WE MAKE THE ROAD BY WALKING

Care and Support for Teaching and Learning: An Incredible Journey
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Acknowledgements

This publication was developed by MIET AFRICA in collaboration with the SADC Secretariat, the Swiss Agency for Development and Cooperation (SDC) and the Ministries of Education of the seven CSTL-supported Member States namely the DRC, eSwatini, Malawi, Mozambique, South Africa, Zambia and Zimbabwe.

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Some names and identifying details in the ON THE GROUND sections have been changed to protect the privacy of individuals.
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This publication tells the story of the Care and Support for Teaching and Learning (CSTL) Programme, and reflects the voices of its many stakeholders. The SADC Secretariat, the Swiss Agency for Development and Cooperation and MIET AFRICA are the Programme’s initiating partners.

SADC Secretariat
CSTL provides a holistic model for education development, where education systems are strengthened to facilitate the delivery of a comprehensive package of care and support for learners and teachers. Through Member State ownership and institutionalisation, care and support is mainstreamed into education systems so that all children and youth are able to realise their right to education.

By increasing the access, retention and completion rates of learners in the region, CSTL contributes to a key SADC objective namely, adequate availability of educated and skilled human capital for the socio-economic and industrial development of the region. Further, it assists Member States as they strive to achieve their continental and international commitments, in particular, Sustainable Development Goal 4: “Inclusive and equitable quality education and promote lifelong learning opportunities for all.”

Swiss Agency for Development and Cooperation
CSTL resonates with Switzerland’s commitment to the fight against HIV&AIDS, as the programme enhances education sector responses to HIV prevention and treatment in a way that effectively contributes to ending the epidemic by 2030. Further, the Federal Council Dispatch on Switzerland’s International Cooperation 2017-2020 identifies education as a priority theme. CSTL's focus on young people, particularly those in school, is therefore key since they are the future leadership of the SADC region.

A programme strongly embedded in the region, the CSTL approach has several unique advantages including: government leadership and systemic change for sustainability; regional sharing of information and resources; and positive peer pressure amongst Member States.

Further, the CSTL approach has dual benefits in that it facilitates complementarity between the education and health sectors while at the same time strengthening these systems.

MIET AFRICA
CSTL is a powerful example of how an NGO-initiated pilot project developed into a region-wide government commitment, providing an effective methodology for systems strengthening. Through a collaboration between the SADC Secretariat, SDC, MIET AFRICA, Member States and partners, a local idea became a shared regional commitment.

There is good reason to be optimistic when it comes to the provision of support and services through schools in the region. Today, 10 years after the formal adoption of CSTL as a regional programme, we celebrate the significant gains made in mainstreaming care and support, including the adoption of a SADC Policy Framework to guide Member States; increased investments by Ministries of Education; and strengthened collaboration at regional, national and school levels.
“Without basic human needs and services, children and youth become adults who cannot change their worlds for the better. Vulnerable children typically grow into vulnerable youth and vulnerable adults, who in turn have vulnerable children of their own. This reinforces a cycle of poverty and vulnerability for most families in SADC.”

SADC Strategic Framework and Programme of Action for Orphans and other Vulnerable Children and Youth, 2008–2015

Universal access to quality education is central to attaining SADC’s vision of improving economic growth and development; alleviating poverty; supporting the socially disadvantaged through deeper regional cooperation and integration; and achieving political stability, regional peace and security.

Yet it is widely acknowledged that for children and youth in Southern Africa, access to quality education is thwarted by multiple barriers to learning. Those with the greatest impact include poverty, food insecurity, communicable and non-communicable diseases, climate change and environmental degradation, and for some Member States, conflict.

The education system enjoys a unique capacity to address many of these barriers through the provision of a number of inputs falling within the traditionally understood core mandate of education, such as teaching and learning, infrastructure and materials, and an appropriate curriculum.

However, for many children and youth, access to education and optimal performance depend on more than the provision of traditionally-mandated education services. Hunger, poor health, neglect, exploitation and/or grief and trauma in the wake of conflict are among the factors that drive absenteeism, drop-out and underperformance. For such factors to be addressed relies on a host of complementary services that fall outside the traditional education mandate such as protection from abuse, neglect and exploitation; healthcare; food and nutrition; social assistance; and access to enabling documents.

The CSTL Programme responds by promoting the systematic provision of a comprehensive package of support through the education system, and embraces services falling both within and outside the traditional core mandate of the education sector. It is through the facilitation of these core and complementary services that Member States strive to increase the numbers of children and youth who enrol in school at an appropriate age, attend school regularly and complete schooling.
What is CSTL?

Based on the recognition of the interrelationship between education, health and socio-economic development, CSTL provides a guiding and coordinating framework that assists SADC Member States in meeting their education mandates. Importantly, CSTL is not a replacement for the numerous care and support initiatives that already exist but rather, it is a mechanism through which the Ministries of Education can lead and coordinate the range of care and support services delivered through schools.

The CSTL concept promotes schools as sites of integrated and comprehensive care and support, such that each school is a portal through which children can access services that are necessary for achieving a sound education.

CSTL strengthens schools to create enabling and supportive environments by facilitating processes for:

- Identifying and assessing vulnerable learners, and ensuring that their material and basic survival needs are met
- Improving coordination of referral and support systems
- Building capacity in teachers, parents/caregivers, community members and learners to cope with, and respond effectively to, a range of challenges
- Providing and facilitating access to HIV&AIDS, sexual and reproductive health and rights (SRHR) services and comprehensive sexuality education for vulnerable children and youth, especially girls
- Promoting greater community involvement and partnerships that assist and strengthen school communities
- Creating learning environments that are gender-sensitive and that are safe and free from stigma, discrimination and abuse

How does CSTL work?

Three key strategies underpin the initiative. One is systems strengthening to allow for expansion and sustainability of CSTL; another is improved coordination and integration of services through the creation of partnerships; and the third is ensuring policy across the region is harmonised and implemented.

“Everyone has a role to play. There are mother groups, chiefs are involved, and the communities want to help. Everyone wants to be visible.”

CSTL is:

- A single, consolidated framework of common principles, objectives and outcomes for the education sector
- A mechanism to facilitate mainstreaming of equity-focused and inclusive education planning
- A vehicle for effective coordinated planning, led by Education Ministries to give effect to an agreed set of equity-focused goals, objectives and strategies
How did CSTL begin?

CSTL grew out of an NGO-led project called “Schools as Centres of Care and Support” (SCCS), tested in South Africa in 2003-2005. At the time, its primary purpose was to support learners affected by the AIDS epidemic.

In 2006, the SCCS model was trialled in Zambia and eSwatini (formerly Swaziland) and more widely in South Africa, to assess how viable it would be for regional scale-up. The results of the pilot were highly positive and culminated in the adoption of the model as a regional programme at the 2008 annual SADC education ministers' meeting, where the project was renamed “Care and Support for Teaching and Learning” (CSTL). The initiative dovetailed perfectly with the SADC vision for a regional community that improves standards and quality of life, and ensures the wellbeing of the people of Southern Africa.

All 16 Member States participate in region-wide activities such as the annual sharing meetings while seven Member States have received technical assistance to mainstream care and support for teaching and learning. The first of these were South Africa, eSwatini and Zambia (original Member States). The Democratic Republic of Congo and Mozambique (intermediate Member States) were next to join the programme, followed by Malawi and Zimbabwe (new Member States).
“CSTL has created a lot of good stories and a lot of changes. One of those was working in partnership rather than in silos. Now we have a common goal. Everyone is on board. We are no longer competing.”
The success of CSTL

Although pockets of school-based care and support activities were implemented in Member States (largely by non-government partners), pre-2005 care and support did not routinely appear on the agenda of SADC education ministers’ meetings, nor in the budgets or plans of their ministries. Today, ten years after the formal adoption of CSTL as a regional programme, the region celebrates the many gains made in mainstreaming care and support. Highlights include:

Regional level

- In June 2016, all SADC Member States adopted the SADC Policy Framework on CSTL, underscoring the level of political commitment to this framework.
- At the SADC Forum of Ministers of Education in June 2017, the education ministers adopted the establishment of a SADC Technical Working Committee on CSTL that provides guidance and accountability to Member States into the future.
- Annual CSTL Sharing Meetings, attended by all SADC Member States, have proved to be an effective vehicle for promoting the regional approach, enabling Member States to learn from and influence each other through sharing both challenges and best practices.
- By providing an advocacy platform that reaches all SADC Member States, CSTL contributes to efforts to achieve the sustainable development goals (SDGs), as well as uphold other regional and international protocols and commitments to the rights of the child.
- Through the regional CSTL Monitoring, Evaluation and Reporting (MER) Framework, Member States are able to standardise their reporting on CSTL to SADC.

National level

- Through the development and implementation of national CSTL models, the seven supported Member States (eSwatini, South Africa, Zambia, DRC, Mozambique, Malawi and Zimbabwe) have demonstrated political commitment at the highest levels to mainstream CSTL into their national education systems.
- CSTL is routinely reflected in the Ministry of Education strategies, budgets and plans of all seven CSTL-supported Member States.
- The establishment of formal multi-sectoral structures at all levels facilitates collaboration and coordination of services through schools. This work takes place under the direction of the government (instead of development partners).
- Contributing to sustainability and reach, tertiary CSTL modules for pre-service teacher-training have been developed and are being piloted in Zambia, South Africa and eSwatini.
- As a systemic intervention, CSTL is able to reach large numbers of children and youth; in a single year, the delivery of care and support services across the seven CSTL-supported Member States collectively reached over 26 million learners.

“It used to be the ordinary way of helping in the school but without a strategic focus. Now that we are coordinating, everyone is focused—we can hold ourselves accountable—each partner is tasked with giving an account of their focus areas and how they are touching the child. We now share and are willing to do more together.”

Photo credit: Doug Linstedt
Although guided by the regional CSTL Policy Framework, CSTL is not a “one size fits all” initiative. Each country has its own vision, reflected in its national CSTL model and customised to address a particular set of care and support priorities, according to the local context.
The Kingdom of eSwatini, an original member of the CSTL initiative together with South Africa and Zambia, initially launched CSTL in 40 primary schools. In consultation with learners and community members, the Ministry of Education and Training (MoET) gave CSTL the local name Inqaba, which means “a fortress”, because schools should be safe havens for all children.

For the MoET, Inqaba provides an approach to mitigate the impact of the HIV&AIDS pandemic, as well as address violence, food insecurity, health and other challenges that have a negative impact on education.

eSwatini has the highest recorded adult HIV prevalence in the world. According to the Neighbourhood Care Points (NCP) Strategic Plan 2012-2016, the pandemic created a crisis for the Swazi nation, impacting profoundly on most social, cultural and economic aspects of life. It has also had a devastating impact on a great number of children: according to UNAIDS data, 15,000 children (0-14 years) in eSwatini were living with HIV in 2016 of whom 64% were on antiretroviral treatment.1

Further, a large percentage of the population lives below the poverty line, leaving vulnerable children with limited access to food, education, basic health or psychosocial support.

Due to a free primary education policy, the country has almost achieved universal primary education, with gross enrolment rates over 100%. However, gross enrolment at secondary level drops to 67% due to the cost of school fees, and there are many over-aged children at both primary and secondary levels.2

Through Inqaba, school communities are given the capacity to address the teaching and learning challenges through the introduction of a comprehensive, integrated

1 https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/swaziland
2 http://uis.unesco.org/country/SZ
and targeted school-based model of care and support. Its specific objective is to create school environments that are friendly, safe, healthy and conducive to learning.

As an original Member State, the MoET demonstrates a high level of mainstreaming and ownership of CSTL and, after receiving 10 years of support, CSTL has been fully institutionalised into the country’s education system.

The CSTL focal person in eSwatini is Ms Lindiwe Dlamini, Director of the Educational Testing, Guidance and Psychological Services Unit in the MoET. “There were already many activities on the ground when we began with CSTL. Eventually CSTL was adopted at a regional level and things became more formalised. We moved ahead, the framework was introduced, and issues of care and support were incorporated into our policies.”

A strong political will means progress is noticeable. CSTL has been implemented in all primary schools throughout the country and the MoET is currently reviewing the Inqaba framework for adaptation to secondary school level; a new Life Skills curriculum has been developed with partners and includes sexuality and HIV education; at primary schools, HIV&AIDS issues are integrated in most of the subjects; a food and nutrition policy is in place; parent workshops, where challenges and best practices of parenting are discussed, have been conducted in hundreds of schools; and grants to orphaned and vulnerable children have improved enrolment and retention.

“The heart of our programme is the school-community partnership,” says Ms Dlamini. “I remember a school in the poorest, most rural area, where the teachers demanded that things happen in a certain way. ‘Inqaba says this is how things are supposed to be done,’ they said.”

ON THE GROUND

Jamborees can be very festive events – busy, noisy and colourful with plenty to do and lots to see. Jamborees held in eSwatini as part of the Inqaba/CSTL programme are no different; they have become a regular occurrence at primary school sites, mainly in rural areas of the country. The full day jamborees bring great enjoyment to learners and their families, with dancing exhibitions, singers performing, stalls to visit and the provision of a good meal.

However, there is a far deeper purpose to these jamborees than a fun day out. At the heart of each event lies the school-community partnership—to share facilities, resources and expertise, raise awareness in the community about children’s rights to education, care and support, and to bring information and services to both learners and the community.

Strengthening this partnership builds the capacity to support children and provide them with essential services. This is CSTL in action.

“When we meet we mobilise our resources, we share our plans, we share our success stories.”
Nothando Thwala remembers her young daughter Nomcebo (10) begging her to come along to the jamboree at her school, Siyendle Community Primary, 18 months ago. The school is based in the Shiselweni region, where the majority of people live in poverty and over half the population is unemployed. Nothando didn’t see the point of attending the jamboree but she could not refuse her child.

She arrived early in the morning and was surprised to see so many gazebos, each representing a different organisation. “The Royal Swazi Police was there, as well as Home Affairs, Social Welfare, Fire and Emergency Services, and many organisations that work with people who have HIV&AIDS.”

Under the auspices of the Educational Testing, Guidance and Psychological Services (ETGPS) Department of the MoET, a jamboree is seen as an effective way to expose the school to different partners, especially from different ministries, who can provide a variety of important services.

These jamborees take place in collaboration with other government ministries, NGO partners and traditional and community leaders. “We are strengthening school-community partnerships using the structures within the Inqaba framework,” says Pinkie Masuku, Guidance Counsellor in the MoET.

Jamborees, she says, serve an important purpose. “The greatest achievement for me was that they strengthened our partnerships—we mobilised partners to help fill care and support gaps at all levels. For example, the Ministry of Social Welfare attended the jamborees, saw the challenges that children face in trying to get their identity and birth registration documents, and took measures to change the situation.”

The information and advice that Nothando accessed has changed her life and the lives of others in the community. “When my neighbour died and left three children orphaned, I remembered talking to someone from the Ministry of Social Welfare at the jamboree. I followed the process as I had been told and the children are now getting assistance.”

Over 500 people attended the Maryward Primary jamboree. Highlights included presentations by the Royal Swazi Police and One-Stop-Centre, who shared their passion for assisting learners who are abused. The police’s Domestic Violence, Child Protection and Crime Prevention Units encouraged caregivers and learners to report all cases of crime and abuse.

The Mafutseni Community Primary School jamboree services were provided to a total of 664 beneficiaries including 393 children, 223 parents (including SST members and community leaders), 32 out-of-school children and 16 teachers. Approximately 88 representatives from 14 government ministries and NGOs provided their services to the Mafutseni community.
The South African government has made significant gains in increasing access to affordable basic education for the majority of the country’s previously marginalised citizens. Notwithstanding these gains, the provision of quality education is one of the most urgent challenges facing the government.

Factors that create a weak foundation for the delivery of quality education—many as a result of the backlog inherited from the apartheid era—include inadequate school infrastructure; insufficient teaching and learning resources; large class sizes; a shortage of qualified teachers; poor access to early childhood education; inadequate parental involvement; poverty; poor nutrition; and poor access to health care. All these present as structural barriers to education that require focused interventions. South Africa, an original CSTL Member State, recognised early on that the crisis in education and the vulnerability of learners could be successfully addressed through the mainstreaming of care and support in learning and teaching.

While the many school-based care and support initiatives impacted positively on large numbers of learners, prior to CSTL they were fragmented, unsatisfactorily spread geographically, inadequately monitored and poorly harmonised. Uptake of CSTL in South Africa has been swift. Strong national CSTL structures evolved, such as a National CSTL Steering Committee comprising representatives from the national Department of Basic Education (DBE) and the nine provinces.

South Africa recently revised its national CSTL Conceptual Framework, adding a 10th priority area focusing on social cohesion and the rights of the child.

“The most significant development overall is the change in mind-set. That is, the realisation and understanding of the vulnerability of children and their care and
“CSTL has brought about a renewed focus on poverty at all levels within the system and a progressive weaving of care and support into policies and plans.”

Implementation of CSTL has expanded into all nine provinces, with the DBE engaged in training teachers, district officials, and school-based support teams in the delivery of care and support.

An important milestone was the launch of the DBE’s new policy on HIV&AIDS, STIs and TB. In line with national policy, one of the goals of the new policy is to increase knowledge and information about life skills, specifically about HIV and TB, so that all learners, educators, school support staff and officials are able to make better life choices and protect themselves from infection and disease.

In 2018 the DBE, in partnership with UNICEF and MIET AFRICA, hosted its inaugural national Care and Support for Teaching and Learning Conference. More than 230 delegates ranging from CSTL policy implementers to policy makers, policy influencers, learners, and educators engaged around the ten priority areas of South Africa’s CSTL National Model, and shared best practices on the coordination of care and support services in the education sector.

The CSTL initiative in South Africa is no longer viewed as a project but is fully mainstreamed in the day-to-day operations of the government system.

“There is an acknowledgement that education is about care and support,” says Dr Granville Whittle, Deputy Director-General DBE: Care and Support Services. “CSTL is about the child—and the child is at the centre of education.”

3 https://data.unicef.org/topic/child-health/diarrhoeal-disease/

Clean hands save lives. It’s as simple as that.

According to UNICEF, in 2016 diarrhoea was responsible for approximately 8% of all deaths of children under five.3 Simple hygiene practices, including washing hands with soap, can reduce the rate of diarrhoea by almost 40%.4 But in many areas of South Africa, water and soap are scarce commodities and for thousands of school children, this situation is potentially deadly.

However, this is not the case at Sishila Primary School, outside Nelspruit in eastern South Africa. Housed under a tin roof is the new “washing station”, a three-meter long pipe with enough outlets to provide water for up to 17 children at the same time. Similar washing stations have been built at another 27 schools spread over four districts in the Province of Mpumalanga. This is where learners wash their hands and brush their teeth as part of their daily routine.
Teaching learners healthy practices, ensuring safe, clean water and providing hygienic and functional ablution facilities are the cornerstones of the Water, Sanitation and Hygiene (WASH) programme. In Mpumalanga, WASH was piloted by the DBE in 393 Maths, Science, and Technology Academy schools. In the spirit of CSTL, this was a collaboration between several partners: an international development agency (UNICEF), a technical support agency (MIET AFRICA), the private sector (Kimberly-Clark Corporation), and government (DBE and Department of Health).

WASH is one of the priority action areas in South Africa’s CSTL strategy. Safe water, proper sanitation and good hygiene, fundamental to the healthy growth of children, are basic human rights.

"Ensuring that South African children are educated about the importance of washing hands is only part of the battle," says principal of Shishila, Mr IM Mazibuko. "The real challenge comes in ensuring that the behaviour becomes a habit. This will go a long way in reducing school absenteeism due to diarrhoea and respiratory infections—two of the biggest killers amongst school-going children."

Key to the success of the programme was a cohort of learner support agents (LSAs). These young people, all matriculants and all previously unemployed, work in schools providing homework and life skills support, as well as care and support to learners in general.

Nandi has been an LSA in the Ehlanzeni district for over a year. She was excited to be one of the 40 LSAs chosen to take part in the WASH programme and receive training on collecting data, and how to train learner leaders and cleaners about WASH.

"It was a great deal of work but it was interesting," she says. "I had to visit many of the schools to collect important data, like whether there was enough soap in the washing areas."

Once the pilot programme started, thousands of tubes of toothpaste, toothbrushes and bars of soap were delivered to each school. The LSAs were responsible for the management of the supplies.

Nandi also enjoyed working with learner leaders, showing them the correct method of hand washing, how to mentor their peers and how to start hand washing campaigns in their schools.

“We met with learner leaders after school on a regular basis to have campaigns around collecting litter or creating posters about hygiene.

“The WASH pilot has ended but I am still a homework LSA and I still keep my eye on our wash station,” she says.

245 196 bars of soap, 153 864 tubes of toothpaste and 33 782 toothbrushes were allocated to schools through the WASH campaign.

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ZAMBIA

One of the original Member States, together with South Africa and eSwatini, Zambia has near-universal primary school enrolment.

However, for vulnerable groups of children, access, regular attendance, retention and completion of schooling is less certain. This is reflected in low completion rates at junior and senior secondary levels.

The reasons are clear. The majority of children in Zambia live in poverty; in the rural areas nearly 78% of the population lack access to income, employment opportunities and entitlements.5

Children have also been severely affected by the HIV epidemic in Zambia, where 72 000 children, according to UNICEF, are estimated to be living with HIV. Alongside this, 1.4 million children are orphaned, 670 000 of these due to AIDS.6

Other barriers to education include high numbers of early marriages and teenage pregnancies.

In the past there have been varied responses to the education barriers faced by Zambia’s learners. However, these have generally been fragmented which made it difficult to achieve the wider national goal of providing quality education and retaining learners in the schooling system.

The Ministry of General Education in Zambia recognised the need to respond to all barriers to education, not just the traditional education-related ones. More importantly it recognised that this could not happen successfully without a multi-sectoral response. This led to the country reviewing a number of policies and strategies in order to incorporate CSTL principles and priorities.

5 Care and Support national Model Zambia, 2018
6 https://www.unicef.org/infobycountry/zambia_statistics.html
Ms Peggy B Chilema, Provincial Education Officer for Secondary Schools at the Ministry of General Education, is Zambia’s focal person. “CSTL used to be the ordinary way of helping in the school,” she says. “The difference was, we didn’t have a strategic focus; we didn’t have a national model or national guidelines. Now everyone is focused—we can hold ourselves accountable.”

Tangible results are being felt on the ground. Since Zambia was introduced to the CSTL initiative in 2006, the Ministry has slowly been expanding the concept of coordinated care and support to schools. Nearly 50% have school support teams that provide guidance to schools in the identification and support of learners, and 79% of schools nation-wide provide care and support services to learners, in the form of school feeding programmes, safety and protection, or comprehensive sexuality education.

Ms Chilema adds, “When CSTL was a single project it didn’t have that much importance. The moment it was mainstreamed it spread everywhere.”

The Ministry of Education has attributed an increase in enrolment figures and the increased retention of orphans and vulnerable learners within the system to the various care and support interventions that are now more focused and better coordinated.

“For example, children from poor households were sent to work at the market and were out of school. Now we are in partnership with the Department of Social Development and they give cash to households to pay school fees and buy uniforms. This means more children stay in school,” she says. “I am committed to the process. As long as I am in the Ministry I will hold onto CSTL. It is the cornerstone of my work.”

Speak out! That’s the message spreading through schools in Zambia, thanks to a project that helps address sexual abuse and violence against children.

This is a frightening reality and a world-wide problem.

As one concerned mother said, “We want our children to do well and be the best they can be. But there are many things that stand in the way. One of these barriers is sexual abuse. Sexual abuse hurts children. It is very bad for their health, happiness and wellbeing.”

Speak out!, a school-based programme implemented jointly by MIET AFRICA and the Ministries of Education, and facilitated through CSTL, has gone way beyond the classroom.

In Zambia, as well as in other participating Member States, Speak out! has helped translate law and policy into practical strategies to address the issues of sexual abuse and violence against children. The programme encourages children and youth to “speak out” against all forms of abuse and teaches them how to speak out and to whom.
Orientation around *Speak out!* involved teachers, parents, community members and traditional leaders, government ministers and health personnel. All have a role to play in keeping children and youth safe and helping them reach their dreams.

MIET AFRICA designed interactive materials providing useful information and strategies for use in workshops with teachers, parents and learners. This means that whenever a child “speaks out”, the person spoken to is equipped to follow the correct steps and procedures.

*Speak out!* workshops took place in all of Zambia’s 15 CSTL laboratory schools with selected learners, to help them identify and prevent different forms of abuse.

Many learners, enthusiastic about the knowledge they had gained and the experiences and ideas they had shared, agreed to take these issues back to their fellow learners.

Dora Kalima, one of these learners, shared the information at her school’s safety youth club. School clubs are central to raising awareness on the prevention and management of sexual harassment and sexual abuse of learners.

“A week later one of the girls in Grade 8 came to find me. She was in tears.” The girl was getting text messages from a friend of her older brother. “He said he wanted to do things to her,” says Dora. “She felt uncomfortable and scared but couldn’t tell anyone. Now she knows this is harassment. We took her to the school counsellor. We have a school code of conduct so there is support from everyone.”

The greatest contribution and benefit CSTL has brought to the Zambian Ministry of Education is the increase in enrolment figures and the increased retention of orphans and vulnerable learners in the system. The various care and support interventions brought about by CSTL have made a significant contribution to these gains.
The DRC, an intermediate Member State together with Mozambique, is one of the poorest countries in the world, and the largest country in sub-saharan Africa. The DRC ranks 168 out of the 177 countries listed in the UNDP Human Development Report, and two decades of war have complicated the general situation for Congolese children.

Of those who do attend school, almost half start late, after the age of six, and national data indicate that only 67% of children who enter first Grade will complete sixth Grade. Learning levels are extremely poor, especially for the most marginalised children such as girls, children with disabilities, and children in rural areas. While poverty is a central factor contributing to poor educational access and outcomes, it is not the only one.

HIV&AIDS results in the death of teachers and parents and the growth of child-headed households, and the customary practice of early marriage for girls and high adolescent pregnancy contribute to the challenge. Malnutrition, hunger and illness impact significantly on educational access, attendance and outcomes, as do preventable illnesses, such as malaria. War and political conflict have exposed children to violence and trauma that include child rape and the exploitation of child soldiers.

Historically there have been various responses to the many education barriers faced by children in the DRC. The Ministry of Education, and other role-players such as UNESCO and UNICEF, have long recognised the need for and the value of providing services to vulnerable children through schools.
However, these responses have been fragmented. Gaps in and duplication of services are compounded by services being unsustainable and of limited duration. Until the introduction of the CSTL Framework there had not been enough common planning, reporting and accountability. A lack of clarity and the absence of a shared understanding of the role of the various stakeholders weakened these responses.

Recognising the need for a comprehensive, integrated and systemic response to the full suite of education barriers, the Ministry of Education adopted the CSTL initiative, scaling-up and systematising the provision of services for vulnerable children through schools as central points of care and support for teaching and learning.

“The situation has improved since we implemented CSTL,” says Mr Felix Geanemale Khangbo, Department Chief in Primary and Secondary Education. “In the 15 pilot schools there has been an improvement in the environment and infrastructure and a change in attitudes of principals and teachers through psychosocial support training. There is more collaboration with other ministries as well as partnerships with NGOs and organisations like MIET AFRICA and UNICEF.”

The adoption of CSTL by the various ministries at national and provincial level as well as at school level, has profoundly shaped the behaviour of education officials, managers of schools, head teachers and teachers, towards learners.

One of the positives outcomes of the CSTL initiative in the DRC is the improved collaboration between the Ministries of Primary, Secondary and Vocational Education on the integration of vulnerable children and the reintegration of children who are above their age cohort.

Recently, as part of their scale-up effort, the Ministry of Women, Family and Children held a training workshop for the heads of the 24 communities in Kinshasa to address issues of gender-based violence and child marriage.

Critically, authorities in the Kinshasa educational provinces have instituted a compulsory health record system for each learner, together with their parents or guardians.

CSTL has also facilitated the introduction of essential services into the education system, through strengthening education policy and multi-sectoral collaboration.

“In terms of mainstreaming, there is still a lot to do, but many people like the concept of CSTL. CSTL has been implemented in the 15 pilot schools, and another 105 schools are now involved. It is not enough, but it is a start,” says Mr Khangbo.

The Gombe Institute for the Blind (INAV) is the only school for the blind and visually impaired in the DRC's capital, Kinshasa.

Established in 1977, the special education school has been functioning for over 40 years giving blind and visually impaired students the ability to live independently and participate fully in daily life. As the prefect of the school, Mr Jean Lao Kutenda says, being blind does not need to be an inevitable hurdle. “No one can claim to take on everything alone without the help of the people all around him.”

The school complex accommodates 131 learners at pre-primary, primary and secondary levels. It offers a boarding school, a clinic, a psychosocial assistance service and a training venue to teach braille to blind children and youth.
In 2010, the Ministry of Education chose INAV as one of the 15 CSTL laboratory schools in DRC. Since then the school has received a variety of training courses from MIET AFRICA. These include record-keeping and monitoring and evaluation to ensure effective enrolment processes and data collection.

Parents of learners have taken part in capacity-building workshops, which have helped them to better fulfill their roles and responsibilities for both the children and the school. This step has encouraged parents to participate in school governance through the school development committee (SDC).

The SDC comprises the mayor of Lingula Commune (who assists with birth certificates), the prefect of INAV, the academic director of the provincial office of the Ministry of Education, an agricultural technician, a lawyer, a social welfare expert from the Ministry of Education, and local parent representatives.

Strong partnerships between the school and the community have been built through meetings and workshops. Local NGO, Programme Alimentaire Mondial (PAM), donated beds and bedding for learners in the boarding establishment, as well as a freezer, maize flour, and plates and pots to help with food preparation. The number of water points has also been increased.

Registration forms were strengthened with CSTL school level annual data, which provided additional useful information about the children. A health centre has been established at the school, but lacks primary care medicine, and is not yet fully equipped. A Chinese partner has committed to providing equipment.

Gombe Institute for the Blind demonstrates the importance and value of involving parents and partners in providing their learners with the necessary care and support for a quality education.

“We are no longer repeating what the other is doing. We now bring the partners together and we can complement one another. It is more efficient financially, but it also means our services are spread. We are not all concentrating on one thing in one place.”
Mozambique, which became one of CSTL’s intermediate Member States together with the DRC, is one of the poorest countries in the world with 60% of the population living in poverty.\(^{11}\)

It also has a rapidly growing youthful population and ranks among the worst in the world for HIV&AIDS prevalence, AIDS-related deaths, and life expectancy at birth.\(^{12}\) Mozambique has 200 000 children living with HIV,\(^{13}\) the third highest number in the world. This has resulted in a high number of children orphaned by the disease, while poverty has left a substantial number undernourished. UNICEF has estimated that of the 2.1 million orphans in Mozambique, 810 000 had been orphaned by HIV&AIDS. An estimated 20 000 households in the country are headed by children.\(^{14}\)

Compounding the challenges, harmful customary attitudes and practices impact negatively on educational outcomes of children in Mozambique, especially girls, through initiation rites, early marriage and early and unintended pregnancy.

These all act to limit educational opportunities for vulnerable children, and as a result, access, retention and completion rates, especially at early childhood and secondary levels, are low.\(^{15}\)

The Mozambique Ministry of Education and Human Development (MINEHD) has long accepted its responsibility for ensuring that the education system recognises and responds to all barriers to education. In practice this means that the Ministry’s goal is to mainstream the provision of a comprehensive suite of services and support, including health, psychosocial, nutritional and others into the education system. Schools are the most tangible lifeline out of an endless struggle against deprivation.

Embracing CSTL showed the commitment of Mozambique to strengthen its education system to respond to the challenges facing vulnerable children.

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\(^{11}\) The Government of Mozambique’s National CSTL Model: Revised draft, April 2016  
\(^{12}\) Ibid  
\(^{13}\) https://knoema.com/atlas/topics/Health/Risk-factors/Children-living-with-HIV  
\(^{14}\) The Government of Mozambique’s National CSTL Model: Revised draft, April 2016  
\(^{15}\) UNESCO reports that survival rates from first year of primary to last year of primary is 33%, using 2014 EMIS data
CSTL was recognised as a way to mainstream care and support into multiple functions within MINEHD. CSTL has stirred the aspiration of MINEHD at all levels, but especially at the school level, to work towards the goal of making schools centres of learning, care and support. To achieve this, the programme has activated and reinforced multi-sectoral collaboration.

Partnerships have included a permanent link with the police department which helps to protect the safety of children travelling to and from school and at school. Community partners help address pressing problems like water shortages and sanitation issues. Mr Arlindo António Folige, the Department Chief for the Life Skills and HIV/AIDS, School Health and Nutrition Directorate, says the difference is apparent. “CSTL has greatly improved multi-sectoral interaction. Before, activities were disjointed. Now there is improved coordination and integration, and improvement on indicators through improved use of information. Activities are tracked more easily.”

He adds, “Planning, programming and budgeting were always done but now programmes are spread more widely, budgeting is more focused, and planning more directed.”

While there is still much more that needs to be done, Mozambique has made progress in mainstreaming CSTL: Multi-sectoral meetings with government and non-governmental partners to address areas such as sexual and reproductive health programmes, health, youth and sports have taken place; Community Child Protection Committees have been set up in all provinces; Memoranda of Agreement have been reached with a range of ministries, including Health, the Public Works Sector, Housing, and the Youth and Sports Sector; MINEHD and partners carried out various advocacy activities in 2017; broad-based teacher training has taken place; and an on-line version of the Teacher Training Manual on Comprehensive Sexual Health has been introduced.

“Successes include a harmonisation of our care and support programmes,” says Mr Folige. “CSTL is an inclusive and holistic process that means children can be at school in a healthy environment, and therefore they can learn.”

Maria Macamo (21) runs a small takeaway on a busy street in Maputo. It is not easy and she works long hours, but she is making enough money to help her parents and her siblings. She is also saving a little money every month which she will use to study to become a teacher.

“There was a moment when my life changed for the better,” says Maria. “I was in Grade 10, I had a boyfriend. He was an older man who gave me money but he did not treat me well. I was thinking of leaving school.”

It was then that Maria’s school in Gaza province, almost 300 kilometres from Maputo, introduced the Reducing HIV in Adolescents (RHIVA) programme, through CSTL. In Mozambique, 21 schools were selected with learners involved in the programme for a full year.

RHIVA focused on empowering adolescents—especially girls—to make healthy lifestyle choices, to take charge of their own lives, and to reduce their risk of contracting HIV. Evidence suggests that altering HIV infection rates for young women aged 15–19 could have a substantial impact on the pandemic.
RHIVA is an innovative school-based programme because it offers cash incentives for achieving specific milestones.

“During my year with RHIVA we had three milestones to reach,” remembers Maria. “Milestone 1 was to take an HIV test to know my status. Milestone 2 was to study, and get an average of at least 50% for both June and November exams. Milestone 3 was to commit to attending an extracurricular programme called My Life! My Future!”

There are two components to My Life! My Future! Firstly, a focus on sexual and reproductive health and wellbeing and secondly, a focus on business skills and career choices that give learners a chance to explore ideas and opportunities for their future.

“I realised that my health was at risk and I left my boyfriend. I concentrated on my marks and looked forward to getting my incentives.”

Maria, like many other learners, spent her incentive on starting her small business. “I used the money to buy stock to make tasty treats like chamussas and sell them to the other students during lunch breaks.” By the time she left school she had enough money to set up her own small outlet. Now she says she makes the best chamussas in her area.

Dr. Berino Cabo Verde, Head of Special Programmes, Provincial Directorate of Education and Human Development in the province of Gaza, says that a programme offering cash incentives is unique. “A lot of them use the incentive to start up small businesses.

“Communities live with very low income levels so these incentives go a long way to helping better their lives. The fundamental object is about life itself, it is about continuity, about the learners’ future and their health.”

Falling under the umbrella of CSTL, RHIVA was a partnership programme between the Embassy of the Kingdom of the Netherlands, MIET AFRICA and MINEHD. It was coordinated under MINEHD’s School Health and Nutrition Directorate, led by Chief of Life Skills, HIV and Aids, Mr. Arlindo Folige.
Malawi, together with Zimbabwe, is the latest Member State to be inducted into CSTL.

The number of vulnerable children in Malawi is extensive—of the 6.8 million children in the country, 1.8 million are classified as vulnerable by the National Plan of Action for Vulnerable Children. A key reason for this is poverty, and with over half the population living below the poverty line of USD 1 per day, access to education for many children (especially at the secondary level) is compromised. According to the World Bank National Education Profile 2014, 57% of youth had, at most, incomplete primary education.16

Other causes of vulnerability include the AIDS epidemic (of almost a million orphans, half have lost one or both parents to AIDS)17 and the weather, where both extensive flooding and prolonged drought damage crops and impact on food sources and nutrition.

The country had long recognised that providing a wide range of services to get children to school and to keep them there was a priority. Prior to CSTL, Malawi had a broad range of programmes and projects in place to improve educational opportunities and outcomes. However, the impact was limited for a number of reasons. These included gaps in and duplication of services; inconsistency in the targeting criteria; limited resources; and an inability to sustain the projects.

Malawi’s commitment in 2015 to the implementation of CSTL has resulted in high levels of mainstreaming care and support across its education system in a very short space of time.

Ms Virginia Kachigunda is the Deputy Director of the Department of School Health, Nutrition, HIV and AIDS (SHNHA) within the Ministry of Education. When CSTL was introduced it was a comfortable fit within her department. CSTL works, she says, because for the first time “we all joined hands”.

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“CSTL comes with several pillars. One of these is partnerships which brought everyone with a common goal on board. We need linkages. This is not a competition. We are all pursuing the same goal.”

With its tents, temporary structures, and collapsed buildings, Chingoli Primary School, just outside Blantyre, may be mistaken for a disaster zone. The reality could not be further from the truth. Chingoli is a fully functioning school where over 2,000 learners are supported and cared for, which involves parents and the community in its daily life.

In 2015 devastating floods destroyed the school buildings, but Mr Charles Chiromo, the committed Head Teacher of Chingoli Primary School, faced the challenge head on. Against all odds learning continued, albeit in tents provided by UNICEF and under trees. In 2016, things began to look up when the school was included as one of 15 laboratory schools in the CSTL Programme. Immediately, CSTL principles were put into practice to support vulnerable learners.

“CSTL has changed the lives of the entire school community through giving us training, putting us in touch with partners and showing us how to use the resources around us,” says Mr Chiromo. “Enrolment has increased from 1,868 in 2015 to 2,128 in 2017. More importantly, during the same two years, dropouts decreased from 230 to 40.”

The Head Teacher attributes this primarily to the school feeding scheme where the children get a bowl of porridge each day, and to parents and community becoming involved and ensuring that all children attend school.
The introduction of some unique school clubs has been another success. “We have introduced Girl Guides, Life Skills, AIDS and Child Rights groups.”

While much of the focus has been on girls, Mr Chiromo says it’s interesting how many boys have benefited. “Some boys used to bully others, especially girls. After counselling, they have become remorseful and are now advocates for the Keeping Girls in School programme.”

The technical interventions, such as workshops and advocacy events, have changed the lives of children. “The training and support we have been given has made a real difference,” says Mr Chiromo. “For example, because we learned to use the Learner Vulnerability Identification Form, we were able to help Azibo, a learner in Standard 3 (Grade 5) who was born with a terrible skin condition. Azibo’s disease meant his mother could not hug him because it caused him such pain. In fact, you could not even touch him.”

The boy has been to the local hospital but was not correctly treated. Together, teachers, learners, parents and the community raised the funds to send him to a specialist who referred him to the correct hospital. “Today he is on medication and is much better.” The school also put Azibo in touch with the Adventist Development and Relief Agency which is helping Azibo with his medical bills.

The house where Azibo and his mother live needed a proper roof so teachers reached out to the community and now the roof is secure. Most importantly Azibo is a happy, supported child. “He has joined school clubs, he can walk and talk. His family cannot believe it.”
When the Ministry of Primary and Secondary Education (MoPSE) was inducted into CSTL in 2014, the Zimbabwean government was already engaged in a number of initiatives and had a well-established legislative framework that prioritised the rights of the child. However, the CSTL framework has assisted in strengthening the government’s approach and commitment to protecting and promoting children’s rights to education, especially the vulnerable.

The most recent Member State to be inducted into CSTL, together with Malawi, Zimbabwe faces a range of challenges that affect children. While Zimbabwe has near universal enrolment at primary school level, and high levels of adult literacy, children living in poverty are more likely to be out of school, not attend regularly, or drop out of school, particularly at secondary level. Poor levels of nutrition are compounded by volatile food prices, especially during the lean season, when households struggle to access adequate food.18

In addition, a large number of vulnerable children, many of them orphaned by HIV&AIDS, do not have documents such as their birth certificates19 or parental death certificates. This has created obstacles to registering at school and accessing support services.

Over the years, there have been many responses to the barriers that children face in accessing quality education. However, not being part of a common framework meant that the interventions were fragmented and limited which weakened their potential impact. CSTL in Zimbabwe has enabled scaling-up and systematising support for children and responding to a broad range of barriers.

Ms Hannah Maisiri, Director in the Department of Learner Welfare, Psychological Services and Special Needs Education, and the focal point person for CSTL in Zimbabwe.
Zimbabwe, says that prior to CSTL, programmes operated in silos. “We had systems, we were running programmes but everything was scattered. Now, thanks to CSTL, it has all been brought together. For example, we were training teachers but not keeping track. Now we have a task team and a director so we have regular reports on capacity development around the country.”

Results are tangible. The capacity of a range of stakeholders has been strengthened and in 2017, over 90 workshops and training sessions on CSTL priority areas were conducted by MoPSE in collaboration with various partners. They reached 2 464 officials, 5 507 teachers, 3 425 community members and 2 632 learners.20

Parenting skills workshops have helped parents to better understand care and support for teaching and learning as well as their role as caregivers. MoPSE and partners are implementing community outreach programmes to provide services and support to address the needs of vulnerable learners and community members.

All schools have started implementing a strengthened Life Skills curriculum and all offer HIV&AIDS and SRHR programmes. Training in the new Life Skills curriculum was provided for 6 220 teachers.21

School feeding programmes were strengthened in rural areas and in many cases boosted by the establishment and strengthening of nutrition gardens.

Most importantly there has been marked improvement in collaboration amongst stakeholders in service provision, which has strengthened systemic responses to barriers to education.

“Collaboration is key,” says Ms Maisiri. “We are no longer repeating what the other is doing, so it has become more financially efficient. We are also bringing our partners together and they complement one another. My wish is for a system where we recognise the input of everyone from the ministries right through to the communities.”

Back in 1984, on a farm in Harare, a modest little primary school called Blackfordby was established by the Tobacco Training Institute. The school, which catered for children of farm workers, comprised one block of classrooms with a little over 100 learners. In 1996 settlers came to stay at the farm, the area became peri-urban and the number of learners grew.

Things changed fundamentally in 2014 when the school became one of Zimbabwe’s 15 CSTL laboratory schools. It now caters for over 2 500 children.

“Implementation of the programme helped the school to work with supporting systems to mobilise resources. We improved on infrastructure, nutrition and health promotion, water, sanitation and hygiene, safety and protection and psychosocial support,” says School Head, Mr Panganai Nheya.

Through CSTL, training and capacity building was provided for teachers, parents, caregivers and community members. This helped the school community to focus on areas that support teaching and learning.
“CSTL has brought change to the attitudes of parents and this has made our task of developing the school simple,” says Mr Mupakati, the Chairperson of the School Development Committee.

There have been major developments over the past three years. There are now three new blocks, each with two classrooms, and a three-classroom early childhood development block. Teachers’ houses have also been renovated.

By bringing partners on board, the school was able to buy a 5,000 litre water tank, install a piped water system, build a greenhouse, and buy fencing material to protect and develop their new nutrition garden. In 2016 a school feeding programme began.

“The greenhouse and nutrition garden meant we could offer a school feeding programme,” says Mr Nheya. “We cater for the ECD, Grade 1 and 2 learners as well as vulnerable learners.”

Produce from the garden and greenhouse is sold to the community and the money is used to buy stationery for vulnerable children. This helps reduce the number of school dropouts. Much has been done for the emotional, physical and psychological wellbeing of vulnerable learners. For example, there is an active school health club, and guidance and counselling committees have been established, as well as a child protection committee made up of teachers and community members. The school has been fenced and gated which has improved safety.

And support works both ways. The school established a non-formal education programme for adult learners. Parents are trained on entrepreneurial skills, equipping them to run small businesses to supplement their income. The school also offers the use of its sports facilities to the community.

“One thing that makes a school develop is support from its parents, community and stakeholders,” says the School Head. “This has been instrumental in improvements at this school.”

**Farai’s story**

CSTL has focused the school community on identifying and responding to the needs of vulnerable children.

Farai, a 12-year-old learner in Grade 6 at Blackfordby, was orphaned by the time she was in Grade 2. She now lives with her grandmother and two siblings. Her grandmother does not have any source of income.

In 2015, Farai’s teacher identified her plight and the school offered and organised support: partners provided her with uniforms, she joined the school feeding scheme which meant she got two meals a day instead of one, and her grandmother took part in the parenting skills workshop, and now grows vegetables at home.

Like Farai, many more children have been fed, comforted, clothed, counselled and rescued from situations of neglect and abuse. CSTL is changing the lives of children and youth, as well as teachers, caregivers and the community.