

Office of Health and HIV/AIDS, Africare

Innovations in education

The role of the education sector in combating HIV/AIDS

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Innovations in education: the role of the education sector in combating HIV/AIDS

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ABSTRACT

Issues: In countries hard hit by HIV/AIDS, it is imperative to devise sustainable approaches to ensure that children left behind due to the death of one or both parents are able to cope. Organizations and institutions working to address the impact of HIV/AIDS in communities must therefore look at the role they must play.

Description: From 2002-2005 Africare implemented the Community Based Care, Protection and Empowerment (COPE) for Children Affected by AIDS (CABA) project in Mutasa District of Zimbabwe. The goal of the project was to encourage shared responsibility for orphans and vulnerable children by increasing community capacity to respond to the needs of orphans and vulnerable children (OVC). Working with the Zimbabwe Ministry of Education, district leaders and school heads, the project instituted an innovative strategy of providing block grants to schools to increase the enrollment, retention and completion of secondary school for OVC. Grants were provided to schools to address their infrastructure and material needs on the condition that schools agree to enroll at least 55 additional OVC in exchange. Using this strategy, the project enrolled 3025 OVC in the district.

Lessons learned: The use of block grants is effective in increasing enrollment and retention of the OVC; the project achieved over 90% retention rates for the children enrolled in schools. Furthermore, the issue of stigma and discrimination has been reduced, as the focus is not entirely on the orphans, but on meeting the needs of the entire community. Finally, over 20,000 people benefited from this resource exchange, proving that programs can directly impact the life of an orphan without singling them out, as is normally the case with the payment of individual school fees.

Recommendations: Governments and organizations should consider such innovations that address the needs of the entire communities in order to address the needs of vulnerable groups, especially OVC.

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INTRODUCTION

As HIV/AIDS continues to ravage African societies, it leaves behind an increasing number of orphans and vulnerable children. Today there are more than 11 million AIDS orphans worldwide, 80% of which live in Sub-Saharan Africa. This orphan crisis is affecting every segment of society as the burden of care falls to older siblings, grandparents and other extended family members, many of whom do not have the economic means to meet the basic needs of these children. Communities and faith-based organizations aid orphans and their caregivers as much as possible, but their resources are also overstretched as the number of orphans continues to increase at an alarming rate.

HIV/AIDS is weakening the demand for education. Orphaned children, who were in school prior to the death of one or both parents, are dropping out at alarming rates, once their parents pass. Research indicates that drop out rates for orphaned children are much higher than for non-orphaned children⁴ and that these children are being left to fend for themselves, thereby foregoing key opportunities to address trauma and grief, elements which are necessary in order for the child to cope. International agencies such as Africare have made educational access a significant priority of their HIV/AIDS programs. However, the role of the schools themselves in the provision of care and support to orphans and vulnerable children has not featured prominently. Increasing enrollment and retention rates of orphans and vulnerable children, while addressing other mitigating factors including poverty, psychosocial support, nutrition and health care, remains a big challenge.

In response to these issues, governments across the developing world have explored the use of conditional cash transfers, which are provided directly to households on the condition that they engage in certain desired behaviors (i.e. sending their child to school or accessing health services for their child)⁵. In order to sustain such an intervention, one must assess the responsibility of community-based institutions such as churches and schools. These institutions have an important role to play in ensuring that children are provided with key services that enable them to 1) cope with the trauma and grief of losing one or both parents and 2) take advantage of formal and informal educational opportunities.

While some countries have explored the use of conditional cash transfers to households, many have not assessed the role that such transfers provided to institutions can play in achieving desired outcomes. In Africare's experience, social transfers provided to community-based institutions, whose mission is to serve their populations, can enhance the potential to sustain such interventions. This paper explores the role of the education sector, specifically educational institutions, as an entry point to providing complete care for orphans and vulnerable children in resource poor areas. Using the contextual framework of conditional cash transfers, the paper will describe the Community-based Orphan care, Protection and Empowerment Project (COPE), which is being implemented by Africare, an international NGO. This project began in Zimbabwe in 2002 and is currently being scaled up in Tanzania, Uganda, Rwanda and Mozambique. In Zimbabwe, the program used direct cash transfers in the form of block grants to schools in exchange for educational enrollment of OVC. However, in the scaled up version of the COPE project, Africare is

⁴ Boler T.; Carroll K. Addressing the Educational Needs of Orphans and Vulnerable Children. London, ActionAid International and Save the Children Fund (2003)

⁵ "Using Social Transfers to Improve Human Development," DFID Practice Paper, February 2006

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providing in-kind support rather than direct cash transfers to guard against exchange rate fluctuations, which proved problematic in Zimbabwe.

BACKGROUND

Since 2002, Africare has been implementing its model care and support program for orphans and vulnerable children. This model, known under the acronym COPE (Community-based Orphan care, Protection and Empowerment) seeks to provide a comprehensive level of programming for orphans and vulnerable children affected by HIV/AIDS and their caregivers. In Zimbabwe, the project was funded by the United States Agency for International Development (USAID) through Catholic Relief Services. The goal of the project was to encourage shared responsibility for orphans and vulnerable children by increasing community capacity to respond to their needs. Working with the Zimbabwe Ministry of Education, district leaders and school heads, the project instituted an innovative strategy of providing block grants to schools in the form of direct cash transfers to increase OVC enrollment, retention and completion of secondary school⁶. Grants were provided to schools to address their infrastructure and material needs on the condition that schools enroll a negotiated number of OVC identified by the community. Under this resource exchange program, school children were exempted from paying fees and benefited from psychosocial care and support through school-based COPE Clubs and life skills training. In Zimbabwe, the project accomplished significant results in the provision of care and support services to OVC through two key intervention areas, educational and psychosocial support (PSS). HIV/AIDS prevention was a crosscutting theme, integrated into the two primary intervention areas. Parents/caregivers of the children in the project who are infected by HIV and AIDS were prime targets for home-based care services.

In the expanded version of the COPE project, implemented in Tanzania, Uganda, Rwanda and Mozambique, in addition to providing life skills training and psychosocial support, schools are viewed as key entry points for the provision of health care, nutritional support and peer education through in-kind support in the form of school materials, books, sporting equipment, lab equipment, and food and nutritional support. This project, funded through the President's Emergency Plan for AIDS Relief, is making significant headway in providing essential services to OVC affected by AIDS and reaching many of the same goals of cash transfers targeted to households. This strategy was chosen over giving grants directly to households because schools were primary meeting points for children and caregivers in the community. The use of the block grants strategy allows Africare to redirect program resources to address other issues such as food and nutritional support, psychosocial care and support, home-based care, and income generation to children and caregivers. The project's success is dependent on having committed schools and parent-teachers associations who were responsible for monitoring the use of the block grants and ensuring the children were coming to school.

⁶ The block grant initiative proved more useful for secondary school enrollment since primary schools were free to all children. In COPE, the project facilitated the enrollment of primary school students through the provision of school uniforms and other materials.

WHY SCHOOLS?

Schools play a significant role in early childhood development. Children who go to school are provided with opportunities for social interaction, character building and enhanced learning. Schools can influence a child's growth and ability to achieve in life. Quality education not only enhances a child's future potential, it also provides him the skills necessary to function as a productive member of society. Schools also provide a meeting point for parents. Those with functioning Parent-Teacher Associations (PTAs) have active community involvement and are accountable to the communities that they serve.

Furthermore, research has shown that schools, and particularly teachers, should be targeted for HIV/AIDS education and that increased access to education for girls is important in reducing their own risks to HIV/AIDS.⁷ With the increase in HIV/AIDS prevalence in many African countries, Ministries of Education have been proactive in including HIV/AIDS education in primary and secondary school curriculum. Countries like Uganda have developed very detailed HIV/AIDS curricula and are mandating their incorporation into the school's daily activities. Although the curricula are available, not all schools have the capacity to implement the mandate. On the other hand, some schools have been proactive and offer referrals to family planning services and other preventive measures. Schools, therefore, are key partners in the provision of care and support services to OVC affected by HIV/AIDS and the fight against its spread.

Block grants or resource exchange programs such as the one described in this paper assist governments in addressing capacity issues while attempting to improve the quality of education, inclusive of HIV/AIDS prevention, by enabling schools to address key gaps and redirect programming resources where needed. In such an arrangement the school, being a key meeting point for hundreds of children can be a major player in altering social behavior and being a leader in HIV/AIDS education and prevention. By entering into a social contract with a school, governments and international organizations alike are able to reach their targets, as children have the ability to take the information they have learned in school back to their communities and households.

AFRICARE'S BLOCK GRANT PROGRAM

In phase one of the COPE project, Africare provided block grants to 55 schools, totaling \$1500-\$3000 each in exchange for waived school fees for 3,025 primary and secondary school children. Block grants could be used for infrastructure development, rehabilitation or other immediate needs of the school including stationary, sporting equipment, desks and other furniture, among others. The block grants provided schools the resources needed to 1) sustain the increase in enrollment and at the same time ensure quality and 2) build the capacity of teachers through training in HIV/AIDS and life skills education. Africare trained two teachers per school in life skills and psychosocial support. These teachers were then responsible for managing school-based COPE Clubs where all school children, irrespective of status, were provided the space to learn about HIV/AIDS prevention and participate in social activities. Children were involved in choosing the teachers who would serve as COPE club patrons, thereby ensuring that the teachers were youth- and child-

⁷ World Bank (2002). Education and HIV/AIDS: A Window of Hope

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friendly. The block grants served the social goal of increasing educational access to vulnerable populations while at the same time not labeling them as “Africare children”.

Special attention was given to select schools meeting certain criteria including schools who were poor or underutilized, those who had been proactive in addressing HIV/AIDS, schools with a high drop out rate in general and of OVC in particular, and schools showing a commitment to serving the needs of children affected by AIDS. The project selected these schools in collaboration with Ministry of Education officials and community members. Schools signed a binding memorandum of understanding (MOU) detailing the nature of the exchange inclusive of beneficiary lists. Schools then benefited from training in HIV/AIDS and PTAs were targeted for training in grant writing and financial management. The PTAs also tracked the continued enrollment of the children and provided regular feedback to project staff. Though the program facilitated the enrollment of 3,025 students directly, the resource exchange indirectly benefited over 20,000 children and caregivers.

An independent evaluation was conducted in 2005. Key findings revealed that the COPE model was reaching major milestones in the provision of care and support to OVC and caregivers in the project area through its school-based intervention. The evaluators noted that:

- The COPE model has made a significant impact on the lives of children affected by AIDS and their caregivers;
- The COPE model allows the project to provide overall community benefit rather than targeting only OVC; and
- The support provided to the school and the training provided to the teachers helps raise the esteem of the school, providing further incentives to continue participating in the program.

KEY RESULTS AND LESSONS LEARNED

The resource exchange program proved to be quite an innovative approach, which enabled schools to effectively engage in the fight against HIV/AIDS while at the same time addressing issues of quality education. Africare approached its school-based intervention with specific attention to meeting the total needs of the children affected by AIDS. Care was also taken to fully sensitize communities, school heads and PTAs to the problems of HIV/AIDS and their role in the fight against HIV/AIDS. The project staff ensured that the schools and communities were appropriately selected and informed about the COPE model and their role in helping to achieve program objectives. The program also provided mutual benefit to the schools choosing to engage in the fight against HIV/AIDS and the provision of care and support to OVC.

Block grants or similar resource exchange programs are effective in increasing enrollment and retention of OVC. The COPE project achieved over 90% retention rates for the children enrolled in schools. Furthermore, the COPE model has led to a noticeable decrease in stigma and discrimination of OVC, as the focus is not entirely on the orphans, but on meeting the needs of the entire community (i.e. quality education). Finally, over 20,000 people⁸ benefited from this resource

⁸ This number is calculated from the number of households benefiting from the intervention as well as the additional number of students participating in the school-based COPE Clubs from the 55 participating schools.

exchange, proving that programs can directly impact the life of orphans without singling them out, as is normally the case with the payment of individual school fees.

COST-EFFECTIVENESS

Moreover, the resource exchange has proved to be quite cost effective. In Zimbabwe, the project negotiated among 55 schools for the enrollment of over 3,000 children for a cost of less than \$3 per child. In addition, the program was able to redirect its remaining resources to serve the other more immediate needs of the households. For example, through partnership with the World Food Program, the project provided food to 3,025 households benefiting from the school-based intervention. In most cases, households reported an increase in meals from an average of 1 meal per day to 3 meals per day.⁹ Furthermore, households with sick caregivers benefited from home-based care services through Africare's Male Empowerment Program, which trained men as community caregivers.¹⁰

TOOL FOR CAPACITY BUILDING

The resource exchange program is also a capacity building tool not only in terms of the financial benefits it provides to the school but also the training it provides to the teachers. The life skills and psychosocial training provided to the teachers were key in enabling them to more ably serve their students and provide them with information on how to address their grief, trauma and how to take care of themselves. The project trained two teachers per school as well as the headmaster. This helped the training be incorporated into the school's curriculum and would be an essential part of the child's educational experience for years to come. Teachers were also responsible for training other teachers in participating and non-participating schools, thereby providing benefit to entire communities.

ENHANCED SCHOOL PERFORMANCE OF OVCs

The provision of guidance, bereavement counseling, and education assistance have enhanced school performance and increased access to education, not just formal education, to OVCs and non-OVCs alike. The institution of the COPE Clubs in the school provided a neutral space where children were able to grow and thrive through interaction with their peers (including non-OVC) and a trusted adult. Headmasters reported that the participation of the children in these clubs "prepared

⁹ COPE for CABA Final Evaluation Report (2005)

¹⁰ Johnson, Cary Alan et al. (2005) "Man Enough to Care" Involving Men in Home-based Care Services for People Living with HIV/AIDS in Rural Zimbabwe." See publication for more information

them to absorb facts and concepts taught in class as they become emotionally stable.”¹¹ Furthermore, in all schools, it was reported that many children irrespective of their orphan status enjoyed their participation in the COPE Clubs.¹² Finally, the project achieved over 90% retention rate, signaling the success of the program in achieving its goals.

DECREASED STIGMA AND DISCRIMINATION

Block grants were preferred to payment of direct school fees because of the fear of labeling children as having benefited unfairly from Africare support. By providing the school with the grant, there was no way in which other children could single out those children who were receiving support from the project. As such, the project witnessed measurable decreases in stigma and discrimination toward orphans and other vulnerable children because of its ability to provide overall benefit to the community while at the same time serving the real needs of OVC. Moreover, children benefiting from the program noted that they no longer felt stigmatized by their peers, some noting that they had gained valuable friendships through their participation in the COPE clubs. In addition, because they received valuable skills from the life skills training and material support in the form of uniforms and school materials, the project addressed some of the other barriers to their continued enrollment in school.

MOVING FORWARD

These results are also being witnessed in Africare’s scaled up version of the COPE model, in Uganda and Tanzania. In Uganda, Africare facilitated the enrollment of 540 OVC at a cost of \$23.00 per child per year. Normal school fees are approximately \$36.00 per child, which does not include the cost of uniforms, school materials and other contributions. Africare has also been able to serve out-of-school youth through the use of block grants targeted to vocational institutions located in the project area. Seventy students benefited from this exchange. A quick analysis of the cost effectiveness of the program shows enormous cost savings. A sample of schools supported in Uganda in the 1st year of the program is represented in the table above. For 240 OVC exempted from paying school fees, the cost savings amounted to \$21,280.

In Tanzania, the block grant program is benefiting 250 students directly at a cost of approximately 20\$/child. Schools received materials including desks and beds in exchange for enrollment. In some countries like Rwanda, the preference of the government has been payment of direct school fees on an individual basis. In such cases, international organizations provide the cash directly to the household with the hope that this cash would be spent on educational expenses. In the first year of the project, such an approach proved quite costly (over 10,000 USD for 84 children for one year) and did not yield the anticipated results.

¹¹ COPE for CABA Final Evaluation Report (2005)

¹² Ibid

Table 1: Cost-Effectiveness of Block Grants at Selected Ugandan Schools

School	Block Grant Amount	# of OVC exempted	# of terms exempted	Amount/child if school fees paid directly	Cost Savings
Kagamba Secondary School (Uganda)	\$2,857	60	3	\$8,280	\$5,423
Rwamanyonyi Secondary School (Uganda)	\$2,000	100	3	\$10,200	\$8,200
St. Paul Secondary School (Uganda)	\$1,943	80	3	\$9,600	\$7,657

CHALLENGES ASSOCIATED WITH BLOCK GRANTS TO SCHOOLS

Though the block grant program is yielding significant results and reaching its overall objective of increasing educational access to OVC, there are some difficulties associated with the implementation. These are discussed below.

Grants need to be sufficiently flexible: In Africare’s experience, grants need to be sufficiently flexible to ensure that schools are able to hire additional teachers or build additional classrooms to sustain the increase in student enrollment. Inability to hire additional staff or do new construction can severely hamper the school’s ability to provide quality education to its students. In these circumstances, organizations may need to assist schools in advocating for additional allocations from the government or from the communities who are receiving the benefit. In some cases, communities are able to provide labor to build additional classrooms if they are facilitated with the materials. However, additional money may also be needed including stationary, books for students, and salaries for increased staff.

Communities need to be appropriately sensitized: While the block grants enable children to attend school, families who benefit should be made aware that they must continue to fulfill their obligations. In one case in southwestern Uganda, some of the children who were enrolled did not participate in school activities believing that the block grant exempted them. Therefore, it must be made clear to all concerned what the block grant covers.

Schools need to be assisted in determining and budgeting for their needs: It is important that the schools understand their needs vis-à-vis the increase in student enrollment. In some cases, schools were facilitated to provide school lunch for the entire student population. Yet, administrators began to complain that they still needed money for stationary and other more immediate needs. In this instance, the provision of school lunch was a longer-term goal of the school. Therefore, schools need to budget appropriately for their material needs and carefully distinguish between their short- and long-term goals. In addition, the agreement to enroll a defined

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number of students should be carefully thought out; schools should not be encouraged to enroll more children than is feasible, as over-enrollment can significantly affect quality.

CONCLUSION

Conditional transfers provided to schools, when properly negotiated, are examples of sound practices. It not only allows programs to assist a larger number of children at a lower long run cost, but also frees up resources that could then be used to address some of the other barriers to children attending school. In addition, it can serve as a key entry point to identifying other needs of the household such as income generation, food, shelter, and HIV/AIDS treatment. While the initial cost of implementing a block grant or resource exchange can be high, they allow children to attend school for longer periods of time without preoccupying the child, community, or partner organization with the availability of funds to assist the child in the next term. If implemented properly, children will be able to thrive in an environment free from stress, thereby enhancing their ability to learn.

It is important to note that the block grant program should not only be viewed as a mechanism for enrolling OVC into school even though this in itself would be a laudable goal. Rather, it is important that conditions be placed on the schools to commit to providing life skills education, peer education and psychosocial training as part of the school-based curriculum or through COPE clubs operating at the school. Including such training in the school's curriculum ensures that all children benefit from useful information on HIV/AIDS prevention.

In general, schools and governments welcome the block grant initiative because it 1) is cost effective and enables the school to serve more children; 2) is sustainable because it builds the capacity of the community to identify OVC and seek resources to help them; 3) reduces discrimination as OVC benefiting are neither singled out, nor easily distinguished from non-OVC; 4) provides children through school-based COPE clubs with necessary information to protect themselves from HIV/AIDS; and 5) increases the mobilization and involvement of parents, caregivers and the community to develop community mechanisms to support education for all. With the move towards more holistic programming, Ministries of Education and educational institutions can more effectively respond to the OVC crisis by working with communities to appropriately target their support and ensure that children benefit from a total package of services. Moving forward, other international agencies and governments should explore the use of social transfers to schools that are able to fulfill their mandate of educating communities they serve. Such innovations should be mainstreamed so as to avoid social stigma associated with paying individual school fees and reach the overall goal of decreased HIV/AIDS prevalence among young people.

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