

Opening Windows to a Brighter World

*A better future for girls and boys
orphaned through AIDS*

This document is based on information (audio cassettes video recordings, speeches and reports) produced by the UNESCO Round Table, Paris, October 1999 and the Youth Forum, held in Botswana, November - December 1999.

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FOREWORD

The HIV/AIDS pandemic is one of the world's greatest human tragedies. The worst affected, and infected by it, are the poor, who cannot afford the expensive medicines needed for their care and treatment. The realization that the children they leave behind them when they die, may have no one to look after them, only adds to their suffering. These orphans are a rapidly growing group among the already large numbers of the destitute poor. Africa is the region of the world which has been the hardest hit by the HIV/AIDS pandemic, and UNAIDS estimates that 95 per cent of all AIDS orphans live there, and more than 90 per cent of them in sub-Saharan Africa.

On International Poverty Day, 17 October 1999, UNESCO drew the world's attention to the plight of the children orphaned by AIDS. These orphans are our children, and we have a moral responsibility to take care of them. As stated above, their numbers in sub-Saharan Africa are particularly high. It has been estimated that there are 600,000 in Côte d'Ivoire, 500,000 in Zambia, and 800,000 in Zimbabwe. It is expected that, by the year 2005, Zimbabwe will have nearly one million children orphaned by AIDS. The size of the HIV/AIDS pandemic in Africa, and its impact on the education system, forced the Education for All regional meeting, held in South Africa in December 1999, to put the AIDS problem high on its agenda. As a result, the Collective Commitment of the World Education Forum recognized that, in order to achieve education for all, it must 'urgently implement education programmes and actions to combat the HIV/AIDS pandemic'.

UNESCO has found that many of the orphaned children are able to help themselves, and indicate their needs. In this regard, UNESCO supported the first of a series of Youth Fora, in the framework of its Guidance and Counselling Programme, and worked with young children orphaned by AIDS, in order to identify their needs, and consider how they could be addressed. This was done first at a meeting in Botswana, in December 1999, and is to be followed by others in Malawi in November 2000, and then in Zimbabwe, Zambia, Uganda and Côte d'Ivoire. The Guidance and Counselling Programme will provide counselling services for parents dying of AIDS, and for their children before, and after, they have died. Special attention will be given to young rural people, particularly girls. It will also help to build leadership qualities among them, so that they are able to assume responsibility for their own development.

This booklet is intended to enable others to share the experiences of International Poverty Day in 1999, and its follow-up at the Youth Forum in Botswana. It is hoped that the information provided will encourage others to make efforts, to ensure that the children left behind by the scourge of AIDS, are given all the opportunities needed for them to become fully responsible citizens.

I take this opportunity to thank all those who participated in the programme, and to encourage them to carry on with their efforts. I must also mention the work of the HIV/AIDS Section in UNESCO, and urge it to continue with its HIV/AIDS Programme. There is still much to be done in changing the values, and behaviour patterns, that increase the risk of AIDS.

On the threshold of a 15-year commitment to education for all, I reiterate the call of UNESCO to the world's populations to help to mitigate the impact of AIDS on their children.

You can reach out, and give a helping hand to an afflicted child, by sending your contribution to: The UNESCO Appeal for Children Orphaned by AIDS, Account No: 949-1-191558, Chase Manhattan Bank, International Money Transfer Division, 4 Metrotech Center, Brooklyn, New York 11245,USA; or Account No: 23107001,Chase Manhattan Bank, PADS, Chaseside, Bournemouth, Dorset BH7 7DB, England, UK; or your nearest UNESCO Office

A handwritten signature in black ink, appearing to read 'M al' followed by a long horizontal stroke that curves upwards at the end.

Jacques Hallak

Assistant Director-General for Education, a.i.

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Opening Windows to a Brighter World

*"A small body of determined spirits,
fixed by an unquenchable faith in their
mission, can alter the course of history"*

Mahatma Gandhi, 1938

In October, 1999, UNESCO hosted a Round Table discussion on the plight of children whose parents have died from AIDS. This brought together representatives from some of the hardest hit countries, as well as NGOs working in the field. The Round Table provided a platform for dialogue and exchange. The problems faced by the orphans were discussed, and experiences shared. Recommendations and strategies for intervention were proposed.

The two-day discussion revealed the difficulties faced by individuals, communities and organizations, and pointed out the efforts needed. It also reinforced the importance of dialogue and communication at all levels for treating the problems associated with HIV/AIDS. It confirmed that real change can be achieved through community action, as well as collaboration among organizations. Most importantly, the discussions revealed areas where positive actions are being developed; where "windows of hope" are being opened for individuals and communities.

This document synthesizes the essential elements presented and discussed at the Round Table, and describes community actions in which young orphans are actively involved. It is hoped that the recommendations, as well as the results of efforts already being made, may be of use to other communities in taking measures against the spread of AIDS. It may also serve as encouragement to continue the effort to work towards opening more windows for change.



Happy faces: can we keep them smiling?

“ HIV/AIDS has ravaged many societies taking the lives of professionals, mothers, fathers, youths... leaving in its wake millions of orphans (who are) a new poor destitute group...”

Mrs Aicha Bah,
Director of the Basic Education Division,
UNESCO

1 Aids... A War Zone

Extreme poverty is an injustice that must be overcome. On the brink of a new millennium, we cannot ignore the difficult circumstances under which a large part of the world lives. In recent years, the HIV/AIDS virus has affected the whole world, yet the poor regions of the world are those which suffer from it the most. There, AIDS has not only affected human and socio-economic development, but has also had an effect on national productivity and output. The dramatic consequences of AIDS, particularly in developing countries, has often taken more lives, and proved more devastating and destructive, than any of the armed conflicts which feature in newspaper headlines.

According to estimates made by the joint United Nations Programme on HIV/AIDS (UNAIDS), and the World Health Organization (WHO), more than 33 million people are now living with HIV/AIDS, and over 16 million people have died from the disease since it was discovered in the 1980s.

The Children Left Behind

The lives already claimed by the epidemic are just a fraction of those to come in many countries of the world. Despite the high death rates, it is even more difficult to accept that the impact of HIV/AIDS does not end with the death of those infected. Most of the people who have died, or are afflicted by AIDS, are those in the prime of life, such as parents, who often die of AIDS while their children are still too young to fend for themselves. The scourge of AIDS is exacerbated by the vast numbers of young children who are orphaned by the disease.

By the end of the year 2000, according to projections made by UNAIDS, a cumulative total of 13 million children will have lost their mother, or both parents, to AIDS, and 10.4 million of them will still be under the age of 15. In communities which are already economically weak, these orphans often find themselves alone to face serious social and economic insecurities. It is, therefore, important to address the serious consequences of AIDS, and to continue the fight against poverty, through prompt action to protect these children in the future.

The informal psycho-social support given to children and caregivers should not be overlooked or underestimated.

It must be encouraged and further built up with the modern systematic models of counselling”

Chitalu K Mumba, Zambia.

2 The Impact of Aids on Orphans

Recent observations, and country reports, point to the fact that few people know enough about AIDS, and few are prepared for the havoc it creates. The past five years have witnessed a dramatic increase in orphans under the age of 15. As the number of orphans increases, so do the difficulties which they, and society, face. It is, therefore, important to take into account these consequences, in order to provide appropriate strategies, which enable orphans, and society, to meet the challenge.

Children in the painful situation of losing their parents from AIDS, face many challenges. In addition to the obvious economic burdens, assistance is also required in terms of psychological support in a unique, and large scale, emergency situation. This need for support also results from the prejudices associated with the disease, and which may cause social exclusion, the denial of access to health care and education, isolation, and increased poverty. Knowing and talking about the illness is a first step in preparing for the consequences. Affected children need to know that their parents have AIDS, and what it means to have it. The emotional and psychological needs of children orphaned through AIDS, must be given careful attention, in both the short and long term, and in addition to the social, educational and legal problems they must face.

“Unless adequately handled, the psycho-social effects of AIDS on school-going children may overwhelm society”

Motshwari M. Mabote,
Botswana

Social Consequences

AIDS is a deadly disease, which primarily affects adults of child-bearing age, and thereby ultimately alters the family structure. This, in turn, disrupts the traditional social fabric, and other support systems, which may have been in place for generations. One of the most striking changes, observed in many countries, is the breakdown of this support structure. Traditionally, in many developing countries, extended family members provided support to orphans. Due to the magnitude of the spread of the infection, and the

high death rates, this traditional support from the extended family is now considerably overstretched. Extended families are often affected by economic decline after the death of a family member on whom they depended for support. This results in what may be called 'alternative' families, headed by grandparents, or adolescents, who have the additional responsibility of tending ill, or dying, relatives. In cases where the child has to care for younger siblings, this often means the loss of childhood, and premature parenthood. The child then becomes the head of the household and breadwinner. It is evident that this is an additional burden on those children who are ill-prepared for the skills of parenting, and who also lose their opportunity for an education.

Parental illness, or death, also results in household break-ups, and/or separation. In many cases this entails leaving the family home, or community, and in some cases migrating to a completely new environment. In some situations, this may cause children to run away from their new foster home. Some children, especially girls, who are abandoned by their new families, may opt for early marriage.

When the loss of parents from AIDS occurs, other forms of support for children in need of care, such as orphanages, are unable to deal with the growing numbers. In several countries, the few existing orphanages are overcrowded, and are forced to turn children away. Many children are, therefore, left to fend for themselves, thus adding to the high number of abandoned children living on the streets.



'What shall we do?'

Psychological Consequences

Orphaned children are vulnerable, and suffer psychologically. However, death due to AIDS causes more anxiety, as it is often inadequately explained, and prompts feelings of ambiguity and apprehension. This increases the psychological consequences of trying to cope, and is compounded by the fact that AIDS support mechanisms are often completely lacking.

Some children may, as a way of escaping from the problem, deny for a long time the fact that someone in their family, or themselves, are infected. Affected children may fear being infected themselves, especially in cases where the disease, and the cause of infection, are poorly explained or understood, and where there are taboos relating to the treatment of AIDS afflicted persons. Children may, because of this, avoid peer contacts for fear of being victimized, and may demonstrate feelings of helplessness and hopelessness. They may start viewing themselves as worthless, insecure, and inferior. This often gives way to changes in behaviour, such as withdrawal, overt aggressiveness, or even alcohol and drug abuse.¹

“The greatest need for orphans (is) placement within a family-like structure headed by a responsible adult and located within a community...”

Chitalu K Mumba, Zambia

The Consequences for Education

Education is a major pre-requisite for developing human resources, through the transmission of basic knowledge and skills. Unfortunately, the efficiency and effectiveness of local education systems have also been affected by the AIDS epidemic. The most startling aspects are as follows:

A Decrease in the Supply of Education

The rate of AIDS infection in teachers is very high in some countries. In Côte d'Ivoire, for example, 30 per cent of school teachers have died from AIDS. Because it is often difficult to find qualified, and/or experienced, teacher replacements, schools are forced to reduce the number of classes, or close down, because of the shortage of teachers and personnel. Another factor which may increase in the future, is that a high percentage of young children born with the disease may not live long enough to attend school. If a treatment is not found, infant and child mortality rates will increase.

School Absenteeism and Dropouts

Studies have shown that enrolment rates for orphaned, and non-orphaned, children differ significantly. Orphans are among the first to be denied schooling, or to drop out of school voluntarily. In some cases, children are withdrawn from school, as they are the only ones able to provide for the family. This is especially so among young girls, who are often the first to be called on to look after the family and sick relatives.

¹ Source: "The Orphan Situation in Botswana", paper presented to the Round Table discussion, October, 1999

In those instances where school-going is not denied, the combination of schooling with stressful and strenuous home responsibilities is not easy, and many children cannot handle the multiple roles assigned to them. Absenteeism for extended periods makes it difficult for children to keep up with the rest of the class, and provokes even further absenteeism. A high level of deprivation also results in learning difficulties, and poor academic performance.

Impact on the Quality of Education

Absenteeism, due to infected teachers and pupils, and the recruitment of less experienced and untrained teachers as a result of infection, illness, and death, contribute to a lowering of the quality of the education provided. Schools in heavily affected areas, have few resources with which to maintain their services, and even fewer to improve, or expand, them.

Economic Consequences

The AIDS epidemic has an effect on national productivity and output. There are indirect costs to the economy, such as the aggregate losses in labour and earnings, due to illness, disability, absenteeism, and death. This has a collective impact on the productivity of individual firms and farms. AIDS also has an adverse effect on the local economy, and on small-scale agriculture, which is often the source of livelihood for rural households and communities. This, in turn, affects other sectors of the economy, such as industry, and transportation, which have difficulty in replacing the loss of expertise, and thus cannot function normally.

In places heavily affected by AIDS, the direct cost of health care increases. Economically weak areas cannot afford to pay for treatment on a large scale, and have fewer defences to protect people from the illness. This is partly due to the fact that their health care systems are not as well equipped to deal with the problem as those in more developed countries, where medication, research and better knowledge of treatment methods, are applied.

At the individual level, homelessness, malnutrition, and varying forms of deprivation, increase. Children may experience a high level of deprivation caused by sick parents, who use scarce family resources to pay for medical treatment for themselves. In the case of the death of parents, children may be left without financial means, or relatives may claim, or take, what should have been left to the children.

The economic effects on both the individual and the community, are revealed as the family structure is steadily weakened.

Ninety-five per cent of children orphaned through AIDS are living in sub-Saharan Africa. They are estimated to reach 16 million at the end of the year 2000.

3 Responding to the Crisis

An important step in taking effective action, involves obtaining accurate information on the situation. The Round Table, held at UNESCO Headquarters in Paris, provided countries, and international agencies, with the opportunity to present, and discuss, their experiences regarding the impact of AIDS on orphans. The discussions, and exchanges of views, revealed that significant action has already been taken, and that results are beginning to be observable. With assistance from international organizations, and NGOs, innovative care and support programmes have been developed. Several countries have taken steps to address the problem at the local, as well as at the political and legal level, in order to improve the situation. However the growing numbers of orphans is overwhelming.

In addition to interim emergency solutions, long term plans of action, specifically elaborated to address AIDS issues, need to be developed, and/or integrated and adapted, to suit the particular social and cultural needs of each country or community. This means that aid agencies, and communities, need to develop effective working partnerships.

The Round Table went beyond the problems of AIDS, to address the particular problems faced by orphans, and identify those areas which need to be improved. It revealed that the victims of AIDS, in particular young orphans, are a new group needing special attention. Many are denied, or do not have access to, basic needs, which puts them at risk of falling into a new spiral of poverty and exclusion. In addressing the particular problems of AIDS orphans, and in the search for solutions to them, it is of primary importance that all groups working in the field should listen to the victims themselves, and work closely with them. In order to do this effectively, countries most affected by the pandemic were invited to furnish information on their particular situations and needs, with regard to their requirements for providing care for AIDS orphans. The country cases and presentations are outlined in the following chapter.

Inputs from Sub-Saharan Africa

In many developing countries, the propagation of AIDS is so widespread, and the treatment is so expensive and inaccessible, that the disease has reached a dimension far removed from the conditions found in the western world. This is especially so in sub-Saharan Africa, where 60 per cent of the world's HIV/AIDS infected individuals live. There it is estimated that 12.2 million women and 10.1 million men were HIV-positive at the end of 1999. Eastern and Southern Africa is home to 4.8 per cent of the world's population, and yet has over 50 per cent of the world's HIV-positive people, and accounts for 60 per cent of the lives claimed by AIDS since the epidemic began.

The countries represented at the Round Table were among those which have some of the highest HIV/AIDS infection rates in the world: Botswana, Côte d'Ivoire, the Central African Republic, and Zambia. Zimbabwe submitted a report. Representatives from each country reported on the situation with regard to their AIDS orphans, outlined the major problems they encountered, and explained what was being done to address them. This was a useful way for everyone to share concerns, identify common problems, and understand the efforts made, and be aware of the difficulties faced. Even though each country has its particular concerns, the global problems were the same. These reports showed that although more action is needed in many areas, there have been encouraging results, which can be shared with others as examples to follow, or areas to improve.

*The impact of AIDS is complex -
it has human, social,
psychological, economic, and
medical implications and more....*

*In formulating responses,
several factors need to be taken
into account to address the needs
of victims.*

*The assistance that is provided
must be sensitive to the human
trauma at the personal level, the
community level, and world wide.*

CENTRAL AFRICAN REPUBLIC

Population: estimated in 2000: **3, 512, 751**

The main difficulties encountered in taking charge of orphans in this country, are principally the lack of material and financial resources, which satisfy elementary needs.

The first AIDS victims were identified in the Central African Republic in 1984. In this country the rate of HIV-positive patients is increasing steadily, varying between 6 and 20 per cent in the main villages and country districts. The most affected age group ranges from 20 to 40 years of age, with an infection rate in pregnant women of 6 to 14 per cent. As infection spreads to unborn infants, this confirms the tendency for the disease to propagate even more among babies and young people, leading to higher rates of HIV-positive orphans in need of care.

A Mechanism of Solidarity

In collaboration with the Government, as well as others, an AIDS support centre was founded in 1995, the principal goal being to develop a mechanism of social support, to take care of the families affected, and/or infected, by the disease. In 1995, it was estimated that 200,000 adults would be infected along with 70,000 children. An organization entitled Solidarité Action Sociale, (SAS), was formed with assistance from UNICEF, the United Nations Population Foundation, and the World Food Programme. It included important measures for assisting orphans, starting with field assessments, to determine the number of orphans, and their living conditions and needs, in order to provide assistance for them and their families. Out of 70 requests made by the relatives of orphans, 59 were registered in state schools, 33 in secondary schools, and 26 in primary schools. Without undermining this achievement, it is obvious that the ability of institutions to care for orphans is not enough for the estimated total of 70,000 orphans now in need.

The Principal Problems

The main difficulties encountered in taking charge of orphans, is principally the lack of material and financial resources, which satisfy elementary needs (e.g. food, clothing, sanitation, school books, etc.). Another problem is the phenomenon of rejection, due to the social stigma attached to AIDS. The SAS noted a certain reluctance, in some schools, to accept children orphaned by AIDS, and the Ministry of Education is evaluating this tendency, with a view to formulating laws against discriminatory behaviour, before it gets out of control. A publicity campaign, via the media and the press, is being considered as a means of sensitizing the public to the problem, and to call for financial support.

CÔTE D'IVOIRE: (Population estimated in 2000: 15, 980, 950)

It is estimated that 40 per cent of the country's population is affected in some way or other by the disease.

Côte d'Ivoire is considered to be one of the African countries with the highest number of AIDS victims. In 1987 the number of AIDS cases was reported to be around five hundred. Ten years later, in 1997, a cumulative total was estimated to be about forty thousand cases. Even though, every year, there is a significant increase in the number of cases registered, it is estimated that in Côte d'Ivoire, only one out of 17 AIDS cases is revealed. In 1997 about 734,000 to 860,000 persons were estimated to be HIV-positive.

The age range of those most touched by the disease, is between 20 to 40 - which corresponds to the child-producing years. In this country, women are more vulnerable to sexually transmitted diseases, and AIDS is no exception. This is particularly alarming, as infected pregnant women can transmit the AIDS virus to their unborn children.

The Government has recognized the widespread progression of the disease, and the terrible impact it has had on the country and its young people, in particular the large number of orphans. Young people are the most directly affected by the pandemic, either as victims, or as orphans. In 1996-1997, among those children who had lost at least one parent to HIV/AIDS, 56 per cent were under 15 years old. The social future of orphans is often uncertain. They are often left to care for themselves, often joining the ranks of children living on the streets - which is now a serious social problem in Côte d'Ivoire.

Victims: Teachers and Learners

The death rate, due to AIDS alone, has significantly affected the country's educational system. Another problem, related to the effect of AIDS on children, is the high number of classroom teachers who have succumbed to the disease. In 1996-1997, 140 teachers had died of AIDS, and 519 more are known to be infected. AIDS thus represented 64 per cent of the cause of death among school teachers, and this rate rose to 69 per cent in 1997-1998. This situation considerably affected the schooling of 25,950 children between the ages of 6 and 11. It is estimated that, because of AIDS, between 1997 and 2000 at least 71,655 children within this age range will not receive any schooling.

Government-initiated Actions

The Government of Côte d'Ivoire has taken a number of measures to fight against AIDS, by including AIDS awareness within existing campaigns. Several different, yet interactive, campaigns are being organized to fight against AIDS and contribute to its prevention. There are activities that promote programmes on reproductive health in schools. Media controls, through the censorship of films containing pornography or paedophilia, as well as increased financial healthcare assistance, provide additional support. In the field of education, specific action has led to a reduction in the impact of AIDS through literacy and vocational education. The Department of Education has recently set up a three-year programme (1999-2002), for promoting health in schools. This is aimed at sensitizing young people to the dangers of unprotected sexual relations, reducing unwanted pregnancies in young girls under 15 years of age, and sensitizing teachers themselves to the use of condoms as protection against AIDS.

All this is evidence of the country's willingness to collaborate in the fight against poverty, and the terrible consequences of AIDS. Assistance is needed to strengthen the campaign, and to provide social and psychological expertise, and material support.

ZAMBIA: (Population estimated in 2000: 9, 582, 418)

A recent study carried out in 36 different communities in Zambia, revealed that the most pressing need of orphaned children was food: 56 per cent suffered from malnutrition, compared with 49 per cent of non-orphans.

In Zambia, the AIDS infection rate is estimated at 20 per cent, and the number of deaths due to AIDS is expected to rise. A nation-wide Living Conditions and Monitoring Survey, (LCMS), carried out in 1996, established that 13 per cent of the 4.1 million child population (under the age of eighteen), had lost at least one parent. Of these, 35 per cent of them were in the 10 to 14 age group. Another problem of children related to HIV/AIDS, is the high mortality rate for orphans under 5 years of age, as more children

are born HIV-positive, and die at a younger age. The other major problem is related to the high increase of street children. In 1998, 40 per cent of the 75,000 homeless children, were orphans.

At present, Zambia has no specific policy on HIV/AIDS, nor does it have a specific AIDS orphan care policy. Despite the negative pressures resulting from AIDS: poverty, migration, etc., the Zambian extended family system has remained the main support system for orphans. This has been encouraged as much as possible. The rise in the numbers of street children has, however, made institutional care increasingly necessary, even though it remains a temporary arrangement, while efforts are being made to find long term family placements. Besides the very few cases of child-headed families, the 1999 Situational Analysis Study on Orphans in Zambia, found no other care models.

Childcare Needs for All

A recent study carried out in 36 different communities in Zambia, revealed that the most pressing need of orphaned children was food: 56 per cent suffered from malnutrition, compared with 49 per cent of non-orphans. Inadequate health services was the second priority, followed by clothing. Contrary to the other countries in this report, the lack of resources for meeting education needs, came last in the list of priorities for orphaned children. This may be due to the fact that little difference exists in the attendance rates of orphaned, and non-orphaned, children. In 1996, LCMS found that 75 per cent of orphaned children, and 73 per cent of non-orphaned children, were living below the poverty line, which demonstrates clearly the vulnerability of all children in Zambia. The Government has decided to introduce programmes aimed at helping all vulnerable children. Special attention is given not only to children orphaned by AIDS, in order to avoid proliferating the stigmatization of AIDS victims, and also in order to focus on all children in need, whatever the reasons for their deprivation may be.

A Need for Future Action

In Zambia the funding of organizations and programmes to fight AIDS, and strengthen communities, is severely limited. Various organizations and institutions first need to coordinate their actions to increase their activities. Effective coordination with Government is recognized as a first step in the collaboration and strengthening of forces in order to fight the consequences of the AIDS epidemic.

ZIMBABWE (Population estimated in 2000: 11, 342, 521)

Young people (15 to 29 years) are those most affected by the disease.

An educational programme now provides informative and preventive action for containing the spread of AIDS.

The National AIDS Coordinating Programme (NACP), of Zimbabwe, estimates that 1,200 people are dying each week from AIDS, and/or HIV-related illnesses. As in all countries covered in this report, young people are those most affected by the disease. In Zimbabwe, a National Profile Study revealed that the 15 to 29 age group are the most infected and, as a result, every community has suffered the impact of a large number of orphaned children. Approximately 300,000 children have lost one, or both, parents to AIDS, and it is estimated that this number will reach more than 800,000 by the end of 1999.

Strategies to Help Orphans

A strategy was developed to deal with the problem of orphans, as well as an educational programme which provides informative and preventive action for containing the spread of AIDS. The strategy called for a multi-faceted approach to the welfare of orphans, and for strong support from the family and the community. It recommended that AIDS orphans should be cared for, as far as possible, by the extended family, and that the community should support child-headed families when the extended family did not exist. Communities, schools and clinics, should exempt those orphans without guardians from the payment of fees.

Life Skills Educational Programmes

In 1991, a Life Skills and HIV/AIDS Education programme was introduced in schools, and is compulsory from the ages of 9 to 19. The primary objective of this programme, is to promote the learning of life skills among young people, in order to prepare them to deal with life's challenges in a rapidly changing world. The programme addresses the current needs and concerns of young people, and helps them to develop strategies which address them. AIDS information education, which is a part of this programme, gives correct and relevant information on AIDS in an impartial way, and helps both pupils and teachers to behave in a life-enhancing, rather than reckless way. The programme also addresses issues related to the development of self discipline, responsibility, self-confidence, critical thinking, problem solving, and communication skills. This participatory method aims at developing positive interpersonal relationships at home, in school, and in the community.

Reinforcing Traditional Values

This example in Zimbabwe, shows how schools can work with the community, in a positive spirit of cooperative self help. Key social leaders are involved in the learning process as facilitators, and this reinforces understanding in those leaders of their community's needs. Local politicians are also prompted to take initiatives, and encouraged to be role models in the prevention of AIDS, and in supporting its victims. It is also a step towards reviving an old tradition: the concept of the "Chief Granary", where a community pools its harvests for re-distribution to those in need. This focus on the revival of traditional values, has proved to be a successful way of generating positive attitudes towards the promotion of community action.

BOTSWANA (Population estimated in 2000: 1, 516, 470)

In Botswana, the problem of dealing with orphans is not new. What is new is the growing number who are orphaned because of AIDS, and the subsequent social and economic consequences. A large number of children have been orphaned through the disease. Some report that the rate has quadrupled between 1994 and 1997, leading to a rate of 4 per cent of children under the age of fifteen, orphaned through AIDS. In addition to living in total poverty, the basic human rights of children are often violated as they are found to be living on the streets, are subjected to forced labour, and to abuse.

The extent of parent loss has been shown to have serious social and economic repercussions for national development.

Prior to the scourge of AIDS, the country had the capacity to take care of orphans by traditional means, through extended families, where it was traditionally normal for relatives to look after orphaned children. The increasing number of orphans in Botswana, exacerbated by economic decline in the family, has made it difficult for extended family members to cope. A recent study, showed a significant change in the family structure, with more and more families headed by children or grandparents.

National Plans for Action

In April, 1999 a national orphan programme was established in order to respond to their needs. Its main goal is to develop policies for the protection and care of orphans, to provide community support services, and to strengthen institutional capacities. The programme, which is run by the Botswana Government, in partnership with other NGOs and the private sector, co-ordinates the registration of orphans, evaluates the needs of children and relatives, and provides community training, and counselling for victims, as a means of developing sustained community based support, and a comprehensive national orphan policy.

In conjunction with the Ministry of Education, a short term plan of action was developed, which proposed six areas of intervention: policy development, the strengthening of institutional capacities, the development of social welfare services, support for community based initiatives, and coordination, management, monitoring, and evaluation of the interventions and the programme, and identification of the need for special counselling. Legal efforts were also recognized as an important factor in bringing about change. An inter-sectoral Child Welfare Committee has been established and, for example, the Child Act Destitute Policy will be reviewed, to take into account the situation of orphans.

Community Empowerment

The Government encourages communities to provide care for orphans and to rely on institutional care only as a last resort. The emphasis is on the need to give the young people themselves an opportunity to share ideas on the kind of services they need, and how they should be delivered. This will empower them to take responsibility for themselves.

Botswana can, in some ways, be considered a pilot case in its orphan care policy, as it has created programmes for alleviating poverty among its young people, and especially AIDS orphans, through carefully formulated guidelines and plans of action. Government and NGOs have worked together to generate a new kind of community action, that helps orphans to help themselves, in a spirit of brotherhood, peace and personal pride. The most recent fruit of this effort is a collaborative Government/UNESCO sponsored Forum outlined in Chapter 6.

"The fight against AIDS is not about economic growth, but enabling human beings to live with dignity.....",

Colin Power, Deputy Director General of Education, UNESCO

4 What Needs To Be Done: Recommendations From The Round Table

Assistance is urgently needed. But what is the best way to allocate aid, in what form, to whom, and how? The basic goal of the Round Table discussions in Paris was to enable those directly involved in the fight against AIDS to meet, listen to one another, discuss the major issues and priorities, and make recommendations. This provided the groundwork for a better understanding of the issues. The following points summarize the essential needs and actions proposed during the Round Table. They may be used as guidelines for taking the necessary steps leading towards successful, lasting effects on communities, and orphans suffering from the effects of AIDS.

Implement a Community-based Approach

All countries which reported to the Round Table recognized the importance of community support for orphaned children, rather than isolating them inside institutions. They confirmed that real change can only come about through the realization that AIDS is not just a problem which afflicts individual families, but is a community matter, which has long term effects on everyone and their ability to cope. Prevention of the disease, and care for AIDS victims, requires social and cultural sensitivity, first through action which enables the issues at the local level to be identified. Helping orphans starts with integrating them into the community. It is only after problems have been identified locally that stronger commitment can be obtained, and sustainable efforts made, through large scale human, financial and organizational action. As a result, community-based activities need to focus on supporting nuclear and extended families. Initiatives have been started, and must continue to be developed, which encourage independence, self-reliance and ownership, within the community. Communities must continue to play a vital role in the care of these orphans, and this needs to be taken into consideration by all other groups involved.

Strengthen Relevant Local Institutions

Locally-based community structures, such as churches, and non-profit making community centres, are among the first to respond to those in need. They are probably the main groups through which children can be reached, and they provide emergency aid by means of foster homes, support for child-headed households, material assistance, and counselling, etc. These community structures are highly motivated, and committed to helping the underprivileged, and provide invaluable help, if the necessary means are at their disposal. They are also well placed to provide information on what kind of help is needed, and where. However, their resources are often meagre, and their ability to provide assistance is limited. Strengthening these community structures to meet the needs of orphans, by providing financial and technical assistance, and working with them to formulate appropriate action plans, is an effective way of helping orphans.

Generate Appropriate Data and Facilitate its Exchange

The availability and existence of accurate data and statistics are essential for effective policy management and planning, and to assist in the definition of objectives and strategies, and the allocation of resources where they are most needed. The compilation of statistical data is necessary, where they do not already exist, and for the pooling of resources, and cooperation among organizations, and helps operations to be implemented more effectively. In cases where statistics have already been gathered, governments and institutions alike, should be willing to share, and exchange, them.



Model of women in leadership roles

Empower Girls to Help Themselves

Young women, and girls, are more frequently burdened with chores and responsibilities, as a result of deaths from AIDS. Girls are more likely to be required to help sick parents, often to the detriment of their education. Orphaned girls are often expected to replace the lost mother, even though they have no role model to follow. Girls suffer more from sexual abuse, and are often used as cheap labour, and/or as sexual slaves, and they have little, or no, power to defend themselves.

The moral and social degradation that these young women have to endure has devastating long term effects on them, and on society. Consequently, it is important that attention be paid to helping young women to help themselves, by giving them the means to protect themselves, and live with dignity. This should include formal and informal training, such as sexual health and family planning, as well as a knowledge of their rights in cases of abuse. Legislation needs to be developed which protects victims from exploitation, and measures should be taken which apply laws, and ensure that community action is taken and respected. Tougher legislation is needed in cases of abuses against women and girls by men. Men also need to know what society will, and will not, tolerate.

Encourage more Cooperation among Organizations

The Round Table also brought out the need to work together among, and within, organizations. Governments and NGOs need to work together to pool resources. There is a need for agencies and organizations to cooperate in appropriate programmes. Through such cooperation they will have a wider coverage and impact. Sharing resources avoids any overlapping, and makes for better, and more economical, planning. Concerted action, therefore, needs to be encouraged in all areas - political, economic, health, scientific and technical.

Specialized agencies, such as UNAIDS and the World Bank, WHO, UNESCO and NGOs, have started to work more closely together, to coordinate their resources as a group, and to collaborate in projects in their areas of expertise. Good communication is important, and it is necessary to establish, or improve links within, and between, institutions, for example, through improved website links, and making reports more widely available. Coordination not only makes for greater cohesion, but also practises what they are trying to preach - setting up the basis for cooperative community action to reach a common goal, i.e. providing assistance for local communities affected by AIDS.

Encourage Collaboration among the Sectors

The rapid proliferation of the AIDS epidemic, has had serious social consequences within all communities. Many countries have recognized the urgent need to address this, in both the short and long term, and acknowledge that the magnitude of the problem requires a multi-faceted approach. Collaboration and cooperation between, and within, various sectors such as health, education, community planning, and legal and economic planning is needed.

Expand the Role of the Media in Spreading Information on AIDS

A large part of the fight against AIDS is the prevention of the spread of the disease. At present, there is considerable ignorance of how AIDS can be contracted, and spread. There are still too many myths and false rumours regarding its prevention, and many people continue to be infected, or to infect others, because of ignorance. AIDS information and prevention programmes should be available for the whole population, regardless of age. There is a need for those infected to exercise responsibility, and show respect for, their sexual partners, to avoid a further spread of the disease, and to reduce any rejection of those who are already infected. The mass media, through films, radio, television and other means, have effective ways of ensuring that accurate information is communicated to the population at large. Media controls, through the censorship of films containing pornography, or paedophilia, are also essential.

“ How can the community and individuals be helped in the most effective way? How can one re-include the excluded into society? .”

5 How Education Systems can Respond

Education can be an effective tool to uplift individuals and groups at all ages and backgrounds in a society. The victims of AIDS, in particular young orphans, are a new group in need of special attention. Many are denied, or do not have access to, basic needs. Education also, is increasingly denied them, and this puts them at risk of falling into a new spiral of poverty and exclusion. In addressing the particular problems of AIDS orphans, and in the search for solutions to these issues, special attention must be given to education and its usefulness as a tool in fighting the pandemic.

Education For All

Using education to fight AIDS requires special reflection. How can the community and individuals be helped in the most effective way? How can the excluded be integrated into society? Education is part of the answer, but not education only in the formal academic sense. Teaching people to read and write, is not enough to help them escape from poverty, let alone the ravages of AIDS and other miseries. An integrated approach is necessary, applied through non-formal training, preventive education, including health, and well-being, in education programmes. Education can also be used to influence attitudes and behaviour patterns. It can play a major role in fighting the exclusion of AIDS victims, and at the same time provide tools for carving a brighter future, give knowledge, skills, and nurture responsibility and dignity.

Education systems must adapt and change if they are to survive AIDS impacts and counter its spread.

Education for All (EFA) programmes in many countries already use the integrated approach. However, the actions of EFA have been affected by the AIDS epidemic. The objectives of universal primary education for all by the year 2015, have been considerably distanced, particularly in Africa, due to the consequences of AIDS. Subsequent EFA programmes will need to include the fight against AIDS in their activities. UNESCO will continue to adapt its actions to integrate the fight against AIDS into their programme planning and in particular to take into account the following:

Adapt and Expand the Capability of Education Systems to Meet the Challenges

Using the education system to spread information about AIDS is an approved method for instructing communities, and controlling its spread. Educational programmes need to be channelled to suit the needs of the community. The education system also needs to be sensitive to such issues as enforcing the community approach, strengthening traditional support skills, instilling values, and giving people the tools to help themselves. Consequently, education systems must adapt, and change, if they are to survive the impact of AIDS and halt its spread.

Strengthen Preventive Education Programmes

AIDS prevention in education systems can work if it is focused, flexible, intensive, and coordinated. This includes collaboration between the education and health sectors. Effective AIDS preventive education programmes for school-aged youth, will reduce the future negative impact of AIDS on the education system, and contribute to the fight against AIDS in all sectors. Regional planning seminars on AIDS, and the education provided by the school system, are examples of the role education and training can play in taking preventive action.

Provide New Roles and Programmes for Schools

Another important response from schools to the AIDS pandemic, is to develop new roles. With high drop-out rates, schools may need to pay greater attention to work-related technical and vocational training, such as home economics, agriculture, etc., as well as income-generating projects and managerial skills.

Guidance and counselling related to the trauma created by the AIDS pandemic is a new, but necessary, part of successfully dealing with the problem, and teachers may also need to be trained. Further, health care, education and opportunities for individual growth, with the help of guidance and counselling services in schools, are among the necessary developments required.

Adjust the Planning and Management of the Education System

In order to enable schools to respond effectively, the education system itself must change. This means that planning mechanisms in Ministries of Education need to understand the impact of HIV/AIDS on the education system, and to anticipate and plan responses. AIDS Education should be of the highest priority in the most affected countries. This requires adjustments in policy planning and curriculum development, analyses, projections, and human resources planning, as well as personnel and finance management. Greater collaboration between ministries also needs to be ensured, in particular the sectors of health, labour and social welfare.

“Any child capable of forming a view has the right to express views freely in all matters affecting him or her”

Article 12, United Nations Charter on the Rights of the Child

6 Enabling Aids Orphans to Help Themselves

Some positive action has been taken, and results achieved, in sub-Saharan Africa. Young people, who have paid a high price in suffering for the loss of their parents from AIDS, are now approaching their future with energy and optimism.

This is being achieved through innovative country-initiated workshops, which promote communication and discussion, information and counselling on AIDS related issues among young people, and invitations to them to take part in decisions concerning their future. The first of these workshops was organized as a follow-up to the Round Table held in Paris. UNESCO and Botswana organized a Youth Forum, which neighbouring countries were invited to attend.



Participating in the Youth Forum

Rationale Behind the Forum

Young people face harsh challenges and complex realities in a world which is in a state of permanent change and adaptation. Young people also face developmental challenges related to their stage in life such as their physical development, psychological and emotional growth. AIDS and its consequences on orphans has accelerated some of these challenges and placed new demands on youth, and the Forum was designed with this in mind.

The Forum's principal slogan: "Youth Leading Botswana into the New Millennium" captured the optimistic and future-oriented dynamics with which it was driven. It was organized with five main objectives in mind: 1) to provide a forum for interchange and discussion, and to enable young people to share their concerns, experiences, challenges and problems, within the context of HIV/AIDS, 2) to identify existing resources and capabilities in the young participants, and see how best they can be used, 3) to identify existing support services, consider their strengths and weaknesses, and how best they can be improved in order to meet current needs, 4) to obtain feedback on how these services can be made more accessible to young people, 5) to develop a strategic plan to reach other disadvantaged young people.

"How are you going to address this challenge and reality? You need to develop attitudes and behaviour which will enable you to deal with such challenges..."

Inculcating Self Help Approaches

The Youth Forum, was made up of children orphaned by AIDS, as well as local and government representatives from neighbouring countries and UNESCO. The Forum was organized in the form of group discussions and plenary sessions. The discussions were a first step in removing taboos, helped to build self esteem, give motivation, and provide the tools for a more positive future for the young orphans. The discussions and feedback sessions confirmed that, despite the challenges they face, young people are sufficiently resourceful to find ways of meeting their needs. Discussions included sexuality and human development, crime and violence, psycho-social issues, gender, family life, and self management. This allowed the young people to share their concerns, experiences, and challenges, as well as their problems and insights, discuss their concerns, ask questions, and make recommendations.

"(it is important) to develop leadership skills.. Leadership is positioning oneself for the future rather than focussing on short term goals...A leader creates and does not always receive...A leader listens and implements..."

J. Keitumetse Maphorisa, BNPC,
addressing orphaned youth at the
Botswana Youth Forum, January 2000



Role playing activities at the Youth Forum

Channelling the Potential of Youth

Trained adults from the Ministry of Education established the rules for the Forum, together with the children. The themes for discussion were "confidentiality, tolerance, responsibility, punctuality, accountability, attentiveness, active participation, respect for all ideas from all ages, cooperation, equality and self esteem." For ease of discussion, the children were divided into small groups according to age, and discussed different themes in the context of the AIDS epidemic. The discussions were on sexuality and human development, crime and violence, psycho-social issues related to AIDS, gender issues, family life, self management information on youth-friendly services available for orphaned children. This allowed children to ask questions about AIDS, as well as any other matters relating to the difficulties they encountered in their daily lives. It also allowed them to make recommendations on the action that could be taken to help them, and other young people, in similar situations.

The themes were first discussed in small groups. The children were encouraged to ask questions about AIDS, as well as any other matters related to the difficulties they encountered in their daily lives. The young people were encouraged to share their concerns, experiences and challenges, as well as problems and insights. It also allowed them to make recommendations on what actions could be taken to help themselves and other young people in similar situations. The small groups then came together and presented the outcomes of the discussions. The results showed that, despite the challenges they face, young people are resourceful enough to direct, and identify, ways of meeting their needs.

It is interesting to note that several of the recommendations made at the UNESCO Round Table in 1999 (see Chapter 4), encouraged community-based approaches, collaboration among and between sectors, co-operation, dialogue and facilitated exchanges, and the expansion of education systems to meet the challenges, through methods which are specially adapted and oriented to suit the circumstances. The Youth Forum is an example of some of these recommendations put into action.

This Forum was as an example of organized communication, dialogue, and counselling, for children and young people, in the context of AIDS. It was also an example of how young people can participate in planning their future. It showed that local governments can work as partners with people directly affected by the pandemic, and help them to take responsibility for their own future.

Some questions asked, and comments made, by the young people:

On surviving through household separation:

"I also plait people's hair and sell some things at school to make a living"

"What troubles me most..is my younger sister and brothers because they are not living the kind of life they used to live..."

On sexual health:

« what do you think sustains a good and joyful relationship ? »

What does gender sensitivity mean to you ?

Why do men... 'close up' issues that can be discussed and then end up taking wrong decisions... like suicide?

What do boys expect from girls?

What can be done? How can the community, and individuals, be helped in the most effective way? Measures need to be taken to identify the specific issues, and actions needed to address this emergency.

Colin Power,

7 Recommendations From Young People



This Forum serves as an example of organized communication, dialogue and counselling for children and young people in the context of AIDS. It is also an example of how young people participate in moulding their future. It shows that local governments can work as partners with the people directly affected by the pandemic, to take responsibility for their own future.

The participants also gave suggestions to the adult representatives on ways of improving the quality of their lives and fighting AIDS. These may be summarized as follows:

Ensure Basic Needs for Orphans:

“Parents should be taught about making wills for their children to protect them in case of death”

Poverty and its consequences is an underlying theme in the daily problems of orphaned youth. It was recommended that those out of school should be given financial aid and the basic needs for the poor should be ensured. The orphans should also be closely guided. There should be a unit that takes care of and protects the status and rights of children, and it should be functional and effective.

Improve Information and Services on Sexual Health

Discussions related to sexual practices among young people gave them the opportunity to ask questions, discuss issues, and be given accurate information on sexual health, for example pregnancy, and how AIDS can be contracted. Young people recommended that sex education should start at an early age. Sexually active youth should be given condoms which should be free, and distributed without pre-conceived judgement. It was suggested that health services need to be more youth friendly.

“Counselling services should be provided in rural areas and opened seven days a week”

Improve Communication with Parents and the Community

“ Parents should have meetings at which they will be taught ... communication and parenting skills to address youth issues (e.g. sexuality) “

The importance attached to psycho-social expression by the children was evident in many of the discussions. The children recommended that more group counselling sessions should be given to orphans. They also suggested that parents should be advised on parenting skills and communication with young people on “youth related” issues such as sexuality. It was also suggested that corporal punishment in schools be abolished (perhaps to be replaced by a more effective form of communication?).

In the light of various problems associated with the foster families, such as unfair treatment, forced labour and abuse, meetings with guardians should be organized with trained counsellors. Activities should be targeted at parents, especially fathers. It was also considered important that parents be made aware of the importance of making wills in order to help their children.

Network Experiences with Others

A true sense of brotherhood was brought out in the Forum. Children had a genuine interest in ensuring that their peers could benefit from their experience to discuss the issues concerning them. They also recommended that all participants of the Youth Forum should be trained to be trainers, to carry on what has already started and they should establish networks so that they can help others in their home region. Young people should unite to accomplish their mission to face themselves, parents, leaders, policymakers, non-governmental organizations, donor agencies, private sector and government, and any other obstacle that can come their way in the effort to achieve full growth.

“Young people should take the initiative to learn on their own, and to initiate activities”

Advice to youth by youth:

“...Wake up and sense abuse around you. Do not ever accept anything from a potential abuser. If he or she threatens you, call childline or other services for help...”

“Youth meetings should be held more regularly to increase the benefits and exposure”

During the Forum the representatives from Malawi, Zambia, and Zimbabwe, discussed how to improve the Forum and adapt it according to the needs of their own countries. A counsellor from the United Kingdom, and a representative from UNESCO, participated as well. Other countries have already taken steps to plan similar forums in their own countries. It is hoped that networking with neighbouring countries will continue.

Lessons Learned: Positive aspects of the way the Forum was Organized .

After direct consultation with the young people, they also provided useful indicators for general reflection on the type of support provided during the discussions. The following paragraphs sum up the comments made from the participants themselves on what the Youth Forum meant to them, and what they learnt from it².

² Source: adapted from the Botswana National Youth Forum Report, prepared by the Ministry of Education Guidance and Counselling Division.

The young people agreed that the Forum was a healthy interactive process for self growth. They were able to find counsellors who were willing to listen, and assist with their fears and challenges. It allowed them to appreciate that people are different and experience different challenges. They recognized that family unity is important, that no one is free from psychological challenges, yet talking about personal issues helps the healing process. This has helped them to adopt a positive attitude and recognize the importance of seeking help.

The young people also acknowledged that they should take the initiative to learn on their own. They cited the importance of understanding legal matters as a survival skill, and even criticized some government departments! This is evidence that the Forum succeeded in promoting an awareness of young people's rights, and helped them acknowledge their role as actors in their destiny rather than as passive recipients.

“The key is to recognize the poor as key actors in their own development rather than as passive recipients of services and commodities”

Carol Bellamy, Executive Director, Unicef
International Conference on AIDS, September, 1999

Aspects of the Forum which need Further Attention

The lack of time – to discuss with counsellors and obtain information was the principal concern. It was felt that two weeks would allow more time for participants to feel comfortable to share their thoughts, reflect on the issues presented, discuss and make recommendations. Some of the topics needed more time, and it would have been helpful to have topics distributed ahead of time.

Other suggestions for future meetings

Other suggestions for improving the Forum included:

Regional youth forums should be initiated before implementing a National Youth Forum;

The National Planning Committee should be represented by individuals from various regions of the country, not just the capital;

The gender balance of participants should be improved;

Individual and group counselling sessions should be introduced;

Participants should establish networks and continue to communicate with each other;

All participants should become trainers and should be assisted to facilitate the training of others;

Support mechanisms should be supplied to participants to enable them to disseminate what they learnt;

Parent representatives should be invited to participate in the Forum

8 And The Future?

Forgetting, or ignoring the plight of the poor, in this case, the victims of AIDS, is a serious threat to world health, economic development, and is a step backward in the progress made in this area in many countries.

AIDS has reached proportions which cannot leave us unmoved. AIDS cannot be eliminated by wealth, or by establishing boundaries, or by military force. Countries are affected, but so are governments, multinational companies, large enterprises, and families - the list is endless. Science and technology are making efforts to fight the disease, but there are limitations, both in finding a cure, and providing equal health care for all. This is something which affects us all directly, or indirectly, at both a global and personal level, and we need to deal with it together.

The importance of concerted group action has constantly been stressed as essential in the fight against the AIDS pandemic. Group efforts, such as the Youth Forum described above, are making positive changes to the lives of children. The initiatives taken so far, demonstrate that giving individuals and communities the opportunities to search for solutions, and to carve their own paths, in an honourable and meaningful way is, perhaps, the most effective. In the long term, entire communities should benefit from these efforts. The educational system has an important role to play in implementing these activities. When appropriately adapted, education can play an important role in contributing to the development of individuals and societies. In national crises, such as AIDS, appropriately adapted educational programmes are necessary tools.

What You Can Do:

Apply actions which fight the stigma associated with AIDS: as individuals, or groups, we can make a difference if, by our actions, behaviour, or attitudes, we contribute to making this a better world by fighting against all forms of exclusion. The fight against AIDS is also a fight against inequalities in the provision of health services, education, work opportunities, etc.

Collaborate with UNESCO: through carefully designed strategies and approaches, UNESCO's programmes are aimed at implementing real changes in all levels of society. UNESCO also works together with governments and institutions throughout the world on various projects in the fields of education, science and culture. Contact can be made, and information given, through the website of UNESCO, the National Commissions of UNESCO, UNESCO Representatives' Offices, or at UNESCO Headquarters in Paris.

As an international body, of which we are all part, UNESCO can, with your support, work towards a better world, and contribute to fighting the AIDS pandemic and, in particular, through education. In the end, it is ultimately people that matter, and these young orphans do matter. Let us not forget that the world's future lies with its children; the world's young people are our extended family, and we are all responsible for moulding their future.

Information on UNESCO's programmes is available on the internet at: [HTTP//www.unesco.org](http://www.unesco.org)

You may also contact: The Division of Basic Education,
The Director, Section for Primary Education
UNESCO, 7, Place Fontenoy,
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