Schools as nodes of care and support for children affected by HIV, AIDS and poverty

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The HIV and AIDS pandemic is one of the greatest threats to the fulfilment of child rights in South Africa. The pandemic aggravates the ongoing and widespread effects of poverty, which has already significantly undermined child well-being. The impact in areas heavily affected by HIV and AIDS is felt collectively by everyone in the community and is severely straining communities' economic and social safety nets.

In responding to these tremendous challenges we need to maximise the potential of existing services and deepen collaboration at every level. In this section we explore an expanded role for schools as sites where vulnerable children can access a range of services.

This section focuses on the following questions:

- How do HIV, AIDS and poverty threaten the well-being of many children?
- What characterises current responses to the needs of children?
- How can schools operate as nodes of care and support for children?
- What are our conclusions and recommendations?

PART TWO: HIV/AIDS and children

How do HIV, AIDS and poverty threaten the well-being of many children?

Between 2000 and 2003 the Children's Institute undertook extensive research and consultation on the high impact that the rate of AIDS-related sickness (morbidity) and AIDS-related death (mortality) amongst adults have on children. The research showed that children take up various caregiving roles and responsibilities. For example, following the death of her mother, 13-year-old Sindi[†] took responsibility for cooking and cleaning for her sickly father, her 76-year-old grandmother and three younger siblings.

Another child, 16-year-old Goodness, said after the death of her mother:

> "… it is not the same as it was two years ago – most of the time when I am in class, teachers will be teaching but I find myself being absent-minded … I think about the biggest problems we have. We can't find food and I have my siblings to worry about – I worry about how we are going to get food…"

Source: *Health and social services to address the needs of orphans and other vulnerable children in the context of HIV/AIDS: Research report and recommendations.*

The Actuarial Society of South Africa (ASSA) estimates that in July 2005 there were a total of 3.4 million children in South Africa who have lost one or both parents. Researchers Johnson, Bradshaw and Dorrington estimated that 250,000 of these children had lost both parents. Contrary to popular belief, the vast majority of these children currently live with, and are cared for by, extended family and neighbourhood networks. A Children's Institute working paper that investigated social security provisions for orphans in the context of the AIDS pandemic indicated that only a very small minority live without resident adult caregivers in so-called 'child-headed households'. Consequently, fewer adults care for more children, with fewer resources (including income and food). The rate of this continues to increase and makes further demands on these kinship and neighbourhood networks of care and support.

The result is that the majority of children in affected communities are feeling the effects of HIV, AIDS and poverty, and not only those who are orphaned. Many children do not have enough food to eat, adequate clothing to wear, or uniforms and equipment to attend school. Many children struggle to access schooling and health care services. Many children (and their caregivers) do not have access to social service grants because of poor access to service sites, long delays and a lack of documentation.

What characterises current responses to the needs of children?

Some government strategies and many international funders have concentrated resources on helping so-called 'AIDS orphans'. However, this narrow focus on orphans has sometimes resulted in children being seen as 'commodities' (as goods that have monetary or resource value) and has, in some instances, also resulted in their increased stigmatisation. Given the collective effect of HIV, AIDS and poverty, it is inappropriate to focus only on orphans, or on any one category of child or need.

According to the Children's Institute-commissioned paper *Conceptualising and Addressing Vulnerability in South Africa in the Context of HIV/AIDS: A Policy Review*, it is critical that, in responding to the needs of children, there should be "caution against paying attention to only one aspect within the risk chain or addressing a single component within a complex set of vulnerabilities that are often not only interrelated but are in themselves multi-dimensional".

Over the past decade, another characteristic of the response to the needs of children affected by HIV and AIDS has been a mushrooming of, and a reliance on, non-governmental organisations and community-based services. This trend has not been adequately co-ordinated or supported by the government. There is also insufficient channelling of funds from the State to these organisations and services, with many of them relying on unpaid volunteers who are themselves poor.

> "Women are not coming (to volunteer) as they used to and there are now very few left. They complain that they, and their children at home, are hungry. They are disappointed with the project as they hoped they would get jobs or be trained as a nurse."

Source: *Health and social services to address the needs of orphans and other vulnerable children in the context of HIV/AIDS: Research report and recommendations.*

[†] All names of children quoted in this section have been changed to protect their identities.

A number of national government departments have focused on developing policies on HIV and AIDS, including the Departments of Health, Education and Social Development. However, the implementation of these policies is fraught with difficulties and barriers; for example a lack of access, bureaucratic procedures and people's reluctance to disclose their HIV status because of stigma and ignorance. Where services are available, they are seldom co-ordinated and there is little departmental collaboration, despite the above-mentioned departments trying to develop a National Integrated Plan for the Social Cluster.

Programme planners need to recognise the broad impact of the HIV and AIDS pandemic, together with poverty, on children, households, communities and service providers. Interventions must be sensitive to addressing the needs of the range of vulnerable children, including orphaned children, children living with and frequently caring for sick adults and siblings, HIV-positive children, and children living in households where limited resources are stretched further as a result of supporting additional people (whether they are resident or not).

Given the scale of the challenges we face, there is a need to explore the roles that different service providers can fulfil in terms of supporting all vulnerable children. We also need to build collaboration between all service providers, and mainstream care and support activities wherever possible.

How can schools operate as nodes of care and support for children?

Research highlights the important role that schools can play (and many already do) in providing care and support to vulnerable children through school-based services, and through assisting children to access support outside of the school. We use the term 'schools as nodes of care and support' to refer to this vision for an expanded role for schools.

Examples of good practice illustrate how schools can function as nodes of care and support by creatively using their existing resources and levering other resources from within government and the community. Consider the following story about Sbongile Kuzwayo, principal of a small rural school in northern KwaZulu-Natal.

The mother to many

When Sbongile* realised that Thabiso* was homeless and sleeping in the bushes at school because he had nowhere else to go, she spoke to the school governing body. They decided to let the boy sleep in an old classroom. Since then, other children in difficult circumstances have moved in and the school governing body built a three-roomed house on the school property to accommodate them.

Sbongile has leapt into action as she's come to realise more and more of the difficulties that the children attending her school experience. She was alerted to the weekend-long hunger of many of the children in her school when she noticed a child who lay down, barely touching the Monday morning plate of food and clutching her stomach in pain. The child had not eaten since the previous Thursday when the school-feeding scheme last operated. Nor, it emerged, had several other children.

After meetings with her staff and with the children's caregivers (and with the financial assistance of a local trust), Sbongile instituted an extended feeding scheme on Fridays and over the weekends so that those children who receive no other food at home could be fed before leaving on Fridays, and return to the school on Saturdays and Sundays for a meal. "At least," says Sbongile, "if they come to the school, we know the children get the food."

The school always grew a patch of mealies and vegetables to augment feeding scheme supplies, but this provided insufficient food for all the children. So, with an ever-increasing number of mouths to feed, Sbongile approached the Department of Agriculture for help in learning about food production. The result is a school fish pond, and a clutch of hens that lay eggs and provide food for the fish.

Sbongile described initiatives to identify and support vulnerable learners, including a 'postbox' to enable children to share their concerns through written letters to her and their teachers. The school also uses parent-teacher meetings as opportunities

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* Names have been changed.

The education policy environment

Education policy, legislation and leadership, through
partnerships with other sectors, make provision for schools to
play a larger role than they currently do in identifying, caring
for, and supporting vulnerable children. The *Education White
Paper 6* provides the framework for establishing an inclusive
education and training system that enables education
structures, systems and learning methodologies to meet
the needs of all learners.

Education White Paper 6 marks an important conceptual
shift in understanding barriers to learning. Previously these
were understood from a deficit or medical model, which
"presupposes vulnerability and disability as inherent in the
individual". According to Baxen and Mosito, barriers to
learning are now acknowledged as being the consequence
of a 'complexity of multiple factors' and as being 'located
primarily in the environment'. *Education White Paper 6* also
emphasises the critical role of intersectoral collaboration in
achieving the aims and objectives of inclusive education. It
emphasises, amongst other things, establishing district support
teams that consist of a wide spectrum of professionals and
mobilising public support.

The commitment of the Department of Education to
strengthening the role of schools in the support of vulnerable
learners is reflected in the following statement, which was made
by the then Minister of Education in his closing address at a
national education and HIV and AIDS conference in June 2002:

> *"Educators are not social workers. Nevertheless they
> can work with others to provide care and support for
> those affected by HIV and AIDS …"*
> Minister Kader Asmal, June 2002

In 2002 the Department of Education also released their
implementation plan for *Tirisano* (a Setswana word which
means 'working together') – a response to the government's
call to improve public service delivery. Part of the *Tirisano*
action plan is to, amongst other things, make schools centres
of community life, make co-operative government work, and
deal urgently and purposefully with the HIV and AIDS
emergency in and through the education and training system.

There are many other existing education policies and
programmes which can be strengthened and expanded to
support the concept of schools as nodes of care and support,
for example, the inclusive education policy, the primary school
nutrition programme, the safe schools programme and the
life orientation/life-skills curriculum.

Why schools?

The education system has several comparative advantages over
other services when it comes to the care and support of children.
In addition, there are a number of factors that make schools a
strategic place for children to access a range of services:

- Schools are relatively accessible and they often provide a
  physical infrastructure in communities where other crucial
  infrastructure is absent. The education system has an existing
  infrastructure of around 28,000 schools. The space and
  grounds at schools have the potential for expanded use.

- Schools represent an existing network of many
  components, including school staff, learners, their
  caregivers, school governing bodies and the broader
  school community. Each component is a potentially
  valuable resource for care and support.

- The way schools are currently clustered creates
  opportunities for further collaboration and provides
  educators and middle management with more support.

- The school environment is an inclusive environment, which
  focuses on children and is committed to children's
  development. The education system reaches approximately
  11,500,000 children, including those most affected and
  most at risk of HIV infection. Children spend a large
  amount of their time at school over many years. It is also
  an environment where all kinds of vulnerabilities are

exposed and it therefore has the potential to work against stigma associated with HIV and AIDS. If children feel supported within the school, they will come to school and they will remain within the school.

- The school can also reach the younger and most vulnerable age group through school-going children and their families, for example, through child-to-child programmes.

- Educators see children every day for five days of the week and are therefore ideally placed to track their well-being, to recognise change in children's lives, and to identify vulnerable children.

- In communities with inadequate service provision, schools take on an ever-increasing burden of support. The South African Democratic Teachers Union (SADTU) reports that it is inundated with requests and appeals for help from their members who are faced on a daily basis with learners dropping out of the system due to the impact of HIV and AIDS on their lives. Educators report that they lack the skills and knowledge to deal adequately with the issues as they unfold in their classrooms. This is echoed in calls by educators interviewed by the Children's Institute – for more information, for access to resources, for better support mechanisms, and for the strengthening of collaborative networks to assist them in better supporting vulnerable learners.

"All these learners, one finds that 50% come to school hungry, rape cases, they have live-in partners as young as Grade 8, a lot, a lot no money, nothing, parents passing away, HIV/AIDS, everything … Now you need professionals to deal with those cases! But at the end of the day, you end up going (to your colleague): 'Noxolo, can you help me, this is a girl, can you deal with her in your office?'"

Source: *Health and social services to address the needs of orphans and other vulnerable children in the context of HIV/AIDS: Research report and recommendations*

Meeting the challenges

Baxen and Mosito warn that the "expectation that 'education' can bear the greatest burden of addressing social and other vulnerabilities is unrealistic and makes the education sector itself vulnerable".

Many schools and educators working in contexts of HIV, AIDS and poverty are themselves vulnerable and in need of care and support. Many educators are overburdened and also infected or affected by HIV and AIDS.

Schools in the poorest areas have poor infrastructure and

resources. Some operate in a culture of disempowerment, inertia, and cynicism, with poor or undefined leadership. Some schools and school communities are divided by organisational factions, hostile environments, power imbalances, and excessive bureaucracy.

According to Baxen and Mosito there cannot be a 'one size fits all' role for schools. We need to recognise that there are "differences among schools and they have unequal primary starting blocks". What is appropriate or possible will differ from one school to another and what could be put into operation will be very different in different contexts.

There are also challenges related to learners, for example, many of the most vulnerable children struggle to access school and sometimes schools are not the safest places for children. In many instances, the school environment actually contributes to children's vulnerability.

A full discussion on ways to meet these challenges is beyond the scope of this section. However, one critical area that we must highlight is the need to create dynamic ways in which the school, local government activities and civil society initiatives can work together. Local governments by law have to develop their own Integrated Development Plan (IDP), which can be used to co-ordinate and integrate the activities of all government and community role-players in the protection of child rights. Another critical issue is the need to build participatory management in different areas, for example, by building on ward structures as integrating mechanisms for IDPs.

So, while schools are well placed to take on an expanded role, a key consideration must be not to place a bigger burden on educators and to find ways to support schools and school communities to face the growing challenges. Schools should be used as vehicles through which services can reach children and through which children can access support; thus schools must be a site that communities and government use to integrate their service delivery.

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What are our conclusions and recommendations?

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The HIV and AIDS pandemic combined with poverty affects communities collectively and exposes children to a range of different vulnerabilities. There is an urgent need to increase collaboration and to mainstream services to meet the needs of those most affected. Schools should be used as nodes of care and support from which to identify those most in need and from

which to focus service delivery. However, schools and educators are themselves vulnerable and impoverished and emphasis should be placed on mobilising communities and government towards integrating service delivery at the school site.

Sources

This section has drawn extensively from the following key sources:

Baxen J & Mosito C (2005) *Conceptualising and addressing vulnerability in South Africa in the context of HIV/AIDS: A policy review.* Cape Town: Children's Institute.

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Giese S, Meintjes H, Croke R & Chamberlain R (2003) *Health and social services to address the needs of orphans and other vulnerable children in the context of HIV/AIDS: Research report and recommendations.* Cape Town: Children's Institute and national Department of Health.

Other sources used in this section:

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