropped out or never enrolled in school, as well as to identify potential COBET facilitators and ways to link the programme to the formal primary school system.

The assessment showed that the entry of out-of-school children into formal education was hindered by a number of factors, including:

- Many out-of-school children were unable to commit to attending formal school, which meets for six hours a day, five days a week.
- Many were unable to afford school uniforms or materials.
- Existing school environments were unlikely to attract out-of-school children into – or back into – the school system. The general state of buildings was often found to be poor.

50 United Nations Children's Fund, *State of the World's Children 1999,* UNICEF, New York, 1999, states that between 1993 and 1997, net primary enrolment rates in the United Republic of Tanzania were 61 per cent for boys and 68 per cent for girls.

- Syllabi, textbooks and pedagogy designed for age-appropriate teaching to children in different grades (e.g., Standard 1 materials designed for 7-year-olds) were often unsuitable for teaching older children taking earlier classes (e.g., 16-year-olds in Standard 2).
- Many students lived far away from available schools.

Children and adolescents, along with their communities, cited educational needs, including learning academic and vocational skills, arts and traditional crafts, and life skills.

In response, the COBET programme was designed to help older children who were out of school 'catch up' with their in-school peers so that they could enter or return to formal education. The first learners began classes in July 1999 as a pilot programme in two districts, followed by three more districts in the year 2000. The second round of districts was included because, in the first two districts, the proportion of girls did not meet the programme target of 70 per cent. Secondly, other challenges facing the Republic of Tanzania, including an influx of refugees, meant that implementation of the programme was considered particularly desirable in certain other districts.

In 2001, while the three-year pilot phase was in progress, educational reforms in the Republic of Tanzania intensified the demand for alternatives to formal schooling. Until 2001, children could enrol in Standard I at any age from 7 to13. But in 2001/2002, the government initiated and prioritized the Primary Education Development Plan, which focused on ensuring that all school-age children had equitable access to a quality basic education.

One aspect of this was that all children in the country were now required to start school at age seven. Another aspect of reforms was the abolition of school fees, which also increased demand for primary-level schooling. The reforms directed schools to make room for younger children in the early grades; older children who had not enrolled at age seven or who had dropped out of school were encouraged to join COBET classes.

At the end of the pilot cycle, older children graduating from the COBET programme had Standard VII pass rates that were similar to those of their peers in formal-sector primary schools. Based on this success, the evidence of an independent evaluation (described earlier) and a community-driven demand that all out-of-school children should have access to the COBET curriculum, the government decided to expand the programme throughout the whole country in the context of the Primary Education Development Plan.

The COBET programme does not seek to establish an alternative education system. Instead, it seeks to complement and support the efforts of Tanzania's existing formal basic education system. The government views COBET as a temporary measure that will enable all those who missed out on enrolment at age seven to catch up, with the idea that, as all future cohorts of children enrol in formal-sector schools at the appropriate age, COBET will eventually become unnecessary.

Programme management and funding

Responsibility for the COBET pilot fell under the office of the chief education officer. Within the national expansion, COBET implementation is coordinated under the Primary Education Development Plan, with support from the Primary Education Department for Cohort I (ages

11–13) and the Adult Education/Non-Formal Education unit for Cohort II (ages 14–18).

Effective management of COBET centres is very important for the sustainability of activities and the successful delivery of lessons. COBET classes and centres are administered through the District Education Office at the local level, and through village governments and local school committees at the community level. Non-governmental organizations can also establish COBET classes and centres. For example, in the Moshi District, the non-governmental organization Mkombozi Centre for Street Children has established COBET classes for street children.

Resources for COBET implementation come from the government, which is supported by development partners. Those who contributed to the COBET pilot phase include the Norwegian Agency for Development Cooperation, the Canadian International Development Agency, the UK Committee for UNICEF, UNICEF Canada, the Japanese Government (through the United Nations Trust Fund), and UNICEF Regular Resources and Global (Thematic Fund) allocations.

During the pilot phase of the programme, UNICEF supported a number of initial studies, including school mapping, a tracer study and needs assessment. It also supported development of the curriculum, the production of draft teaching and learning materials, and subsequent training in the use of those materials (including training for COBET management at the various implementation levels). District councils were responsible for paying honoraria to paraprofessionals. Communities – and to some extent districts – were responsible for providing buildings and furniture for centres, and for monitoring day-to-day learning in the COBET centres.

After the success of the pilot led to the expansion of the programme countrywide, facilities for classes, the purchase of training materials, and the costs of training and employing COBET facilitators became the responsibility of the Ministry of Education and Vocational Training.

The unit cost per student educated through COBET during the pilot phase was estimated at around US$166 a year. By comparison, the unit cost for primary education in formal schools was around US$70 a year, and for formal sector secondary schools it was around US$267 a year. These costs need to be interpreted against the then teacher-pupil ratios in COBET centres of around 1:20, compared with 1:45 in formal primary schools.

The greater part of the unit cost of the COBET programme during the pilot phase was for allowances for regular training and the honoraria of facilitators. The highest costs associated with COBET were the initial activities related to developing the curriculum, testing materials, training facilitators in the use of the revised materials, and printing and distributing the teaching and learning materials.

Training

The pattern of training – established during the programme's pilot phase – saw district education officials trained in all aspects of COBET centre establishment, support, management and operation. These officials were then responsible for training COBET centre facilitators and for providing centres with ongoing technical support from the Ministry of Education and Culture, the curriculum developers from the Tanzania Institute of

Education, and UNICEF. COBET facilitators were trained in the following areas:

- Philosophy and design of the programme;
- The COBET curriculum;
- Use of COBET instructional materials;
- Preparation of lesson plans;
- Use of participatory teaching and learning methodologies;
- Making, developing and improvising teaching and learning aids;
- Assessing learner's progress and achievement using programme tools;
- Maintaining relationships with the community, the COBET/school committee and the district; and
- Developing a child-friendly environment.

After an initial training of three weeks, facilitators were assigned to a ward education coordinator who visited them regularly, monitored their work and provided appropriate technical assistance. Districts conducted refresher workshops for the facilitators. In the first year, there was a follow-up training session three months after initial training, which lasted two weeks. During the COBET pilot, a total of four training sessions on the use of the curriculum were conducted: two in the first year of the pilot phase, and one each in the second and third years.

The patterns of programme training established during the pilot phase have been largely retained during the programme's expansion. There were two additional national training sessions in 2004 and 2006, mainly supported by UNICEF. Resources made available through the Primary Education Development Plan have allowed districts to assist COBET district facilitators (including, among others, the district academic officer, the district school inspector, and the district adult education coordinator), provide teaching and learning materials, and allocate honoraria to facilitators. In addition to training COBET facilitators, district officials were also responsible for training COBET centre committees regarding how to run centres on a day-to-day basis and how to monitor students. Under the Primary Education Development Plan, COBET students are now under the responsibility of the school committees.

Materials

COBET has developed five types of teaching and learning materials for use in centres:

- The facilitator's book, which gives detailed guidelines on how to promote learning.
- Learners' books, which include level-appropriate text, illustrations and exercises that can be used during instructional activities or as a complement to lessons taught by facilitators.
- Syllabi for the six subjects for the duration of the learning cycle, with details on competencies to be acquired by the students.
- Charts, which have illustrations designed to support the information and concepts included in the facilitators' and students' books. The charts are meant to be displayed in classes and used for group instruction.

- Word cards, which contain words that the students must be able to understand and pronounce.

There are also five operational guides for COBET implementation, in both Kiswahili and English: a guide to establishing and implementing the COBET programme; a facilitator's guide to giving instruction; a facilitator's training guide; a guide for assessing learner's progress; and a programme evaluation guide.

Programme expansion

Following the success of the pilot phase, COBET is now being taken to scale across the United Republic of Tanzania. Establishing new COBET classes and centres across the country along exactly the same model as the pilot phase is too costly, so a number of changes have occurred in the programme's implementation:

- Establishment of COBET classes and centres is the responsibility of districts and communities, under the guidance of the District Education Office and the COBET district facilitators. COBET classes and centres are established either in existing formal primary school settings, or by non-governmental, community-based or faith-based organizations.
- Children ages 11–13 are taught the COBET curriculum in formal primary schools; children ages 14–18 use either facilities in existing primary schools or – as found in most cases – other facilities in the local communities.
- The organizational structure of COBET has changed. During the pilot phase, each COBET centre had its own management committee. With the programme's expansion, the school committee of the school in which there is a COBET class, or which is nearest to a COBET centre, is responsible for its management. To enable a sense of ownership by those making use of the programme, two parents or guardians (one woman and one man) who have children in COBET join the school committee.
- COBET classes are facilitated by a paraprofessional and formal primary schoolteacher.
- It has not been possible to resource new COBET classes and centres at the same level as pilot centres were supported. For example, the book/learner ratio has changed initially from 1 to 1 in the pilot to 1 book per 4 children. In the six districts receiving support from UNICEF, the ratio is 1 to 1.

CHALLENGES AND LESSONS LEARNED

The pilot phase of the COBET programme was successful in enabling out-of-school children to access quality basic education. Among those taking part were many who had been orphaned or otherwise made vulnerable. At the same time, the programme modelled good practices in child-centred, participatory approaches to education that have the potential to increase the quality of education received in all of the country's schools.

The success of COBET has led the government to extend the programme to all of the country's districts. Some of the lessons learned during the programme's pilot phase, however, suggest that expansion will encounter a number of challenges.

Attitudes towards the programme

A crucial challenge faced by the COBET programme during its pilot phase was ambivalence to its implementation at all levels. Students, community members and district officials all seemed uncertain about what to make of the programme. Learners viewed COBET centres as 'dream schools' where uniforms were not required, corporal punishment was prohibited, the school day was short, children participated in decision-making about learning, and facilitators worked to gain the confidence and respect of learners rather than bullying them into subservient silence through violence.

Yet it also seemed that many COBET students viewed their learning package as inferior to that of students in formal primary schools and sensed that that they were not getting the 'real thing'. Within the community, similar ambivalence also existed. There was a recognition that COBET offered the most vulnerable children, including orphans, pregnant girls and others, a chance to be educated that would otherwise be unavailable; yet community members could also perceive COBET as a soft option – a way for careless parents to get a free education for their children that more responsible citizens would have to pay for. District officials tended to complain that COBET created an expensive system paralleling that of formal primary schools, while at the same time they enthusiastically praised the programme for providing an opportunity to children who might never otherwise obtain an education.

Community ownership of the programme

During the pilot phase, there was a tendency among communities to view COBET centres as a foreign, donor-driven benefit that they were happy to take advantage of. Communities did their best to play their part, for example by identifying available facilities in which COBET centres could be established. At the same time, there seems to have been an overriding feeling that UNICEF was primarily responsible for the programme. Though this may have made sense given the situation of very poor communities, in general it did little to build any sense of community ownership of COBET.

Lack of a sense of ownership was evident in the frequently poor attendance at COBET centre committee meetings, and, in some cases, it engendered an attitude of dependency and passiveness. This was often reflected in the expectation among parents and students that UNICEF would take on the responsibility of assisting all COBET students who had passed their primary school leaving exam to enrol in boarding secondary schools. In addition, communities tended not to identify and contact non-governmental organizations that would be willing to work with them on COBET ideas, but to wait instead for these organizations to come to them.

Scaling up the programme, and achieving and maintaining quality

COBET classes are now placed within the setting of the formal primary schools, and the quality of implementation has been affected by this transition. The government has stipulated that support be provided through the general budget. As a result, COBET funding is not as assured as previously, although there is growing commitment to ensure that basic education, especially provision for the most vulnerable children and adolescents, remains a high priority under the national development

framework. This reflects the lessons learned from COBET about the need to ensure that all school-age children learn and achieve by obtaining a quality basic education.

But has the high quality achieved during COBET's pilot phase been maintained as the programme has scaled up to national level? During COBET's pilot phase, considerable resources, both human and financial, were committed to the programme by local communities, national and district officials, the country's educational establishment, UNICEF and others. This resulted in the high quality of its activities and the achievement of results.

Because of the pilot's success, the government decided to expand the programme nationwide. This posed a whole range of challenges. COBET classes became the responsibility of local primary schools and the COBET management structure was changed. Far fewer resources are now available for each centre than were available during the pilot phase, one example of which is the lower ratio of books to students. In addition, it is uncertain whether local education officials will be able to monitor and support the expanded programme as closely as they did the pilot phase.

Issues of quality are of continuing concern not only for COBET but for all primary education within the Republic of Tanzania. The first phase of the Primary Education Development Plan (2002 to 2006) concentrated on getting all primary-school-age children into schools or learning centres, including the over-aged children who accessed learning using the COBET curriculum. Reviews of the Primary Education Development Plan have led the government to recognize that there must be greater attention to assuring educational quality, and this is occurring under the second phase of the Plan.

In particular, emphasis is being placed on reviewing formal delivery of the primary school curriculum, and on child-friendly teaching and learning processes. Teachers are being equipped with relevant skills and competencies, and methods of assessment are changing from the measurement of rote learning to assessment of competencies. Care and support mechanisms are also being implemented to ensure that the most vulnerable children are retained in schools.

Contact Information

Senior Education Officer
c/o Adult Education/Non-Formal Education Unit
Ministry of Education and Vocational Training
P.O. Box 9121
Dar es Salaam, Tanzania
Telephone: +255-754-752-827/ +255-784-551-6819
E-mail: Salum.Mnjagila@moe.go.tz

Education Project Officer
UNICEF
P. O. Box 4076
Dar es Salaam, Tanzania
Telephone: +255-22-219-6628
Fax: +255-22-215-1593 / +255-22-215-1603
E-mail: daressalaam@unicef.org

CASE STUDY 9

UNITED REPUBLIC OF TANZANIA: MOST VULNERABLE CHILD PROGRAMME

The United Republic of Tanzania's Most Vulnerable Child programme, which began in 2000, is an innovative and enterprising approach to meeting all the needs – including that of education – of the many orphans and vulnerable children living in the country. An objective of any programme working to improve access to education is to ensure that assistance is targeted towards those who most need it; in this light, the assumption is sometimes made that children who have been orphaned are in greater need than children whose parents are alive.

Experience on the ground and the results of recent research suggest that this reality is not universal and that the assumption is often unfounded.[51] In the United Republic of Tanzania, the government has developed a strong appreciation that vulnerability may result from a wide range of causes. In response, it has sought to overcome the problems of targeting assistance through blanket categorization of children by establishing the Most Vulnerable Child programme, which uses the community to identify children with the greatest needs, and then seeks to ensure that these 'most vulnerable' children are assisted through community-based support and care.

By the end of 2007, more than 390,000 children in the country had been identified by the programme as being 'most vulnerable', with around 100,000 of them receiving support.[52] While some assessments have indicated that achieving community involvement in the programme has been challenging in many locations, a 2004 assessment cited education as one of the "major successes" of the programme. It was also reported during a 2007 assessment to be one of the areas in which children most commonly received support, along with food. In addition, the national guidelines and the monitoring and evaluation system that resulted from

51 Constance Nyamukapa, Geoff Foster and Simon Gregson, *Orphans' household circumstances and access to education in a maturing HIV epidemic in eastern Zimbabwe*, Journal of Social Development in Africa, Harare, 2003, Vol.18(2)p. 7–32.

52 United Nations Children's Fund, *Tanzania Annual Report 2007*, UNICEF, Dar es Salaam, 2007, p. 24.

the pilot phase of the programme are now used by collaborating partners who support programmes for children identified as most vulnerable with resources from the Global Fund for AIDS, Tuberculosis and Malaria, and from the United States President's Emergency Plan for AIDS Relief (PEPFAR).

KEY FEATURES AND ACHIEVEMENTS

The Most Vulnerable Child programme focuses on community identification of the most vulnerable children and on mobilizing resources at the local level to support these children. The programme also works to strengthen each community's capacity to care for the neediest children and to foster children's participation in the programme.

Since its inception, the programme has expanded from 6 to 67 districts – though without full coverage in some – and by 2007, there were approximately 11,000 villages participating. The programme is intended to benefit the most vulnerable children living in each community, as defined and identified by that community. Community members and district authorities are also targets of the programme, in that the greater community is made aware of and encouraged to respond to the needs of identified children. In particular, the district authorities are encouraged to commit greater financial and human resources to meeting the needs of the most vulnerable children, and they are also urged to improve the coordination of different sectors' responses to children's needs.

Box 1: Checklist to guide interviews used for developing criteria to identify 'most vulnerable children'

- How do you perceive 'most vulnerable children' in your community?
- Do you have 'most vulnerable children' in your village?
- If there are 'most vulnerable children', who are they and who looks after them? What is the relationship between 'most vulnerable children' and their caregivers?
- Do 'most vulnerable children' go to school? If they don't, what do they do?
- What capacities do caregivers have, in terms of level of education, their livelihood and socially?
- Does anyone else provide support to 'most vulnerable children' apart from their caretakers? Who are they? To what extent are they supporting? How can they be supported?
- What kind of support from the community do you think is more important? Livestock? Farms? Fees? Clothes or health care?

Following are the key features and main achievements of the programme, as well as results from impact assessments in 2004 and 2007:

Community identification of the most vulnerable children

A key component of the Most Vulnerable Child programme is enabling local communities to identify their most vulnerable children. Community identification, care and support of the most vulnerable children is directed by village 'most vulnerable child' committees, which are elected by local community members and comprise members of the village government, four members of the community, representation from the village school, two children identified as being most vulnerable, and two caregivers.

The starting point for identifying children as most vulnerable are national criteria drawn from the National Strategy for Community-based Care and Support of the Most Vulnerable Children, which cover such areas as education (school enrolment/dropout), health (growth monitoring, immunization, morbidity and birthweight), and livelihood (age of caregiver, size of family, income, possession of cattle or other livestock and cash crops). These criteria have been compiled into a booklet developed with support from Family Health International and UNICEF for distribution to all 11,000 villages taking part in the Most Vulnerable Child programme.

The idea behind using standardized criteria is that under the leadership of the village 'most vulnerable child' committee, the national criteria are adapted to the context of each village after meetings, focus groups and personal interviews. An important aspect of discussions is that they are held with a variety of groups within the village, because different groups may hold differing views about who is most vulnerable.

Box 2: Differing definitions of 'most vulnerable children': A few examples

Village government leaders perceived a 'most vulnerable' child as a child who is:

- An orphan – namely a child who had lost either one or both parents
- Looked after by very old caretakers; this could be foster parents or any other caretaker
- Neglected or abandoned
- Disabled
- Looked after by parents or caretakers who drink excessively, putting the child's welfare at risk
- Living on the street, or begging in the case of urban areas
- Involved in transactional sex
- Engaged in domestic work or involved in hazardous child labour
- Pregnant or a child mother
- Living in a household with chronically ill guardians/parents
- HIV-positive
- Lacking access to essential social services

Children felt that a most vulnerable child is:

- An orphan – a child who had lost one or both parents
- Being looked after by very old persons or caregivers, or those with disabilities
- Lacking basic school items, such as school uniforms, exercise books, pens or shoes
- Lacking basic human needs, such as food, clothes, or shelter

Other groups (women, men and young people) came up with slightly different definitions.

Source: Tatu Limbumba, *Reaching the Most Vulnerable Children: The process*, United Nations Children's Fund, Tanzania, 2003.

Once criteria have been decided, meetings, village mapping and household visits by the 'most vulnerable child' committee members are then used to identify the most vulnerable children, and this is in turn confirmed by meetings of the village. Community confirmation of children identified as most vulnerable is meant to ensure that only the neediest children are selected for support by the programme.

An impact assessment done in 2007 revealed some difficulties in the identification process: In only one-third of villages surveyed were there any follow-up rounds of identification after the initial process. This assessment also showed one instance where identification was considered unethical.

Community support for the most vulnerable children

The 'most vulnerable child' committee prepares a plan of action and puts in place mechanisms for monitoring and follow-up. The committees raise money from members of the local community to support its activities; every person in the village is asked to contribute financially or in kind. Monies raised by communities are matched to varying degrees by the district council and by UNICEF. The 'most vulnerable child' committee is supposed to set up a bank account and distribute cash or in-kind assistance to children identified as most vulnerable, as well as their caregivers, to facilitate the children's access to basic essential services.

Members of the village 'most vulnerable child' committee work with children identified as most vulnerable and their caregivers to ensure that children access education. This may be through the local formal school or through local complementary basic education centres. (*For more information on the Complementary Basic Education in Tanzania programme, see page 71*).

In the United Republic of Tanzania, primary school fees have been abolished. Even with the absence of fees, however, obstacles to enrolment remain, e.g., the cost of uniforms and other materials. Working together, communities, under the leadership of the 'most vulnerable child' committees, have been able to ameliorate some of these problems. Uniforms and books have been purchased for children, and in some cases fees have been paid for them so that children can attend secondary school. In other places, classrooms have been built or rehabilitated to improve the condition of schools. The committees are responsible for following up on enrolment and attendance.

Children's access to education is not governed merely by their ability to purchase school uniforms and materials, but is also affected by such factors as health, hunger, lack of shelter, etc. The 'most vulnerable child' committees also help address these issues. Communities have helped improve health care for children identified as most vulnerable, and have assisted in the construction and repair of houses. Drunkenness has been identified as a major cause of neglect of children, so, in some places, communities have acted together to take drunken parents to task.

The 2004 and 2007 assessments reveal a mixed picture in terms of how well support had been provided to children identified as most vulnerable. A 2004 assessment in one district found that, despite overall acceptance of and agreement with the programme's goals, there was a general lack of commitment to implementing the programme and providing local resources. This was reflected in the fact that, by 2004, the assessment

Box 3: The roles of the village 'most vulnerable child' committees

- Follow up and supervise 'most vulnerable child' activities
- Compile data on children identified as most vulnerable
- Advocate for children's rights
- Prepare plans and budgets
- Open 'most vulnerable child' welfare fund bank accounts
- Manage 'most vulnerable child' welfare funds
- Prepare monthly reports and submit them to the Ward Executive Officer
- Link with schools – especially the school committee – to enhance the education of children identified as most vulnerable
- Provide some form of psychosocial support to children identified as most vulnerable, in particular those living in child-headed households
- Link with health facilities so that health services can be provided to children identified as most vulnerable
- Follow up on negligent or abusive parents/guardians and visit households where children identified as most vulnerable are living

Box 4

In villages sampled in the Musoma Rural District, villagers have contributed only once to the Most Vulnerable Child programme. On top of that, only a few villagers – in households identified as having children identified as 'most vulnerable – have contributed to the 'most vulnerable child' fund. The incentive for contributing is the contractual agreement with UNICEF to match the village's contribution at 2:1. The community's attitude is that since everyone in the village is poor, those who are going to benefit from UNICEF support should make the required contributions.

Source: Robert Mhamba, *Impact Assessment of the Most Vulnerable Children (MVC) Community-based Care, Support and Protection in Musoma Rural*, report for UNICEF, October 2004.

showed that only 24 of the 74 villages engaged in the programme in this district had opened the 'most vulnerable child' bank account.

The 2007 assessment, sampling 2 villages in each of 6 districts, echoed this, finding that in only 2 of the 12 assessed villages were regular contributions made to the village 'most vulnerable child' fund. In addition, the same assessment found that only one-third of children identified as most vulnerable had received a visit from a member of the village 'most vulnerable child' committee.

The 2007 assessment also found that almost 30 per cent of children surveyed reported support from the programme. At the same time, most children felt that the support provided was inadequate, and many complained that it was inconsistently provided.

Community awareness of child rights

The 'Most Vulnerable Child' programme seeks to enable the rights of the most vulnerable children to be upheld, by fostering practical action (e.g., identification of most vulnerable children and helping them access services) and strengthening the capacity of the local authorities and communities to care for, support and protect the most vulnerable children. Parents, guardians, households and communities receive training in community-justice facilitation to improve their support for the rights and needs of the neediest children. In addition, caregivers are trained using what is called the 'Mwongozo wa Wawezeshaji' ('Caregivers' Guidelines') manual, a guide to children's rights and needs and to local and national policies affecting them (*See Box 5 for details on the contents of this manual.*).

Monitoring and evaluation

The monitoring structure of the 'Most Vulnerable Child' programme is designed to funnel data on children identified as most vulnerable from the village to the ward and district levels. The basic data is collected at the village level using a special questionnaire called the 'Questionnaire for the orphans and most vulnerable children (OVC/MVC)'. Once received at the district level, data is entered into a 'most vulnerable child' data management system; reports generated by this system can be shared with the national coordinating bodies and implementing partners.

In terms of evaluation, a number of impact assessments have taken place:

In 2004, an impact assessment took place in three districts (Magu, Karagwe and Kisarawe).[53] The assessment covered two representative villages in one representative ward of each district. A visit was also made to the Bagamoyo District. The assessment used focus-group discussions with children who were identified as most vulnerable, caregivers, members of 'most vulnerable child' committees and community leaders to learn more about the impact of the programme on areas including education, food, clothing, bedding, health, human rights and housing. Although few hard data were reported, the consensus found in all villages was that the programme was having an impact on children's lives, most clearly in enabling the majority of children identified as most vulnerable to access primary education. Yet even with the presence of

53 Maghimbi, S and LR Katoba, *Impact Assessment of MVC Support Programme Implementation*, Report for UNICEF. UNICEF, Dar es Salaam, 2004.

Box 5: Contents of the 'Mwongozo wa Wawezeshaji' caregiver/community manual

The 'Mwongozo wa Wawezeshaji' manual is an integral part of the Most Vulnerable Child programme. The content of the manual is summarized as follows:

Section 1 discusses the process of mobilizing the community to acknowledge its responsibility for children identified as 'most vulnerable'. The module considers the problems these children have and ways in which the community can work together to improve their lives. This section also tackles how traditions and cultural taboos affect the neediest children.

Entitled 'Child First', Section 2 of the manual examines the Convention on the Rights of the Child and reviews national and local child-related policies. This section highlights children's need for protection and ways to identify children whose rights are not being upheld.

Section 3 covers topics including child development, health, hygiene, childhood diseases, nutrition, parenting and first aid. The section also discusses disability and the needs of disabled children.

Section 4 focuses on children's psychological development and how parents, caregivers and the community can help children experiencing psychological and emotional difficulty.

Section 5 explains how children can be equipped with life skills that will enable them to avoid HIV infection. Information is given about HIV and AIDS, including the care of those with the virus and how caregivers can obtain support for those affected.

Section 6 focuses on the ways that children identified as 'most vulnerable' and their caregivers can generate income and manage finances.

the programme, not all children identified as most vulnerable attended school; many were working.

Also in 2004, a separate impact assessment of the programme took place in the Musoma District.[54] District officials assessed all villages taking part in the programme as "good," "average" or "poor." The assessment occurred in a stratified sample of six villages; two with "good" performance, two with "average" performance and two whose performance was considered "poor."

The assessment showed that the programme was operating in 70 per cent of villages in the district. District coordination of the programme was found to be weak because of a lack of leadership, lack of monitoring and data management, and lack of resource allocation.

At the village level, most people were found to have understood the importance of the programme and to have accepted it. Yet the assessment identified a general lack of commitment to implementing the programme, manifested mainly by reluctance to contribute resources for the care and support of children who had been identified as most vulnerable. This was related to poverty, lack of commitment on the part of the village leadership, lack of follow-up at the ward and district levels, and lack of resources from local government.

Nonetheless, the assessment found that support for education was provided in all villages in which the programme was operating, and was one of the major successes of the programme. At least one teacher from each school in programme villages was on the 'most vulnerable child' committee. Some, but not all children had been provided with exercise books and other school supplies; help with school uniforms was more limited.

With respect to the other impact indicators investigated during the assessment, the results of the programme were mixed. Some help had been given in such areas as housing, health and life skills support. In other areas – clothing, economic strengthening, psychosocial, or legal and human rights skills support – help had not been given to children who had been identified as most vulnerable.

In 2007, an extensive assessment of the programme was undertaken by UNICEF.[55] This study sought to assess the operation of village 'most vulnerable child' funds, the implementation of the programme and its impact on children who had been identified as most vulnerable, and the potential for scaling up activities to provide social protection to children on a national scale.

During the planning of the Most Vulnerable Child programme, the following outputs had been anticipated:

- Response systems established at all levels, and particularly at the community level, to facilitate provision of services to children identified as most vulnerable;

54 Mhamba, Robert, *Impact assessment of the Most Vulnerable Children (MVC) community based care, support and protection in Musoma rural*, Report for UNICEF, UNICEF, Dar es Salaam 2004.

55 Robert Mhamba, et al., *Social Protection in the Context of the MVC Programme in Tanzania: An assessment of the impact of implementing the MVC programme and the operation of the MVC funds and the potential for scaling-up to provide national coverage of social protection for children*, UNICEF, Dar es Salaam, 2007.

- National guidelines, training materials and standard procedures developed;
- Human resources ('most vulnerable child' trainers/facilitators) trained at each level;
- Technical assistance provided to the Most Vulnerable Child programme at all levels; and
- Documentation and dissemination of lessons learned.

Many of these goals have been realized. In particular, the national guidelines and monitoring and evaluation system, which resulted from the pilot phase of the programme, are now used by collaborating partners who support programmes for most vulnerable children with resources from the Global Fund and PEPFAR.

However, the 2007 study found that the programme still experienced a number of problems. In many areas, it continued to be viewed as an externally driven programme with a consequent lack of local commitment among stakholders and facilitators at all levels, and with only limited community participation. On an organizational level, the study found that, in most districts, regular meetings of the district 'most vulnerable child' committees were not held. (The exception was the Magu District, acknowledged by staff of the Department of Social Welfare and UNICEF to be a well performing district.)

In the absence of regular coordination meetings, responsibilities were in the hands of the district community development officer or, where there was one (as in Magu), a district social welfare officer. It was found that with limited resources for follow-up and mentoring, little support was provided to ward and village committees, and these in turn did not meet on a regular basis. No evidence was found of monitoring and evaluation activity in any of the districts surveyed. This was attributed to a lack of systematic monitoring at the national level and the lack of specific district budgets for this activity.

Local authorities did not seem to have any great sense of responsibility, financial or otherwise, for the programme; this was probably due, in part, to the fact that 'most vulnerable child' committees do not have any statutory status. In addition, there was a tendency for the programme to be seen as a 'UNICEF' activity for which local funding was not a priority. UNICEF provided funding for the initial establishment of protection and support systems, the training of facilitators and members of the 'most vulnerable child' committees, and funds to match local contributions to the 'most vulnerable child' funds. Several problems were reported regarding the 'most vulnerable child' funds: Information in district records did not match information from UNICEF; there was no regular replenishment of village funds, largely because of difficulties in the accounting system; and some districts were unsure whether funds they had received were for training or for the village fund.

In the absence of grants from UNICEF for village 'most vulnerable child' funds, little local funding was provided after an initial contribution to establish the village funds. For example, regular contributions to the village fund were made in only 2 of the 12 villages sampled. In one district, local in-kind contributions came from farms, which provided food for the neediest children.

Box 6: Children identified as most vulnerable: A summary of the views they expressed during the 2007 evaluation

Singida District

Children were of the view that the programme had not resulted in improvement in their well-being, because they had not received significant material support from the programme. The support that was received was not considered adequate and was not sustained. Children reported that they continued to work (in exchange for cash or in-kind payment) in order to obtain necessities, as well as school materials and uniforms.

Children also reported that relatively better-off members of the community were happy with increased numbers of vulnerable children in the village, because labour was less expensive: the more vulnerable, the greater the willingness of a child to work at any wage in order to survive. This was said to be one of the reasons that members of the community were unwilling to contribute to the programme. Children said that normally people in Singida never give anything for free – one had to work and earn something. Thus the programme was said not to have contributed towards reducing child labour in villages in Singida.

Bagamoyo District

Children said support was provided only during the Islamic festivities, when Muslims provided philanthropic offerings to the village committee for 'most vulnerable' children so that they could also enjoy the festivities. Support was not provided regularly and was not adequate to meet all essential needs.

Mwanza District

Children said caregivers/parents should listen to them and ask them what they needed before assisting them. They stated that caregivers needed to be educated on children's rights. Children also saw the need for parents to seek assistance from donors to help meet the children's needs. Children said most of the support they received was being provided through schools. Some of the assistance they had received from individuals and religious organizations included pens, books, soap, uniforms and shoes, but this was not enough for everyone who was in need. Children said that they should be assisted with clothing and food as well.

Magu District

Children in the village of Mwamanyili said that they had received some form of support from the 'most vulnerable child' committee, mentioning materials such as books, pens, rulers and uniforms. They had also twice received maize flour and sugar. However, children said that the assistance was not enough, especially regarding books. They said that, apart from school uniforms, they also needed shoes and socks.

In the village of Ihayabuyaga, children said they had received maize flour, rice, school uniforms, books and pens. They said the assistance was given at the office of the village executive officer. In terms of books, children said they needed six exercise books but were only given one. They said they would appreciate it if they were given sleeping beds with bed nets to help prevent malaria. They also wanted clean and safe water for drinking and domestic use. Children indicated that their caregivers were not able to provide for their basic needs because of inadequate means to earn income (including inadequate access to land), or because of old age.

Makete District

Children said that they had received food, clothing and support for shelter. However, not all children identified as 'most vulnerable' were provided support and it was not provided consistently, so it did not help ease vulnerability. The children suggested increasing support for education, because that would help them help themselves. Children said that they worked carrying timber and trading charcoal to help meet their needs.

Songea Rural District

Children said that support from the programme was not adequate to meet all their needs, because they were given only one or two items once in a while. In order to try to cope, children were taking refuge in their relatives' households.

Source: Robert Mhamba, et al., *Social Protection in the Context of the MVC Programme in Tanzania: An Assessment of the impact of implementing the MVC programme and the operation of the MVC funds and the potential for scaling up to provide national coverage of social protection for children: final report*, United Nations Children's Fund, Dar es Salaam, 2007.

Caregivers noted in focus-group discussions that they generally felt the programme was important but that it was not providing enough support. There were also complaints that some households with most vulnerable children were being excluded and, in one village, the identification process was said to be unethical. Other villagers said that the process was unduly intrusive and even then, inadequate support was provided.

Despite these constraints, the programme was found to provide support to an increasing percentage of children over time. Data from 2005 and 2006 compiled in 2007 showed that almost 30 per cent of surveyed children reported support from the programme, though most children felt that such support was inadequate, and many complained that it was inconsistently provided. The proportion of children supported was greatest where the programme was considered to have worked well (such as in the Magu District), where access to external funds was high (such as in the Makete District), and where the programme had been in existence

longest. Help with education and food was the kind of support most commonly received.

However, only one-third of the most vulnerable children in assessed communities reported having been visited by a member of the village committee. At the same time, members of the committees reported problems with the size of their villages and with workload – volunteer work for which they were uncompensated. There were also reports that village 'most vulnerable child' funds had been used to pay allowances to committee members for attending meetings. After the first round of identification of most vulnerable children, in only 4 of 12 surveyed villages were there any follow-up rounds of identification.

The 2007 study found that children identified as most vulnerable – as compared with other children – were less likely to have both parents as main caregivers, more likely to be orphaned, more likely to have a single mother or a grandparent as main caregiver, and more likely to be poor, food insecure, and living in poor housing with fewer assets. Compared with other children, children identified as most vulnerable were less likely to attend school, more likely to never have attended, and more likely to be engaged in domestic work.

These characteristics were also assessed according to the extent to which districts were providing support before the programme started compared with their current status. Changes, though many of them modest, seemed to indicate that the programme had had a positive influence. In addition, the assessment found that children who had longer experience with the programme had a higher sense of psychosocial well-being.

Table 1: Characteristics of children by vulnerability and by level of support within district

Characteristic	Communities with little support [a]		Communities with more support [a]		All children identified as most vulnerable	Children who are not considered to be most vulnerable
	Status prior to start of programme (%)	Current status (%)	Status prior to start of programme (%)	Current status (%)	Current status (%)	Current status (%)
Education	85.4	87.4	86.2	88.9	88.2	91.1
attending school						
education completed	1.8	2.0	0.4	3.6	2.8	3.8
currently not attending school	3.5	5.5	1.5	3.2	4.3	3.3
never attended school	9.3	5.1	12.0	4.3	4.7	1.9
Working status						
not working	29.1	29.1	31.8	20.0	23.8	26.8
engaged in domestic work	65.0	65.5	62.4	77.4	72.5	69.1
working in family business	1.0	2.4	1.6	0.9	1.5	0.8
self-employed	1.5	1.2	2.3	0.0	0.5	0.0
employed for wages	3.4	1.8	0.4	1.7	1.8	0.0
Composite psychosocial health	n/a	24.7	n/a	26.1	25.5	26.9

a Based on information from the assessment, Bagamoyo, Mwanza and Singida Rural were characterized as districts with little support for operations from local government officers. Magu, Makete and Songea Rural were characterized as districts with more support.

Source: Interviews with children in 12 villages in 6 districts, 2007, undertaken as part of the following assessment: Robert Mhamba, et al., Social Protection in the Context of the MVC Programme in Tanzania: An Assessment of the impact of implementing the MVC programme and the operation of the MVC funds and the potential for scaling up to provide national coverage of social protection for children, final report, United Nations Children's Fund, Dar es Salaam, 2007. Table 5, p. xii

PROGRAMME HISTORY AND IMPLEMENTATION DETAILS

The Most Vulnerable Child programme began in 2000 when studies occurred to identify the most vulnerable orphans living in 17 districts in the United Republic of Tanzania. It was assumed that the most vulnerable children would be children orphaned as a result of AIDS. During the course of the initial identification process, it quickly became clear that non-orphaned children could be just as vulnerable as orphans – but, because their parents were alive, they could be excluded from assistance.

Factors making children who were not orphans 'most vulnerable' were found to include living in families that had taken in orphaned children, disability of the child, being engaged in child labour, and having neglectful or abusive parents. In response to this finding, rather than speaking of 'orphans and vulnerable children', there was a decision by the Government of the United Republic of Tanzania to speak of 'most vulnerable children'. In addition to being more needs-based, this term also avoided generating stigma so often associated with the word 'orphan'.

As a result of the programme's early work, the National Strategy for Community-based Care and Support of the Most Vulnerable Children in the country was developed in order to direct care, support and protection of children who were considered 'most vulnerable'. The Most Vulnerable Child programme itself began in six districts (Bagamoyo, Kisarawe, Magu, Musoma Rural, Karagwe and Magu). As of 2007, 67 districts were implementing the programme, though without full coverage in some.

A guiding principle throughout the programme has been that, in order to provide appropriate support to the right children, both the community and the programme's beneficiaries must be involved in all aspects of the process. Strong community participation and ownership of the process have been found to be crucial to its sustainability.

Programme management and funding

At the national level, the Department of Social Welfare of the Ministry of Health and Social Welfare develops national policies for the care and support of children identified as most vulnerable, as well as coordinates all 'most vulnerable child' activities in the country. The department also maintains a databank on children identified as most vulnerable and provides technical support to the districts. In addition, it mobilizes resources and collaborates with development partners on the disbursement of funds and other support. A national implementing partners' forum meets regularly, chaired by the Department of Social Welfare, to review progress and discuss any problems that may arise.

Each district involved in the programme has a district facilitation team charged with specific tasks: following up and coordinating 'most vulnerable child' activities in the district; providing interpretations of national guidelines and strategies for the care and support of children identified as most vulnerable and the adaptation of these guidelines to fit local contexts; compiling village reports on most vulnerable children; and advocating to the district for allocation of resources to village 'most vulnerable child' funds.

National, district and ward facilitators hold public meetings with villagers in order to brief them about the programme and gain consensus about

its implementation. Meetings are attended by people of both sexes from various age groups.

In each village that takes part in the programme, a 'most vulnerable child' committee is selected. Committees are gender-balanced and usually comprise 12 members, including 2 children and 2 caregivers.

Training

The Most Vulnerable Child programme includes extensive training in a number of different areas. At the beginning of the programme, national facilitators – experienced in community dialogue, participatory planning and interactive techniques, facilitation skills, human rights, communication skills, community planning and mapping – were drawn from the staff of the Department of Social Welfare. This national team then developed tools and instruments to be used during the community dialogue process.

District and ward authorities were then introduced to programme processes and were trained in community participatory methodology, report writing, and preparation of village action plans. District training usually took around two days and provided an opportunity to share information, agree on goals and identify key actors in the area of care, support and protection of most vulnerable children. District and ward officials shared the programme objectives with village officials, who were then trained in the use of the tools and instruments that had been developed. Village training usually took around one day and enabled district and ward officials to learn about the village environment and its cultural aspects, the care of orphans and vulnerable children in the village, and the health, nutritional and education status of the children living there.

Village 'most vulnerable child' committees, guardians and school committees received training in community justice, financial management, caregiving, inheritance rights and other issues. Through their participation as members of the village 'most vulnerable child' committees, at least one vulnerable child per village is included in community justice training.

Materials

A 'most vulnerable child' identification tool was developed for use by village officers. The tool enables officers to categorize and record details about children included in the programme. Information recorded includes the following: reason(s) for identifying a child as vulnerable; the child's educational status and reasons for not attending school, if applicable; the child's priority needs, services received and service provider; and information about the child's parents or guardians.

The 'Mwongozo wa Wawezeshaji' manual was developed to enable parents, guardians, households and communities to appreciate and uphold the rights and needs of children identified as 'most vulnerable'. National and district facilitators have been trained in the use of the module and in turn have trained members of village 'most vulnerable child' committees.

CHALLENGES AND LESSONS LEARNED

The work of the Most Vulnerable Child programme occurs against a backdrop of widespread poverty and large numbers of children in severe need. Operating in such circumstances, it is unsurprising that the programme faces a considerable number of challenges. Principal among these are the programme's weak monitoring and follow-up systems and its expectation that the very poor will be able to assist the very, very poor.

Terminology, stigmatization and targeting

The way that orphans and vulnerable children are described matters. Sometimes, terminology can result in stigmatization,[56] or can result in some needy children failing to receive the help they need (i.e., when programmes help only 'orphans'). Poor use of terminology can also lead to administrative and programmatic confusion: If one sector uses the term 'orphans and vulnerable children' while another speaks of 'marginalized families', it can be difficult for responses to the needs of children to be targeted and coordinated. Ensuring the use of clear, unambiguous and non-stigmatizing nomenclature is important.

The Republic of Tanzania's move towards identifying children as 'most vulnerable' is doing much to help address the challenges described above. Use of the term 'most vulnerable' focuses attention on the children's needs for care and support. It enables programmers to avoid identifying needy children with the stigma and discrimination related to the HIV epidemic, and recognizes that many children are made vulnerable by many factors other than HIV alone. Use of the term 'most vulnerable' enables assistance to be given to children who are really in need.

Inter-sectoral coordination and collaboration

A key challenge facing the country's ongoing efforts to help its most vulnerable children is the lack of enhanced inter-sectoral coordination and collaboration at all levels. With needs in the areas of health, education, shelter, as well as many others areas, the country's most vulnerable children have problems whose resolution is clearly inter-sectoral. Ensuring collaboration among actors in the various areas has often been difficult. In the absence of good data and clear coordination, there is enormous potential for resources to be wasted, efforts to be duplicated and children's needs to go unmet. At all levels, clear leadership is needed to ensure that all sectors work together effectively.

In 2004, as part of its efforts to mitigate the impact of HIV and AIDS, the Government of the Republic of Tanzania established a national coordination mechanism to ensure the efficiency and effectiveness of responses to the needs of the country's most vulnerable children.

While the structure created is impressive, there is concern about its ability to function in real life. Ensuring that inter-sectoral committees actually convene is a difficult challenge in any country and, as of 2007, the national committees created by the 2004 measures described above had not yet met.

56 UNAIDS, UNICEF and USAID, *Children on the Brink*, USAID, Washington DC, 2004.

Responsibility for coordinating 'most vulnerable child' activities currently rests with the Department of Social Welfare in the Ministry of Health and Social Welfare. Stakeholders with an interest in the country's most vulnerable children increasingly recognized that since the problems faced by vulnerable children are so multi-sectoral, placing such responsibility on a single sector ministry may not be the most effective plan of action. As a result, it has been proposed that the 'most vulnerable child' national steering committee should instead be coordinated by the Prime Minister's Office – Regional Administration and Local Government, which is responsible for coordinating all of the country's different sectors at the local level.

Policy focus

Until relatively recently in the United Republic of Tanzania, the mitigation of the impact of HIV and AIDS in general on the situation of orphans and vulnerable children in particular have received little consideration in policy and legal frameworks; neither orphans and vulnerable children nor HIV and AIDS were given priority in the country's first PRSP. The country's first-generation National Multi-Sectoral Strategic Framework on HIV/AIDS 2003–2007 gave much less attention to mitigating the impact of HIV and AIDS on children orphaned and made vulnerable by the epidemic than it did to prevention, care and treatment. Other than regulations concerning adoption processes, no laws are in place regarding orphans and vulnerable children.

However, the country's increasing number of orphans and vulnerable children and their growing needs are changing the policy environment; orphans and vulnerable children will be included in the forthcoming Children's Act. In addition, a 'most vulnerable child' community-based care strategy has been developed, and the 1996 Child Development Policy has been reviewed to include the needs of most vulnerable children. These are contributing to an environment in which children's welfare, care and support can be safeguarded. At the same time, the United Republic of Tanzania is working to incorporate orphan and vulnerable child issues into all sectors, as well as to get all local government bodies involved in providing services to this group. What's more, in February 2008, the country launched a National Plan of Action for Orphans and Vulnerable Children.[57]

Parallel structures and programme management

The Most Vulnerable Child programme has established 'most vulnerable child' committees in each village where it operates. Establishing such committees has enabled the widest participation in activities. At the same time, however, it has to a certain degree acted to establish a structure parallel to those existing in village governments, which has sometimes led to conflict and non-cooperation because village governments have viewed 'most vulnerable child' committee activities as encroaching upon their own proper duties.

As a result, village governments have sometimes been resistant to release district and other funds intended for the support of children identified as most vulnerable to the 'most vulnerable child' committees. In addition, because these committees are not statutory bodies of the government,

57 Press release on PACT Tanzania website. *Tanzania National Plan of Action for Orphans and Most Vulnerable Children*, <*www.pacttz.org/html/NPA%20launch.htm*>, (accessed 23 October 2009).

it can be difficult for schools and communities to understand how the system is supposed to work and what to do if it doesn't.

An approach that has been used to resolve tensions has been to redefine 'most vulnerable child' committees as standing sub-committees of the village multi-sectoral AIDS committee. So that the 'most vulnerable child' committees are regarded as a useful resource to the life of the village and not as a competitor to village government, there has been plenty of advocacy and sensitization prior to the establishment of the committees. At the same time, there are efforts to ensure that village governments participate fully in any training given, e.g., in financial management training.

Monitoring

A major challenge facing the Most Vulnerable Child programme is adequate follow-up and monitoring. There is little integration of programme monitoring into district information management systems. There is also a lack of data – and data of quality, such as disaggregated data. Reporting from 'most vulnerable child' committees to the district welfare office is often limited, and there is also very little feedback from the district to the 'most vulnerable child' committees. Lack of effective monitoring hampers efforts to make policy, plan programmes and produce realistic budgets.

To help address this, the 'most vulnerable child' identification tools have also been improved to ensure that collected data is disaggregated. At the same time, implementation of a data management system is in the pipeline, with support from Global Fund Round 4. This will lead to a much stronger information management system that will provide information about children who have been identified as most vulnerable, those who provide services to them, and their villages.

Resources

In a country with more than 1.8 million orphans and an estimated 950,000 other children who can be considered vulnerable,[58] adequately responding to needs means identifying resources and using capacity on a massive scale. In a poor country like the United Republic of Tanzania, this is a major challenge at the national, district and village levels.

A significant challenge for the Most Vulnerable Child programme in particular is its lack of financial resources. The programme relies on communities raising funds, which are then matched by UNICEF. District governments are also supposed to participate in match funding, but there is no evidence that they have done so. In the face of limited funding, the programme depends on the very poor working together to support those who are even poorer. A constant question asked by 'most vulnerable child' committees is, "Where can we get the money to provide the help we want to give?" As well as providing support, the programme encourages income generation, but again, this may be insufficient to respond to the emergency situation faced by so many.

58 Department of Social Welfare, Ministry of Health and Social Welfare, Government of Tanzania *The National Costed Plan of Action for Most Vulnerable Children 2007–2010*, Government of Tanzania, Dar es Salaam, 2008, p. 59, *www.aidsalliance.org/graphics/OVC/documents/National_Costed_POA_for_OVC_TZ.pdf*, (accessed 23 October 2009).

As the Most Vulnerable Child programme has continued, external funding has been acquired from other sources, such as the Global Fund, PEPFAR and others, but the use of external funding is by no means uncomplicated. Without it, communities are likely to lack the resources needed to help children identified as most vulnerable. In its presence, however, the spirit of volunteerism upon which the programme relies is eroded, and community responsibility for helping children identified as most vulnerable is diminished because of the perception locally that responsibility for caring for the most vulnerable children is someone else's problem.

One way to avoid this might be to channel external funds through village government structures rather than through 'most vulnerable child' committees. External assistance would occur under statutory responsibilities, with such committees existing as volunteer bodies, using resources that local communities are able to provide themselves.

In addition to the lack of financial resources, many villages lack the human capacity to enable 'most vulnerable child' committees to function. One constraint has been an inability to find able and innovative people who will serve on these committees over the long term. In villages, the lack of skills in such areas as financial management has also been a challenge.

Furthermore, if the programme is to be sustainable in the long term, communities must be mobilized and sensitized to take responsibility for the children living in their area. At the same time, the current state of the HIV epidemic in the United Republic of Tanzania means that communities are living in an emergency situation where immediate needs often far outweigh the capacity to meet them. Communities do much to contribute towards the support of children identified as most vulnerable in cash and in kind, but there is a need to help communities draw on resources beyond those they can create themselves. Means of doing this include providing better access to relevant funds sent to the village government by the district council. Non-governmental organizations and other donors could use the 'most vulnerable child' structures to get resources to children in need, but this still happens rarely.

In terms of human capacity, an initial problem was that villages thought that the programme was being imposed on them. The programme has attempted to use a strong participatory approach to change this perception. The assessments undertaken suggest that this remains an ongoing problem, making it difficult to ensure sustainability. Local capacity could be further enhanced by finding assistance from other stakeholders to support 'most vulnerable child' committees in such areas as financial management. Improving capacity would also enable committee activities to be more systematic and transparent – alleviating the concerns of some that identification of most vulnerable children may be too subjective.

A significant constraint upon the programme's ability to locate and access the additional resources it needs is the lack of adequate data collection and monitoring systems. Good information is required about the number of children in need, their location and wants. Information is also required about agencies and resources available to meet children's needs. Unless such information can be brought together, implementation will be patchy and often wasteful, needs underestimated or overestimated, and planning weak.

Contact Information

Assistant Commissioner for the Department of Social Welfare
Ministry of Labour, Youth Development and Sports
Dar es Salaam, Tanzania
Telephone: +255)-744-742-602
Chief, Child Protection and Participation

UNICEF
P.O. Box 4076
Dar es Salaam, Tanzania
Telephone: +255-22-219-6808
E-mail: daressalaam@unicef.org

ZAMBIA

INTRODUCTION TO CASE STUDIES 10, 11 & 12

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Children in Zambia face a number of limitations on their access to education. Widespread poverty and the impact on AIDS are only the drivers in a host of obstacles that encompass a lack of nutritious food, long distances between school and home, and the need for some children to work when their households are poor or their parents sick – and even act as head of household in some cases. Zambia's Country Report – National M&E Report to UN General Assembly (2008)states that there are 1.2 million orphaned and vulnerable children.[59]

The primary school net enrolment/attendance ratio (2000–2006) in Zambia is 57,[60] and the country is currently considered as making 'no progress' towards the MDG target that "by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling." Many Zambian children remain out of school, lacking even the most basic primary education or training in literacy and numeracy.

Under pressure to increase opportunities to access basic education for all children, including orphans and vulnerable children, the government in 2002 introduced free basic education for Grades 1–7. The government's education policy recognizes education as a basic right for every Zambian, and emphasizes such key factors of education provision as access, equity and quality at all delivery points in the educational system.

While the free basic education policy was a positive step towards provision of universal, compulsory education, it has not removed all barriers to basic education. For instance, although 'basic education' covers Grades 1–9, the free basic education policy applies only to Grades 1–7. What's more, children still need money to pay for adequate clothing,

59 Ministry of Health, Zambian government, *Zambai Country Report: Multi-sectoral AIDS Response Monitoring and Evaluation Biennial Report 2006–2007 Updated version*, Zambian government, 2008, p. 39.

60 United Nations Children's Fund, *Progress For Children: A world fit for children – A world fit for children statistical review*, UNICEF, New York, 2007, p. 53, *www.unicef.org/publications/files/Progress_for_Children_No_6_revised.pdf*>, (accessed 23 October 2009).

uniforms (in some schools), and books and pencils. There are also an insufficient number of available places in schools, with the result that many children are turned away, particularly in urban areas.

While bursary schemes exist to support primary school pupils for other school requisites such as books and pens, some bursary funds are still being used on uniforms – which is against the policy of free basic education – with the rest spent on other requirements, such as examination fees. Girls who become pregnant are banned from school for being a 'bad example' to their classmates and, although a new re-entry policy supports improved access, requiring schools to readmit girls within a year of giving birth, the effectiveness of this policy is unknown.

It is clear that the goal of Education for All cannot be achieved solely through conventional methods of schooling. The programmes profiled in this *Sourcebook* address the need to reach those children whose uptake into school was not a natural outcome of the free basic education policy: children in isolated areas, children unable to afford the various costs (aside from fees) associated with primary schooling, and children whose life circumstances have proved more difficult to overcome – in short, the most vulnerable children, including those orphaned due to AIDS.

The following programmes are discussed in this section: the community schools run by Zambia Open Community Schools (ZOCS), which provide a model of education outside the formal schooling sector; the government-supported Learning at Taonga Market Interactive Radio Instruction Programme, which reaches children in particularly isolated situations with radio courses facilitated by local volunteers, and the Better Education and Life Opportunities through Networking and Organizational Growth (BELONG) programme, which seeks to improve the quality of children's educational experience, in part by providing nutritious meals at school and rations for the household.

CASE STUDY 10

ZAMBIA: BETTER EDUCATION AND LIFE OPPORTUNITIES THROUGH NETWORKING AND ORGANIZATIONAL GROWTH (BELONG)

School feeding programmes constitute a positive response to two of the constraints that limit the ability of poor children in general, and orphans and vulnerable children in particular, to access education: hunger and the need to work to survive. The Better Education and Life Opportunities through Networking and Organizational Growth (BELONG) programme, run by Project Concern International (PCI) with support from the United States Agency for International Development (USAID)/PEPFAR and WFP, is one such initiative, focusing on children who attend Zambia's community schools, as well as those in the residential centres providing services to children who have been homeless, often living on the street. These facilities have a high proportion of children from poor families or from households that have been affected by AIDS.

The school-feeding component of BELONG is focused on improving children's nutritional status and performance in school, and on expanding school attendance. The original aim of the programme was to help lessen the impact of a 2002 food crisis on people affected by HIV and AIDS, particularly those caring for orphans and vulnerable children. With the expansion of the programme, its aim is to improve the lives and prospects of orphans and vulnerable children through the provision of a widened range of services. Supporting children's education continues to be critical to the programme's work.

The BELONG programme now provides school feeding and other supportive services to 70,000 orphans and vulnerable children attending mostly urban community schools every day. Additionally, 7,800 child- and female-headed households also receive a monthly take-home ration.

KEY FEATURES AND ACHIEVEMENTS

The BELONG programme has as its centrepiece the delivery of food commodities to schools and vulnerable households. In return for

Table 1: Support provided by the BELONG Programme

Services/Indicator	Number Reached	Comments/notes*
Food and Nutritional Support	45,568	Daily school feeding (at least one meal of High Energy Protein Supplement-HEPS ration) and/or monthly household food ration.
Shelter and Care	922	Access to at least one adult who provides them support and/or shelter, water and sanitation and personal hygiene improvements either at the household level or school levels.
Health Care (General Health Needs of OVC, Health Care for HIV+ Children, Prevention of HIV/AIDS)	4,635	Primary health care, immunization, and/or medical treatment when ill. Ongoing treatment for HIV+ children and HIV prevention awareness activities, including access to life skills for social development.
Psychosocial Support	2,913	Support from an adult with whom there is an attachment and/or participation in school activities, such as recreation and working with other children and adults.
Education and Vocational Training	9,486	School supplies, e.g., books, pencils uniforms, shoes and bag, monthly or annually. Older OVCs accessing vocational training, e.g., carpentry, tailoring, tie and dye.
Economic Opportunity/Strengthening	11,550	OVC guardian participating in micro- finance activities, e.g., loans or small grants (WORTH programme).

receiving food, parents and caregivers are encouraged to send children to school and make regular attendance possible. Children are also given encouragement to attend. The programme promotes increased awareness in households and their participation in school activities.

Taking place mainly in community schools, community-based centres and shanty compounds, the programme works closely with the Ministry of Education's District Education Board, which is charged with responsibility for the management and development of community schools.

The programme had several key objectives when it was first established as a way to mitigate the impact of the food crisis: to increase the enrolment and attendance of orphans and vulnerable children attending community schools to 70,000; to increase the number and the participation of households affected by HIV and AIDS in activities that would improve their health and livelihood security; to improve the capacity of PCI's implementing agencies to manage the school feeding programme; and to improve HIV/AIDS-related knowledge and practices among the 60,000 orphans and vulnerable children and 30,400 household beneficiaries.

When the programme changed its name to BELONG, it focused on the following goals:

- Increasing availability of critical services supporting orphans and vulnerable children, including formal or informal education, literacy and numeracy training, life skills education, medical care, nutritional support and psychosocial support;
- Strengthening the capacity of older orphans and vulnerable children, and of households providing care to them, to support themselves and their children through economic empowerment initiatives;
- Increasing the capacity of PCI and local organizations to provide quality services to orphans and vulnerable children; and
- Increasing the capacity of selected local organizations to serve as 'centres of learning' in order to facilitate rapid scale-up of services.

The beneficiaries of the programme are orphans and vulnerable children 5–18 years old, particularly those receiving their education in community schools – an alternative to the formal primary system. Households with orphans and vulnerable children, along with the caregivers of these children, are also targets of the programme. Finally, community schools, residential centres, and drop-in centres assisting children formerly living on the streets also receive resources from the programme.

The programme's first activities took place in the Lusaka District of Lusaka Province, covering major areas such as Mtendere, Chaisa, Kanyama, Garden, Chibolya, Ng'ombe, Kalingalinga, Chelstone, etc. The programme needed to expand, however, to reach other community schools, because it was found that children often transferred from schools not participating in the school feeding programme, thus overloading certain participating community schools. At present, the programme is operating in the Lusaka, Kafue, Chongwe and Mkushi Districts in Lusaka Province (using a home-based care platform in Mkushi), in the Mongu District of Western Province, and in the Kalomo District of Southern Province.

Following are the key features and main achievements of the programme:

Food and nutritional support

BELONG's school-feeding work involves a number of different activities. Orphans and vulnerable children attending participating community schools are provided with breakfast consisting of a wet ration of 100 grams of maize and 35 grams of pulses. In addition, 25 kilograms of sorghum and 10 kilograms of pulses are distributed to targeted households every month. Most children benefit from this feature of the programme for a maximum of six years, or for as long as they continue to access either basic education in the community schools supported by PCI, or obtain services provided by the residential and drop-in centres for children living and working on the street or both. In 2007, the BELONG programme supported 190 centres and schools, 10 of which catered to the needs of children living and working on the streets for psychosocial counselling.

The BELONG programme also assists with capacity-building in areas including training teachers (via the Zambia Teacher Education Course, or ZATEC), training school cooks, and training those in charge of school food stores in record-keeping. Additionally, there is education for caregivers on nutrition and hygiene.

In 2007, the programme supported school gardens and school-based agriculture in 20 pilot sites, with BELONG providing money, training and technical guidance for the projects.

The school-feeding component of BELONG's work also involves distributing teaching and learning materials and school furniture and building capacity of students, teachers and caregivers through activities focused on gender and leadership, as well as through HIV training.

HIV and AIDS awareness

The HIV and AIDS awareness aspect of the BELONG programme consists of distributing information, education and communication materials; using the programme's Theatre for Development initiative, which employs performing arts to disseminate information; and developing and implementing an HIV and AIDS curriculum component for children living and working on the streets.

Strengthening economic opportunities

BELONG implements the WORTH economic empowerment model (a global women's empowerment programme) in collaboration with Pact Zambia. WORTH provides enrolled female caregivers of orphans and vulnerable children with literacy training, microcredit groups and assistance with the development of small enterprises to improve household financial security. In 2007, WORTH had 218 women's groups in Zambia's Chongwe and Kafue Districts, with a total of more than 5,300 women caring for nearly 8,000 children.

Monitoring and evaluation

The BELONG programme has a team of monitors who regularly visit community schools to assess and monitor the implementation of various activities. In addition, monthly meetings take place with all implementing partners, where constraints and challenges are discussed and common action plans agreed upon.

In 2007, new data collection and reporting tools were developed by BELONG's monitoring and evaluation specialist. These tools were designed to accommodate the protocols for data collection and reporting required by a beneficiary tracking database that the programme was also due to implement in 2007. The new tools include the following:

- **Monthly Service Record Tool:** Captures services provided by month for the full annual period. There is a separate form used for each beneficiary (*see below*).
- **Quarterly Service Summary Tool:** Captures services provided by month for a single quarter. There is a separate form for each programme/school, and each beneficiary of that programme/school is listed by name.
- **Caretaker Sign-In Sheet:** Captures information about training provided to caregivers of orphans and vulnerable children. One sheet is used per training to register individual participants by name and document their successful completion of the course.
- **Monthly Report and Activity Plan:** Captures data at the programme/school level to document all interventions provided each month, progress made towards annual targets, and the cost of implementation.
- **Service Record Tool:** Documents the names of the children who have been reached with the services at the various service delivery points at the school level and before transferring to the Monthly Service Record Tool mentioned above.
- **Goods Received Note:** Captures the details of items procured and delivered by BELONG to individual community schools.
- **Distribution List:** Based on the Goods Received Note, documents the items that have been made available to the children.

Evaluation has been highly important in the growth and development of the programme, and has been an integral part of the programme proposal, work plans, and budgets. Evaluations were conducted in July 2003 and July 2004 to facilitate reviews at the end of each programme phase. Both of these evaluations were conducted by an external consultant.

Following were the main questions asked:

- To what extent has the project achieved the objectives set out in the project proposal?
- What are the key components/activities that should form the basis for a continued collaboration in the next five years (2005–2010)?
- How can we begin to measure learning achievements in those orphans and vulnerable children who are benefiting from the feeding programme?
- How do we deal with the main problem of commodity abuse at the community school/centre level?
- How do we ensure that we target the most vulnerable of our beneficiaries with the grain component (monthly household distribution of sorghum and pulses) of the programme?

During the evaluations, many stakeholders were consulted, including 20 of the 180 schools involved in the programme, WFP, UNICEF's Education Section, the ZOCS programme, CARE's Scope OVC project, the Zambia

Community Schools Secretariat, and the Ministry of Education's School Hygiene Unit.

The data collection methodology included questionnaires, focus group discussions, monthly monitoring reports, and reports submitted by schools and centres. The evaluation process, especially the July 2004 evaluation, was conducted in a participatory manner, and was designed to ensure that the concerns of all beneficiaries and stakeholders were taken into account.

The main finding of the 2004 evaluation was that the programme had reached its objective of increasing overall school attendance, an increase estimated at about 18 per cent between July 2003 to June 2004. One interesting sub-finding of the evaluation was that there was a need to find ways to sustain the motivation of volunteers who prepared the wet breakfast ration, because these individuals were not benefiting from the ration themselves.

Lessons learned fed into subsequent planning phases of the programme. In particular, informing the growth of the programme beyond an activity mostly concerned with school feeding to the holistic approach employed today.

PROGRAMME HISTORY AND IMPLEMENTATION DETAILS

The BELONG programme was initially developed in response to the food and drought crisis that hit southern Africa in 2002. Beginning work in January 2003 as the OVC Support Programme, run by PCI and funded primarily by WFP, it eventually evolved into a programme addressing the impact of the AIDS epidemic on children in the country. The expanded programme receives support primarily from WFP, USAID and UNICEF. PCI has considerable experience in managing food programmes in a number of African countries. Because of the programme's implementation in community schools, Zambia's Ministry of Education is a key partner, and the ZOCS programme and the District Education Board Secretariat provide coordination support.

From 2005, the programme began to receive funding from USAID and PEPFAR to help provide essential non-food services to orphans and vulnerable children, using community schools and home-based care as platforms for service delivery. This wider-ranging group of services includes psychosocial support, improvement in water and sanitation, provision of sports equipment, better access to basic health care, assistance with school-based agriculture, and support for life skills education. It also covers the establishment and strengthening of anti-AIDS clubs in order to facilitate prevention and increase awareness of HIV and AIDS. The programme also works on capacity-building in community schools and other local non-governmental organizations to further the sustainable deliver of quality services.

The expansion of the programme's remit was accompanied by a change in its name from OVC Support Programme to Better Education and Life Opportunities through Networking and Organizational Growth, or BELONG. Besides direct funding from WFP and USAID/PEPFAR, the programme has enjoyed in-kind support from UNICEF and New Zealand AID in the form of teaching and learning materials, HIV and

AIDS supplementary readers, school furniture, school infrastructure, and sports equipment provided for community schools participating in the programme. In addition, UNICEF has supported the sinking of bore wells in needy communities served by the programme.

Programme management and funding

PCI, the organization ultimately responsible for managing the BELONG programme, has entered into a memorandum of understanding with every school that it supports. Because the community owns the schools, the memorandum facilitates a spirit of partnership between PCI and the community members, through their school. The community's involvement in the day-to-day operation of the school is a continuous manifestation of their sense of ownership.

In pursuit of these aims, PCI seeks to:

- Orient not only school coordinators but also parents on the Parents Community School Committees so that they are supportive of the programme.
- Enable implementing partners to obtain feedback from community-based organizations and share pertinent information.
- Facilitate a participatory planning process during the development of district work plans for school feeding activities.

The programme also collaborates with other programmes for orphans and vulnerable children run by international development organizations that include CARE, Catholic Relief Services, World Vision, and community-based organizations such as Foundation of Hope, Zambia Red Cross Society, and the Christian Children's Fund.

Advocacy

"Children and youth can change other people's behaviour and attitudes. This is happening in this program where OVC children and youth have been used as a vehicle of change and increasing awareness among their peers and in the community. The programme has trained youth as Trainer of Trainers (ToTs) for the Theatre for Development activities that address HIV/AIDS and other health-related issues. The ToTs have in turn trained approximately 140 OVC in 70 schools who are now instrumental in imparting pertinent messages through the art of drama. The program has also implemented a school gardens/agricultural component in 10 schools under a pilot project. OVC in these schools participate in this activity (theory and practice). They learn farming skills as well as engage in instruction in the classroom."

—*Kate Vorley, PCI project coordinator, 2004*

A key feature of the BELONG programme is recognition that the active participation of children and youth in programme development strengthens the likelihood of its sustainability. Through Theatre for Development activities, children play a key role in assessing community needs. Children and youth participating in the programme, along with children living and working on the streets who have entered gainful employment, are used as role models for other children, encouraging them to get involved. Such role models also encourage caregivers to send children to school.

This type of advocacy – using participating children as role models – also addresses the stigma and discrimination against orphans and vulnerable children. The programme manager and implementers feel "it is important to debunk the myth that [orphans and vulnerable children] will amount to nothing by continuing support to participating schools through feeding schemes and other activities, and linking this to the continued sensitization of communities on the value of sending children to school."[61]

Interventions aimed at supporting orphans and vulnerable children in community schools are sustainable only if the community is involved. Sensitization is, of course, the main method of promoting a critically important sense of 'ownership' of schools by the community. Before the BELONG programme moves into any new district, it undertakes community mobilization at the school level though sensitization of

61 Kate Vorley, PCI Programme Coordinator, 2005.

Parents Community School Committees. Other means of ensuring that the community is committed to the programme include active participation in the preparation of school meals, the grain distribution process, school-based agricultural activities, and active involvement in school planning and management through participation in school meetings and Parents Community School Committee meetings.

Training

The programme's staff members have received on-the-job training, and also attend training workshops conducted by WFP. Training is subject to individual staff initiatives and the availability of training workshops relevant to their specific roles and responsibilities. During training, the staff is granted paid leave and funding for tuition. Some staff members also identify external training opportunities, which PCI partly finances.

Teachers in community school have been trained in such areas as classroom management using the ZOCS/ZATEC (Zambia Teachers Education Course) programme and record-keeping; basic education teaching skills (literacy and numeracy); HIV and AIDS as a cross-cutting issue; the Theatre for Development programme as a behaviour change communication tool; and basic environmental management skills. Teachers have also received training in basic agricultural extension through a PCI-contracted lecturer from the University of Zambia.

The duration of training for each staff member varies from one type of training activity to another. For example, training in agricultural extension lasts one week, as does a ZATEC course in classroom management; Theatre for Development training takes three days; and the duration for accelerated training in record-keeping is only one day.

As expected, BELONG's WORTH component undertakes an extensive range of training activities that will not be fully reported here. Examples of trainings include 'Building Strong Group Rules', 'Ten Safe Rules of Money Handling' and 'Building a Group's Loan Fund'.

Lastly, some members of the community have received capacity-building in areas such as financial management and administration to enhance their participation in the programme. This training has been provided indirectly through school coordinators, who have themselves been trained by PCI. There has also been some training of members of Parents Community School Committees.

Materials

As mentioned above, the BELONG programme implements its activities through community schools that deliver basic education to orphans and vulnerable children. Details of teaching-learning materials and methods can be found in the ZOCS case study.

Gender equity is one of the programme's key concerns. For instance, UNICEF's 'Go Girl' Campaign, which advocates the right to education for girls, has been introduced into some PCI-supported schools. PCI is also exploring the possibility of delivering a household ration to the families of girls in schools where there is a high gender disparity in enrolment.

The programme has thus undergone a transition from being an emergency project focused primarily on nutrition to one that also focuses on a wide range of approaches that enable the delivery of quality basic

education, as well as education on HIV and AIDS, and education to orphans and vulnerable children and their households. It also institutes sustainable approaches to programme implementation.

Such a transition has necessitated the use of an increased range of training materials. Materials now used by the programme include:

- 'Introduction to Psychosocial Support' (Facilitators Guide) – used to train BELONG Focal Point Persons at the community based organisation CBO community school level.
- 'Introduction to Psychosocial Support' (Participants Guide) – used to train BELONG Focal Point Persons at the CBO community school level.
- Basic Counselling skills; 'Training for Child Workers' – used to train BELONG Focal Point Persons at the CBO community school level.
- 'Our Group' – literacy component used with WORTH women groups.
- 'Road to Wealth' – used during WORTH training for economic empowerment.
- 'Read on Express' Teaching Manual for Teachers – used with volunteer CBO community schoolteachers.
- 'OVC Caregivers Training Manual' – used with caregivers under home-based care programme.
- M & E Training course curriculum and materials – used during in-country workshops for local partners.
- Agricultural Training Manual – used to support school-based agricultural activities in participating schools.

CHALLENGES AND LESSONS LEARNED

The BELONG programme has dealt with a number of problems related to the management of food commodities. In addition, expanding the programme beyond its original focus on school feeding has presented many additional challenges.

Abuse of food commodities

Theft of food by some school coordinators and teachers, and attempts to sell food rather than provide it without charge, is one problem that has arisen since the BELONG programme was implemented. In response, a range of educational and informational materials have been developed by programme personnel that make clear that the programme's food is given for free. These materials are designed to raise local awareness of the benefits of the programme. In turn, it is hoped that communities will put pressure on those who abuse their involvement in the programme to stop their activities.

Local checks and balances are further enhanced because community members, in close collaboration with the school management, are actively involved in implementing the programme. Where matters have not been rectified quickly, BELONG has frozen distribution of some or all commodities until the problem has been resolved. Cooking oil delivery, however, is halted only in extreme situations. Fortunately, because the local community is involved, accurate reports of instances of abuse are quickly provided. Managers either involve the local police and/or request that new local programme management be put in place.

Box 1

"There is a strong incentive for implementing organizations to report 'success' to donor organizations. Many donors push hard to know the maximum number of children who have benefited from their intervention, without much interest in how much they have benefited, or why. A programme that gives a single pencil to 10,000 mothers with four children each is deemed to have benefited 40,000 children – there appears to be a race to maximize the number of beneficiaries…

Encouraging implementing organizations to understand fully the effectiveness of their intervention methods and the impact of their programmes is essential. With such learning, responses to the problems of orphans and vulnerable children can be constantly improved (in terms of performance and efficiency) for the benefit of Zambian children. It is imperative that donor organizations ensure that M&E is accurate and useful. Information on good practice (and also lessons from failure) should be easily available for widespread learning."

Source: Ministry of Sport, Youth & Child Development, Government of Zambia, Orphans and vulnerable children in Zambia - 2004 situation analysis, Government of Zambia, Lusaka, 2004, p. 2, <www.sarpn.org.za/documents/d0001199/index.php>.

Logistical problems

Early in its history, the BELONG programme faced a number of logistical problems, which affected its ability to deliver food to its partners in a timely fashion. For example, the lack of a PCI-owned warehouse hampered the efficient distribution of food. These difficulties were resolved by contracting with a transport company in Zambia that handles all logistics pertaining to food distribution. The situation also improved with the procurement, location and management of a food distribution warehouse.

Monitoring and evaluation

Over the years, the BELONG programme has led to concerns about the quality of the education being offered to orphans and vulnerable children in some community schools. Maintaining regular monitoring visits in the schools supported by the programme has been a challenge, in part because of difficulty reaching remote schools whose access roads become impassable during the rainy season.

To improve standards of monitoring and evaluation, the programme has collaborated closely with local non-governmental organizations affiliated with some of the schools involved. An agreement also exists between BELONG and ZOCS that facilitates ZOCS' monitoring of feeding activities in their community schools that participate in the BELONG programme. It is recognized that programme monitoring needs to take place within the framework of overall mapping and monitoring of the crisis of orphans and vulnerable children in the country.

BELONG has also worked to improve monitoring and evaluation by developing reporting forms and data collection tools that capture meaningful information about orphans and vulnerable children and their caregivers.

Motivating volunteer teachers

Community schools in Zambia are staffed by volunteers. The BELONG programme requires time from the volunteer teachers, who do not benefit from the food commodities. As a result, as was found in the 2004 evaluation, some volunteers may feel little motivation to support programme activities.

Several things have been done to support and sustain volunteers. For example, a range of income-generating activities have been identified and integrated into the programme strategy. In addition, local support for volunteers has been enhanced through increased involvement of the Parents Community School Committees in each of the participating schools, and school coordinators have been active in raising awareness about the programme and its benefits.

Increasing the range of services offered by the programme

Soon after its inception as the OVC Support Programme, programme staff quickly identified the need for a comprehensive and multi-sectoral approach that would enable children to access quality basic education in child-friendly environments and, at the same time, address household-level obstacles that were preventing orphans and vulnerable children from attending school. In 2005, the programme secured funding from USAID/PEPFAR that has enabled it to undertake a much wider range of activities – a broader approach that helps children access quality basic

education in child-friendly environments. This more holistic approach also addresses issues at the household level – including livelihood security, access to medical services, and legislation that protects their rights – that affect the ability of orphans and vulnerable children to attend schools.

The BELONG programme considers community schools not only as platform for providing education services to orphans and vulnerable children, but also as channels for delivery of a range of essential and critical services that reduce the vulnerability of these children. Critical among these has been the inclusion of activities and messages addressing the impact of the country's AIDS epidemic. BELONG has implemented a comprehensive behaviour change and communication strategy that reflects the findings of research undertaken by PCI. HIV prevention activities have also been integrated into food distribution under the programme.

Creating effective partnerships

If children are to access quality basic education in a child-friendly environment, a comprehensive and multi-sectoral package of interventions is required. Providing such a package requires effective coordination and partnership among development sectors, between government and civil society organizations, and among donor partners. Sadly, such coordination has not always been visible in the past.

At the heart of the title of the BELONG programme is an enhanced attention to improving coordination and partnership. The programme has sought to extend services far beyond school feeding alone in order to encompass the wide range of needs that must be met to truly enable access to a quality education. To achieve this, rather than working alone, PCI and WFP have partnered with a wide range of stakeholders, including development partners (such as USAID/PEPFAR), local non-governmental organizations, and communities themselves.

Box 2

Donor activity is not very well coordinated, particularly regarding funding provided to NGOs and CBOs. Information is not easily accessible from donors, and recipients of donor funding are reluctant to reveal the sources of their income. Improved coordination would enable organizations at all levels to share experiences of good practice, and facilitate monitoring of resource flows and utilization.

Many donor agencies do not support genuine multi-sectoral responses, but rather arrive with pre-planned interventions that offer 'packaged' solutions, or at least channel resources into predetermined sectors. Where flexible funding is clearly required to support communities responding to orphans and vulnerable children, it may be difficult to obtain. There appears to be greater concern with satisfying donor-generated priorities and results frameworks than with sustainable development and long-term impact.

Source: Ministry of Sport Youth & Child Development, Government of Zambia, *Orphans and vulnerable children in Zambia: 2004 situation analysis*. Southern African Regional Poverty Network, Pretoria, 2004, p. 27.

Contact Information

Country Director
Project Concern International Zambia,
Plot #9086 Kasiba Road
Longacres
Lusaka, Zambia
Telephone: +260-125-6735
Fax: +260-125-6737
E-mail: info@pcizambia.org.zm

Education Officer
UNICEF
P.O. Box 33610
Lusaka, Zambia
Telephone: +260-211-252-055
Fax: +260-211-253-389
E-mail: lusaka@unicef.org

CASE STUDY 11

ZAMBIA: LEARNING AT TAONGA MARKET INTERACTIVE RADIO INSTRUCTION PROGRAMME

The Interactive Radio Instruction (IRI) programme in Zambia, launched in 2000, has become an important way to provide education to orphans and vulnerable children who do not otherwise have access to formal schooling. The programme, also called Learning at Taonga Market, is heard in approximately 900 centres throughout the country, and in 2005 reached around 60,000 students. This distance-learning method helps overcome a key barrier in Zambia to enrolment and completion of both primary and secondary schooling: the distance between a child's home and school.

KEY FEATURES AND ACHIEVEMENTS

Learning at Taonga Market is a set of radio lessons for primary-school children in Grades 1 to 7 designed to provide affordable, quality education to out-of-school children, including orphans and other vulnerable children. The programme uses radio technology to provide lessons to children around Zambia who are unable to access formal schooling. The programme also promotes community participation in providing education.

Learning at Taonga Market is broadcast Monday to Friday from 9 a.m. to 4 p.m., with lessons for different grades broadcast at different times during the day. The programme is not broadcast on weekends or school holidays.

The interactive radio instruction is complemented by face-to-face teaching by volunteer teachers (called mentors) who are trained in (IRI) methodology. The average class size is 30 children. Mentors are mobilized and recruited by IRI community support groups.

The main beneficiaries of the programme are marginalized and vulnerable children 9–16 years old who have never been in school or have dropped

Box 1: Sample Learning at Taonga Market broadcast schedule for 2006
G1 = Grade 1 2 = Grade 2 Etc.

Time	Length	Monday	Tuesday	Wednesday	Thursday	Friday
09:00 09:30	30 min	G1	G1	G1	G1	G1
09:30 10:00	30 min	Music	Music	Music	Music	Music
10:00 10:10	10 min			**NEWS**		
10:10 10:40	30 min	G2	G2	G2	G2	G2
10:40 10:55	15 min	Break	Break	Break	Break	Break
10:55 11:25	30 min	G3	G3	G3	G3	G3
11:25 11:30	5 min			Break		
11:30 12:00	30 min	G4	G4	G4	G4	G4
12:00 14:15	2 hrs 15 min			**Lunchtime programming**		
14:15 14:45	30 min	G1	G1	G1	G1	G1
14:45 15:15	30 min	G5	G5	G5	G5	G5
15:15 15:30	15 min	Break	Break	Break	Break	Break
15:30 16:00	30 min	G6	G6	G6	G6	G6

out of formal education, or who can't participate in formal schooling because they are over-age. Illiterate adults can also participate.

Following are the programme's main features, as well as key results of evaluations.

Production of high-quality radio broadcasts and printed materials

Educational Broadcasting Services (EBS), a unit of the Ministry of Education, has produced more than 1,000 Interactive Radio Instruction programmes for Grades 1 to 6, with programmes for Grade 7 currently under development. These programmes tailor the national basic education curriculum for delivery over the radio, and are accredited by the Ministry of Education. The following subjects are covered: Zambian language literacy and English language; mathematics; science and social studies; and life skills and HIV and AIDS.62 At the end of the programme in Grade 7, learners receive a certificate after passing an examination prepared and administered by the Examination Council of Zambia. That enables them to enter/compete for places in the higher-level grades in government-run schools.

HIV and AIDS-related health issues, as well as instruction on personal hygiene and attitudes towards the sick, have also been included in IRI programming, complementing the Ministry of Health's School Health Project.

Establishing IRI centres

The number of IRI centres and students has grown steadily since the programme's launch. By 2005, there were 893 IRI centres established in

62 Fourth Pan-Commonwealth Forum on Open Learning (PCF4) website, *Curriculum details from Interactive Radio Instruction, by Martha Macwani Sitali, Ministry of Education, Directorate of Open and Distance Learning (Zambia),* <http://pcf4.dec.uwi.edu/viewpaper.php?id=449&print=1>, (accessed 15 January 2008).

"Working with the Ministry of Education, churches and communities, we're setting up learning centers in places where there are no schools. Some of these places are 100 miles from administrative centers and conventional schools. There are no roads, just paths or trails. Reaching these kinds of remote locations has been a challenge that has defied the government for years. We're now building an infrastructure to reach these children, including children who cannot afford to attend formal school."

—Foster M. Lubinda, EBS Controller, Lusaka, 2004

all nine provinces of Zambia, reaching 56,233 learners. Many kinds of settings function as IRI centres: churches, homes, community halls, even such outdoor locations as under trees. The participation of girls and boys is fairly balanced.

Involving the community

The IRI programme relies on strong community support to achieve success. Interested communities are first identified by programme staff in association with the Minister of Education. Communities are then responsible for choosing a mentor to lead lessons; identifying a venue as the IRI centre for the lessons; managing the centre; and providing a radio.

Like the ZOCS programme, also described in this *Sourcebook*, a key factor affecting the development of the IRI programme is the extent to which IRI centres enjoy community support. In the words of one programme implementer, "IRI centres that receive support from local communities have learners whose academic performance is higher/better than in IRI centres that do not receive support from local communities."

Training mentors

Mentors, who are volunteers, receive three days of formal training from the Ministry of Education, necessary because the IRI broadcasts contain a high level of pedagogic instruction regarding classroom management. For example, following models and instructions from the radio-teacher, mentors understand how to play learning games and use songs for learning; organize activity-based learner-centred activities; ask and answer questions; teach literacy and mathematics; talk about HIV/AIDS and life skills issues and problems; and assess learning.

Monitoring and evaluation

The Education Development Center, Inc. (EDC), a US-based non-profit that helped set up the programme, has established a database designed to enable a comprehensive information flow between IRI centres, district education departments, provincial education departments, and the Directorate of Open and Distance Education. The database captures essential information on IRI learners, including data on age, gender and educational background. It also contains data on orphan status. In addition, monitoring data on IRI centres is gathered by the programme's outreach coordinators and the Ministry of Education's Senior Education Officers.

Because the IRI database is regularly updated, the programme benefits from routine monitoring. Supplementing this, evaluations of both the programme's process and impact have taken place; the former have been conducted at all stages in the programme's development, and cover topics ranging from broadcast design to broadcast production.

The IRI programme has also been evaluated and monitored by independent experts from such institutions as the Examination Council of Zambia and the University of Botswana. Among the key findings of evaluations undertaken during and after the pilot project were that the programme enjoyed a high level of popularity, especially among vulnerable children and poor communities; an IRI centre's sustainability was determined by the community's support of mentors; and flexible

learning times provided the opportunity for busy children to both learn and perform their household chores.

Evaluations during the pilot phase also showed that about 80 per cent of children initially registered in the first centres were still attending three months later, and that, on average, they attended at least three-fourths of all lessons. The assessments also revealed significant learning gains and showed that many parents appreciated the fact that IRI centres offered learning opportunities for their children who were otherwise denied, or had limited access to, basic education. IRI was also able to provide an opportunity for children who were above the school-entry age to attend school.

"Basically, the needs of our children are to read, write, and count ... The monthly monitoring results show children who could hardly read and that the same children are now able to read, a few months into the programme. This has been very encouraging indeed because the reading programme has transformed lives, teaching children to read in a low-resource environment."

—Programme implementer, Lusaka, Zambia, 2004

Following the baseline study carried out during the programme's pilot phase, annual evaluations have been conducted since 2001 for Grades 1, 2, and 3. The purpose of these evaluations has been to assess the impact of the programme, focusing on the effectiveness of the IRI lessons being conducted in the centres.

The ongoing evaluations have assessed a number of issues, including:

Enrolment figures;

- Educational levels of the mentors;
- Community responses to the programme;
- Attendance;
- Number of orphans attending;
- Distance from school (IRI centre) to home; and
- Quality of support given to the centre and mentors by the community.

During the annual evaluations, various IRI programme stakeholders were interviewed, including parents, mentors, learners, staff members of non-governmental organizations, church elders and district education officials. Evaluation methodologies included focus group discussions, semi-structured questionnaires and in-depth interviews.

A programme evaluation undertaken in 2003 found that nearly 50 per cent of students were female, and that most of the students were orphans or other vulnerable children. The evaluation also found that the number of centres was growing.

In 2006, the Zambia Examination Council (ECZ) conducted a national assessment, which covered both basic schools (run by the government) and community schools (managed by the community; this group also included IRI centres) in the sample. The report is in the process of analysis and will be published by the end of 2007.

PROGRAMME HISTORY AND IMPLEMENTATION DETAILS

Faced with a pressing need to increase opportunities for all children, including orphans and vulnerable children, to access basic quality education, the Ministry of Education collaborated with the University of Zambia in 1999 to carry out a study to determine the educational needs of out-of-school children. Among other objectives, the study sought to:

- Identify the number of out-of-school children in selected study areas;
- Establish reasons why the children were not in school;
- Identify non-governmental organizations and community-based organizations that were providing education to out-of-school children;
- Determine the type of support and educational opportunities provided by such civil society organizations; and
- Identify suitable times for broadcasting distance learning radio programmes for out-of-school children, including orphans and vulnerable children.

Following this study, the Ministry of Education's EBS was asked to produce radio programmes targeting Zambia's out-of-school children, particularly orphans and vulnerable children, with the assistance of EDC.[63]

The IRI programme then began in 2000 with a pilot project undertaken in 21 centres in Lusaka urban areas, Lusaka rural areas (Chongwe), and in the Southern Province (Chikuni). Initially, 25 mentors were trained in IRI methodologies and 900 children were enrolled (quickly increasing to 1,254). EBS produced 100 Grade 1 IRI programmes covering the national basic education curriculum – literacy, numeracy, and life skills training – which were broadcast over a six-month period.

"The lifeblood of the Interactive Radio Initiative (IRI) is continuous programme improvement."

—Foster M. Lubinda, EBS Controller, Commonwealth of Learning Meeting, Botswana, October 2004

The thrust of the IRI programme has evolved over time. Initially focusing on increasing access of out-of-school children (particularly orphans and vulnerable children) to basic education, the programme has taken on board the need to ensure that this is *quality* education. In this light, critically important links have been forged between IRI centres and schools run by the community or government, and with school-feeding programmes in selected schools around the country.

In order to improve the quality of basic education provided via the programme, IRI broadcasts were revised in line with the new curriculum framework, with a major focus on literacy. Literacy programmes have been carefully designed using the New Breakthrough to Literacy (NBTL) and Primary Reading (PRP) methodologies. One innovation in IRI programming in line with the new curriculum was the incorporation of life skills education segments, with strong HIV and AIDS components.

Plans are underway to introduce IRI into formal-sector primary schools, helping to ensure that children in rural areas – where there are few or untrained teachers and insufficient teaching materials – have access to a quality basic education. IRI programming may also be extended to include adult literacy segments.

Programme management and funding

The IRI programme is a partnership between Zambia's Ministry of Education and local communities, and is directly under the administrative control of the Educational Broadcasting Services in the Ministry of Education's Department of Distance Education. The programme is managed at the provincial and district level by provincial outreach coordinators and district outreach assistants. These have been recruited by EDC to form a conduit between IRI host communities and centrally based ministry officials who work on the programme.

63 Information on EDC can be found at <*http://main.edc.org*>, (accessed 24 January 2008).

Partnerships between the government and civil society are an important feature of programme design, because IRI centres are supported by community radio stations and managed on a day-to-day basis by communities with help from faith-based and community-based organizations, non-governmental organizations and the Ministry of Education. While the government pays the salaries of broadcast designers and producers, and the costs of programme transmission by the Zambia National Broadcasting Cooperation, communities make in-kind contributions such as providing the venue and identifying and supporting the volunteer mentors.

In addition, in the interest of the programme's sustainability, the Ministry of Education, enabled by EDC, has formed partnerships with local radio stations to promote IRI broadcasts locally as well as rebroadcast programmes. These partnerships have popularized the IRI broadcasts locally, and have helped get the programme into areas where the Zambia National Broadcasting Corporation's reception is poor.

Churches and other faith-based organizations are important IRI partners. These organizations usually have long-standing relationships with local communities and often provide necessary infrastructure, such as venues for IRI lessons, storage space for materials, etc. International organizations including the Freeplay Foundation, World Vision, Scope OVC, WFP and Rotary International are also partners; they provide such in-kind resources as radios, teaching-learning materials, clothing for mentors and food for learners, as well as some financial assistance.

Advocacy

To ensure the programme's continued expansion as well as its sustainable management, it is critically important that the IRI centres, the programme's goals, and the community-based mentors themselves enjoy the full support of local communities.

Awareness-raising in local communities, cultivating the involvement of a wide range of community members and building local capacity – priority activities for this programme, as for all such community-based programmes – are undertaken by an IRI outreach unit, which is based in the Ministry of Education. This group also facilitates the flow of information between communities and education department officials at the provincial and district levels.

The opinions of children and young people who participate in IRI centres are continuously taken into consideration. While there is no formal link with young people not involved in the programme, anecdotal evidence suggests that many people who listen to broadcasts at home or elsewhere often learn much from them. Activities that occur in communities and community schools in response to broadcasts can provide useful opportunities for advocacy, enabling the programme to reach more out-of-school children and youth, as well as orphans and vulnerable children, in local communities.

Training

IRI training is offered to EBS writers, technical staff, producers and community-based mentors. Among the areas covered by such training are:

For writers, technical staff and producers:

- Updated methods for producing distance learning methodologies and materials, and new uses of information and communication technologies in distance education.
- Designing and writing IRI broadcasts.
- Modern broadcasting and production techniques, including digital recording and editing.

For community-based mentors:

- IRI centre management.
- Life skills training techniques and care for children, especially orphans and vulnerable children.

A new development in the programme has been the introduction of IRI methodologies into pre- and in-service teacher training, and into conventional schools to supplement existing teaching. In collaboration with the national Teacher Education Department's strategic planning objectives, IRI is being used in Teacher Resource Centres and Colleges of Education. This development is in line with the Ministry of Education's decision to prioritize improved pre- and in-service teacher training.

Materials

The Ministry of Education provides mentors with support materials in the form of mentor guides, booklets with guidelines on the IRI programme, and suggestions for pre- and post-broadcast activities.

CHALLENGES AND LESSONS LEARNED

Sustainability

"The wider community is involved in the programme because it is their programme and they have a sense of 'ownership' over the programme. The mentor is not always well supported by the community. But in some communities the mentor is supported very well, in cash, in kind, or both."

—Programme implementer, Lusaka, 2004

The lack of financial and material support for the volunteer mentors undermines the sustainability of IRI centres. Some communities are too poor to provide meaningful support to mentors, and centres often lack the requisite supplementary teaching and learning materials. In the words of an IRI implementer, "If the programme had to be done all over again, I would request more learning and teaching materials in the IRI centres to accompany/supplement radio lessons, especially in the Lower Basic (Grades 1 to 3) IRI centres." And, given the crucial role played by outreach coordinators, an important lesson is that "the outreach coordinators should be permanent MOE staff and not hired by EDC as the case is now. This will ensure that the outreach unit is sustainable."

Poor and erratic funding of the government's EBS is also seen as a hindrance to the timely production of programmes.

The lack of durable, permanent structures for the programme is also seen as a challenge, as it is for the ZOCS programme.

Technical difficulties

The success of Learning at Taonga Market is predicated on broadcasting the radio programmes throughout the country. Yet the high cost of airtime and poor radio reception in some areas where IRI centres are situated

"Until the government can provide enough schools and/or adequate space in our schools, the Interactive Radio Instruction (IRI) programme will continue to be an alternative mode of providing education to orphans, vulnerable children, and those in hard-to-reach areas. Though the initial investment of teaching by radio appears high, radio is still the cheapest way of reaching a critical mass of out-of-school learners across the country."

—*Foster M. Lubinda, EBS Controller, Commonwealth of Learning Meeting, Botswana, October 2004*

remain a challenge. One suggestion is that priority should be given to strengthening IRI centres in areas where there are existing community radio stations. Also of a technical nature, production staff at EBS must get by with inadequate information/communication technology, including both hardware and software.

Other challenges include the lack of transport for monitoring, especially in remote parts of the country. In addition, training for mentors has not kept pace with changes introduced by the revised IRI lessons.

Flux in system

One challenge to the IRI programme is its own success: The transformation of some IRI centres into either community or government-run schools has sometimes resulted in mentors abandoning the radio lessons. Nevertheless, EBS encourages the evolution of IRI centres into full-fledged community schools.

Solutions and lessons learned

The obstacles cited above should be viewed in the general context of the challenges facing Zambia as it strengthens its response to the plight of orphans and vulnerable children.

For instance, programmes such as IRI highlight the fact that communities are critically important sources of support for orphans and vulnerable children. Yet there is some sense that external interventions must avoid demanding large commitments of voluntary time from people who, whilst not the poorest members of their community, are still struggling to support their families.

At the same time, the experience of Learning at Taonga Market does provide some positive lessons on community mobilization. Communities are indeed responding to the needs of orphans and vulnerable children – they are assisting these children and vulnerable families by participating in such programmes as IRI, and through home-based care, church groups, women's groups, development associations, etc. While this assistance may not address material deprivation, it does demonstrate invaluable moral and spiritual support.

External interventions can provide extra resources to such community-based initiatives. This may take the form of additional resources, or capacity-building and advocacy efforts. If such targeted programming takes place, the capacities of both the extended family and the wider community can be strengthened.

Traditional healers are often very influential members of rural communities. If chiefs and local headmen prioritize community participation in supporting orphans and vulnerable children and households, and these leaders are in regular contact with programme managers and implementers, such community-based initiatives are likely to be more effective.

Contact Information

Education Broadcasting Services
Fairley Road, off Government Road
P.O. Box 50231

Lusaka, Zambia
Telephone: +260-1-255-076
Fax: +260-1-255-076

Education Officer
UNICEF
P.O. Box 33610
Lusaka, Zambia
Telephone: +260-211-252-055
Fax: +260-211-253-389
E-mail: *lusaka@unicef.org*

CASE STUDY 12

ZAMBIA:
ZAMBIA OPEN COMMUNITY SCHOOLS

Zambia Open Community Schools, popularly known as ZOCS, is a non-profit organization that provides quality education to vulnerable children – particularly orphans and girls – as a pioneer of Zambia's community schools programme, which provides education outside the formal school system. Since beginning work in 1992, ZOCS has helped children gain access to quality primary education, and has become a major part of efforts to create learning opportunities for some of the most vulnerable and underserved children in the country.

ZOCS currently provides technical support to 53 schools (17 ZOCS schools and 36 affiliated schools in Zambia's Central, Eastern, Lusaka and Southern Provinces through partnership with Norwegian Church Aid, Zambia National AIDS Network, UNICEF and the World Food Programme), ensuring the primary education of 11,500 students taught by 250 volunteer teachers. Perhaps even more importantly, ZOCS was a trailblazer in efforts in Zambia that saw numerous other organizations open community schools throughout the country, enabling many thousands of children left out of formal schooling to access education.

More than 3,200 community schools – comprising about one-third of all primary schools in Zambia – have been founded by non-governmental organizations, community-based organizations, faith-based organizations and ad hoc local committees. The ZOCS programme provides a model of education for the neediest children and communities that could be replicated and sustained throughout Africa.

KEY FEATURES AND ACHIEVEMENTS

ZOCS works with empowered communities to address the needs of orphans and vulnerable children and increase their access to, and progression and retention in, quality basic education, as well as their promotion to senior grades and tertiary education.

The twin pillars on which ZOCS builds its work are those of enhanced educational opportunities for children and increased community capacity to provide such opportunities. ZOCS also advocates for policies to support these approaches. The programme uses the establishment and support of schools, community development, income generation and governance/programme development to improve the access of orphans and vulnerable children to quality education. These strategies all focus on grounding ZOCS in local communities.

A strong emphasis on increasing community participation is meant to ensure that the programme is self-sustaining in terms of human and financial resources. Aside from the key features listed below, ZOCS also seeks to empower children, reach children not directly involved in the programme, provide opportunities for peer education, sensitize the wider community, and advocate policies supporting the rights of orphans and vulnerable children to a quality education that prepares them for their adult lives.

The programme's main target groups are out-of-school children (especially girls and orphans), pregnant girls, and HIV-positive learners. Initially, the programme was geared towards children 9–16 years old. More recently, the programme has recognized the needs of younger children and now benefits children 6–18 years old. The programme also reaches out to guardians and caregivers, particularly grandparents and others caring for orphans and vulnerable children.

Following are the key features of the ZOCS programme, along with goals for each and summaries of key achievements:

Education

ZOCS currently provides technical support to 53 community schools educating about 11,500 students, while working to increase the number of classes in existing ZOCS community schools and to replicate successful ZOCS interventions in other districts. The organization also supplies relevant teaching/learning materials and supports pre-service and in-service teacher training. The programme has also trained teachers in psychosocial counselling to ensure that both teachers and children can receive emotional as well as psychological support and care. ZOCS also offers primary school scholarships to orphans and vulnerable children.

ZOCS seeks to facilitate increased enrolment, progression and retention, and provide quality education for increasing numbers of orphans and vulnerable children throughout Zambia.

Community development

ZOCS encourages local communities to take responsibility for and control of community schools; empowers local communities to plan, implement and monitor their activities and account for resources; seeks to recognize, develop and utilize local skills, and provides administrative and material support to local communities. The organization aims to increase and enhance community participation in its programmes and activities in order to improve the welfare of children under its care and support.

Governance and programme development

ZOCS undertakes numerous activities under the rubric of governance and programme development. The organization networks with the Zambia Community Schools Secretariat; works to identify and establish new links and new partners that can add value; endeavours to identify the needs of orphans and vulnerable children; and is working to develop a document that will directly address the needs of orphans and vulnerable children.

In addition, ZOCS continues to network with existing partners through annual renewal of membership and memoranda of agreement. At the same time, ZOCS works to identify its organizational and staffing needs relating to HIV and AIDS and to benchmark workable practices of other organizations in this area. ZOCS also strives to identify the training needs of its staff, to develop programmes to address them, and to promote exchange programmes with local and international organizations.

ZOCS aims to influence Zambian national policies on children's welfare. Other key goals include advocating for the government to support community schools, improving networks and building sufficient internal capacities to carry out its programmes through good governance and programme development.

Monitoring and evaluation

While the design of the ZOCS programme was informed by baseline studies on the educational needs of children and youth, ongoing monitoring has contributed to the programme's evolution. Programme monitoring is augmented by consultations with orphans and vulnerable children themselves, and with community members, teachers, programme staff and partners.

A programme evaluation was conducted between January and September 2004. The objective of the external evaluation – conducted by PACT Zambia, USAID and UNICEF consultants – was to assess the programme's organizational and management strength, with a particular focus on accounting systems, including sources and utilization of funds, staff salaries, teachers' allowances, taxes, etc.

Among those interviewed during the evaluation were programme staff, members of the board of governors, parent-community school committee members, teachers, orphans and vulnerable children, and the programme's financial partners. Data was collected using semi-structured interviews, focus group discussions, questionnaires, and one-on-one interviews.

The evaluation found that ZOCS lacked:

- Systematically maintained records, most notably the incomplete filing of relevant documentation to support items of revenue and expenditure;
- Accounting, financial and internal controls; and
- Office materials.

The evaluation was instrumental in helping ZOCS strengthen its structure and management system and substantially revise the programme. Measures were taken to improve day-to-day management and internal financial controls. In 2005, a Finance and Administration Manual was

developed with assistance from a local firm, and a qualified finance and administration manager recruited. In addition, ZOCS acquired the Pastel accounting package and trained relevant staff in its use. The evaluation had also underlined the lack of a strategic plan as one of the programme's major weaknesses; subsequently, the organization prepared such a plan, enabling organizational structures to be rebuilt and responsibilities within these structures to be clearly spelled out.

The 2004 evaluation also recommended replacing the programme's curriculum, and adaptation of the national curriculum, with the government's Zambia Basic Education Curriculum (ZBEC). The rationale for this was that when community schools first began, their primary emphasis was on equipping children, usually ages 9–11, with basic life skills rather than enabling them to pass exams and proceed to higher grades. More recently, community schools have sought to enable children to pass beyond Level 3 (Grades 4 and 5) and to go on to take the same examinations as children in government schools, which would necessitate using the Zambia Basic Education Curriculum.

In addition, ZOCS' increased use of teachers trained in teacher-training college means that using the same materials as government schools has become more feasible. ZBEC is now being used in most ZOCS schools. The SPARK manual, described below, continues to be used in some communities, especially in rural areas, where literacy classes and life skills education are only just beginning, and in places where trained teachers are unavailable.

PROGRAMME HISTORY AND IMPLEMENTATION DETAILS

The ZOCS programme was primarily developed to provide quality basic education that follows the national curriculum to vulnerable children in Zambia, with a particular focus on orphans and girls. Given the inadequate number of schools in the country and an increasing population of children of school age, those unable to access basic education in 'conventional' schools are absorbed by ZOCS and other community schools.

As the number of orphans and vulnerable children increases, ZOCS seeks to respond to the added pressure on existing schools. At the same time, programme activities are evolving in response to the needs of orphans and vulnerable children, with the organization prioritizing capacity-building, community empowerment, provision of psychosocial counselling, care and support to orphans and vulnerable children, and programme sustainability.

The Zambia Open Community Schools programme collaborates closely with two other programmes profiled in this *Sourcebook*: the Interactive Radio Instruction programme run by Zambia's EBS, and the school feeding programme carried out by PCI and WFP.

Programme management and funding

The ZOCS programme is based on the conviction that a community has the most effective solutions to its own problems, because community members understand these problems best. In response to this, local communities are directly and actively involved in the management

of schools in their area, with locally composed community school committees being responsible for staff management, teacher recruitment and fundraising. Communities are responsible for supervising, monitoring and strengthening their schools.

Local community schools and their management committees draw upon support, training and guidance provided by ZOCS. In order for communities to be able to manage their schools, the programme offers training to interested members of the community. Such training, supported by ZOCS' financial partners, includes sensitization workshops on HIV and AIDS and related issues; short training courses for teachers or facilitators; courses on running a business; and another course entitled 'Training for Transformation'.

As a result of such training, communities and community schools have been actively involved in interventions on behalf of orphans and vulnerable children. Given that the factors that limit these children's participation in school and their overall development – including the debilitating effects of economic poverty – are day-to-day realities which also impact negatively on the lives of the broader community, participation in such training activities has been enthusiastic. Despite recognition of shared vulnerability, however, certain communities still stigmatize orphans and vulnerable children and discriminate against them in various ways.

With respect to the funding of activities, the programme has established a system whereby community members themselves pay teachers and supervisors small allowances, drawn from government grants and funding sources outside the community, where possible. This underlines the communities' responsibility for their own schools, and promotes teachers' accountability to the communities in which they live and work.

Nevertheless, in the words of one programme implementer, "Due to extreme poverty, some communities manage to pay teachers but others do not…" The situation worsened in 2003, for example, when teachers demanded that their salaries be doubled. At that time, community schools drew on the support of local government schools in the form of visits by government teachers and the use of peer outreach education.

Partnership is a key factor in the programme's success. ZOCS also facilitates support for local schools from the Ministry of Education, the Curriculum Development Centre, the Zambia Education Capacity Building Project, Project Concern International, WFP, Zambia National AIDS Network, Community Response to HIV/AIDS, UNICEF, the Norwegian Agency for Development Cooperation (through Norwegian Church Aid), Volunteer Service Overseas, SCOPE-OVC, as well as the private sector and individuals providing financial assistance.

ZOCS seeks to generate income to fund its activities at both the local and national levels. The organization continuously seeks to mobilize resources through proposal-writing to donors. At the same time, ZOCS has commercialized the Zambia Teacher Education Course (ZATEC) training provided to other community school teachers. In 2007, ZOCS sought to improve its financial sustainability by generating at least 15 per cent of its operational costs through internally generated resources.

Because it is grounded in local communities, the programme's long-term sustainability is likely. In addition, the Zambia Community

Box 1

Roles and responsibilities of the ZOCS Programme Roles and responsibilities of the ministry of education

Ministry of Education personnel under the auspices of the Zambia Teacher Education Course (ZATEC) certification will also be involved in monitoring by:

- Obtaining progress reports from lecturers.
- Meeting with ZOCS officials for further consultation.
- Monitoring teaching standards in community school classrooms.
- Putting ZOCS-trained teachers on the government payroll and retaining them to teach in community schools
- Seconding specialised and experienced teachers to teach secondary school grades in community schools.
- Providing support to ZOCS schools, including infrastructure, furniture, learning and teaching materials, upgrading of teachers below Grade 12 and grants.
- Securing or providing bursary support to orphans and vulnerable children (e.g., bursaries for Grades 8 – 12 and tertiary education.
- Seconding a part-time officer from Teacher Education Specialised Services to supervise ZATEC sessions fortnightly.
- Promoting school health and nutrition programmes, and water, sanitation and hygiene education needs.

Roles and responsibilities of ZOCS

- Facilitating lecture sessions fortnightly, as well as periodic visits to classrooms of student teachers.
- Monitoring lecturer's attendance.
- Advising District Resource Centres to assist student teachers.
- Encouraging student teachers to join meetings and study groups for their zone.
- Supervising students and reviewing their progress with the help of the support team.
- Attending to students' training-related problems.
- Engaging mentors to mentor teachers in year two.

Roles and responsibilities of the Zambia Community Schools Secretariat

Assisting ZOCS in monitoring the quality of education offered in its schools and the needs of orphans and vulnerable children.

- Advocating with the government for policies in support of holistic education for orphans and vulnerable children.
- Assisting ZOCS to source for funds to implement the programme.
- Facilitating the procurement of ZATEC teaching and learning materials, and other supplementary materials.
- Ensuring that ZOCS is provided through sub-grants with some resources to enable it to run its operations (e.g., school visits, zonal meetings and PCSC works, etc.).
- Developing an accurate database of community schools, including those run by ZOCS.

Schools Secretariat has signed a memorandum of understanding and a memorandum agreement with the government, which ensures that the ZOCS programme is owned both by the government and local communities.

Advocacy

ZOCS responds to the socio-economic and health-related challenges of children in its schools by undertaking comprehensive advocacy efforts to enlist community support. A key concern of the programme is making communities aware of the specific problems faced by orphans and vulnerable children, and challenging the assumption that these children are 'coping' in environments in which HIV and AIDS, as well as widespread poverty, are everyday realities.

Curriculum

Zambia Open Community Schools follow the national primary school curriculum, teaching children basic literacy and numeracy, as well as offering life skills training and extracurricular activities. While after its inception ZOCS used a compressed and adapted version of the national curriculum, called SPARK, the programme now uses the standard Zambia Basic Education Curriculum in most of its schools. The programme

uses child-centred teaching methodologies, and children are taught individually, as well as in groups. The average class size is 40–45 children, and in some schools, boys and girls are taught separately.

ZOCS takes into account the real situation of children and youth by designing activities that respond directly to their needs. One example is ZOCS' behaviour change programme, which aims to increase children's knowledge, change their attitudes, and encourage them to acquire new skills. The "main focus of the programme is changing attitudes as this is the only way any measurable outcome can be achieved, and it is for this reason that ZOCS has expanded its enrolment age from 6–18 in promoting health activities, Early Childhood Care and Development and peer education for all children, and empowering teachers with pedagogical skills through in-service training and a two-year course run by MoE-ZATEC."[64]

Like the IRI programme, this initiative similarly targets the access of orphans and vulnerable children to basic education. Community schools also encourage learning through peer education. The ZOCS curriculum includes health education, focusing on reproductive and hygiene-related issues but including education on HIV and AIDS; sex and life skills education is also introduced. During life skills training, a teacher plays the role of facilitator rather than instructor, so that children are able to take the lead in training activities. The ZOCS programme works closely with other programmes focusing on health issues, including the Ministry of Education's Changes Programme and the Forum for African Women Educationalists of Zambia (FAWEZA). Community schools' health education is also supported by Ministry of Health clinics, which encourage youth-friendly 'health corners' for referrals to clinics and hospices.

Training

The training of teachers or facilitators for ZOCS has been 'mainstreamed' into national pre-service teacher training to a high degree. ZOCS teachers are trained both by education advisers employed by the programme and in the Ministry of Education's Teacher Training colleges, in which case mentoring support is provided by ZOCS. In both cases, teacher training follows the national curriculum. Training that is offered by the programme, however, has a more flexible schedule, with training occurring in bimonthly weekend workshops.

A ZOCS trainee is typically selected by a senior staff member already familiar with the programme, who suggests a focus on particular skills that the individual in question needs to build. Teacher training lasts for two years, and includes instruction during the first year and practical teaching in schools in the second year. The practical training is done under the supervision of Ministry of Education school inspectors, as well as ZOCS mentors.

End-of-year examinations are offered by the Examination Council of Zambia for both first- and second-year trainees. Continuous assessment takes place throughout the year and a residential course is offered during the school vacation. The need for refresher training is also identified during routine staff appraisals at school level.

64 ZOCS Programme Manager, 2005.

Incentives to participate in ZOCS training are provided by the programme's financial partners in the form of loans to meet a teacher's individual training needs, and study-leave periods allowing trainees to participate in short courses.

ZOCS also trains members of Parent Community School Committees regarding school management, care of orphans and vulnerable children, and resource mobilization.

Materials

One of the key materials developed by the ZOCS programme is SPARK, a special curriculum written specifically for community schools. As has been mentioned, although many ZOCS schools have now adopted the regular Zambia Basic Education Curriculum, SPARK is still used in a number of community schools. SPARK stands for the following:

- SKILLS – for learners
- PARTICIPATION – of the community
- ACCESS – to quality education for children
- RELEVANT KNOWLEDGE – for learners

SPARK follows the government curriculum but compresses seven years of primary-school education into four years, using materials designed specially for the programme. It focuses on relevant topics within English, mathematics, environmental science, social studies, physical education and Zambian languages, with a life skills component integrated throughout all subject areas.

CHALLENGES AND LESSONS LEARNED

As this case study emphasizes, orphans and vulnerable children can face a series of barriers that can prevent their access to learning. Any one of these barriers, or a combination of them, can be sufficient to produce an insurmountable hurdle over which the neediest children cannot pass as they seek to gain an education. ZOCS has sought to minimize or eliminate as many barriers as possible; education is free, school uniforms are not required, learning is child-centred and of a shorter duration than formal schooling, etc.

In addition to these factors, responsibility for the establishment and day-to-day management of schools lies primarily with local communities. This not only increases the probability that communities will ensure that children access education, it also increases the prospects of sustainability by placing education in the hands of communities' own resources, commitment and determination.

While community schools have many strengths, they also have many weaknesses. Operating in some of the most resource-poor places on earth means that community schools are always likely to be in some ways provisional; dependent on staffing, funding and other resources that may be available one year but not another. A situation analysis for orphan and vulnerable children education and care undertaken in 1999 describes the strengths and weaknesses of the community school system, which have not changed significantly in the years that have passed.

Table 1: Strengths and weaknesses of community schools

Strengths	Weaknesses
Children can attend without wearing uniforms or paying fees, and classes may be in 'shifts' to accommodate children's other obligations	Teachers are usually untrained and supported only by elementary teachers' guides
Children can catch up to Grade 7 standard in just four years	The four-year curriculum is ambitious, especially without good facilities and teachers, and progression rates are often low
Schools can be a physical and practical activity to encourage the community to address the problems of orphans and vulnerable children	Buildings may be 'borrowed' for the school, and may be repossessed by the owner
Communities influence the running of the school, and can ensure that the school meets their needs	Successful schools may depend on one or two highly motivated people, but might not survive if that person leaves
Volunteers and organizers can be excellent leaders and role models for the community.	Attendance at community schools can stigmatize or label orphans and vulnerable children
	Teachers are volunteers and may be demotivated or distracted by the need to earn an income, and may leave if offered a better-paying job

Source: Information drawn from questionnaires and reports used to compile the *Promoting Quality Education for Orphans and Vulnerable Children: A Sourcebook of Programme Experiences in Eastern and Southern Africa*

In addition to the strengths and weaknesses described above, ZOCS has faced a number of challenges – and identified a number of solutions – since it became operational.

Responding to the magnitude of children's needs

When interviewed about the programme, one of the reflections the ZOCS manager had about the programme went as follows: "If I had to set up the programme again, I would do it differently. I would address OVC's education holistically, including food security and nutrition, HIV/AIDS prevention and life skills, community capacity empowerment through micro-finance interventions, social welfare schemes for OVC for both schooling and tertiary education, more teaching training workshop model courses (ZATEC), care and support for HIV-positive pupils and teachers, staff and school supervisors." These words begin to articulate the enormous magnitude of needs experienced by many orphans and vulnerable children. The challenge for an organization such as ZOCS is to discern what its role should be in formulating a response and how it should go about its work.

The ZOCS staff have realized that they alone cannot be responsible for everything that needs to be done to meet the needs of orphans and vulnerable children. Rather than trying to solve all children's problems, the organization has sought to concentrate on doing what it does best – providing appropriate, free, quality education to the neediest children. In line with this vision, ZOCS has qualified and committed staff, its policies are child-oriented and well articulated, and it offers a highly practical response to orphan and vulnerable children's lack of access to education.

At the same time, the programme has sought to work in partnership with a wide range of stakeholders (including PCI, WFP, CHANGES II, etc.) which are able to meet the non-educational needs of children and their caregivers, such as micro-finance schemes, feeding programmes, and so on. Improving coordination between those ministries responsible for social welfare and civil society organizations that undertake non-educational interventions for orphans and vulnerable children is a continuing challenge for the organization.

Organizational challenges

The 2004 evaluation of ZOCS revealed a number of organizational and management weaknesses. These included an outdated constitution, an unclear organizational structure, and a lack of well defined roles and responsibilities and under-utilized skills for resource mobilization.

In general, the three-year (2005–2007) strategic plan developed in the wake of the evaluation has responded to many of these problems. Staff conditions of service have been reviewed, and a Financial and Office Management Manual has been developed. A child protection policy, for use in schools, and a human resources manual are in the process of being developed. In addition, the governance of ZOCS has been improved by the replacement of the previous constitution by a legally binding document called 'The Trust Deed'.

Sustainability and financial instability

For most of its history, ZOCS schools have relied on local communities to provide school buildings and support teachers' salaries. In the very poor communities in which ZOCS operates, this has put a considerable strain on communities who have at times had great difficulty in sustaining schooling. This situation is compounded by such factors as the increasing number of orphans and vulnerable children in Zambia, as well as the programme's dependency on unpredictable donor funding (which results in, among other things, a high turnover of skilled staff in the programme).

Advocacy by ZOCS has resulted in the formulation of a Government Community School Policy that has led to the government contributing 2.6 million Zambian kwacha per term to some schools (around US$500). This has eased some of the financial problems of these schools, although the contribution is very little, even for a small school. In addition, some teachers trained by ZOCS and certified by the Zambia Teacher Education Course have been put onto the government payroll. This is not without its own drawbacks: Problems have occurred when such teachers have subsequently been transferred by the Ministry of Education to government basic schools, compromising the quality of education offered in community schools.

Seeking to broaden its financial base, ZOCS management is looking to widen its network of partners, with particular focus on increasing the programme's number and range of financial partners. Complementing this expansionist drive are increased efforts to build the technical capacities of staff members in fundraising and financial management. Improved access to reliable, adequate funding is also essential if ZOCS is to expand provision of teaching-learning materials and provide school bursaries to orphans and vulnerable children to help them make the transition from primary to secondary education. An even greater challenge is the need to care for and support HIV-positive children and teachers, in terms of nutrition and antiretroviral drugs.

Contact Information

Zambia Open Community Schools
PO Box 50429,
Lusaka, Zambia
Tel: +260-211-253-841/ 843
Fax: +260-211-253-854
Email: zocs2008@gmail.com

Education Officer
UNICEF
P.O. Box 33610
Lusaka, Zambia
Telephone: +260-211-252-055
Fax: +260-211-253-389
E-mail: lusaka@unicef.org

United Nations Children's Fund
3 United Nations Plaza
New York, NY 10017, USA
Website: www.unicef.org

The Partnership for Child Development
Department of Infectious Disease Epidemiology
Imperial College Faculty of Medicine
St. Mary's Campus
Norfolk Place
London W2 1PG UK
Website: www.child-development.org

The World Bank
1818 H Street, NW
Washington, DC 20433 USA
Website: www.worldbank.org