

## CASE STUDY



### **Schools as Centres of Care and Support (SCCS)**

Responding to the Needs of Orphans and  
Other Vulnerable Children in Rural Areas



Association for the  
Development of  
Education in  
Africa



## Foreword

ADEA has made intra-African experience sharing one of its key strategies for building the capacity of African ministries of education to address common challenges for which innovative and creative responses exist somewhere on the continent. This strategy has now been made a full strategic objective in the Association's Medium-Term Strategic Plan (2008-2012).

This case study on Schools as Centres of Care and Support (SCCS) is an excellent illustration of such innovative “home-grown” answers to one of the most potent scourges that the continent has ever faced: the HIV and AIDS pandemic. During its 1999 Biennale in Johannesburg, South Africa, ADEA was challenged by former President Mbeki who, in his opening remarks, said that if enough attention was not paid to the devastating impact that the pandemic was having on the education sector, educational development in Africa would be seriously constrained and most of the gains made over the previous decades could be undone. Since then, the Association has made the fight against the HIV and AIDS a constant feature in its programmatic activities. The 2001 Biennale in Arusha, Tanzania made HIV and AIDS one of the themes of the meeting. As a follow-up to the awareness created in 2001, African ministers requested that ADEA organize a sub-regional ministerial conference in 2003 in Libreville, Gabon. The title of that conference, Effective Responses to HIV and AIDS in the Education Sector: from analysis to action, set the tone for what has now become ADEA's contribution to the issue: identifying and documenting promising prevention and mitigation practices in the fight against HIV and AIDS in the education sector. In 2006 the Commonwealth Secretariat joined ADEA in ensuring that most of the attention is focused on identifying those responses that could make a difference. During the workshop that was organized by both institutions in September 2006 in Johannesburg, the SCCS experience was singled out as the most promising of all the other experiences presented. Indeed, by recognizing that “HIV prevention and AIDS mitigation extends from the classroom to the whole school environment” and underscoring the “need for a multi-sectoral partnership approach to tackling poverty, HIV and AIDS and other diseases” the SCCS model presents a more comprehensive and compelling strategy to dealing with a host of issues beyond HIV and AIDS.

It is our hope that this experience shared by South Africa could blaze the trail for other countries looking for ways and means of addressing issues of health and poverty which, as we now know, have been exacerbated by the HIV and AIDS pandemic.

This case study comes with a short film that tries to capture the most essential features of the SCCS.

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## List of acronyms

CBO	Community-based organisation
CBST	Circuit-based Support Team
CCC	Cluster Childcare Coordinator
CSTL	Care and Support for Teaching and Learning
DBST	District-based Support Team
DCCIE	District Coordinating Committee on Inclusive Education
DoE	Department of Education
EDSC	Education Development Support Centre
EKN	Embassy of the Kingdom of the Netherlands
FBO	Faith-based organisation
FSS	Full-Service School
ILST	Institution-Level Support Team
KZN	KwaZulu-Natal
LAHL	Learn about Healthy Living
LSE	Learner Support Educator
NGO	Non-government organisation
OVC	Orphans and vulnerable children
PSS	Psycho-social support
SADC	South African Development Community
SAIDE	South Africa Institute for Distance Education
SBC	School-based Carer
SCCS	Schools as Centres of Care and Support
SDC	Swiss Agency for Development and Cooperation
SGB	School Governing Body
SIAS	Screening, Identification, Assessment and Support
SMT	School Management Team
SNESD	Special Needs Education Services Directorate
SST	School Support Team

## Introduction

Southern Africa's rural and impoverished communities are some of the hardest hit by the HIV and AIDS pandemic.

Large numbers of vulnerable children in these AIDS-affected communities struggle to access resources and services they desperately need and are entitled to. Despite this, most children still attend school, making schools an obvious avenue through which to address the multiplicity of needs of vulnerable children.

An example of a school-based response to the ever-increasing numbers of orphans and vulnerable children (OVC) is the **Schools as Centres of Care and Support (SCCS)**, an innovative model built on the principles of a multi-sectoral partnership approach to tackling poverty, HIV and AIDS and other diseases. Schools are strengthened to provide quality education, and mobilised to function as hubs of integrated service delivery for children so that they have increased access to health and social welfare services and are able to access and benefit from this education.

A multi-sectoral approach has proved to be the most effective and comprehensive vehicle for executing this strategy. The approach brings together resources and services that already exist in school communities, drawing in parties from the health, education, social development and non-government sectors. It is about mobilising resources and services so that they can be better delivered and better utilised.

The goal of the SCCS programme is for schools to provide caring and supportive environments that will allow all children to reach their full potential. The mission is to reduce the negative impact of poverty, HIV and AIDS and other health-related issues on children and youth, achieved through the following objectives:

1. Establishing and/or strengthening school and community structures;
2. Developing the capacity of school and community structures;
3. Strengthening school and community leadership;
4. Fostering an interdependent relationship between school and community;
5. Building partnerships – schools, communities, government departments, donors, NGOs and business.

The SCCS programme, conceived by MIET Africa in partnership with three South African provincial Departments of Education, and funded by the Swiss Agency for Development and Cooperation (SDC) and the Embassy of the Kingdom of the Netherlands (EKN), arose out of lessons learnt in antecedent projects which aimed to establish a climate of care and support in schools for learners in rural communities suffering the consequences of the HIV and AIDS pandemic.

After thorough field-testing in three provinces, the SCCS model was presented to Ministries of Education in several SADC countries and it was decided that a piloting exercise would be undertaken in Swaziland, Zambia and South Africa.

Building on the successes of the pilot and learning from its experiences, the SCCS programme, now referred to as the *Care and Support for Teaching and Learning (CSTL)* programme, was officially adopted as a SADC initiative and is being scaled-up across more SADC countries. Transferability to other contexts has had to take careful consideration of the needs, costs and resources available in these contexts, as well as of the aspirations of the participants involved.

The care and support model represented by both the SCCS and CSTL programmes offers a tried and tested approach to addressing HIV and AIDS in the education sector which has recognised that HIV prevention and AIDS mitigation extends from the classroom to the whole school environment with the strong involvement and support from the communities where schools are located.

## Background

HIV and AIDS continue to pose a threat to the Education for All objectives, and researchers and analysts continue to be preoccupied with the extent of the assault of HIV and AIDS on education systems, particularly in high-prevalence countries of the sub-Sahara. Ten years ago, according to Peter Badcock-Walters, HIV and AIDS was predicted to trigger the decimation of entire education systems. This impact has not been as dramatic as feared, he argues, although there has been unquestionable attrition in the teaching profession:

“[W]hile very large numbers of teachers have succumbed to the impact of HIV and AIDS, the accelerating roll-out of testing, counselling and anti-retroviral treatment has significantly changed the face of the threat.”<sup>1</sup>

Education systems in the region have had to face a ‘first wave’ of HIV infection, followed by a ‘second wave’ of AIDS mortality, and now face the challenge of the ‘third wave’: orphaning and family dislocation.

For Badcock-Walters, HIV must be analysed and understood as “a systemic management problem rather than a parallel public health problem” and must be accommodated in every aspect of the education system, from training to information management, policy-making to implementation and reporting.

HIV and AIDS are certainly having an effect on teacher supply and contact time with children at schools, although much of the information at hand is anecdotal. The shortage of teachers available (lower numbers of new teachers graduated into the profession and reduced training) is not, according to Badcock-Walters, solely attributable to HIV and AIDS. Rather, HIV has increased existing systemic problems, and it is “part of a wider management problem that must be solved through the effective monitoring, management, planning and reporting of system activity and performance.”

<sup>1</sup>‘The Impact of HIV and AIDS on Teachers: National Responses to Prevent and Mitigate Impact’; presented to the Barnako +5 Conference, October 2009 (EduSector AIDS Response Trust (ESART)).

These issues make the epidemic and related education challenges a subject of concern for the Association for the Development of Education in Africa (ADEA) and the Commonwealth Secretariat. Faced with the growing impact of HIV and AIDS on education in Africa, ADEA and the Commonwealth Secretariat are facilitating discussions about school-based approaches to prevention and mitigation of the impact of the epidemic in the education sector in Africa.

In their consultative role to the Ministries of Education of Africa, ADEA and the Commonwealth Secretariat wish to offer effective measures to fight the HIV and AIDS epidemic. To this end, ADEA has commissioned case studies on effective and sustainable anti-AIDS measures and programmes that can be adapted and disseminated continent-wide.

## This case study

The case study presented here describes an innovative and effective programme built on the principles of a multi-sectoral approach to HIV and AIDS. In this approach, schools are arranged in clusters so as to benefit from support for instructional quality as well as from partnerships with parents, the community, NGOs and governmental institutions offering social services, including health, nutrition, security and fund-raising assistance.

The success of the programme described in the case study reflects the advantages of a highly committed NGO, international funding and the support of relatively well-developed institutions in the host country, South Africa.

This case study presents an outline of the SCCS model (**Section A**), beginning with the evolution of the project as conceived by MIET Africa.

**Section B** deals with implementation experiences – in three provinces of South Africa during the piloting phase of the programme, summarising both successes and challenges experienced.

**Section C** deals with the extension of the pilot to SADC level, with simultaneous piloting in Swaziland, Zambia and South Africa, the achievements of the regional programme and plans for the next phase.

The regional programme afforded opportunity for MIET Africa to lay down guidelines for the adaptation of the SCCS programme to different contexts and environments. The case study concludes with a discussion on these requirements.

## SECTION A: The SCCS Model

### 1. TITLE, LOCATION and DESCRIPTION of the SCCS programme



MIET Africa was established in April 1996 as an independent, non-profit, education development organisation, headquartered in Durban, South Africa. From 1993 until then, the organisation existed as a unit of the Education Foundation. From its inception, MIET Africa has embraced a vision of supporting integrated rural development with a focus on children and youth.

The Schools as Centres of Care and Support (SCCS) programme was initiated by MIET Africa in 2003 as part of a broader strategy of educational support for vulnerable learners and schools located in the rural areas of the KwaZulu-Natal, Eastern Cape and North West provinces of South Africa.

With the growing numbers of orphans and vulnerable children and the devastating impact that HIV and AIDS are having on children, their families and teachers, co-ordinated and creative responses are needed. The Schools as Centres of Care and Support (SCCS) programme is an example of such an initiative that is based in schools.

Between 2003 and 2007, the SCCS programme has helped about 1000 rural schools in the target provinces to establish strong links with the communities around them and with the government and non-government service providers who work in their areas to become 'centres of care and support'.

Schools are clustered around education centres or nodal schools to promote sharing of resources and to strengthen mutual support. Each school develops a vision of itself as a 'centre of care and support'. It establishes a widely representative School Support Team which leads the care and support programme in the school and community around it.

**A critical element of the programme is the ownership and drive that must come from the local community.** The programme identifies, affirms and strengthens the hands of community members who are already providing voluntary care and support to children and other people in need. In this way, SCCS has a multiplier effect.

### 2. The EVOLUTION of the model

The SCCS programme has antecedents in several similar projects conceived by MIET Africa, in particular the clustering of schools around multi-media resource centres and the training of teachers on how to integrate HIV and AIDS into the curriculum. These projects were implemented in the early stages of the organisation's development of the 'care and support' model. With the success of the SCCS programme, the model of care and support has been further refined and now finds expression in the Care and Support for Teaching and Learning (CSTL) programme (See 11.4 below).

The following timeline illustrates the evolution of the SCCS model:

#### 1998 - 2000

Support for teachers to integrate HIV and AIDS into the curriculum;

Associated with this, **the Multi-Media Resource Initiative** (2001-2005), funded by the Embassy of the Kingdom of the Netherlands (EKN), established 25 multi-media resource centres in isolated school communities in KwaZulu-Natal and North West provinces, providing a range of ICT services and resources to these sites.

**The Ikhwezi Whole-School Development project** (1998-2004), funded by the Swiss Agency for Development and Cooperation, was implemented to promote quality enhancement, resource sharing and teacher training around 12 clusters of schools in the Eastern Cape province.

Both these projects used participatory processes to involve cluster community members to prioritise their own needs. Top of the community agenda was the need to reduce the negative impact of HIV and AIDS and better care for orphans and vulnerable children (OVC).

The **Learn about Healthy Living (LAHL) project** (Phase 1: 1998-2001) was implemented in KZN and the Eastern Cape to assist teachers with integrating HIV and AIDS into their teaching, and provide them with basic counselling and peer support skills. The focus was now on mainstreaming HIV and AIDS education in the curriculum.

#### 2001 - 2004

The **Learn about Healthy Living (LAHL) programme** (Phase 2: 2001-2004) was expanded to include support for SMTs and SGBs, as well as teachers and learners.

The **National Development Agency** funded MIET Africa's project to implement an HIV and AIDS community outreach component in six clusters of schools already established in the MMRI and Ikhwezi projects.

2003 - 2004	The Learn about Healthy Living (Phase 3: 2005-2008) project was implemented to further include community, and a holistic model known as the Schools as Centres of Care and Support (SCCS) programme was developed and tested.
2005 - 2008	<p>After a positive evaluation of the SCCS programme, the Swiss Agency for Development and Cooperation continued to support the implementation of the programme in four school clusters in the Eastern Cape and three in KwaZulu-Natal. In addition, with EKN funding, the programme was expanded to and additional 64 school clusters in KZN and 50 school clusters in the NW province.</p> <p>Regional SCCS: an exploratory and consultative process to take the SCCS model from country to regional level was undertaken, with funding support from the Swiss Agency for Development and Cooperation. Consensus was reached and a two-year regional collaboration programme would be implemented as Phase 1.</p>
2008 - 2011	<b>Regional SCCS</b> (now called ' <b>Care and Support for Teaching and Learning</b> ' (CSTL)) is currently being expanded within the SADC region and within pilot countries.
2008 - 2011	<b>Phase 4 of the Learn about Healthy Living (LAHL) programme</b> , as part of the SCCS programme, is currently (2008-2011) being implemented in three schools clusters, comprising eight schools each, in the Nongoma area of KwaZulu-Natal, with the aim of strengthening the capacity of the education system and school communities to respond to and provide care and support to vulnerable children, improving their educational outcomes. Through a Human Rights-Based Approach (HRBA), the programme will conduct advocacy and establish partnerships with duty-bearers in government on issues pertaining to this objective as well as empower right-holders to claim their rights. It will implement activities to strengthen both community and learner participation in improving the lives of children in these school communities.

### 3. RATIONALE for care and support

Schools are well placed to lead a communal strategy to improve the education, health and socio-economic well-being of orphans, vulnerable children and families ravaged by poverty, HIV and AIDS, for the following reasons:

- Most children spend much of their time at school.
- Schools are permanent institutions and can help to keep new organisational structures going.
- Schools have human resources who can be used in care and support activities; such resources include teachers and managers who have appropriate skills.
- The education offered in the school needs to be connected with the realities of the learners' community and to fit its needs.

Various groups can benefit from the initiative. First of all, children (especially orphans and vulnerable children) can benefit by obtaining:

- Better material support and improved care at home;
- More emotional support;
- Help with developing the life skills they urgently need;
- A better chance of getting to school and staying there; and
- More harmonious relations with other children.

The following are benefits for teachers, school managers and school governors:

- Improved skills and resources for teaching key subjects like Life Skills, and integrating issues like HIV and AIDS into the curriculum;
- Better skills in counselling and using the child-centred teaching methods that the curriculum calls for;
- A community of parents that supports and values the school;
- Improved enrolment, attendance, discipline and learner achievement;
- Strengthened teamwork and team spirit amongst teachers and managers;
- A closer, better relationship and sharing of resources with other schools;
- A strengthened working relationship with the wider community of local government departments, non-governmental organisations (NGOs) and businesses.

Community households can benefit from:

- Getting the welfare grants and support they need;
- Counselling, care and support from others in the community;
- Improved skills of caregivers in families.

And all members of the community can benefit from greater openness about HIV and AIDS and how it affects the community. Stigma can be lessened and voluntary testing, counselling and treatment are more likely to take place.

### 4. SCCS PROGRAMME DESCRIPTION

#### 4.1 Goal

The **goal** of the SCCS programme is to reduce the negative impact of poverty, HIV and AIDS and other health-related issues on children and youth to allow them to reach their full potential.

#### 4.2 Objectives

This is achieved through the following **objectives**:

- Establishing and/or strengthening school and community structures;

- Developing the capacity of school and community structures;
- Strengthening school and community leadership;
- Fostering an interdependent relationship between school and community;
- Building partnerships – schools, communities, government departments, donors, NGOs and private sector.

### 4.3 Principles

The key **principles** of this model are:

- Schools are effective vehicles for the delivery of HIV and AIDS prevention, care and support programmes and integrated services for vulnerable children;
- Community participation is essential for this to happen;
- Multi-sectoral collaboration is necessary to address the diverse and complex challenges faced by orphans and vulnerable children;
- Government ownership, through integration into government policies, plans and budgets, is necessary for interventions to be sustainable;
- Meaningful participation is promoted for children, youth, the school and its community;
- Approaches used are culturally and contextually appropriate;
- The model builds on existing structures and initiatives.

### 4.4 Tested achievements

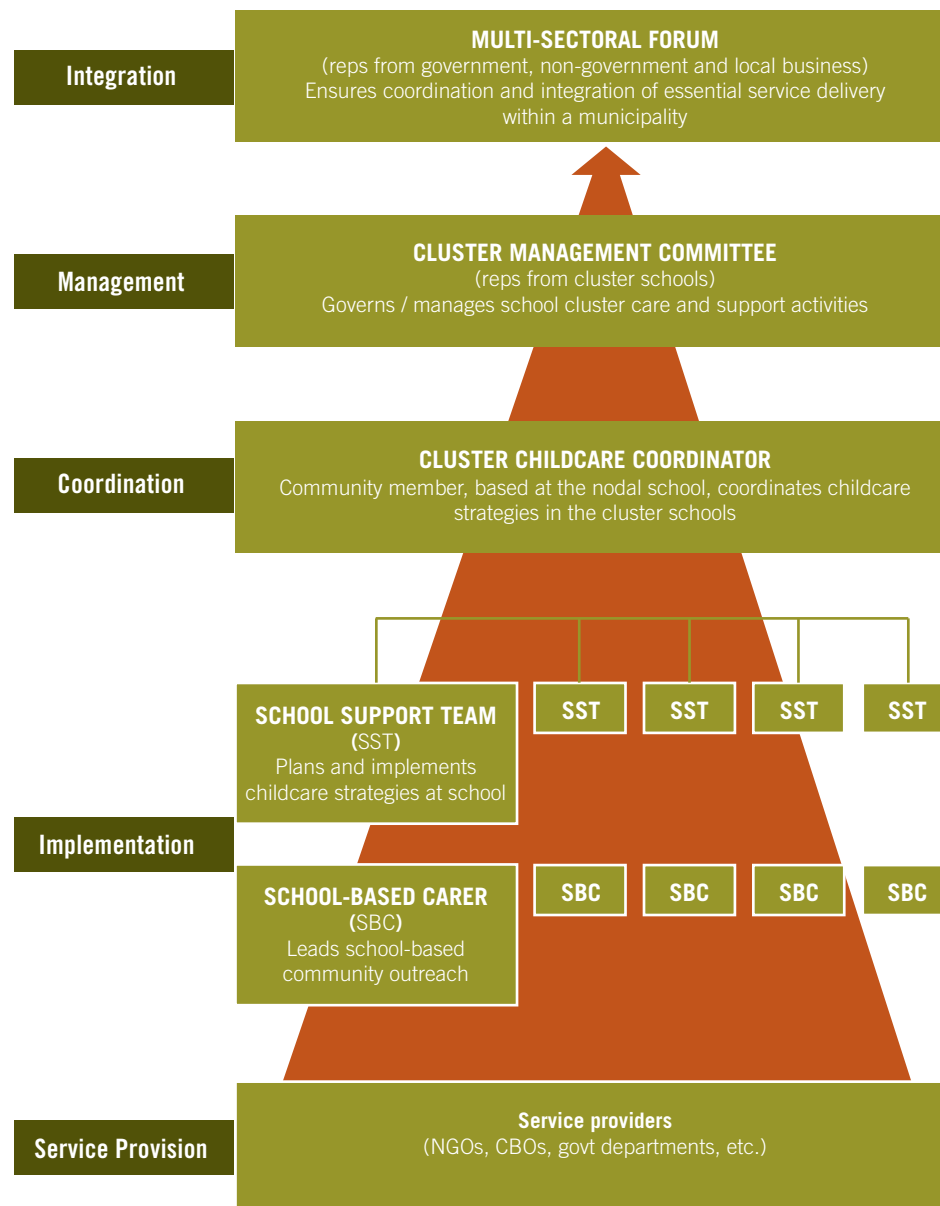
- The SCCS model has been formally adopted by government (first South Africa, national and provincial, and later SADC Member State Ministries of Education), increasing its potential for scale-up and sustainability.
- The SCCS model has produced tangible and demonstrable evidence of increased access to essential services by vulnerable children.
- The SCCS model has promoted and produced coordinated delivery of services by multi-sectoral partners.
- The SCCS model has strengthened education systems resulting in increased school access and retention.
- The SCCS model has increased participation by communities in the education and wellbeing of their children.

In the model, schools are clustered around a nodal school to promote sharing of resources and to strengthen mutual support. Each school develops a vision of itself as a 'centre of care and support'.

Each school establishes a widely representative School Support Team, which leads the care and support programme in the school and community around it. This includes identifying community members who can provide voluntary care and support to children and other people in need, strengthening their links with the school, as well as multi-sectoral networking.

### 4.5 SCCS structure – diagram

The figure below provides a diagrammatic representation of the model.





## 5. SCCS programme delivery mechanisms

As mentioned above, a school clustering approach is used in the implementation of the SCCS model. Schools are clustered around education centres or nodal schools to promote sharing of resources and to strengthen mutual support. Each cluster consists of eight schools – usually five primary schools and three secondary schools.

The following process is used in the clusters:

- Advocacy workshops and processes are conducted to ensure buy-in from, and ownership by, school communities.
- A cluster management team, with support from MIET Africa, identifies a community member to act as the Cluster Childcare Coordinator (CCC) whose task it is to coordinate the childcare and support activities in the cluster.
- An audit of orphans and vulnerable children is done.
- An audit of relevant service providers is done.
- Partnerships are established with the Ministries of Education, Social Development, Agriculture, Justice, Home Affairs, Health, the Police Services, local government structures, local businesses and community- and faith-based organisations (FBOs).
- All schools form School Support Teams (SSTs) to plan and implement childcare strategies at school level, with a particular focus on providing care and support to orphans and vulnerable children (OVC). The support teams are made up of teachers, School Governing Body or parent-teacher Body members, community representatives, parents, learners (in secondary schools) and out-of-school youth.
- Each SST identifies school-based carers, who lead the school's outreach programme. They conduct home visits, help families access documents and grants, run day-care and after-care groups, identify and report cases of neglect and abuse, collect and distribute food and clothing. One of the jobs of the school-based carers is to help write grant proposals for OVC and needy families.
- Training is conducted for Ministry of Education officials, Cluster Childcare Coordinators (CCCs), School-based Carers (SBCs), members of School Governing Bodies (SGBs) and School Management Teams (SMTs) and teachers. Topics covered include: Developing a vision of our school as a centre of care and support; Developing an HIV and AIDS policy; Loss, grief and mourning; HIV and AIDS information; First Aid; Counselling; Peer support; Identification and referral; Caring for yourself.

## 6. RESOURCES for converting a school into a centre of care and support

MIET Africa has created a toolkit of care and support for schools, consisting of the following resources:

- A handbook giving guidelines on how a school can establish itself as a centre of care and support;
- A book of ten stories describing the experiences of members of a school community as the school becomes a centre of care and support;
- A set of eight posters for advocacy on care and support issues;
- Learn About Healthy Living (LAHL) curriculum material (consisting of a learner's book, a teacher's guide and five posters);
- A flannel board and cast of characters that accompany the storybook;
- An HIV and AIDS Frequently Asked Questions (FAQs) booklet;
- A caregiver's booklet;
- A First Aid handbook; and
- Additional relevant material.



Teachers are trained in how to use the curriculum materials; management and governance structures receive training in leading a caring and supportive school; and members of the School Support Team are trained in how to use the resource materials in the work that they do.

## SECTION B: Implementation Experiences in South Africa

### 7. EDUCATION WHITE PAPER 6 and the SCCS model



In 2006, the KwaZulu-Natal Department of Education (KZN DoE) recognised that the SCCS model could be a vehicle through which to implement its strategy for achieving the goals of Inclusive Education as outlined in Education White Paper 6.<sup>2</sup>

Education White Paper 6 was introduced by the South African National Department of Education in 2001, as part of its commitment to provide educational opportunities for learners who experience the kinds of barriers to learning and development that place them at risk of marginalisation, low achievement and exclusion. The focus of the Paper is to build caring and supportive school environments where barriers to teaching, learning and development are diminished so that effective teaching and learning can take place. The Special Needs Education Services Directorate (SNESD) of the KZN DoE operates at the provincial level to oversee the implementation of this policy framework.

There appears to be differences in focus in respect to the policy imperatives across the country's nine provinces (which have autonomy with respect to the implementation of strategy at provincial level). Many provinces still interpret Inclusive Education as addressing the *physical* barriers to learning (i.e. assisting learners with physical disabilities).

The KwaZulu-Natal Department of Education, which endorsed the SCCS model, **adopted a holistic interpretation of Inclusive Education.** The focus of the province in implementing the policy therefore is on ensuring that *all* educational institutions are made accessible to *all* learners who are vulnerable to educational marginalisation and

<sup>2</sup> Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training system

exclusion – due to factors related to age, gender, language, disability, poverty, HIV and AIDS or other infectious disease – by addressing barriers in the way the educational system is organised, issues of pedagogy, culture and ethos at educational institutions.

To this end the province has recognised the value of the SCCS model as a vehicle to address care and support for teaching and learning in order to meet the support needs of vulnerable learners. A key reason for the model being an appropriate vehicle for the delivery of Education White Paper 6 is that the structures and functions of the model can easily be aligned to the support structures as detailed in White Paper 6. The table below illustrates this:

Support structures	NGO-implemented SCCS model	KZN DoE strategy to implement Education White Paper 6
District level	Inter-sectoral committee	District-based support team
	Free-standing education centre	Special school as resource centre
Cluster level	Cluster-based support team	Circuit-based support team
	School-based education centre	Full-service school
School level	School-based support team	Institution-level support team

### 8. FIELD-TESTING THE SCCS STRATEGY

The KwaZulu-Natal Department of Education, in partnership with MIET Africa and the Embassy of the Kingdom of the Netherlands, piloted a strategy with guidelines on how to make educational institutions accessible to all learners in the province.

#### The Ugu District field test

A field test was conducted in two circuits of the Ugu Municipal District (south of Durban) between July 2006 and June 2008. The central purpose of the field test was to identify essential elements of the 'Institutions as Inclusive Centres of Learning, Care and Support' strategy and to cost these out for a scale-up across the province's 6 000+ schools. As indicated above, the KZN DoE recognised the SCCS model as being a valuable one upon which to implement Inclusive Education in all schools in the province. To this end:

- The department created posts for specialist support staff (Learner Support Educators (LSEs) and counsellors);

- Training was provided for all SCCS structures in the key elements of care and support, as well as roles and responsibilities – for SGBs, SMTs, ILSTs, CBSTs, DBSTs (see 9 below);
- Vulnerable children were identified and supported through a variety of classroom management strategies and learning and teaching techniques;
- Children were assisted to access services and resources such as food, grants and psycho-social support;
- Physical infrastructure at the two nodal full-service schools was enhanced: a Support Centre consisting of a counselling room, a health room, a store room and an activity room was built at each site, and these rooms were properly equipped.

## The Essential Package toolkit

Developed by MIET Africa, this pack of ‘care and support’ resources provides all stakeholders in the school with multi-media materials to assist the school to function in a ‘child-friendly’ way. The purposes of the tool kit are the following:

- To introduce and advocate the idea of schools as centers of care and support;
- To provide schools with the resources they need to introduce and advocate this concept to the community around them;
- To provide schools and school community structures (SMTs, and ILSTs) with resources to set themselves up as centers of care and support;
- To assist the schools to deal with issues such as gender-based violence, HIV and AIDS, substance abuse and teenage pregnancies;
- To identify and implement appropriate curriculum support for children requiring additional support.

The field test schools received these toolkits as well as training in their use for the SGBs, SMTs, teachers and ILSTs. The DBSTs, education centre, full-service schools and the district office received multiple copies of the toolkit. After the pilot, this toolkit was revised, reflecting the learning and experiences of its use in the field test.

## Putting the human face on the field test

Testing the introduction of a care and support model in school cluster communities was not just about creating structures and committees, and about providing training in the roles and responsibilities associated with these structures. It was also about opening up a new world of possibilities for teachers, community counsellors, and for learners themselves.

Here is a story to illustrate the approach at work on the ground:

**Khanyi Gqwaru**, was the MIET Africa Learner Support Educator (LSE) for the pilot project in the Deyi school cluster. She is a teacher by training, originally from Kokstad. Joining the pilot project made her feel that she was learning things about teaching that she had never known before. While she was involved with the field test, she said:

“I see now even when I was a teacher, I didn’t go deeply enough in caring for needy learners.

“With the teachers trained to identify learning barriers, I stand by to give them the added support they need. Sometimes this involves direct involvement, like counselling learners themselves. But at the first line, the barriers have to be dealt with through the teacher. And they need capacity building. They need to be more comfortable with dealing with the National Curriculum Statement and Assessment Standards; they need to be confident in their capabilities and in their abilities to handle stress. If they are not, you can find that the biggest barrier a learner might have could be the teacher him or herself!

“The same applies to the parents. There are enormous barriers created by this under-resourced and poverty-stricken environment. Parents often don’t have what they need to be good at their parenting responsibilities.

“Sometimes I deal with the learners themselves when they are referred to me. I see learners bearing problems that they shouldn’t have as children. You see how HIV and AIDS have affected our communities and the role poverty plays in creating barriers to their development. It is difficult enough for a parent to cope alone. How much more so for a young child to cope alone? I have visited a child-headed household to see a boy, about 22 years old, doing Grade 9 at the school. He is an adult; yet he is a child.”

One of the schools Khanyi supports is the Nomageje Primary School in the Deyi school cluster (one of the two school clusters in the Ugu field test). She joined Mrs Gumede, who is chairperson of the Learner Support Portfolio Committee at the school, and Mrs Catherine Mqadi, the school principal, on a visit to see Ntombi\* and her grandmother at their home not far from the school grounds.  
\* name changed

## \*Ntombi’s story

Ntombi is tiny for her 13 years. She is not at school today because she is recovering from the visit to the clinic and is not a hundred percent well.

“Some days are better than other days” Ntombi says. “Walking to the clinic yesterday made me so tired. They took my blood. Now my hand is swollen from the needle.”

Khanyi Gqwaru allows Ntombi to cuddle up in her arms. She strokes her forehead softly and gently soothes her swollen hand.

Through the pilot project, Ntombi's grandmother has been visited and supported. She was able to access grants for the two orphaned grandchildren in her care. For two months now she has been receiving the grant. She understands fully how ill Ntombi is but could just not afford to visit the hospital which is a great distance away.

Principal Catherine Mqadi says that this is just one case.

"We have seen such benefits from the training we have got in identifying orphans and vulnerable children, understanding the things that stand in the way of their development and accommodating these things in our teaching as best we can.

"In the case of Ntombi, her granny was very suspicious at first. It was hard to convince her that we were not coming to take over or intervene in an inappropriate way. We just want to help the family. We hurt for Granny seeing how sick little Ntombi is. In the last month or two, Granny has started receiving a childcare grant. This is going to make a big difference to her ability to cope.

"We'll keep an eye on the little one. There's no doubt about that."

What the Ugu field test showed:

What started out as a project to pilot the implementation of Inclusive Education using the 'Essential Package' developed into an 'action-reflection' process, characterised by a series of 'reflective' cycles to move towards establishing a set of guidelines and recommendations that would inform the establishment of a system of education provision founded on the principle of broad inclusion.

The following points were among the SUCCESSES identified in the field test:

- The advocacy conducted led to an **increased awareness** and understanding of Inclusive Education as a policy of the Department of Education, its application and the potential resultant benefits to the learners.
- The **multi-sectoral collaboration** of the different government departments, including Home Affairs, Social Security, Health, Social Development, and the South African Police Services, was a most significant success story. The field-testing provided an impetus for the government departments to put into practice the long spoken-of integrated service delivery.
- The pilot successfully field-tested **an essential human resource provision** of support for two areas of focus, viz. educational and psycho-social support in the recruitment of the Learner Support Educator (LSE) and counsellor.
- The **school clustering approach**, with an education centre and/or FSS being a core component of this model, proved a good strategy in bringing resources and services closer to school communities.



- Various **structures** to facilitate and support the implementation of the strategy were established at the provincial (PTT), district (DCCIE) and school levels (ILST) and these structures strengthened the implementation and highlighted the overwhelming need for effective functioning of structures at all levels.
- Given a lack of resources for implementing Inclusive Education, the field test succeeded in producing **resource materials** for training and in supporting implementation.
- All teachers in the 21 schools, as well as the district officials, were given **direct training** on the key elements of Inclusive Education. Staff members in the schools were trained on the principle of inclusion; barriers to learning; care and support; support structures (ILST, CBST, DBST); screening, identification, assessment and support (SIAS strategy); making the curriculum accessible to all learners; basic counselling concepts; accessing social grants and self-care and stress management.
- The field-testing achieved one of the important objectives, viz. the **costing of the model** for taking Schools as Inclusive Centres of Learning, Care and Support to scale in KwaZulu-Natal. This was done through setting up a financial committee consisting of MiET Africa and the KZN DoE, generating a costing system that dovetailed government financing systems with the pilot, and estimating cost drivers for items for which there are no absolute values, such as training.
- The KZN strategy to implement Education White Paper 6 drew **great interest both nationally and internationally**, representatives of which visited the pilot district to observe the implementation process.
- The KZN strategy has had a positive **influence on the work of the national Department of Education** and a morale-boosting effect on participating schools.



## LESSONS learned in the Ugu field test

Challenges presented opportunities for greater deliberation, seeking solutions, and generating recommendations in relation to specific elements of the field test. Among the lessons learned were the following:

### Advocacy

- It is important that the advocacy must be led by the highest office that has committed its political will to the transformation process (transforming schools and the system) in the Department of Education.
- However, this advocacy must be visible and permeate all levels, firstly the level of the provincial Department of Education, then district level, and then interdepartmentally.

### Multi-sectoral collaboration

- Greater focus on multi-sectoral collaboration was necessary in order to ensure integrated service delivery to the children.

### Human resources

- There appeared to be a scarcity of suitably qualified specialists such as Learner Support Educators (LSEs) and counsellors and a countrywide shortage of specialised personnel in the psycho-social and learning areas.
- Given the shortage of specialised personnel, it was thought that a clustering system using the ward and circuit models should be adopted in the appointment of specialised personnel. This would increase access to such services within districts.
- A designated plan within the Skills Development Programme was needed to address the shortage of specialised educational and psychosocial support that is needed to take the strategy across the province.

### Development of training materials

- The revision of the training material made sure that it was suitable for trainees with a variety of learning styles and that it didn't suit only people who have a linguistic learning style or who like to work in groups.
- Each directorate should identify how the training material they are already using needs to be adapted to reflect the principle of inclusion. For example, when

training on developing a school development plan or HIV and AIDS action plan, the Governance and Management Directorate needs to consider how such plans can reflect the principle of inclusion, and include this in their training.

### Trainer training

- It was necessary to train a consistent cadre of trainers in each ward.
- District officials should be thoroughly trained in the material that has been developed so that they can identify how it fits into the training that they already conduct, and how it relates to their core functions.

### Teacher training

- The original model of training that was going to be used in the project was a cascade model – three educators were going to be trained and then asked to cascade what they had learnt to their colleagues. However, in developing the material, it became obvious that the complexity of the screening, identification, assessment and support (SIAS) process would **not** allow for this type of training. A decision was taken, therefore, to train all staff at site.

### School-based support

- The original training model did not include school-based support visits. However, it soon became obvious that educators would not be able to implement their training if they were not supported with school visits. Such visits were thus included in the programme.

Lessons were also learned in regard to physical infrastructure at Full-Service Schools to make them suitable as nodes/hubs for programme activities. Further, while it was possible to cost the specific levers of change for *Schools as inclusive centres of learning care and support* for which donor funding was allocated (such as the building and equipping of the support centres, staff salaries etc), there were cost drivers in the implementation of the field test which are over and above what was budgeted for in the project funds.



## 9. SCALE-UP following the successful implementation of the Ugu field test

The successful implementation of the Ugu field test resulted in the KZN DoE's Schools as Inclusive Centres of Learning, Care and Support strategy, a strategy to implement Education White Paper 6. The elements of the strategy are as follows:

### Schools

The department has identified three types of schools:

- **Mainstream/ordinary schools offering low intensity support**  
Most learners, including those with mild to moderate disability, should be accommodated in ordinary mainstream schools.
- **Full-service schools offering moderate intensity support**  
In every ward (consisting of about 20 mainstream schools), one school will be converted to a full-service school that offers more intense support for those learners who need more support than the mainstream schools can offer. Full-service schools are earmarked as beacons in the evolving inclusive education system.
- **Special schools offering high-intensity support**  
For every cluster of full service schools, there will be a qualitatively improved special school or resource centre that caters to the needs of learners requiring high intensity and very specialised support.

### Organisational support structures

There are three organisational support structures:

- **Institution-Level Support Team (ILST)** at school level  
Every school must form an ILST, a support structure at school level that focuses on the identification, assessment and support of areas needing development within the school. The function is aligned to the whole school development plan. It is chaired by the principal. The ILST coordinates learner and educator support services and processes to identify needs (learner, teacher and institution) and develop strategies to address these needs.
- **Circuit-Based Support Team (CBST)** at circuit/cluster level  
The CBST enables schools and their ILSTs to provide care and support more effectively by building mutual support and solidarity and by coordinating their activities and the additional resources available to them in the cluster and the wider community. It also monitors and regulates the relationship between the full service school and mainstream schools in the cluster. It is staffed by representatives from several of the Department of Education's relevant directorates at district level, and is chaired by the Circuit Manager.

- **District-Based Support Team (DBST)** at district level  
The DBST is a management structure at district level that supports the identification, assessment and support of areas needing development in circuits within the district. The function is aligned to the district development plan

The DBST offers strategic direction and support to the learning and teaching process and gives the final authority to move a child to a different institution if the necessary support cannot effectively be offered at the child's local school. It is the only structure with the authority to move a child. The DBST is staffed by the department's circuit managers, section heads and other local co-opted department representatives.

## 10. MAINSTREAMING care and support in other provinces

The North West province Department of Education adopted the Schools as Centres of Care and Support (SCCS) model as its strategy to tackle the negative impact of HIV and AIDS through the education and training system.

Together with the provincial Department of Education and the SCCS funding partners, MIET Africa participated in the implementation of the SCCS model in the North West province as follows:

- 2005 – During the initiative's first year 20 clusters (160 schools) of rural school communities were capacitated with funding from the EKN.
- 2006 – During the second year a further 15 clusters (120) of rural school communities were capacitated with funding from the EKN.

All clusters (eight schools in each cluster) were linked to Education Development and Support Centres (EDSCs) funded by the EKN as part of an integrated support strategy for rural education development. Similar processes to those implemented in KZN were followed to get the care and support model off the ground.

Among the **ACHIEVEMENTS** of the SCCS pilot in the North West province were the following:

### The re-introduction of lapsed students back into the classroom

The SCCS initiative introduced an intensive drive aimed at getting as many out-of-school learners as possible back into classroom. During the period April 2006 to March 2007, more than 400 lapsed learners were identified and subsequently brought back to school through the access and retention outreach activity. In one instance a group of children from Potchefstroom whose parents had passed away were found living in a mine dump. They were "dirty and neglected," but through positive intervention they have been brought back into the education system.

### Conditional grants for schools

The allocation of conditional grants for schools of R3,000 per school each quarter enabled these institutions to provide School-Based Carers (SBCs) with the necessary

funds to facilitate visits to vulnerable families where they could identify problems that needed intervention. The grant also assisted schools to meet the material needs of learners where appropriate.

### **Collaboration**

At provincial level, the programme manager and training coordinators worked closely with the various government departments to reach as many vulnerable people and address their needs.

At cluster level, Cluster Childcare Coordinators established partnerships with local NGOs, community-based organisations (CBOs), government departments in their districts and local business people. School-Based Carers and School Support Teams in the cluster schools were also involved in these partnerships.

Most of the partnerships with local NGOs and CBOs resulted in the orphans and vulnerable children identified through the SCCS programme being able to get care and support from these organisations, including counselling, home-based care, school uniforms and food parcels.

### **Capacity building**

Through the capacity building efforts of the SCCS programme, using outreach meetings and home-based visits, caregivers and parents were able to meet the needs and addressing the rights of vulnerable children.

### **External employments**

During the course of the programme, MIET Africa contracted and skilled staff for various positions. Some of these left for better positions and, although their departure was a loss, these individuals were able to gain employment on the basis of skills acquired through the programme. This was viewed as a success in that the programme has contributed to the development of people.

Among the **CHALLENGES** encountered were the following:

#### **Psycho-social support for OVC at school level**

While lay people were trained to counsel traumatised children, the needs of some abused children were found to be so great that they often needed access to a higher level of professional support, which was not available at the time.

#### **Advocacy to sustain interest and commitment to the programme**

Where advocacy was carried out, it proved to be extremely beneficial. However, it was found that ongoing encouragement, promotion and advocacy was essential to keep the eight government departments and numerous other interested groups involved.

#### **Inter-sectoral steering committees**

Structures to facilitate access to services and resources were slow to be established at regional level.

### **Work pressures**

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

From the achievements and constraints experienced, the following **LESSONS** were learned:

- Regular communication as well as active participation of all partners in decision making is crucial to ensure sustainability of the partnerships.
- Regular visits to schools by education officials and training coordinators is vital for the monitoring of implementation.
- The SGBs and SSTs need ongoing capacity building workshops to enable them to plan and manage school-based outreach activities.
- Identifying and selecting dedicated 'champions' for all levels of the programme is paramount.
- Inter-sectoral networking with government departments and key stakeholders is essential in order to meet the needs of vulnerable learners and caregivers.
- School Management Teams, principals, educators and School Governing Bodies play a crucial role in turning schools into multi-purpose community developments centres of care and support.
- Extensive psycho-social support programmes need to be conducted at school levels.
- Agricultural and other survival skills need to be developed in children whose caregivers often die prematurely.
- Cluster Childcare Coordinators and SSTs need to capacitate the local councillors and traditional leaders so as to ensure their support for the programme.
- The participation of parents and caregivers must be maintained through ongoing home visits and attendance at school and community meetings.
- Centre managers, if thoroughly capacitated, can play an important monitoring and support role.

With the conclusion of implementation in the North West province, the SCCS model was embraced as a strategy for implementing Inclusive Education and was formally adopted by the Department of Education in that province. All MIET Africa staff members were taken over by the department with the mandate to continue to implement the strategy. The department recognised that there was a need for people to go out into communities and establish links that would ensure the delivery of services for OVC by the multi-sectoral partners.

## SECTION C: Implementation Experiences in the SADC Region

### 11. REGIONAL SCCS PILOT: Swaziland, Zambia, South Africa



Education Ministries in various SADC countries expressed an interest in the Schools as Centres of Care and Support programme with the result that, in 2005, MIET Africa directors met with several regional Ministries of Education and presented the model and findings of field tests in South Africa.

Support for the SCCS concept was reinforced at the meeting of SADC Education Ministers in Swaziland in September 2005, where a *communiqué* was signed by those present.

In line with the sentiments expressed in the communiqué and to implement the pilot phase of the regional programme in such a way that it could be scaled-up meant that Ministries of Education in participating countries would need to be the lead partners. A Memorandum of Understanding was signed by the ministries of South Africa, Malawi, Zambia, Swaziland and Mozambique, together with UNICEF, ESARO and MIET Africa as the other two partners.

Local committees (National Coordinating Units) in the three participating countries (Swaziland, Zambia and South Africa) were established to plan and implement the programme in a pilot phase. These comprised the Ministry of Educations (MoE), UNICEF and local NGOs that are already working in schools. These National Coordinating Units continue to function in Zambia and Swaziland. Mozambique's situation was different in that the MoE was already implementing a programme but was interested in sharing ideas and learnings. South Africa's programmes continue to work well with full government support.

All three countries are beset by problems which render children vulnerable. Children are missing out on a childhood by having to assume responsibilities way beyond their years.

The majority of the people of **Swaziland** live in poverty, most of them in rural areas. Nearly 40 per cent of the population is HIV-positive, giving Swaziland the highest HIV prevalence rate in the world. It is estimated that of their population of just over one million, there are 130,000 orphans and other vulnerable children and that this number will double by 2010.

With a strong volunteer community and important partnerships with the Ministry of Education and organisations like UNICEF, the SCCS programme was successfully established in forty pilot schools in Swaziland – ten schools in each of the kingdom's four geographical regions – to help school communities develop the capability to offer care and support to the great number of children made vulnerable by the pandemic.

To establish the programme, regional coordinating units were set up under the chairmanship of the Education Ministry's senior Education Guidance and Counselling Coordinator. These units comprise government and non-government agencies, all of whom are active in the HIV and AIDS prevention and mitigation.

At least 20 volunteer caregivers were trained in each school to support families and children in school communities. Their tasks may involve helping out with household duties, obtaining medication, and even in some instances negotiating that children return to school.

Like Swaziland, up to two-thirds of **Zambia's** people live in poverty and have not yet seen the benefits of an overall brighter economic outlook with government austerity measures slowing down the delivery of services to the people.

The adult HIV and AIDS prevalence rate is over 16 per cent, with more than 20 per cent of Zambian children either single or double orphans. Out of a population of 12 million people, nearly one million children have been orphaned by the HIV and AIDS, and a significant number of those have also contracted the disease from their parents, leaving them highly vulnerable.

When the SCCS programme was introduced into Zambia, forty pilot schools were selected and clustered for management and support purposes. Among these were both primary and secondary, community and government schools. The Eastern and Western Provinces were selected as being the most needy.

To make the SCCS programme work, District Education Boards played an important coordinating role as they comprise members drawn from the District Council, the Church, Women's Lobby Group, Heads Association, Teacher Unions, the local Magistrate, the Agriculture cooperatives, the Health Boards and the business community.

In Zambia therefore there was already a functional inter-sectoral component on which to draw for guidance and support, as well as the strong volunteer component.

The **South African component** of the regional SCCS pilot was implemented by MIET Africa



in partnership with government, while in Zambia and Swaziland, implementation has been the responsibility of NGOs, Ministries and UNICEF, working collaboratively with and guided by the National Coordinating Committees.

What was being tested in the regional pilot SCCS programme was:

- the idea that SADC countries are faced with similar problems of care for children and families who are suffering the twin scourges of poverty and HIV and AIDS;
- the idea that schools can play a pivotal role as a structure that can assist in the support of their communities;
- the idea that materials, and training can be shared across countries – with modifications;
- the potential for Ministries of Educations to lead the programme, in which Ministries and NGOs can work together in a committee chaired by the MoE, and can plan, implement and monitor the programme, leading to a scale-up;
- that successes, challenges and lessons learnt can be documented and shared across the SADC region; and
- that the initiative can contribute to a SADC framework that will inform the implementation of school-based models of care and support.

### 11.1 Achievements of the regional SCCS programme

While there were several challenges and many valuable lessons learnt, the regional SCCS pilot programme enjoyed considerable success in achieving its five core objectives:

**Objective 1:** To implement a comprehensive and integrated school-based model of care and support through targeted implementation in each of five SADC countries:

The SCCS programme attracted a high level of support by school communities, despite their own levels of deprivation and poverty. Furthermore, within a relatively short period of time, education ministries in the participating countries (Zambia and Swaziland and KwaZulu-Natal) demonstrated ‘ownership’ of the initiative with the inclusion of the SCCS programme activities into plans and budgets. This was also seen at a local level with cooperation and joint planning between education and other ministries and NGOs. Inter-sectoral collaboration amongst ministries in the delivery of services to children resulted in increased services and support being provided to vulnerable children.

**Objective 2:** To assist Ministries of Education in planning for the eventual scale-up of the model:

Towards the end of the pilot phase, having recognised the benefits of the programme on children, schools and communities, countries had already started planning for the scale-up of activities into additional schools. Benefits were seen in:

- Improved school attendance rates, attributed largely to services and resources accessed through schools;
- Improved access by vulnerable children and communities to documentation, health, social welfare and other services;
- Increased awareness by teachers of children’s lives outside of school resulting in a positive change in teachers’ attitudes.

Through the programme, teachers get to know their learners better and are able to respond more appropriately to learners from vulnerable situations.

**Objective 3:** Through collaboration, to develop, adapt and use existing materials, training programmes and resources:

The SCCS toolkit, developed in South Africa, was discussed at workshops in Swaziland and Zambia and adapted appropriately. These processes proved to be valuable team-building experiences.

Collaboration also took place at bi-annual regional workshops which provided valuable sharing opportunities between countries. The value of these meetings increased on each occasion as countries shared their challenges and solutions and provided hope and motivation for each another.

**Objective 4:** To conduct research, evaluate, document and disseminate the successes, challenges and lessons learnt across the SADC region:

Information-sharing between countries has improved as the programme developed and the participating country representatives became a team. Documenting the process has been prioritised and process summaries will be widely disseminated.

**Objective 5:** To contribute to a SADC framework that will inform the implementation of school-based models of care and support:

One of the most significant achievements of the programme was the adoption of the ‘Care and Support for Teaching and Learning’ (CSTL) initiative by the Ministers of Education of the 14 SADC Member States in July 2008 (see 11.4 on the following page). The initiative will provide a framework, with guidelines and tools, to assist Member States to strengthen their education systems by mainstreaming care and support. The SADC Secretariat will coordinate the initiative on behalf of the Member States. MIET Africa, UNICEF and UNESCO are key supporting partners in this initiative.



## 11.2 Additional strengths of the programme:

Whereas implementation experience has been different in each of the three countries, the structures and goals of the programme are the same and are in line with major protocols such as Education For All (EFA) and the Millennium Development Goals (MDGs). Implementation varies according to need and context and is therefore flexible, without losing focus. The regional workshops proved to be a valuable platform for sharing and learning and this aspect will be retained.

### Schools are the focal point.

The programme uses schools as the hub for service delivery. This is an advantage since schools are recognised as the most prolific institutions in all countries. They are found in all areas, rural and urban, and are already recognised as centres of learning and service to the community.

### Psycho-social support training for teachers (PSS).

Mainstreaming of PSS in teacher-education institutions reduces the need for training of teachers at a later stage. Current participating countries have planned advocacy with teacher-education institutions for a PSS module to be incorporated into pre- and in-service training. This will contribute towards both increasing the reach and the sustainability of PSS programmes.

### The programme can be a unifying force in the region.

By bringing education Ministries together to report on progress, as well as to share and learn from each other, the programme helps to unify the education sector. Through inter-sectoral collaboration, other ministries and sectors are encouraged to work together, resulting in increased and more effective delivery of services and support to children and their families.

### MIET Africa has experience in the area of mainstreaming care and support.

The SCCS is a tried and tested model and has provided an experience-based methodology that has proved to be robust and effective for adaptation to a variety of local and national contexts. The external evaluation found that "MIET Africa's advocacy efforts and technical support to rolling out the programme have undoubtedly been a critical success factor."

## 11.3 The next phase

The next phase of implementation of the regional SCCS programme aimed to contribute to a SADC framework that would guide the mainstreaming of support into the education systems of the Member States.

This objective was partially achieved at the SADC Education Ministers meeting in July 2008 where the SCCS concept was presented to Education Ministers of the Member States. It was wholeheartedly adopted, with the name of the programme being changed to *Care and Support for Teaching and Learning* (CSTL).

Prior to this, the ground had been prepared by MIET Africa, UNICEF, and new partner, UNESCO. Funding-partner, SDC, agreed to fund the programme for a further three years with three additional Member States joining the programme.

## 11.4 From SCCS to CSTL

Care and Support for Teaching and Learning (CSTL), therefore, represents the next phase of implementation of the SCCS programme. The CSTL programme will build on the ground prepared for it by the SCCS programme in strengthening systems to help schools better meet the needs of vulnerable children and address barriers to teaching and learning.

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

The CSTL programme will help Education Ministries in these Member States to harmonise their care and support policies, and through an integrated service delivery plan, to strengthen their ability to offer care and support to vulnerable children.

As even more schools in the SADC Member States become **Schools as Inclusive Centres of Learning, Care and Support**, the CSTL programme will improve the lives of even more of the Region's children.

## 12. GUIDELINES for adaptation to other contexts

### 12.1 The importance of context

Implementing the SCCS model must take into account the project site's national conceptual and context-specific framework. While contextual features across SADC Member States in the sub-region share many characteristics, no two sites are the same. Defining these features or differences is an important preliminary exercise, and prioritising needs in context must to be undertaken by site/State stakeholders. Contextual differences may vary within the same Member State and these should be understood and defined carefully before implementation, especially in regard to establishing the sorts of impact indicators expected.

The school clustering approach advocated by the SCCS model has proved to be a valuable factor in the success of the initiative. Although not originally designed for providing OVC services, school clusters have the advantage of pooled resources and enhanced management that has proved to be a facilitating factor in the school-community partnerships developed to respond to the needs of OVC in rural areas.

Different sites will already be implementing a variety of country-based projects. Where possible, the SCCS model should be applied in a way which strengthens and expands on these.

#### In summary,

- Contextual features within a project site should be carefully identified and planned for; and
- The SCCS model should augment and add value to existing country-based projects where possible.

### 12.2 The importance of a favourable policy environment

A supportive policy framework is a critical enabling factor in taking a pilot programme for OVC to scale and ensuring its sustainability. Formal and harmonised legislative and policy frameworks will drive the mainstreaming process and the onus for creating an appropriate policy environment lies with the highest tiers of Ministerial government. In the case of South Africa, for example, Education White Paper 6 outlines the policy framework that provides official support for an expanded social role for schools confronted by the problems of poverty and HIV and AIDS.

### 12.3 The importance of Ministerial authority

Within a Ministry of Education, a senior official should be assigned to drive the programme in the Ministry itself and have responsibility for advocating for the project through the system as a whole (i.e. from national through to school level).

The task does not stop with a designated official however. The Education Ministry as a whole should plan for the inclusion of programme activities in routine planning and the allocation of required resources from the outset. In this way, the SCCS ethic and concept becomes embedded in all programme planning, design and execution.

With a national policy framework in place, the SCCS model is designed for a decentralised education system with considerable latitude for management initiatives at district, ward and local levels.

#### In summary,

- Creating and harmonising legislative and policy frameworks to enable the SCCS programme to take root is the task of the highest levels of the Ministry of Education;
- The whole Ministry needs to embrace the SCCS idea from the start, and absorb it into programme planning, design and implementation.
- The appointment of a designated official in the Ministry of Education will help advocate for the model, and drive the mainstreaming process.

### 12.4 The importance of advocacy

Effective advocacy, management and fund-raising appear to be significant success factors in the SCCS model and experience has shown that there are indeed advantages to developing and launching such a model *from within* a Ministry of Education after doing adequate advocacy, sensitisation and capacity building. The role of an outside service provider can then be determined. It is important to have government participation of an innovation like SCCS from the start.

While benefiting from official support from the national governments, ongoing advocacy will be needed at the local level in order to develop and sustain the multi-sectoral partnerships needed to respond to OVC needs. A foundation or NGO, such as MIET Africa, is needed to backstop the initiative.

### 12.5 The importance of effective management at a local level

Introducing the SCCS model in a different country requires a sensitisation process and an environment with decentralised management of schools. If an international organisation or an international NGO were to support the SCCS model outside of South Africa, it would

need to partner with a domestic organisation capable of advocacy and mobilisation. The South African system of School Governing Bodies and School Management Teams are helpful partners of MIET Africa and their equivalent would be needed for the SCCS model to operate in another country. Strong parent-teacher associations are important role-players. If an international organisation or indigenous technical organisation is involved in designing the project, it will need to focus on developing appropriate management practices, including budget control and monitoring and evaluation of progress.

## 12.6 The importance of resource mobilisation

The extra services and activities involved in introducing and piloting the SCCS model require resource mobilisation.

MIET Africa has been effective in doing international fund-raising to support the initial phases of the mainstreaming process.

Start-up funding is required to introduce and establish the model. Ultimately, however, as the SCCS model becomes driven by education policy, government budgets should be used.

An effective organisation is therefore required to support the financial requirements of adapting the SCCS model to another country.

For these reasons, allocating national resources to OVC education through national and regional education budgets is essential. Leveraging additional resources needs to be dealt with on the national and local levels. Creativity and initiative are required.

International and regional conferences can be used as opportunities for 'showcasing' effective OVC initiatives to attract funding. Principals need to be supported and rewarded for taking fund-raising initiatives. However, all of these efforts need to be evaluated in order to maintain transparency and credibility.

### In summary:

- Ownership and drive from the Ministry of Education has been shown to be an important factor in sensitisation and capacity building for the programme;
- Ongoing advocacy is needed at all levels to help sustain partnerships; and
- In-country organisations, similar to MIET Africa would be needed to play the support role MIET Africa played in South Africa- as implementing/facilitating agent and should develop appropriate management and implementation methodologies.
- For the programme to take root, an international organisation would need to sponsor the model, in partnership with a domestic organisation capable of advocacy and mobilisation.

- School-level support structures such as parent-teacher associations have an important role to play.
- An effective organisation is required to support the financial requirements of adapting the SCCS model to a specific context.
- Allocating national budgetary resources is essential.
- Fund-raising initiatives need to be supported and promoted to build success.

## 12.7 The importance of partnerships and collaboration

Because of the multi-sectoral network of activities and services to be articulated by school-based staff and volunteers, a variety of officials in different sectors such as health, municipal government and police services must co-operate with the OVC initiative. Providing education for OVC means going beyond their *educational needs* in order to ensure that they receive adequate nutrition, health and psycho-social support. Because the latter benefits are normally provided by families rather than schools, schools must take on new functions in order to educate children who have lost their parents.

### In summary,

- For the SCCS model to work, it needs committed partners, with the Education Ministry as the lead partner. This is a pre-requisite for initiating and proceeding through to implementation.
- Multi-sectoral collaboration will draw sister Ministries together, as well as other service providers, to form partnerships with the Ministry of Education to deliver a comprehensive range of services.

## 12.8 The importance of monitoring and evaluation

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

The cluster model facilitates programme monitoring and evaluation since there is a hierarchy of teams at the district/regional, cluster/ward and school levels.

In adapting the SCCS model to another country a similar structure would be required to collect relevant data, produce reports and evaluate results of programme activities. Monthly, or at least quarterly, reports on enrolment, absence, dropping out and transfers are needed in addition to information on service activities carried out during the school year. Integration of data collection on learner attendance, dropping out, transfer and graduation must be integrated with district and national EMIS.

## Conclusions

HIV and AIDS are having a devastating effect on Southern Africa, not least of all on the education sector in the country.

If we do not develop a comprehensive and co-ordinated response to this pandemic, it is unlikely that Southern African countries will reach the Millennium Development Goals or the Education For All Targets by 2015.

Because of the nature of the factors that have resulted in the rampant spread of the HI virus, and because of the nature of the education sector, this sector is in a prime position to lead an attack on the socio-cultural factors that enable the virus to spread, and to provide care and support for learners and educators who have already been infected and affected by the virus.

The SCCS has been used and tested, both within and beyond South Africa, as a model to mainstream care and support in education. The following key principles have contributed to the model's success and potential replicability:

- The school is an effective vehicle through which communities can organise a response to poverty, HIV & AIDS, conflict and gender-related issues.
- There is meaningful participation by children, youth, the school and its community.
- Approaches used are culturally and contextually appropriate.
- The model builds on existing structures and initiatives.
- A multi-sectoral partnership approach is essential for effective provision of essential services for the wellbeing of children.
- The initiative is integrated into government policies, plans and budgets.

Ke nako – it is time.





Association for the  
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