



# Literature review

## Care and support for teaching and learning



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## EXECUTIVE SUMMARY

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In 2004, UNICEF estimated that the number of children orphaned by AIDS globally would exceed 25 million by 2010. The large majority of orphaned children would be living in sub-Saharan Africa. At the time, few resources were reaching families, schools, communities, and health and welfare systems across impoverished rural communities in many developing countries to help them cope with the epidemic and with a variety of other factors which threaten the survival and development opportunities of children. What was being done was reaching only a small minority of vulnerable children and youth.

Over the last six years, the demand for an education sector response has been mounting and programme interventions to offer care and support to vulnerable children have been piloted and implemented. Increasingly, Ministries of Education across Africa have risen to the challenge of providing large-scale interventions at a national level. This has been most evident in the sub-Saharan region, incorporating the SADC region, where widespread poverty and high HIV prevalence has had an unprecedented negative impact on millions of children. A review of the literature available suggests that more widely across developed and developing nations, education-based interventions have concentrated on supporting children through HIV education and awareness-raising. Sub-Saharan Africa appears to lead the way in proposing and piloting more holistic and integrated models of care and support that focus on a broad spectrum of the needs of children, especially the most vulnerable.

SADC has identified the school as an essential node for the delivery of care and support services to children. Mainstreaming care and support in school-based interventions involves a paradigm shift in the school's approach to the development and education of the child. Schools are no longer expected to hand down an education package from within a vertical ministerial stream. Rather, policies, services and programmes designed to support vulnerable children and their families need to be more diffuse and enacted in an integrated manner, rather than in programme isolation. Children's developmental needs must be addressed across policies, procedures, planning, budgeting, capacity building, human resource development, monitoring and evaluation and inter-sectoral networking.

This literature review provides an overview of the institutional framework of care and support for vulnerable children and youths in impoverished communities across the SADC region. It touches on some of the features of the region which have a negative bearing on education access and retention. It identifies the core elements which are necessary for the provision of school-based care and support to teachers and learners in the SADC region. With a focus on particular studies and programmes, it aims to provide

signposts for the development of a regional research agenda on care and support for teaching and learning by identifying lessons learnt from current practices.

### **The institutional framework for care and support for teaching and learning**

Many international, continental, regional and national instruments provide the context and mandate for care and support for teaching and learning and address significant causes of vulnerability, such as poverty, HIV and AIDS and gender inequalities.

At international level, the Millennium Development Goals (MDG) and Education for All (EFA) goals commit countries around the world to achieving key international education development objectives including eradicating extreme poverty, hunger, achieving universal primary education; promoting gender equality and the empowerment of women, reducing child mortality, combating HIV and AIDS and other diseases, and ensuring environmental sustainability. The EFA Development Index for the school year ending 2006 showed that no SADC country has yet achieved these goals.

Most SADC Member States are party to international declarations highlighting the particular development needs of vulnerable children across the region. Regional declarations and protocols provide guidelines to the building of capacity and enabling environments for the implementation of national policies improving children's enrolment in school, access to shelter, nutrition and health services and protection. Notably, the SADC Strategic Framework and Programme of Action (2008-2015): Comprehensive Care and Support for Orphans, Vulnerable Children and Youth (OVCY) in SADC sets an agenda of five strategies by which OVCY should benefit from policies, programmes and resources, advocating a holistic and integrated approach to meeting the basic developmental needs of vulnerable children and youth across Member States, and mainstreaming a care and support strategy for OVCY in different sectors of development while strengthening of conditions and mechanisms for service delivery. It promotes evidence-based policies and programmes advocates further the integration of National Plans of Action (NPAs) into national development plans. At Member State level, most countries have NPAs on the rights, protection, care and support of children. Much needs to be done, however, to close the gap between policy guidelines, plans of action and implementation.

While some Member States provide for free and compulsory education for all with special emphasis on vulnerable groups, millions of children across the region do not realise this fundamental right.

In 2005 SADC education ministers issued a Communiqué describing the critical problems facing Member States in the face of rapidly growing numbers of OVCY and proposing the delivery of school-based essential care and support services to vulnerable children. When Member States met in Lusaka in July 2008, another Communiqué was signed, reinforcing SADC's commitment to mainstreaming care and support through the adoption of the Care and Support for Teaching and Learning (CSTL) initiative.

### **The region**

The majority of the SADC region's children face many obstacles in their right to receive a quality education. Poverty is widespread across the SADC region and has been described as a 'formidable barrier' to education development. Up to two-thirds of the region's population lives below the international poverty line. Household wealth has been shown to have a strong impact on learner attendance at school with children from poorer households less likely to attend school and to progress academically. Poverty also contributes to the high incidence of out-of-school youths. Poor children are more likely to be enrolled at inadequately resourced schools, thus perpetuating inequalities in education access. Having to pay school fees and purchase uniforms and books also presents challenges for learners from disadvantaged backgrounds. In addition, poor children are likely to be at risk of lower health access and outcomes which further compromises their ability to access education. Poverty also increases the child's vulnerability to abuse, susceptibility to substance abuse and exploitation.

In the SADC region life expectancy has been reduced by the combined effect of HIV and AIDS, tuberculosis, malaria and other factors. Infant child mortality, child vulnerability to sickness and disease and child access to health services significantly compromise a child's education opportunities and development in the Region. Many children in the region have been orphaned as a result of these factors. In 2010 UNICEF and UNAIDS estimated that 17 million children in the SADC region were orphaned.

HIV and AIDS have increased the educational challenges that children face. For affected children and their families, AIDS results in increased poverty; trauma and bereavement; chronic illness; stigma and discrimination; and adverse or changing family environments, all of which can negatively affect these children's ability to access their education rights. The stigma of HIV and AIDS can lead to the social exclusion and marginalisation of children, thus increasing their barriers to learning and participation in their educational development.

There are other factors that can also affect a child's education access and retention. Living in a rural area, especially if it is mountainous or with limited accessibility to service hubs can also present barriers to going to school and completing the education cycle. Travelling between home and school can also impact a child's ability to access education. Across the region, reports of high transport costs are frequently cited as threats to a child's education retention. Children with disabilities of various kinds are among the least likely to attend school or complete the primary school cycle. Poor nutrition, too, can have severely hamper children's education performance and retention.

Gender inequalities can also play a role in reducing education outcomes. Gender-based violence at schools can also compromise education outcomes for victims. Across the SADC region, high levels of sexual abuse and exploitation of minors have been reported. Other forms of abuse (including alcohol and substance use and abuse) and the use of force, both at home and at school, can have a deleterious effect on a child's ability to realise his/her education rights. Corporal punishment is still widely practised at schools around the region, in spite of injunctions to end it in multi-level codes and protocols advocating the protection and care of children.

The delivery of services across the region is fragmented and often ineffectual. Services affecting children include the education system's capacity to provide proper water and sanitation at schools, as well as sound physical infrastructure and these factors may affect a child's education retention. One of the most serious service backlogs in the region is in the issuing of birth certificates to children. A lack of proper registration can affect a child's eligibility for social benefits.

The delivery of competent and quality teaching services also affects a child's right to education access. Teaching staff are often in short supply across the region and teachers are frequently affected by problems which weaken their morale, such as poor work conditions and terms of service. Limited opportunities for professional development may also result in good teachers leaving the profession in search of greener pastures. Poor education delivery can have serious and long-term effects on a child's education development if children drop out of school before they have completed their education. Living in areas affected by political conflict and warfare negatively affects a child's education rights. Affected children are less likely to be in school and are more vulnerable to early mortality as a result of disease and malnutrition.

Environmental factors, including climate and climate change have a significant impact on the capacity of the family, school and community to provide stable development and education outcomes for the child.

The Education sector in the region has attempted to overcome these challenges in education by adopting a multi-sectoral approach to the delivery of services, recognising that this approach will best address all the barriers children face accessing education, remaining in school and achieving their potential. In 2005, SADC Ministers of Education pledged to take all necessary measures to strengthen education systems and expand the remit of schools, such that they become conduits for the delivery of essential services for children. The Education Ministers committed to learn from each other through exchange of information, documentation of experiences and joint evaluations as they implement care and support through schools. Schools, therefore, are critical entry points for the integrated delivery of services and can serve structurally to create a forum and co-ordinated response to a wide range of interventions and initiatives already in motion in the region.

### **Modalities of care and support for teaching and learning**

This literature review summarises various modalities of care and support for teaching and learning observable in 14 programme interventions across the SADC region focusing on the experience of implementation, including difficulties and challenges encountered and lessons drawn from these.

Providing a quality education to children requires that school is accessible and affordable, that children are adequately nourished to participate in the education process, that the school provides children with a healthy environment to promote their learning, including access to health services, that children are able to participate in the processes and

decisions affecting their development, and that, where appropriate children are given survival skills and livelihood support skills.

All programmes reviewed were implemented with support, funding and technical, of external organisations, international donor bodies, and with the backing of education ministries in each Member State. Some sought to mobilise national, school-level and community resources. In many SADC states, beset with conditions of crippling rural poverty, however, internal resources are not available to mount the intervention on the scale needed to see results. External support may be required far longer than the initiation and pilot phases. Harnessing local resources is a way of building on local and national mechanisms already in place.

All 14 programmes target children, in school and out of school, with a view to enhancing their right to health and education. Most programmes were subject to a pilot phase before being implemented more widely.

Those programmes targeting out-of-school children generally made use of complementary facilities – a range of venues from churches to homes to unused buildings including classrooms. Complementary services proved to be critical entry points for the delivery of services. Although most facilities were found to be severely under-resourced, most were successful in increasing school enrolment. Among the challenges recorded were that caregivers at the centres appeared to be battling bravely to care for the neediest children in the community, without adequate community support. Concerns were also raised in the assessment about proper recording, reporting and M&E systems. Yet, care points were perceived in communities to be important sources of pre-school education for young children and successes have led to their incorporation into national OVC strategies.

Most of the 14 programmes developed criteria for determining a child's vulnerability status. These typically involved making judgements about a child's physical appearance or behaviour, conducting home visits and training school and community-based caregivers to 'read the signs' pointing to vulnerability. In most programmes, too, community structures as well as educational department representatives participated in child vulnerability identification processes as a way of capitalising on local knowledge and building community ownership.

Many programmes made provision for fee waiving at primary school levels. This saw a substantial increase in school enrolment. Indirect costs of schooling and support, were raised through school grants, such as in Swaziland's All children Safe in School programme, and through community contributions, such as in Tanzania's MVC programme.

Most of the 14 programmes employed school nutrition programmes and these were seen to be widely successful, addressing child hunger as a basic survival need. Concern has been expressed, however, that school feeding becomes an end in itself, rather than a complementary aspect to education uptake, can often be the attraction for children



coming to school, and that enrolment and attendance may fall when feeding programmes stop.

Psychosocial support (PSS) was seen as an important component of care and support shared by most programme approaches and interventions already in motion. HIV-affected children may need specialised psychological support, including trauma counselling in the event of illness and death in the family. In some countries, skilled counsellors are available in schools or such services are available by referral to other parts of the social services systems. Where these resources do not exist, especially in resource poor settings, teachers could be trained in the basics of counselling. However, it may not be realistic to expect teachers to take on extra responsibilities in an already overburdened workload. What seems to be the case is that teachers are often performing this role, sometimes way beyond the call of duty, and without any specialised training.

Several of the programmes reviewed used the development of food gardens to promote sustainable livelihoods, through subsistence or entrepreneurship. In two programmes (Tanzania's Jali Watoto programme and Zambia's BELONG programme), efforts were made to promote adolescent livelihoods, providing school-based agricultural development, imparting technical skills, and, in the case of Jali Watoto, using them to generate small-scale income generation projects for young people. However, most primary and secondary school curricula in the SADC region are not flexible enough to promote child/adolescent livelihood activities whilst the individual is in school.

Research into social benefits in the South African context reveals that children benefiting from them (for example, via child support grants or a pensioner who receives the old age pension) show significantly improved school attendance patterns. South Africa has the most extensive coverage of support grants in the region. Cash grants are also widely being seen as a cost-effective and complementary way to provide care for children chronically affected by hunger, food insecurity, poverty and affected by HIV and AIDS. Several SADC Member States have piloted forms of cash transfer to the most needy, financed from national budgets and aimed at assisting households and children in need. Most programmes under review recognised that building child participation is a cornerstone of most care and support programme interventions, recognising that children have dignity, have views on matters affecting them and should have a voice (and the participatory skills) to express them.

Most initiatives recognise that transforming schools into centres of care and support requires much from the classroom teacher. Teachers often find their roles extended in a care and support environment. None of the programme examples under discussion make explicit reference to the kinds of support, other than in training and mentoring, that teachers may need in fulfilling their roles and responsibilities.

Many programmes rely on volunteers to act as facilitators, co-ordinators, caregivers etc. and these are routinely recruited from within communities. In those programmes (for example, Swaziland's Neighbourhood Care Points) offering nutritional support in the form of meals, volunteers felt stressed that while they were administering food aid, they

were not themselves entitled to it. Volunteers often require economic strengthening themselves, with opportunities for income-generation to sustain their volunteer efforts.

An appropriate curriculum that speaks to the unique needs of vulnerable children may contribute to the child's accessing formal school later on, for children in-school, staying there and improving their developmental outcomes. Zambia's Interactive Radio Instruction programme uses non-formal, distance education, through a tailored curriculum to facilitate learning for out-of-school children.

The COBET programme in Tanzania, a complementary programme to support formal primary education, provides relevant, quality basic education, and life and survival skills to out-of-school children. The programme is condensed and competency-based and has seen success in enabling children to return to the formal education system.

Most of the care and support programme examples rely considerably on the involvement of communities, and their commitment and ownership of an initiative to help achieve results. Beyond community advocacy (sensitisation and mobilisation) most programme initiatives offer training in participation, including rights awareness training and practical project implementation training, the latter particularly for projects which draw on communities to play a management and/or oversight role in implementation. Working with and through local leadership structures has proved to be a proper and authoritative approach.

Studies have shown that community involvement is vital to secure ownership and ensure sustainability in the provision of support to vulnerable children. Awareness-raising in communities can help to promote understanding of the needs of orphans and vulnerable children and mobilisation can place decision-making powers in the hands of local communities. Community advocacy aims to enlist support from all levels of community (from rural village leadership to parents, caregivers and other community stakeholders). An ongoing process of community advocacy is a feature of all programmes under review.

Most of the programme interventions under review relied on the active collaboration of a number of interested groups for the programme to be truly effective, to promote the mainstreaming of care and support in the education system and the programme scale-up. Mainstreaming care and support begins with putting in place policies and practices that promote care and support for teaching and learning and allowing these to infuse the whole system of education delivery.

A large number of studies indicate that there is a strong need for a holistic form of approach to care for OVC, and that multi-sectoral collaboration is key to achieving success in providing comprehensive support to OVCs.

Most of the programmes under review are essentially multi-sectoral in their thrust. Most are implemented by a partnership of organisations, including a government department, usually the Ministry of Education, as the dominant partner, an implementing agency and external organisations who provide funding, expertise and technical support.

Programmes piloted to date have tended to be relatively small in geographic coverage and numbers of learners reached. In their pilot phases, they are untested for scale-up and replication has not been accommodated in government policies, plans and budgets.

Scaling up care and support programmes can present challenges in prevailing conditions. The strength of education systems differs widely between many member states and the available support services available to schools may differ also. It is not unreasonable to posit that a tested model which may have been a success in one site might be deemed too complicated or too costly to scale up on a national level.

Disseminating the findings of pilot programmes and agreeing on the way forward is an important early step in scaling up programmes.

Education Ministries in various SADC countries expressed an interest in the Schools as Centres of Care and Support (SCCS) programme when, in 2005, they were presented with the model and findings of field tests in South Africa. Following the signing of a communiqué, the SCCS programme was piloted in the Region with a view to scale up involving Ministries of Education in participating countries as lead partners. The regional pilot of the SCCS programme has prepared the way for the inauguration of the Care and Support for Teaching and Learning (CSTL) programme, building on SCCS programme experience in strengthening systems to help schools better meet the needs of vulnerable children and address barriers to teaching and learning.

### **Core elements of care and support for teaching and learning**

In summary, the core elements of school-based care and support for teaching and learning based on the experience of the programme interventions discussed in this review are:

- **External funding** is needed to help put a programme into motion until such time as internal mobilisation can act to promote sustainability. Having programmes such as these led by government policy, structures and co-ordination can help promote sustainability.
- **Harnessing local resources** means building on local and national mechanisms already in place to avoid duplication, competition and to promote community ownership.
- **Schools as nodes of care and support** can have several benefits for learners, communities and schools themselves. Transforming schools into centres of care and support has proved a good strategy for bringing resources and services closer to those who need it most.
- **Identifying vulnerable children** should involve communities, thereby capitalising on local knowledge and promoting community ownership.

- **School costs** need to be moderated in a way that promotes education access. No fee policies at primary school in many Member States have been seen to have considerable benefits. A longer-term view of programme work could take into account the importance and need for the child to access secondary education also.
- **Nutrition support** in the form of school or facility-based nutrition programmes have been widely successful, addressing child hunger as a basic survival need. For nutrition programmes to succeed, adequate training in all aspects of nutrition support should be provided, as well as training in reporting, record-keeping and monitoring activities.
- **Psychosocial support** is an important component of care and support shared by many programmes piloted or currently in implementation. Building capacity in this area could promote increased uptake of psychosocial support services by vulnerable children and families.
- **The teacher is the primary care and support pillar.** Teachers need to be equipped with skills to fulfil their function as primary providers of care and support in the classroom/school setting. Delivering quality education implies that teachers are versed in care and support strategies and methodologies. Personal and professional support to teachers could assist them in fulfilling their roles and responsibilities better.
- **Safety and protection for children.** The school creates and sustains an environment of safety and protection for all children, especially the most vulnerable. It can offer life skills support in the curriculum, psychosocial services and, in collaboration with other agencies, access to health promotion and safety and protection mechanisms. Mainstreaming care and support in education means adopting strategies that will strengthen the protective environment for children.
- **Curriculum support.** The curriculum could be relevant to the needs of vulnerable children and flexible enough to promote livelihood and survival skills for out-of-school children.
- **Social assistance.** Children need access to available grants and other forms of social assistance provision and schools could promote access by facilitating birth and identity registration where necessary. Social grants (and complementary cash grants) help the school build an environment of care and support, promoting poverty alleviation and education access.
- **Child participation** is a cornerstone of care and support provision. Children can be active participants in identifying problems and finding solutions. Promoting child participation involves developing rights awareness levels and creating room for child (peer) structures to promote growth and mutual support.

- **Volunteerism** in resource-poor settings is frequently problematic. Volunteers often require economic strengthening themselves, with opportunities for income-generation training and support so as to sustain their voluntary roles in the care and support of OVC. Additional human resources to schools can help to limit the burden on volunteer capacity.
- **Community participation** and ongoing community advocacy will help build community ownership and participation, with capacity-building. Local leadership involvement can help to build credibility and sustainability. Cultural specificities will determine norms and behaviours in interpersonal interaction and community processes.
- **Mainstreaming care and support** in the education system aims to infuse the whole system of education delivery. It upholds the ‘Eight Cs’ of Capacity, Commitment, Coverage, Cost, Culture and Context, Competition and Collaboration.
- **Multi-sectoral collaboration** is critical for the delivery of an integrated package of care and support services to OVC. It requires a high level of commitment and involvement from all partners. It implies strong co-ordination, usually by Ministries of Education, and strong partnerships between government, civil society and community.
- **Monitoring and evaluation.** Investing resources in information management and monitoring is important. It requires procedures and capacity. Monitoring processes could aim to document practice, determining impact indicators and developing measures to bring these two elements together.

The literature review concludes by offering some suggestions for further research in order to increase knowledge in specific areas which may impact the region’s commitment and capacity to offer care and support for teaching and learning.

## List of Abbreviations

AIDS	Acquired immune deficiency syndrome
ACRWC	African Charter on the Rights and Welfare of the Child
BEGE	Basic Education and Gender Equality
BELONG	Better Education and Life Opportunities through Networking and Organisational Growth programme, Zambia
CHAMP-OVC	Community HIV/AIDS Mitigation Project for Orphans and Vulnerable Children
COBET	Complementary Basic Education in Tanzania programme
COS	Circles of Support
CRC	Convention on the Rights of the Child
CRS	Catholic Relief Services
CFS	Child-Friendly Schools
CSTL	Care and support for teaching and learning
DfID	Department for International Development (UK)
ECA	Economic Commission for Africa
ECD	Early Childhood Development
EDI	EFA Development Index
EFA	Education for All
IATT	Inter-Agency Task Team
IIEP	International Institute for Educational Planning
ILO	International Labour Organisation
IRI	Interactive Radio Instruction programme, Zambia
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MOVE	Mountain Orphans and Vulnerable Children
MTSP	UNICEF's Medium Term Strategic Plan
MTT	Mobile Task Team
MVC	Most Vulnerable Children programme, Tanzania
NCP	Neighbourhood Care Points programme, Swaziland
NDP	National Development Plan
NGO	Non-Governmental Organisation
OVC	Orphans and vulnerable children
OVCY	Orphans and vulnerable children and youth
PCI	Project Concern International
REPSSI	Regional Psychosocial Support Initiative
RISDP	SADC Regional Indicative Strategic Development Plan
RSP	Regional Support Pack
SADC	Southern African Development Community
SBST	School-based support teams
SCCS	Schools as Centres of Care and Support

SFA	Schools for Africa
SNOCS	Schools as Nodes of Care and Support, Soul City
SRHR	Sexual and Reproductive Health Rights
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNECA	United Nations Economic Commission for Africa
UNICEF	United Nations Children’s Fund
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UPE	Universal Primary Education
WFP	World Food Programme
ZOCS	Zambia Open Community Schools

## Terms and definitions

Some of the terms used in this literature review are defined as follows:

**Caregiver.** A caregiver is a person who has responsibility for caring for children. The caregiver may be a biological parent or grandparent, a relative or unrelated individual.

**Child.** A child is aged 0–17 years, boy or girl, attending school or out of school, as defined by the Convention on the Rights of the Child. It is to be noted that this age span is not consistent in constitutional definitions across SADC Member States. Most national constitutions do not define childhood by age; some specify variable ages for the prohibition of child employment, exploitation and detention. Whereas Tanzania, for example, defines a child as under 15 years old, it prohibits employment of children under 12 years.<sup>1</sup>

**Holistic approach.** A holistic recognises that in the child’s development includes his/her intellectual, emotional, spiritual, social and physical growth towards full potential. It also involves the full range of role-players and duty-bearers.

**Learner.** A learner is a child or youth, boy or girl, attending school.

**Orphan.** An orphan is a child aged 0–17 years whose mother (maternal orphan) or father (paternal orphan), or both (double orphan) are dead.

### Orphaning

While the vulnerability status of children orphaned by HIV and AIDS is extensively documented, a literature review prepared by the UNAIDS Inter-Agency Task Team (IATT) on Education points out that ‘the evidence on the impact of HIV-related orphanhood on rates of schooling is conflicting, with some indication that effects may be specific to context and findings subject to methodological variations’.<sup>2</sup> Other vulnerable children may suffer comparable disadvantages, due to having parents and other family

<sup>1</sup> Save The Children Fund, 2009.

<sup>2</sup> UNAIDS IATT, 2009.

members who are HIV infected or suffering from AIDS, living in families that are caring for orphans and others, living in communities severely devastated by HIV and AIDS, living with HIV since birth, being newly infected with HIV, and being at risk from HIV infection through lack of economic or gendered power in areas of high prevalence.<sup>3</sup>

The IATT study points out that there is a growing trend for moving away from AIDS orphan-targeting as programme interventions may intensify stigma and discrimination among equally poor and needy households. The Joint Learning Initiative on Children and HIV and AIDS (JLICA) suggests using poverty as a 'primary inclusion criterion, noting that in high-burden settings this form of targeting has been found to be AIDS-sensitive', especially when linked to one other criterion (eg. household dependency).<sup>4</sup>

**Psychosocial wellbeing** includes the physical, material, psychological, social, cultural and spiritual wellbeing of the child. This necessitates a holistic approach, drawing in the individual, households, families, communities and schools, often based on the African concept of 'ubuntu'.

**School community.** A school community is the community of all stakeholders involved in the life of a school including learners, teachers, and support structures. It extends to include all other players, including parents and caregivers, and external bodies, public and private) offering support services to the school.

**Stakeholder.** A stakeholder is a member of the school community as defined above, including external bodies, government and non-government, who is concerned with the child's development at school.

**Stunted growth** in children is the result of chronic maternal and childhood under-nutrition. In the developing world, under-nutrition contributes to more than a third of deaths in children under five. According to UNICEF, 'The 1,000 days from conception until a child's second birthday are the most critical for a child's development. Nutritional deficiencies during this critical period can reduce the ability to fight and survive disease, and can impair their social and mental capacities.' A stunted child is 'likely to experience a lifetime of poor health and underachievement'.<sup>5</sup> Height-for-age indicators are used for measuring long-term nutritional deprivation.

**Vulnerability.** A child is rendered vulnerable by such conditions as: orphaning, destitution or abandonment; neglect, malnourishment, lack of food security; being from vulnerable households where members (parents, guardians, carers) may be sick,

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<sup>3</sup> UNAIDS IATT on Education. 2008. *Toolkit for Mainstreaming HIV in the Education Sector: Guidelines for Development*, quoted in UNAIDS Inter-Agency Task Team (IATT) on Education, Literature Review on HIV and AIDS, Education and Marginalization, 2009, p. 4.

<sup>4</sup> Joint Learning Initiative on Children (JLICA), Home Truths: Facing the facts on children, AIDS and poverty, 2009, p. 43.

<sup>5</sup> 'One third of children in the developing world are permanently stunted by malnutrition' says UNICEF, Beijing, 11 November 2009, Media Centre, <[http://www.unicef.org/china/media\\_11937.html](http://www.unicef.org/china/media_11937.html)> accessed 31 May 2010.



unemployed and without income; victims of abuse, trafficking, ill-treatment or violence; having disabilities and/or demographic disadvantage, such as living in a remote area. Emphases in policy definitions of vulnerability may vary from context to context, or country to country. The categories listed above broadly make up the common elements of a definition of vulnerability found across the Region and worldwide.

### **Child vulnerability**

Vulnerability can be explained as ‘the involuntary situations or conditions that place a child at a higher risk of deprivation of their basic survival and developmental needs’<sup>6</sup>. It implies that the child’s immediate support system may be fragile and that external support is needed to meet the child’s needs. Child vulnerability is often associated with orphaning, although it is not restricted to orphaning by definition. The OVC toolkit for sub-Saharan Africa produced by the World Bank describes vulnerable children as more at risk than their peers. ‘In an operational context we can say that they are the children who are most likely to fall through the cracks of regular programs, or, using social protection terminology: OVC are groups of children that experience negative outcomes, such as the loss of their education, morbidity, and malnutrition at higher rates than their peers.’ The World Bank definition also refers to a ‘downward spiral’ in child vulnerability, in which each experience of ‘shock’ (eg orphaning) leads to a new level of vulnerability and greater risks. ‘At the bottom of this spiral we find children who live outside of family care and situations of severe family abuse and neglect.’<sup>7</sup> The most critical stages of vulnerability of children, at the bottom of the spiral, are the most difficult for sustaining a cost-effective care and support intervention. OVCY care and support aim to mitigate the effect of ‘shocks’.

**Wasting** is caused by low energy and nutrient intake causing muscle and fat tissue to disintegrate. Wasting episodes are typically of short duration, in contrast to stunting, and are sometimes referred to as ‘acute malnutrition’. Weight-for-height indicators are used for measuring acute malnutrition.

**Youth.** A youth is aged 15–24, boy or girl, attending school or out of school.

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<sup>6</sup> MIET Africa, 2009.

<sup>7</sup> <<http://info.worldbank.org/etools/docs/library/164047/index.htm>>

## 1. Introduction and aim of the literature review

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In 2004, UNICEF estimated that the number of children orphaned by AIDS globally would exceed 25 million by 2010, most of them in sub-Saharan Africa. HIV and AIDS, poverty and a variety of other factors in the physical, political, socio-economic and ecological environments would radically threaten survival and development opportunities of children. This projection was published in UNICEF's 2004 *Framework for the Protection, Care and Support of Orphans and Vulnerable Children*<sup>8</sup>, a document drawn up by a wide array of practitioners and representatives, government and non-government, in the international development field, with the purpose of providing global leaders and decision makers with a common agenda for an effective response to the problems of orphans and vulnerable children and youth.

At the time of reporting, 2004, according to the framework, few resources were reaching families, schools, communities and health care and welfare systems to help them cope with the impact of these hazards. Little attention was being given in national development agendas to help provide a front-line response and donors had not yet come up with comprehensive and targeted programmes. The framework stressed that governments and agencies needed to work together in co-ordinated ways to achieve an effective response to the problems presented by the epidemic and the related problem of poverty in underdeveloped regions of the world. Leadership, co-ordination and facilitation by governments were described as fragmented and weak, with programmes reaching a tiny minority of vulnerable children.

Over the last six years, since the publication of the 2004 UNICEF framework, the demand for an education sector response has been mounting and programme interventions to offer care and support to vulnerable children have been piloted and implemented. Increasingly Ministries of Education across Africa have risen to the challenge of providing large-scale interventions at a national level. This has been most evident in the sub-Saharan region, incorporating the SADC region, where widespread poverty and high HIV prevalence has had an unprecedented negative impact on millions of children. A review of the literature available suggests that more widely across developed and developing nations, education-based interventions have concentrated on supporting children through HIV education and awareness-raising. Sub-Saharan Africa appears to lead the way in proposing and piloting more holistic and integrated models of care and support which focus on a broad spectrum of the needs of children, especially the most vulnerable.

The Southern African Development Community (SADC) region is afflicted by poverty, war, HIV and AIDS placing millions of children at risk. Providing care and support to

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<sup>8</sup> [http://www.unicef.org/aids/files/Framework\\_English.pdf](http://www.unicef.org/aids/files/Framework_English.pdf)

vulnerable children is one of the greatest challenges currently facing the region. The education sector is just one sector in which there are negative repercussions: The majority of OVCY are of school-going age; however they are less likely to enrol at or attend school regularly and more likely to drop out of school than their non-vulnerable peers<sup>9</sup>. Thus, the growing number of OVCY is offsetting progress towards achieving the Education For All (EFA) goals and other international and national targets. There is however, a great deal of potential, for education systems to form a key part of the solution to providing care and support to OVCY.

Children spend a large portion of their lives at school. Sometimes a school is the only infrastructure in a small rural community and for parents and children alike represents the promise of learning which will secure a child's future. The school brings together people who occupy a number of different roles (in the classroom, in the playground, in management and on governing bodies, in support services and other groups). The school has therefore been identified by many service provision agencies and organisations as an essential node for the delivery of care and support services to vulnerable children.

Schools are not the only centres for the provision of support services, however. Over the last ten to fifteen years, as HIV /AIDS has tightened its grip over communities across the southern African region, a plethora of non-government initiatives, operating independently of schools, have been set up to respond to the needs of children and families made vulnerable by the pandemic.

All approaches to the implementation of care and support interventions in the school appear to uphold above all a common commitment to putting the needs and interests of the child first and strengthening school communities to provide a more caring, supportive and inclusive environment for effective teaching and learning.

Mainstreaming care and support in school-based interventions involves a paradigm shift in the schools' approach to the development and education of the child. Schools are no longer expected to hand down an education package from within a vertical ministerial stream. Rather, policies, services and programmes designed to support vulnerable children and their families need to be more diffuse and enacted in an integrated manner, rather than in programme isolation. Children's developmental needs (health, education, protection, nutrition and poverty reduction, for example) must be addressed across policies, procedures, planning, budgeting, capacity building, human resource development, monitoring and evaluation and inter-sectoral networking.

This literature review aims to identify the core elements which are necessary for the provision of school-based care and support to teachers and learners in the SADC region. With a focus on particular studies and programmes, it aims to provide signposts for the development of the existing sub-regional research agenda, identifying lessons learnt from current practices.

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<sup>9</sup> UNESCO, 2008a

**Section 2** identifies the main documentation sources used in this literature review as well as the limitations associated with these.

**Section 3** gives a brief overview of the institutional policy framework for a co-ordinated response to providing care and support for children rendered vulnerable by socio-economic and health factors at international, regional and national levels. International instruments have set targets for countries to draft and implement domestic policies to address the needs of vulnerable sectors. A review of progress in SADC Member States in achieving compliance in law and policy reform, together with progress in implementation, is being conducted separately.

**Section 4** provides a brief overview of the SADC region focusing on demographic data that has a bearing on the ability of children in the Region to access quality education. and the importance of the school system as entry points for the care and support interventions through partnership of government and non-government organisations across a wide spectrum.

**Section 5** discusses the various modalities of care and support for teaching and learning observable in 14 programme interventions across the SADC region, touching on implementation achievements and challenges.

**Section 6** provides a summary of the core elements of care and support for teaching and learning and demonstrated by the commonalities in the 14 programme interventions discussed in Section 5.

**Section 7** draws out some of the information and research gaps evident in the literature and suggests potential areas for further research.

## 2. Methodology

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This literature review aimed to gather evaluative information about school-based care and support programme interventions in the SADC region.

### 2.1 Terms of Reference

**Review, analyse and summarise relevant literature on care and support for teaching and learning**, with a particular focus on studies, programmes and findings conducted in/relevant to the SADC region. The following (non-exhaustive list of) sources should be consulted for the review:

- Literature reviews
- Research studies/papers/articles
- Programme documents
- Best practises/lessons learnt documents
- Programme evaluations

The literature review report should be a maximum of 50 pages in length and should include:

- Key, relevant findings internationally on care and support for teaching and learning.
- Brief context/background information about the SADC region, the need for care and support and the type(s) of care and support needed.
- Common and unique ‘core elements’ of care and support for teaching and learning programmes.
- Key findings on research related to CSTL common care and support elements viz psychosocial support; safety and protection; social and welfare services; health promotion; nutrition; water and sanitation; care and support for teachers and integration of care and support into teacher training; key findings in relation to modalities of delivering care and support for teaching and learning programmes: Multi-sectoral collaboration, community participation, child participation.
- Good/best practises in relation to care and support for teaching and learning elements and modalities in the region.
- Lessons learnt from failures in relation to care and support for teaching and learning elements and modalities in the region.
- Information/knowledge gaps in relation to care and support for teaching and learning elements and modalities in the region.
- Appendix summarising care and support for teaching and learning programmes in SADC region (pilot/small-scale vs national/large programmes)

The review is to be carried out under the guidance of the CSTL Researcher and in consultation with the CSTL implementing team, partners and Member States.

The following time allocation is proposed:

- 5 days collecting documents
- 5 days synthesizing documents
- 10 days preparing full draft
- 5 days making revisions, preparing final document for presentation

= total 25 days

## 2.2 Research methods

The literature review was substantially desk-based. The focus of the review was on care and support in the SADC region. However, many internet and print resources from outside the region were consulted.

The literature review provides a summary overview of the international, regional and national conventions and policy guidelines related to care and support for vulnerable children. The institutional framework for care and support has been examined and reported extensively and is summarised in the many documents that have emerged from the international aid community and the SADC region itself.

Demographic information was sought from international data collation agencies, such as UNAIDS, UNESCO and the World Bank and interpretative information on the demographics emanates from ongoing research work of MIET Africa.

Internet research was undertaken using the following search strings: school-based care and support programmes, SADC region, right to education, education access, barriers to learning, national plan of action for OVC, nutrition, health promotion and provision, psychosocial support, child participation and curriculum support. Consistently, these searches turned out results describing OVC support interventions from the sub-Saharan region. Programme interventions were studied where they included as least three of the core elements of school-based care and support provision (for example, nutrition, psychosocial support, multi-sectoral involvement, community participation, curriculum support etc).

The literature review relied extensively on several core documents on care and support for teaching and learning: these included evaluative reviews conducted by the Save the Children Fund, the Catholic Relief Services and UNESCO. Of particular importance was UNESCO's sourcebook of programme experiences from Eastern and Southern Africa: 'Promoting Quality Education for Orphans and Vulnerable Children'. In this document, 12 programme examples are used to share practical experiences of humanitarian and government agencies and civil society organisations in seeking to address the educational rights of OVC.

From these and other sources, many examples of school-based care and support for teaching and learning were uncovered. A selection of 14 programme examples was made

where evaluative information was available, that is, where programme descriptions were accompanied by evaluation reports and some analysis of programme strengths and weaknesses. Among these 14 programme examples are several interventions that were based as complementary facilities catering to out-of-school children and youth. In most cases, these programmes were found to conform to the model of care and support evident in school-based interventions.

### 2.3 Limitations of the study

One limitation of this research was the unavailability of literature (programme evaluations) from care and support interventions in the SADC region. While it is acknowledged that the region abounds in such intervention examples, few reports were traceable. This highlights the urgent and important need for a sharing platform for experiences and learnings in the region.

Another limitation of the research was the lack of available information on comparable interventions at an international level, i.e outside Africa. This opens the need for further research, perhaps by reformulating the search methods used.

## 3. The institutional framework for care and support for teaching and learning

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Many international, continental, regional and national instruments provide the context and mandate for care and support for teaching and learning.<sup>10</sup> These instruments define children's rights and recognise, as recorded in the 1948 Universal Declaration of Human Rights, that education is a fundamental right of the child. They accordingly set targets for education sectors and address significant causes of vulnerability, such as poverty, HIV and AIDS and gender inequalities.

At international level, the Millennium Development Goals (MDG) and Education for All (EFA) goals commit countries around the world to achieving key international education development objectives including eradicating extreme poverty, hunger, achieving universal primary education; promoting gender equality and the empowerment of women, reducing child mortality, combating HIV and AIDS and other diseases, and ensuring environmental sustainability. The EFA Development Index for the school year ending 2006, a composite measure of progress towards four of six EFA targets<sup>11</sup>, has

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<sup>10</sup> Several documents outline the legal and policy parameters that exist at international and regional levels, providing guidelines for the implementation of care and support programmes. See particularly Save the Children, Literature and Desk Review on the SADC Minimum Package of Services for OVCY, November 2009; CSTL Regional Support Pack.

<sup>11</sup> Universal primary education, adult literacy, gender parity, quality of education.

shown that no SADC country has yet achieved these goals. Countries ranking in an intermediate position include Botswana, Lesotho, Mauritius, Namibia, South Africa, Swaziland and Zimbabwe. Some countries – Mauritius, Namibia and Swaziland – have seen numbers of learners reaching Grade 5 decrease; and Malawi and Mozambique are assessed as ‘far from EFA’.<sup>12</sup>

The Universal Declaration of Human Rights and the United Nations Convention on the Rights of the Child (UNCRC) are the highest international laws relating to the inalienable rights of children under the age of 18. Signatories to the UNCRC, which include all 15 SADC Member States, are called upon to review the laws relating to children to align them with those outlined by the convention. They are bound also to create an enabling environment for the protection of children’s rights. The convention advocates that HIV and AIDS be addressed holistically where they affect children’s rights, especially where they impinge on education, health, social, cultural, political, civil rights, and that signatories adopt a comprehensive approach to providing prevention, care, support and treatment policies and programmes for affected children.

All SADC Member States have ratified the UN General Assembly Special Session on HIV/AIDS (UNGASS) Declaration of Commitment on HIV and AIDS. This Declaration aims to ensure that by 2010, 95% of children aged 15 to 24 have access to the information and services they need to reduce their vulnerability to HIV infection. Signatories are called upon to build capacity and supportive environments for the implementation of national policies improving children’s enrolment in school, access to shelter, nutrition and health services, and building protection for Orphans and Vulnerable Children and Other Youth (OVCY) from all forms of ‘abuse, violence, exploitation, discrimination, trafficking and loss of inheritance’<sup>13</sup>. The Maseru Declaration on HIV and AIDS of 2003 takes forward the UNGASS declarations on the need to fight HIV and AIDS and other communicable diseases through multi-sectoral strategic intervention.

With the exception of Swaziland, all SADC Member States are also signatories to the African Charter for the Rights and Welfare of the Child (ACRWC) which upholds the rights and welfare of children under the UNCRC with special reference to the protection of OVCY. Signatories are called upon to eliminate practices prejudicial to the child, such as female genital mutilation and marriage or betrothal before the age of 18.

SADC Member States are also signatories to the ILO convention 182 on the worst forms of Child Labour, calling upon signatories to establish mechanisms to eliminate child labour and to implement programmes to eliminate children’s vulnerability to slavery, bondage, serfdom, recruitment into armed forces and prostitution, pornography and drug dealing. Children in situations of war and conflict are noted as particularly vulnerable, as are unaccompanied migrant children.

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<sup>12</sup> EFA GLOBAL Monitoring Report 2009,

<sup>13</sup> Declaration of Commitment on HIV/AIDS, UN General Assembly Special Session on HIV/AIDS, 24-27 June 2001, para. 65, p. 29.



At the regional level, in the context of the SADC Regional Indicative Strategic Development Plan (RISDP), several other agreed instruments highlight the particular development needs of vulnerable children across the region. The 2003 SADC Declaration on HIV and AIDS prioritises the need to improve care, treatment and support and to improve healthcare systems for communities and OVCY. The SADC Protocols on Education and Training (2000)<sup>14</sup> and Health (2008) affirm SADC's commitment to widen access to education and to improve access to health. The 2008 SADC Protocol on Gender and Development affirms SADC's commitment to eliminate gender inequalities in the region and the threats facing vulnerable groups, women and children in particular, relating to the spread of HIV, human trafficking, poverty, violence, and harmful cultural and social practices. The SADC Strategic Framework and Programme of Action (2008-2015): Comprehensive Care and Support for Orphans, Vulnerable Children and Youth in SADC sets an agenda of five strategies by which OVCY should benefit from policies, programmes and resources. It advocates a holistic and integrated approach to meeting the basic developmental needs of vulnerable children and youth across Member States, and encourages multi-sectoral partners to co-ordinate and harmonise policies and strategies across the region and to strengthen partnerships for comprehensive service delivery at regional and national levels. It advocates the mainstreaming of a care and support strategy for OVCY in different sectors of development and the strengthening of conditions and mechanisms for service delivery. It promotes evidence-based policies and programmes advocates further the integration of National Plans of Action (NPAs) into national development plans. It recognises the need for Member States to have resources and expertise to support technical aspects of mainstreaming OVCY care and support, and to strengthen, document, monitor and evaluate programmes. A six-year business plan has been developed for implementation of the strategic framework and Programme of Action. A proposed Minimum Package of services for OVCVY aims to meet these goals and avoid inconsistencies in approach and implementation.

At Member State level, most countries have National Plans of Action (NPAs) on the rights, protection, care and support of children in keeping with the obligation to domesticate international law. Special provision is made for the protection of orphans and other vulnerable children and youth in the national strategies and policies of four SADC Member States (Botswana, Malawi, South Africa and Zimbabwe). In other Member States, OVCY care and support is accommodated in policies relating to people affected and infected by HIV and AIDS, though most are now developing NPAs for OVCY also. However, the Save the Children Literature and Desk Review points out that generally SADC policies and programmes for youths are weaker and less resourced, and there is less attention given to infant children and early childhood development:

'The most common interventions are health and nutrition and birth registration. Slightly less than half of the plans have components that include childcare centres (8) or community-based centre programmes (7). Some NPAs incorporated concerns for psychosocial support for younger children (4), a holistic approach to the treatment of HIV-infected children (6) and incorporating young children's concerns in home-based care (3) Only two programmes mentioned capacity building for working with young

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<sup>14</sup> Adopted in September 1997 and entered into force in July 2000.

children and three plans had age categories in their monitoring and evaluation plans. Some NPAs included programmes for young children but did not include funding'.<sup>15</sup>

While some Member States provide for free and compulsory education for all with special emphasis on vulnerable groups (education of disabled children and for girls, for example), millions of children across the region do not realise this fundamental right, despite the provisions that exist in our national and sectoral instruments.

Since 2003 USAID, UNICEF, UNAIDS and the WFP have been participating in at least ten SADC Member States in the Rapid Assessment, Analysis and Action Planning (RAAAP) initiative for OVCY. According to the Save The Children Literature Review, OVC policies are 'frequently not integrated into national poverty alleviation plans, national HIV/AIDS strategic plans and policies, or human rights frameworks'<sup>16</sup> and huge gaps exist in the domestication and enforcement of international policy guidelines. Gaps and challenges in enforcing child protection and human rights laws, render OVCY more susceptible to poverty, stigma and discrimination.

Importantly for the region, when the education ministers met in Swaziland in 2005, a Communiqué was issued describing the critical problems facing the SADC Member States in the face of rapidly growing numbers of OVCY and proposing the delivery of school-based essential care and support services to vulnerable children. When Member States met in Lusaka in July 2008, another Communiqué was signed, reinforcing SADC's commitment to mainstreaming care and support through the adoption of the Care and Support for Teaching and Learning (CSTL) initiative.

## **4. The Southern African Development Community (SADC)**

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This section deals with demographic features of the SADC Region which may present barriers to a child's ability to access their right to education. Children in the Region face a wide range of challenges in their development that must be addressed in attempts to transform schools into centres of care and support for teaching and learning. Some of these challenges are discussed below. The extent to which children are affected by these factors varies across the region, especially as regards household wealth, gender, vulnerability status and other contextual features.

### **4.1 Poverty**

Poverty has been described as a 'formidable barrier'<sup>17</sup> to education development across the Region and 'an underlying form of vulnerability that often causes and reinforces all

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<sup>15</sup> Save the Children Fund, 2009.

<sup>16</sup> Save the Children Fund, 2009.

<sup>17</sup> MIET Africa, Research Analysis, 2010, p. 4, quoting Berry, L and T. Guthrie. 2003. 'Rapid assessment: the situation of children in South Africa'. Children's Institute (University of Cape Town) and Save the Children.

other forms of vulnerability'.<sup>18</sup> It has been estimated that up to two-thirds of the SADC population live below the international poverty line of US\$1.25 per day. Unemployment is high, ranging from 25 per cent in Botswana to over 80 per cent in Zimbabwe.<sup>19</sup>

Many countries in the Region have a low economic status and low Human Development ratings. Only Seychelles and Mauritius fall into the high human development category.

'The majority of SADC Member States fall within the two lower categories of human development: six Member States fall in the medium human development category [HDI Index Value = 0.799 – 0.500]: South Africa, Botswana, Namibia, Swaziland, Madagascar and Tanzania; and six are in the low human development category [HDI Index Value = less than 0.500]: Lesotho, Angola, Malawi, Zambia, Zambia, Mozambique and RDC. Zimbabwe is not ranked'.<sup>20</sup>

While macroeconomic policies in most states are improving and there are consistent rates of economic growth, economic support is generally not reaching the poorest.

Vulnerable groups such as households headed by the elderly, the ailing, the unemployed and children experience particularly acute levels of poverty. Children living in poverty are exposed to poor living conditions, unsafe environments, and compromised access to food, shelter, education and care. Household wealth has a strong impact on education access and retention.<sup>21</sup>

Poverty has a negative impact on learner attendance with children from poorer households less likely to attend school and to make progress academically. Living in a poor household can mean for children that they are expected to perform household and subsistence chores (such as collecting water) which can negatively impact their education. It can also involve them in care duties in the context of AIDS morbidity and mortality, and of care for the elderly, and associated costs can drain the household of resources to meet the basic needs of children.<sup>22</sup>

Poverty also contributes to the high incidence of out-of-school youths, particularly in sub-Saharan Africa, which has 19 per cent of the world's primary school-age population, but accounts for 47 per cent of out-of-school youth worldwide<sup>23</sup>. Having to pay school fees and purchase uniforms and books also presents challenges for learners from disadvantaged backgrounds. In some SADC Member States (Lesotho, South Africa, Tanzania and Zambia), fee exemption policies have been seen to stimulate learner enrolment and attendance.<sup>24</sup>

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<sup>18</sup> SADC Strategic Framework and Programme of Action for Comprehensive Care and Support of OVCY (2008-2015), Section 2.1.1.

<sup>19</sup> Save the Children Fund, 2009

<sup>20</sup> Save the Children Fund, 2009.

<sup>21</sup> MIET Africa Research Analysis

<sup>22</sup> MIET Africa Research Analysis

<sup>23</sup> UNESCO, 2009.

<sup>24</sup> UNESCO, 2009.

Poor children are more likely to be enrolled at inadequately resourced schools, thus increasing the inequalities in their access to quality education<sup>25</sup>. Resources and facilities at schools, such as electricity, water and sanitation, can improve learning outcomes. A UNESCO survey in 2009 found that half the learners in Grade 6 classes in several sub-Saharan countries, including Malawi, Mozambique, Tanzania, and Zambia in the SADC Region, did not have a single book<sup>26</sup>. Thus, the cycle of poverty is perpetuated as learners from poor backgrounds often attend impoverished schools that are unable to provide them with quality education and access to opportunities.

In addition poor children are likely to be at risk of lower health access and outcomes (see 4.2 below) which further compromises their ability to access education. Poverty also increases the child's vulnerability to abuse, susceptibility to substance abuse and exploitation.<sup>27</sup>

Gender is a cross-cutting issue affecting the impact of poverty on households in the Region. Women provide around 80–90 per cent of all labour in subsistence agriculture and 70 per cent in cash crop production.<sup>28</sup> 'Yet because women have limited access to land and security of tenure, income generation and development are inhibited. Land tenure is often controlled by customary law that disadvantages women. Women and youth find it difficult to access credit, due to lack of collateral and also the attitudes of banks towards women borrowers and young people. This affects female and youth entrepreneurs and women and young people who want to start or expand their own businesses, thus further restricting opportunities for vulnerable female and youth-headed households to improve their situation.'<sup>29</sup>

## 4.2 Geographical location

Education access for children resident in deep rural areas can be a problem, especially if these areas are mountainous or with limited accessibility to service hubs. In Lesotho, school access rates for children in urban areas differed markedly with 68 per cent of children enrolled in urban schools compared with just 7 per cent in rural schools.<sup>30</sup> In the context of severe rural poverty, the Lesotho study found that education was accorded a low value in mountain areas. This was evident in prevalent cultural practices such as initiation schools and early marriages for girls as a means of poverty alleviation. In these areas, too, a chronic shortage of secondary schools was found. Yet, at the same time, respondents in the Lesotho survey said that having a secondary school accessible to a mountain-dwelling community added considerable 'dignity' to the community.<sup>31</sup>

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<sup>25</sup> UNESCO, 2009.

<sup>26</sup> UNESCO, 2009.

<sup>27</sup> MIET Africa Research Analysis

<sup>28</sup> SADC Gender Monitor, 2009.

<sup>29</sup> Save the Children, 2009.

<sup>30</sup> Nyabanyaba, 2009.

<sup>31</sup> Nyabanyaba, 2009.

### 4.3 Life expectancy

According to the World Bank, in 2008, the life expectancy rate<sup>32</sup> for sub-Saharan Africa was 45.9 years, showing a widening disparity with other regions over the last five decades. (In the 1960s, the difference in life expectancy between sub-Saharan Africa and the Asian region was only six years; this has grown to almost 21 years today.) In the SADC Region, the average life expectancy rate in 2008 was 53.6 years, with seven countries falling below 50 years:

Zimbabwe: 44 years;  
Zambia: 45 years;  
Lesotho: 45 years;  
Swaziland: 46 years;

Together with Afghanistan, these four countries are ranked in a group of the lowest five life expectancy rates in the world. Further, Angola (47 years), the DRC and Mozambique (48 years) are three other SADC states with life expectancy rates falling below 50 years. The highest life expectancy rates recorded in the Region are for Mauritius and the Republic of Seychelles, each at 73 years.

In the SADC Region life expectancy has been reduced by the combined effect of HIV and AIDS, tuberculosis, malaria and other factors. Many children in the region have been orphaned as a result of these factors.

#### 4.3.1 Orphaning

Estimates of the numbers of children believed to be orphaned in the SADC region have been provided by UNICEF's 'State of Africa's Children, 2010' report and elsewhere. Children under 18 years make up more than half of the SADC Region's estimated population of 250 million. According to UNAIDS and UNICEF, approximately 17 million children are orphans (approximately 17 per cent of children, and 7 per cent of the whole population).<sup>33</sup>

Orphaned children are frequently taken into care by a grandparent or elderly relative who may experience difficulties accessing regular income support, especially where state-sponsored old-age pensions are not provided for. Yet, such orphaned children are not necessarily more vulnerable than other children who are growing up in situations of adversity and privation.

### 4.4 Health

The health status of the Region's children has a strongly negative impact on the child's chances of survival, development and rights access. Infant children (0–5 years) are

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<sup>32</sup> Figures from the World Bank. Life expectancy at birth indicates the number of years a newborn infant would live if prevailing patterns of mortality at the time of its birth were to stay the same throughout its life. <<http://data.worldbank.org/indicator/SP.DYN.LE00.IN>>

<sup>33</sup> UNAIDS & UNICEF, 2006.

particularly vulnerable to poor health outcomes. UNESCO estimates that each year ten million children around the world die before their fifth birthday, 50 per cent of whom reside in sub-Saharan Africa<sup>34</sup> in ‘the most impoverished, isolated, uneducated and marginalized districts and communities, and in countries ravaged by civil strife, AIDS, food insecurity, weak governance and chronic underinvestment in public health systems and physical infrastructure’.<sup>35</sup>

Child survival prospects rely deeply on the environmental and development context in which children and families live, and by the capacity of government to provide essential services. Most sub-Saharan countries are not on track for meeting the health-related Millennium Development Goals, including reducing child mortality rates by two-thirds by 2015. Child mortality is attributed to several causes: The UNICEF State of Africa’s Children, 2008, report quotes WHO’s World Health Statistics, 2007, which lists neonatal diseases (25%), pneumonia (20%), malaria (18%) and diarrhoeal diseases (17%) as prime causes of child deaths. HIV and AIDS, and measles are also significant causes, particularly in southern African countries. Sub-Saharan Africa accounts for 80 per cent of worldwide malaria deaths for children under five.<sup>36</sup> In 2009, fewer than one in ten children living in malarial areas in sub-Saharan Africa had access to insecticide-treated bed nets, widely seen as one of the most effective protective measures against malaria.<sup>37</sup>

Access to health services for OVCY is constrained by several factors, including lack of money, distance to health facilities and availability of transport, lack of health literacy among children and caregivers, demotivation and skills deficit in health practitioners, lack of drug supply and appropriate service provision at health care centres, and a drain of health professionals to developed countries. Few SADC Member States offer universal free access to comprehensive healthcare services. Some provide free access for specific groups, including infants, pregnant women, the elderly and orphans and vulnerable children. Even where healthcare access has been accommodated in the National Plans of Action in Member States, children still face barriers if they lack basic documentation or registration.<sup>38</sup>

Facing poor health access, children experience anxiety about their health and their families, particularly those who have been orphaned. If they are HIV-positive themselves, they need particularly healthcare attention and psychosocial support to manage their illnesses.

For youths (adolescents) accessing health services (including sexual and reproductive health education) is also challenging. A Save the Children Fund situation analysis for the development of a Minimum Package of Services to OVCY in the SADC region reported that there is no comprehensive cover in sexual and reproductive health education. Results in surveys across 13 Member States produced disparate results when adolescents were

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<sup>34</sup> UNESCO, 2009

<sup>35</sup> UNICEF, 2008b.

<sup>36</sup> UNICEF, 2008b.

<sup>37</sup> UNESCO, 2009.

<sup>38</sup> Save the Children Fund, 2010

asked if they had received sexual and reproductive health education. It also highlighted legal barriers that might prevent youths from accessing services. ‘In Zimbabwe’, for example, ‘young people under the age of 16 are not legally entitled to seek medical treatment without being accompanied by an adult. In the Republic of Seychelles it is illegal for girls under the age of 18 to access contraceptives without parental consent, even though the age of sexual consent for girls is 15 years.’<sup>39</sup> Various initiatives to scale up the provision of health services to adolescents are shown to require ‘deliberate and concerted effort’.

In summary, infant child mortality, child vulnerability to sickness and disease and child access to health services significantly compromise a child’s education opportunities and development in the Region. Adolescents also experience barriers in accessing health services and education, essential for their capacity to stay in school and complete the secondary learning cycle.

#### 4.4.1 HIV and AIDS

##### **Population, HIV Prevalence**

UNAIDS reports that in 2008 an estimated 1.9 million people living in sub-Saharan Africa became newly infected with HIV, bringing the total number of people living with HIV to 22.4 million. ‘Women account for 60% of new infections in sub-Saharan Africa. While the rate of new HIV infections in sub-Saharan Africa has slowly declined—with the number of new infections in 2008 approximately 25% lower than at the epidemic’s peak in the region in 1995—the number of people living with HIV in sub-Saharan Africa slightly increased in 2008, in part due to increased longevity stemming from improved access to HIV treatment.’<sup>40</sup>

Around two-thirds of the world’s children (aged 15-24) who are HIV-positive live in sub-Saharan Africa. In the SADC region, while prevalence and infection rates are varied, women and girls in this age group are disproportionately affected. Botswana, Lesotho Swaziland and Zimbabwe account for the highest prevalence in young men (between 5% and 6%); Swaziland accounts for the highest prevalence in young women at 22.6% (South Africa at 17%, Botswana at 15.3% and Lesotho at 15.3%).<sup>41</sup>

HIV and AIDS have increased the educational challenges that children face. For affected children and their families, AIDS results in increased poverty; trauma and bereavement; chronic illness; stigma and discrimination; and adverse or changing family environments, all of which can negatively affect these children’s ability to access their education rights. The stigma of HIV and AIDS can lead to the social exclusion and marginalisation of

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<sup>39</sup> Save the Children Fund, 2010

<sup>40</sup> UNAIDS/WHO 2009 AIDS Economic Update

<http://www.unaids.org/en/CountryResponses/Regions/SubSaharanAfrica.asp> accessed on 2 June 2010

<sup>41</sup> Save the Children Fund, 2009.

children, thus increasing their barriers to learning and participation in their educational development.<sup>42</sup>

HIV prevalence among learners is frequently mentioned in the literature, but has never been represented in approximate statistical terms, leading some researchers to describe HIV-positive children as ‘invisible’. With increasing availability of antiretroviral treatment, many children born with HIV, who would otherwise have died in childhood, have survived into adolescence.<sup>43</sup> Whether children are infected at birth or later during adolescence, living with HIV presents daily challenges especially related to issues of treatment and disclosure. The problems they face at school include the fear of and experience of stigmatisation, low educational expectations and outcomes, frequent absenteeism and barriers to full participation in the life of the school (for example, in sports and other activities). Because of the culture of silence, HIV-positive children are less likely to receive the support they need at school. Anecdotally, it is believed that parents of HIV-positive children will often keep a child at home to safeguard the child’s health and social status.

#### 4.5 Disabilities

The Children’s Rights Charter (Article 23) upholds the rights of children with disabilities to equal access to education and other basic services. The SADC Declaration and Treaty endorses these rights, advocating that Member States shall not discriminate against any person on the grounds of disability. However, the specific needs of disabled children and youth are not fully addressed by these instruments.<sup>44</sup>

Children with disabilities of various kinds are among the least likely to attend school or complete the primary school cycle.<sup>45</sup> Over 90 per cent of children with disabilities in the developing countries do not attend school. Able-bodied children access education, at primary, secondary and tertiary levels much more easily than children with disabilities. Education provision generally targets the ‘normal child’ and, while in South Africa for example, there are some ‘special schools’ for children with severe disabilities, ‘there is very little to show in practice for integrating children with special needs into mainstream public schools’.<sup>46</sup>

Children with disabilities are among the most marginalised in society. Among the barriers to their education development are: (1) Isolation and marginalisation; (2) Parents who keep them at home; (3) Increased vulnerability to abuse, including sexual abuse; (4) Stigma and negative attitudes; and (5) Fewer opportunities in social support access.

The SADC Minimum Package of services will address the specific vulnerabilities, needs and protection of children and youth living with disabilities and the children of disabled

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<sup>42</sup> MIET Africa, Research Analysis, 2009.

<sup>43</sup> WHO, 2009

<sup>44</sup> Save The Children Fund, 2009.

<sup>45</sup> UNESCO, 2009.

<sup>46</sup> MIET Africa, 2010.



parents and caregivers. However, reliable information on children and youth living with disabilities is not available for most SADC countries. An important response to disabilities as a barrier to education is to focus on changing public policy in a way that facilitates access for children with disabilities. It is also necessary to focus on political leadership and changing public attitudes<sup>47</sup>. The Children's Institute (University of Cape Town) has documented the work of the Disability Task Team in securing recognition for the rights of disabled children and youth in the Children's Act in South Africa and could be used by other SADC Member States in moving towards the inclusion of children with disabilities in national policy and legislation.

#### 4.6 Nutrition

Children's education performance and retention can be affected by poor nutrition. Under-nutrition can impair a child's cognitive development and can even lead to a child dropping out of school to help the family obtain food for its survival. It also increases a child's vulnerability to contracting diseases and lowering the body's capacity to develop immunity.

A child's nutritional status is linked to maternal health. One-third of all child deaths are attributable to maternal and child under-nutrition.<sup>48</sup> The poor nutritional status of mothers, therefore, can have serious consequences for children, including: impaired pre-natal growth, low birth weight, and increased risk of developmental disability.<sup>49</sup>

School feeding programmes have been seen to be the most immediate and effective way to respond to the problem of under-nutrition in children. Improved nutrition through such schemes has been shown to improve a vulnerable child's school attendance patterns.<sup>50</sup>

The Save the Children Fund Literature and Desk Review records that where 'some studies have shown no nutritional problems among orphans compared with non-orphans in the same community, many studies have shown that orphans are more likely to suffer stunting, wasting and reduced weight'.<sup>51</sup>

In the SADC Region, there is a strong correlation between infant mortality and under-nutrition, with South Africa having the highest infant mortality rate in the world, a condition associated with malaria, diarrhoea, pneumonia and HIV, but largely with malnutrition, according to UNICEF's State of Africa's Children, 2008.

Both stunting (height for age) and wasting (weight for height) is associated with household income and access to health facilities and quality healthcare. The Save the Children Fund review reports that these trends are also evident at a macro level:

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<sup>47</sup> UNESCO, 2009

<sup>48</sup> UNICEF, 2008b.

<sup>49</sup> UNICEF, 2008b.

<sup>50</sup> UNICEF, 2009a.

<sup>51</sup> Save the Children Fund, 2009.

‘countries with low gross national income (GNI) per capita show a strong relationship between stunting and GNI – this relationship flattens out as GNI increases’.<sup>52</sup>

#### 4.7 Gender inequality

Girls may be prevented from accessing education on an equal basis as boys. While in South Africa, it has been recorded that more girls are completing the school cycle (secondary education) than boys, this is not necessarily the case in other sub-Saharan African countries<sup>53</sup>. Furthermore, in 2006 it was noted that girls account for 54 per cent of out-of-school primary-age children in Africa.

The situation of the boy child is receiving increasing attention in some countries where educational outcomes and opportunities for boys are markedly lower than that for girls. In Lesotho, for example, enrolment rates for boys are lower than that for girls, boy children suffer most from malnutrition and there exists a tendency to keep them out of school in order to undertake economic activities, such as herding.<sup>54</sup> Boys as young as seven, according to Nyabanyaba, ‘are expected to drop out of school to look after cattle, leaving home for months at a time and sometimes have to face exposure to isolation in remote cattle posts, extreme weather conditions including snow, as well as physical and sexual abuse by older herd boys’.<sup>55</sup> Nyabanyaba argues that the widespread practice of sending boys out with the herds is more than malpractice. It is part of inducting them into manhood ‘to train them to take care of families by looking after animals early on’ and may in fact account for ‘the apparent irrelevance of education to immediate social reality’. With worsening household poverty, however, the practice may be the result of ‘having to make the tough choice between keeping children in school and hiring them out as either herd boys or domestic servants, in the case of girls’.<sup>56</sup>

The EFA has set a goals and targets in respect of bringing about gender equity and parity in school participation, and gender equality in educational opportunities and outcomes for boys and girls. Progress in reaching these goals in sub-Saharan Africa has been slow and uneven.

Research conducted by MIET Africa notes, further, that there is also ‘a strong association between poverty and gender inequalities in education in that gender differences in net school attendance rates tend to be wider for poorer households’<sup>57</sup>. Poverty tends to weigh more heavily on girls than boys. There are several long-term consequences for women of not getting a quality education. Illiterate women are less likely to delay marriage and childbirth, are less likely to ensure that children are immunised, are less likely to be informed about their own and their children’s nutritional requirements. Furthermore,

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<sup>52</sup> Save the Children fund, 2009.

<sup>53</sup> UNESCO 2009

<sup>54</sup> Nyabanyaba, 2009

<sup>55</sup> Nyabanyaba, 2008

<sup>56</sup> Nyabanyaba, 2009

<sup>57</sup> MIET Africa Research Analysis, 2009, p. 10

children of educated women tend to have higher survival rates, and tend to be healthier and better nourished<sup>58</sup>.

#### 4.8 Gender-based violence

Gender-based violence at schools may take a variety of forms from harassment to intimidation, abuse, assault, rape, bullying, verbal abuse, and may be perpetrated by students against students, against teachers, or by teachers against students. It can have serious consequences for victims, even where reporting mechanisms are in place and working effectively. If a victim is forced to leave or change schools as a result of gender-based violence, his/her education outcomes can be compromised. Equally, if a victim remains in school, she or he can experience psychosocial effects which impair their abilities to achieve satisfactory academic results.<sup>59</sup>

Across the SADC region, high levels of sexual abuse and exploitation of minors have been reported. Generally reporting mechanisms and care and support services are not adequate and this situation undermines the idea of the schools providing an environment of safety and protection for children. Frequently, incidents of gender-based abuse and violence are not reported and are not recognised as legitimate violations of victims.

#### 4.9 Physical abuse and violence

Other forms of abuse (including alcohol and substance use and abuse) and the use of force, both at home and at school, can have a deleterious effect on a child's ability to realise his/her education rights. Corporal punishment is still widely practised at schools around the region, in spite of injunctions to end it in multi-level codes and protocols advocating the protection and care of children. The widespread prevalence of abuse and violence as a means of promoting discipline, meting out punishment or settling scores can lead to the normalisation of violence. Even though victims may be habituated to the use of violence, they may continue to experience stress, show changes of behaviour, lose social skills, and, in some cases, may become perpetrators of violence themselves. All these factors affect a child's all-round development and education outcomes.<sup>60</sup>

#### 4.10 Transportation

Travelling between home and school can also impact a child's ability to access education. Across the region, reports of high transport costs are frequently cited as threats to a child's education retention. Related risks include travelling by foot over long distances, inclement weather conditions and dangers associated with moving about unaccompanied or in darkening conditions.<sup>61</sup>

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<sup>58</sup> UNICEF 2008b

<sup>59</sup> MIET Africa Research Analysis.

<sup>60</sup> For a fuller discussion of physical abuse and violence affecting children, see MIET Africa, Research analysis, 2009, pp. 11-12.

<sup>61</sup> See MIET Africa, Research analysis, 2009, p. 13.

## 4.11 Service delivery

The delivery of services across the Region is fragmented and often ineffectual. Services affecting children include the Education system's capacity to provide proper water and sanitation at schools, as well as sound physical infrastructure and these factors may affect a child's education retention.<sup>62</sup>

### 4.11.1 Water and sanitation

Across the region, access to safe drinking water and adequate sanitation facilities is uneven. In rural areas, as few as three out of ten people have safe sanitation access, raising the spectre of diarrhoea as a major threat to infant child survival.

In Zimbabwe a lack of adequate water, sanitation facilities and hygiene contributed to the devastating outbreak of cholera in 2009 (with a reported 100 000 cases and 4 282 deaths). Chronic cholera and seasonal flooding in the Democratic Republic of the Congo has compounded the humanitarian crisis in the country<sup>63</sup>.

### 4.11.2 Social assistance

South Africa has the most extensive social assistance system in the SADC Region, offering the child support grant, foster care grant, care dependency grant, disability grant and old-age pension. Other Member States have social assistance programmes that target OVCY generally. Mauritius offers a package of social security benefits, including for orphans and children aged 15-20 years in full-time education. In 2009 Lesotho launched a child grant to benefit OVCY as part of a broader package of benefits. Social security coverage across the region, however, is patchy, and according to the Save the Children Fund Literature and Desk Review, 'do not reach large numbers of OVCY and caregivers'. Various factors impede a child's access to security support, among them, a 'lack of identity documents, lack of awareness of available benefits, long distances to travel repeatedly to apply for and access benefits and backlogs in processing applications'.<sup>64</sup>

### 4.11.3 Birth registration

In 2006, 19.7 million children in sub-Saharan Africa (66 percent of the world's children) were not registered at birth. In the SADC Region, 44.5% of children were registered at birth for the period 2000-2007, 49.8 per cent of these registrations in urban areas and 37.1 percent in rural areas.<sup>65</sup> SADC Member States have put in place legal frameworks to promote mandatory birth registration. Implementation is, however, weak. As seen in the table below, birth registration rates are reportedly the lowest in Tanzania and Zambia

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<sup>62</sup> Save the Children Fund, 2009.

<sup>63</sup> See MIET Africa, Research analysis, 2009, p 13.

<sup>64</sup> UNICEF, 2008b.

<sup>65</sup> UNICEF, 2008b.

where registration systems are inadequate. They are highest in South Africa, Madagascar and Zimbabwe where vigorous registration campaigns have been implemented.<sup>66</sup>

Table 4.1: Birth Registrations in SADC Member States<sup>67</sup>

Country	Children Births Registered % (2000-2007)	Children Births Registered, Urban % (2000-2007)	Children Births Registered, Rural % (2000-2007)
Angola	29	34	19
Botswana	58	66	52
RDC	34	30	36
Lesotho	26	39	24
Madagascar	75	87	72
Malawi	No data	No data	No data
Mauritius	No data	No data	No data
Mozambique	No data	No data	No data
Namibia	67	83	59
Seychelles	No data	No data	No data
South Africa	78	No data	No data
Swaziland	30	38	28
Tanzania	8	22	4
Zambia	10	16	6
Zimbabwe	74	83	71
Average	44.5%	49.8%	37.1%

UNICEF has pointed to a correlation between birth registration and the presence of a skilled birth attendant during delivery. Registration has been shown to increase where health care is accessible (vaccinations, vitamin supplementation and paediatric services). ‘The challenges encountered by parents in registering the birth of their children often signal an overlap with broader patterns of social exclusion and lack of access to social services. Particularly in remote areas, parents often do not see the benefits of their own citizenship, let alone the benefits that birth registration would confer on their children.’<sup>68</sup>

Countries that are subject to or recovering from periods of conflict and political instability (impacting on the ability of a government to delivery services) may also experience a breakdown of documentation and registration services.<sup>69</sup> Angola, for example, has a recorded birth registration rate of 29 per cent and Democratic Republic of the Congo has a rate of 34 percent; no data is available from UNICEF for Mozambique.

<sup>66</sup> UNICEF, Country Data, <http://www.unicef.org/infobycountry/esaro.html>

<sup>67</sup> Data from UNICEF Country Information: <http://www.unicef.org/infobycountry/esaro.html>

<sup>68</sup> UNICEF, 2008b.

<sup>69</sup> UNICEF, 2008b.

As with accessing social protection assistance, where children do not have birth certificates, difficulties have been encountered (in Madagascar, for example) in bringing legal proceedings against the perpetrators of abuse against children.<sup>70</sup>

According to UNICEF, ‘Achieving universal birth registration in Africa will require governments, parents and communities to work together to make it a priority. An integrated approach, such as combining national immunization campaigns with birth registration campaigns, often provides the best strategy. Fulfilling a child’s right to acquire a name and a nationality is a tangible goal, as well as an essential step towards ensuring that all children have access to the care and protection they deserve.’<sup>71</sup>

#### **4.11.4 Education delivery**

The delivery of competent and quality teaching services also affects a child’s right to education access.<sup>72</sup> Teaching staff are often in short supply across the region and teachers are frequently affected by problems which weaken their morale, such as poor work conditions and terms of service. Limited opportunities for professional development may also result in good teachers leaving the profession in search of greener pastures. Poor education delivery can have serious and long-term effects on a child’s education development if children drop out of school before they have completed their education.

#### **4.12 War and political unrest**

Living in areas affected by political conflict and warfare negatively affects a child’s education rights. Affected children are less likely to be in school and are more vulnerable to early mortality as a result of disease and malnutrition. In some cases, children can become caught up in violent hostilities and/or conscripted into militias where they are seriously at risk of abuse and exploitation.<sup>73</sup>

In the SADC region, four countries have suffered major political (often violent) upheavals in the last twenty years.

The Democratic Republic of the Congo continues to deal with the large numbers of children who have been forcibly recruited into armed groups, particularly in the eastern region where they have been expected to be combatants and often sex slaves. Since 2004, 36 000 children linked to armed groups have been released through UNICEF’s Disarmament, Demobilization and Reintegration programme, and been able to access medical, psychosocial and educational support they need for successful re-integration. UNICEF notes, however, that greater efforts are needed to reach more children still held

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<sup>70</sup> Save the Children Fund, 2009.

<sup>71</sup> UNICEF, 2008b.

<sup>72</sup> See MIET Africa, 2009, Section 2.

<sup>73</sup> MIET Africa Research Analysis

by militias in the east, and still being enlisted, in spite of government legislation in January 2009 prohibiting the recruitment of children into armed groups.<sup>74</sup>

Zimbabwe remains politically and economically fragile, despite the formation of the coalition government in February 2009. Political instability and a protracted and violent electoral process in 2009 had a deleterious effect on the education sector with prolonged stoppages.<sup>75</sup>

#### 4.13 Climate

Environmental factors, including climate and climate change have a significant impact on the capacity of the family, school and community to provide stable development and education outcomes for the child. In Madagascar climate hazards uproot thousands of homes each year. Between 2008 and 2009, a series of five cyclones affected the livelihoods of nearly half a million people, many in remote and rural parts that are difficult to service. Cyclones in Madagascar have also destroyed schools infrastructure. In 2008 alone, 2 282 classrooms were rendered unusable by flooding.<sup>76</sup>

Growing desertification across the region is also putting pressure on the agricultural and social economies of Member States. Botswana, with extremely scarce surface water resources, relies heavily on beef production. Overgrazing and overstocking have resulted in the rapid desertification of the country, a condition which is exacerbated by drought and climate change. Similarly, in Lesotho, a mountainous country entirely surrounded by South Africa, agricultural output in the lowlands is poor and the land deeply scarred by drought and soil erosion.

Malawi, too, is prone to natural disasters – from drought to heavy rainfall – putting thousands of its population in need of food aid every year.

Natural disasters, such as drought and flooding, produce strains on the production of food, clean water and air and nutrient-rich soil, and pose the risk that many more children will be increasingly vulnerable to diseases, food security and under-nutrition. The Save the Children Fund Literature and Desk Review points out that because the effects of climate and climate change are not well documented, ‘information is needed to enable identification of appropriate interventions to support children’s needs’.<sup>77</sup>

#### 4.14 Child labour

Sub-Saharan Africa, according to ILO global estimates, has the highest incidence of child work in the world, with 22 per cent of boys (aged 5-14 years) and 22 per cent of girls in the same age group engaged in economic activity. In some Member States, girls are believed to do more work than boys, as reflected in the following table:

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<sup>74</sup> Save the Children Fund, 2009.

<sup>75</sup> Save the Children Fund, 2009.

<sup>76</sup> UNICEF, 2010.

<sup>77</sup> Save the Children Fund, 2009.

Table 3.2: Child Labour Statistics for SADC Member States<sup>78</sup>

Country	Child Labour, 5-14 years Male (1999-2007) %	Child Labour, 5-14 years Female (1999-2007) %
Angola	22	25
Botswana	No data	No data
RD du Congo	29	34
Lesotho	25	21
Madagascar	36	28
Malawi	28	29
Mauritius	No data	No data
Mozambique	No data	No data
Namibia	15	12
Seychelles	No data	No data
South Africa	No data	No data
Swaziland	9	9
Tanzania	37	34
Zambia	11	12
Zimbabwe	12	14
Average	22	22

Poverty is widely regarded to be one of the driving forces behind the practice of child labour in many SADC countries where a household may depend for its survival on a contribution in kind from its children. However, child work in the form of domestic chores, farm work (including herding duties) may be normative in many communities across the SADC Region, and there remains a division of opinion on what is considered ‘acceptable’ and ‘unacceptable’ work for children.<sup>79</sup>

SADC has put in place a Code of Conduct relating to Child Labour, finding that child work is unacceptable when it is hazardous or harmful to the child’s development and education. Child labour can have negative impacts on children and their ability to access education. In some programme interventions, however, education provision aims to accommodate a child’s need to raise an income for survival.<sup>80</sup>

### Conclusion

The Education sector in the region has attempted to overcome these challenges in education by adopting a multi-sectoral approach to the delivery of services, recognising that this approach will best address all the barriers children face accessing education, remaining in school and achieving their potential. In 2005, SADC Ministers of Education pledged to take all necessary measures to strengthen education systems and expand the

<sup>78</sup> UNICEF, 2009b.

<sup>79</sup> Save the Children Fund, 2009.

<sup>80</sup> Save the Children Fund, 2009.



remit of schools, such that they become conduits for the delivery of essential services for children. The Education Ministers committed to learn from each other through exchange of information, documentation of experiences and joint evaluations as they implement care and support through schools. Schools, therefore, are critical entry points for the integrated delivery of services and can serve structurally to create a forum and co-ordinated response to a wide range of interventions and initiatives already in motion in the region.

## 5. Modalities of care and support for teaching and learning

This section contains a discussion of various modalities of care and support for teaching and learning observable in 14 programme interventions across the SADC region. We acknowledge that a great many more programmes to offer support services to vulnerable children are at work across the region, many with the aim of enhancing education access and retention, others contributing to creating conditions that enable vulnerable children to overcome the barriers facing them as they secure their right to education. The programmes discussed here share several features in common. These are explored here and from them we shall attempt to compile a list of the core elements of care and support for teaching and learning (see Section 6). This section focuses on the experience of implementation, including difficulties and challenges encountered and lessons drawn from these.

### 5.1 Care and support programme examples

Table 5.1 below summarises information on 14 programme interventions to introduce care and support for vulnerable children in school and complementary settings. All programmes have been implemented with support, funding and technical, of external organisations, international donor bodies, and with the backing of education ministries in each Member State. All programmes target children, in school and out of school, with a view to enhancing their right to health and education. Most programmes were subject to a pilot phase before being implemented more widely.

Table 5.1: OVC care and support programme examples, SADC Region

Member State/s	Implementing Partners	Time frame / piloting	Target group/s
Swaziland (All Children Safe in School programme)	EFA, UNICEF, WFP, FAO, Save the Children, Community Action for Child Rights, Ministry of Education, Deputy PM's office	2003-2005 Piloted in 40 communities in two regions	School-based
Swaziland	Ministry of Regional	2003; By 2007, 627 care	Out-of-school children

Member State/s	Implementing Partners	Time frame / piloting	Target group/s
(Neighbourhood Care Points programme)	Development and Youth, UNICEF, WFP	points set up in 4 regions	
Tanzania (COBET programme)	Ministry of Education & Culture, UNICEF	1997; In 3-year pilot, programme reached 1530 children in 50 centres in 5 districts. By 2007, 185 206 children in 21 regions reached	Out-of-school, working children
Tanzania (Most Vulnerable Children programme)		2000; By 2007, 390 000 children in 67 districts identified	Most Vulnerable Children identified by community; STANDARDISED OVC identification criteria
Zambia (BELONG programme)	PCI81, WFP; later USAID, PEPFAR, UNICEF	2002;	Out-of-school children; former street children in residential care
Zambia (IRI Radio programme)	National Educational Broadcasting services; Ministry of Education; University of Zambia	<Date> 60 000 students in approx 900 centres reached	Out-of-school children
Zambia (Community Schools programme and ZOCS)	NGOs, Norwegian Church Aid, UNICEF, WFP	1992; now more than 3200 community schools	School-based
South Africa, Swaziland, Zambia (SCCS programme)	MIET Africa, Departments of Education, SDC, EKN	2003-2007; About 1000 rural schools in SA become centres of care and support	School-based; child vulnerability audits conducted
South Africa (Kind Schools Project)	Nelson Mandela, Univ of the Free State Department of Educ		School-based
Tanzania (Jali Watoto programme)	PEPFAR	2006	Households, caregivers, MVC. MVC identification by community, facilitated by Dept of Social Welfare
Botswana, Malawi, others (Child-Friendly Schools programme)	UNICEF		School / community based
Swaziland (Learning Plus)	UNICEF		
Botswana, Swaziland, Namibia (Circles of Support)	SADC, Ministry of Education, Health Development Africa (HDA)	2003-2005	School / community based

<sup>81</sup> Project Concern International

### 5.1.1 Resource mobilisation

External funding is substantially used in programme implementation, particularly in the important preliminary stages of community advocacy. Various programmes seek also to mobilise national, school-level and community resources. In many SADC states, beset with conditions of crippling rural poverty, however, internal resources are not available to mount the intervention on the scale needed to see results. External support may be required far longer than the initiation and pilot phases.

MIET Africa's Schools as Centres of Care and Support (SCCS) programme field test relied heavily on start-up funding to introduce and establish the model. As the model became driven by education policy, it became important to mobilise government resources for replication and scale-up. The effect of allocating national resources to OVC care and support can enhance credibility, ownership, drive and sustainability.

Harnessing local resources is a way of building on local and national mechanisms already in place. An approach which assumes that there is 'nothing being done' in a particular context to care for vulnerable children and youth may be misguided. Organically developed community initiatives may be present aiming to respond to the growing vulnerability of children in contexts affected by HIV and AIDS. So, too, non-government and faith-based organisational interventions may be at work. Many initiatives have used consultative processes in local settings to learn, particularly from schools and communities, what is already being done to support children. Interventions need to be aware of the presence of internal and external resources in a learner's life and to understand how these affect the child's development. Supportive family and community structures can help to build the child's resilience. Links with pre-existing community support structures can aim to identify and build on these resources. They will also help avoid duplication and competition and encourage community ownership.

### 5.1.2 Schools as hubs or care and support

Many of the programmes listed in Table 5.1 adopt a school-based approach to the delivery of care and support services to OVC. The SCCS programme, led by MIET Africa, used an approach in which schools were clustered around education centres or nodes to promote sharing of resources and to strengthen mutual support. Each school developed a vision of itself as a 'centre of care and support' and established a widely representative School Support Team (SST) to lead the care and support programme in the school and the community around it. It proved a good strategy for bringing resources and services closer to school communities.

School-based approaches have several benefits. For learners, schools can be mobilised to offer material benefits, including fee waivering, structured access to nutrition, health, social and other services, life skills support (curricula and extra-curricula) and a formal structure which promotes the child's chances of accessing education and staying in school.

For schools, a care and support approach can promote teamwork, improved skills and resources for responding to the needs of OVC, support in promoting life skills and integrating issues like HIV and AIDS into the curriculum, better counselling skills and child-centred teaching methods, and, ultimately, improved learner enrolment, attendance, discipline and learner achievement.

Communities can benefit from the school's facilitating access to welfare grants and social support, improved care-giving skills and family support.

Those programmes targeting out-of-school children make use of complementary facilities – a range of venues from churches to homes to unused buildings including classrooms. The Neighbourhood Care Points (NCP) in Swaziland and Complementary Basic Education in Tanzania (COBET) centres are among those initiatives situated outside formal school centres and serve as complementary institutions, providing opportunities for out-of-school children to take accredited examinations leading to entry into the formal school system.

Established in 2003, the NCP programme aimed to enable local communities to care for mainly pre-school and out-of-school children, aged 4 to 12, and to assist them in realising their education and health rights. It also aimed to address the psychosocial consequences of AIDS and assist children to deal with the trauma of orphaning. With support from UNICEF, WFP and local NGOs (and co-ordination by the Ministry of Regional Development and Youth Affairs), 625 care points were established in four regions of Swaziland. Around 5 000 caregivers were trained to cater to the needs of more than 34 000 children. Daily hot meals and psychosocial support aimed to further help OVC to realise their rights to food, education, health and shelter.

A 2006 UNICEF assessment of the NCP programme showed that care points were critical entry points for the delivery of services to out-of-school vulnerable children, strengthening particularly health outreach services through the Ministry of Health and Social Welfare. A range of factors may keep a child out of the formal school system, from poor health, a lack of resources, to needing to engage in economic activities (such as engaging in livestock herding) to help support a household. Needing to care for younger siblings may also be a factor. The NCP programme allows for the creation of safe care facilities for children to make it possible for their older siblings to attend the programme.

School enrolment in communities with care points had increased. Those enrolled at care points, while relatively few in number, tended to be children who had been unable to access government and other grants or had dropped out of school because they did not have uniforms. The assessment also showed that the provision of a daily meal was by far the most important activity at care points, motivating children to attend and parents/guardians to send them.

Of concern were the assessment findings that conditions at care points were generally inadequate and without access to tap or borehole water. Attendance was thought to be

affected by the poor conditions available. Caregivers at the centres appeared to be battling bravely to care for the neediest children in the community, without adequate community support (for example in providing water, soap and other supplies). Concern was also raised in the assessment about proper recording, reporting and M&E systems. Yet, care points were perceived in communities to be important sources of pre-school education for young children and successes have led to their incorporation into Swaziland's national OVC strategy. It is hoped that a formalised relationship with the Ministry of Education will strengthen the care points and help them integrate formal ECD learning activities in their provision of care.

A 2004 evaluation of Tanzania's Most Vulnerable Child (MVC) programme showed a similar lack of community mobilisation. Initiated in 2000, the MVC programme helped communities in 17 districts of Tanzania to improve care and support for the most vulnerable children, including their access to education. By the end of 2007, more than 390 000 children in 67 districts had been identified (by communities) as 'most vulnerable', with around 100 000 receiving support. A community elected MVC committee manages finances and disbursements to children and caregivers to help children access basic essential services, including education access through formal schools or local complementary basic education centres like COBET centres.

The evaluation showed that while there was overall acceptance of the programme's goals, the programme lacked commitment and committee mobilisation. This was attributed to the fact that MVC Committees were not statutory structures, and to other factors including poverty, a lack of commitment from village leadership, lack of follow-up at ward and district levels, and lack of resources from local government and a perception that the project was externally driven (a UNICEF project).

UNICEF provided funding for the initial establishment of protection and support systems, the training of facilitators and members of the MVC committees, and funds to match local contributions from the MVC committee and community. Several problems were reported regarding the accounting records and systems. Little local funding was provided after an initial contribution to establish the village funds. The evaluation concluded that '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.'<sup>82</sup>

#### 4.1.3 Identifying vulnerable children

The extent to which children suffer vulnerability may vary from place to place and the provision of services to them will be, to some extent, constrained by country definitions of vulnerability. Tanzania, for example, has opted to use the term 'Most Vulnerable Children' (MVC), recognising that vulnerability results from a wide range of causes

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<sup>82</sup> UNICEF. 2009a.

including but not limited to orphaning. While orphaning is a common criterion for the definition of vulnerability, it is not necessarily true that all orphans are needy and without strong protective forces around them. By the same token, it is not necessarily the case that children who are not orphans are not vulnerable in the presence of other factors affecting their lives such as poor parental care, household poverty, poor health etc. Many factors can combine to increase a child's vulnerability.

In order to assure quality standards in providing care and support, the needs of children should be differentiated by age, gender, stages of development, and geographical, economic, social and political contexts. Differentiation (or vulnerability identification and assessment) will help set guidelines for the types of services and the quantity of service – duration, frequency and amount – provided. This form of differentiation has given rise to the idea of providing a 'menu' of services (rather than a minimum package) for the care and support of OVCY which means there should be core services that are essential for all children and youth, and optional services provided on a needs basis.

USAID's Child Status Index (CSI) is one tool that can help in assessing, tracking and rating the priority needs of a vulnerable child, focusing on essential actions and services.<sup>83</sup> The CSI measures attainment of goals in six domains of care: (1) food and nutrition; (2) shelter and care; (3) protection; (4) health; (5) psychosocial; (6) education and skills.

Most of the programmes listed in Table 5.1 have developed criteria for determining a child's vulnerability status. These typically involve making judgements about a child's physical appearance or behaviour, conducting home visits and training school and community-based caregivers to 'read the signs' pointing to vulnerability.

Identifying vulnerable children in the Jali Watoto project in Tanzania is a process facilitated by a representative of the Department of Social Welfare, starting with community advocacy. Criteria for the identification of the most vulnerable is therefore set by a community and confirmed at a general meeting of the village. It has demonstrated that community identification of MVC capitalises on local knowledge and helps to build community ownership.

Standardising criteria for vulnerability assessment is perhaps best carried out at local level, within national policy frameworks, to determine levels of care and support a child needs and for monitoring the changes in vulnerability that will occur over a period of time, in context.

## 5.2 School-based service provision for vulnerable children

The following table sets out the main school-based services provided to vulnerable children by the 14 programme examples under discussion. Providing a quality education to children requires that school is accessible and affordable, that children are adequately

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<sup>83</sup> <http://www.hciproject.org/node/1237>

nourished to participate in the education process, that the school provides children with a healthy environment to promote their learning, including access to health services, that children are able to participate in the processes and decisions affecting their development, and that, where appropriate children are given survival skills and livelihood support skills.

Table 5.2: Programme support to deliver quality education to OVC, SADC Region

Programme	Member State/s	School costs	Nutrition support	Psycho-social	Health services	Child participation	Livelihood support
All Children Safe in School	Swaziland	School grants	Daily meals at school			Advocacy; Peer groups	School gardens with training
Neighbourhood Care Points	Swaziland		Daily meals at care point	PSS offered			
COBET	Tanzania	Fees abolished at primary level; No uniform				Consensus and decision-making at Centres	Curriculum recognises economic activities of children
Most Vulnerable Children	Tanzania	MVC comms help raise costs for secondary education	School meals	PSS available			
BELONG	Zambia	No fees at primary level.	School meals		Water and sanitation improvement; Health access promoted; sports equipment	Theatre of Development by learners	School-based agric development, with technical support
IRI Radio programme	Zambia	No fees at primary level.					
Community schools and ZOCS SCCS	Zambia	No fees at primary level.	School meals			Child empowerment	
	MIET Africa, South Africa,	Material support for OVC	Nutrition schemes; food garden	PSS training for schools,	Multi-sectoral service providers		

Programme	Member State/s	School costs	Nutrition support	Psycho-social	Health services	Child participation	Livelihood support
Kind Schools Project	Swaziland, Zambia			communities; CCCs coordinates childcare strategies	stream support for health matters		
	South Africa	Fee exemption provision.		Identify and support vulnerable children		Children's groups	
Jali Watoto	Tanzania	Raises fees, uniform, material wheelchairs		PSS to MVC and families	Insecticide-treated mosquito nets; Payments for health insurance; shelter and household care; home visits	Kids clubs	Small-scale income generation activities with youth clubs
Child-friendly schools	Botswana, Malawi and others	Fund-raising for school costs	School gardens		Health-promoting schools	Girls clubs	
Learning Plus	Swaziland		School meals		Health programmes; immunization		
Circles of Support	Botswana, Swaziland, Namibia						

### 5.2.1 Direct material support

Impoverished communities are limited in their capacity to provide goods and services to those in need. They rely on programme models that demonstrate sustainable courses of action and strengthen commitment. Community sensitisation and ongoing mobilisation will help communities to meet the material and service needs of children and families.

The abolition of school fees for primary school children in some Member States has seen a substantial increase in school enrolment. Having to meet additional expenses, such as for books and uniforms, can mean that vulnerable children are still likely to find it difficult to go to school. Organisations like the Mountain Orphans and Vulnerable Children Empowerment (MOVE) project in Lesotho, initiated by the Catholic Relief



Services, provides support to learners through uniforms and textbooks, and support to schools also, often in the form of an exchange for the admission of a vulnerable child or children.

In Tanzania's MVC programme, indirect costs are raised by community-based MVC committees with contributions by community members matched by district councils and UNICEF. In Swaziland's All Children Safe in School programme, school grants, supported by Community EFA grants help to pay school fees for OVC.

Given that school fees are generally enforced for secondary school education across the Region, many vulnerable learners face challenges in completing the education cycle. A USAID Working Paper on secondary education states that while many countries are devoting resources to developing primary education to achieve the goals of Education for All, 'a realistic conversation about greater access to secondary education in Sub-Saharan Africa' will need to take place to promote effective economic growth and development strategies.<sup>84</sup> While they have shown growth, secondary school enrolment rates in Sub-Saharan Africa are lower than any region of the world, with access favouring the urban and the wealthy (Botswana, South Africa and Mauritius in the SADC Region have achieved junior secondary education access rates as high as 80 per cent; Gross Enrolment Rates at secondary level for Zambia was recorded at 19 per cent in 2005<sup>85</sup>). Fee enforcement at secondary level is not the only reason for the dramatic fall in primary to secondary enrolment. Contact time (time-on-task) is reduced, curricula are irrelevant and poorly implemented, there is a shortage of qualified teachers and greater pressure on vulnerable, poor adolescents to be economically active<sup>86</sup>.

### 5.2.2 Nutrition support

One of the main drivers of care and support programme interventions for vulnerable children is the need to ensure that children are adequately nourished and able to develop cognitively, socially and emotionally. School nutrition programmes have therefore been seen to be widely successful, addressing child hunger as a basic survival need. Take-home food baskets have also been seen to promote child development and education retention.

The World Food Programme (WFP) and UNICEF are leaders in supporting education systems in Member States with nutrition and health promotion in schools. UNICEF's Learning Plus initiative, for example, offers a cluster of services to fulfil Millennium Development Goal No. 1: eradicate extreme poverty and hunger, by supporting governments to address hunger and under-nutrition with national policies and programmes. The programmes also support families and communities directly with school feeding schemes and health education, providing immunization, nutritional support, hygiene and health education programmes. In 2000 an inter-agency initiative (WHO, UNICEF, UNESCO and the World Bank) initiated a school health, hygiene and

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<sup>84</sup> USAID, n.d.

<sup>85</sup> UNESCO, 2008b.

<sup>86</sup> USAID, n.d.

nutrition programme, Focusing Resources on Effective School Health (FRESH) to offer to governments and other agencies resources and information to better address health and health education. The initiative calls for schools to make available: (1) Health-related policies to ensure a safe and secure environment at schools a positive psychosocial environment free of abuse, harassment, violence and bullying; (2) Safe water and sanitation facilities to create a healthy school environment; (3) Skills-based health education at schools; and (4) School-based health and nutrition services. It promotes effective partnership between teachers and health workers and between the education and health sectors, effective community partnerships and pupil awareness and participation. Integrating the FRESH framework into national plans of action is an essential part of improving care and support to children and youth.

The Zambian Community Schools initiative aims to improve children's nutritional status and education performance and retention by providing children with breakfast and monthly take-home rations to targeted households.

Capacity-building in the nutrition arena is a strong focus of the BELONG programme, also in Zambia, offering training to people who prepare and store food, and to teachers generally in hygiene and nutrition. School gardens and supported agricultural sites also contribute to the nutritional development of the programme community.

The Catholic Relief Services (CRS) report draws attention to a potential problem, 'that school feeding, rather than education itself, can often be the attraction for children coming to school, and enrolment and attendance may fall when feeding programmes stop'.<sup>87</sup> Children will benefit from food programmes for as long as they are accessing programme support. The CRS, in its Mountain Orphan and Vulnerable Children Empowerment (MOVE) project in Lesotho, has initiated food security interventions to help support the carers of OVC. The project provides farm inputs and basic gardening in ways which promote an all-year-round food supply.

#### **4.2.3 Psychosocial support**

Psychosocial support (PSS) is an important component of care and support shared by most programme approaches and interventions already in motion. The Regional Psychosocial Support Initiative (REPSSI) has become a leader in the Region, spearheading PSS knowledge development, exchange and capacity-building. Psychosocial support is based on the assumption that children whose emotional, social and physical needs are met within a caring environment may go on to reach their potential, despite the difficulties they face in their lives. The aim of PSS is to meet the needs of the 'whole child', i.e. to offer interventions in a holistic manner and in the wider context of educational development.

REPSSI has provided practical steps to mainstreaming PSS in the school community. Mainstreaming PSS involves focusing on the wellbeing of the child at all levels including

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<sup>87</sup> CRS & USAID. 2008, p. 15

(1) Curriculum design and classroom activities; (2) Planning and budgeting; (3) Capacity building and human resource development; (4) Reviewing of policies and procedures of the school; (5) Monitoring and evaluation; and (6) Networking with government sectors and institutions. REPSSI believes that by influencing policy changes to the social conditions that affect the wellbeing of the child and providing basic services (shelter, food, health and education into which PSS has been mainstreamed,) an intervention will have more impact on more children. Focused support and specialised mental health services for children with more severe responses are at a high level of the structure of PSS care and support. PSS training can be offered to members of the community and to others with relatively low levels of education, developing basic listening, empathy and referral skills, and thus reducing reliance on specialist support which is frequently not readily available in rural school settings.

For REPSSI, the educator or teacher is the primary PSS tool in the classroom. Teachers set the tone of the class and influence the learning that happens. To be equipped to address psychosocial issues in the classroom, teachers need to have (1) A holistic sense of how learners develop, especially learners affected by HIV; (2) Observation, referral and networking skills to deal with learners in need of support or services; (3) A sense of how to help turn a school into a safe and supportive environment; (4) Basic counselling skills; (5) Skills in developing self esteem and inner strength in children; (5) Group facilitation skills.

HIV-affected children may need specialised psychological support, including trauma counselling in the event of illness and death in the family. In some countries, skilled counsellors are available in schools or such services are available by referral to other parts of the social services systems. Where these resources do not exist, especially in resource poor settings, teachers could be trained in the basics of counselling. However, it may not be realistic to expect teachers to take on extra responsibilities in an already overburdened workload. What seems to be the case is that teachers are often performing this role, sometimes way beyond the call of duty, and without any specialised training.

The 2008 Botswana consultative meeting on school-centred HIV and AIDS care and support spoke of the possibility of introducing paraprofessionals – trained adults in the community – who could complement the psychosocial work of teachers.<sup>88</sup> Where this happens, it is usually on a volunteer basis. Maintaining commitment to this role will require considering the need for training and attention to helping paraprofessionals carve out a career development path for themselves.

Catholic Relief Services initiated the Community HIV/AIDS Mitigation Projects for Orphans and Vulnerable Children (CHAMP-OVC) in Zambia with a strong psychosocial support component. The project provides guidance and counselling at school level, carried out by appropriately trained teachers, and trained volunteer counsellors at community level. It is complemented by the CRS's offering of protection and paralegal

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<sup>88</sup> UNESCO, 2008c.

support to communities, to equip them with knowledge and skills to identify and advise OVC whose rights have been violated.

MIET Africa's SCCS programme successfully field-tested an essential human resource provision model for both educational and psychosocial support. These functions were carried out by appropriately trained Learner Support Educators (LSE) and counsellors. One of the problems encountered was a country-wide scarcity of suitably qualified specialists to fill these positions. A designated plan within the Skills Development Programme was needed to address the shortage of specialised educational and psychosocial personnel. Effective referral mechanisms (inter-sectoral collaboration) are essential.

#### 5.2.4 Safety and protection for children

UNICEF reports that violations of the child's right to protection are 'massive, under-recognized and under-reported barriers to child survival and development'<sup>89</sup>. A study conducted by MIET Africa found that the incidence of sexual abuse in many parts of the sub-continent is likely to be higher than reported. In high-conflict or high-crime contexts, sexual violence can become normalised. This is the case in South Africa where a 2002 enquiry into the prevalence of sexual abuse at schools showed that 60 per cent of boys and girls said that it was not sexual violence to force sex on someone you know.<sup>90</sup>

Further, sexual abuse and violence are usually gendered, meaning they are influenced by socially constructed notions of masculinity and femininity. In social contexts where sexual violence is socially acceptable and integrated into constructions of masculinity, girls and women are particularly vulnerable. The South African study reveals that some women are compliant in this behaviour where sexual violence is normalised. It found that while sexual violence is most commonly prevalent in the home environment, schools and other educational establishments can also be places of risk for children especially if teachers do not take their responsibility, in loco parentis, seriously and, worse, where they perpetrate acts of sexual abuse themselves.

Mainstreaming care and support in education means adopting strategies that will strengthen the protective environment for children. This involves: (1) strengthening government commitment and capacity to fulfil children's right to protection; (2) promoting the establishment and enforcement of adequate legislation; (3) addressing harmful attitudes, customs and practices; encouraging open discussion of child protection issues that includes media and civil society partners; (4) developing children's life skills, knowledge and participation; (5) building capacity of families and communities; (6) providing essential services for prevention, recovery and reintegration, including basic

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<sup>89</sup> UNICEF website, What We Do, [http://www.unicef.org/protection/index\\_bigpicture.html](http://www.unicef.org/protection/index_bigpicture.html)

<sup>90</sup> MIET Africa, 2004, [http://www.ciet.org/en/documents/projects\\_library\\_docs/2006316174822.pdf](http://www.ciet.org/en/documents/projects_library_docs/2006316174822.pdf) on 1 May 2009.

health, education and protection; and (7) establishing and implementing ongoing and effective monitoring, reporting and oversight.<sup>91</sup>

Psychosocial programmes set up in the programme interventions should aim to help affected children deal with the serious consequences of sexual abuse on their emotional health and their social and educational development. In some cases, however, it would seem that psychosocial programmes are not operating fully, and reporting mechanisms for children have not appeared to be robust enough to promote a child's safety and a reversal in levels of incidence.

### 5.2.5 Livelihood support

Given that many schools in the region are under-resourced, few can respond with more than attention to only basic needs. Material intervention is a short-term solution and, by its nature, unsustainable. Working with communities to promote sustainable livelihoods, through subsistence or entrepreneurship, is a complementary way of building an environment of care and support in the school community. However, programmatic responses to the provision for basic needs should take into account the needs of the target community and what will work best in the context. (For example, school vegetable gardens may be more appropriate where school sizes are relatively small, and there is sustainable access to water and land.)

In some places, efforts are being made to promote adolescent livelihoods. Both the Jali Watoto programme in Tanzania and the BELONG programme in Zambia aim to extend the idea of a school-based food garden for dietary supplementation to OVC to providing school-based agricultural development, imparting technical skills, and, in the case of Jali Watoto, using them to generate small-scale income generation projects for young people. The Junior Farmer Field and Life Schools (JFFLS) programme was piloted in Mozambique in 2003<sup>92</sup> to help children acquire agricultural and life skills which have a positive impact on livelihood support and food security.

However, most primary and secondary school curricula in the SADC region are not flexible enough to promote child/adolescent livelihood activities whilst the individual is in school. One study found that in Lesotho, which has one of the poorest access rates in secondary education in the region (with high drop-out and repetition rates at the lower secondary levels), an inflexible and irrelevant formal curriculum forced students to withdraw in order to pursue livelihood opportunities.<sup>93</sup>

A flexible and relevant curriculum should take into account the promotion of livelihood skills.

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<sup>91</sup> UNICEF, Child Protection and Information Sheets

[http://www.unicef.org/protection/files/Child\\_Protection\\_Information\\_Sheets\\_%28Booklet%29.pdf](http://www.unicef.org/protection/files/Child_Protection_Information_Sheets_%28Booklet%29.pdf)

<sup>92</sup> Since expanded to Kenya, Malawi, Namibia, Swaziland, Tanzania and Zambia.

[http://www.fao.org/bestpractices/content/11/11\\_04\\_en.htm](http://www.fao.org/bestpractices/content/11/11_04_en.htm)

<sup>93</sup> Nyabanyaba, 2009.

The reality, according to one researcher, is that ‘many adolescents must earn in order to learn, as their family budgets do not stretch to include school fees, supplies and uniforms’.<sup>94</sup> Further, in contexts where economic austerity measures push up unemployment rates, and a poor quality of education persists, adolescents are sometimes forced out of school and into work. Education and livelihood strategies are unnecessarily forced to compete with each other where the school curriculum could prepare adolescents to enter the labour force or to engage in non-formal skill training.

#### 4.2.6 Social assistance

Research into social benefits in the South African context reveals that children benefiting from them (for example, via child support grants or a pensioner who receives the old age pension) show significantly improved school attendance patterns. South Africa has the most extensive coverage of support grants in the region. This is due in part to vigorous registration campaigns conducted throughout the country to ensure that potential beneficiaries comply with application qualifications of birth and identity registrations.

Registration drives have been seen as complementary activities in programmes, such as the Schools as Centres of Care and Support (SCCS) programme implemented by MIET Africa, to help schools transform into centres of care and support. They have also been designed to demonstrate tangibly how different government departments can come together to render services with the common aim of improving the lives of vulnerable children and impoverished communities.

Cash grants are widely being seen as a cost-effective and complementary way to provide care for children chronically affected by hunger, food insecurity, poverty and affected by HIV and AIDS.

The 2009 JLICA report gives six strengths for income transfer schemes aimed at assisting families affected by HIV and AIDS and living in extreme poverty. Cash transfers are (1) efficient and put money directly into the hands of those who need it. They have been demonstrated to produce rapid and tangible results in improving the living conditions of a poor family and, for children, have been demonstrated to produce improved education retention and performance outcomes. They (2) do not require families to have pre-existing capacities that are necessary to benefit from some other social protection strategies such as micro-lending schemes. They (3) empower women and reduce gender inequality; (4) serve as a springboard to other services and social protection measures; (5) are relatively simple to administer and have a proven record of operating successfully; and (6) are AIDS-sensitive.

Several SADC Member States have piloted forms of cash transfer to the most needy, financed from national budgets and aimed at assisting households and children in need. Partners such as the European Union, World Bank, Dfid, GTZ, UNICEF and the Global

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<sup>94</sup> Brown, 2001.

Fund for AIDS, Tuberculosis and Malaria have provided aid and technical support for these schemes.

In Malawi, the Mchinji Cash Transfer programme is a social protection policy of the government designed to reduce poverty, hunger and malnutrition and improve school enrolment among the poorest<sup>95</sup> 10 per cent of households in the Mchinji area reaching the elderly, OVCY, the chronically ill and persons with disabilities. By targeting households on the basis of poverty, not HIV status, the programme aimed to be 'AIDS-sensitive'. It resulted in a doubling of school enrolment in intervention households, relative to comparison households. Another cash transfer scheme in Malawi (Concern Worldwide Dowa Emergency Cash Transfer project) was also found to be successful in increasing purchasing power for transport, hospitalisation and medicines leading to improvements in health.

### 5.2.7 Child participation

According to the UNCRC Article 12, all children have the right to be heard in all matters affecting them. What does it mean, however, within a human rights-based approach for children to be involved in processes affecting them? Building child participation is a cornerstone of most care and support programme interventions, recognising that children have dignity, have views on matters affecting them and should have a voice (and the participatory skills) to express them.

Children can be active participants in a programme, helping to identify the particular problems they face and factors which enhance programme impact on finding solutions. In Tanzania's COBET programme, children set their own lesson times, keep each other accountable, thus helping to reduce absenteeism. The BELONG programme in Zambia promotes child participation in the Theatre for Development initiative which uses the performing arts to disseminate information, particularly on HIV, promoting model behaviour and encouraging children to get involved. Their involvement as role models helps to address the problem of stigma and discrimination, often attached to OVC status. Youth clubs can set up structures and entry points for the delivery of services to children and can enhance the participation of children in matters affecting them. In the Jali Watoto programme in Tanzania, facilitators were appointed to help with the set-up of Kids Clubs. With insufficient training of volunteers and delayed set-up, youth activities lost momentum, however. But, other experiences, notably the South African Soul Buddyz initiative of Soul City Institute for Health and Development in South Africa has demonstrated that incorporating the ideas and experiences of young people, through kids clubs, can foster programme implementation and youth leadership skills. Adults and children (aged 8 to 12) work together to create and sustain a platform that gives voice to and promotes action for children's health and wellbeing. It provides a platform where children are exposed to positive peer interaction, information about their health and rights, fun and adventure to stimulate their growing minds and practical opportunities to

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<sup>95</sup> Defined as households that have minimal assets and income, high dependency ratios, and are labour constrained (i.e. there is no person aged 19065 able to work).

<<http://childresearchpolicy.org/mchinjicashtransfer.html>>

develop leadership skills. The initiative has drawn in thousands of children through multimedia edutainment productions that highlight the challenges children face and their ability to confront and manage problem situations in order to make a difference in their communities. However, a limiting factor in the success of the initiative has been that children ‘more often than not, lacked the infrastructure and resources needed to take positive action in their own lives and communities’.<sup>96</sup>

In 1992, sociologist Roger Hart created a continuum of youth participation activities (the Ladder of Participation), identifying eight stages of youth engagement from manipulation to partnership, and providing a means of evaluating the quality of youth engagement with community initiatives.<sup>97</sup> At the bottom of the ladder, youth participants may do what they are told but do not have an influence on decisions made (manipulation). They may take part in an event without understanding the issues (decoration). They may be asked to express an opinion on an issue but lack scope for expressing their ideas (tokenism). Further up the ladder, youths may volunteer to participate in a project, express their views but lack decision-making roles (assigned but informed). They may be consulted and understand the process, their opinions taken seriously (consulted but informed). They may initiate the idea and the process with adult support (directed). At the top of the ladder, they may invite adults to join in decision making, having initiated the idea and set up the process themselves (partnership).

Ideally, a rights-based approach requires that learners should be involved as primary partners during all stages of an intervention that affects their wellbeing directly. Levels of participation may, however, be determined by factors such as the age of the child, environment, context and culture. Learners are an important resource themselves and can find creative ways of solving problems in their situations. Their attitudes could be developed in ways which encourage them to treat themselves and others, young and old, with sensitivity and respect. They can themselves help create a supportive and caring environment by developing empathy and support skills for one another.

Some interventions offer resources to provide structured ways of supporting children to take the lead in managing their own affairs. REPSSI, for example, offers resources in helping children develop skills and awareness and strategies for participation in child-led organisations.<sup>98</sup> Some countries (for example, South Africa) make statutory provision for representative councils of learners (RCLs) and these have been seen to work well in a few cases when propelled by a rights-based approach to learner participation. Anecdotal (undocumented) evidence suggests, however, that relatively few RCLs are working well, that they are not respected by many schools which fear the ‘unionisation’ of children.

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<sup>96</sup> <http://www.soulcity.org.za/projects/soul-buddyz/soul-buddyz-club>

<sup>97</sup> Hart, 1992.

<sup>98</sup> See Madoerin, K., 2008 *Mobilising children and youth into their own child-and youth-led organisations*, REPSSI, Johannesburg.



### 5.3 Quality education provision for vulnerable children

Table 5.3 below sets out the main capacity-building aspects involved in providing a quality education to vulnerable children as seen in the 14 programme interventions under discussion. Each programme has initiated some form of teacher training, community or carer training, volunteer and/or facilitator training, as many offer training to higher implementing and supporting Education structures at local, district and national levels.

Table 5.3: Programme support to deliver quality education at schools/centres, SADC Region

Programme	Member State/s	Teacher capacity	Volunteer capacity	Dept training	Curriculum Learning Resources
All Children Safe in School	Swaziland		Volunteer teachers recruited, trained		
Neighbourhood Care Points COBET	Swaziland				
	Tanzania	Facilitators (new or retired teachers, paraprofessionals or community members with minimum qualification) trained		Training for district officials in the COBET approach	Flexible, basic education, life and survival skills
Most Vulnerable Children	Tanzania		Volunteer facilitators trained	District mobilised to commit resources	
BELONG	Zambia	Teachers trained with ZATEC course	Volunteer teachers and assistants; Training in food provision, hygiene, nutrition		
IRI Radio programme	Zambia	Pre- and in-service training	Mentors		Radio curriculum with face-to-face contact with mentors
Community schools and ZOCS	Zambia	Teachers trained pre- and in-service training by Ministry's Teacher Training Colleges			

Programme	Member State/s	Teacher capacity	Volunteer capacity	Dept training	Curriculum Learning Resources
SCCS	MIET Africa, South Africa, Swaziland, Zambia	Training for teachers and SSTs to implement strategy	School-based carers (SBCs) lead community outreach	Dept officials at ward, district level trained	
Kind Schools Project	South Africa	School-based support teams (SBSTs)	Youth facilitators		
Jali Watoto	Tanzania		Volunteers trained in counselling, care-giving, human rights, protection, monitoring		
Child-friendly Schools	Botswana, Malawi and others	In-service training on CFS methodologies	Mothers groups trained in CRC, care and support		
Learning Plus Circles of Support	Swaziland, Botswana, Namibia		Volunteer teachers: school convenors		

### 5.3.1 Teacher training

Delivering quality education implies that teachers are adequately trained and versed in the programme’s strategies and methodologies. Teachers are critical contact points for the delivery of a care and support approach in their education and need to be adequately equipped, such as in offering counselling and support to vulnerable children. In Zambia’s BELONG and community schools initiatives pre- and in-service teacher training has been effectively mainstreamed into national teacher training initiatives with teachers benefiting from training through the Ministry of Education’s training colleges and follow-up mentoring support.

In the SCCS programme, MIET Africa initially used the cascade model for training teachers, expecting that those trained would ‘cascade’ the knowledge and skills to colleagues. The complexities of all aspects of care and support, including context considerations, identification, assessment and support planning, demonstrated that the

cascade model was not optimal. A decision was therefore taken to conduct site-based training for all teaching staff.

The training of teachers to perform their functions in a care and support project intervention requires that training material has been prepared and developed for this purpose. Several programmes have come up with a variety of training materials to equip all those who have a role to play in transforming the school into a centre of care and support. Notably, the CSTL programme now offers the Regional Support Pack to provide Ministries of Education with a step-by-step approach to putting in place the core elements and modalities of school-based care and support. Materials packs such as these have been tested and refined through field-testing experience. They take into account a variety of learning styles.

### 5.3.2 Supporting teachers

None of the programme examples under discussion make explicit reference to the kinds of support, other than in training and mentoring, that teachers may need in fulfilling their roles and responsibilities.

Most initiatives recognise that transforming schools into centres of care and support requires much from the classroom teacher. Teachers often find their roles extended in a care and support environment. Research conducted by the Children's Institute in Cape Town, South Africa, suggests that teachers in general experience anxiety about the overwhelming number of children in need, their lack of referral knowledge, options or training, HIV/AIDS-related secrecy and discrimination and stress.

An evaluation of the Circles of Support project has demonstrated that amongst the teachers in Namibia and Botswana there is a sense of 'development project fatigue'.<sup>99</sup> Many teachers experience job fulfilment in taking on a 'care and support role' even when this role compromises other spheres of their lives, especially if they are personally affected by HIV and/or AIDS.

A teacher needs special skills to be an effective support resource for children. Many accounts have described ways in which teachers will go the extra mile, often at their own expense, to help children in need. These accounts also note the burden on teachers and the difficulties they can face in carrying it. REPSSI, specialising in psychosocial development in schools, notes that teachers (and other caregivers) need to 'be aware of the importance of having loving, kind and caring relationship[s] with their own children'.<sup>100</sup> This can have a positive impact on the problem of role confusion for teachers (as teacher, parent etc.) and help build a holistic way to address the needs of all children. REPSSI offers suggestions for what teachers-as-parents can do to introduce care and support activities and routines for their own children at home.

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<sup>99</sup> SADC HIV and AIDS Unit, 2007,

<sup>100</sup> REPSSI, 2007.

Teachers (and learners) who are HIV-positive may need support in adhering to treatment regimes. Schools have a role to play in supporting them to visit treatment centres (for example, making provision for the absence of teaching staff from the classroom for teachers who are on treatment), and being sensitive to the effects of treatment uptake on the learner's ability to learn and the teacher's ability to teach.

### **Courage and Hope: Stories of teachers living with HIV in sub-Saharan Africa**<sup>101</sup>

In a publication bringing together the stories of 12 HIV-positive teachers in several countries across Africa (representing geographic, linguistic and religious diversity), the most repeated concerns voiced are that infected teachers are most affected by (1) the stigma associated with the virus; (2) the lack of institutional confidentiality; and (3) Discriminatory practices. The fear (and practice) of stigma discourages many teachers from being tested at all.

In practice, HIV-infected teachers (estimated at 122,000 in sub-Saharan Africa<sup>102</sup>) experience psychological stress and even trauma, often resulting in high levels of absenteeism, and difficulties in maintaining professional standards. Teachers giving testimony in this collection of stories themselves suggested that their stress levels negatively impact on their capacity to deliver a quality education, to foster education access, and may even contribute to rising levels of high school dropouts.

Concerns such as these have led to a widespread tendency for teachers not to disclose their status though this can stop them from accessing the financial support from the department or school or teacher union to help them take care of themselves. Positive teachers may also hold back from networking and finding mutual support with other teachers who are living with HIV, thus continuing to uphold a culture of denial and silence. The stories in this collection show how teachers fear marital failure, discrimination and rejection following disclosure. Some fear rejection by learners; others fear institutional rejection. In some cases, the experience of stigma places pressure on the positive teacher to resign or retire. Several testimonies speak of affected individuals in the profession consulting with witchdoctors, before and after diagnosis.

The African journalists who compiled this account pointed out that living with HIV is 'emotionally and socially exhausting and financially debilitating'.<sup>103</sup> Statistics and reports often fail to appreciate the costs to the sufferer's personal life, the hardships involved in adhering rigidly to treatment regimes while sourcing the necessary nutritional supplementation.

The journalists point to a mismatch between knowledge and practice around the continent.

'Although awareness about HIV is presumably high in Sub-Saharan Africa, evidence from the interaction with the teachers demonstrated that there was still a long way to go.

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<sup>101</sup> Bundy et.al, 2009.

<sup>102</sup> Bundy et.al. 2009.

<sup>103</sup> Bundy, et.al, 2009.

The majority of people were aware, but their behavior and attitudes told a different story. The fact that some teachers resorted to traditional medicine for the HIV cure, or treated their peers living with the HIV virus as pariahs, amply demonstrated the mismatch between knowledge and practice. The same is true for parents and communities who treated HIV-positive teachers with disdain.<sup>104</sup>

Some teachers, however, use their status as a platform for helping adolescents with their anxieties about the virus and encourage fellow colleagues in the profession to go for testing and counselling. A Senegalese teacher describes the schools as the best ‘social vaccine’ in that it creates a forum for children to be properly informed about the virus. Strong networks of support for positive teachers are to be found in Tanzania and Kenya where teachers can come together to reflect on and make input to the policies that affect them.

In some states, Ministries of Education and/or teacher unions have set up committees to offer support to teachers living with HIV and their families. In general, however, the message is that not enough is being done to provide training for teachers, head teachers and administrators to ‘acquire the skills that will lead them to make the right choices to minimize infections and transform schools into a friendly environment for infected or affected children and teachers’.<sup>105</sup> Not enough is being done to protect them from institutional discrimination.

### 5.3.3 Volunteer services

Many programmes rely on volunteers to act as facilitators, co-ordinators, caregivers etc. and these are routinely recruited from within communities. In those programmes (for example, Swaziland’s Neighbour Care Points) offering nutritional support in the form of meals, volunteers felt stressed that while they were administering food aid, they were not themselves entitled to it.

An evaluation of the Jali Watoto programme in Tanzania stated that volunteers need compensation and particularly transport allowances (or bicycles) without which they have difficulty conducting home visits and visits to medical facilities. Volunteers often require economic strengthening themselves, with opportunities for income-generation to sustain their volunteer efforts.

An evaluation of the HDA Circles of Support (COS) pilot programme in three Member States highlights the problem of volunteerism in implementation. Using volunteers ‘has been shown to be problematic in the long run’ and the charges of hypocrisy have been levelled against programmes that use volunteers at community level, usually in poor communities, who might be in need of assistance themselves. Some sort of allowance or remuneration could be used as an incentive. Volunteers are usually unemployed persons. Young people, particularly, are apt to move on if paid opportunities present themselves.

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<sup>104</sup> Bundy et.al, 2009.

<sup>105</sup> Bundy et.al, 2009.

According to the COS evaluation,

‘How does this reconcile with the concept that the community is in charge and fully participates? It should be borne in mind that within the community someone has to be responsible for what happens and coordinates the others. Otherwise it becomes everyone’s business but no one’s responsibility.’<sup>106</sup>

It was observed also that the majority of volunteers are women who have other roles as wives, mothers and income earners to uphold and making heavy demands of their time. The evaluation recommends that the issue can be dealt with if (1) teachers’ and community members’ participation is time-limited; (2) Regular training enables new people to replace those ‘burnt out’; and (3) The number of home visits per school convenor or neighbourhood agent is reduced.

The Kind Schools Project, implemented by NGOs under the Life Skills Department of the Free State Department of Education in South Africa, also reported challenges with the deployment of community-based youth volunteers. The Kind Schools Project aims to implement national Inclusive Education Policy by setting up site-based support teams (SBSTs). These have responsibility for drawing up action plans for vulnerable children in schools. Two youth facilitators, generally unskilled individuals from local communities, recruited by the SBST at each project school have the task of identifying and supporting vulnerable children, as well as counselling children, conducting home visits and networking with social protection and health agencies, and assisting children to form groups of ‘about 20 learner who are encouraged to adopt and befriend other children who may be in need’. Project monitoring showed that while the project made some important interventions in the lives of vulnerable children on a small scale, the youth facilitators are ‘poorly managed, insufficiently trained and have tasks and function unrelated to vulnerable children’. While cases of success were reported, ‘There is a poverty of voice, of networks and of expertise to help vulnerable children in ways that make a lasting and crucial difference in their lives. What is ultimately required is not an overloaded teacher with divided attention, or a hard-working volunteer, but rather a trained social worker or councillor [counsellor?] sic.’ Rather than providing schools with additional roles and responsibilities, schools should rather be given additional resources to address the problems, chief among them, human resources.<sup>107</sup>

#### 5.3.4 Curriculum

Full-time formal schooling may not be an option for children who need to work. Non-formal, parallel approaches, including community schools and distance education using tailored curricula, may help more effectively to facilitate learning for out-of-school children. Zambia’s Interactive Radio Instruction (IRI) programme, also called ‘Learning at Taongo Market’, has reached 60 000 in 900 centres where radio lessons, with face-to-face mentoring from trained volunteers, provides a quality curriculum to out-of-school learners at aged 9 to 16. The programme is broadcast daily from 9am to 4pm, with grade differentiation for groups of around 30 children gather in non-formal venues (churches,

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<sup>106</sup> SADC HIV and AIDS Unit, 2007

<sup>107</sup> HSRC, 2007/2008.

halls, homes, outdoors). The distance-learning method using radio helps to ‘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’.<sup>108</sup> Radio programmes tailor the national basic education curriculum, are accredited at Grade 7 level by the Ministry of Education, and cover subjects such as Zambian and English language literacy, mathematics, science and social studies and life skills. HIV and AIDS-related health issues, as well as instruction in hygiene and caring for the sick are also included in the programme, complementing the Ministry of Health’s School Health Project.

Appropriate curricula that speaks to the unique needs of vulnerable children may contribute to the child’s accessing formal school later or, for children in-school, staying there and improving their developmental outcomes. The COBET programme in Tanzania, a complementary programme to support formal primary education, provides relevant, quality basic education, and life and survival skills to out-of-school children. The programme is condensed and competency-based and has seen success in enabling children to return to the formal education system. With more contact time than in formal primary schools, the curriculum is tailored to children’s ages and responsive to their learning needs, leading to accredited national exams and thereby entry or re-entry into formal schooling system. Delivery is flexible so children can attend lessons when they are free to learn; they do not have to wear uniforms.

Life skills can extend to deal with health topics including those related to the abuse of alcohol and substances, nutrition, sexual and reproductive health and HIV prevention. The promotion of recreational activities, such as sports, through the provision of equipment, such as that promoted by the Zambian programme, BELONG, can contribute also to the promotion of healthy lifestyles.

The Mountain Orphans and Vulnerable Children’s Empowerment (MOVE) programme, initiated in Lesotho by the Catholic Relief Services (CRS), offers life skills camps during school holidays for OVC and support for vocational training centres to take in OVC and provide them with apprenticeship opportunities.

For those programmes aiming to equip out-of-school children with vocational skills, due consideration needs to be given to which vocational skills are most appropriate<sup>109</sup>. All school age children will also need practical numeracy and literacy skills to survive economically and socially. These aspects have been incorporated into the COBET programme, for example.

#### **5.4 Community participation**

Table 5.4 below shows that most of the care and support programme examples rely considerably on the involvement of communities, and their commitment and ownership of an initiative to help achieve results. Beyond community advocacy (sensitisation and mobilisation) most programme initiatives offer training in participation, including rights

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<sup>108</sup> UNICEF, 2009a.

<sup>109</sup> CRS & USAID, 2008.

awareness training and practical project implementation training, the latter particularly for projects which draw on communities to play a management and/or oversight role in implementation. Working with and through local leadership structures has proved to be a proper and authoritative approach.

Table 5.4: Programme support harnessing community participation, SADC Region

Programme	Community Advocacy	Community capacity building	Community Management / Planning	Local Leadership	School Infrastructure involving comm. Mobilisation
All Children Safe in School	Communities mobilised	Training	School committees	Traditional leaders mobilised	Renovations, Construction, Water & Sanitation improvement
Neighbourhood Care Points COBET	Communities mobilised		School committees		Centres established in a variety of venues: halls, spare classrooms
Most Vulnerable Children	Communities mobilised		MVC committees		MVC comms oversee rehabilitation of buildings
BELONG	Communities mobilised		Parent-community committees		Community schools and other venues
IRI Radio	Communities mobilised				Churches, homes, halls, outdoor
Community Schools and ZOCS	Communities mobilised	Income-generation training; governance training			Schools established in communities
SCCS	Communities mobilised	Community helps identify CCCs, trained to coordinate childcare strategies	Cluster Management Committee includes community members		Service providers collaborate to improve physical environment
SNOCS					



Programme	Community Advocacy	Community capacity building	Community Management / Planning	Local Leadership	School Infrastructure involving comm. Mobilisation
Kind Schools Project Jali Watoto	Communities mobilised			Mobilised for MVC identification processes	Community strengthening education access
Child-friendly schools	Communities mobilised				Community strengthening education access
Learning Plus					Building programme
Circles of Support	Communities mobilised	Volunteers Neighbourhood agents	Botswana: Multi-Sectoral AIDS committees	Swaziland: Traditional structures responsible for OVC	

#### 5.4.1 Community involvement

Studies have shown that community involvement is vital to secure ownership and ensure sustainability in the provision of support to vulnerable children. Programme impact can be strengthened by building on existing community assets, building agendas and capacity in communities so that they may participate effectively in OVCY care and support. Awareness-raising in communities can help to promote understanding of the needs of orphans and vulnerable children and mobilisation can place decision-making powers in the hands of local communities.

An ongoing process of community advocacy is a feature of all programmes under review. Community advocacy aims to enlist support from all levels of community (from rural village leadership to parents, caregivers and other community stakeholders). It invites participation of community representatives in designing implementation processes and practice, as well as monitoring and evaluation of the programme. Links with pre-existing community support structures (i.e. build on existing initiatives) will help avoid duplication and competition and build community ownership.

Communities that are involved in identifying vulnerable children and, to some extent, in programme implementation can help to promote project sustainability. The Most Vulnerable Child (MVCI programme in Tanzania enables MVC committees to use nationally standardised identification criteria to identify children who are most vulnerable, thereby demonstrating a way for national policy to find tangible expression at community level.

Part of the important work of community mobilisation is to encourage parents and caregivers to send their children to school. This is the case in the BELONG programme operating in Zambia.

Central to UNICEF's Child-Friendly Schools (CFS) approach is the active role of communities in creating child-friendly and protective environments at home and at school. In the early stages of implementation of the CFS approach in Malawi, community members involved in the Mfera Primary School in Chikwawa District began moulding bricks for the construction of school blocks, teachers, houses and sanitation facilities.

The CFS approach also recognises the importance of women in the community playing a leading role in programme implementation. This is vital for the education of girls and OVC.

Mothers help create a child-friendly environment at home and at school. Mother groups in the CFS context in Malawi have been established by UNICEF in collaboration with District Education Managers. Mothers have been trained in children's rights, the importance of education, monitoring child abuse, protection and reporting. They have a role to play in sensitising parents, guardians, chiefs, girls and OVC. They carry out visits and conduct campaign talks in communities and schools and ensure that facilities are gender friendly, and user-friendly to children with special needs.<sup>110</sup>

MIET Africa's SCCS programme found that community advocacy led to an increased awareness and understanding of the National education ministry's policy of Inclusive Education (outlined in South African Department of Education Policy White Paper 6), its application and the potential benefits.

Zambia's Community Schools, including the Zambian Open Community Schools (ZOCS), run by local communities has been successful in enabling thousands of children out of formal schooling to access education. Community schools account for around one-third of all primary schools in Zambia and have been initiated by non-government organisations, CBOs and FBOs. A non-profit organization, the Zambian Open Community Schools (ZOCS), provided pioneered the Zambian community schools programme, providing a replicable model of education for offering learning opportunities to the most vulnerable children in the country.

Mobilising local leaders (village, sub-village chairpersons) has a strong rallying effect in local communities. In some instances, local leaders involved in community mobilisation appeared to have expectations of compensation for their involvement. In the Jali Watoto programme in Tanzania, local leaders have a role to play in overseeing and monitoring the MVC committee and community volunteers' activities. The social cohesion engendered from such involvement may have a strengthening effect on the community's capacity to delivery care and support to children and help to sustain programme activities.

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<sup>110</sup> UNGEI *Forum* 2006.

### 5.4.2 Cultural specificity

External agencies must be aware of cultural requirements governing interpersonal interaction. The evaluation of a training programme for youth volunteers working in the care and support environment<sup>111</sup> based in Hlabisa, northern KwaZulu-Natal, South Africa, reflected on the way communication, especially inter-generational, is affected by the cultural context. Where, for example, a one-on-one counselling session might rely on eye-contact being made and may involve physical contact of a comforting nature, Zulu culture forbids physical contact between counsellor and child if they are of different sexes. Eye contact may not be made by a young person communicating with an adult. Sexual issues may not be spoken about with an elder person, and English words may not be used. This will be interpreted to be a failure to respect culture and language.

### 5.5 Programme partnerships and scale-up

Table 5.5 below illustrates that most of the programme interventions under review rely on the active collaboration of a number of interested groups for the programme to be truly effective, to promote the mainstreaming of care and support in the education system and the programme scale-up.

Table 5.5: OVC programme partnerships and scale-up, SADC Region

Programme	Member State	Collaboration Coordination	Scale-up
All Children Safe in School	Swaziland	Collaboration with similar initiatives	Programme adopted by govt; Included in NPA 2006-2010
Neighbourhood Care Points COBET	Swaziland		
	Tanzania	NGOs, CBOs, FBOs help with implementation	COBET classes now formally under Primary Education Development Plan (2002-2011)
Most Vulnerable Children	Tanzania		Helped government review Child Development policy
BELONG	Zambia	Dept of Education and District Education Boards; ZOCS a key partner	
IRI Radio	Zambia	Civil society and govt	

<sup>111</sup> Training to Apply Active Listening Skills in the Care and Support Environment (Unit Standard ID 116987), known as the Flemish Integrated Training Programme (FLIT) conducted by the KwaZulu-Natal Development Trust on behalf of the Departments of Education, and Local Government and Traditional Affairs.

Programme	Member State	Collaboration Coordination	Scale-up
ZOCS SCCS		collaboration in radio programme design	
	Zambia		
	MIET Africa, South Africa, Swaziland, Zambia	Partnerships between schools, communities, government, donors, NGOs and private sector	Field-tests resulted in province-wide scale-up. SCCS programme was also adopted by SADC Education Ministers, now known as CSTL
CSTL SNOCS			
Kind Schools Project	South Africa		
Jali Watoto	South Africa		
Child-friendly schools	Tanzania		
Learning Plus			
Circles of Support		School/ community collaboration	Botswana: scaled up around country

### 5.5.1 Mainstreaming care and support

Mainstreaming care and support begins with putting in place policies and practices that promote care and support for teaching and learning and allowing these to infuse the whole system of education delivery. The UNAIDS Inter-Agency Task Team (IATT) toolkit upholds the ‘Eight Cs’ that related to successful mainstreaming: Capacity, Commitment, Coverage, Cost, Culture and Context, Competition and Collaboration. Implementation problems experienced in the 14 identified programmes usually related to weaknesses in two of these areas, specifically: in collaboration and co-ordination of activities, and to the challenge of maintaining stakeholder commitment to implementation.

A large number of studies indicate that there is a strong need for a holistic form of approach to care for OVC, and that multisectoral collaboration is key to achieving success in providing comprehensive support to OVCs.

### 5.5.2 Multi-sectoral collaboration

Most of the programmes under review are essentially multi-sectoral in their thrust. Most are implemented by a partnership of organisations, including a government department, usually the Ministry of Education, as the dominant partner, an implementing agency and external organisations who provide funding, expertise and technical support. Most programmes state that in order to work most effectively, the multi-sectoral approach is critical and one that requires a high level of commitment from partners and their active involvement. Most importantly, a programme’s success requires a high level of co-ordination of stakeholder interests and activities.

A multi-sectoral, co-ordinated, response is essential for assisting underfunded and understaffed social welfare ministries to deliver services to children and communities affected by AIDS. Most SADC countries have made some progress in co-ordinating OVC responses yet, according to the Save the Children Literature and Desk Review, 'there are still issues around the capacity and effectiveness of these structures'.<sup>112</sup> These problems are ascribed to, inter alia: (1) a lack of strong national-level leadership; (2) a failure to disseminate national plans and strategies to district and sub-district level; (3) A lack of human and financial resources; (4) NGOs and CBOs having their own priorities and agenda. All levels of civil society, including NGOs, CBOs and FBOs need to be incorporated into systemic responses in order to fulfil the terms of National Programmes of Action. Mechanisms and structures for co-ordination, collaboration and effective communication are required; and, for genuine collaboration to take place, all partners need to be willing to share ideas, knowledge, resources and data.

In its South African field test, the SCCS programme, led by MIET Africa, aimed to foster the collaboration of several different government departments including Home Affairs, Social Security, Health, Social Development and the Police Services to provide integrated service delivery to children. Field-testing the strategy provided the impetus for this and demonstrated the benefits of collaboration. MIET Africa found that advocacy at multi-sectoral level must be led by the highest office in each sector that has committed its political will to the school transformation process. Advocacy must be visible and permeate all levels and departments.

In MIET's SCCS field test in Swaziland, the Ministry of Education took a strong lead to helping to establish the programme, setting up regional co-ordinating units under the Ministry's senior Education Guidance and Counselling Co-ordinator. District Education Boards in Zambia played an important role in setting up the SCCS programme in the Eastern and Western Provinces, comprising a range of different stakeholders from the church, women's lobby groups, heads associations, teacher unions, local magistrates, agriculture co-operatives, health boards and the business community. In Zambia therefore there was already a functioning inter-sectoral component on which to draw for guidance and support, as well as a strong volunteer component.

The SCCS programme found that although the relevant public service officials understood the importance of monitoring and supporting the schools involved in the SCCS programme, they were overstretched in their commitments and consequently SCCS activities were not always considered a priority. The high workloads of officials and specialists in the programme were experienced as a setback for the programme in general, especially when care and support activities were viewed as an 'add on' to core functions. Problems were also encountered with the lack of necessary transport facilities to enable specialists to visit schools and monitor implementation. Regular communication as well as the active participation of all partners in decision making is

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<sup>112</sup> Save the Children Fund, 2009.

crucial to ensure sustainability of partnerships. This requires that education officials, training coordinators and other stakeholders visit schools regularly.

In its 2007 programme, Strengthening Community Support Systems for OVC, the Alliance for Community Action on Health in Zambia (Alliance Zambia), with Irish Aid support, provided inter alia financial and technical support to government district social welfare offices in Zambia's Copperbelt districts to enable them to better co-ordinate their OVC activities. An integral part of this programme has been developing an approach to scaling up community-based support to OVC that links government and non-government actions in a coherent way that delivers results. Implementation experience led to several important lessons learnt for the strengthening of a government-led co-ordination at district level, collaboration between government, non-government and extra-government sectors and the importance of building capacity of all community and government stakeholders through technical support:

1. **Government co-ordination is crucial.**  
A co-ordinated approach to OVC support, led by the Department of Social Welfare is key to ensuring effective policy and programme development and implementation. This will promote effective identification of vulnerable children, monitoring of service delivery and eradication of duplication, greater coverage of remote and rural areas.
2. **Partnership between government and civil society** is essential for effective OVC support. A greater willingness from both civil society and government to work in partnership, developing joint plans and sharing resources and knowledge is critical to an integrated, efficient and successful response.
3. **Civil society organisations need to invest time and resources** to build effective partnerships with government. If the actions of civil society organisations undermine the ability of the government to co-ordinate responses, they potentially place more children at risk than the limited number they can reach with their own programmes.
4. **Civil society's partnership-building role** between government departments is unorthodox, but beneficial. Enhancing intra-governmental collaboration may be an unorthodox role for civil society but it has demonstrated significant benefits for Alliance Zambia's programme and for its beneficiaries. Without it, different government departments would have continued to operate in isolation with duplication of effort.
5. **Investing resources** in information management and monitoring pays off. Information management should include activities around communication, resource tracking, standard criteria for assessing beneficiaries, and periodic vulnerability assessment exercises. It must be budgeted for appropriately.

6. **Strategic information sharing** and dissemination of information about civil society's work supports partnership and collaboration. Information sharing can support and strengthen partnerships and collaborations between government and civil society.
7. **Adequate investment in process, time and human resources** are needed to ensure that policies are implemented on the ground and that they ultimately generate the desired benefits for OVC. Strong and progressive policies may exist, but they are nothing without effective implementation.
8. Civil society organisations can play a valuable role **monitoring policy implementation** on the welfare of children if given appropriate support.
9. **Active policy analysis and dialogue** activities within projects can generate civil society awareness of policies. These activities can also provide government departments with the impetus to clarify and streamline their own responses to maximize the value of their own activities for OVC.
10. **Formal consultation structures** between government and civil society at local and regional levels about OVC care at a national level are invaluable as a platform for a sense of shared working and responsibility.<sup>113</sup>

### 5.5.3 Scaling up programmes

Programmes piloted to date have tended to be relatively small in geographic coverage and numbers of learners reached. In their pilot phases, they are untested for scale-up and replication has not been accommodated in government policies, plans and budgets.

Scaling up care and support programmes can present challenges in prevailing conditions. The 2008 UNICEF consultative meeting in Gaborone, Botswana, noted that the strength of education systems differs widely between many member states and the available support services available to schools may differ also. It is not unreasonable to posit that a tested model which may have been a success in one site might be deemed too complicated or too costly to scale up on a national level.

Disseminating the findings of pilot programmes and agreeing on the way forward is an important early step in scaling up programmes. The HDA Circles of Support evaluation report noted that there may be a need to update material from the pilot phase.

'For example, the current documentation does not stress the continued need for involvement of the higher level systems after the initial introduction has been made, and how this can be accomplished. Local adaptation should also include material on what the entitlements of OVC are in the particular Members States, how they can be accessed and who is responsible for what and how the coordination mechanisms work. School-community interaction mechanisms would also need to be spelt out. The issues of

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<sup>113</sup> Alliance Zambia, 2009.

volunteers and how to sustain them, and child (OVC) participation, would also need some local guidelines.’<sup>114</sup>

Education Ministries in various SADC countries expressed an interest in the SCCS programme when, in 2005, they were presented with the model and findings of field tests in South Africa. Following the signing of a communiqué, the SCCS programme was piloted in the Region with a view to scale up involving Ministries of Education in participating countries as lead partners. A Memorandum of Understanding was signed by the ministries of South Africa, Malawi, Zambia, Swaziland and Mozambique, together with UNICEF, ESARO and MiET Africa as the other two partners. Local committees (National Co-ordinating Units) in the three participating countries (Swaziland, Zambia and South Africa) were established to plan and implement the programme in a pilot phase. These comprised the Ministry of Educations (MoE), UNICEF and local NGOs that are already working in schools. These National Co-ordinating Units continue to function in Zambia and Swaziland. Mozambique’s situation was different in that the MoE was already implementing a programme but was interested in sharing ideas and learnings. South Africa’s programmes continue to work well with full government support.

The regional pilot of the SCCS programme has prepared the way for the inauguration of the Care and Support for Teaching and Learning (CSTL) programme, building on SCCS programme experience in strengthening systems to help schools better meet the needs of vulnerable children and address barriers to teaching and learning.

In this first phase of the CSTL programme (December 2008 to December 2011), six SADC Member States (Democratic Republic of Congo (DRC), Madagascar, Mozambique, South Africa, Swaziland, and Zambia) are involved.

The CSTL programme will help Education Ministries in these Member States to harmonise their care and support policies, and through an integrated service delivery plan, to strengthen their ability to offer care and support to vulnerable children. As even more schools in the SADC Member States become Schools as Inclusive Centres of Learning, Care and Support, the CSTL programme will improve the lives of even more of the Region’s children.

The replication of the SCCS programme showed the importance of taking into account the project site’s national conceptual and context-specific framework. While contextual features across SADC Member States share many characteristics, no two sites are the same. Defining these features or differences is an important preliminary exercise, and prioritising needs in context needs to be undertaken by all site/stakeholders. Different contextual features should be understood and defined, especially in regard to establishing the sorts of impact indicators expected.

A supportive policy framework is a critical enabling factor for taking a pilot programme to scale and ensuring its sustainability. Formal and harmonised legislative and policy

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<sup>114</sup> SADC HIV and AIDS Unit, 2007.



frameworks will drive the mainstreaming process and the onus for creating an appropriate policy environment lies with the highest tiers of Ministerial government. In the case of South Africa, for example, Education White Paper 6 outlines the policy framework that provides official support for an expanded social role for schools confronted by the problems of poverty and HIV and AIDS.

### 5.5.3 Programme monitoring

Piloting care and support interventions in school communities is a relatively inexpensive way to test models for upscaling and replication. Documenting learning experiences from a pilot phase is an essential part of monitoring pilot implementation and drawing lessons from experience.

Monitoring mechanisms are applicable at all levels of implementation. In the Region, documenting the process of scaling up and replication, including challenges, experiences and best practices will facilitate the design and implementation of a regional monitoring framework. However, the Catholic Relief Services suggests that monitoring and evaluation components of care and support interventions for OVC in the Region are not yielding ‘evidence of good practice’. ‘Most programmes emphasize processes over impact and lack consistent systematic record-keeping’.<sup>115</sup>

A strong monitoring and evaluation framework based on a shared vision is required. This should be understood and accepted by all partners developed at the outset.

In some programmes, devices (reporting tools) have been designed to help monitor project progress and impact. For example, the COBET programme in Tanzania has created monitoring activities at each level of implementation: community, centre, district and national. Monitoring data assembled at national level can provide reliable, field-tested information upon which policy can be reviewed.

The SCCS cluster model’s hierarchy of teams at district/regional, cluster/ward and school levels facilitates programme monitoring and evaluation and the collection and flow of relevant data which enable the education system to evaluate the programme’s successes. Integration of data collection on learner attendance, dropping out, transfer and graduation must be integrated with district and national EMIS.

Inadequate reporting and record-keeping can lead to inaccuracy in programme evaluation. In the evaluation of Swaziland’s Neighbour Care Points programme, the lack of proper monitoring and evaluation systems led to problems with estimating accurate numbers of OVC in an area and a failure to report on supplies used at care points. Such failures can lead to blocks in implementation process, and, effectively, a stalling of process.

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<sup>115</sup> CRS & USAID, 2008.

## **6. Conclusion: Core elements of care and support for teaching and learning**

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By way of conclusion, this section summarises the core elements of school-based care and support for teaching and learning based on the experience of the programme interventions discussed in Section 5. Again, it is acknowledged that these represent just 14 programmes of school-based (or facility-based) care and support for OVC. Other programmes aiming to achieve similar aims are at work in the Region and will share many of the core elements listed below.

### **6.1 External funding**

External funding agencies have an important enabling role to play in resource-poor settings prevalent across the SADC Region. External funding can assist with putting a programme into motion until such time as internal mobilisation can act to promote sustainability. Having programmes such as these led by government policy, structures and co-ordination can help promote sustainability.

### **6.2 Harnessing local resources**

Programme interventions need to build on local and national mechanisms already in place. Linking up with pre-existing support structures, for example within communities, can help to identify and build on these mechanisms. They will also help to avoid duplication, competition and promote community ownership.

### **6.3 Schools as nodes of care and support**

A school or facility-based approach can have several benefits for learners, communities and schools themselves. Transforming schools into centres of care and support has proved a good strategy for bringing resources and services closer to those who need it most.

### **6.4 Identifying vulnerable children**

Involving communities in the identification of vulnerable children capitalises on local knowledge and promotes community ownership. A standard set of criteria for OVC identification can provide guidelines for this process to happen within a national policy framework. It is important, however, that identification criteria arises organically from the context, taking into consideration the context-specific factors influencing the vulnerability status of children.

### **6.5 School costs**

No fee policies at primary school in many Member States have been seen to have considerable benefits. Programmes need to factor in provision for ancillary education costs to promote children's access. A longer-term view of programme

work could take into account the importance and need for the child to access secondary education also.

#### **6.6 Nutrition support**

School or facility-based nutrition programmes have been widely successful, addressing child hunger as a basic survival need. For nutrition programmes to succeed, adequate training in all aspects of nutrition support should be provided, as well as training in reporting, record-keeping and monitoring activities.

#### **6.7 Psychosocial support**

Psychosocial support is an important component of care and support shared by many programmes piloted or currently in implementation. Building capacity in this area could promote increased uptake of psychosocial support services by vulnerable children and families.

#### **6.8 The teacher as primary care and support pillar**

Teachers need to be equipped with skills to fulfil their function as primary providers of care and support in the classroom/school setting. Delivering quality education implies that teachers are versed in care and support strategies and methodologies. Personal and professional support to teachers could assist them in fulfilling their roles and responsibilities better.

#### **6.9 Safety and protection for children**

The school creates and sustains an environment of safety and protection for all children, especially the most vulnerable. It can offer life skills support in the curriculum, psychosocial services and, in collaboration with other agencies, access to health promotion and safety and protection mechanisms. Mainstreaming care and support in education means adopting strategies that will strengthen the protective environment for children.

#### **6.10 Curriculum support**

The curriculum could be relevant to the needs of vulnerable children and flexible enough to promote livelihood and survival skills for out-of-school children.

#### **6.11 Social assistance**

Children need access to available grants and other forms of social assistance provision and schools could promote access by facilitating birth and identity registration where necessary. Social grants (and complementary cash grants) help the school build an environment of care and support, promoting poverty alleviation and education access.

### **6.12 Child participation**

Child participation is a cornerstone of care and support provision. Children can be active participants in identifying problems and finding solutions. Promoting child participation involves developing rights awareness levels and creating room for child (peer) structures to promote growth and mutual support.

### **6.13 Volunteerism**

Volunteerism in resource-poor settings is frequently problematic. Volunteers often require economic strengthening themselves, with opportunities for income-generation training and support so as to sustain their voluntary roles in the care and support of OVC. Additional human resources to schools can help to limit the burden on volunteer capacity.

### **6.14 Community participation**

Ongoing community advocacy will help build community ownership and participation, with capacity-building. Local leadership involvement can help to build credibility and sustainability. Cultural specificities will determine norms and behaviours in interpersonal interaction and community processes.

### **6.15 Mainstreaming care and support in the Education system**

A mainstreaming approach aims to infuse the whole system of education delivery. It upholds the 'Eight Cs' of Capacity, Commitment, Coverage, Cost, Culture and Context, Competition and Collaboration.

### **6.16 Multi-sectoral collaboration**

A multi-sectoral approach is critical for the delivery of an integrated package of care and support services to OVC. It requires a high level of commitment and involvement from all partners. It implies strong co-ordination, usually by Ministries of Education, and strong partnerships between government, civil society and community.

### **5.17 Monitoring and evaluation**

Investing resources in information management and monitoring is important. It requires procedures and capacity. Monitoring processes could aim to document practice, determining impact indicators and developing measures to bring these two elements together.

## 7. Information and knowledge gaps

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The review of 14 programme examples in this paper has come up with several areas of interest that merit further study that can assist the CSTL community in the SADC region with understanding the pressures on children, families, schools, communities and countries. Further research could aim to find ways to allow ‘voices from the ground’ to be heard.

### 7.1 Children infected with HIV

Most care and support interventions at schools in the Region are relatively recent and, in order to neutralise stigma and discrimination, are AIDS-sensitive rather than AIDS-targeted. This means that children who are HIV-infected have an invisible place in the AIDS-affected target spectrum. What evidence is there that infected children are receiving the care and support they need to live positively with the disease?

Qualitative studies have referred to the possibility of a child’s HIV status deterring a parent from sending a child to (or removing a child from) school. They also refer to the inadequacy of teachers to support HIV-positive learners. Stigma and discrimination by teachers and peers may present a major educational barrier.

A 2008 EduSector AIDS response Trust (ESART) report found that the educational needs of HIV-positive learners were not being met, possibly signalling systemic failures in the education sector. Two country studies (Namibia and Tanzania) reveal that ‘HIV and AIDS are exacerbating existing problems in education, and that the sector has considerable difficulty in discharging its obligations to learners in general and HIV-positive learners in particular’.<sup>116</sup> The home environment was found to be a complicating factor with foster parents and guardians not providing emotional support. Stigma and discrimination pervade the lives of HIV-positive learners and intolerant attitudes were found to be present at school and at home. The report argues that the lack of data and information compounds the failure of the education sector to respond to the needs of HIV-positive children, with concessions in school fees and other benefits hiding the ‘ground-level realities’ faced by infected children.

Research into the problems encountered by HIV-positive children, at home and at school, could aim to build a culture of tolerance and help bridge the gap between policy declaration and implementation.

### 7.2 Child protection mechanisms

In the light of UNICEF’s claim that violations of the child’s right to protection are ‘massive, under-recognized and under-reported barriers to child survival and

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<sup>116</sup> ‘Supporting the educational needs of HIV-positive learners: Lessons from Namibia and Tanzania’, Peter Badcock-Walters et.al., ESART/UNESCO, 2008, p. 4

development’ 117, a review of the reporting mechanisms in place around the Region and their effectiveness could aim to stimulate the importance of child protection in the school environment.

### **7.3 OVC-tailored curriculum**

The Catholic Relief Services Agency reports that ‘Good practice examples for instructional resources and tutoring specifically aimed at orphans and vulnerable children has yet to be documented’.<sup>118</sup> Frequently, vulnerable children entering the formal or non-formal education system in programmes such as those cited in this review, need special assistance to catch up with their learning and instructional materials that are specifically tailored with this in mind need to be used.

Further review could aim to identify OVC-specialised resources that have been developed and implemented in programmes across the Region, with some evaluation of their relevance, flexibility, curriculum coverage and impact.

### **7.4 Psychosocial support**

A review of 14 programmes shows that a psychosocial support (PSS) element is high on the list of priorities. The training and support environment for enabling schools and child carers to offer counselling and psychosocial support appears to be solid. Not many of the programmes reviewed were able to demonstrate the use of PSS in the field, however. PSS interventions in school-based care and support environments need to be described to help the CSTL community know more about how it works and why, in many care and support programmes, PSS services are not always reaching the needy child.

### **7.5 School nutrition programmes**

School nutrition programmes have been seen to be widely successful, addressing child hunger as a basic survival need. Concern has been expressed, however, that school feeding, rather than education itself, can often be the attraction for children coming to school, and that enrolment and attendance may fall when feeding programmes stop. It would be helpful for the CSTL community to know more about the region-wide implementation of nutrition schemes by means of an audit, showing its reach and coverage, and providing a review of evaluative assessments of these schemes.

### **7.6 Sustainable livelihoods**

Many care and support programme recognise that children may need to be economically active and have tailored curriculum to suit their needs. We have seen that such programmes generally happen outside the formal education environment. Inside the formal education environment, livelihood skills do not seem to be a curriculum priority, especially for adolescents. An overview of livelihood training initiatives could help the CSTL community to understand more about how building sustainable livelihoods can be a core element of care and support for vulnerable children. Field and/or action research

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<sup>117</sup> UNICEF website, What We Do, [http://www.unicef.org/protection/index\\_bigpicture.html](http://www.unicef.org/protection/index_bigpicture.html)

<sup>118</sup> CRS & USAID, 2008.

could aim to promoting the voices of children in describing their needs and the realities of their lives.

### **7.7 Child participation**

All programmes reviewed appeared to value the importance of child participation and to affirm the child's right to speak and be heard. Most of the avenues for child participation appear to be project or programme-created rather than child-driven, however. The care and support community could benefit enormously by providing children with skills, resources and opportunities to enable them to (1) Describe the problems of their lives and what works and doesn't work in terms of solutions; (2) Develop a child/youth-inspired research agenda; (3) Carry out manageable research activities; (4) Gather stories from voices on the ground; (5) Use regional and national meeting opportunities to deliver research findings and allow these voices to be heard.

### **7.8 Community participation**

All programmes reviewed rely heavily on community involvement and cannot successfully achieve this without community commitment and ownership. Beyond community advocacy (sensitisation and mobilisation) most programme initiatives offer training in participation, including rights awareness training and practical project implementation training, the latter particularly for projects which draw on communities to play a management and/or oversight role in implementation. Working with and through local leadership structures has proved to be a proper and authoritative approach. And yet, many projects have defined community participation as weak. Further research could aim to find out what is being done in the region specifically to stimulate community participation in the care and support of the child, including what is being done to stimulate the more meaningful participation of the parent in the life of the school. Programme examples adopting a Human Rights-Based Approach could be gathered.

### **7.9 Direct and material support**

Focused research into the problems and achievements of providing direct material support to vulnerable children, including through school fee waiving, would be of interest to the CSTL research community. Some research has been done into the impact of cash grants in impoverished families and communities and into the positive effects that social assistance can have on a child's education access and retention.

### **7.10 Caring for the carers**

Most of the programmes reviewed have described the strains experienced by the community of carers. These are made up of teachers themselves, project volunteers and home-based care networks. This community of carers needs support. Further research could help the CSTL community understand more about the needs and challenges of being a carer, perhaps by empowering the caring to community to conduct evaluative research, to record their stories, and could be supported in creating platforms for these experiences to be spoken about and heard.

### **7.11 Socio-economic, socio-political and environmental contexts**

The region-wide context is constantly in flux. Pressures on communities, in different places around the region mount in times of stress and attenuate in times of relief. The CSTL community could benefit from country-by-country research to describe context-specific conditions. Are there unique conditions around the region (in the natural environment, in the political environment, in the socio-economic environment for example) that need to be understood for their specificity. Famine, natural disasters, human migration, human trafficking, violent conflict and crime are just some issues which need to be understood in context. Further research could aim to share the specificity of these phenomena in the region.



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