

Education and Family-Centered Care



The Challenge:

**How do we best support and invest
in a bottom up approach that
supports vulnerable children and
their households in high prevalence
countries?**



Key Questions for Bantwana Schools Integrated Program (BSIP)

1. Which is the most effective platform for service delivery in Swaziland to respond to the critical needs of vulnerable children, as well as reinforce the household and community?
2. How do we best support a robust community engagement strategy?
3. How do we ensure that the quality and frequency of the services offered are sufficient and that they reach all children who need them?
4. What evidence is gathered that can point to a positive impact on the well-being of the child?
5. Is the sustainability strategy feasible and realistic?



Bantwana Mission

Bottom up approach

Community-based, family centered, high quality comprehensive support for OVC

Targeted technical and management support for CBOs

Ongoing community engagement

Consistent follow up supervision

Focus on impact evaluation



Bantwana's Niche



Effective delivery of integrated care

Flexibility and responsiveness

Focus on adolescents

Culturally relevant PSS

Engaging children and communities in Child Protection

Economic strengthening

Building advocacy from the bottom up – (communities to policy-makers)



Context in Swaziland

26% HIV prevalence in Swaziland is the highest in the world

Nearly 30% Swazi children 18 years old or younger are orphaned or vulnerable

There are 120,000 OVC in a population of just under 1 million people

1 in 4 adults is HIV+ in the Lubombo region

Pervasive poverty, hard-to-reach rural areas, eight years of drought in Lubombo, high transportation costs, weak community healthcare system



Swaziland Situational Analysis: Existing Government Policy and Capacity

- Existence of national OVC action plan
- Gaps between policy and implementation
- Lack of capacity within key ministries and lack of coordination between key technical ministries
- Inadequate resources to address the OVC crisis (human and financial)
- Fragile NGO sector
- Department of Social Welfare (DSW) and lack of trained social workers (brain drain to SA)
- Impact of the HIV epidemic on the education sector and high mortality rate at all levels



How MOE is Addressing the Crisis

- Increased enrollment with UPE
- Stationery and books for all grades in primary schools
- OVC grants for primary and secondary levels
- Strong partnerships with civil society organizations to complement efforts of MOE in schools
- Potential to revamp school charters for more effective school committees
- Potential to make better use of career guidance teachers





Ongoing Challenges for MOE

- OVC capitation grant does not cover the need
- Roll out of Universal Primary Education
- Inadequate resources in MOE to address the OVC crisis (human and financial)
- Lack of skilled professionals (brain-drain to SA and elsewhere) to match new challenges
- Impact of the HIV epidemic on the education sector and high mortality rate at all levels
- Overburdened teachers
- Inadequate staffing and transport for School Health Outreach Program
- Disruption of school feeding programs



What is Going on in Schools? The Starting Point for BSIP

- Higher percentage of students are OVC
- Strain on school operating budgets
- School fees unregulated
- Support for vulnerable students lacking, especially adolescents
 - Health problems unaddressed
 - No study help
 - No psychosocial support – especially for adolescents
 - Extremely vulnerable children/households require nutrition assistance
 - Lack of supplies for school
 - Gender based violence and high rate of pregnancy
 - Stigma associated with above difficulties plus HIV
 - No formal HIV curriculum especially for adolescents
- OVC not sitting for exams





 *Bantwana*



The Basic “Architecture” of the BSIP Program Design

- **Objective 1:** Reach OVC with a range of comprehensive and integrated services
 - Nutrition, health, psychosocial support, education support, livelihoods support, protection
 - BSIP’s definition of “comprehensive and integrated”
- **Objective 2:** Strengthen vulnerable households and broader community
- **Objective 3:** Collaboration with national stakeholders
- **Objective 4:** Conduct holistic monitoring and evaluation





Measuring Quality of Services

Monitoring quality and frequency of services

- Role of teachers and school committee members
- Role of NGO partners
- Engaging technical line ministries (MOA)
- Role of BSIP staff



Measuring Impact at the Level of the Child: The Child Profiling Exercise

- BSIP child profiling exercise
 - Brief description of tool and methodology
 - Limitations
 - What we learned that surprised us
- How Bantwana used the child profiling process and results to improve programming
 - The role of volunteer community enumerators
 - National stakeholder debriefing
 - School level debriefing – action points and program adjustments
 - Training in participatory M&E



Key Results of Child Profiling

- Challenges children experience cut across orphan status and gender.
- Older children are often at a higher disadvantage than younger children.
- Two psychosocial factors emerged as especially salient: positive connection with an adult (protective factor) and stigma (risk factor).
- Physical and sexual abuse were reported by a small segment of the population; however these experiences bear strong impact for these children.





Key Elements of a Successful School-based Model

- Ensure services are integrated
- Focus on most vulnerable children and support for their households
- Need to focus on service delivery and not only one-off trainings
- Strengthened linkages between schools, community and local NGOs
- Strengthened collaboration between technical line ministries
- Programming guided by M&E data



Key Elements of a Successful School-based model (cont...)



- Ensure robust and sustained community engagement
- Strategy for community volunteers
- Build on existing structures, practices and traditions and harness existing traditional community support networks
- Remain flexible and responsive to needs of schools and community
 - Communities select and apply criteria for most vulnerable children
 - Recognize the complexities of vulnerability



Results

- Education support has improved student academic achievement
- Changes in school attendance and retention
- Strengthened and active school committees
- Schools as centers of the community
- Anecdotal improvement in feeling less stigma/more support/more people to turn to/improved peer relations
- Unique needs of adolescent OVC addressed
- Integrating school health component into existing MOH structure—small investment with large impact
- Expansion of school health outreach
- Engaging MOH and MOE to collaborate more effectively





Results (cont...)

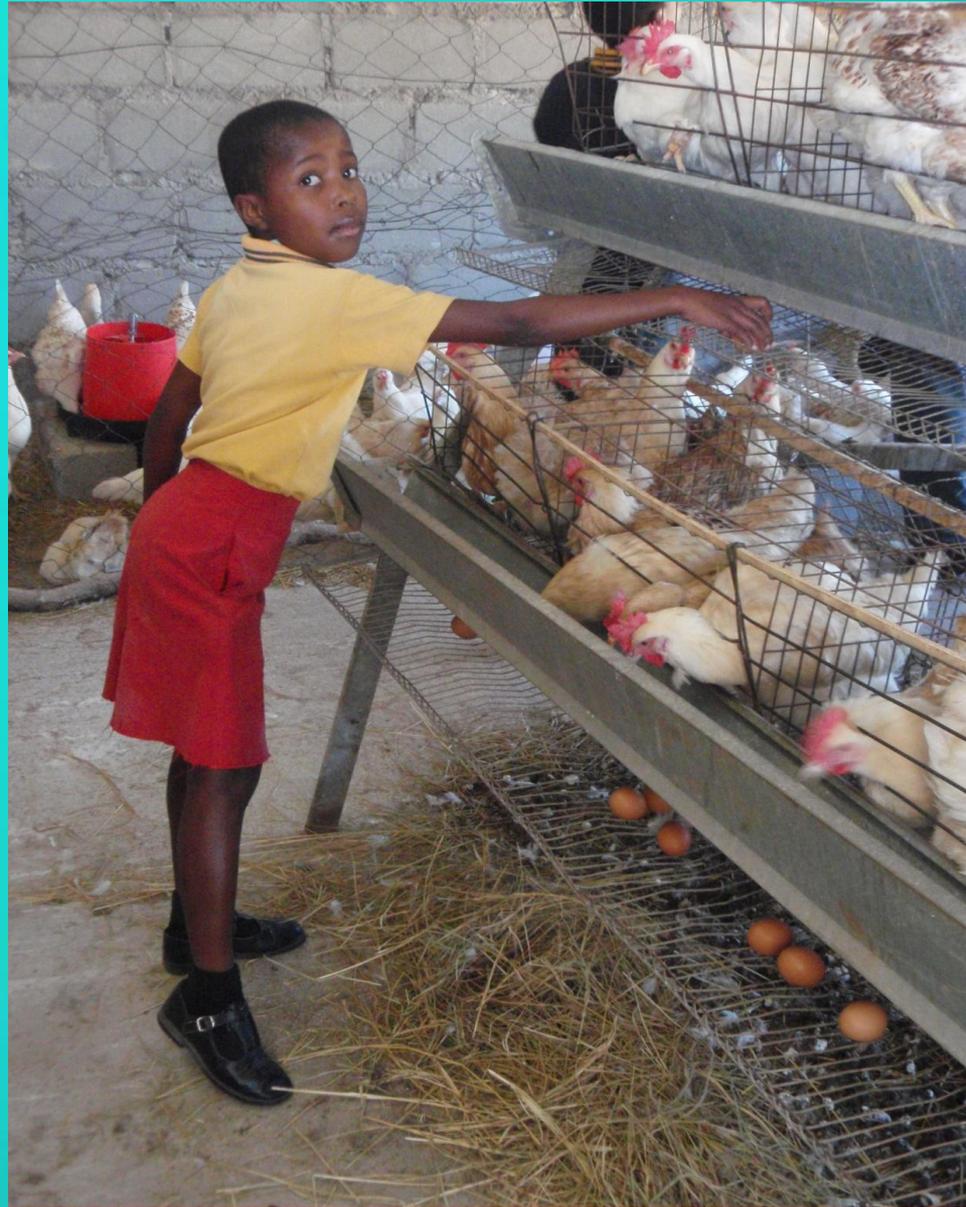
- Increased uptake in access to primary health care by students (7000 students received treatment/consultation and referrals over the past year)
- Menu approach to PSS has engaged children and teachers
- Improved management of school feeding programs
- Teacher attitudes changed, but structural organization still stretches their time and availability
- Community attitudes towards OVC changed – they see the care of OVC as their issue, rather than reliance on government or NGOs
- Active community engagement in supporting OVC and their households
- Improved school networking for resource mobilization
- Improved collaboration with national level stakeholders and vertical and horizontal linkages between government departments
- Caregivers feel supported



Sustainability

- Time factor (BSIP was pilot program)
- Project is a catalyst - empowers community and schools to continue accessing support after the project is over:
 - Utilize NGO networks by themselves
 - Partner with government more effectively e.g. school health outreach program has huge potential for sustainability
 - Communities and schools in a better position to make use of government and local resources
- Project has built capacity at every level schools, teachers, parents, children, community, NGOs, government





BSIP Challenges

- Need to reach many vulnerable children versus the need to ensure quality (the challenges of scale up)
- Balancing the money spent on service delivery versus the money spent on tracking/measuring impact
- Pursuing existing funding mechanisms/opportunities versus listening to communities and moving at their pace
- Piloted a viable model that delivers support and has government backing and difficult to always tailor this to donor priorities
- Ensuring support of caregivers and households are linked to service delivery at school
- Developing a viable “exit strategy”



The Challenge:

How do we truly support and invest in a bottom up approach that supports vulnerable children in high prevalence countries?





Guided Discussion Points

- Role of government in social protection
- Cash transfers to the most vulnerable families
- Working with community volunteers
- Livelihoods as a key intervention in any integrated approach
- Going to scale
- Measuring sustainability

