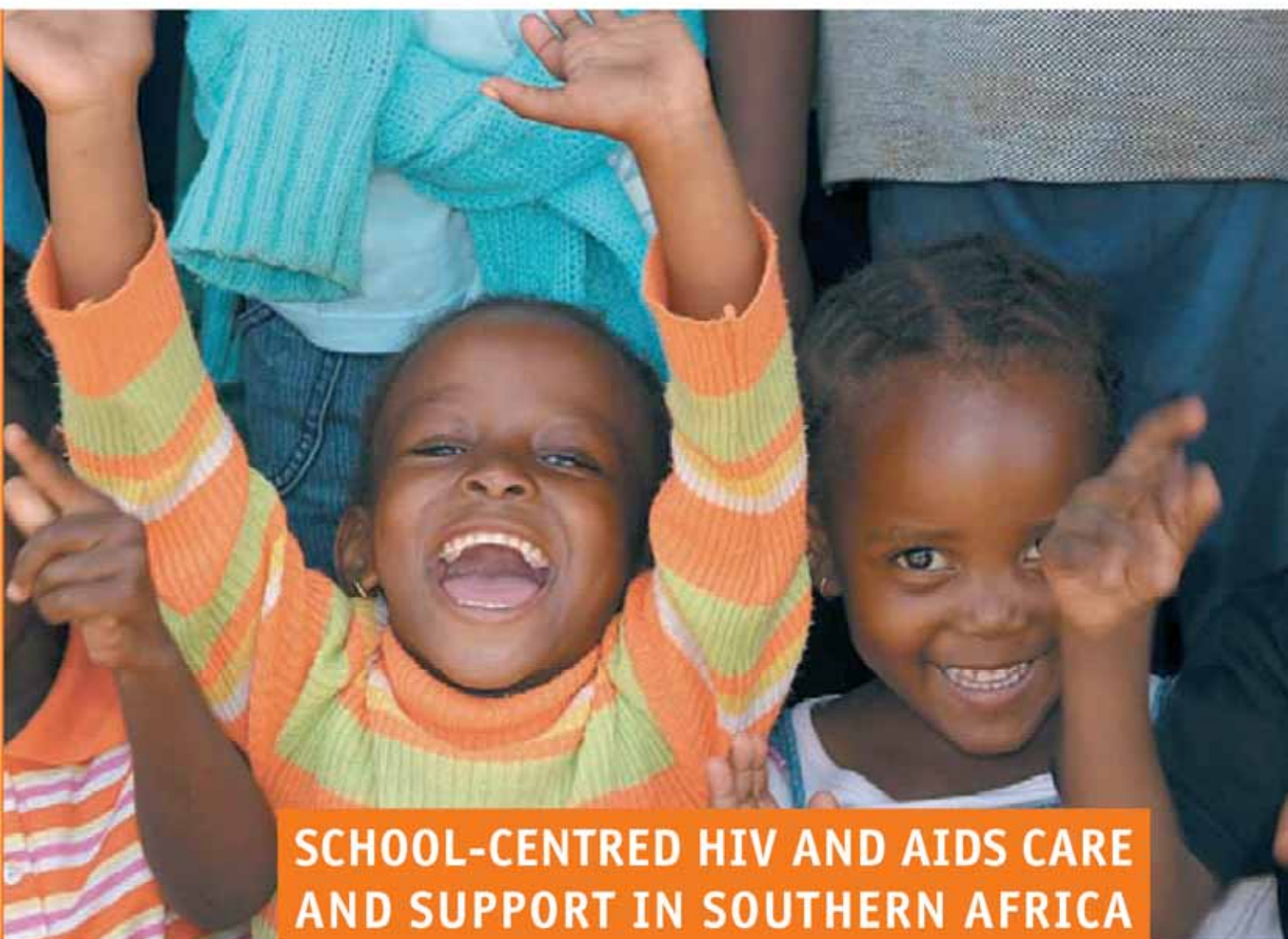




United Nations
Educational, Scientific and
Cultural Organization



SCHOOL-CENTRED HIV AND AIDS CARE AND SUPPORT IN SOUTHERN AFRICA

TECHNICAL CONSULTATION REPORT

22 - 24 MAY 2007 - GABORONE, BOTSWANA

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral (ARV) Therapy
ARV	Antiretroviral
COS	Circles of Support
EFA	Education for All
FAO	Food and Agricultural Organization
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
MDG	Millennium Development Goal
MoE	Ministry of Education
NGO	Non-governmental Organization

OVC	Orphans and other vulnerable children
PEP	Post-exposure prophylaxis
SADC	Southern African Development Community
SCCS	School-centred care and support
TAC	Treatment Action Campaign
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization



EXECUTIVE SUMMARY

There are currently more people living with HIV in Southern Africa than in any other region in the world. As a result of the AIDS epidemic, schools urgently need to respond to the changing needs of their teachers, students and local communities, not only to protect the basic functioning of the education system, but also as part of the wider responsibility to respond to HIV and AIDS in the region.

While some may argue that an educational institution's response to HIV and AIDS should be limited to education about HIV prevention, schools and other institutions can – and do – play a significant role in supporting all the dimensions of a comprehensive response to HIV and AIDS: including prevention, treatment, care and support. Schools in Southern Africa urgently need to respond to the HIV-related needs of their students, teachers and communities – as part of efforts to achieve universal access to HIV prevention programmes, treatment and care, but also as a necessary part of achieving international targets including Education for All (EFA) and the Millennium Development Goals (MDGs)⁽ⁱ⁾.

Given the urgency of the challenge, schools have already begun to adapt and develop systems to support infected and affected teachers and students, and to act as resources for their communities. On a regional level, Ministers of Education in the Southern African Development Community (SADC) have signed a commitment to broaden the role of schools into centres of care and support for vulnerable children. Since the SADC issued this communiqué in 2005, several innovative programmes have been implemented across the region. Given the recent rise in new models and approaches, and the need and demand to take stock of good policies and practices in order to scale-up these efforts, UNESCO organized a technical consultation in Botswana in May 2007. This technical consultation built upon the SADC communiqué and brought together the various stakeholders (including ministries of education, civil society, research institutions and UN and other key stakeholders) to find out what is working and what is not, and to identify challenges that need to be overcome in order for programmes to be scaled-up.

This report provides a synthesis of the main discussions that took place at the technical consultation.

(i) See <http://www.un.org/millenniumgoals> and http://portal.unesco.org/education/en/ev.php-URL_ID=46881&URL_DO=DO_TOPIC&URL_SECTION=201.html

In the context of high prevalences HIV compounds the challenges that communities are already facing

Although programmes varied across and within countries, participants at the consultation agreed upon a key set of elements of an integrated treatment, care and support programme based in schools:

- **Ensuring the continuation of education:** This is the overarching objective of the education system. In the context of high HIV prevalences, however, this is increasingly difficult because HIV compounds the challenges that communities are already facing.
- **Providing psychosocial support:** In addition to strategies to ensure that all children stay at school in spite of their circumstances, it is necessary to provide psychosocial support to children living with or affected by HIV.
- **Facilitating access to treatment education:** With the increase in access to treatment, a growing number of staff and students who are HIV-positive are taking HIV treatment. Schools, therefore, need to respond to a number of related issues, such as: supporting HIV-positive students and teachers to understand antiretroviral therapy (ART); explaining how to access and take medication; explaining the need to visit medical centres for frequent checkups (and providing cover for absent teachers); and supporting students (in particular young students) to follow their treatment regimens.
- **Facilitating home-based care and education:** In many schools across Southern Africa, teachers and students are providing outreach work to support community members who are ill. Very broadly, this support can be divided into two categories: students supporting ill community members or

teachers providing home-based education to sick students.

- **Responding to basic needs:** In many parts of Southern Africa, communities are dealing with the compounded effects of HIV – poverty and hunger, both of which are worsened by HIV and also increase vulnerability to infection. In some contexts, schools can become important providers of basic needs, for example, by providing school feeding programmes or by creating vegetable gardens. Schools may also, in partnership with community leaders, mobilise their communities to collect and provide other basic needs such as school uniforms or basic supplies such as pens.
- **Developing livelihood skills:** Schools can play an important role in providing livelihood programmes to improve children's agricultural and livelihood skills, which will help give livelihood support and food security to families living in poverty.
- **Universal precautions:** It is important to have policies and procedures in place for preventing and safely managing accidents and injuries at schools.

It should be noted that these findings do not include specific programmes on HIV prevention. Although HIV prevention is a connected and important issue relating to treatment, care and support, a decision was made not to dedicate significant parts of the consultation to this issue out of recognition that – for the education sector – HIV prevention is far more advanced than the other components of universal access.

Principles of Care and Support Programmes at School

There are five broad and interrelated principles that should all be in place in order to provide a comprehensive response to HIV and AIDS treatment, care and support in schools:

- 1) **Develop a caring school environment:** By the very definition of the terms 'care' and 'support', an environment that delivers either or both must be nurturing, safe and secure, inclusive and enabling. School environments need to be free from discrimination, stigma and violence.
- 2) **Develop schools as centres for integrated service delivery:** Schools need to plan a holistic package of services that complement each other and that will involve multisectoral responses. Schools will not necessarily be able to deliver all of the services but can take on varying roles, depending upon the kinds of other services already available in a community, resources on hand and the level of capacity and support from within and outside the school.
- 3) **Create programmes that are child-centred:** Children need to be at the very centre of any school-based programme. The views of children and young people need to be included from the programme inception stage and it is crucial to keep children at the centre of all stages of the response.
- 4) **Build on existing services:** It is important that the care and support system links in with any pre-existing community support structures to avoid duplication and competition between programmes and to encourage community ownership.
- 5) **Involve communities:** One of the underlying principles of the work that has been happening in Southern Africa is that HIV and AIDS have become everybody's problem and yet nobody can deal with the crisis alone. The rationale behind many models of school-based care and support is that a large number of resources already exist in the community that can be harnessed to support the school and vice versa.



schools and other institutions can – and do – play a significant role in supporting all the dimensions of a comprehensive response to HIV and AIDS: including prevention, treatment, care and support

1. BACKGROUND

While each programme may take a different form that is appropriate to the local context, there are some basic principles that guide all of them: protecting the very functioning of the education system and ensuring teachers continue to teach, and that children stay in school and continue to learn.



1.1 Introduction

From very early on in the AIDS response in Southern Africa, schools have played an important role simply because HIV and AIDS education is a necessary part of HIV prevention, and schools offer the infrastructure to reach a vast number of young people before they become infected. As the HIV epidemic has matured, so has the response. There is now increasing understanding that prevention, treatment, care and support programmes are all interrelated. This understanding is embedded within commitments to moving towards universal access to prevention programmes, treatment, care and support.⁽ⁱⁱ⁾

Particularly in regions of high HIV prevalence, the education sector is forced to take responsibility to respond to the changing demands caused by the epidemic for its two major constituencies: education personnel and students. Each year, the epidemic brings new challenges: with the increase in access to treatment, governments in Southern Africa are grappling with how to provide education to HIV-positive children who might be ill, and how to protect HIV-positive teachers from stigma and discrimination.

While each programme may take a different form that is appropriate to the local context, there are some basic principles that guide all of them: protecting the very functioning of the education system and ensuring teachers continue to teach, and that children stay in school and continue to learn. In Southern Africa, this requires the education sector to take an active role in all aspects of HIV prevention programmes, treatment, care and support. As a result, the role of schools in the HIV response can and does go much further than simply providing prevention education to its own communities.

(ii) 'Universal access' refers to the international commitment to provide universal access to HIV prevention programmes, treatment, care and support by 2010. This commitment was agreed in the UN General Assembly resolution (60/224) adopted on 23 December 2005, and further reiterated in the Political Declaration on HIV and AIDS adopted by the UN General Assembly (60/224) in June 2006. Per these commitments, countries around the world are revising their national AIDS plans and targets so as to significantly scale up their response to AIDS towards universal access.

In many parts of Southern Africa – particularly in rural areas – the number and density of schools are much higher than hospitals or health service providers. In fact, in many communities there are no health-care centres at all, yet it is likely that there are schools. In consequence, the education sector can be more robust and offer a wider reach than the health sector. Schools can become potential centres for the provision of HIV services to the wider community.

This might sound rather theoretical, but it is happening already; practice has preceded policy. In many communities that have been heavily affected by HIV and AIDS, nobody can afford to watch events unfold passively without some sort of personal reaction. Schools have opened up their doors to support communities and to try and leverage whatever support is available by connecting to other social services. Examples include schools allowing non-governmental organizations (NGOs) and support organizations to use their premises to provide services such as accessing social grants, treatment education or psychosocial support.

At the same time, there has been mounting recognition of a potentially catastrophic orphan crisis in Southern Africa. Schools play a central role in providing not only an education, but also some form of psychosocial support to compensate for the problems faced by children who have been orphaned by AIDS. This more global discourse has led to high-level advocacy at government level. In 2005, UNICEF, the World Bank and the World Food Programme (WFP) brought together the 14 Ministers of Education of the Southern African Development Community (SADC),⁽ⁱⁱⁱ⁾ and a communiqué was signed that commits governments to make schools centres of care and support for vulnerable children.⁽¹⁾

Building upon the SADC communiqué, UNESCO organized a technical consultation in Botswana on 22-24 May 2007. Despite much work already underway in countries in Southern Africa, this was the first attempt to bring together the various stakeholders (ministries of education, civil society, research institutions, UN and other key stakeholders) to take stock of what is happening, to analyse what is working and what is not, and to identify challenges that need to be overcome for programmes to be scaled-up.

The consultation brought together a wide range of delegates with a breadth of expertise from seven countries, including: Botswana, Lesotho, Malawi, Namibia, South Africa, Zambia and Zimbabwe. Representatives were present from Ministries of Education, UNICEF, WFP, the Food and Agriculture Organization (FAO), teachers' unions, civil society and research centres. (Please see the Appendix for a full list of participants.)

The aims of the consultation were to:

- Identify the needs of learners, educators and communities in regards to HIV and AIDS care and support, and to develop a conceptual framework for what it means for schools to become centres of care and support for HIV-affected communities.
- Ascertain what needs to be done in order to support schools to act as centres of care and support for communities, given how overstretched education systems are in the region.
- Identify what needs to be done and what strategies need to be in place in order to scale up models of good practice.

The scope of the consultation included:

- Southern Africa;
- The role(s) of schools in the provision of HIV-related treatment, care and support to children and adults who are either part of the school or members of the wider community.

Although HIV prevention is a connected and important issue relating to treatment, care and support, a difficult decision was made not to dedicate significant parts of the consultation to this issue out of recognition that – for the education sector – HIV prevention is far more advanced than the other components of universal access.

A number of assumptions guided the consultation including:

- In Southern Africa, every school is affected by HIV and the situation is far from 'business as usual'. Schools have a responsibility to respond to the changing needs of their most immediate constituents: educational staff (including teachers) and students.
- The Education for All (EFA) goals in the region are unattainable unless schools take a more active role in responding to the impact of HIV and AIDS on the school and local community.
- Schools are part of a community, especially in rural areas. Any HIV response within a school will be strengthened if there is support from the local community.

(iii) Angola, Botswana, the Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe.

- The inverse relationship also applies: schools can support communities. All sectors need to examine the role they can play in scaling up access to HIV prevention, treatment, care and support.
- There are many programmes focusing on school-centred support for children, in particular, for orphans and vulnerable children (OVC). However, it is impossible to respond to the needs of learners without also responding to the needs of educators.
- Although stand-alone, small-scale interventions are important for establishing innovative approaches, it is now time to think in terms of scaling up and institutionalising support within government policies, programmes, budgets and expenditure frameworks.
- Schools in Southern Africa are already overburdened and under-resourced. Recommendations for scaling up must bear this in mind and a balance needs to be found between the ideal response and what is possible.

This document provides a synthesis of the various discussions that took place during the consultation. This first chapter provides an introduction and maps out how the demands on schools have changed in the region, and discusses some of the constraints the education sector faces in meeting those demands. Chapter 2 maps out the common elements between school-based programmes concerning treatment, care and support for HIV and AIDS. Chapter 3 provides an analysis of the main lessons learned in terms of principles that contribute to the success or failure of these programmes and what challenges or gaps remain. Finally, Chapter 4 provides a brief synthesis of the key conclusions and recommendations.

Please note that, in addition to this report, all of the presentations made at the consultation as well as the broader minutes of the meeting are available by contacting aids@unesco.org.

1.2 The additional HIV-related demands on schools in Southern Africa

With the exception of Madagascar and Mauritius (which are island states), all of the SADC countries are facing generalised or hyperendemic HIV epidemics. No community is unaffected. There is a large amount of literature on the impact of the epidemic on schools and communities. See for example: Ainsworth (2002), Bicego

(2002), Boler (2004) and Case (2004).^[2-5] Students and teachers have multiple needs: some of these existed before the HIV epidemic and others are HIV-specific. For example, many children in Southern Africa are growing up in single parent households and research shows that these children might face the same disadvantages at school as orphans.^[6-7] In addition, children with HIV need support in taking their treatment and schools need to be aware of the specific side effects that staff or students might be experiencing as a result of antiretroviral medication.

Identified HIV-related needs for students include:

- Psychosocial needs: dealing with trauma, loss, bereavement;
- Health care: treatment needs;
- Safe environments: free from violence, stigma and discrimination;
- Sex education;
- Sexual and reproductive health services;
- Life and livelihood skills.

Identified HIV-related needs for teachers include:

- Support to access HIV services (prevention, treatment, care and support);
- Supportive human resources policies that take account of HIV-related health needs (such as going to hospital);
- Functioning disciplinary procedures for HIV-related stigma and discrimination;
- Psychosocial support: dealing with HIV-affected students and impact on their own lives.

Many schools are now forced to deal with multiple new demands across the whole range of human physical, emotional and psychological needs. Clearly, it is not possible for teachers (and the education sector more broadly) to take responsibility for all of these problems. Chapter 3 deals more specifically with the different roles the education sector can play. However, in brief, schools can take responsibility for some services and, in other cases, act as a facilitator for referrals to health and social services.

It is obvious that these HIV-related needs place huge additional demands on education systems that are already struggling to deliver quality education for all.⁽⁸⁾ A clear understanding of the constraints on the education sector is important as far as what can realistically be scaled up in terms of HIV treatment, care and support. This is not to suggest that schools cannot and should not respond to HIV and AIDS beyond HIV prevention education, but rather to inject a sense of the scale of the challenge.

1.3 The constraints facing schools in Southern Africa

The following section is an edited excerpt from a paper delivered by Peter Badcock-Walters, Director of EduSector AIDS Response Trust, during the consultation:^(iv)

Are schools too overburdened and the education system too weak to take on these additional responsibilities? In order to answer this question it is important to assess the systemic environment within which schools operate and what constraints these place on action.

In a general sense, the systemic environment is less than optimal, but this is not only because of the impact of HIV and AIDS. The epidemic has simply added to existing problems and made these worse over nearly three decades.

In terms of the policy environment, every country in the region publicly subscribes to almost every regional and international convention and agreement on the rights of the child: Education for All, Millennium Development Goals, human rights in the workplace and the like. Many countries also have excellent and often comprehensive education sector policies, which address prevention, treatment, care, support, workplace issues and the management of the response. Several have national implementation plans complete with goals, objectives and action plans, but only a few have begun to develop equivalent decentralised implementation plans.

The record of delivery against these policies is less heartening. For a variety of reasons, there has been a general failure to make things happen. Lack of financial resources is often identified as the reason for this problem, coupled with lack of capacity, but it is time to stop this argument in its tracks. Money for the HIV and AIDS response, including for OVC, is rolled over year after year or trapped in bilateral pipelines across the region.

The considerable capacity that has been built has all too often left the system and migrated to donor agencies, consultancies, the NGO sector or other countries. It is now time for education ministries and their development partners to turn their attention to the retention of skills within sustainable systems that work. Until this happens – and it can be done – education systems will remain somewhat dysfunctional and capacity will remain to an extent outside the system.

It is also true to say that the system is overburdened with competing priorities and does not necessarily see HIV-related care and support as its role. Government officials, school principals and teachers perennially battle for the human and material resources simply to provide basic education in less than perfect conditions. Add an additional burden in the form of response to a stigmatised disease – an added and perhaps confusing responsibility in terms of prevention, care and support – and it is likely that there may be some reluctance to fully engage with the issues.

This reality check is uncomfortable and does not do justice to those many educators and officials who commit themselves wholeheartedly to responding as best as they can. The point is that response at the school level is often hampered by this lack of sectoral structure and guidance, including training, to provide school principals with the skills and knowledge they require to lead a local response, and it is therefore critical to find ways to deal with this shortcoming.

This is less a criticism of the education system than an understanding that the system already has its hands full trying to meet its traditional mandate as best it can. It also implies that, in designing school-based responses, it is crucial to recognise these system constraints and work to find a way around them.

In short, we cannot assume that every school is able and willing to take its place in responding to HIV and AIDS. But every school can be mobilised to do so. This requires a sympathetic understanding of the prevailing constraints, and the ability to demonstrate the positive dividends that can be expected for school and community alike, if a sustained, comprehensive local strategy is adopted, along national policy and planning guidelines.

(iv) For an unabridged version, please email aids@unesco.org

1.4 Revisiting the role of schools

Given the numerous constraints described above, is it realistic to expect schools in Southern Africa to play a major role in the delivery of HIV treatment, care and support programmes? Also, is scaling up only dependent on more funding? After decades of learning from development programmes in education, it is widely recognised that – although investing large sums of money in one school can result in that school becoming a perfect model of educational best practice – many of these programmes are simply too complicated or too costly to scale up on a national level.^[9-12]

Some compromise needs to be made between the maximum potential given optimal conditions and what is possible given the actual prevailing conditions. This issue was discussed throughout the three-day technical consultation, especially when discussing implications across the sub-region. The strength of the education system differs widely between many of the countries and, in addition, the level of available support services for schools to tap into is uneven in its coverage – both within and across countries.

A discussion of the advantages and disadvantages of increasing the role of schools in the provision of HIV treatment, care and support services is summarised in Table 1 below.

Despite the severe limitations facing the education sector across Southern Africa, participants at the consultation were unwavering about the urgent necessity for the education sector to take an active stance in the provision of HIV treatment, care and support services. There was general agreement that failure to do so will ultimately undermine efforts to achieve the EFA goals in the sub-region as well as contributing to a worsening of the AIDS epidemic.

The question, therefore, is not whether this is possible, but how is it possible? Consensus seems to be emerging that schools will be stretched far past their capacity if expected to provide all HIV services themselves. However, what is far more realistic is for schools to tap into existing resources and to act as a link between service providers (or expertise in the community) and people who need those services.

Table 1. Advantages and disadvantages of increasing the role of schools in the provision of HIV treatment, care and support services	
Advantages +	Disadvantages -
Schools are highly accessible and provide long-term opportunities	Many schools in the region are poorly resourced and overburdened
Schools have existing infrastructure to reach large numbers of people	Many teachers are not qualified, willing or have the confidence to take on a counselling and guidance role
Schools are sustainable service providers because they have strong state commitment and are one of the first services to be resumed in emergency situations	Many of the most vulnerable community members are not in school
Without responding to the complex needs of teachers and learners, the education system will be unable to achieve the EFA goals	There are other government departments that are better equipped to deal with issues of social protection

1.5 Summary

This chapter has very briefly highlighted the urgent reasons why schools in Southern Africa have no choice but to respond to the impact that HIV and AIDS are having on their educational staff, learners and local communities. The challenges and needs are daunting and multifaceted. However, failure to respond is already undermining the achievement of EFA in the sub-region. Schools can and already do offer an unparalleled resource in many communities, but far more needs to be done.

At the same time, it is important to factor in how overburdened education systems are in the region. This is not an excuse for inaction, or as Father Michael Kelly (participant from Zambia) stated:

'We see the salience of the school as a multipurpose community development and welfare centre from which community action on behalf of prevention, care, support and impact mitigation would be energised, coordinated and driven. These are great challenges and avoiding them is a recipe for a bleak future. Confronting them promises hope.'

This chapter also provided a snapshot of the changing needs in highly affected areas. Many of these needs already existed and are simply magnified by the HIV and AIDS epidemic. The next chapter will look at how schools in Southern Africa are responding to these various needs.



'Schools provide a unique opportunity for HIV and AIDS intervention in the lives of their staff, learners and wider communities. There are few viable alternatives that offer access to so many young people and their mentors over such a sustained period.'

Male participant at the consultation

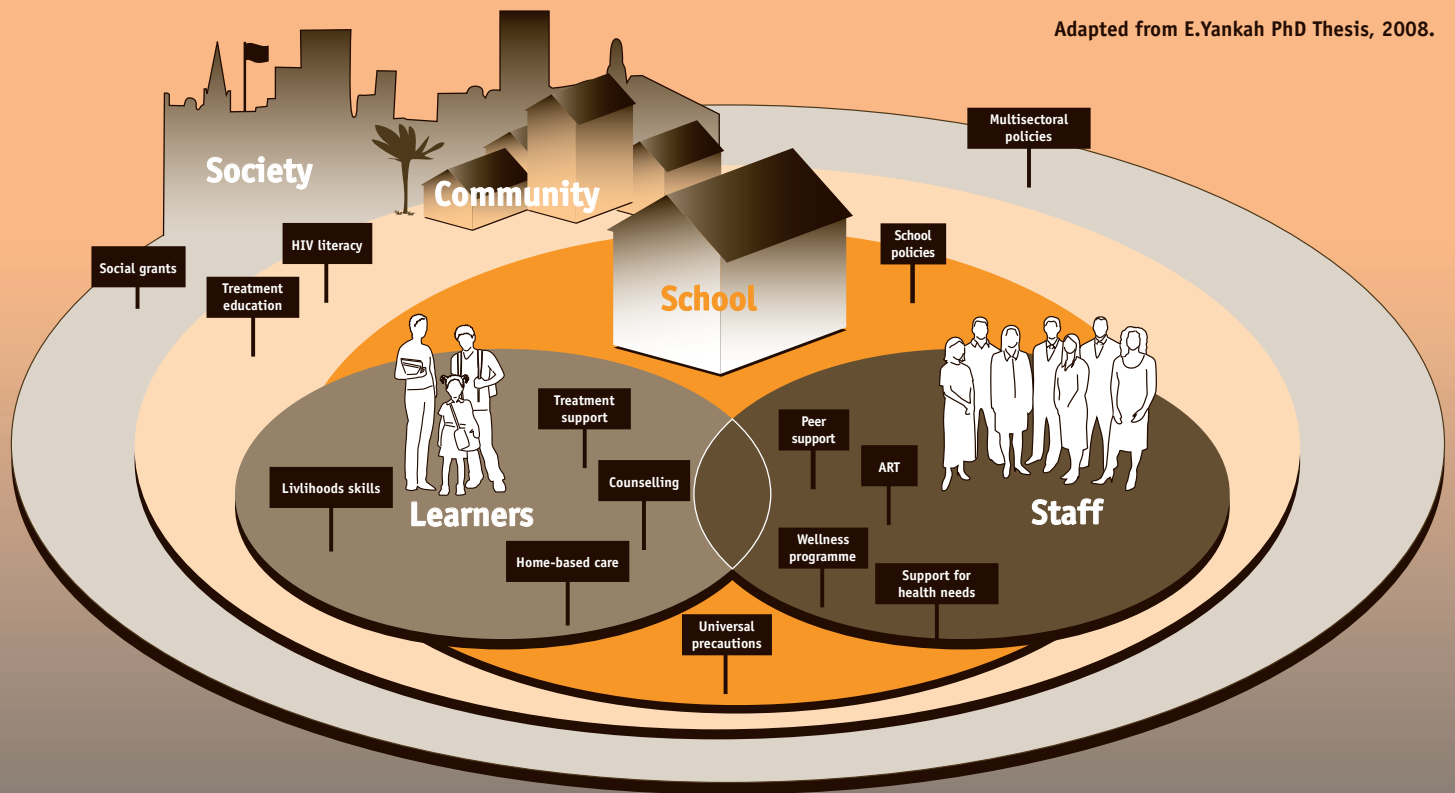


Figure 1. Conceptual framework for the role of school as part of the response to HIV and AIDS

2. COMMON ELEMENTS

One of the main objectives of the technical consultation was to map out the various activities in school-based HIV treatment, care and support that are occurring throughout Southern Africa and then to pull out the success factors and common challenges (see Chapter 3).

A preliminary mapping exercise resulted in the summary table on the following page. What is immediately apparent is the range of different activities that schools are undertaking. Some programmes are offering only one type of support service, while other programmes attempt to offer an integrated and comprehensive set of services. The different types of services that schools can support can be depicted in Figure 1 (see above).

As mentioned earlier, it is unlikely that schools will be in a position to offer all the services outlined in Figure 1. Instead, what is more likely is that headteachers and school committees will have to make strategic choices from a 'menu' of services that are most suitable and feasible given available resources for their schools and their communities.

The remainder of this chapter provides a short summary of each of the activities listed in the diagram with some practical case studies.

Table 2. Mapping of school-based HIV and AIDS care programmes in Southern Africa represented at the technical consultation

Target Group	Name of project	Age group	Objectives	Main activities	Observed outcomes and impact
Children	MIET South Africa	• Not specified	<ul style="list-style-type: none"> Improved access to quality education Improved school retention Improved learner performance 	<ul style="list-style-type: none"> Strengthening schools Providing a support system for schools Ensuring service provision around school 	<ul style="list-style-type: none"> Improved access to services and resources Shifting attitudes among teachers Increased community participation in schools
	UN World Food Programme	• Primary school age	<ul style="list-style-type: none"> Promote adaptive and positive behaviours that will reduce risk of HIV infection 	<ul style="list-style-type: none"> School feeding Life skills education 	<ul style="list-style-type: none"> Dissemination of messages about HIV and AIDS to learners and parents
Orphans and Vulnerable Children (OVC)	Save the Children (US) Uganda Malawi Mozambique	<ul style="list-style-type: none"> 3-6 years 6-12 years 	<ul style="list-style-type: none"> Improve access to quality education Use schools as entry point for services Improve psychosocial and cognitive development 	<ul style="list-style-type: none"> Key child health and nutrition interventions Tracking and follow-up of children at risk out of dropping out of school 	<ul style="list-style-type: none"> Strengthened social interactions and improved psychosocial status of children Improved primary school readiness
	Ministry of Education, Lesotho	• 3-18 years	<ul style="list-style-type: none"> Provision of bursaries Provision of meals in primary schools 	<ul style="list-style-type: none"> Payment of school, examination and boarding fees Engagement and payment of caterers 	<ul style="list-style-type: none"> 130,000 have accessed education, mainly at secondary level One decent meal per day
	CINDI (Children in Distress) Zambia	• 5-20 years	<ul style="list-style-type: none"> Facilitate payment of user and exams fees in grades 8-12 Procurement and distribution of education materials Partnership management 	<ul style="list-style-type: none"> Payment of user and examination fees Provision of educational materials Networking with schools through teachers 	<ul style="list-style-type: none"> Increased numbers of OVC accessing education Retention of boys and girls in schools Increased advocacy for OVC welfare in 53 schools
Teachers	CINDI-Kitwe Zambia	• 17-25, grade 12 leavers	<ul style="list-style-type: none"> Provide access to teacher training courses and peer education training Develop and maintain a contact database 	<ul style="list-style-type: none"> Teacher training Training and selection of 190 peer educators to work in 60 CINDI schools Database development 	<ul style="list-style-type: none"> 43 teacher graduates since 2003 1,952 girls and 1,674 boys reached through peer education 42% of students in anti-AIDS club membership Good record keeping
	Save the Children (US) Uganda Malawi Mozambique	• Teachers	<ul style="list-style-type: none"> Improve access to quality education Use schools as entry point for services Improve psychosocial and cognitive development 	<ul style="list-style-type: none"> Identification, training & support Safe school policies Psychosocial training for teachers Life-skills & HIV prevention training Peer training on VCT and treatment 	<ul style="list-style-type: none"> Improved ability of school management committees and teachers to identify children at risk Improved knowledge and skills Increased awareness about VCT
	Ministry of Education, Lesotho	• Primary and secondary school teachers	<ul style="list-style-type: none"> Provision of psychosocial support to OVC 	<ul style="list-style-type: none"> Training of teachers as lay counsellors Counselling of teachers and students at school 	<ul style="list-style-type: none"> Positive change of attitude among teachers
	UN World Food Programme	• Teachers	<ul style="list-style-type: none"> Increase awareness and compassion towards people living with HIV 	<ul style="list-style-type: none"> Life skills workshops 	<ul style="list-style-type: none"> Formation of AIDS clubs Trained teachers act as focal points
Community members	UN World Food Programme	• Parents	<ul style="list-style-type: none"> Increase awareness about HIV and AIDS and increase compassion towards people living with HI 	<ul style="list-style-type: none"> Life skills and sensitisation workshops 	<ul style="list-style-type: none"> 'Culture of silence' among parents has been broken
	Save the Children (US) Uganda Malawi Mozambique	• Not specified	<ul style="list-style-type: none"> Mobilise communities 	<ul style="list-style-type: none"> Community mobilisation 	<ul style="list-style-type: none"> Strong community ownership Improved community action in response to threats, e.g. abuse Increased free time for child carers

2.1 Specific strategies for the provision of HIV-related treatment, care and support services

Ensuring the continuation of education

Ensuring the continuation of education for children is the overarching objective of the education system. In the context of high HIV prevalence, this is increasingly difficult. HIV compounds the problems communities are already experiencing, such as poverty and unemployment.^[13-14] The idea of HIV exacerbating existing problems rather than creating a whole new set of problems was a recurring theme throughout the consultation. This has clear programmatic implications. It suggests shifting the focus away from HIV programmes towards more general and inclusive programmes that support children who may be facing a multitude of challenges, including staying in school and obtaining a quality education.

It is clear from this perspective that responses are urgently needed to get children back to school – from those who have dropped out of school to those who never enrolled or those who are at risk of dropping out. In terms of what kind of response is needed, much has been learnt in the area of inclusive education and child-friendly schools.

Typical procedures include:

- Monitoring children's attendance and some rudimentary indicators of vulnerability;
- Conducting home visits to encourage children who are not enrolled to enrol in school;
- Waiving school fees or providing support for supplies such as uniforms, pens or books;
- Making lessons more flexible to suit the needs of students who might be working or have HIV-related care duties in the household;
- Providing school feeding programmes.

Sometimes, a child's motivation to stay in school is influenced by far less tangible and measurable events, as the following quote shows:

'... activities that can have a real impact such as teachers walking with a child to school every morning to ensure they go to school and get there safely. Instead of beating the child because they are late, teachers ask the child "why are you late"? These changes in attitudes and values are important and have a real impact but it is just anecdotal evidence and it is difficult to capture data on this sort of thing.'

Female participant, South Africa

The concept of inclusive education is central to any school that provides care and support. Some of the main principles that underline inclusive education are provided in the next chapter.

Box 1. Identifying vulnerable children without stigmatising

To date, there is no consistent framework in the region for assessing the needs of children, and in particular, children in need. It was reported that children are often assessed based on their physical appearance and their behaviour, and by conducting home visits to interview caregivers. However, there is no standardised list of criteria for assessing what kinds of appearance or behaviour to expect from needy children. It is crucial, if systems are to be effective, well run and comparable across Southern Africa, that data of this kind are collected in as consistent a way as possible by trained data collectors.

This is also crucial for monitoring purposes – as the status of a vulnerable child changes over time, and the progression of a child must be captured to ensure they receive the right care and support.

It is clear that any school-based care and support system must include the whole school and all children to ensure that those infected or affected by HIV are not stigmatised. Having said this, it was also highlighted that the needs of both those infected and affected must have a high priority within the care and support system, as these learners will be both physically and emotionally challenged. Further, it should be pointed out that all children living in communities with a high prevalence of HIV and AIDS will be affected by the epidemic in one form or another, even if their own family is not affected directly.

Providing psychosocial support for children

In addition to strategies to ensure that all children stay at school, it may also be necessary to provide specialised psychosocial support to HIV-affected children. As mentioned earlier, the spectrum between resilience and vulnerability is dynamic and is affected by a wide range of circumstances. In the face of prolonged parental illness and death (of one or both parents), some children will benefit from counselling to deal with the trauma. In some countries, such guidance and counselling services already exist in schools and the challenge therefore becomes how to sensitise the counsellors to the impact of HIV and AIDS on a child. In other circumstances, counsellors might not be available in schools but are part of the wider social services system. In this case, it is possible for teachers to refer vulnerable children to these existing services.

The question is: to what extent should teachers take on this counselling role themselves? Some of the participants argued that teachers can be trained and supported to take on a rudimentary counselling role, especially in resource-poor countries where a system of accessible social workers simply does not exist. However, teachers are already overburdened and to expect them to develop a second skill-set and to take on additional responsibilities may be unrealistic. Nonetheless, teachers can and do take an active role in care and support programmes, often going far beyond the call of duty.

Another possibility discussed was the use of paraprofessionals and the potentially important role they could play in either providing or referring children for psychosocial services. Paraprofessionals can be trained adults in the community who complement the role of teachers. In many cases they are volunteers, but in other cases they might be paid. In terms of sustaining motivation, it is advantageous if their skills can also be developed so that there is a proper career development path for paraprofessionals as well as professionals.



'My main problems are food and not getting enough time to study. My other problem is when I see a need to bunk class to look for food, the next day I find that I am in trouble for bunking.'

Participant in the Circles of Support project, Botswana



'One of our problems is that we are working with this notion of vulnerable children as if the status is static: children constantly move along the continuum from well-being and resilience to vulnerability over a period of time and this is dependent upon their positive or negative experiences.'

Female participant, South Africa

Treatment education at school

With the increase in access to treatment, a growing number of teachers and students who are HIV-positive will need support in their workplace (for teachers and non-teaching staff)^[15] and in the learning environment (for students) to continue taking and adhering to their treatment regimes. Schools therefore need to respond to a number of related issues:

- Supporting HIV-positive students to take treatment;
- Supporting teachers and students to visit medical centres for periodic checkups (and providing cover for absent teachers);
- Understanding the effects of treatment and how these might impact on a teacher's ability to teach or a student's ability to learn;
- Adapting HIV and AIDS curricula to include information on treatment so that students are not taught out-of-date information;
- Teaching students about treatment and the harm caused by stigma and discrimination so that they are better able to support their parents and families in accessing and adhering to treatment.

In South Africa, the Treatment Action Campaign (TAC) views treatment literacy in schools as a key area of work. Schools serve as an entry point to engage young people at risk of HIV infection and young people living with HIV. The programme is multifaceted and works with teachers, peer educators and HIV-positive students. Learners living with HIV are encouraged to form AIDS Action Committees (AACs), which in turn campaign within schools for supportive policies, HIV prevention and treatment education, availability of condoms and formation of support groups for learners living with HIV.

In addition, TAC trains teachers in schools to provide treatment education to young people. This training includes information on different treatment regimens; how to adhere to treatment; and the importance of continued protective behaviours and healthy living. Teachers are also encouraged to test for HIV infection and trained how to live positively with the virus. In addition to teachers, several peer youth educators are trained in each school. These peer educators pass on treatment literacy information within schools but also play an advocacy role within schools by campaigning for the rights of HIV-affected children with teachers and through student representative bodies.

TAC sees the school as one of the most important vehicles for responding to HIV, as it reaches a large proportion of the community. However, it is only one of many vehicles and the programme also targets churches and community leaders.

Home-based care and education

In many schools across Southern Africa, teachers and students are providing outreach work to support sick community members. Very broadly, this support can be categorised as follows:

- Students supporting sick community members;
- Teachers providing home-based education to sick students.

In some school-based programmes, students are encouraged to provide home-based care to adult community members. The rationale behind these programmes is that, not only will this benefit the individual in need of care, but it will also act to reinforce any lessons about HIV and AIDS through experiential learning and reduce stigma through personal contact (see Box 2 below). Similarly, in some schools, students are encouraged to take a caring role towards students who are in ill health – something similar to a mentoring scheme.

In the Circles of Support project in Botswana, some schools have initiated a programme in which teachers visit the homes of sick children and provide educational provision in homes. Although this tackles the problem of how to keep educating children when they are too sick to attend school, it creates another difficulty: who will replace the teacher in the classroom whilst that teacher is out visiting households? In order not to disrupt classroom teaching, some teachers are visiting households after school hours. However, this creates an additional burden on teachers with the expectation that they are going to work longer hours without additional remuneration. Some participants also noted that teachers often live far away from the school community, so this approach is not always feasible.

'For all of these programmes, it makes a huge difference depending on where the teacher lives. In one of our schools more than half the teachers commuted over 90km to go back to the city each day. These "commuter teachers" have no time to go and visit children in homes.'

Female participant, South Africa

Box 2. Involving young people in the care and support of AIDS-affected children in KwaZulu-Natal, South Africa (Horizons programme: Population Council, South Africa)

Involving young people in the care and support of people living with HIV helps those who are both infected and affected. The involvement of young people in caregiving also helps to reduce AIDS-related stigma in the community and increases risk perception and the adoption of HIV preventive behaviours among young caregivers.

The Population Council in South Africa is collaborating with Valley Trust to evaluate a school-based model that trains students to provide care and support to children affected by AIDS. The study also examines the feasibility and acceptability of implementing youth-to-youth services and outreach activities for the care and support of vulnerable children within a school setting.

The intervention focuses on developing and implementing youth-to-youth services that involve young infected people, young people who are at risk of infection, and young people who are household heads or caring for sick adults. Intervention activities include training in care and support for caregivers and after-school support for young people that includes homework assistance, HIV and AIDS education and psychosocial support, as well as club-based peer activities.

Universal precautions

Normal teaching and learning activities do not place anyone at risk of HIV infection. However, accidents and injuries at school can produce situations where students or staff might be exposed to another person's body fluids. Because very often people do not know they are infected with HIV, it is important to have in place policies and procedures for safely managing accidents and injuries at schools in all circumstances (known as universal precautions).^[16] Universal precautions are not only important for prevention of HIV infection but they are also significant for any blood-borne infection. To reduce fear and discrimination, schools need to inform all staff and students about the infection-control policy and address concerns through open discussion.

Precautions typically include policies on caring for wounds, cleaning up blood spills and safely disposing of medical supplies. It is also advisable to have certain emergency supplies on hand, such as latex gloves and medicines including post-exposure prophylaxis (PEP), which are antiretroviral medications that can be taken

as soon as possible after potential exposure to HIV in order to reduce the likelihood of becoming infected. Posters about universal precautions should give clear instructions on what to do if there is body fluid contact and information on where to go for appropriate medications



Support for basic needs

'It has been shown from what children say that they remain vulnerable in their homes. They are discriminated against, they are not listened to, they are made to work hard and sometimes do not get enough time to study. All of these challenges would not go away no matter how much material support the children get...'

Female participant, South Africa

In many parts of Southern Africa, communities are dealing with the compounded effects of HIV, poverty and hunger. The question therefore arises: what role do schools have in meeting these basic physical needs?

Participants at the consultation were very divided over this issue. On the one hand, it was acknowledged that meeting the basic needs of highly vulnerable children is often the first automatic response by teachers and communities, because it offers an immediate and tangible impact. There are some very simple things that teachers and schools can do to address the basic needs of learners: ensuring, for example, that children are fed at school and that needy children are supported with food baskets.

Schools in the region are tending to respond primarily only to basic needs. One of the main reasons is that many schools are already under-resourced and providing material support is often just a short-term solution that

is difficult to sustain or scale up. There was also concern that focusing on material needs is happening because it is easier than dealing with psychosocial needs. The argument continues that, in terms of the impact of HIV and AIDS on children, schools need to prioritise psychosocial support, as they are custodians of children for most of the week.

Any programme must find ways to address the particular needs of its target community. An ideal programmatic response in one region may be inappropriate in others. For example, school vegetable gardens may be more appropriate where school sizes are relatively small, and there is sustainable access to water and land.

Teaching livelihood skills

When parents fall sick and die as a result of AIDS, their children can be marginalised. As a result of this, vital agricultural knowledge and life skills are not passed down, leaving children vulnerable to hunger, malnutrition and illness. In response to this crisis, Junior Farmer Field and Life Schools (JFFLS) were developed to improve children's agricultural and life skills, which in turn impact on livelihood support and food security. Piloted in Mozambique in 2003, the programme has now expanded to Kenya, Malawi, Namibia, Swaziland, Tanzania, and Zambia. The programme sets up a farming school for 12 to 17 vulnerable young people, both in-school and out-of-school. Teachers act as facilitators and local community members also play a supporting role.

'Formal schools are a key institutional entry point for JFFLS and have a strong comparative advantage given the existing institutional frameworks and structures: practicality, outreach, human capacity, involvement of school directors, etc. Partnerships with schools offer opportunities to take advantage of existing capacity and to institutionalise new capacity.'

Female participant, Zimbabwe

At each JFFLS site, trained teachers use a participatory approach to pass on agricultural knowledge and life skills to vulnerable young people. The one-year learning programme follows the crop cycle. Links are established between agriculture, nutrition, gender equality and life-skills knowledge so that young participants learn to grow healthy crops and to make informed decisions about leading healthy lives.

Participatory field activities include crop selection and cultivation, land preparation, pest management, cultivation of medicinal plants and income generation; local theatre, art, dance and song are also integral aspects of each JFFLS day. The programme seeks to include equal numbers of boys and girls in all schools and stresses gender equality as well as child rights and protection.

Social grants

The importance of social grants/protection mechanisms and the need for every government to ensure that these become available was clear following the technical consultation.

For example, in South Africa, the edutainment (education plus entertainment) organization 'Soul City' has played a key role in supporting the roll out of the government's child support grant. In addition to media campaigns, Soul City has used schools as a community base to help families to obtain the required documentation and to register for the grant. The work Soul City has been doing is particularly important in demonstrating how different government departments can work together (in this case, the Department of Social Development and Department of Education).



Box 3. Monitoring programmes in care and support

The measuring and monitoring of processes needs to be considered right from the beginning of a programme or planning stage. Monitoring must be embedded in the whole planning process – during consultation, during the establishment of structures for a programme and during the building of partnerships.

Relevant indicators for school-based care and support include:

- Percentage of children accessing some form of support or resources such as grants, food or psychosocial support;
- Percentage of parents or caregivers involved in their children's care and support;
- Percentage of education personnel accessing support;
- Percentage of children in households below poverty line;
- Percentage of households headed by children, percentage of OVC formerly institutionalised or homeless who are now reunited with a caregiver in their community;
- Number of and percentage of children of school-going age currently accessing primary education;
- Number of and percentage of orphaned girls completing primary education;
- Occurrence of training for out-of-school young people that integrates AIDS into the curriculum.

Although the importance of listening to children and young people is vital in a school-based care and support system, there is currently no coherent framework for capturing and reporting on qualitative aspects of care and support, such as the impact of psychosocial support, or the use of participatory teaching methods. Since this is the case, the majority of gathered qualitative data tends to be anecdotal.

Even where methods for capturing qualitative data (for example, a diary) have been introduced, no widely recognised framework for analysis and reporting upon this data has been established. It was suggested that governments and NGOs should work more closely with academic research departments to establish long-term partnerships for skills sharing and support with methods for data collection and analysis.

Further, it was suggested that, since a care and support system should be linked in with the whole educational culture of a school, and not seen as an add-on service for some children, indicators must be linked in with those used by school inspectors.

2.2 Towards an integrated package of services

In addition to the list of separate activities described above, some organizations have taken a different approach and developed an integrated model for schools as centres of care and support. The two main models are Circles of Support (Botswana, Namibia, and Swaziland) and Schools as Centres of Care and Support (South Africa, Swaziland and Zambia).

In both of these programmes, children are the main beneficiaries of the programme. A range of complementary services ensure that children continue at school by providing a caring and supportive environment.

Boxes 4 and 5 describe each model in detail. Similarities between the two models include:

- They are both grounded in children's rights and the principles of EFA;
- They both draw on the strengths and skills already present in communities to support children;
- They both train teachers to understand the additional problems faced by children affected by HIV;
- They both use the school as a resource centre for communities through provision of adult education (SCCS) or livelihood skills (CoS). However, CoS seems to be silent on the development of livelihood skills, and the SCCS box seems likewise to be silent on adult education.

Part of the rationale for a more integrated approach is that – while HIV treatment, care and support clearly have special considerations that need to be addressed – schools and communities also grapple with an array of social problems related to HIV on a daily basis. Such problems may include drug and alcohol misuse, sexual abuse and violence against women and children, as well as abandonment by caregivers and income providers.

Therefore, it is important to look at a care and support system holistically. Focusing on HIV treatment, care and support in isolation is unhelpful as it ignores other aspects of a person's or community's life.

Box 4. Case study – Circles of Support (CoS)

Between 2003 and 2005, a programme called 'Circles of Support' was piloted in 36 schools across Botswana, Namibia and Swaziland. Children are at the centre of this model. The collaboration of local communities is also fundamental to the approach of Circles of Support so that schools can deliver the range of activities that are needed to support a vulnerable child.

The first 'circle of support' around a child is a network of individuals in the child's immediate environment – family, friends and neighbours. The second circle of support is the school and its staff, other members of the local community and local professionals such as a nurse or counsellor; the third circle of support consists of the provincial and national social sector policy framework.

The overall purpose of the programme is to ensure that the basic needs of children are met, to provide psychosocial support for children affected by HIV and AIDS, to ensure that children remain in school and that those dropping out of school can return to their studies.

Every pilot school implemented the approach in different ways. Some decided to try out the suggested programmatic components; others decided to stick to government guidelines for care and support. However, essentially the model suggests the school as the meeting point for a number of 'protagonists': school convenors; neighbourhood agents (selected through community structures); and fieldworkers (initially playing an advocacy role, then part of monitoring and evaluation).

The way the programme was set up needed to be flexible enough to respond to the nature of the community – especially in regards to training needs. School convenors and neighbourhood agents were encouraged to attend training together so that they built a team (in some cases the heads of school took part as well).

The CoS programme did not provide money/grants for economic development in pilot communities. Instead, the programme wanted to investigate to what extent opportunities for local resources could be identified and harnessed for developing and sustaining the programme. It was found that taking responsibility for the funding and management of the programme can enhance ownership and motivation in communities



Box 5. Case study – School-centred care and support in KwaZulu-Natal, South Africa (Media in Education Trust – MiET)

In the KwaZulu-Natal province of South Africa, which has a particularly high prevalence of HIV, the district governors have used the Schools as Centres of Care and Support (SCCS) model developed by the Media in Education Trust (MiET) as a guiding principle when implementing school-based care and support programmes.

The KwaZulu-Natal education policy has embedded the concept of *inclusive education* in their education policy by looking holistically at the various barriers to learning.

In implementing a care and support system to address these barriers to learning, a cross-sector leadership team (involving education, health care, social welfare, transport, agriculture, etc.) has been created drawing on managers from the municipal and district level, as well as local governors and ministries.

Further, within each school circuit, each sector has provided representative(s) to form the 'Integrated Services Delivery Team' (IST). This team consists of a range of service providers such as health-care workers, a learning support worker (who provides support with curriculum adaptation in order to tailor programmes to local needs), a community development worker and a councillor. The team works with a group of four to five clusters of schools in an area.

Each cluster is made up of wards, which each has a support team to coordinate services. Each school in turn has got a formal, institution-based support team consisting of teachers, learners and community members. Such leadership at school level is crucial to integrated service delivery. Care and support is not seen as an add-on, but part of the mainstream provision. In fact, it is integrated into the curriculum at all levels, and built into planning.

This is an example of a truly multisectoral partnership where advocacy is key. The strengths of the programme are multifaceted. For example:

- 1) Political leadership – the education policy of the district has agreed to an inclusive education policy;
- 2) Committed participation at all levels;
- 3) Tangible results;
- 4) Multisectoral teams;
- 5) Strong focus on community – ISTs made up of teachers, learners, community members – each with their own portfolio of expertise and experience (will link with community members, e.g. respected leaders);
- 6) Champions (although it is difficult to find and keep them).

However, despite this strong methodology, getting people from different departments to join budgets and plan together has been challenging at times – especially scaling up multisectoral collaboration at all levels. Partnerships are often all too fragile if there are no mechanisms in place at policy level to strengthen them. Another challenge has been that, in order to ensure high-quality management and delivery, it has been necessary to build in a strong focus on capacity development at all levels – especially in leadership skills.





3. PRINCIPLES FOR SUCCESS

This chapter outlines some of the successful principles that underline school-based HIV and AIDS treatment, care and support. There are five overall general principles that need to be included:

- create a caring school and learning environment;
- provide child-centred programming;
- provide integrated services;
- build on existing services; and
- involve communities.

Each of these principles is highlighted in Table 3 and discussed in more detail below.

These principles are highly related to one another – a child-centred approach is necessary in order to develop a caring and supportive environment and will lead to integrated services, which in turn will need to rely on building upon existing services and community involvement.

3.1 Providing a caring school environment

Schools do not exist in a vacuum, but play an integral role in any community. Schools provide venues for the exchange of ideas and learning. Schools have an existing infrastructure to reach a large number of people and can be sustainable service providers because they have a strong state commitment and are one of the first services to be resumed in emergency situations.

Therefore it makes good sense to consider schools as the entry point or gateway for a community's care and support system, not only for students and teachers and other school staff, but also for other members of a community, in particular all children and young people irrespective of age and education status (e.g. those never enrolled and those who have dropped out of school).

However, the implementation of a care and support system within an institution will have a clear effect on how the overall provision to participants is delivered, and the very ethos on which the provision is founded.

Table 3. Principles for success

Principles	Policy implications	Implications for implementation
Caring school environment	<ul style="list-style-type: none"> • Work-based policy centred on the rights of children, with particular emphasis on gender equality and protection • Zero tolerance towards violence and other rights violations • Explicit policy to combat stigma and discrimination. • Policy to be developed in consultation with children and young people and community members as well as school staff • Curriculum that is flexible and ensures education for the whole development of the child • Recreation opportunities for staff and learners 	<ul style="list-style-type: none"> • Training of teachers, school staff and community support workers in policy, child protection and child rights, participatory teaching methods, life skills education, EQ education, psychosocial support skills, communication skills, needs assessments and monitoring and evaluation • System of peer support and other psychosocial support for teachers • Union support for teachers • Psychosocial support, learning support and room for play for learners • Forums for dialogue
Child-centred programmes	<ul style="list-style-type: none"> • Policies that reflect a rights-based approach • Involvement of children and young people in the design and implementation of programmes 	<ul style="list-style-type: none"> • Support that is material but also deals with emotional problems faced by children • Spaces for children's voices to be heard • Creation of or linking to existing networks of support for children • Training teachers how to identify and care for vulnerable children • Creation of monitoring systems for vulnerable children
Integrated services	<ul style="list-style-type: none"> • Policy-making across government departments, district municipality and local community levels • Funding to be drawn from across different departments • Care and support system to include all children and young people irrespective of age and school status, parents and guardians, disadvantaged, illiterate, disabled and other vulnerable populations • Services to respond to mapped local needs • Youth-friendly services policy • Strong assessment, monitoring and evaluation policy 	<ul style="list-style-type: none"> • Close collaboration of health-care professionals and social workers with schools, including frequent and routine visits • Referral of learners, school staff and members of community to services outside school • School hosting of services delivered by other departments and organizations • Opportunities for networking • Assessment and harnessing of local needs and resources • Opportunities for continued professional development for professionals and paraprofessionals to learn skills across sectors
	<ul style="list-style-type: none"> • Curriculum to include treatment literacy 	<ul style="list-style-type: none"> • Assessment and monitoring of service receivers • Training of teachers, school staff and community volunteers and staff members in HIV and AIDS literacy and treatment literacy so that they can pass on that knowledge to learners • Promotion of HIV testing to 'know one's status' • Continuous evaluation of programme; tailor according to findings • Advocacy at a broad level • Integration of service delivery team at local schools levels
Build on existing services	<ul style="list-style-type: none"> • Integration of HIV elements into existing policies rather than creation of stand-alone policies 	<ul style="list-style-type: none"> • Adaptation of existing resources to respond to HIV-specific needs
Community involvement	<ul style="list-style-type: none"> • Policies developed in close consultation with community members • Development of strategies for including more men in care and support system • Policies to be socioculturally sensitive without compromising the ethos of the programme 	<ul style="list-style-type: none"> • Involvement of community leaders in planning process to ensure ownership • Identification of care and support champions in the community • Recruitment and training of local volunteers and providing incentives where possible • Providing opportunities for continued professional development for volunteering community members • Undertaking thorough needs assessment of community on a continuous basis • Mapping local resources on a continuous basis • Understanding local sociocultural issues and developing activities • Developing activities and incentives that will encourage more men to get involved in the care and support system • Advocacy on a broad level to ensure participation, acceptance and ownership of the programme

3.2 Child-centred programming

'One of the greatest challenges was to find methodologies that keep children at the heart of the programme and ones in which children's voices are heard.'

Female participant, Circles of Support

The concept of child-centred or child-friendly schools has evolved over many years and goes much further than the HIV response. However, child-centred programming is vital to ensure that education is truly inclusive and rights-based.

It is crucial that services and structures are developed in close consultation with those for whom the programme or system is intended. The voices of children and young people must be listened to, and their views must be integrated into service delivery. Children need to be at the centre of any programme design, implementation and monitoring.

Given the large body of literature on child-centred schooling,^[17-18] participants did not discuss this approach in any great detail, but they did emphasise the absolute necessity of placing this at the very core of all of their work. It was also pointed out that a child-centred approach can sometimes ignore the needs of educational staff or adult community members when in fact those schools have a role in supporting teachers and communities more broadly. Schools need to support teachers in order for teachers to support children but also in order to care for the welfare of teachers themselves (see Box 6).

Box 6. Supporting teachers

Throughout the consultation, the importance of supporting teachers was highlighted. The need for care and support to be a shared responsibility of the school and the rest of the community was unquestionable. Participants stressed that teachers should be adequately trained and have colleagues with whom they can share their concerns. Again, the significance of creating a trusting, democratic and egalitarian school culture to enable this kind of work was highlighted.

Teachers are important role models and have a responsibility for educating and socialising the next generation of children so that they become confident young adults. However, if teachers themselves are unbalanced, overworked and feel out of control of their own lives, they will not be able to deliver care and support and may even take advantage of their power status. By supporting teachers, we are supporting children and ensuring that their school is a learning environment, while at the same time providing a place of care, support and safety.

3.3 Providing integrated services

'A family should be able to get what it needs based on particular circumstances. Instead we have a crazy collection of categorical programmes that have little or nothing to do with families' real needs.'

Female participant, South Africa

If schools are to take on a role in the provision of HIV-related treatment, care and support then the best principle is to provide integrated services. This implies a holistic package of services that complement each other and that are likely to involve different types of response and different sectors. As mentioned earlier, it is unrealistic to expect schools to take responsibility for all of these services. Instead, they can act as an effective referral mechanism to other services.

Multisectoral response

Traditionally, the activities of schools are governed, overseen and often funded by a country's ministry of education. However, if schools are to take on the role of a centre for treatment, care and support, and in order to enable a holistic and strong response to the many needs of communities affected by HIV and AIDS, collaboration between ministries such as health, agriculture, transport, social development and education is necessary. Policy-making needs to take place across departments, at all levels, and funding needs to be joined together in such a response. Currently, education budgets are overstretched and cannot reasonably take on more responsibilities.

Schools as a link to services

Further, it is clear that, although schools can serve as a centre for care and support, they will not be able to reasonably *deliver* all aspects of a care and support system. Schools may take on varying roles depending upon the kinds of other services already available in a community, resources at hand and the level of capacity and support from within and outside the school. This is another reason why partnerships are crucial in any care and support system.

Schools may take on a *delivery role* for some services (for example, life skills and values education, counselling, feeding programmes). They may play a *hosting role* for other services (for example, providing a venue for treatment literacy programmes run by an NGO for

parents). In other cases, the school will take on the role of *facilitator* (for example, offering a weekly test-clinic run by others). Lastly, schools can *refer* to services taking place elsewhere.

A key challenge for some schools may be that, due to lack of capacity, they may only be able to take on the role of referring young people to services outside of the school. These services may either be limited, overstretched, not youth-friendly or far from the school's location. Where possible, it is important to encourage health professionals and social workers to visit schools on a regular basis to provide localised, youth-friendly services under the roof of the known and safe environment of the school (the school in this case shifts from a referral to a facilitator role). This is what is meant by integrated services, and a strong need for this emerged as a priority for all target groups.

3.4 Building on existing services

It is important that the care and support system links in with any pre-existing community support structures, to avoid duplication and competition between programmes and to encourage community ownership. For example, in the case of providing guidance and counselling, there may not be a need to employ counsellors specifically to deal with HIV and AIDS. If school counsellors already exist, it might be more a case of training these existing counsellors on the specific needs of HIV-affected students and teachers. If school counsellors are not available, it might be possible to link to counsellors available through social services – either by referring students to these services or by asking counsellors to conduct sessions at school.

In many cases, there might not be government provided counsellors, in which case volunteers can be trained to provide some rudimentary counselling as paraprofessionals. However, this is not always the optimal solution, as it involves using unskilled people in skilled positions. In some places, schools got by with this system for many years through the use of untrained teachers. However, it is important to reflect on how schools can make provision and cover for teacher absenteeism, through the use of community personnel, paraprofessionals or even responsible older students.

Care and support systems are generally far more sustainable if based on local and government funding. NGOs and other organizations may only be able to fund a programme or part of a programme for a relatively short time. The care and support system needs to be a

commitment that is put in place for as long as HIV and AIDS exist in a community – and beyond.

However, there are many situations where external funding is necessary simply because there is not enough core funding. In such situations, the importance of comprehensive exit strategies cannot be underestimated. Plans for enabling the longevity of a whole programme have to be built into the planning process and be implemented right from the start of a programme, not when funding runs out.

3.5 Involving communities

'The Circles of Support programmes are based on the assumption that communities have a lot to offer in terms of support. The challenge was to see if it was possible to create support networks for children using schools as an "in" – as an intervention loci for support and care.'

Circles of Support participant

One of the underlying principles of the work that has been happening in Southern Africa is that HIV and AIDS are everybody's problem and yet nobody can deal with the crisis alone. The rationale behind many models of school-based care and support is that a large number of resources exist in the community that can be harnessed to support the school, and vice versa.



Involving the community

It is evident that generating local support and resources will ensure ownership of the care and support system at community grass-roots level, and at the same time reduce

the level of external dependency. It was also reported that the realisation of care and support programmes by using local resources had had an empowering and positive effect on schools and communities at large. Many had achieved positive, visible results simply by coming together as a community and working together towards common goals.

Partnerships should be developed also at district and local levels. This is necessary for community ownership, support for the school and the identification of local resources (skills, volunteers and material and monetary contributions) to set up and sustain the care and support system over the long term. It is important that all areas of a community are invited to take an active role within the decision-making process (encouraging decentralised decision making and democratic approaches) and delivery of the programme. Partnerships may be forged between schools and community leaders, local businesses, farmers, faith-based organizations, NGOs and institutions with a particular focus on health and well-being. Partnerships are often fragile unless mechanisms are in place for strengthening these and ensuring that commitment is over the long term.

Involving teachers' unions

'More often than not, teachers living with HIV have been sidelined and important decisions made on their behalf, which at times have little benefit to them. Nothing about us without us!'

Male participant, Zambia

Participants noted that, in terms of protecting the welfare of HIV-positive teachers, teachers' unions hold a privileged position that complements government support. Teachers place trust in the unions to protect their welfare, and unions have a special role in ensuring that all teachers are treated without discrimination.^[19] In Zambia, the Zambia National Union of Teachers (ZNUT) is working closely with networks of teachers living with HIV and is encouraging the active participation of HIV-positive teachers within the union.

As part of this campaign, over 250 teachers have publicly declared their HIV status in the Southern Province of Zambia. Not only has this helped the teachers on an individual level, it has also had a wider impact on the students and communities: ZNUT has noticed a much wider acceptance by students and their parents of HIV-positive teachers and an increase in disclosure of HIV-positive students.

3.6 Issues of sustainability and scaling up

Scaling up programmes introduces a range of challenges in management, including new contexts and specific needs, and issues of funding and sustainability.

One of the key challenges for scaling up is to ensure quality when a programme is to be expanded. It is important to retain the core components and values (or ethos) of the initial effort or 'pilot' when adapting the processes and methodologies of a programme. This may be a particular issue when it comes to the cost of scaling up. Small, well-run programmes are often perceived to be too expensive when taken to scale.

Many of the principles outlined above will help to increase the likelihood of sustainability –

especially community participation – building on existing resources and ensuring that efforts are child-centred.

Building upon existing policies and programmes will help to ensure the institutionalisation of support within government and within national and local policies, plans, budgets and expenditure frameworks and will encourage ownership of the approach. Related to this point (and already mentioned) is the suggestion of avoiding the creation of HIV-specific programmes, but instead integrating HIV into existing programmes. This is conceptually a better approach, since it avoids the further singling-out and potential stigmatisation of children affected by HIV and AIDS.

Although it is crucial for any programme to be child-centred, one challenge in terms of scaling up is that some approaches focus too much on individual children. Hence, it is possible for a project to claim to have assisted a certain number of children each year, but a more sustainable approach would be to identify the underlying obstacles that are preventing the child from accessing school and tackling these issues. This approach is taken by The Children's Institute in South Africa:

'Any school programme needs to be supported by deep systemic social and economic change in order to achieve long-term sustainable change for social justice. We need to prioritise action rather than just individual children.'

Female participant, South Africa

Involving men in care and support systems

The lack of participation by men and boys in care and support systems represents a particular challenge. As much as gender roles are changing in many places, it may be necessary to include strategies to ensure an increase in the number of men taking an active role in care and support.

Women and girls living in communities affected by HIV and AIDS are typically taking on a disproportionate share of the responsibilities to support their communities by working extra hours in a school or in their neighbourhoods, by caring for the sick, by fostering or adopting orphans, by being the main producers of meals and by managing households.

The reasons why men and boys may not participate could be because they see care and support as traditional female roles, or regard themselves as 'providers' rather than 'caregivers'. These are roles into which both men and women are socialised, and if changes are to be made, children must be socialised differently at home as well as at school.



Strategies for ensuring the participation of more men and boys in care and support programmes include:

- Ensuring that boys and girls are treated the same at school, e.g. establishing an egalitarian, rights-based democratic school culture. Education is supposed to empower and encourage critical thinking skills and questioning. This does not mean that school has to be divisive and radical.
- Giving boys care and support roles and responsibilities at school.
- Initially recruiting men and boys to roles in the care and support system, where they can be noticed, for example, sports team leader as part of psychosocial support, or making or building things. When they are involved, encourage their strengths to build further confidence and self-esteem, and suggest new tasks/further involvement.
- Enrolling men to enrol other men – initial role models or champions are needed.
- Convincing men of the 'rigorousness' of care and support structures. We should not look to re-label 'care' and 'support' in order to attract more men.

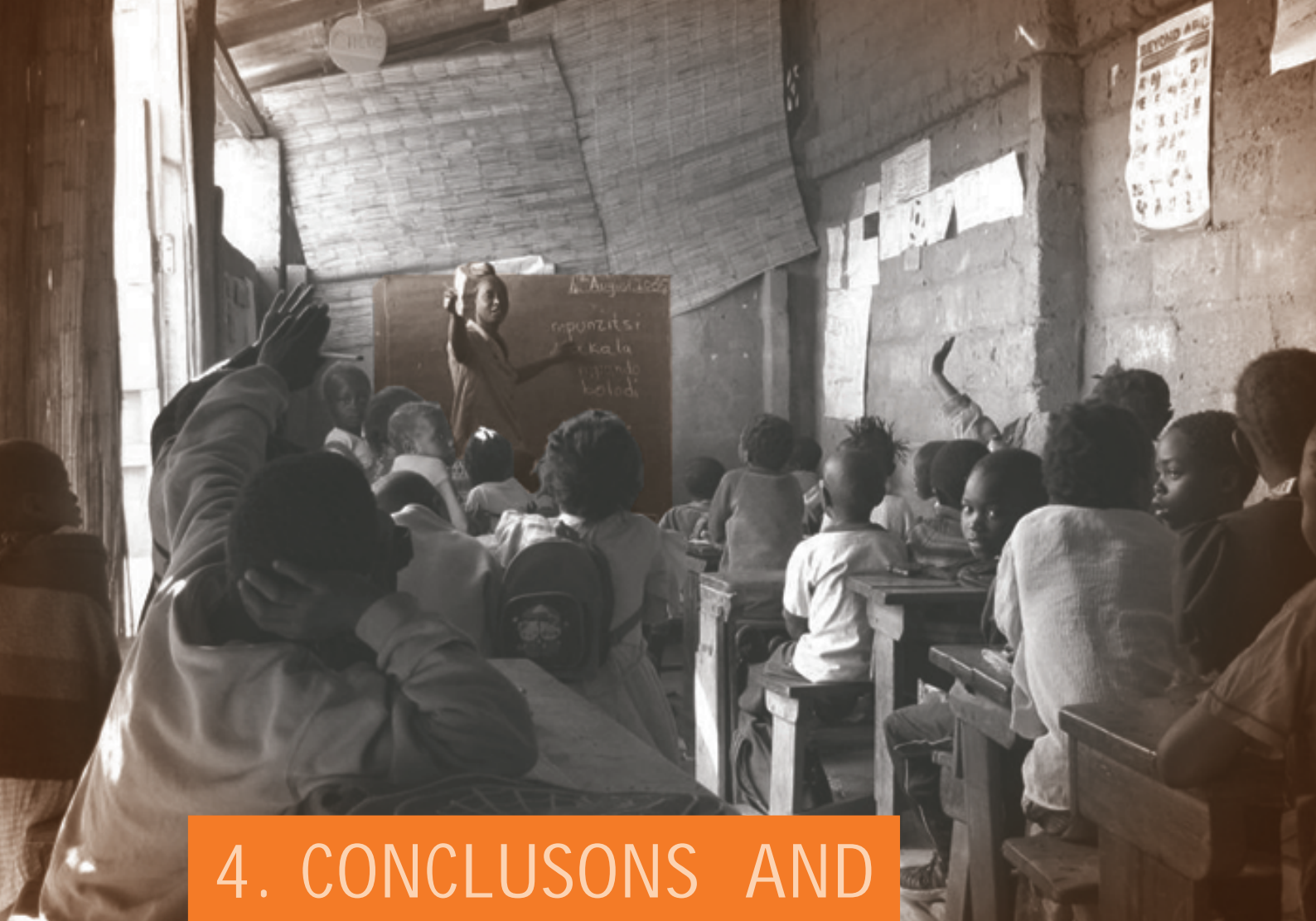
Volunteers

A key challenge reported across pilot programmes is the heavy reliance on both school-based and community volunteers. Not only are teachers working long hours outside their teaching responsibilities, but members of the community are giving up extensive time, for example, to assess needs, mobilise funds or provide psychosocial support. It was suggested that, where possible, incentives should be offered to volunteers, training schemes offered to paraprofessionals and paid roles should be funded by government departments.

Table 4 shows some of the other challenges raised in terms of scaling up HIV and AIDS treatment, care and support programmes in schools.

Table 4. Challenges to scaling up treatment, care and support programmes in schools

<p>Knowledge gaps</p>	<ul style="list-style-type: none"> • Identifying the complex and dynamic range of risk and protective factors impacting on children • Lack of documenting processes, monitoring and evaluation • Many positive outcomes of projects are of qualitative nature and difficult to measure • Research is needed that is geared towards improving planning
<p>Challenges to implementation</p>	<ul style="list-style-type: none"> • Developing programmes based on critical needs assessment • Lack of support for HIV-positive teachers and other education personnel • Stigma and discrimination continue to be major obstacles • It is more difficult to implement in secondary schools than primary schools • Lack of implementation tools • Lack of a steady stream of long-term sustainable funding to communities • Most programmes are small in scale, with little or no attention to rigorous monitoring and evaluation
<p>Challenges to scaling up</p>	<ul style="list-style-type: none"> • Lack of costed models that governments can take up • Small NGO models that rely on volunteers are probably not sustainable • Lack of rigorously evaluated interventions • Lack of documentation on programme processes, especially relating to challenges and how they were overcome • How to ensure community participation and ownership within a government driven scaled up programme • Some NGO models are effective but too labour intensive to be scaled up • Systems and strategies for identifying and supporting children who need help are generally weak; referral systems are particularly weak and social services are overburdened • ever increasing demands on an ever increasing fragile of the education sector?
<p>Lack of harmonised action</p>	<ul style="list-style-type: none"> • Insufficient attention to the issue of OVC by regional and national bodies • Lack of coordination of efforts leading to duplication • Inadequate knowledge sharing between stakeholders • Poor communication between communities, local, national and international groups
<p>Challenge of targeting</p>	<ul style="list-style-type: none"> • Concentration of capacity-building activities in capital city when need is in other areas • Developing effective systems for identifying children in need of support without stigmatisation



4. CONCLUSIONS AND RECOMMENDATIONS

Schools in Southern Africa have no choice but to respond to the impact of HIV and AIDS on educational staff, learners and local communities. The challenges and needs are daunting and multifaceted. However, schools offer an unparalleled resource in many communities for supporting the scaling up of HIV services. Failure to do so is already undermining efforts to achieve Education for All (EFA) in the region.

At the same time, it is important to bear in mind how overburdened education systems are in the region. In many countries, the education system is struggling with competing priorities and does not necessarily see HIV-related care and support as its role. Government officials, school principals and teachers perennially battle for the human and material resources simply to provide basic education in less than perfect conditions. Add an additional burden in the form of responding to a

stigmatised disease – an added and perhaps confusing responsibility in terms of prevention, care and support – and it is likely that there may be some reluctance to fully engage in the issue.

This is not an excuse for inaction. The unfortunate reality across Southern Africa is that learners and educators have a huge range of needs: some of these existed without HIV and others are HIV-specific. The impacts of AIDS are threefold – highlighting existing problems, enlarging ongoing problems and creating new problems. Schools need to respond to these needs, both to protect the basic functioning of the system (so that teachers keep teaching and students attend classes and learn) but also as part of the wider responsibility to respond to HIV and AIDS. Failure to do so will undermine efforts to achieve both the EFA goals in the region as well as the Millennium Development Goals (MDGs).^[20]

4.1 Common elements

While HIV and AIDS treatment, care and support clearly have special considerations that need to be addressed, schools and communities also grapple with an array of social problems that are related to HIV: both in terms of vulnerability to infection and the success of the response. Therefore, it is important to look at an integrated and multidimensional care and support system. And also there is need to adopt an approach that is holistic, does not focus exclusively on HIV and AIDS, but sees the AIDS-related problems as related to a whole network of other problems and challenges in the community and school. Key elements of an integrated school-based treatment, care and support programme include:

Ensuring the continuation of education

Maintaining the provision of education for children is the overarching objective of the education system. In the context of high HIV prevalence rates, this is increasingly difficult because HIV compounds the difficulties that communities were already experiencing. Specific strategies to ensure the continuation of education include:

- Monitoring children's attendance and some rudimentary indicators of vulnerability;
- Conducting home visits to encourage children who are not enrolled to enrol;
- Waiving school fees or providing scholastic support such as uniform, pens or books;
- Making lessons more flexible to suit the needs of students who might be working or have care duties in the household.

Providing psychosocial support

In addition to strategies to ensure that all children stay at school, it may also be necessary to provide specialised psychosocial support to HIV-affected children. This in itself is a strategy for ensuring that children stay at school and also a strategy for ensuring that children can actually learn. Specific examples include:

- Training existing counsellors to understand the impact of HIV and AIDS on students;
- Referring vulnerable children to social services or NGOs that provide psychosocial support;

- Alerting teachers to the needs of vulnerable children and providing some elementary support to children.

Universal precautions

Because very often people do not know they are infected with HIV or other infectious blood borne infections including hepatitis, it is important to have in place policies and procedures for safely managing accidents and injuries at schools (known as universal precautions). To reduce fear and discrimination, schools need to inform all staff and students about the infection-control policy and address concerns through open discussion.

Treatment education

A growing number of teachers and students are HIV-positive and schools therefore need to respond to a number of related issues:

- Supporting HIV-positive students and teachers to take treatment;
- Supporting teachers and students to visit medical centres for frequent check-ups (and providing cover for absent teachers);
- Understanding ART side effects and how these might impact on a teacher's ability to teach or a student's ability to learn;
- Adapting HIV and AIDS curriculum to include information on treatment so that students are not taught out-of-date information. Literacy education for the treatment of TB, malaria, intestinal illnesses and other health areas is equally important. Singling out HIV and AIDS will ultimately only add to the possibility of stigma;
- Teaching students about treatment so that they are better able to support their parents and families in accessing and adhering to treatment.

Home-based care and education

In many schools across Southern Africa, teachers and students are providing outreach work to support sick community members. Very broadly, this support can be categorised as students supporting sick community members or teachers providing home-based education to sick students.

Responding to basic needs

In many parts of Southern Africa, communities are dealing with the compounded effects of HIV, poverty and hunger. What role do schools play in meeting these basic physical needs? Many people believe schools are not an ideal context for the provision of basic needs. However, it is clear that some schools are achieving positive results with communities by, for example, creating vegetable gardens and providing school feeding programmes.

Developing livelihood skills

When parents fall sick and die as a result of AIDS, their children can be marginalised and vital agricultural knowledge and life-skills may not be passed down, leaving children vulnerable to hunger, malnutrition and illness. Some schools have developed livelihood programmes to improve children's skills in terms of livelihood support and food security.

4.2 Successful principles

Five broad principles have been identified that should all be in place in order to provide a comprehensive response to treatment, care and support, which in turn will reinforce prevention efforts.

Developing a caring school environment

By the very nature of defining the terms 'care' and 'support', an environment that delivers either or both must be nurturing, safe and secure, inclusive and enabling. This includes:

- Adhering to and teaching about human rights;
- Delivering an education for the whole child, and addressing the well-being of a child. That means the inclusion of spiritual and values education, emotional education, health and sex education, treatment education and the teaching of life skills and critical thinking skills;
- Using participatory teaching methods;
- Recognising the importance of a flexible curriculum in light of an epidemic or crisis;

- Specifically putting policies and measures in place to ensure truly inclusive and egalitarian learning environments in order to protect the rights of all students and staff but especially those most vulnerable, such as students with special educational needs, students and staff with disabilities, those who are infected with HIV and AIDS, and those students who are orphaned or have missing parents; and ensuring that girls and female staff have the same opportunities as their male peers;

- Specifically has a comprehensive child protection policy in place to ensure safe and secure learning environments for both students and staff.

Schools as a centre for integrated service delivery

Schools need to plan a holistic package of services that complement each other and that involve multisectoral responses. Schools will not necessarily be able to deliver all of the services but can take on varying roles depending upon the kinds of other services already available in a community, resources at hand and the level of capacity and support from within and outside the school.

- Health-care professionals and social workers to collaborate closely with schools and visit schools frequently and routinely;
- Schools to refer learners, school staff and members of community to services outside school;
- Schools to host services delivered by other departments and organizations;
- Create opportunities for networking;
- Assessment and harnessing of local needs and resources;
- Opportunity for continued professional development for professionals and paraprofessionals to learn skills across sectors;
- Assess and monitor service receivers;
- Teachers, school staff and community volunteers and staff members to be trained on HIV and AIDS;
- Encourage the wider use of HIV testing and counselling services to know one's HIV status.

Child-centred programming

Any school-based care and support system must include the whole school and all children, to ensure that those infected or affected by HIV and AIDS are not stigmatised. Having said this, the needs of both those infected and affected must have a high priority within the care and support system, as these learners will be both physically and emotionally challenged. Recommendations include:

- Providing support that is material but also deals with emotional problems faced by children;
- Creating spaces for children's voices to be heard;
- Respecting the rights of the child (accorded by the Convention on the Rights of the Child)
- Creating networks of support for children;
- Training teachers how to identify and care for vulnerable children;
- Creating a monitoring system for vulnerable children.

Build on existing services

It is important that the care and support system links in with any pre-existing community support structures, to avoid duplication and competition between programmes and to encourage community ownership. Recommendations include:

- Existing resources to be adapted to respond to HIV-specific needs;
- HIV elements to be integrated into existing policies rather than be created as stand-alone policies.

Involve communities

One of the underlying principles of the work that has been happening in Southern Africa is that HIV and AIDS are everybody's problem and yet nobody can deal with the crisis alone. The rationale behind many models of school-based care and support is that a large number of resources exist in the community that can be harnessed to support the school and vice versa.

Further, it is evident that generating local support and resources will ensure ownership of the care and support system at community grass-roots level, and at the same time reduce the level of external dependency.

Recommendations include:

- Invite and involve community leaders in planning processes to ensure ownership;
- Identify care and support champions in the community;
- Recruit and train local volunteers and provide incentives, where possible;
- Provide opportunities for continued professional development for volunteering community members;
- Undertake thorough needs assessment of community on a continuous basis;
- Advocate widely to ensure participation, acceptance and ownership of the programme.

In addition, special strategies are needed to involve men and boys in care and support. These include:

- Ensuring that boys and girls are treated the same at school, e.g. establish an egalitarian, rights-based democratic school culture. Education is supposed to empower and encourage critical thinking skills and questioning. This does not mean that school has to be divisive and radical;
- Giving boys care and support roles and responsibilities at school;
- Initially recruiting men and boys to roles in the care and support system, where they can be noticed; for example, sports team leader as part of psychosocial support component, or making or building things. When they are involved, encourage their strengths to build further confidence and self-esteem, and suggest new tasks/further involvement;
- Enrolling men to enrol other men; initial role models or champions are needed;
- Convincing men of the 'rigorousness' of care and support structures. We should not look to re-label 'care' and 'support' in order to attract more men.

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- p.7:** A teacher supporting a student with his school work
- p.8:** Classroom in an SCCS programme participating school
- p.17,** top photo: School feeding programme in an SCCS participating school
bottom photo: A child during a home-visit by a teacher
- p.19:** Students in an SCCS programme participating school
- p.20:** Developing an action plan by the school support team
- p.26:** Developing an action plan by the school support team
- p.28:** Parents' participation in the school care and support programme
- p.30:** Discussion between two teachers, members of the school support team, regarding identification of vulnerable children in the community

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- p.13,** top photo: Student in an SCCS programme participating school
bottom photo: Peer support
- p.25:** Student walking to school

p.32: © MTT/HEARD/Wendy Heard 2005
from the report *Education Access and Retention for Educationally Marginalised Children: Innovations in Social Protection* (MTT/HEARD and UNICEF, 2005)

This report provides a synthesis of discussions held at a UNESCO technical consultation on school-centred care and support in Southern Africa, held from 22 to 24 May 2007 in Gaborone, Botswana. The event brought together representatives from ministries of education, international and local NGOs and UNAIDS cosponsors. The report highlights a set of principles and the key elements needed to provide integrated care and support services for vulnerable children in schools.