

# Strengthening the role of schools as centres of care and support

Tania Boler  
UNESCO, Section on HIV and AIDS  
Division for the Coordination of UN  
Priorities in Education

# Assumptions

## In Southern Africa:

- Schools need to respond to changing needs of educators and learners
- EFA goals in the region are undermined unless schools respond to the psycho-social and material reasons why vulnerable children are not in school
- Responding to the needs of learners is more effective if we also respond to the needs of educators.
- All sectors need to examine the role they can play in scaling-up access to HIV prevention, treatment, care and support.

# Advantages ..

## Schools:

- are highly accessible
- have existing infrastructure
- are sustainable

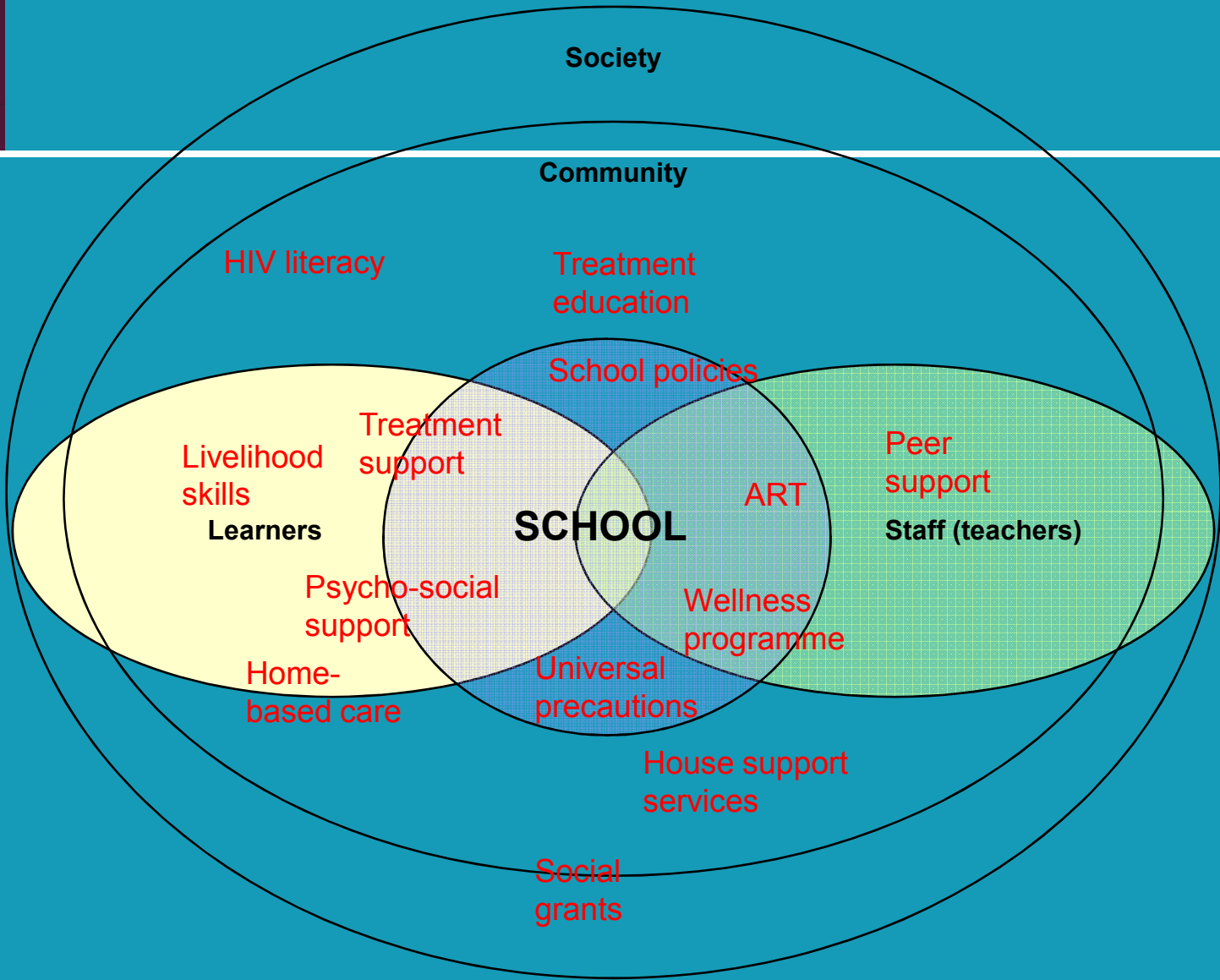
*‘Schools provide a unique opportunity for HIV and AIDS intervention in the lives of their staff, learners and wider communities. There are few viable alternatives that offer access to so many young people and their mentors over such a sustained period.’*

**Male participant at the consultation**

# Disadvantages....

- Many schools are poorly resourced and overburdened
- Teachers are often not comfortable or trained
- Most vulnerable are often not in school
- Other government departments are better suited to this role







Name of project	Age group	Objectives	Main activities	Observed outcomes and impact
MiET South Africa	<ul style="list-style-type: none"> <li>Not specified</li> </ul>	<ul style="list-style-type: none"> <li>Improved access to quality education</li> <li>Improved school retention</li> <li>Improved learner performance</li> </ul>	<ul style="list-style-type: none"> <li>Strengthening schools</li> <li>Providing a support system for schools</li> <li>Ensuring service provision around school</li> </ul>	<ul style="list-style-type: none"> <li>Improved access to services and resources</li> <li>Shifting attitudes among teachers</li> <li>Increased community participation in schools</li> </ul>
UN World Food Programme	<ul style="list-style-type: none"> <li>Primary school age</li> </ul>	<ul style="list-style-type: none"> <li>Promote adaptive and positive behaviours that will reduce risk of HIV infection</li> </ul>	<ul style="list-style-type: none"> <li>School feeding</li> <li>Life skills education</li> </ul>	<ul style="list-style-type: none"> <li>Dissemination of messages about HIV and AIDS to learners and parents</li> </ul>
Save the Children (US) Uganda Malawi Mozambique	<ul style="list-style-type: none"> <li>3-6 years</li> <li>6-12 years</li> </ul>	<ul style="list-style-type: none"> <li>Improve access to quality education</li> <li>Use schools as entry point for services</li> <li>Improve psychosocial and cognitive development</li> </ul>	<ul style="list-style-type: none"> <li>Key child health and nutrition interventions</li> <li>Tracking and follow-up of children at risk out of dropping out of school</li> </ul>	<ul style="list-style-type: none"> <li>Strengthened social interactions and improved psychosocial status of children</li> <li>Improved primary school readiness</li> </ul>
Ministry of Education, Lesotho	<ul style="list-style-type: none"> <li>3-18 years</li> </ul>	<ul style="list-style-type: none"> <li>Provision of bursaries</li> <li>Provision of meals in primary schools</li> </ul>	<ul style="list-style-type: none"> <li>Payment of school, examination and boarding fees</li> <li>Engagement and payment of caterers</li> </ul>	<ul style="list-style-type: none"> <li>130,000 have accessed education, mainly at secondary level</li> <li>One decent meal per day</li> </ul>
CINDI (Children in Distress) Zambia	<ul style="list-style-type: none"> <li>5-20 years</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate payment of user and exams fees in grades 8-12</li> <li>Procurement and distribution of education materials</li> <li>Partnership management</li> </ul>	<ul style="list-style-type: none"> <li>Payment of user and examination fees</li> <li>Provision of educational materials</li> <li>Networking with schools through teachers</li> </ul>	<ul style="list-style-type: none"> <li>Increased numbers of OVC accessing education</li> <li>Retention of boys and girls in schools</li> <li>Increased advocacy for OVC welfare in 53 schools</li> </ul>

# 1) Ensuring the continuation of education

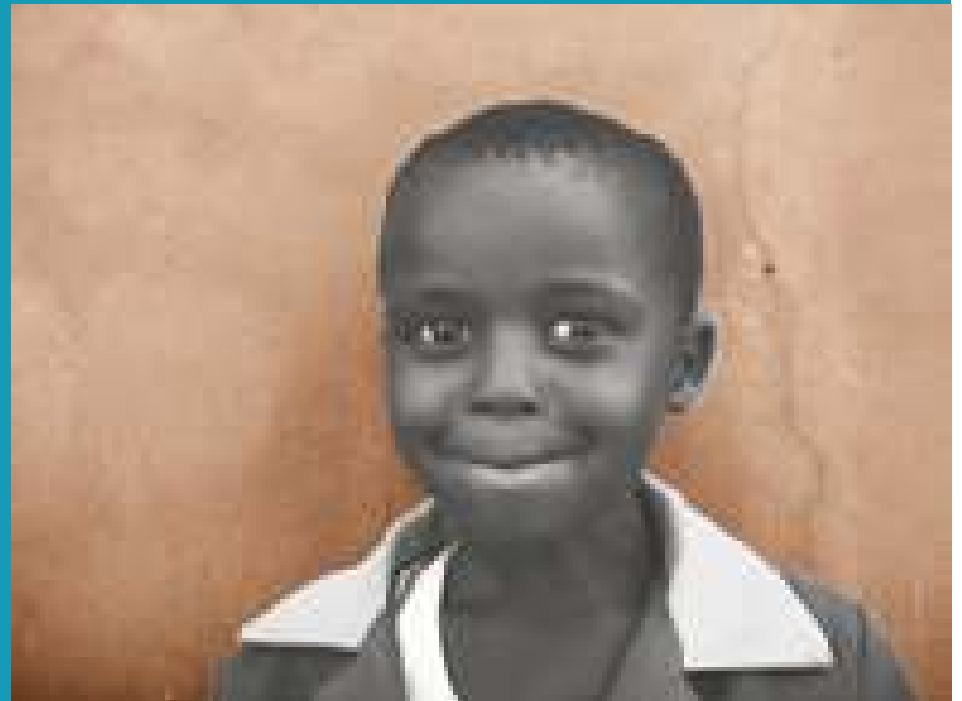
- Monitoring children's attendance
- Conducting home visits
- Waiving school fees
- Make lessons more flexible
- School feeding schemes

*'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**

## 2) Psychosocial support

- Build upon existing guidance and counselling services
- Sensitise counsellors to impact of HIV and AIDS
- Refer children to existing services





## 3) Support for basic needs

- What role should schools play?
  - School feeding
  - Vegetable gardens
  - Take-home rations
- Short-term solution?
- Easier than dealing with psycho-social 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

# Principles for success



- Create a caring learning environment
- Provide child-centred programmes
- Provide integrated services
- Build on existing services
- Involve communities

# Outstanding questions

- To what extent can teachers take on counselling?
- What happens in places where there are no services to refer to?
- How formalised should the approach be?
- How can we move beyond cascade training?

Thank you..

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