



**MAINSTREAMING CARE AND SUPPORT TO ADDRESS BARRIERS TO
TEACHING AND LEARNING IN SELECTED SADC MEMBER STATES'
EDUCATION INSTITUTIONS**

By

Jennifer Winnifred Mthimkhulu

Student Number: 19982238

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Supervisor: Professor M.M. Hlongwane

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DECLARATION

Name: Jennifer Winnifred Mthimkhulu
Student Number: 19982238
Degree: Doctor of Education: Educational Psychology and Special Education

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I declare that this theses is my own work, and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declared that I have never been submitted this these, or part of it, at the University of Zululand for another qualification, or at any other Higher Education Institution.



22 April 2019

SIGNATURE

DATE

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ABSTRACT

The purpose of this study was to examine the importance of mainstreaming care and support to address barriers to teaching and learning. The research explored both the potential and limitations of mainstreaming care and support, as a practical and an analytic strategy, by addressing key underlying issues, as well as comparatively assessing the implications of mainstreaming care and support in different settings. There were principles and values about placing a child in the centre of education and taking the importance of the rights of a child so that no child is differentiated or discriminated against. The education ministry ensured that all children access education because it is the right of children regardless of gender and socio economic status. In this study mainstreaming was presented as an approach that held and followed a variety of needs for teaching and learning. Mainstreaming attempted mostly to be socially, customarily, aesthetically, ethically, environmentally and circumstantially relevant and applicable.

Mainstreaming called for multi-sectoral collaboration of different ministries that work with and for children, for an example the Ministry of Home Affairs for documentations (birth certificates), the Ministry of Social Development (grants), the Ministry of Health and civil societies. The formation and collaboration with appropriate and relevant partners and stakeholders was presented as an important element in the development of commitment and nurturing of the service delivery of care and support programmes and activities for children. Mainstreaming of care and support served as the amelioration in breaking down the barriers to learning. The addressing of barriers demonstrated that all children accessed school, increased enrolment and retention. It ensured that children stayed in school for the number of required years. Mainstreaming called for the participation and involvement of different role players at different levels in education, including the community, parents, and caregivers. It based its focus on local expertise by providing and prioritizing capacity building on knowledge, skills and guidance through mentoring, training and technical support. It also based its focus on existing initiatives or programmes that supported learners' social needs.

This study based its research in two SADC Member States, namely Swaziland and Zambia. The study compared what was pertinent, using questionnaires to collect information. It investigated what already existed and implemented to deliver care and

support services. The research used both quantitative and qualitative research methods, however a qualitative research method was mostly used, as a natural science and social science tool, enabling the researcher to study social and cultural phenomena. The decision to use mostly the qualitative research method was based on the context, relevance and theses objectives' satisfaction. The study enquired into what existed and implemented for care and support service delivery. Key informants in both Member States included senior officials from the key ministries in the National Co-ordinating Units (NCU), Southern African Development Community (SADC), Care and Support Programme Steering Committee, Monitoring Information Systems Units (EMIS), civil society organisations (NGOs), United Nations (UN) agencies, school support teams and teachers.

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CHAPTER 1

BACKGROUND AND CONTEXT OF THE STUDY

1.1 INTRODUCTION

The study will focus on two Southern African Development Community (SADC) Member States, namely Swaziland and Zambia. The two Member States have worked towards adopting the integration and addressing issues of care and support into the school curriculum, and later into the Education Monitoring Information Systems (EMIS). This research focuses on the potential and limitations of mainstreaming care and support, as a practical and as an analytic strategy, by addressing key underlying issues, as well as comparatively assessing the implications of mainstreaming care and support in different settings. The study will examine how the education system can mainstream care and support in order to ensure an all-inclusive, holistic and complete support for all children, especially the vulnerable.

Mainstreaming encourages the adoption of important morals, ethics, standards, values and principles, and to incorporate and assimilate these into different aspects of education system as per needs. For instance, development programmes would denote to gender mainstreaming which in its instance promotes equality between men and women and fostering commitment to all to recognise the human rights, especially those which address the issues of women e.g. domestic and sexual abuse or violence.

Mainstreaming begins with putting in place and driving the policies and practices that promote addressing barriers to teaching and learning which impeded the enhancement of care and support and allowing these to infuse the whole system of education delivery. This means that more children are supported in understanding and appreciating their right to education.

The aim of the study is for the ministries of education to explore the potential and limitations of mainstreaming care and support by addressing key underlying issues, as well as comparatively assessing the implications of mainstreaming care and support in different settings. This would make the ministries of education realize the importance and need for mainstreaming care and support, in addition to what is already implemented, through an expanded and strengthened teaching and learning

system, in collaboration with other sector responses. The ministries of education will be able to expand and strengthen by collaborating with other ministries and stakeholders in addressing the barriers to teaching and learning. This can be achieved by education ministries having to review and revise the systems, plans and budgets to provide and supply the necessary services for care and support, which will help address barriers and issues that are faced by teachers and learners. There are vital and indispensable elements and components for a child's development in order to participate and contribute meaningfully in the community where he or she is in, these include the rights to access to quality education, be free from poverty (hunger), getting immunised to be free from transmittable diseases (e.g. small/chickenpox), prevention from being in an abusive or violent environment at home and community, the need for psychosocial support (emotional safety and security) and care and support.

Care and support activities are those actions that address the barriers that prevent vulnerable children from learning effectively at school. These actions are comprised of, but not restricted to, improved nutrition, better health care, support with homework, opportunity to play sport, access to counselling when it is needed, and referral to other services that is beyond the mandate, skills and knowledge of education sector, for an example school.

Educational institutions need a transformation into inclusive centres of learning, care and support. The education institutions should be friendly environments where all learners can be accommodated to learn according to their needs, especially those who are most vulnerable and in dire need for care and support (Inclusive Education in Action, 2010). The prevention and reduction of the impact of intrinsic and societal barriers that prevent the expected performance and achievement of educational goals by learners and teachers are important. MIET Africa (2010) stated that societal barriers may include the poverty, which may affect a child's access to school where parents may not have money to pay for registration and a parent's lack of involvement with the learning process in circumstances where parents work far from home and only come back home on weekends, monthly or at the end of the year. The vulnerable children, especially those who are orphans or come from families that are affected or infected by the HIV and AIDS pandemic may not receive the required support and services through being orphaned, the intrinsic barriers in individual children which may lead to emotional disorders which can affect a child in his or her studying, leading to poor

performance or even drop out of school, and/or the challenges that also stem from disabilities and other medical causes, affecting children's physical, sensory, cognitive and psychosocial development. Mainstreaming care and support into the education system's plans, budget and strategies is the approach that the ministries of education should adopt and apply in orders to solve these issues.

Therefore, mainstreaming aims to ensure that there is capacity, commitment, coverage, cost, culture and context, competition and collaboration in the education systems.

1.2 GENERAL OVERVIEW OF SWAZILAND

Swaziland is a small, landlocked country, 17,364 km² in size (The World Bank in Swaziland, 2017). Swaziland shares its eastern border with Mozambique and its northern, western and southern ones with South Africa. Swaziland has the Highveld to the west, comprises of mountains, with numerous rivers, waterfalls and gorges. Its warm climate is ideal for growing crops, and much of the country's agricultural activity takes place in this region. Almost half of population is found on the rich soils of the Middleveld, where population densities reach 50 inhabitants per km². The Lowveld is sub-tropical Sugar and citrus are Swaziland's two major crops. The mountainous Lubombo Escarpment forms a dividing line between Swaziland and Mozambique (The World Bank in Swaziland, 2017). There are four distinct physiographic regions in Swaziland, such as Hhoho, with its capital Mbabane, Lubombo, with Siteki as its capital, Manzini, with Manzini as the capital and Shiselweni, with the capital Nhlangano.

In 1968 Swaziland became independent from Britain, since then has been ruled by a monarchy to date. King Mswati III became the country's head of state in 1986. In 2008, the Prime Minister, Barnabas Sibusiso Dlamini, became the head of Swaziland government. The Prime Minister recommends the country's cabinet and the monarch endorses and approves the recommended cabinet. The monarchy is hereditary and, from the appointed members of the House of Assembly and the Senate, the monarch appoints the prime minister and his cabinet. Swaziland's Constitution came into effect in 2006.

Swaziland's population is estimated at just over one million people, of whom 52.7% are female (Kingdom of Swaziland, 2009). The main urban settlements are Mbabane, the capital city of Swaziland, in mid-2005 it had an estimated population of 73,000, and Manzini, in the 1997 census recorded a population of 25,571. The population of Swaziland is homogeneous: ethnically and linguistically, it is overwhelmingly Swazi.

According to the World Bank (2017) Swaziland is classified as a lower-middle income country, with per capita income of US \$3 000. The country is highly dependent on South Africa for its import (80%) and export (60%) trade. According to the World Bank (2017) Swaziland was expected to rebound by 1.7% in 2016. The National Multi-sectoral Strategic Framework for HIV and AIDS, (2009), states that the economic slowdown has been mostly caused by the changes and instability in the produce by the agricultural sector. The agricultural production in Swaziland has been affected by unpredictable weather conditions. The prices of agricultural products on the world market which also changed impacted on Swaziland produce.

According to the Swaziland Household Income and Expenditure Survey (2009/10), because of high income inequality, 56.4% of the wealth is held by the richest 20%, whilst the poorest 20% held 4.3%. The survey reports that there is high unemployment rate especially among women, which is 70% and youth at 40%. In order for Swazis to get jobs they immigrated to South Africa. In 1990 there were 16,500 migrants compared to 13,000 in 1997 (The Kingdom of Swaziland, 2007). Even among the employed, they are temporarily employed, with unguaranteed jobs and are living below the poverty line.

1.2.1 Context for children in Swaziland

The Swaziland Statistical Office, reported in The Multiple Indicator Clusters Survey that was conducted in 2014, stated that a total of 60 percent of all children in Swaziland are classified as vulnerable and 71 percent of children are classified as orphans, or orphans and vulnerable children (Swaziland Statistical Office, 2014). The survey further revealed that 54 percent of parents are chronically ill, 12 percent of the households have chronically ill adult and 4 percent of the children had experienced death in the household (Swaziland Statistical Office, 2014). The statistics and findings through the survey make it clear that there are children living under these conditions,

who need different kinds of support, such as free education, nutrition, safety and protection, health, psychosocial support and material support.

Ndlela (2008) stated that the status of HIV and AIDS in Swaziland shows that 220 000 people are living with HIV, 8 800 are new infections and 64% children are on antiretroviral treatment. The Multiple Indicator Clusters Survey in 2014 results showed that 3 percent of both young men and women reported having sex before the age of 15 (Swaziland Statistical Cluster Survey, 2014). The survey further shows that 4 percent of young women and 13 percent of young men have had sex with more than one partner. The results demonstrate that there is a need for more knowledge on sexual reproductive health.

The National Strategic Framework for HIV states that orphans and vulnerable children are the most visible impact of the epidemic in the society today (Kingdom of Swaziland: National Strategic Framework (NSF) for HIV and AIDS, 2009-2014). The National Strategic Framework lists the critical needs for education support such as psychosocial support, food and nutrition, health care, protection and socialisation. The National Strategic Framework aims to ensure that adolescent orphans and vulnerable children are registered in schools and continue with their learning until the expected number of years in school are fulfilled. It also provides information on HIV and AIDS life skills education. The National Plan of Action (2011-2015) coordinated the service delivery to reach all children in need of care and support improved to enhance their right to enjoy opportunities and provision of basic needs such as clothing, health, shelter safe water and hygiene.

Following attainment of independence in 1969, Swaziland's priority was to increase and develop its school system. In order to achieve this Swaziland has made a major increase in education resources at all levels. Universal Primary Education (UPE) saw a systematic movement towards the achievement of its education outcomes. To comply with the SADC Protocol on Education, Swaziland maintains a 10-year basic education programme of which seven years are primary education, and three years are lower secondary education. Only a small number of learners access secondary school in Swaziland; many drop out at primary or secondary levels. The government explored avenues and ways to ensure that at secondary level learners leave the level having the skills and knowledge that can help them get jobs or start their own

businesses. In the school curriculum, the government opened a pre-vocational project that aimed at mainstreaming the academic and entrepreneurial skills.

The Schools as Centres of Care and Support programme which was started as a pilot project in 2006, was aimed to be a spring board to identify the needs for vulnerable children and then develop a framework and a strategy of support for vulnerable learners. The programme was developed on the principles of a multi-sectoral collaboration and partnership to address barriers to teaching and learning caused by poverty, HIV and AIDS, and other communicable diseases.

There are many practical challenges that face schools. The majority of schools are located in rural areas without access to structured government services. Schools in Swaziland mostly use rainwater tanks. Very few schools have adequate toilet facilities for their learners, and waste collection and disposal has not been formalized.

Safety and protection measures for learners and teachers are limited. For an example, there are no strong appropriate measures and protocols, in collaboration with communities and appropriate institutions, to identify and monitor cases of child abuse. Although there are civil society organization that are attending to children's needs, the support is, these are limited and there is thus a need for government intervention to assist schools, for an example *Tihlombe Lokukhalela*, meaning a 'Shoulder to Cry On'.

A nutrition programme is in existence in some of the primary schools. School food gardens can potentially provide fresh nutritious vegetables for the feeding programmes, however, due to drought, these gardens are not producing as much as needed, and at times, nothing at all.

Swaziland has school nurses who assist schools with health-related issues, for an example immunization, first aid boxes, checking children ears and eyes and attending to children who are referred to clinics by the schools. There is a need for schools to raise awareness and share information about major public health risks, for an example tuberculosis, cholera, malnutrition, illnesses related to HIV and AIDS, and other health problems faced by those living in poverty.

1.3 GENERAL OVERVIEW OF ZAMBIA

According to the Population Pyramid, Zambia in 2017 had a population of approximately 17,237 931 million inhabitants compared to 16,717 331 in 2016 (Population Pyramid net, 2017). The total number of children is approximately 10 million, making up more than the population (Population Pyramid net, 2017). Seventy-three dialects are spoken in Zambia, with English being the official language, and chief medium of communication. Almost two thirds (64%) of the population live in poverty, below the international poverty line of US\$1.25 per day. The per capita annual income averages \$1,500, placing Zambia as one of the world's poorest nations. In addition to poverty, Zambia has been affected by the HIV and AIDS pandemic. The findings of the review show that the education ministry in Zambia has a challenge of interpreting school books into the seventy-three dialects that are spoken, even though English is an official language. There is a high level of poverty which may lead to children dropping out of school to look for jobs, thus never finishing school.

Zambia is a third world country like almost all the African countries but within Africa it is a middle-income country. In 1970 Zambia began to drop into poverty. This was caused by the decline in copper prices on world markets. In 2009 Zambia economic growth saw a progress, there was a positive economic growth.

The country is divided into nine provinces, each province being divided into districts, totalling 72 across the country. There is a total of 22 national ministries. Deputy Ministers lead the provinces. Ministers are at national level, and act as the political heads of the 22 different ministries in the country. They are supported by deputy ministers and civil service permanent secretaries. They are the top-ranking administrative leaders, who are supported by directors of the various departments.

1.3.1 Context of children in Zambia

The State of the World Children cited that children make up about half of Zambia's population at 6.686 million. Children were extremely vulnerable due to high levels of poverty and the impact of HIV and AIDS, (UNICEF, 2009).

Poverty and poor infrastructure in Zambia had affected the health status of children into being poor and there is a high level of child malnutrition which leads to children to easily contract communicable diseases. According to the State of the World Children

(2009), fifteen percent of children under 5 were moderately or severely underweight, and Zambia is marked by high child mortality rates. UNICEF, (2009) recorded that the infant mortality rate is 92 per 1,000 live births, and the rate is 148 for children under the age of 5.

According to a UNICEF (2009) report, almost 1 million children (950,000), between the ages of 0 – 14, were living with HIV. In addition, there were 1.1 million orphans in the country in 2007, (UNICEF, 2009), and estimated that by the end 2010 there would be 1 328,000 children orphaned by AIDS in Zambia; (UNICEF, 2009). The State of the World Children further stated that access to sanitation and clean drinking water was low, with only 58% of the population used improved drinking water sources and 52% using improved sanitation facilities (UNICEF, 2009). According to report by UNAIDS, it stated that Zambia had 1.2 million people living with HIV and AIDS. There were 59 000 new infections and 52% of children are on antiretroviral treatment, (UNAIDS, 2016).

There are two levels of education in Zambia which is provided as basic education from years 1 to 9 and upper secondary education from years 10 to 12. Education begins at preschool level which is a four years period, this is optional and depend on parents' decisions. The entrance age for preschool is three years. Primary education is compulsory and begins with the seven years olds children, therefore the school entrance age for primary education is seven years old. This is followed by the secondary level of education which comprises five years of schooling. There are government directed examinations which determine the progression from one level to the next.

The Zambia Ministry of Education is divided into four ministries such as the Ministry of Science, Technology and Vocational Training; the Ministry of Sport, Youth and Child Development; and the Ministry of Community Development and Social Services. All these ministries work on children issues, which is why they need to work together in order to address the needs of a child holistically.

The core mandate of the Ministry of Education is to guide the delivery of education services at primary, secondary school and college (teacher education) levels. It is responsible for pre-schooling which includes teacher training from pre-school to secondary, schools for continuing education, the National Science Centre,

Educational Broadcasting Services, the Curriculum Development Centre and university education. The Fifth Departmental National Plan states that Zambia has an Examinations Council of Zambia that is responsible for all examination which take place in the country both internal and external. The Ministry of Education is the largest stakeholder in the education sector (Fifth Departmental National Plan, 2006-2010).

As mentioned above Zambia education is divided into primary, secondary and tertiary education levels. There are nine headquarters at provincial level namely the Provincial Education Offices (PEOs). There are 72 District Education Boards (DEBs). In addition to the Provincial Education Offices (PEOs) and District Education Boards (DEBs), at provincial level, the Ministry of Education created Provincial Education Management Committees (PEMCs) and at district level the District Education Management Committees (DEMCs). The National Plan of Action further says that these are to strengthen education decentralization at provincial and district levels, (Fifth Departmental National Plan, 2006-2010).

While the Zambia Ministry of Education is the main provider of basic, secondary and tertiary education, and vocational training, community schools play a central role in the education system. Community schools emerged in response to the economic crisis between 1975 and 1995, which forced the government to cut its education budget, resulting in underfunding of the sector in subsequent years. Community schools further developed in the mid-1990s, as more and more learners were unable to access places in government schools. According to the Zambia Policy and Operational Evaluation, the community schools serve the education needs of 60% of the population living in rural areas and are run by Parent School Community Committees (PSCCs), (Policy and Operations Evaluation Department, 2008). Many community schools have been established informally, which means that education standards vary tremendously. In addition, since many community schools are unregistered, they do not receive assistance from the Ministry of Education. At national level, the Zambia Community Schools' Secretariat (ZCSS) was established to serve the administrative needs of community schools.

As in Swaziland, the Schools as Centres of Care and Support (SCCS) Programme was piloted from 2006 to the end of 2009. As stated above the programme promoted collaboration by different partners and stakeholders to form a multi-sectoral partnership to address barriers to teaching and learning which amongst all are poverty,

HIV and AIDS, and other diseases. Schools are strengthened to provide quality education and mobilised to function as hubs of integrated service delivery. These hubs of integrated service delivery ensure that children have increased access to health and social welfare services, (MIET Africa, 2006).

Zambia, with respect to care and support, has good practices in addressing Psychosocial Support in some of the schools that are supported by non-governmental organizations, and these practices should be replicated in other schools. Since the issues of care and support have not been included in in-service teacher training, teachers need to be capacitated through pre-service training. The Ministry of Education works with United Nations Agencies such as UNICEF, UNESCO and UNAIDS and other civil societies to address the issues of care and support leading to addressing barriers to teaching and learning. The establishment of formalized collaboration networks with external psycho-social support service providers at district level and school level assists teachers to address barriers to teaching and learning in schools. However, the needs of female learners should be explicitly addressed in teacher-training programmes and service provision, as a girl child usually has specific needs as compared to boys for an example menstruation circle whereby a girl child needs pads.

There are Ministry sectors that deal with children issues which in addition to the Zambia Ministry of Education includes and the Ministry of Community Development and Social Services (MCDSS). These have to strengthen effective collaboration in order to provide material support for learners. This can be done through effective coordination among public and private service provider organizations, including school nutrition programmes that are established in some schools. Should these be effective there would be more reported positive outcomes, such as an increase in learner attendance and performance.

Water and sanitation is problematic in Zambia, especially in rural community schools, which battle to ensure available water. 'Grey', waste water is used optimally, but this does not help to maintain appropriate sanitary facilities for both teachers and learners.

1.4 REVIEW OF STUDIES CONDUCTED IN THE FIELD

In order to support SADC member states' education ministries in fulfilling country commitments, and the outcomes of providing quality education to all children, there is a need for the development of initiative that will provide an inclusive and comprehensive methodology to addressing the barriers to teaching and learning associated with health and poverty-related challenges. The Strategic Framework and Programme of Action published by SADC, (SADC, 2008-2015), which includes the Comprehensive Care and Support for Orphans, Vulnerable Children and Youth (OV CY), set an agenda of five strategies, by which orphans and vulnerable children should benefit from policies, programmes and resources, advocating a holistic and integrated methodology to addressing the basic developmental needs of vulnerable children and youth across SADC Member states (SADC, 2008-2015). This advocated mainstream care and support strategy for orphans and vulnerable children in different sectors of development, while strengthening of conditions and mechanisms for service delivery.

Through the SADC Communique, Ministers acknowledged that important and essential developments need to happen in the education systems and in its institutions in order to secure the education rights of children. They further agreed to strengthen and broaden their school systems to embrace a care and support ethic, in order to enable and establish a mutual and collective methodology to addressing barriers to teaching and learning, related to pedagogic, health, societal challenges, through harmonising and strengthening the existing policies and programmes, (SADC Education Ministers' Communique, 2005).

The African Charter on the Rights and Welfare of Children states that:

“the situation of most African children, remains critical due to the unique factors of their socio-economic, cultural, traditional and developmental circumstances, natural disasters, armed conflicts, exploitation and hunger, and on account of the child's physical and mental immaturity, he/she needs special safeguards and care”. (African Charter on the Rights and Welfare of Children, 1999).

According to MIET Africa (2010) the socio-economic, socio-political and environmental contexts are unique conditions around the region. The example is demonstrated in the natural environment, in the political environment or in the socio-economic environment that need to be understood.

The government of Swaziland introduced free primary education in 2009 to be phased in over the upcoming years. A research need was identified for an impact assessment of the first phase, to identify factors hindering successful implementation of the act. Since 2009 the Swaziland government started phasing in free education in primary schools. It started with grade one, and yearly phasing in a new grade, however it will be a long process, before they finance the secondary level, as only one grade is phased in a year.

Another specific area that needs attention is identified as the protection of vulnerable children. That would facilitate the development of standardized vulnerability assessment criteria and methods to be used throughout the country. Care and support for teaching and learning would include amongst others the specific types of support that schools require in order to develop sustainable feeding programmes, how schools can involve school surrounding communities successfully to support school programmes for especially vulnerable children, and to explore the different ways in which different Ministry sectors and organizations collaborate in providing services needed to address barriers to teaching and learning and be able to identify enabling conditions, including factors for success which involves assigning clear roles and responsibilities by organizations.

According to SADC (2010) vulnerable children are those who have lost one or both parents; children living in child headed households; children living in very poor households and/or households where no adults are working; children living on the streets; girl children; children living in rural areas; children under the age of five years; children infected and affected by HIV and AIDS, and youth and children with disabilities. In addition, the specific groups including children affected by war, children living in institutions, children affected by natural disasters, children living in urban informal settlements, child victims of violence/abuse, abandoned babies, children living on farms, working children, displaced/migrant children and children of migrant families, children from broken/dysfunctional families, and children with parents in prison are all categorised as vulnerable children. Thus, these children experience

barriers to learning, and if they happen to be in school, teachers have problems in teaching these children as they are affected and need specialized skills on the part of the teacher.

The mainstreaming of care and support for teaching and learning involves a number of developments. More importantly, it involves being recognised by the national government and accepted by the public. It means being allocated budget and having access to that budget. This should be an integral of the Education Management Information System (EMIS) tools that are used to collect data.

This study will seek to foster recognition of the policies and institutional framework, within which barriers that hinders children's access, retention and achievement to learning are addressed. It will expose gaps that are consistent. It will provide a useful starting point for national level discussions to support children, especially the vulnerable, in a more unified and comprehensive manner. It is significant to note that this study will also seek to identify the core components of a holistic response to education.

1.5 THEORIES UNDERPINNING THE STUDY

According to Association for the Development of Education in Africa (ADEA) a grounded theory is always work in progress in that it constantly needs to be extended and refined to reflect the variety of changing contexts in which we attempt to innovate (ADEA, 2009). Thus, this research outcome should be focused towards improving education access, retention and achievement, and creating the conditions that will enable vulnerable children particularly, to overcome the barriers facing them as they secure their right to education.

The challenges, or barriers, that learners face in realising their education rights can be categorised as follows (Khulisa Management Services and MIET Africa, 2011):

- **Systemic barriers.**

For example, inadequate facilities at schools, overcrowded classrooms, lack of basic and appropriate learning materials, lack of assistive devices, policy and curriculum issues, transport difficulties, and inadequate support for schools from education offices.

- **Societal barriers.**

For example, severe poverty, late enrolment at educational institutions, communication difficulties, child-headed households, children living on the streets, and children affected by HIV and AIDS.

- **Pedagogy barriers.**

For example, inappropriate teaching methods and/or learning and teaching materials, insufficient support for teachers, and inappropriate assessment procedures.

- **Intrinsic barriers.**

For example, those that are within the individual child which included the emotional, physical, psychosocial and health-related problems.

Many initiatives share the aim of improving education (access, retention and quality) and creating the conditions that enable vulnerable children particularly, to overcome the barriers facing them as they secure their right to education. UNICEF, (2006) emphasized that the education standards of quality should make it possible for all children to access school, and be retained from one grade to another, until a child completes the cycle of schooling on a specified time. A school or education-linked approach can have several benefits for learners, communities and schools themselves, by transforming schools into centres of learning, and through bringing care and support resources and services closer to those who need those most.

Bronfenbrenner ecological systems theory demonstrates five levels with which a young person interacts (Bronfenbrenner, 1979). These he drew from natural ecosystems. The five levels are the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem. The microsystem is viewed as the most powerful and prominent level, and has the intimate relationship to and individual, and is the one where direct interaction and connection happen. The mesosystem involves interactions between a person's microsystems. As the child moves out into the wider context, the three systems come into effect. According to Bronfenbrenner, (1979) he believed that a person's development is affected by the surroundings and environment he or she is in.

SADC (2010) stated that it is evident that, whilst the countries are trying to put in place best practices to address barriers that children are facing, and notable progress has been made in the territory of policy development, strengthening and improvements for

orphans and vulnerable children, there are still some important and notable identified gaps and contradictions that are remaining as a substantial disconnect between policy and practice. This shows that the education sector can better address the needs of orphans and vulnerable children and youth in impoverished communities by harnessing local resources for an example by building on local and national mechanisms already in place; involving communities in implementation and monitoring of programme work and supporting schools in providing quality education and support services including nutrition, psychosocial and protection support for children.

SADC (2008 - 2015) identified five strategic areas of focus and activity: (1) policy review, development and harmonization, (2) capacity strengthening and integration /mainstreaming, (3) research, monitoring and evaluation and coordination, (4) strengthening learning, partnership and technical responses, (5) regional coordination, management and resource mobilization. These are areas from which orphans and vulnerable children should benefit. It advocates the mainstreaming of a care and support strategy for orphans and vulnerable children in different ministry sectors of development, and the strengthening of the environment, circumstances, conditions and methodology for service delivery. It promotes evidence-based policies and programmes and further advocates the integration of National Plans of Action (NPAs) into national development plans. This illustrates that there is a need for a multi sectoral collaboration between the Ministry of Education and other sister ministries to ensure efficient, relevant and proficient delivery of services.

SADC intervention will re-enforce the importance of mainstreaming care and support into the education system and other ministries that deal with children issues, although member states are the ones to implement recommendations.

1.6 PROBLEM STATEMENT

Access, retention and performance in education are crucial and a prerequisite for all learners. All children have a right to education, however there are barriers and if they are not addressed, they will limit children to access education. The Ministry of Education will not be able to address these barriers in isolation, but needs to work in partnership and cooperatively with other Ministries who deal or specialises in these for

an example Health, Social Affairs, as well as to work with civil society organizations in order to address these barriers:

"There is limited access to quality education, retention, performance and completion in Southern African countries. One of the factors that have affected the provision of quality education in the Southern African countries is lack of care and support services in schools. Care and support services include the humanitarian crisis, poor school environment, limited educational support material and facilities, poor infrastructure, lack of supportive policy and legislation for free basic education and re-entry policy for teenage girls who dropped out of school due to pregnancy, lack of school grants targeting orphans, absenteeism due to illness, gender-based violence and sexual harassment by educators, or other learners, and nutritional problems".

An Essential Package of School Based Interventions in Southern Africa:
Regional Strategy for Country Action, (2005)

This research investigates the current service delivery in mainstreaming care and support services, and its potentials and limitations in third world countries with less resourced schools. It will also comparatively assess the implications of mainstreaming care and support in different settings. The settings are Zambia and Swaziland.

The core mandate of any education ministry is to provide a conducive environment where children can learn effectively. Education ministries' focus has always been addressing academic barriers. Besides academic challenges that children face, children go through other challenges which can be poverty, abuse which are societal and intrinsic barriers. The Ministry of Education should begin to address societal and intrinsic barriers and should consider involving other stakeholders whose core responsibility or mandate are these for an example health department for health related issues, social affairs for welfare, documentation and grants. Therefore, inclusion should be promoted in addressing societal and intrinsic barriers in order to mainstream care and support.

The important services, such as health, safety and protection, and welfare services which are necessary for children to be able to learn effectively, usually fall within the mandates of sister ministries such as Ministry of Health, Ministry of Police Services,

Ministry of Social Affairs and Ministry of Finance. Since it is critical that education deliver a comprehensive range of multi-sectorial services to children, therefore the Ministry of Education should partner with other ministries and relevant stakeholders to deliver a complete and inclusive range of services to children but should be education driven in order to influence the education system, such as from national to school level.

Education institutions are viewed as centres for academic learning and teaching, in terms of realignment and transformation, and should embrace the new expanded role of seeing or viewing schools as centres of learning, care and support. Care and support should be mainstreamed in the curriculum and introduced as a compulsory module at the teacher training institutions.

Multi-sectorial collaboration, with a particular emphasis on co-ordination of sister ministry activities, is essential for the integrated delivery of essential services to children. Committed partners, with the government, through its ministry of education, as the lead partner in each country, are a prerequisite for initiating and proceeding through to implementation. An undertaking by ministries of education should include the programme activities in the regular planning and distribution of resources across the board.

1.7 RESEARCH QUESTIONS

The following are the questions for the key informants:

- 1.7.1. What is the status of mainstreaming care and support in the selected SADC member states in addressing barriers to teaching and learning?
- 1.7.2 What are the potentials and limitations of mainstreaming care and support in the ministries of education systems, policies and related documents?
- 1.7.3 What approaches and options need strengthening and improvement to mainstream care and support in education system to address barriers to teaching and learning?
- 1.7.4 What measures are in place as coordination mechanisms for mainstreaming care and support, which is a form of multi-sectoral collaboration effort to address barriers of care and support for teaching and learning?

1.8 AIM, OBJECTIVES AND/OR PURPOSE OF THE STUDY

1.8.1 Aim

This research aims to explore the potential and limitations of mainstreaming care and support by addressing key underlying issues, as well as comparatively assessing the implications of mainstreaming care and support in different settings.

1.8.2 Objectives

The following are the objectives for this study:

- Objective 1: To explore the potential and limitations of care and support mainstreaming in the education sector.
- Objective 2: To strengthen/provide approaches to mainstream care and support in education system and determine the options that the ministries of education can adopt to address barriers to teaching and learning in the different settings.
- Objective 3: To make recommendations and lobby for mainstreaming of care and support, enabling children to access quality education through inter-departmental/unit and multi-sectoral collaboration.
- Objective 4: To determine the extent to which the ministries of education mainstream issues of care and support in order to meet the needs of children to address barriers to teaching and learning.

1.9. RESEARCH

1.9.1 Research method

The study is based mostly on qualitative research methods. It used the complementary research tools which include key informant interviews with research partners of the ministry of education (or other relevant government ministries), and with the different informants. This study aims at providing a balanced overview of research needs related to care and support for teaching and learning in each of the two participating member states namely Zambia and Swaziland, based on the input of a diverse range of interviewees.

The collection of data is comprised of two phases:

- i. The first phase of the research process will consist of a comprehensive literature review and review of secondary data available on the subject matter.
- ii. The second phase of the study will comprise of qualitative interviews schedules and focus groups with key informants and consultative interviews.

1.9.2 Research design

According to Vanderstoep and Johnston (2008) qualitative research design “cannot be given; it must emerge, develop, unfold”. Blanche and Durrheim (1999) said that such research is naturalistic and can formulate rich descriptions and explanations of complex human phenomenon.

Using the two Member States as a case study method, the study compares what is pertinent, using a questionnaire and interviews to collect information. It also enquires what already exists and is implemented regarding service delivery of care and support services.

1.9.3 Participants

Key informants were identified with support from the Planning and Counselling Unit in the SADC member states of Zambia and Swaziland. Key informants identified to participate in the Baseline study included:

- (i) Senior officials from the key ministries involved in care and support multi-sectoral initiatives and as represented National Co-ordinating Units (NCU).
- (ii) Senior officials of the Southern African Development Community (SADC) – Education and HIV and AIDS departments.
- (iii) SADC Care and Support Steering Committee members in Swaziland and Zambia.
- (iv) Care and Support Country Focal Point persons.
- (v) Education, Monitoring Information Systems Units (EMIS).
- (vi) Members of the CSTL National Co-ordinating Units (NCU).
- (vii) Relevant government ministries (health and social) and Ministry of Education officials at national, district and school levels.

- (viii) Senior representatives of the national civil society organisations (NGOs) and United Nations (UN) agencies involved or associated with care and support and related services to vulnerable children.
- (ix) Senior officials of Planning and Counselling Unit; Education Monitoring Information Systems units, teachers and school management/governing bodies/teams, who were able to provide budgetary allocations and spending of education and the provision of related support services to vulnerable children.

1.9.4 Data analysis

Marshall and Rossman (1999) describe data analysis as the process of bringing order, structure and meaning to the mass of collected data. Jorgensen (1989) explained that the collected data should be analysed using the qualitative method which is the description of participants' answers and will lead to conclusions being drawn of their views. In addition, Jorgensen explained that data analysis is a process whereby data is divided into manageable segments and related aspects are put together so as to facilitate the analysis process and help conclude the findings of the study (Jorgensen, 1989). Verma and Mallick (1999) state that the interpretive approach which involves deduction from the data obtained, relies more on what it feels like to be a participant in the action under study, which is part of the qualitative research.

1.9.5. Ethical and safety issues

The confidentiality of data that will be collected through the interviews will be respected at all cost and should there be a need the only people who listen to the interview will be myself, my supervisors and my examiner who will be checking my work. No names will be mentioned in the report unless the interviewed participant agrees to have his or her name appear in the report. It should be noted that other researchers will have access to this data only if they agree to preserve the confidentiality of the data as will be stipulated.

It should also be noted that there will be no risk on information dissemination, nor physical nor emotional exposure of information. Should you wish to withdraw from the study as a participant in this research at any time without giving reasons you are allowed to do so and you will not be questioned on why you have withdrawn.

1.10 PLAN OF STUDY

The research study is divided into six chapters.

Chapter1: Introduction:

Background and context of study

This chapter places the problem into perspective by covering orientation or background information to the study, background information on the context of Zambia and Swaziland, the problem statement, aims and objectives of the study highlighting the purpose of the study, and plan of study or chapter division.

Chapter 2: Literature review:

In chapter two, the study focuses on the literature review which talks to mainstreaming care and support in teaching and learning.

Chapter 3: Theories underpinning the study

This chapter explains the existing or prior knowledge of theories. The chapter shows the understanding of the study is based on previous literature and further explains how it supports the theories in the study.

Chapter 4: Research, design and methodology

This chapter provides the research methodology covering research design, ethical considerations, instruments used, validity and reliability of the instruments and data collection procedures.

Chapter 5: Data presentation, analysis, interpretation and discussion

The chapter deals with data presentation, interpretation and analysis as guided by qualitative data analysis procedures.

Chapter 6: Recommendations, Limitations of the Study and Conclusion

The chapter presents the thesis conclusions and recommendations on what have been discussed in the findings.

Chapter 7: References

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The review of the literature in the field covered a variety of school-based care and support programme interventions implemented at national levels across the SADC Region and specifically in Swaziland and Zambia. This literature review aims to identify the core elements which are necessary for the provision of school-based care and support to teachers and learners in the SADC region. It further aims at improving education by addressing barriers to teaching and learning, in particular socio-economic and health-related barriers, so that all children access education, remain in, and achieve at, school; and creating the conditions that enable vulnerable children particularly, to overcome the barriers facing learners as they secure their right to education.

The literature reviewed the concepts of orphans and vulnerable children, mainstreaming, and how Swaziland and Zambia ministries of education attend to the services of nutrition, psychosocial support, safety and protection, water and sanitation and social services/material support. Children face a multiplicity of challenges, as illustrated in this in the diagram below. These challenges converge and result in low enrolment, high drop-out rates and poor performance.

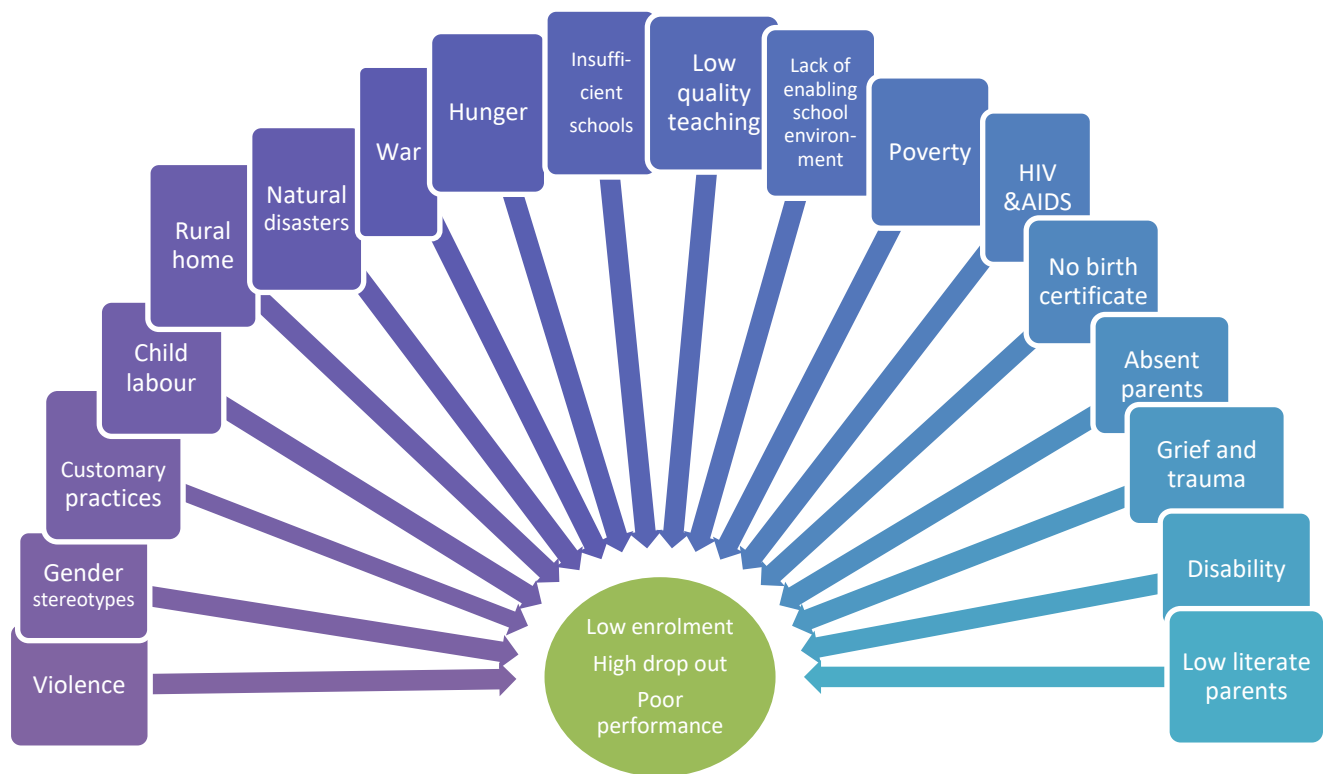


Figure 1. Barriers to learning

(Source: MIET Africa, 2015)

Children in SADC regions, including the two Member States under this study, face a multiplicity of challenges, as illustrated in the diagram above. These challenges converge and result in low enrolment, high drop-out rates and poor performance. These barriers to education negatively impact the above learners in the areas of education access, retention, completion and outcomes.

Care and support in teaching and learning can be the means to address barriers to education across the continuum of prevention, care and support as well as a host of interlocking vulnerabilities that would otherwise compromise the children's rights to education and to positive outcomes in education.

As was mentioned in chapter 1, SADC defined vulnerable children as those where one or both parents have died, who are in home which is a child headed households, whose household condition is very poor and/or households where there is working adult, who are living on the streets, girl children, who live in rural areas or settings, who are below the age of five years, who are infected and affected by HIV and AIDS,

youth, and those with disabilities (SADC, 2010). Additionally, in other few SADC member states the following specific groups were mentioned: children affected by war, children living in institutions, those affected by natural catastrophes, children staying in urban informal settlements, child victims of violence/abuse, abandoned babies, children living on farms, working children, displaced/migrant children and children of migrant families, children from broken/dysfunctional families, and children with parents in prison. Thus, these children are exposed to barriers to learning, and if they happen to be in school teachers have problems in teaching their children as they are affected and need specialized skills on the part of the teacher.

Children have to spend most of their lives at school: twelve years at primary and high school, and additional years at a tertiary institution. Sometimes a school is the only available infrastructure in a small rural community. For both parents and children, the school represents a potential place for learning which will serve as a protected place for a child's future prospect and vision. The school brings together people who demonstrate numerous and different roles such as in the teaching space, outdoor play space, administration or management and school governance, sustenance or support services and other areas of need. The schools are therefore been acknowledged and identified by many as service provision agencies, and further recognised as an essential node for the provision and distribution of care and support services to vulnerable children.

There are other centres for the provision of support service, thus schools not the only centres for the provision of support services. However, over the last ten to fifteen years, as HIV and AIDS has accelerated its control over communities across the Southern African region, a spread and plethora of non-government initiatives, operating autonomously of schools, have been established to respond to the needs of children and families that are affected and made vulnerable by the disease or pandemic.

All methods to the implementation of care and support interventions in the school appear to advocate for, above all, a mutual or shared obligation to placing the needs and welfares of the child at the forefront and strengthening school communities to provide a more caring, beneficial, conducive, supportive and inclusive environment for effective teaching and learning.

Mainstreaming care and support in school-based interventions involves a paradigm shift in the schools' methodology to the educational development of the child. Schools are no longer expected to provide an education package from within a vertical departmental stream. Rather, there is a need to additionally diffuse and enact policies, services and programmes designed to support vulnerable children and their families in an inclusive and integrated approach. Children's developmental needs must be addressed across policies, procedures, planning, national and provincial budget, capacity building, human resource development, monitoring and evaluation and inter-sectoral networking, these include health, education, protection, nutrition and poverty reduction.

2.2 ORPHANS AND VULNERABLE CHILDREN IN MAINSTREAMING CARE AND SUPPORT

An orphan is a child who has lost one or both parents and is below the age of 18 years. Due to irresponsible parents, who do not want to perform their duties as parent, a notion of social orphans is sometimes used to define children whose parents are alive but are not satisfying, achieving or accomplishing any of their maternal roles as parents by ensuring that their children attend school regularly, support their children with school work including homework. Parents may include those who are chronically ill, those who work far from home and are seldom with their children, abusive parents or for any other reasons that have made them to abandon or largely neglect their children.

The term orphan is defined by SADC as a child below the age of 18 years who has lost one or both parents, (SADC, 2008). An orphan is defined as a child, between the ages 0-17, whose mother (maternal orphans) or father (paternal orphans) or both (double orphans) are dead (UNAIDS, 2005).

Vulnerable children are children who are disadvantaged or is possible to be disadvantaged or abused, this can be a result of their social, physical, political, cultural, economic conditions, circumstances and environment. They would need external support because the circumstances become difficult to cope with and are beyond their means of understanding and managing. These may include examples of children who live in households whose parent is infected with HIV, children who are heading the

homes (child headed families), who is physically or mentally disabled or the parents are disabled, who is affected or infected by HIV, neglected by her/his parents, who does not have legal documentation like identity document, and is involved in child labour, among other things (SADC, 2010). Vulnerable children are defined as children who are in an extreme position of being abused and therefore need care and support.

Mainstreaming involves being able to identify areas where children need to be cared for and supported. There is a need to be able to examine the impact of vulnerability and establish to attend to the vulnerability. Mainstreaming would encourage people working with children to adopt important moral standards, ethics, values and principles and to integrate these into all aspects of children's programmes.

A school or education-linked approach can have several benefits for learners, communities and schools themselves: transforming schools into centres of learning, care and support has proved an effective strategy for bringing resources and services closer to those who need it the most.

A review of several of these programmes reveals a number of important elements in care and support for teaching and learning. Most of these elements show that the education sector can better address the needs of orphans and vulnerable children in impoverished communities by harnessing local resources (by building on local and national mechanisms already in place); involving communities in implementation and monitoring of programme work; supporting schools in providing quality education and support services (including nutrition, psychosocial and protection support for children). By reviewing their achievements, strengths and weaknesses, it is possible to improve upon these programme examples.

One of the most salient lessons, so far, has been that effective support programmes rely on a sound multi-sectoral approach. This is critical for the delivery of an integrated package of care and support services to orphans and vulnerable children. It requires a high level of commitment and involvement from all partners, strong coordination, usually by Ministries of Education, and strong partnerships between government, Civil Society organizations and the community. SADC recognizes the need for strong multi-sectoral partnerships in providing integrated service delivery to all children in the region — especially for orphans and vulnerable children, (SADC, 2008). SADC also advocates the mainstreaming of a care and support strategy, across the various

government sectors whose mandate is of development and through this, the strengthening of conditions and mechanisms for service delivery will be enhanced (SADC, 2008).

SADC reports that the education sector, in the region, has attempted to overcome these challenges in education by adopting a multi-sectoral approach to the delivery of services, recognising that this approach will best address all the barriers children face accessing education, remaining in school and achieving their potential, (SADC, 2008). SADC further states that a complete and inclusive care and support framework should set an agenda to drive the strategies by which orphans and vulnerable children should benefit from policies, programmes and resources. It advocates the mainstreaming of a care and support strategy for orphans and vulnerable children, in different ministry sectors of development, and the strengthening of conditions and mechanisms for service delivery. It promotes evidence-based policies and programmes and advocates further the integration of National Plans of Action (NPAs) into national development plans.

Participants at the World Conference on Education for All pledged in the World Declaration on Education for All and the Framework for Action to meet basic learning needs (Haddad, Colletta, Fisher, Lakin, M., Rinaldi, 1990). The Dakar Framework for Action committed to achieving quality basic Education for All by 2015 (UNESCO, 2008 & 2009). It is acknowledged that at such world conferences, education is recognised as a right and its status and significance for social and economic development is emphasised. The declarations, agreement and partnership commitments from civil society and international agencies are agreed upon and endorsed.

The Dakar Framework for Action that was accepted at the World Education Forum to reiterate the global commitment to Education for All (EFA), sets six major goals within the context of a world-wide strategy for the reduction of poverty (UNICEF, 2000). These contain increasing and improving holistic and complete early childhood care and education; ensured that all children would have access to and complete free and compulsory primary education of good quality by 2015; ensuring that the learning needs of all young people are met through a justifiable and fair access to proper and appropriate learning and life skills programmes.

As noted in the World Declaration on EFA, and reiterated in Dakar, poor health and nutrition are important basic factors that contribute to decreased learner enrolment, absenteeism, poor learning performance and early school dropouts (Haddad et al., 1990). Access to school, retention and achievement by learners in school, are being compromised due to ill health, hunger and malnutrition, which affects a significant proportion of school-age children.

The Education for All goal 2 (UNESCO, 2008 & 2009) was put in place in order to ensure that by 2015 all children, particularly girls, children in difficult circumstances, and those belonging to ethnic minorities, have access to complete free and compulsory quality primary school education. There has been a stride by member states to achieve this goal, this is evident in the introduction of free education in both countries.

The United Nations Convention of the Rights of the Child contains several provisions that relate to the protection of children against violence. Article 19 of the rights of the children covers the general preventions that relate to the protection of children against violence and abuse (UNICEF, 2010). It further calls for all state parties to take all appropriate legislative, administrative, social and educational measures to protect children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child, (UNICEF, 2010).

Education inclusion is important as it relates that all children should access and meaningfully participate in quality education, in methods that are quick to respond to their individual needs. Inclusive education has been promoted through the Education for All (EFA) movement to promote, not only access to education by all children, but also to rights within the schooling process and consequently to the rights that follow from access to good quality education.

UNESCO reported that determinations to increase access to education for orphans and other vulnerable children revolve around the importance of education itself. Education for All is a compelling goal for all nations (UNESCO, 2000).

There are major hindrances and complications that are limiting for children especially the vulnerable to access to education. These include lack of finances for parents who

are not employed, increased family responsibilities for child headed families, discrimination of children who are poor or sick, stigmatisation especially of children with HIV, trauma for abused children, scepticism about the value of poor quality of education and primary education.

According to MIET Africa (2010), gaps regarding care and support issues were identified. In Swaziland, in 2009, the government introduced free primary education to be phased in over the upcoming years. A research need was identified for an impact assessment of the first phase, to identify factors hindering successful implementation of the act. The government has since started phasing in free education, however it will be a long process before they cover the primary level. The facilitation of the development of standardized vulnerability assessment criteria and methods to be used throughout the countries would be a useful tool especially for addressing the safety and protection of children.

2.3 STATUS IN SWAZILAND WITH REGARDS TO CARE AND SUPPORT

The Constitution of Swaziland is the first law in the country (and one of the few African constitutions) explicitly to make provision for children after the country's adoption of the Convention on the Rights of the Child. Apart from protecting the fundamental rights and freedoms of individuals, the Constitution provides some protection for children, i.e. Constitution of Swaziland Act No. 001 of 2005, (The Kingdom of Swaziland, 2005).

To date, Swaziland Education Act shows that there are two laws which make provision for Education in Swaziland, namely, the Education Act No. of 1981, and the Free Primary Education Act No 17 of 2010. The Education Act regulates (1) the establishment, registration and inspection of schools, (2) Ministerial powers, and (3) the establishment of the National Education Board, District Education Advisory Boards, School Committees and the Adult Education Council. In its turn, the Free Primary Education Act provides for the implementation of the right to free primary education at all public schools i.e. Swaziland Education Act No. of 1981 and Free Education Act, 2010, (The Kingdom of Swaziland, 2010).

With the introduction of Free Primary Education Act of 2010 which makes school attendance compulsory by citing the fact that it is unlawful and a crime for a parent to

be a reason or a causes for a child not to attend school. Such an offence will attract a fine not exceeding E1, 000 (R1, 000) or three months' community service, such as Swaziland Free Education Act, 2010 (The Kingdom of Swaziland, 2010). Valid grounds for absenteeism arise if pupils are ill, are in danger of infection, suffer an infirmity, or if their parents experience sudden illness. Further grounds for absenteeism arise if the child has a physical or mental disability which makes the child unable to learn or be educated at a normal school or learn using ordinary and normal teaching and learning methods of instruction. Absenteeism is also permitted if the pupil is granted permission to be temporarily absent for good and sufficient reasons such as if the child is sick; if the pupil has been suspended from the school but not given permission to enrol at another school; or if there is a valid reason which in the opinion of the head teacher is a good and sufficient reason.

Nonetheless, Swaziland has a high number of children who are not or have never been to school and an increasing number of school drop-outs. The Swaziland's National Children Policy (NCP) (2009) reports that at least 25% of children aged between 6 and 12 years of age (55,000) are not enrolled in school. Sixteen percent of the 75% who do attend school, repeat years. Of the number of children who start grade one, only 57% complete grade 7, while only 30% finish the full ten years of basic education. Other problems stand as hindrances to the achievement of the right and access to education, (The Kingdom of Swaziland, 2009).

In Swaziland, schools are guided by a conceptual framework called the *Inqaba* (Swaziland Ministry of Education and Training, 2011). It highlights the minimum standards of quality in the provision and delivery of care and support services to the learners, to ensure quality teaching and learning. It further provides useful ways for head teachers of schools to promote the rights and responsibilities of children as cherished in the (The Government of the Kingdom of Swaziland. 2011) and the (UNICEF, 2010). The *Inqaba* is a comprehensive framework for care and support, it serves as guidelines and intervention that promotes quality teaching and learning through the implementation of seven pillars. It aims to increase the knowledge and capacity of school management teams and communities to construct a safe, caring and child-friendly schools.

The "Inqaba concept" is a framework that enables each individual child to develop to his/her fullest potential through the creation of the most desirable learning

environment. It promotes the mental and physical health and well-being, solidarity, tolerance, equality, freedom, and dignity for pupils (washinsschoolmapping.com, 2011).

The term Inqaba is the siSwati word for fortress, which implies that Swazi schools are a safe haven for all children, with particular attention being paid to orphans and vulnerable children, (Swaziland Ministry of Education and Training, 2011).

Pillar 1: Protection and Safety	Schools should be free of all forms of violence, abuse and bullying. Safety and protection concerns are not limited to the physical infrastructure of the school (such as fencing and gates) but also refer to the psychological and emotional safety of learners and educators.
Pillar 2: Psychosocial Support	Psychosocial support addresses the emotional, mental and social needs of learners and educators. All of these are critical for educational and overall development.
Pillar 3: Food Security	It is in the school's interest to have all of its learners well fed so that they are eager to learn. Since not all children are guaranteed adequate nutritious food to meet their physical and mental requirements. This is due to various factors including family situation, weather/climate, the economy, skills, attitudes and health status.
Pillar 4: Health	The health pillar seeks to enhance the understanding of the significance of health education and promotion of good hygiene to avoid the spread of diseases. It encourages the school to develop partnerships with different stakeholders in order to strengthen its health education programme.
Pillar 5: Water, Sanitation and Hygiene	The pillar emphasises the importance of hygienic and sanitation practices, personal hygiene and cleanliness. It also gives information on how much water each learner

	requires each school day. It stipulated the ratio for latrines as per number of learner and considering gender.
Pillar 6: HIV, AIDS, Gender and Life Skills	The pillar addresses the methods and techniques of fighting the HIV and AIDS pandemic, this is done through addressing gender issues and building life skills.
Pillar 7: Quality Teaching and Learning	The pillar provides information and notions on how to handle with children from diverse backgrounds, as well as how to make learning meaningful and effective.

Figure 2. Care and support seven pillars – Swaziland

Source: Swaziland Ministry of Education and Training, (2011)

With regard to policies which make provision for children and orphans and vulnerable children, Swaziland introduced several notable documents, namely, the National Plan of Action for Orphans and Vulnerable Children 2006-2010, the National Children's Policy 2009, the National Plan of Action (2007) on the 72 Children Rights of Children recommendations, and a revised National Plan of Action for the Most Vulnerable Children 2011-15, (The Kingdom of Swaziland. (2009). These policies fall under the National Children's Coordinating Unit housed in the Deputy Prime Minister's Office.

In 2006 Swaziland launched a comprehensive National Plan of Action (NPA) for orphans and vulnerable children to deal with its fast-growing rate population of orphans and vulnerable children. Orphan are children who are less than 18 years but has lost one or both parents. A vulnerable child should be a child whose parents or guardians are unable to take care of the child's basic needs as stipulated in the government documents. A vulnerable child is a child who is physically or mentally challenged, who is living by himself or herself, who lives with sick or poor elderly parents or grandparents, who lives in a poor child headed household, who has no fixed place with identifiable address, who lacks access to health care, education, food, clothing, psychological care and/or has no shelter for protection from abuse and/or is exposed to sexual or physical abuse including child labour (The Kingdom of Swaziland, (2009).

As mentioned above, the year 2009 saw the country adopting a National Children's Policy 2009, which seeks to protect, provide and fulfil children's rights. In February 2009, the Swaziland Government adopted a National Plan of Action on the 72 Convention of the Rights of Children recommendations. This policy document seeks to address all the 72 recommendations made to Swaziland by the United Nations. In 2010, Swaziland came up with a Revised National Plan of Action for the All Children (NPAMVC) 2011-2015. The Plan of Action focused on the most vulnerable children in Swaziland and seeking to intensify the implementation of national laws and policies that make provision for children.

Swaziland has a number of education-specific policies. They include the National Policy Statement on Education of 1999, the Education Sector Development Plan, the Education Sector Policy of 2010, and the Strategic Plan for the Education Sector, (2020-2022), and the Education for All Plan of Action, (2011-2015). The National Policy Statement on Education seeks to provide opportunities for children of to develop themselves, in order to improve the worth and value of their lives; and to upgrade the standard of living in their communities, (The Government of the Kingdom of Swaziland, 2011). It highlights areas of particular concern in education. These include the universal access to basic education, the provision and delivery of quality curricula; well-trained and qualified teachers; quality facilities; an improved teacher/pupil ratio; and improved teaching and learning attitudes.

The Education Sector Development Plan contained in the National Development Plan provides for education and teacher education in Swaziland. In order to ensure that all pupils, irrespective of their social or economic classification, have access to education the ministry in Swaziland at primary or basic-school level has made sure that the main objective is the increase of participation by all stakeholders. At present, many children still do not participate in education, and participation is particularly low among children in rural settings. At high-school level, the aim is the provision of diversified or differentiated curricula that enable all learners to explore all opportunities available to them at graduation. At tertiary-education level, the aim is to produce high quality teachers that are appropriate to the country's socio-economic needs.

In April 2010, Swaziland introduced a Strategic Plan for the Education Sector 2010. This plan is intended to enable the Ministry of Education and Training to provide

relevant, quality and cost effective which is affordable education and training opportunities for the entire populace of Swaziland.

The Education Sector Policy of 2010 was introduced with the ultimate goal of providing an unbiased, justifiable, equitable and inclusive education system which will enable all Swazi children to access free and compulsory basic education. This policy is a result of the recognition of the need to integrate separate free-standing policies for certain sub-sectoral issues within the education sector into the body of a mainstream education sector policy.

The Ministry of Economic Planning and Development developed the Poverty Reduction Strategy and Action Plan (PRSAP) 2006-2010, the goal of which is to reduce poverty by more than 50% in 2015 and eradicate it by 2022, (The Kingdom of Swaziland. 2007).

2.4 STATUS IN ZAMBIA WITH REGARDS TO CARE AND SUPPORT

Zambia has adopted a number of policies and programme focusing exclusively on children and youth which seek to improve their well-being through the promotion of their rights. Moreover, all of the policies in question recognise that the realisation of the rights of children requires collaboration amongst all Ministries and therefore promote mainstreaming of children's rights within the relevant Ministerial mandates and policies.

The policies include the National Child Policy and the National Youth Policy, both focus on the developmental needs of children as defined by being under the age of 18, (Republic of Zambia, 2015). The documents indicate the importance of collaboration amongst all ministries to address the needs of children, especially those who are more vulnerable to the risk of being excluded from school.

The Constitution of the Zambia protects the rights of all people, including children, to equality by outlawing discrimination on the grounds of race, tribe, and sex, place of origin, marital status, political opinion, colour or creed (Republic of Zambia, 1996). It singles out 'young people' for protection against employment which is harmful to or will interfere with their health or education or with their physical, mental or moral development (Section 24(1)). In addition, Section 24(2) protects all young people

against physical or mental ill-treatment and all forms of neglect, cruelty and exploitation (Republic of Zambia, 1996).

The National Action Plan (NAP) for Orphans and Vulnerable Children (2009 – 2010) is similar and in line with the previous policy and describes a complete set of necessary programmes necessary for the well-being of orphans and vulnerable children, including birth registration, education, health care, food, water and sanitation, child protection and psychosocial support. The National Action Plan for Orphans and Vulnerable Children proposes the establishment of a National Child Forum, which is a coordinating structure that will be responsible for the implementation of the action plan.

In Zambia, MIET Africa (2010) identified areas of research, especially on specific types of support that schools require in order to develop sustainable feeding programmes; how to involve communities successfully; and a study to explore the different ways in which sectors and organizations collaborate, in order to identify enabling conditions, including factors for success (e.g. assigning clear roles and responsibilities).

In Zambia, a policy and legal environment was created through review and revision of policies and strategies, and the enactment of legal instruments to facilitate the implementation of care and support for teaching and learning activities and other related programmes. All these built on the free primary education policy of 2002. Some of the policies put in place, include: The Re-entry Policy Guidelines 2012, these are guidelines which includes re-entry of girls into school after pregnancy and delivery, The HIV and AIDS policy for the Zambia Ministry of Education to mitigate the impact of HIV, The Education Act 2011, The Anti Gender Based Violence 2011 and the Constitution review which is currently underway.

Infrastructure	Infrastructure refers to the provision and maintenance of safe and appropriate physical school structures and basic amenities designed to meet the needs of all learners
Teaching and learning support material	Refers to the provision of sufficient, equitably distributed and appropriately designed teaching and learning materials to support all learning needs

Curriculum development and support	Refers to the processes that facilitate and ensure that the school curriculum content and pedagogy is responsive to national development and education objectives and recognises and responds to different learning and societal needs
Teacher Development and Support	Includes pre-service and in-service teacher training, professional growth and teacher assessments and the provision of material support for teachers.
Health Health promotion, nutritional support and water and sanitation	Refers to the systemic processes that improve the health status of both teachers and learners through education, access to food, nutrition and health services, treatment and a healthy school environment
Safety and protection	Refers to the provision of safe school spaces through the elimination of all forms of violence, abuse, exploitation and bullying at schools, as well as the identification of children at risk of harm or abuse and their referral to appropriate support services. Safety and protection concerns include the psychological and emotional safety and well-being of learners and teachers
Psychosocial Support	Refers to a continuum of care and support which addresses the social, emotional, spiritual and psychological well-being of learners and teachers
Social Welfare Services	Refer to the services and support provided by schools, educators and their partners in the implementation of the child protection services aimed at protecting children from and providing therapeutic services for children who have experienced violence, abuse, neglect and exploitative practices such as child labour. This includes the

	identification of children at risk, the facilitation of access to protective services such as birth certificates and counselling, and the referral of children into the formal child protection system through school-based referral mechanisms
Social security services	Refer to resources or services to address material or financial barriers to education linked to high levels of household poverty, including school fees, uniforms and transport
Parental and community support	Refers to the support and education provided to parents to enable them to understand and address the barriers to education that their children face, and to know how and to change their practices and behaviours appropriately

Figure 3. Care and support priority areas

Source: The Government of Zambia National CSTL Model (2016)

Importantly for the region, when the education ministers met in Swaziland in 2005, a Communiqué was issued describing the critical integration of care and support programmes into the learning system.

2.5 THE CORE ELEMENTS/PILLARS OF CARE AND SUPPORT IN SCHOOLS

This section focuses on the core elements of school-based care and support for teaching and learning. These core elements and pillars, as indicated by Swaziland (not limited) can provide a holistic methodology to addressing the barriers to teaching and learning that are related to basic service delivery and poverty related challenges.

Children face a wide range of challenges in their development that must be addressed in attempts to convert schools into centres of care and support for teaching and learning. These challenges are discussed below. The extent to which children are affected by these factors varies across the region, especially as regards to household wealth, gender, vulnerability status and other contextual features.

Both Members States have identified Safety and Protection, Health, and Psychosocial Support as priority elements or pillars for care and support. As compared to Swaziland, Zambia's focus is more on curriculum and teacher development, social support on security, and material and parental support. Swaziland has prioritised HIV and AIDS, which Zambia has not highlighted. Food security has also been prioritised by Swaziland, which is evident in the better functioning of its school feeding scheme, as compared to Zambia.

2.5.1 Health

The health status of the SADC Region's children has a strong negative impact on the child's chances of survival, development and rights access. Infant children (0–5 years) are particularly vulnerable to poor health outcomes. According to UNESCO (2009) it is estimated that each year ten million children around the world die before their fifth birthday, 50 per cent of whom reside in sub-Saharan Africa region. This region has the most impoverished, isolated, uneducated and marginalized districts and communities. The region is ravaged by civil strife, AIDS, food insecurity, weak governance and chronic underinvestment in public health systems and physical infrastructure, (UNESCO, 2008).

Access to health services for orphans and vulnerable children is constrained by several factors, including lack of money. People travel long distances to health facilities. There is a shortage of health professionals. There is lack of health literacy among children and caregivers, demotivation, skills deficit in health practitioners, lack of drug supply and of appropriate service provision at health care centres. Transport is scarce.

Even where healthcare access has been accommodated in the National Plans of Action in member states, children still face barriers if they lack basic documentation or registration.

Facing poor health access, children experience anxiety about their health and their families, particularly those who have been orphaned. If they are HIV-positive themselves, they need particularly good healthcare, attention and psychosocial support to manage their illnesses.

In Swaziland, some of the schools have medical aid kits. Some schools work with an NGO called Alliance of Mayors' Initiative for Community Action on Aids at a Local Level

(AMICAALL) who provides facilitation of health clubs. This is happening on a very small scale. Some schools have first aid kits to assist with minor injuries and sicknesses at schools. Teachers are not trained in first aid. The first aid kits are not monitored regularly to ensure that medicines have not run-out or expired. There is need for schools to develop a strong partnership with organizations like Red Cross and clinics in order to improve first aid services. A referral system needs to be established between the schools and the Ministry of Health (local clinics). The schools need procedures on how to assist a sick learner to access a clinic or hospital. From the community side, Rural Health Motivators and Caregivers need to assist with the identification of learners and refer them to a health facility. Despite these positive achievements, stocks of medicines sometimes run-out.

2.5.2 Nutrition

Children's educational performance and retention can be affected by poor nutrition. Under-nutrition can impair a child's cognitive development and can even lead to a child dropping out of school to help the family obtain food for its survival. It also enhances a child's vulnerability to contracting diseases and lowering the body's capacity to develop immunity.

Schools are expected to have school nutrition programmes, school vegetable gardens and collaboration with key stakeholders. Although efforts have been made to establish nutritional gardens, there are varying degrees in participation of community members and strategic partners. The World Food Programme has played a crucial role in supporting school feeding programmes. Schools that have done well in provision of nutrition in schools have utilised a variety of strategies such as; government driven feeding programmes, forging strategic partnerships with private and public institutions through Public Private Partnerships. In schools where the school feeding programmes are consistent, there are reports of increased enrolment and access to education. The challenges observed across the countries, include; absence of favourable condition such as land, climate, and water supply to establish vegetable gardens. The review also observed that not all school access World Food Programme feeding programme, nor government supported feeding schemes.

In Zambia, feeding schemes are mainly driven by a collaborative relationship between the Government, World Food Programme and supportive NGOs. Schools run feeding

schemes, where learners receive 'somp' or 'ntsima' (corn porridge using maize meal) with peas once a day, with learners on ARVs receiving a portion to carry home as an evening meal. Community members play a supportive role by providing firewood and cooking and serving the meals. However, the assessment noted challenges which include irregular supplies of food. The Ministry of Education introduced the School Nutrition Health Programme based on the National School Health and Nutrition Policy with an aim of committing government and other partners to collaboratively undertake activities that will help improve the health and nutrition status of learners, to improve enrolment, retention and learner achievement (Ministry of Education, 2006).

In Swaziland the Government provides feeding support to all schools. The schools run feeding schemes, with cooking support coming from community members, means that most learners receive one meal per day. The meals are a varied combination of the following on a daily basis - porridge, beans, somp, bread, mince, rice, meat, vegetables and sour milk. Schools highlighted that they at times receive food packs late or supplies run out before the end of year. Even though they find other means as a supplement, these challenges need to be addressed. Some of the schools have established vegetable gardens, while others have not established them, due to lack of adequate space. A worrisome trend in the country is growing financial difficulties among development partners for an example World Food Programme, Swaziland Agricultural Development Programme (SADP), and the Food Agricultural Organisation (FAO) who have since withdrawn their support.

According to UNESCO, (2008) a child's nutritional status is linked to maternal health. One-third of all child deaths are attributable to maternal and child under-nutrition. UNESCO further states that the poor nutritional status of mothers, therefore, can have serious consequences for children, including: impaired pre-natal growth, low birth weight, and increased risk of developmental disability, (UNESCO, 2008). Looking at the nutrition imperative, UNICEF concurs with UNESCO that the undernutrition early in life clearly has major consequences for future educational, income and productivity outcomes (UNICEF, 2013)

School feeding programmes have been seen to be the most immediate and effective way to respond to the problem of under-nutrition in children. Improved nutrition through such schemes has been shown to improve a vulnerable child's school attendance patterns, (UNESCO, 2009).

The Save the Children Literature and Desk Review, records that where ‘some studies have shown no nutritional problems among orphans compared with non-orphans in the same community, many studies have shown that orphans are more likely to suffer stunting, wasting and reduced weight’, (UNESCO, 2008).

One of the main drivers of care and support for vulnerable children is the need to ensure that children are adequately nourished and able to develop cognitively, socially and emotionally. School nutrition programmes have therefore been seen to be widely successful, addressing child hunger as a basic survival need. Take-home food baskets have also been seen to promote child development and education retention.

The World Food Programme and UNICEF are leaders in supporting education systems in member states with nutrition and health promotion in schools. UNICEF’s Learning Plus initiative, for example, offers a cluster of services to fulfil Millennium Development Goal No.1: eradicate extreme poverty and hunger, by supporting governments to address hunger and under-nutrition with national policies and programmes. The programmes also support families and communities directly with school feeding schemes and health education, providing immunization, nutritional support, hygiene and health education programmes (United Nations, 2005).

The Zambian Community Schools initiative, ZOCS, founded in 1992 aims to improve children’s nutritional status and education performance and retention by providing children with morning meal and providing monthly rations that learners can take home for targeted households.

Capacity-building in the nutrition arena is a strong focus of the Better Education and Life Opportunities for Orphans and Vulnerable Children through Networking and Organizational Growth (BELONG) programme, also in Zambia. The organization trains communities on how to prepare and store food. It trains teachers on general hygiene and nutrition. The established school gardens and supported agricultural sites through the programme contribute to the nutritional development of the programme community.

The Catholic Relief Services (CRS) began working in Zambia in 2000 by invitation of the Zambian Conference of Catholic Bishops. Their initial work included strengthening and enhancing partnerships with the local church and development partners, and supporting community development initiatives in Zambia. Catholic Relief Services

report draws attention to a potential problem of school feeding programme. When children get food at school they are encouraged and motivated to attend school regularly, this serves as an attraction for children to come to school. School feeding programmes promote the increase in school enrolment and attendance and decreases when feeding programmes stop, (UNESCO, (2008). Children benefit from food programmes for as long as they are accessing programme support.

2.5.3 Material support

Material and Welfare Support included the existence of a system to identify eligible learners, support to learners to access birth certificates, identity documents and other legal documents; assistance to learners to access social grants, exemption for learners from paying school fees; association with Faith Based Organizations (FBOs), Non-Governmental Organizations (NGOs), private and government; provision of material support was also a critical expected output. In Zambia the Education Bill of 2011 Memorandum, reinforces the provision of material support for learners.

Impoverished communities are limited in their capacity to provide goods and services to those in need. They rely on programme models that demonstrate sustainable courses of action and strengthen commitment. Community sensitisation and ongoing mobilisation will help communities to contribute towards the material and educational needs of children and families.

The abolition of school fees for primary school children in some member states including Swaziland and Zambia has seen a substantial increase in school enrolment. Having to meet additional expenses, such as for books and uniforms, can mean that vulnerable children are still likely to find it difficult to go to school. Catholic Relief Services provides support to learners through uniforms and textbooks, and support to schools also, often in the form of an exchange for the admission of a vulnerable child or children.

In Swaziland's All Children Safe in School programme, school grants, supported by Community Education For All grants help to fund for school fees for orphans and vulnerable children. Learners requiring support from grade 6 to secondary level receive grants from the government and NGOs such as Tibiyo, Moya Centre, World Vision and CBOs and FBOs (Caritas, St Vincent de Paul). At school and community levels, learners are assisted through various methods of pooled funding such as the

‘Lend a Hand’ scheme at Ngwane Park High. Students, teachers and community members contribute anything to the scheme from money to clothing.

In Zambia, under free education support, the Government of Zambia provided books, pencils, pens, rubbers and exercise books for learners in grades 1 to 7. Various NGOs provide different forms of support to deserving learners (World Vision - text books, Campaign for Female Education (CAMFED) and Forum for African Women Educationalists for Zambia (FAWEZA) – school bursaries and other forms of support. Local community level structures such as District Welfare Assistant Committees (DWACs), and Community Welfare Assistant Committees (CWACs) assist with identifying vulnerable children and linking them with financial support institutions. In 2012, World Vision International (WVI) supported learners, who were travelling long distances to attend school in selected areas, using bicycles.

UNICEF, (2008) has pointed to a correlation between birth registration and the presence of an expert birth attendant during delivery. Registration after birth has been shown to increase where health care services are accessible to the communities, these include vaccinations, vitamin supplementation and paediatric services. UNESCO, (2008) stated that challenges that parents come across in registering the birth of their children often shows a connection with a wider form of social exclusion and lack of access to social services departments. Predominantly in remote areas, parents often do not grasp the benefits of their own citizenship, let alone the benefits that birth registration would confer on their children.

According to UNESCO (2008) governments, parents and communities should work together to prioritise the registration of children in order to achieve universal birth registration. An integrated strategy of gathering together at one point to conduct the national immunization campaigns including birth registration campaigns, often provides the best strategy. Fulfilling a child’s right to acquire a name and a nationality is a tangible goal, as well as an essential step towards ensuring that all children have access to the care and protection they deserve. (UNESCO, 2008).

2.5.4 Psychosocial support

Psychosocial Support (PSS) is an important component of care and support shared by most programme approaches and interventions already in motion. The Regional Psychosocial Support Initiative (REPSSI) has become a leading organization in the

Region, spearheading psychosocial support knowledge development, exchange and capacity-building. According to REPSSI, (2008) psychosocial support is based on the premise that children whose social, physical and emotional needs are met within a caring environment may be able to attain their potential, despite the challenges they face in their lives. The aim of psychosocial support is to meet the child's needs by offering relevant interventions in a holistic developmental manner.

Psychosocial programmes set up in the programme interventions should aim to help affected children deal with the serious consequences of sexual abuse on their emotional health and their social and educational development. In some cases, however, it would seem that psychosocial programmes are not operating fully, and reporting mechanisms for children have not appeared to be robust enough to promote a child's safety and a reversal in levels of incidence.

Psychosocial support involves focusing on the wellbeing of the child at all levels including inclusive curriculum and classroom activities, planning and budgeting to accommodate all children needs, training and capacity building and human resource development in order to have adequate and qualified staff, reviewing and revising of school policies and procedures, strengthening monitoring and evaluation processes and tools, partnering with government sectors and institutions that holds fund for children. Influencing policies to be amended or add or make changes in order to ensure that issues that impact on children are addressed is important. These changes in policies will help to improve the social conditions that affect the wellbeing of the child and providing basic services e.g. shelter, food, health and education into which psychosocial support should be mainstreamed. Focused support and specialised mental health services for children with more severe responses are at a high level of the structure of psychosocial support care and support. Psychosocial support training can be offered to members of the community and to others with relatively low levels of education, developing basic listening, empathy and referral skills, and thus reducing reliance on specialist support which is frequently not readily available in rural school settings.

The teacher is the primary psychosocial support tool in the classroom. Teachers set the tone of the class and influence the learning that happens. To be equipped to address psychosocial issues in the classroom, teachers need to have (1) a holistic sense of how learners develop, especially learners affected by HIV; (2) observation,

referral and networking skills to deal with learners in need of support or services; (3) a sense of how to help turn a school into a safe and supportive environment; (4) basic counselling skills; (5) skills in developing self-esteem and inner strength in children; (5) group facilitation skills.

In Zambia, psychosocial support is offered in schools through the guidance and counselling teachers. REPPSI trained the teachers. In most schools, the teachers in Guidance and Counselling were trained during pre-service as a component of psychosocial support. The ministry has to own the training programme so that all teachers can be trained, as such only teachers where REPPSI can reach are trained and equipped with guidance and counselling skills. The schools do not have counselling rooms.

In Swaziland, Guidance and Counselling teachers provide psychosocial support to learners. In the communities there are caregivers who provide psychosocial support to children in need and support the children's families. Some schools have the services of a pastor for psychosocial support, to complement psychosocial support provided by teachers. An NGO, Moya Centre, provides bereavement workshop for teachers and learners. CBOs and FBOs such as *Lihlombe Lekukhalela* (Shoulder to cry on), Swaziland Action Group Against Abuse (SWAGAA), the Salvation Army, and All Out, complement efforts for psychosocial support at community level.

2.5.5 Safety and protection for children

The thematic report states that violations of the child's right to protection are enormous, and often they are not properly recognized and not reported, and these cause barriers to the survival and development of a child (UNICEF, 2011). Sexual abuse and violence are usually gendered, meaning they are influenced by socially constructed notions of masculinity and femininity. In social contexts where sexual violence is socially acceptable and integrated into constructions of masculinity, girls and women are particularly vulnerable.

Mainstreaming care and support in education means adopting strategies that will strengthen the protective environment for children. According to UNICEF, (2006), the government should strengthen its obligation and capacity to fulfil children's right to protection. The government should promote the establishment and enforcement of adequate legislation. Harmful attitudes, customs and practices should not be tolerated.

Platforms for discussion of child protection and participation on issues that include media and civil society partners should be encouraged, so that the children's voice may be heard. The government should focus on developing children's knowledge, life skills, and participation in issues and activities that affect them. There should be building capacity of families and communities so that they may contribute to community development strategies. The government should provide essential services for prevention, recovery and reintegration, including basic health, education and protection. The introduction and implementing of care and support should be ongoing and effective monitoring, reporting and oversight should be done.

In Swaziland, some schools are fenced with barbed wire, gated and have night guards, while others have both day and night guards. Some schools have in place safety and protection policies. The learners are taught road safety rules in the Safety Nets and Schools Anti-Crime Clubs. The school collaborates with the community police and the government police for the safety and protection of learners within the school premises and when they are out of school. Sexual abuse was noted as a challenge and delays in the judicial processes to apprehend perpetrators of child sexual abuse is an area of concern. In Zambia, schools have put in place school safety and protection policies which are implemented in collaboration with community police (neighbourhood watch) and government police. Rural schools in Zambia, whether under care and support or not, are neither fenced nor gated, however these schools have a watchman.

2.5.6 Water and sanitation

The expected outputs for water and sanitation include; existence of water and sanitation infrastructure (boreholes, taps, pipes, tanks etc.), well maintained gender responsive toilet facilities, and waste removal strategies. Cutting across these key outputs was the importance of schools collaborating with strategic stakeholders. This focus area across all countries appears to be the most difficult. Besides the positive effort by care and support initiatives and programmes to raise awareness on water and sanitation, schools still face challenges in providing adequate and quality water and sanitation. Toilets are often inadequate and in bad state, supply of water is erratic or expensive. Disposal of waste presents a challenge to most schools.

In Zambia, there are efforts to provide separate toilets for boys and girls, however the challenge is the ratio of users to the available toilet facilities. An example is a school

with 335 boys use 5 toilet holes, this calculates to an average of 67 boys per hole, against the expected standard of 25 boys. In the same school 363 girls use 5 toilet holes which results in a ratio of 73 girls per hole against the ideal number of 25 per toilet hole. Despite the gloomy picture on water and sanitation, schools have pockets of good practices, which include availability of facilities for washing hands with soap after use of toilets. Through a strategic partnership with a non-governmental organization, Campaign for Female Education (CAMFED) girls receive free sanitary pads. UNICEF is also supporting schools with water and sanitary facilities.

In Swaziland, not all schools have access to sufficient safe water. The government provides water tanks. Some schools share one borehole with the community. The provision of water has been cited as one of the most expensive pillars. There are high maintenance costs for electricity, general repairs and chlorination. Lubombo region has challenges with the provision of water, and most schools in the region buy water. Not all of schools in Swaziland have adequate toilet facilities and learners are taught about hygiene at Water and Sanitation (WASH) Clubs. Girls are provided with sanitary pads.

2.6 SCHOOLS AS HUBS FOR CARE AND SUPPORT

Schools can be a strategic mode of intervention since schools and the education system offer a unique and effective vehicle for the provisions or delivery of integrated care and support services to vulnerable and marginalised children in the furtherance of their education. Giese (2003) identified schools as central and accessible, and that the school environment is an inclusive environment centred on children and committed to children's development. Therefore, schools can serve as hubs for the delivery of care and support services.

Each school could develop a vision of itself as a centre of care and support and establish widely representative structures as school support team to lead the care and support programme in the school and the surrounding community. The strategy could bring resources and services closer to school communities.

School-based approaches have several benefits. For learners, schools can be mobilised to offer material benefits, including waiving fees, structured access to

nutrition, health, social and other services, life skills' support (curricular and extra-curricular) and a formal structure which promotes the child's chances of accessing education and staying in school.

For schools, a care and support approach can promote teamwork, improved skills and resources for reacting to and addressing the needs of orphans and vulnerable children. It may support in promoting life skills and integrating children identified needs into the curriculum. Better counselling skills and child-centred teaching and learning methods could be implemented, and, ultimately, improved learner enrolment, attendance, discipline and learner achievement.

Communities can benefit from the school's facilitating access to welfare grants and social support, improved care-giving skills and family support.

Those programmes targeting out-of-school children make use of complementary facilities such as a range of venues from churches to homes to unused buildings including classrooms. The Neighbourhood Care Points (NCP) in Swaziland centres are among those initiatives situated outside formal school centres and serve as complementary institutions, providing opportunities for out-of-school children to take accredited examinations leading to re-entry into the normal school system.

Established in 2003, the NCP programme aimed to enable communities to care for mainly the pre-school and out-of-school children, aged 4 to 12, and to assist them in realising their education and health rights. It also aimed to address the psychosocial implications and consequences of AIDS and assist children to deal with the disturbances of losing a parent or guardian. UNICEF with support from World Food Programme and local NGOs, and co-ordination by the Ministry of Regional Development and Youth Affairs, 625 care points were established in four regions of Swaziland. Around 5 000 caregivers were trained to cater to the needs of more than 34 000 children (UNICEF, 2009). Daily hot meals and psychosocial support aimed to further help orphans and vulnerable children to realise their rights to food, education, health and shelter.

In Swaziland, UNICEF, (2006) assessment of the National Neighbourhood Care Point programme showed that care points were critical entry points for the delivery of services to out-of-school vulnerable children, strengthening particular health outreach services through the Ministry of Health and Social Welfare. A range of factors may

keep a child out of the formal school system, from poor health, a lack of resources, to needing to engage in economic activities such as engaging in livestock herding to help supporting a household. Needing to care for younger siblings may also be a factor. The National Neighbourhood Care Point programme allows for the creation of safe care facilities for children to make it possible for their older siblings to attend the programme, (UNICEF, 2006).

School enrolment in communities with care points has increased. Those enrolled at care points, while relatively few in number, tended to be children who had been unable to access government funds and other grants and had eventually dropped out of school because they did not have books and uniforms. The provision of a daily meal was by far the most important activity at care points, motivating children to attend daily and parents or guardians to send their children to the care points.

Of concern were the findings that conditions at care points were generally inadequate and without access to tap or borehole water. Attendance was thought to be affected by the poor conditions available. Caregivers at the centres appeared to be battling bravely to care for the neediest children in the community, without adequate community support, for an example in providing water, soap and other supplies. There is a concern about proper recording, reporting and monitoring and evaluation systems. Yet, care points were perceived in communities to be important places of pre-school education for young children and successes have led to their incorporation into Swaziland's national orphans and vulnerable children strategy. It is believed that a formalised relationship with the Ministry of Education will strengthen the care points and help them integrate formal early childhood development learning activities in their provision of care.

2.7 IDENTIFYING VULNERABLE CHILDREN

The extent to which children suffer vulnerability may vary from home to home or communities and the provision of services to them will be, to some extent, constrained by country definitions of vulnerability.

In order to assure quality standards in providing care and support, the needs of children should be differentiated by age, gender, stages of development, and

geographical, economic, social and political contexts. Differentiation or vulnerability identification and assessment will help set guidelines for the types of services and the quantity of service - duration, frequency and amount - provided. This form of differentiation has given rise to the idea of providing a list of services to orphans and vulnerable children which means there should be core services that are essential for all children and youth, and optional services provided on a needs basis.

2.8 TEACHER TRAINING

Delivering quality education implies that teachers are adequately trained and versed in the programme's strategies and methodologies. Schools are important contact points for the delivery of services. The teacher need to be adequately equipped, such as in offering counselling and support to vulnerable children. In Zambia's Better Education and Life Opportunities for Vulnerable Children through Networking and Growth (BELONG) and Zambia Open Community School (ZOCS) initiatives pre- and in-service teacher training has been effectively mainstreamed into national teacher training initiatives with teachers benefiting from training through the teacher training colleges, workshops and follow-up monitoring support.

Teaching staff is often in short supply and teachers are frequently affected by problems such as poor work conditions and terms of services that weaken their morale.

The complexities of all aspects of care and support, including context considerations, identification, assessment and support planning, demonstrated that the cascade model was not optimal. A decision was therefore taken to conduct site-based training for all teaching staff.

The training of teachers to perform their functions in a care and support project intervention requires that training material has been prepared and developed for this purpose. Several programmes have come up with a variety of training materials to equip teachers.

2.9 COMMUNITY PARTICIPATION

Most of the care and support rely considerably on the involvement of communities, and their commitment and ownership of an initiative to help achieve results. Beyond community advocacy which is sensitisation and mobilisation, most programme initiatives offer training in participation, including rights awareness training and practical project implementation training, the latter particularly for projects which draw on communities to play a management and/or oversight role in implementation. Working with and through local leadership structures has proved to be a proper and authoritative approach.

Studies have shown that community involvement is vital to secure ownership and ensure sustainability in the provision of support to vulnerable children. Programme impact can be strengthened by building on existing community assets, building agendas and capacity in communities so that they may participate effectively in community initiatives and be able to support vulnerable children. Awareness-raising in communities can help to promote understanding of the needs of vulnerable children. Mobilisation for resources can take place and communities can make decision taking into consideration their contextual knowledge of their surroundings.

Community advocacy aims to enlist support from all levels of community, from rural village leadership to parents, caregivers and other community stakeholders. It invites participation of community representatives in designing implementation processes and practice, as well as monitoring and evaluation of the programme. Links with pre-existing community support structures such as build on existing initiatives will help avoid duplication and competition but build community ownership.

Communities that are involved in identifying vulnerable children and, to some extent, in programme implementation can help to promote project sustainability. Part of the important work of community mobilisation is to encourage parents and caregivers to ensure that their children attend or go to school on a regular basis. This is the case in the Better Education and Life Opportunities for Vulnerable Children through Networking and Growth (BELONG) programme operating in Zambia. Central to UNICEF's Child-Friendly Schools (CFS) approach is the active role of communities in creating child-friendly and protective environments at home and at school. The Child-Friendly Schools approach also recognises the importance of women in the

community playing a leading role in programme implementation. This is important to engage the girls in leadership programmes while they are young.

Zambia's Open Community Schools (ZOCS), run by local communities has been successful in enabling children who are out of formal schooling to access education. There is about one-third of all primary schools in Zambia that were initiated by communities together with the non-government organisations, Community Based Organizations and Faith Based Organizations. The programme supplies technical support to community schools.

2.10 MULTI-SECTORAL COLLABORATION

Most of the programmes under review are essentially multi-sectoral in their thrust. Most are implemented by a partnership of organisations, including a government department, usually the Ministry of Education, as the dominant partner, an implementing agency and external organisations who provide funding, expertise and technical support. Most programmes state that in order to work most effectively, the multi-sectoral approach is critical and that it needs commitment from partners and their active involvement and participation. Most importantly, a programme's success requires a high level of co-ordination of stakeholder interests and activities.

A multi-sectoral, co-ordinated response is essential for assisting underfunded and understaffed social welfare ministries to deliver services to children and communities affected by AIDS. Most SADC countries have made some progress in co-ordinating orphans and vulnerable children responses, yet, according to the Save the Children Literature and Desk Review, 'there are still issues around the capacity and effectiveness of these structures' (Save the Children, 2009). These problems are ascribed to, *inter alia*: (1) a lack of strong national-level leadership; (2) a failure to disseminate national plans and strategies to district and sub-district level; (3) A lack of human and financial resources; (4) NGOs and CBOs having their own priorities and agenda. All levels of civil society, including NGOs, CBOs and FBOs need to be incorporated into systemic responses in order to fulfil the terms of National Programmes of Action. Mechanisms and structures for co-ordination, collaboration and effective communication are required; and, for genuine collaboration to take place, all partners need to be willing to share ideas, knowledge, resources and data.

Schools as Centres of Care and Support field test in Swaziland, the Ministry of Education, took a strong lead in helping to establish the programme to set up regional co-ordinating units under the Ministry's senior Education Guidance and Counselling Co-ordinator. District Education Boards in Zambia played an important role in setting up the programme in the Eastern and Western Provinces, made up by a range of different stakeholders from the church, women's lobby groups, head teachers associations, teacher unions and the traditional leadership from the community. In Zambia an existing inter-sectoral structure was drawn for guidance and support, as well as any interested parties.

The schools as centres of care and support programme found that some government officials understood the importance of working together as government sectors and attending to intrinsic and societal barriers. However, they felt that since they had their job descriptions for the work they were employed for, they were being overloaded in their commitments and consequently other care and support activities were not always considered a priority, important and of emergency. Activities on support for children were seen as extra and not their (teachers) core mandate to the load that teachers already have. Government officials at national and provincial levels did not have transport to enable specialists to visit schools and monitor implementation. This requires that service providers such as training coordinators and other stakeholders visit schools regularly as compared to education officials. Regular communication as well as the active participation of all partners is crucial to ensure sustainability of partnerships.

In its 2007 programme, Strengthening Community Support Systems for Orphans and Vulnerable Children, the Alliance for Community Action on Health in Zambia, with Irish Aid support, provided financial and technical support to the district social welfare offices in Zambia's Copper-belt districts (Alliance Zambia, 2009). This was to enable them to better co-ordinate the activities for orphans and vulnerable children. The core function of this programme has been developing an approach to strengthen and develop further the community-based support to orphans and vulnerable children, encouraging the government and non-government participation in a coherent way that delivers outcomes. Implementation experience led to several important lessons learnt for the strengthening of a government-led co-ordination and providing technical support at district level, collaboration between government, non-government and

extra-government sectors and the importance of developing capacity of both the government, community and other stakeholders.

2.11 CONCLUSION

The Ministries of education cannot perform all of these elements to care and support and be able to care and support for children, as they need to focus on what they call their core mandate, the pedagogical perspective. Therefore, external funding agencies have an important enabling role to play in resource-poor settings prevalent across the SADC Region. External funding can assist with putting a programme into motion until such time that the internal mobilisation can act to promote sustainability. Having programmes such as these led by government policy, structures and co-ordination can help promote sustainability.

Programme interventions need to build on local and national mechanisms already in place. Linking up with pre-existing support structures, for an example within communities, can help to identify and build on these mechanisms. They will also help to avoid duplication, competition and promote community ownership. Involving communities in the identification of vulnerable children capitalises on local knowledge and promotes community ownership. A standard set of criteria for orphans and vulnerable children identification can provide guidelines for this process to happen within a national policy framework. It is important, however, that identification criteria arise organically from the context, taking into consideration the context-specific factors influencing the vulnerability status of children.

A school or facility-based approach can have several benefits for learners, communities and schools themselves. Transforming schools into centres of care and support has proved a good strategy for bringing resources and services closer to those who need it most.

No fee policies at primary school in many member states have been seen to have considerable benefits. Programmes need to factor in provision for ancillary education costs to promote children's access. A longer-term view of programme work could also take into account the importance and need for the child to access secondary education.

2.11.1 Nutrition support

School or facility-based nutrition programmes have been widely successful, addressing child hunger as a basic survival need. For nutrition programmes to succeed, adequate training in all aspects of nutrition support should be provided, as well as training in reporting, record-keeping and monitoring activities.

2.11.2 Psychosocial support

Psychosocial support is an important component of care and support shared by many programmes, piloted or currently in implementation. Building capacity in this area could promote increased uptake of psychosocial support services by vulnerable children and families.

2.11.3 The teacher as primary care and support pillar

Teachers need to be equipped with skills to fulfil their function as primary providers of care and support in the classroom and school setting. Delivering quality education implies that teachers are versed in care and support strategies and methodologies. Personal and professional support to teachers could assist them in fulfilling their roles and responsibilities better.

2.11.4 Safety and protection for children

The school creates and sustains an environment of safety and protection for all children, especially the most vulnerable. It can offer life skills support in the curriculum, psychosocial services and, in collaboration with other agencies, access to health promotion and safety and protection mechanisms. Mainstreaming care and support in education means adopting strategies that will strengthen the protective environment for children.

The curriculum should be relevant to the needs of vulnerable children and flexible enough to promote livelihood and survival skills for out-of-school children.

Children need access to available grants and other forms of social assistance provision. Schools should promote access by facilitating birth and identity registration where necessary. Social grants and complementary cash grants help the school build an environment of care and support, promoting poverty alleviation and education access.

CHAPTER 3

THEORIES UNDERPINNING THE STUDY

3.1 INTRODUCTION

The ministries of education are to provide an environment where children can learn effectively, feel safe and be protected at all time. Education ministries' focus has always been addressing academic barriers. The Zambia and Swaziland Ministries of Education have seen issues related to societal and intrinsic barriers as not their core responsibility. Therefore, mainstreaming care and support services in learning should also be a priority, and a promotion of inclusion and sector collaboration should be realised by the ministries of education in order to address other barriers to teaching and learning which includes societal and intrinsic barriers.

According to UNESCO (2004) learning is a process that brings personal experiences and environmental situations together, and influences for obtaining and developing a person's knowledge, skills, values and attitudes. These have an influence on how a person thereafter behaves and his or her outlook of the surroundings. It is thus important to note that what a child goes through at home, and the surrounding environment, influences how he or she reacts to situations that he or she encounters. Care and support should therefore not have a negative interference in the life of the child as this may impact in the child's life.

The major concepts and theories of learning include behaviourist theories, cognitive psychology, constructivism, social constructivism, experiential learning, multiple intelligence, and situated learning theory and community of practice (UNESCO, 2004). Wright. (2001) explains that theories are usually the result of observation, experimentation and hypothesis testing. This means that what a child is exposed on will be articulated in his or her behaviour. Theories do not provide us with conclusions, instead, they provide an outline or a framework and abstract tools for understanding and allowing an individual to respond, in a manner that would lead to outcomes that are predictable within certain limits. In the case of grounded theory, the main features are that it is rooted in practical reality, it is context sensitive, it is heuristic in nature, and it is linked to action.

Bronfenbrenner (1979) introduced the Ecological Systems Theory which states how the different types of environment systems influence how a human being behaves. This expounds on how human beings behave at different settings he or she finds him/herself in at a particular time and moment, it can be in the community, home or at schools. UNICEF (2005) supported the above by stating that when primary education is of poor quality, children are not likely to be motivated to complete schooling. It is further stated that most schools are characterized by low achievements, particularly among girls. The uncondusive physical school environment, unattractive classrooms; traditional teaching and learning methods, inadequate teaching and learning materials, and absence of teacher support systems perpetuate drop out of school and at times teachers leaving the profession and this results in poor quality education. The situation is worsened by low teacher motivation and moral, and inadequate teacher training.

3.2 ECOLOGICAL SYSTEMS THEORY

The child is born in a family and is surrounded by siblings and parents. As the child grows he continues to be part of the community and at school with the peers. All these factors influence the child's way of life. The child's life is further influenced and channelled by the government's decisions and laws. This is evident in the rights of children that are endorsed by governments. It is thus the duty of government departments to ensure that children understand their rights and that children are also responsible for their actions and decisions.

Bronfenbrenner (1979) says that the environment that the children find themselves in influences their beliefs, values and behaviour. He further states that the ecological systems theory examines how young people's development is affected by the environment. He further says that the environment in which the child grows under has a major influence in the behaviour of a child. The Ecological Systems Theory identifies five different levels of systems namely the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem; with which a young person interacts. Bronfenbrenner, (1979) is of the opinion and belief that a person's development is affected by the surrounding environment. This is true in a sense that the child is born in an environment which is made up of a home and community. The

family and community environment can establish roots of barriers in the learning and education process which will determine the future for the child.

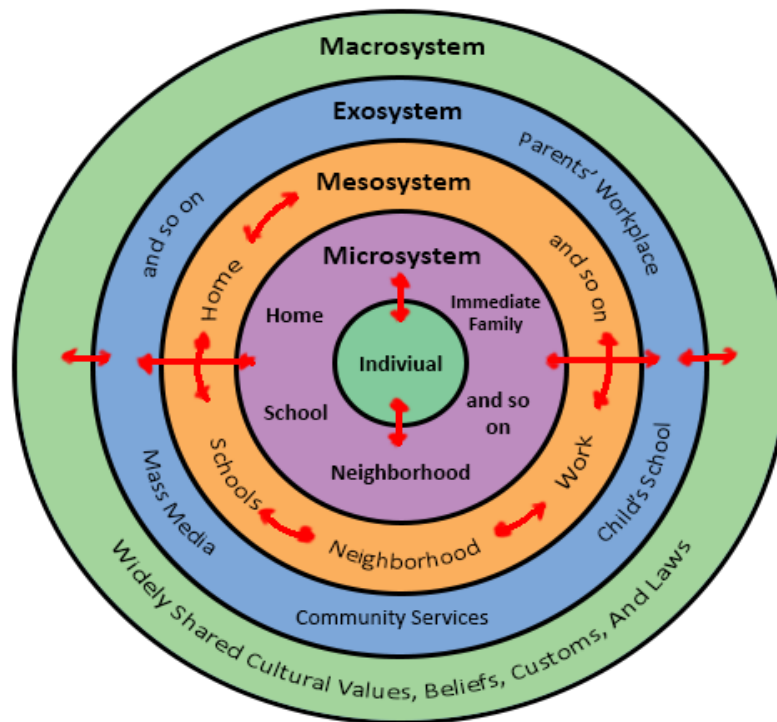


Figure 4: Bronfenbrenner's ecological systems

Source:

<https://www.google.co.za/search?q=ecological+theory+by+bronfenbrenner&tbm=isch&source=iu&ictx=1&fir= IO9Mpw2>

Bronfenbrenner's Ecological Systems theory explains how the inborn or hereditary qualities of a child and the characteristics of the external environment, influence growth and development of a child. Through this theory, Bronfenbrenner raises the importance of studying a child in the context of his numerous environments in an attempt to understand his or her individual development. It is particularly important that the teachers know these environmental aspects of child growth and development in order for them to be able to understand and interpret the learners' behaviors.

A child finds himself instantaneously caught up in diverse ecosystems. It starts from the most close and familiar environment, which is the home ecological system, moving outward to the larger school system and to the most expansive system which is society and culture in the community in which he or she lives in. Each of these systems are

unavoidable to interact with, they all influence each other and every aspect of the child's life in some way or another. The child needs guidance and support in order to cope and to avoid confusion which may lead to a child making uninformed decisions.

Through studying the different systems that simultaneously influence a child, it is noted that the ecological systems theory is able to demonstrate the diversity of interrelated influences on the child's development. Knowing and understanding the contexts can inform a teacher or parent to disparities and inequalities in the way a child may perform in different environments. The teacher may act as a mediator or a link between the schools and home and community in this context. It is thus important for the teacher to know the community of where the child comes from and have background personal information about the child's home.

Wright (2001) says that mainstreaming education is defined by certain basic characteristics that are normally associated with the formal school system. Among others Wright mentions a specific place or location (school) at which the learning and teaching process is supposed to take place, at a specific time, where learners and teachers assemble at the location (school), at allocated and agreed times and stay on for prescribed and approved time periods (day, term, year) for schooling to take place. Specialist staffing refers to qualified professional teachers with knowledge of subject matter and teaching skills. Infrastructure resources are standard items including desks and related furniture. Equipment which are uniquely designed for schools should be made available. What Wright articulated upon is that more than the transfer of academic knowledge to learners, there are other needs that should be taken care of to support children's learning. Teaching and learning require specialised knowledge and skills, therefore training is a prerequisite. In addition to human capacity, there are material needs that need to be acquired to ensure quality teaching and learning.

3.2.1 Microsystem

According to Bronfenbrenner's (1979) ecological systems theory, the microsystem is the most immediate system, which is home and any other environment in which the child interacts with. The microsystem is made up of the home, school and peer group or community environment. Interactions within the microsystem is characterized by personal contacts and relationships with the family members, guardians, classmates, teachers and caregivers. The manner in which these different groups or individuals

interrelate with the child affect how the child grows and develops. The child's reactions to the people in his or her microsystem can in return influence how they treat the child. More nurturing and more supportive interactions and relationships will understandably foster the child's improved development. REPSSI (2007) stated that it is critically important that children would naturally get advice, help and love from family and community members.

Care and support should start with the immediate family, parents or guardian. There are instances of child headed households, but it is widely acknowledged that the numbers are growing because of HIV and extreme poverty. There are many child-headed households, where the adult member or members of the households are away working and do not live in the household for much of the time. Some parents are sick and children have to look after their sick parents. Children suffer emotionally as well. Bowen (1978) says that if family members do not have the ability to reflect their responses to relationship predicaments, but rather react without thinking through to perceived emotional demands, a state of prolonged and long-lasting anxiety or reactivity may occur. If children are sick, they worry about their health and it is the same with the health of their caregivers. This is especially acute for children who have already lost one or more parent and are relying on a surviving parent or relative. Children also require psychosocial support as they manage what they are going through. Children end up taking roles of their parents, having to ensure the running of the home and taking care of the siblings. If the child receives no care and support from home, the child can end up underperforming, skipping days of coming to school and may end up dropping school completely. Children who drop out of school may go to seek paid work in order to obtain food for themselves and their families.

Some households are very poor, children living in very poor households and/or households where no adults are working can end up being vulnerable. Children in food-insecure households perform poorly at school due to hunger. These children are to work and perform strenuous chores before or after school such as fetching water and chopping firewood. There would be less time for doing homework, or by the time they have to do homework they would be tired. Poor families fail to provide schools needs for their children, like school fees, uniforms, scholastic materials, transport etc. This is evidenced by the finding that even in countries where education is free, poorer children are less likely to achieve a proficient educational standard. Poverty leads to

poor care and support. Children who grow under such conditions can end up in the streets or becoming prostitutes in order to get money for a living.

Poverty in the household is a problem as some children have to attend school on an empty stomach, and mostly these learners rely on the school feeding scheme. The funding for school feeding, which is inconsistent, thus impacts negatively on the learners, who may find themselves unable to concentrate, or feel sleepy in class. Therefore, the nutrition service to care and support learners is vital. Children will find it easy to concentrate and perform better at school if they are not hungry.

The school should be an extension of the home. Teachers need to know how to identify learners with problems and be able to offer necessary support. Should it be a challenge that a school cannot handle, the school should refer the child to a professional place, which could be a clinic, councillor, social worker, psychologists etc. The school environment should be made conducive to the needs of the learners. This calls for the schools to have reliable referral systems, and a teacher/s responsible for liaison with the relevant institutions that offer care and support which the schools cannot render.

A sense of belonging is something that each child longs for. Missing a sense of belonging may be caused by different reasons. If a child feels not accepted by his or her peers, that child develops negative self-identity and esteem. In order to feel accepted and a sense of belonging, a child may end up taking unethical decisions like getting into drugs, stealing, suicide etc. As much as schools can be viewed as places of solely for learning, on the other hand they are places of socialisation for children. Teachers should be able to identify a child who feels isolated or vulnerable and offer care and support to that child. Teachers should know that some learners have many responsibilities especially at home and will need to balance these responsibilities against their school or learning needs. If these responsibilities are not balanced, they may have negative outcomes on the part of the child with regards to participation in his or her school's needs. Parents at home should be able to identify unusual behaviours in their children, which can be withdrawal etc. and try to manage these. It is for such reasons that parents should be close to their children, be approachable and open for discussions with their children.

The community should impact positively in the lives of children. The community environment in which the child grows under will influence the child's upbringing and the way he or she responds to life. Some communities lack parental guidance and discipline resulting in social and emotional problems for children. Concerns were raised about anti-social behaviour, teenage pregnancies, substance and alcohol abuse and a lack of respect for elders. Member states should work toward the legal recognition and legal protection of their children especially the child-headed households.

In some communities, schools are built very close to liquor stores. These may expose children not only to alcohol abuse, but to sexual abuse and harassment from people who sit and drink at these places that sell liquor. Therefore, the government should regulate issues of for an example, the distance between the schools and the taverns or liquor shops. The government laws should be harsher on parents who send underage children to buy liquor for them as this exposes children to situations that are harmful.

3.2.2 Mesosystems

Bronfenbrenner' mesosystem consists of the connections between the different environments in which the developing child finds himself (Bronfenbrenner, 1979). The mesosystem is where microsystems do not function independently in a person's individual but are inter-related and proclaim influence on another. These connections may have an unintended and unplanned impact on the individual. This tells that a child in his development phases needs care and support of the people and environment he or she finds her/himself in.

Mesosystem system involves relationships between the home and school, between the child's peer group and his or her family, and between the family and the community where the child belongs (Bronfenbrenner, 1979). Parents should know the friends of their children. They must be actively involved in the children's' social interactions. Today there is the issue of social media, which has many different platforms that can be harmful to children. Parents need to know about these social media platforms and should educate their children especially about the dangers that come with these. The child's parents should guard against what they say about their child's peers, especially

if it is criticism, as this may affect the child's experiences, causing instability and contradictory emotions, probably affecting his development negatively.

Care and support should contribute towards the child's positive development through harmony and like-mindedness. Bowen (1978) says that the relationship in the community, also with neighbors contributes to the care and support of children. Bowen (1978) alluded that the close family can manage disparities and anxiety with misunderstanding, distance, over and under functioning isolation, which at extremes can lead to dysfunction in a spouse, and child focus. People in the community who are engaged in conflict, fighting, arguments, and who blame and criticize each other would bring up a fighting or aggressive generation. Fighting communities will impact negatively on the life of a child. These may lead to behavioral problems on the part of the children in that community. Care should be taken that children do not get involved in the family or community conflicts. Should these involve children, an amicable solution should be used.

The distance between the homes and schools can be a problem. Children from poor homes who have to perform some household chores before going to school end up arriving late at schools and at times find themselves receiving intolerant attitudes at school which can be a form of punishment. These may lead to being stigmatised and discriminated. It is important that teachers have records of all learners at school, to know the learners' background, and where they stay.

Communication between the schools and parents or guardians is very important. The school needs to interact with the home regarding the learner performance, and stipulate if there is extra support that is necessary for the learner. Rogers (1977) states that the home should also make the school aware of any challenges they may be encountering at home which may affect the child's performance at school. Rogers (1977) emphasised what he calls empathic understanding on the part of the teacher as an instructor, that the teacher should understand the learner's reactions from the inside. He further warned that a non-judgmental teacher is sure to arouse suspicion in older learners as they may have experienced some sort of bullying and embarrassment in some way or the other. Rogers (1977) further stated that a wise teacher is aware of this and can accept their initial distrust and apprehension as new relationships between teacher and learners are built. Therefore, learner and teacher engagement are very important for the learner's change of attitude and behaviour.

3.2.3 Exosystem

Exosystem is referred to as an environment or a setting that does not involve the person as an active direct participant, but the environment will still affect a person, regardless of being an active participant or not (Bronfenbrenner, 1979). This includes decisions that are taken by leaders in the community and government but these decisions have a bearing on the individual even though the person has no participation in the decision-making process. Bronfenbrenner (1979) further explains that the exosystem, on the other hand, pertains to the connections that may exist between two or more environments or settings, one of which may not be comprised of a developing child but affects the child indirectly.

An exosystem involves any other people and places which the child may indirectly connect with, and still have an effect on the child, for an example, the parents' workplaces, the larger neighborhood, and relatives or extended family members. Another example can be a conflict between relative or family members affect children. In this context, it shows that a learner does not have a decision, power or influence in the decisions that are taken by parents, even if those decisions will affect the child's behavior, upbringing and development.

Bowen (1978) illustrated that an extreme distancing between family members and discontinued emotional contact with each other causes problems in the life of a child. The emotional family unit is important and if it is discontinued this may have severe impact on the child and prompt for significant negative implications for the future of that child. Parents who are older may lead or exacerbate to anxiety and illnesses like high blood pressure. Children may begin look for other relationships or connections to substitute family disrupted relationship. These new relationships intensify anxiety and children can become victims and find themselves in compromising situations.

Exosystem system shows that the child has no control on the decisions that are taken, however those decisions affect the child. The challenge is that if these decisions are impacting negatively on the parent or caregiver, the end result would impact on the child negatively through attitudes he or she would receive from an adult. This has a high level of risk in the life of children. When such situations happen usually the child has no control over them, for an example, separation, divorce or death of parents or guardians. In a case of parents who get divorced, children may find themselves having

to choose between parents, and in the case of death children may find themselves being taken to live with relatives, for an example, aunts and uncles. These situations need an extreme adjustment by children. These extreme adjustments may impact negatively leading to awkward behaviours.

The above statement by Bowen (1978) supported the issue of children beginning to look for care and support that she or he is not getting at home at other places or from other people who may end up taking advantage. These may lead to manipulative and abusive situations.

Supportive family and community structures can help to build the child's resilience. Links with pre-existing community support structures can aim to identify and build on these resources. They will also help avoid duplication and competition and encourage community ownership.

3.2.4 Macrosystem

Bronfenbrenner's macrosystem is the forth, considered as largest and most distant collection of people that a child may not be close with and places that a child has never been to (Bronfenbrenner, 1979). However, it does not matter how distant these may be, they still have a substantial influence on the child. These are mostly formed through the child's traditional beliefs, cultural beliefs and values. The political situation and economic systems form part of the system. Due to poverty, the economic status of most rural families which is weak can lead to children ending up leaving school and going to look for jobs in order to get money that will enable to support their families. This can also lead to children getting tired and not being able to perform according to their abilities at school. Children also end up dropping out of school.

Other goals of learning are proposed, including discovery of one's destination in life, knowledge of norms and standards, realization that life is important, searching for life long practices, sense of achievement, satisfaction of emotional needs, able to control oneself emotions, able to make informed choices, and able to deal and cope with the critical life problems and challenges (Maslow, 1943). The cultural beliefs and values of the communities may affect the lives of children. Early marriages are one of the negative factors that strongly affects a girl child and the family. This often occurs in poor rural families. Early marriages increase the vulnerability of children. Girls who get married at an early age are involuntarily obliged to drop out of school thus denying

them an opportunity to finish schooling and right to education. This increases the chances of perpetuating the cycle of childhood deprivation. Linked to early marriages is the increased number of teenage pregnancy, with increased young mothers who are not ready to take the role and responsibility of motherhood. Mostly girls get married to older men, thus increasing a level of exploitation and abuse due to the different levels of experience and age gap.

Overpopulation, lack of natural resources, increase in epidemics, economic deprivation and lack of skills are all potential and possible environmental stressors that contribute to the deterioration in the community and society at large (Bowen, 1978). It includes the cultural environment in which the child lives and all other systems that affect them. As above, examples could include the economy, cultural values, and political systems. Children in rural areas lack certain resources which are easily found in urban areas, for an example, water and electricity is a scarce resource in rural areas. Children would have to fetch water before and after school. At home they would rely on candles or paraffin lamps, which may not be available on some days, thus affecting them being able to complete their homework.

While there is important recognition on the part of government that children must have documentation, for an example birth certificates, there is lack of administration with regard to birth registration which emanates from lack of illiteracy on the part of the parents resulting in lack of knowledge and understanding of government laws that are related to birth certificates for children. The general lack of knowledge and awareness of the importance of registration of children in order to have birth certificates by parents or caregivers delays the process for children of accessing bursaries and grants. The long distance from homes to towns for those living in rural areas in order to get to the Ministry of Home Affairs registration offices in order to register can be a challenge. The high transport costs for poor families to get to town are also a challenge for poor rural families. In some cases, parents themselves are not registered and therefore have difficulty registering their children. Children without documentation miss out on government benefits for an example, bursaries and grants.

National governments play an important role in the development of national policies, legislation, frameworks and strategies for improving the lives of vulnerable children. Government and non-government organizations are expected to operate within the national frameworks and strategies. These strategic documents need to be

communicated and be well understood by the population which they are developed for. However, communities at local level, especially those in rural areas do not know these documents. Most parents especially in rural communities are illiterate, they cannot read nor write thus posing a problem if these documents are not translated, interpreted and explained in their mother tongue.

3.2.5 Cronosystem

According to Bronfenbrenner (1979) the chronosystem adds the useful measurement of time, which demonstrates the influence of both change and reliability in the child's environment. The chronosystem may thus include a change in family structure, address, parent's employment status, in addition to immense society changes such as economic cycles. This may involve moving the child from one place to another due to another because of different reasons, for an example children whose parents are pastors find themselves moving around the country from province to province or region to region. These factors affect the children's acclimatizing, they change schools and have to make new friends. These may have a negative impact on children who do not easily adapt to change.

The socio-economic status of the family has consequences on the child's growth and development. Parents losing jobs due to the closure of work places, for an example, mines, factories etc., leading to limitation or the end of accessing resources that children need at schools like school fees and books. Some children start looking for jobs and have to balance work and school. Lack of school materials may result to a child's poor performance in the school work and ending up dropping out of school.

Experience is the important phenomenon in human learning and behaviour (Maslow, 1943). The theory by Maslow emphasised being able to make choices, being creative, having values, have unique qualities which define one as a human being and believed that meaningfulness and subjectivity were more important than objectivity. He believed that the development of human potential, dignity and worth are ultimate concerns. Rogers (1977) concurred with Maslow that education and therapy share the common goals of personal change and self-understanding. Rogers believed that the highest levels of significant learning included personal involvement at both the affective and cognitive levels, were self-initiated, so pervasive that they could change attitudes,

behaviour, and in some cases, even the personality of the learner. If learners are cared and supported, they grow to be independent human beings.

3.3 HUMAN THEORY OF LEARNING

The humanistic theory of learning involves the concept of learning through observing the behaviour of others and what are the outcomes from that particular behaviour (Barrett, 2006). Parents as role models at home play a major role in this instinct. Children copy or imitate what the parents or guardians demonstrate in front of them. If at home the older people drink alcohol, smoke cigarettes or taking drugs, children who grow under that environment have a likelihood of not becoming better people in future. Children who are exposed to such unacceptable behaviours may end up also drinking or taking drugs. They may end up committing crimes, trying to get money to buy alcohol and drugs, and end up in prison.

According to Huitt (2001), in the humanistic theory, the teacher should be a role model through his or her appropriate behaviour. Huitt said that the teacher should at all times not demonstrate inappropriate behaviour in front of children. A teacher is expected to provide a purpose and motivation for each task to be done by children. He or she must teach learning skills, encourage group work so that children may develop skills of working together and share information and where applicable he or she must give a choice of tasks to the learners. Where a child has emotional problems, the role of a teacher is important. The teacher should motivate a child and try to use positive language at all times. The teacher should develop positive self confidence in a child. Maslow (1943) strongly emphasized self-actualization – morality, creativity, problem solving. Self-actualization will develop and strengthen a child's self-identity, self-esteem and confidence. If a child knows and understands where he or she is coming from and who he or she is, he or she will have trust in himself or herself and have confidence. However, to achieve this, the child should be in a supportive and caring environment.

The role of the learner is to discover himself or herself through observation and learning from older people and teachers. Learners can monitor and observe their own behaviours and make necessary changes if they are guided appropriately. They begin

to learn to take responsibility for their actions and are able follow and work on their goals realistically. Thus, observing good practices by the teacher and parent is vital.

The tasks or activities that a teacher uses when teaching should promote team work. Teaching lessons should have a purpose, which in this case could be a collaborative setting where learners work in groups and are involved in discussions. This way, learners learn to work and accept each other as they are. They observe the behaviour of peers as they interact and are able to do self-evaluation on their own progress. Huitt (2001) adds that a teacher could provide activities where learners brainstorm and discuss. Humanistic Orientations to Learning Humanistic theories of learning tend to be highly value-driven and hence more like prescriptions about what ought to happen rather than of what does happen. This calls for teachers to plan their lessons carefully, and ensure that the examples are realistic, pertaining to the lifestyle of the school community where possible.

The emphasis is on the natural and expected desire of everyone to learn. Natural desire to learn must be encompassed by ensuring that teaching is well prepared. Learners need to be taught to have control over their own learning process, thus developing independence in a child. The teacher relinquishes some of the authority and becomes a facilitator of learning. This can be promoted through a participatory teaching method, where children are actively involved in their learning.

CHAPTER 4

RESEARCH, DESIGN AND METHODOLOGY

4.1 INTRODUCTION

This chapter discusses the research methodology of the thesis. In addition, it focuses on the research paradigm, research strategy, research method, research approach, instruments, methods of data collection and analysis, selection of the sample, research process, type of data analysis, ethical considerations and research limitations of the study.

4.2 AIM OF THE STUDY

This research aims to explore the potential and limitations of care and support mainstreaming by addressing key underlying issues, as well as comparatively assessing the implications of care and support mainstreaming in different settings.

The study focuses on six essential care and support services rendered to vulnerable children at school level namely health, nutrition, safety and protection, water and sanitation, psychosocial support and material support.

The focus on exploring the potential and limitations of care and support mainstreaming, is to discover what is possible to be actioned by the ministries of education. Regarding the limitations the focus is on what boundaries or restrictions prevent the ministries to perform tasks on care and support for vulnerable learners and to support teachers.

Research on the potential and limitations consisted of:

- Gathering information on the National Ministry units on the systems, policies, strategic documents.
- Interrogating the budget provisioning for the implementation and mainstreaming care and support into the system.
- Establishment of how ministries plan for care and support issues, including the functioning of care and support structures at different levels.

- Gathering information on the monitoring and evaluation frameworks for care and support, including the capacity amongst stakeholders to implement the framework.
- Gathering information on the capacity and skills development on care and support i.e. human resource development, including pre-service teacher training.

The focus is on comparatively assessing the implications of care and support mainstreaming in different settings. This looks at the service delivery to address barriers to teaching and learning.

Research on comparatively assessing the implications of care and support mainstreaming in different settings consisted of:

- Gathering information on multi- sectoral collaboration amongst various role-players to implement care and support programmes and rendering of assistance to vulnerable children.
- Gathering information on the delivery of six essential services to learners at school namely health, safety and protection, psycho-social support, water and sanitation, material support, and nutrition.
- Gathering information on identification and referral mechanisms of vulnerable learners, taking note that mechanisms are well-aligned with the access of appropriate support services.
- Gathering information on the nature of community participation and multi-sectoral collaboration from both school and community perspectives in all essential services.
- Reviewing data on school enrolment, attendance, retention and performance.
- Conducting observations to document the state of various key essential services at the school.

4.3 OBJECTIVES OF THE STUDY

- Objective 1: To explore the potential and limitations of care and support mainstreaming in the education sector.
- Objective 2: To strengthen and provide approaches to mainstream care and support in education system and determine the options that the ministries of education can adopt to address barriers to teaching and learning in the different settings.
- Objective 3: To make recommendations and lobby for mainstreaming of care and support, enabling children to access quality education through inter-departmental/unit and multi-sectoral collaboration.
- Objective 4: To determine the extent to which the ministries of education mainstream issues of care and support in order to meet the needs of children to address barriers to teaching and learning.

4.4. SAMPLE SELECTION

The purposive sampling was used to develop the sample of the research under discussion (Freedman et al., 2007). According to this method by Freedman, non-probability sampling techniques was used which means that a sample was selected on the basis of their knowledge, relationships and expertise regarding a research theme. In the current study, the sample members who were selected had special knowledge of the phenomenon under research. The sample had information and relevant work experience in the field of education, especially working with children, active involvement in several initiatives and programmes for vulnerable children. They have proven implementation background and understanding of raw data concerning children.

Key informants were identified with support from the planning and counselling unit in each member state. Key informants identified to participate in the Baseline study included:

- (i) Senior officials from the key ministries involved in the care and support multi sectoral initiatives and as represented National Co-ordinating Units (NCU);

- (ii) Senior officials of the SADC Care and Support unit desk of Education, Youth and HIV and AIDS;
- (iii) Steering Committee members in Swaziland and Zambia who work with children on issues of care and support;
- (iv) Care and Support Focal Point Persons;
- (v) Education, Monitoring, Information Systems Units (EMIS);
- (vi) National Co-ordinating Units (NCU);
- (vii) Relevant government ministries, (Health, Social Affairs), ministry of education officials including school level;
- (viii) Senior representatives of the national civil society organisations (NGOs) and United Nations (UN) agencies involved or associated with care and support and related services to vulnerable children;
- (ix) Senior officials of Planning and Counselling; Education Monitoring Information Systems units, teachers and school management/governing bodies/teams, who were able to provide budget allocations and spending of education and the provision to related support services to vulnerable children.

4.5 RESEARCH METHODOLOGY

Research Methodology is the systematic, theoretical analysis of the methods applied to a field of study, (Myers, 2009). A research method is a strategy of enquiry, which moves from the underlying assumptions to research design, and data collection. Although there are differences in the research methods, the most common classification of research methods are the qualitative and quantitative methods. At one level, qualitative and quantitative methods refer to the differences on the nature of knowledge on how one comprehends the final purpose of the research. On another level, the terms refer to research methods in which the data is collected and analysed, and the type of simplifying and representing the data.

A comprehensive questionnaire was designed to include different target and stakeholder groups in gathering information. An attempt was made to identify a life skills focal person in each country who would assist by approaching a range of experts across different sectors to provide the required data. A number of contacts were

approached to access information. Standard contextual data were sourced. Where possible, information on the different spheres of government and relevant Ministries or Departments was identified for each country and is provided in the form of an organogram.

Quantitative research methods can be used in natural sciences and social sciences, enabling researchers to study social and cultural phenomena. Both quantitative and qualitative research studies are used in conducting education studies. For the purpose of this research study qualitative method is mostly used. The suitability of the method was decided by the context, purpose and nature of the research study in question. Although the two research methods can supplement each other it was found that in this particular study the qualitative method was more relevant. Brysman and Burgess (1999) agreed that other researchers prefer to use both methods by taking advantage of the differences between quantitative and qualitative methods and combine these two methods for use in a single research project depending on the kind of study and its methodological foundation.

Qualitative research is naturalistic, it tries to study the everyday life of different groups of people and communities in their natural setting and is mainly useful to study educational settings and processes (Denzin & Lincoln, 2003). This is the reason why the researcher has used this method for this study. Qualitative research involves interpreting data in an attempt to make sense of the collected data and to analyse data in order to bring meaning to the audience. According to Domegan and Fleming (2007), qualitative research aims to explore and to discover issues about the problem on hand, because very little is known about the problem. There is usually uncertainty about dimensions and characteristics of the problem. This research on mainstreaming care and support in education is an issue at hand and is on discussions at the Regional SADC Education Ministers' forums which are held yearly. Philip, (1998) defined qualitative research as designed to help researchers understand people, and the social and cultural contexts within which they live. Such studies allow the complexities and differences of worlds-under-study to be explored and represented. This is the case with the study where the researcher is trying to figure out the schooling environment for children, including the children's home and community environments.

In order to satisfy the objectives of this thesis, a qualitative research approach was followed. The main characteristic of qualitative research is that it is mostly appropriate

for small samples, while qualitative research outcomes are not measurable and quantifiable. Collis and Hussey (2003) declared that its basic advantage, which also constitutes its basic difference with quantitative research, is that it offers a complete description and analysis of a research subject, without limiting the scope of the research and the nature of participant's responses.

Using the two Member States as a case study method, the study compares what is pertaining in these using questionnaires and interviews to collect information. The study enquires what is already existing and implemented regarding service delivery of care and support services.

As stated above in order to satisfy the objectives of this thesis, a qualitative research method was followed. The qualitative research is relevant for small samples. It has an advantage which differentiates it from the quantitative research. It offers a complete description and analysis of a research subject, without limiting the scope of the research and the nature of participants' responses

4.5.1 Research paradigm

A research paradigm is the set of common beliefs and agreements shared between scientists about how problems should be understood and addressed (Kuhn, 1962). In the context of care and support, the different ministries need to come together, and have a multi-sectoral collaboration, bringing their sector budget, skills and expertise in order to address challenges of care and support.

According to de Lange (2010) the research process has three major dimensions: ontology, epistemology and methodology. A research paradigm is an all-encompassing system of interrelated practice and thinking that defines the nature of enquiry along these three dimensions. The term paradigm, which originated from the Greek word *paradeigma*, means patterns that denote a conceptual framework shared by a community of scientists, which provides them with a convenient model for examining problems and finding solutions.

Mainstreaming has a potential to address barriers to teaching and learning, through strategic endeavours like the Sustainable Development Goals and Education for All.

There are two views which objectivistic and constructivist which demonstrates the different ways of looking and seeing the world. These have consequences on reviewed

studies, both are however equal, there is none that is more important than the other. They are both relevant depending on the purpose of the study and what is desired to be achieved.

Guba and Lincoln (1994) differentiated between positivist, post-positivist and post-modernist. The positivists believe in reality, that it will happen. The post-positivists believe that realism is imperfect or improper and not easily understandable, (Willmott, 1997). The post-modernist is moving away from modernism. In this study there is a mix of these ideas, especially when it comes to urban settings way of looking at things for an example, they may find it difficult to move away from what they call civilization especially with regards to technology. Willmott (1997) though the aim of positivist and post-positivist searching of explanation, assumption and power, the aim of critical theory is evaluation and liberation.

According to Lather (1986) research paradigms reflect the beliefs about the world we live in. In this study it is noted that the community or the environmental values and beliefs in which children live in has an impact in their growth and development.

4.5.2 Research design

A research design is the general approach that a researcher may select to incorporate the different parts of the study in a comprehensive and sound way. This ensures the researcher that the research problem is addressed effectively. It comprises of a plan or design for the collection, measurement, and analysis of data.

The research design for this study is a descriptive that is analysed through qualitative method. Questionnaires were used to source information from the participants. Participants' interviews were used to collect data. The justification of the data collection methods used in the study was discussed with the participants. In order to ensure trustworthiness of the research, the criteria qualitative research was discussed. Participant's checks that were suggested and implemented.

Research design can be used as a master plan for the research to direct the implementation of research (Mouton, 1996). The research design can be used to plan, design and implement in the research, with a set of procedures that optimises the validity of data for a given research problem. Research design highlights the important processes of research and how these can be integrated for an example the samples

to be used and procedures to conduct research. Yin further added that a research design is a plan of action plan (Yin, 2003).

4.5.3 Data collection method and tools

For the purposes of this study, questionnaires were used. These were done in the form of interviews in some instances. Fisher (2005) stated that the main advantage of personal interviews is that there is a direct personal interaction between and interviewer and the interviewee. Gill and Johnson (2002) stated that due to the flexibility and comfortability that may prevail during the interview, the conversation may risk deviating from the purpose to be achieved by the interview. Therefore, the interviewer must stay focused at all times.

As far as data collection tools were concerned, all questions were prepared, so as for the researcher to lead, direct and control the interview towards the achievement of the research objectives. Probing questions were at times used where a participant could not answer the questions to the satisfaction of the researcher. The questionnaires focus on how the regional and national levels respond to strategic issues that impact on vulnerable children, for an example mainstreaming care and support through (a) allocation of budget to cater for things like free education, school feeding scheme etc., (b) allowing for policy change that will address issues faced by vulnerable learners, (c) capacity building though ensuring that there is enough staff that is well trained and qualified, (d) monitoring and evaluation which addresses issues of identification especially at school level, so that the national offices are able to plan and budget accordingly in order to address barriers for teaching and learning. (e) The last section focuses on the essential services to address barriers to teaching and learning, for an example, multi-sectoral collaboration, safety and protection, psychosocial support, nutrition, health, water and sanitation, material support and school leadership.

Key informants identified to participate in the study included senior officials from key ministries involved in the life skills, counselling and planning units, including the representatives from the ministries responsible for children, social welfare, education, health and gender (where a gender ministry exists); senior representatives of national civil society organisations or NGOs as well as United Nation (UN) agencies involved in or associated with or related services to vulnerable children; and senior officials from planning, finance or treasury ministries able to provide the budgetary allocations and

spending to education and the provisioning of related support services to vulnerable children.

At school level key stakeholder groups were identified and individuals from each of these groups were identified. The study was conducted with the principals and teachers involved in rendering care and support services to vulnerable learners at the school; the School Governing Body (SGB), School Management Team (SMT), Parent-Teacher Association (PTA); supporting government service institutions, e.g. the Ministry of Health; and the community, including parents or caregivers and civil society organisations.

4.5.4 Data analysis

The collected data was analysed using the qualitative method as was stated that it was the method used in this research. As mentioned above a questionnaire was used as a tool in the collection of data. A qualitative method is the method that provides a description of participants' responses and the responses often lead to recommendations and conclusions being drawn from the participants' answers.

4.5.5 Research process

The figure below explains the steps or phases that the researcher followed in the process of collecting data for the study. It provides a summary of how the information was gathered in order to inform the study.

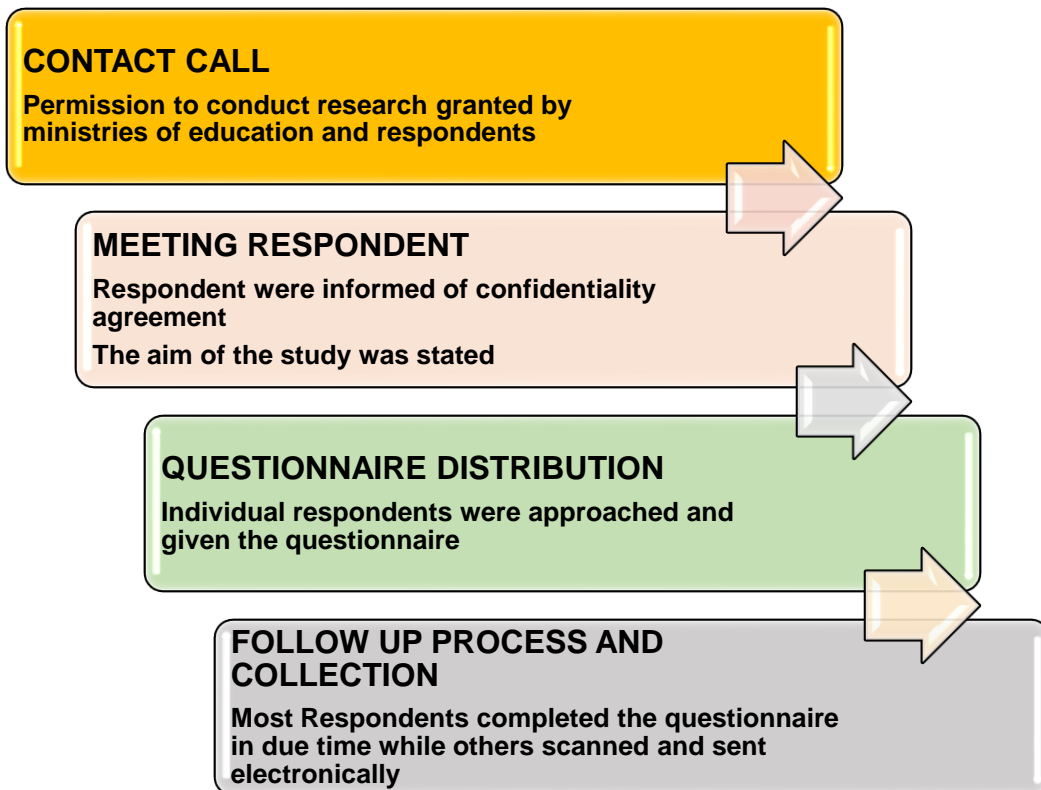


Figure 5: The research process

(Source: researcher)

Letters were sent to the ministries of education in Swaziland and Zambia requesting for permission to conduct the study in their member states as well as with employees in the ministries.

Participants in the study signed a letter of acceptance of their participation in the research. The respondents showed and expressed the willing to participate in the research study.

4.5.6 Ethical considerations

Fauka and Mantzorou (2011) stated that ethics refers to a set of widely accepted moral principles suggested by an individual or group. The moral principles offer ethical regulations and acceptable behaviour during conducting the research. The current study was subject to ethical regulations as stipulated by the university for students studying at this level. Letters were sent to the senior officials in ministries of education in both Zambia and Swaziland requesting to conduct the research as well as to the participants. As it was mentioned earlier, all participants reported their written

acceptance regarding their participation in the research by filling in the participants acceptance form to participate in the study and signing at the end of the form. The senior officials of the ministries allowed that the researcher be conducted in their member states. The aim of the letters was to reassure participants that their participation in the research is voluntary and that they were free to withdraw from it at any point and for any reason.

4.5.7 Reliability

Reliability is the characteristic of measurement that gives an emphasis to the accuracy, precision and consistency of the data and information used for the study; it is a key concept in trustworthiness (Cooper & Schindler, 2008). Reliability means that the responses answered can be checked, verified and confirmed and be utilised as a source of information. As mentioned above the participants are being reliable in terms of their knowledge and experience in the subject that is shared and the way in which questions are answered (Seale, 2004). If the subject of study does not change, it can be assumed that the results would be the same from one dimension to the other. According to LoBiondo-Wood and Haber (2006) reliability measures objectivity, dependability of data, precision, consistency, and the stability of data. This means that the study should be impartial and dependable, accurate, standard and demonstrate or show uniformity.

For this study, as was stated, the selection of respondents was based on participants' involvement and knowledge of care and support initiatives or activities, been exposed in working with vulnerable children, who work in the ministry sectors that deal with children, United Nations (UN) agencies, non-governmental and civil societies and other stakeholders are those that deal with orphans and other types of vulnerabilities.

The consultation of ministry strategic documents which are relevant to the issues of vulnerable learners, and documents that address the mainstreaming of care and support, for an example, Education National Plans.

4.5.8 Validity

McDaniel and Roger (2010) stated that validity is the degree to which a research instrument achieves the objectives as are set out by the researcher for the study. Validity has a connection with reliability. It requires the ability to be verified and

subsidise to the benefit of the research that is conducted. It refers to the instrument that is used and allows for satisfactory responses to answer and measure what it is supposed to.

Hair, Celsi, Money, Samouel, and Page (2011) said that there are different kinds of validity namely construct validity, this is the degree to which a measurement instrument represents and logically connects, via the underlying theory and the observed phenomenon to the construct". This is emphasized by McDaniel and Roger (2010) who explained that construct validity deals with what the researcher is trying to measure and it uses theory in order to formulate a construct to be measured. Hair et al., (2011) added that the other one is the face validity which is, is the systematic assessment of how well a construct's measurable components represent the construct. McDaniel and Roger (2010) explained that face validity is the weakest form of validity.

The validity and reliability of the measures provide support for the quality of the data. For this study, the instruments were valid in the sense that they focused on almost all issues that talk of children vulnerability. They addressed issues related to different levels of child development, from home to government levels.

- To explore the potential and limitations of care and support mainstreaming in the education sector.
- To determine the extent to which the ministries of education mainstream issues of care and support in order to meet the needs of children to address barriers to teaching and learning.
- To strengthen/provide approaches to mainstream care and support in education system and determine the options that the ministries of education can adopt to address barriers to teaching and learning in the different settings.
- To make recommendations and lobby for mainstreaming of care and support, enabling children to access quality education through inter-departmental/unit and multi-sectoral collaboration.

4.6 CONCLUSION

This chapter provided an overview of the research methodology that was used in conducting the research. The root of this chapter was to discuss the research design and methodology used. The techniques used for data collection were discussed, as well as the sampling methods that were employed in selecting the respondents to participate in the research study. Lastly, the qualitative methods used to analyse the collected data were discussed. The following chapter, therefore, focuses on the data analysis of information collected from the research instrument.

CHAPTER 5

DATA PRESENTATION, ANALYSIS, INTERPRETATION AND DISCUSSION

5.1 INTRODUCTION

This research aims to explore the potential and limitations of care and support mainstreaming by addressing key underlying issues; as well as comparatively assessing the implications of care and support mainstreaming in different settings.

This chapter has responses to questionnaires that were directed to the regional, national and sub-national levels including teachers at schools' level. At regional level the respondents from the Southern Africa Development Community (SADC), Regional agencies, for an example, UN and other civil society organisations. National respondents include member states officials and civil society organizations that work with the ministry office. Sub-national includes ministry officials that work closely with schools. At schools' level the respondents include school governance, head teachers, teachers and civil society organizations that work with schools.

As mentioned in chapter 4, the questions in the research responded to the objectives and aim of study. The questionnaires focus on how the regional, national, sub-national and school levels work towards mainstreaming care and support in the teaching and learning programmes and activities. The issues addressed cover implementation of plans and activities, budget allocation, human resource allocation, influence in policies, monitoring and evaluation, multi-sectoral collaboration and the essential services to address barriers to teaching and learning.

The findings will be reported under an objective that it addresses.

The study used qualitative research methods, and the collection of data was comprised of two phases. The first phase of the research process consisted of a comprehensive literature review and desk review of secondary data available on the subject matter.

The second phase of the study comprised qualitative interviews scheduled with key informants. The sample was fixed at 50 per member state. This was due to the number of involvement in issues of care and support in the ministry of education, and that the issue of care and support is only being introduced for integration in the education

system. Other represented participants who did not reveal their status. The data were qualitative, hence there was no need for statistical analysis. Posts are fixed, for an example, Permanent Secretary Post. These are only people targeted for the study.

Representation of data according to Objective 1: To explore the potential and limitations of care and support mainstreaming in the education sector

Point 5.2, 5.3, 5.4, 5.5 responds to Objective One.

5.2 AVAILABILITY OF IMPLEMENTATION PLANS AND APPROVED PLANS

Table 1. Participants' response to the knowledge of the implementation plan

Statements that respondents were asked to respond to	Response Categories			Percentage Awareness
	Aware	Not Aware	Cannot say	
Availability of Implementation plan	34	06	10	68%
Availability of approved Implementation plan	32	06	12	64%

It is noted in this study that as much as there is awareness of the implementation plans, there are participants who are unable to say if these plans exist or not. It is noted that there is mainstreaming of schools as centres of care and support concept to the existing work plans for all primary schools. The care and support programmes are driven mostly by support of UNICEF and other stakeholders represented on the national co-ordinating unit. Schools as Centres of Care and Support Framework is not clearly aligned with the overall care and support priorities and does not contain a detailed timeline or a final set of indicators to monitor overall implementation of the of the care and support issues and programmes.

Swaziland Education and Training Sector (EDSEC) Policy exists in the country. The EDSEC Policy provides a strategic direction for the sector.

In Zambia, a joint annual work plan between the Ministry of Education and UNICEF outlines the various priorities and activities also linked to the implementation of the national coordinating unit annual work plan agreed upon with an implementation cost estimate. However UNICEF is the lead agency in the development of the work plan. The Forum for African Women Educationalist of Zambia (FAWESA) also held funds for the implementation of the care and support activities.

5.3 BUDGETING AND MATERIAL AND HUMAN RESOURCING FOR CARE AND SUPPORT

Table 2: Participants' response on the budget allocation to address care and support needs

Statements that respondents were asked to respond to	Response Categories			Percentage Awareness
	Aware	Not Aware	Cannot say	
Budget allocated for care and support activities	24	09	17	48%
Budget allocation for the care and support programme specific to key Ministries/directorates	04	14	32	8%
Sufficient funding to allow for full implementation	01	32	17	2%
Donor funding or services received	12	20	18	24%

Some participants know that there is budget allocation, however, most of the participants do not know how and where the budget is allocated. It is also noted that most participants say that these funds are insufficient. This demonstrates the exosystem where decisions are taken by the leaders or government and ordinary

citizens have no input although these have a bearing in the community. Some funds are clearly allocated but others have no specific guidelines. Funds available are part of a broader pool of social funds and are not directly linked or allocated to care and support activities.

Funds for care and support activities are derived from a range of current services provided within key ministries.

In budget allocations relating to children are scattered across three ministries:

- In Swaziland, the Ministry of Education has primary allocation for the acquisition of books and stationery to be provided for free to parents as referred to above; In Zambia, a greater resource allocation is required from and or through government liaison with other donors to enable to effective roll-out of the programme.
- In Swaziland, Ministry of Health uses the budget for de-worming programme which forms part of the basic school health services provided; while in Zambia there is none of such budget basically intended for school programme.
- In Swaziland, Department of Social Welfare which is located in the Deputy Prime Minister's office: allocation includes social grants to orphans and vulnerable children. The Education Bursary is located in the Ministry of Education. In Zambia, the service providers or non-governmental organizations mostly support children with bursaries and school uniform.

This scattered allocation of the budget for children causes a challenge as these funds do not reach the beneficiaries as they are supposed to. This is due to poor multi-sectoral collaboration between the government sectors.

In both Swaziland and Zambia government funding would however, not address all care and support activity needs and additional funding needs to be sought to address the shortfall. According to government, donor funding should be coordinated by the Ministry of Economic Planning and Development. However, not all donor funding comes to the attention of this ministry as the various ministries may engage directly with donors seeking financial assistance with the implementation of identified needs. This is where the theory of exosystem is demonstrated, where decisions are taken by government as leaders of the country, even though these decisions have a direct

impact on the children. Children and other local level citizens have no input in the budget allocation decisions by the government.

In Zambia, the expenditure incurred by the Ministry of Education is recorded as part of broader programme areas making it very difficult to disaggregate this information, except for the funding allocated to the Ministry of Education by UNICEF through a joint annual work plan.

Lastly, due to the global recession, the Government hampered in its ability to provide adequate resources to implement yearly work plans for care and support programmes.

In terms of the Ministry of Education's budget structure, national allocation makes provision in for education bursaries, school nutrition, the procurement of drugs, and infrastructural development. All other budget allocations are made at provincial and district levels. In Swaziland, the Ministry of Education provides funding for free basic education (Grades 1-7) as well as grants for the acquisition of books and stationery. Education bursaries are also provided to select Grade 8-12 learners to pay for their school fees and to assist with the acquisition of books and stationery.

Due to the alignment of activities with those of the various national coordinating unit implementing partners, programme activity funding links with identified care and support activities. This results in two or more programmes benefitting from the same funding source, for an example the training of Education Programme Officers on gender issues and child protection funded through Regional Psychosocial Support Initiative's (REPSSI) programme added to the programme by UNICEF. CHANGES II and Quest programme activities focusing on the learner and the EQUIP II programme with a focus on improvement of education systems as well as COMFORT's focus on the girl child all align with the care and support focus areas. These are all examples of the project mode approach being followed in the funding of activities.

It is noted, as stated above, that the governments' funding of both Member States, will not address all the care and support activities needed and additional funding needs to be sourced to address other care and support elements. In Swaziland, however, not all donor funding that is available comes to the attention of the various ministries' departments because they may engage directly with donors seeking financial assistance with the implementation of identified programmes. In Zambia, joint annual

work plans between the Ministry of Education and UNICEF outline the various priorities and activities agreed upon with an implementation cost estimate.

It is noted that in both Swaziland and Zambia, they are more dependent on donor funding. It is not clear how the two Ministries of Education in both Member States would sustain itself to cover for the range of care and support needs should donor funding cease to exist. There are no strategic plans in place or sustainability plans that the Ministry of Education in developing to address the issue of budget.

While there are many donors, UNICEF seems to be a main funder in both Member States.

5.4 POLICIES FOR CARE AND SUPPORT IN SCHOOLS

Table 3: Participants' response on the availability of policies at schools' level

Statements that respondents were asked to respond to	Response Categories			Percentage Awareness
	Aware	Not Aware	Cannot say	
Availability of school policy in place	40	06	03	80%

Although schools in both Swaziland and Zambia are aware that there are existing policies, they do not have access to policies such as the Children's Policy, HIV and AIDS Policy, and Education Sector Policy. According to participants at school level, they only get to know about these policies when they have committed crimes and it is then that they are told which section of the policy they violated. Again, the use of the exosystem theory is evident, where children and wider local community are not involved in the development of policies which affect the parents and their children.

In Swaziland the findings indicate that most schools are aware that they should have policies but do not have a safety policy in place and Safety and Protection Committees have never been established. Various schools have taken several measures to ensure the safety of learners and protection of school property, including the appointment of a security guard and the installation of burglar bars on school windows. Collaboration

between the community members and the school is generally weak. There is a need to develop appropriate measures and protocols in close collaboration with the community and appropriate institutions to identify and monitor cases of child abuse. The theory of mesosystem is demonstrated in this situation where it is noted that there is a relationship between the school and the community. Teachers and parents are the primary means of identifying abused learners, however, in most cases referrals are not effected due to poor relationships with key ministries. Security on the premises is a concern as many schools are without fences and are not lockable. While the theory of mesosystem indicates that the relationship between the home and school is vital, it is not necessarily the case in most instances.

It is noted that schools' policies on care and support are generally not familiar with the content of the policies; hence, many still stick to rules and regulations which include but are not limited to:

- No dangerous weapons allowed in school premises;
- No drinking or smoking in school;
- Children going out of school grounds is not allowed;
- Teacher's quarters are out of bounds for school children etc.

In Zambia the findings indicate that almost all the schools do not necessarily have policy documents on school safety and protection. However, some precautions have been considered to ensure the safety of learners and protection of school property, including establishment of disciplinary committees, and Guidance and Counselling Committees to promote good learner behaviour and identify cases of child abuse. But, none of the schools conduct evacuation drills and exercises for emergency cases. Furthermore, there is a very low-level of community participation in safety and protection at the schools. Among the few schools where communities participate, their roles are limited to hiring paid night security guards or the establishment of a neighbourhood watch to protect school properties. This is again the evidence of exosystem where the involvement of parents is not per expectation. The schools leadership takes a decision. This is particularly the case for basic schools. For some high schools, night security guards are paid for by the Zambia Ministry of Education based on school establishments such as school enrolments and facilities. However, most of the safety and security measures are not very effective, as most schools often

experience theft of school property. The measures in place to identify and monitor cases of child abuse are also ineffective and abuse committed in communities is usually not addressed by school authorities.

In Zambia, a conducive policy and legal framework was created through the review and revision of policies and strategies, and the enactment of legal instruments. All these are based on the free primary education policy of 2002. Some of the policies put in place include the Re-entry Policy (2012) created guidelines on the re-entry of girls into school after pregnancy and delivery. This policy specifically allows girls that have fallen pregnant whilst at school to return to school after delivery of their babies. It further compels schools to readmit them.

The Zambian Ministry of Education created the National HIV and AIDS Strategic Framework to mitigate the impact of HIV. It articulates a concrete set of interventions for realising the care and rights for children affected by HIV and AIDS, including the right to education, as per the broader policy mandates expressed in the National Orphan Care Policy (1999) and the National HIV and AIDS/STI/TB Policy (2005). The National Gender Policy (2000) requires all sectors to implement measures to achieve gender equality in all areas of life, including education.

The Anti-Gender-Based Violence Act (2011) and the Constitution review process, which is currently underway, in 2018.

The National Child Policy (2006) provides a framework for national responses by all ministries and stakeholders on the way forward to realise the rights and address the development needs of children in Zambia.

In Swaziland several notable policies have also been introduced, namely, the National Plan of Action for Orphans and Vulnerable Children (2006-2010); the National Children's Policy (2009); the National Plan of Action on the 72 CRC recommendations, and a revised National Plan of Action for the Most Vulnerable Children (2011-2015). These policies fall under the National Children's Coordinating Unit housed in the Deputy Prime Minister's Office. The Education Act No. of 1981 and the Free Primary Education Act No 17 of 2010 were also instituted. The Education Act regulates (1) the establishment, registration and inspection of schools, (2) Ministerial powers, and (3) the establishment of the National Education Board, District Education Advisory Boards, School Committees and the Adult Education Council. In its turn, the Free

Primary Education Act provides for the implementation of the right to free primary school education at all public schools.

It is noted that both Swaziland and Zambia are prioritising free education for children in the SADC Member States. It should be noted that even though Zambia has not included HIV and AIDS in the care and support priority list, HIV and AIDS is emphasised in the policies as explained above.

5.5 IDENTIFIED GAPS IN THE PROVISION OF CARE AND SUPPORT IN SCHOOLS

Participants identified the gaps in the provision of care and support in schools:

- Gaps on material support/ resources.
- Gaps on furniture.
- Gaps on school fees, grants.
- Gaps on infrastructure.
- Gaps on skills, specifically on how to deal with care and support needs.

The Swaziland and Zambia Ministries of Education and Training, through its National Coordinating Units (NCU), strongly advocate that all partners including non-governmental agencies, government sectors, donor partners, UN theme groups and civil associations involved in education meet regularly to discuss cross-cutting issues affecting learners and teachers at schools. This is with the aim of getting support from the donors.

As was noted, these meetings did not occur regularly because of financial constraints. Thus, the gaps identified above stay unresolved, and if they are attempted to be resolved, they often do not get the full attention they require.

Representation of data according to Objective 2: To strengthen or provide approaches to mainstream care and support in the education system and determine the options that the ministries of education can adopt to address barriers to teaching and learning.

Point 5.6, 5.7 responds to Objective Two.

5.6 CARE AND SUPPORT PRIORITISED ACTIVITIES IN THE IMPLEMENTATION PLAN

Participant's response to priority activities in the care and support Implementation Plan:

- Reducing HIV and AIDS.
- Orphans and Vulnerable Children and Youth programmes.
- School feeding and food security.
- Support to girls programmes.
- Process started on the constructing of new additional toilets in schools.

While the two Member States priority areas are mentioned above, these are identified in different member states, for an example Swaziland indicated HIV and AIDS, and food security but there is no mention of toilet improvement. In Zambia, the ministry has prioritised infrastructure (including toilets) but not much has been done to improve those areas. Zambia has not included HIV and AIDS in the priority list.

Some of the above-mentioned activities are implemented, although they are not contained in the implementation plans of national co-ordinating unit.

Although the national co-ordinating units in Swaziland and Zambia are led by the ministry of education, the structure relies largely on individual NGOs, UN agencies and various stakeholders' annual work plans, outlining the nature of activities aligned with the care and support priority areas that they could provide. These are based on available institutional capacity and financial resources at the time. The national co-ordinating unit further relies on the submission of monthly progress reports by the stakeholders. Their work plans included the drafting of inventories for each of the schools and to mark equipment in each of the schools, to prevent and address the issue of the theft of equipment. The implementation plans are mostly designed and followed up by NGOs and it was indicated that these reports could be accessed from UNICEF as they are the main funder for the care and support programme.

A consolidated national report based on the various work plans and achievements per priority area or pillar are compiled by the chairperson of the national co-ordinating unit.

As was indicated in the priority list for care and support, both Swaziland and Zambia prioritized protection and safety, psychosocial, health, water and sanitation and teacher development. The two Member States differed in some ways, where Swaziland included HIV and AIDS and gender, life skills and food security, whereas Zambia focused more on curriculum development and learner material support.

Both Member States did not include child participation and community involvement as pillars or priority areas for care and support. This is the reason why the two ministries' priority lists differ from what the wider community wish to have prioritised. The theory of mesosystem is only practiced when government takes a decision on behalf of the beneficiaries.

5.7 OBJECTIVE: MONITORING AND EVALUATION SYSTEM AND TOOLS TO IDENTIFY CARE AND SUPPORT NEEDS AND NATIONAL AND SUB-NATIONAL LEVELS

Table 4: Participants' response to the understanding of the role of the EMIS unit

Statements that respondents were asked to respond to	Response Categories			Percentage Awareness
	Aware	Not Aware	Cannot say	
Unit or directorate responsible for monitoring and evaluation in the Ministry of Education	14	04	32	28%
EMIS indicators and systems for collecting and managing information in place	19	01	30	38%
Names of units and directorates responsible for monitoring and evaluation				
<ul style="list-style-type: none"> Guidance and counselling 				

<ul style="list-style-type: none"> • Information and planning • Standards, statistic and planning • Health promotion directorate
Areas are covered in the EMIS system
Health, PSS, Nutrition, Materials Support/ Bursaries, Infrastructure, Drop Out, OVC, Pregnancy rate

There is not much understanding of the Education Monitoring Information System (EMIS) unit and its function by the participants. Both Member States do not have enough budget to support the collection of data in schools. Zambia schools are scattered and very far from the Head Office, and this has travel and financial implications. The information that the schools submit is sometimes unreliable due to not understanding the data collection tools, thus compelling that national staff to visit schools in order to collect data. This is problematic for the EMIS officials at national level because there are insufficient funds, unavailability of transport and capacity. Government has not been able to support most schools through school visits due to inadequate resources, for an example no funds for petrol for government vehicles. As per Bowen in the theories, it is noted that lack of resources by the EMIS unit to do their tasks contributes towards not achieving expected performance.

The Ministry of Education EMIS and Planning Unit would need to collaborate with the NGOs to collect data, due to the above-mentioned reasons. In both Swaziland and Zambia, there is a limited capacity within the Ministry of Education to assist with the Monitoring and Evaluation (M&E) activities. UNICEF assists with the collection of information and reports on progress made with any implementation. M&E training is required at implementation level but is problematic due to the high turnover of staff. In Zambia, the M&E responsibilities assigned to staff within these units are not their main and only responsibility, but these added responsibilities are integrated in the core business of the Ministry of Education.

Data capturing takes time at national level due to capacity, not having enough data capturers. The use of hard copies to collect data causes delays, as it takes time to

capture data into the computers. There is a shortage of computer equipment to capture data, thus inadequate computer literacy. The ministries of education believe that there is room for capacitating the schools, on how to use the scientific tools for collecting and analysing data. Zambia is starting to introduce the system of using technology when capturing data, but this is not the case with Swaziland.

This indicates that information regarding orphans and vulnerable children may take time to reach the decision makers, in order for them to allocate resources needed by these children, to address barriers to learning.

Representation of data according to Objective 3: To make recommendations and lobby for mainstreaming care and support, enabling children to access quality education through inter-departmental or unit and multi-sectoral collaboration

Point 5.8, 5.9, 5.10, 5.11, 5.12 responds to Objective Three.

5.8 STRUCTURES ESTABLISHED AND NATIONAL AND SUB-NATIONAL THAT SUPPORT MAINSTREAMING CARE AND SUPPORT

Table 5: Participants' response to the existence of structures that offer support to vulnerable learners and if these structures are functional

Statements that respondents were asked to respond to	Response Categories			Percentage Awareness
	Aware	Not Aware	Cannot say	
Structures established to monitor care and support issues	34	03	13	68%
Structures established and functional	33	03	14	66%

Participants in both Swaziland and Zambia demonstrated the awareness of structures, however, there are those who could not say if they know about these. Some structures are in place at various levels, however, there are no defined roles. The staff assigned to the care and support activities is insufficient within the units, thus the management

skills impact negatively on the actual execution and the general coordination and monitoring of the implementation of the care and support prioritised activities. Structures are less functional due to problems related to the lack of transport to schools for monitoring purposes, as schools rural and are far for some.

The main reasons presented for this includes the lack of funding, especially for NGOs to cover related overhead costs. NGOs do not receive any funding and or contribution from government to cover their transport costs. The biggest problem is capacity, relating to the lack of sufficient number of staff assigned to the care and support programme at both regional, district as well as national levels and the lack of sufficient programme management and coordination skills.

Concerns were expressed on the lack of frequent meetings by the various coordinating teams, and that instigation from the national level is sometimes required to engage these teams in activities such as planned training workshops.

In Swaziland, structures for the implementation of care and support programmes at various levels are in place and well described. The lack of sufficient staff assigned to the programme by the lead ministry and programme management skills impact negatively on the actual execution of prioritised care and support activities and the overall coordination and monitoring of the implementation of the programme. In Zambia, the structure is coordinated by the Planning Directorate in the Ministry of Education. The implementation of care and support relies in most instances on existing coordinating structures at provincial and district levels.

5.9 COMPOSITION OF STRUCTURES/COMMITTEES

Table 6: Participants response on the composition of the structure or committee and availability of the memorandum of understanding

Statements that respondents were asked to respond to	Response Categories			Percentage Awareness
	Aware	Not Aware	Cannot say	
Availability of multi-sectoral planning at national level	18	06	26	36%
Availability of memorandum of understanding or terms of reference in place between ministries and other stakeholders	18	07	24	36%
Successful linkages/involvements between members	17	09	24	34%

It is noted that most participants in both Swaziland and Zambia could not comment on the availability of multi-sectoral collaboration in the structures, their involvement and commitment through the memorandum of understanding. A multi-sectoral approach is critical for the distribution of an integrated elements of care and support services to children. It requires a high level of commitment and involvement from all partners. It implies strong co-ordination, usually by ministries of education, and strong partnerships between government, civil society and community.

In Swaziland, the structure at national level is represented by government ministries, Non-Governmental Organisations (NGOs) partners and UN Agencies, and led by the MOEs Education Guidance Health Promotion Child Friendly Services (EGHCT) Unit

(referred to as the Guidance and Counselling Unit). The National Co-ordinating Unit is supposed to meet monthly and it is also to report directly to Swaziland's National Children's Coordinating Unit (NCCU) which is responsible for coordinating all activities related to children in Swaziland.

In Zambia, the National Co-ordinating Unit is replicated at the implementation level in Provincial (PCU) and District (DCU) Coordinating Units. Planning Officers oversee the implementation of activities at district level and this is supported by Guidance and Counselling Standards' Officers of the Ministry of Education.

In Zambia, the national co-ordinating unit is sometimes dysfunctional, as compared to Swaziland. The national coordinating unit coordinates programmes at national level. At sub national levels (district and school) there are other committees dedicated to school level. Committees at school level, known as school support teams, provide support to communities around the schools in implementing initiatives and programmes. There is a lack of training and understanding of the roles that are played by these committees. To be fully functional, both levels of coordination need strengthening with finances and capacity building workshops.

Partners, donors, caregivers and other stakeholders are coordinated within these structures. The structures are expected to give direction on what needs are to be prioritized in the implementation of care and support activities. Structures have to mobilize resources and conduct advocacy for the implementation of the care and support activities. They establish a conducive environment to implement the programmes school level.

5.10 INVOLVEMENT AND PARTICIPATION OF STRUCTURES IN MAINSTREAMING CARE AND SUPPORT

Table 7: Participants response to the functionality of the structures

Statements that respondents were asked to respond to	Response Categories			Percentage Awareness
	Aware	Not Aware	Cannot say	
Successful linkages/ involvements	12	02	36	24%
Functional structures	16	02	32	32%

Participants demonstrated lack of information regarding the involvement and functionality of the structures.

In Swaziland, concerns were expressed on the lack of frequent meetings by the various regional coordinating teams and that instigation from the national level is sometimes required to engage these teams in activities such as planned training workshops. The main reasons presented for this include the lack of funding, especially for NGOs to cover related overhead costs. NGOs do not receive any funding and or contribution from the government to cover their transport costs. The biggest problem however relates to the lack of sufficient number of staff assigned to care and support, at both regional, as well as national levels, and the lack of sufficient programme management and coordination skills. There was a closure of the secretarial assistance, rendered by SHAPE (an NGO) to the national co-ordinating unit, brought an administrative gap to the Ministry of Education.

In Zambia, the national co-ordinating unit cannot only rely on the provincial and district structures as in some instances they do not meet frequently, or have too many other items on the agenda, to give sufficient attention to the care and support activities. Furthermore, the ministry of education staff is often not in a position to influence the Provincial Education Board meeting outcomes, nor are all the key stakeholders participating or represented in these structures.

Some of the national co-ordinating unit implementing partners do not have structures in place in all the provinces and or districts, and are thus not members of the various provinces and districts. They rely on the Ministry of Education to assist with the coordination of activities and to provide feedback to these members on engagement with stakeholders at provincial and or district levels.

5.11 RECORD KEEPING OF ISSUES OF CARE AND SUPPORT AND RECORDS OF LEARNERS THAT NEED SUPPORT

Table 8: Participants' responses to the availability, functionality and record keeping done through the structures at school level

Statements that respondents were asked to respond to	Response Categories			Percentage Awareness
	Aware	Not Aware	Cannot say	
Availability of a school-level structure which facilitates access	04	04	42	84%
Learners represented on the structures	32	11	07	64%
Availability of records of vulnerable learners	39	06	05	78%
Multi-sectoral partners that are involved	42	04	04	84%
Formalised multi-sectoral partnerships	25	16	10	50%

The theory of mesosystem is demonstrated where there are structures established made up of community and school staff in both Member States. In Swaziland, schools

have School Support Teams (SSTs) and their role is defined as linking the school with the community. The community structures also include one of the school committee members, *Lihlombe Lekukhalela* (Shoulder to Cry On), *Bagcugcuteli* (Rural Health Motivators), Community Police, *Banakekeli* (Community Caregivers) and other CBOs and FBOs. These structures coordinate and convene meetings. They assist in providing relevant information to the school for further support. Generally, there are six members of the School Support Team and most schools have increased their membership to eight.

In Swaziland, School Support Team members do not have a work plan, but they come to the school as and when the need arises. Most schools have increased the numbers on the guidance team to either two or more teachers to assist the trained guidance teacher attend to children's problems. Record-keeping on cases attended to by most School Support Team members is still a problem in some schools. This is due to the literacy level of the committee members. Even though the School Support Teams exist in the schools, they need training and strengthening.

In Zambia, the Ministry of Education requires the preparation and submission of bi-annual reports from its various programmes to inform and brief senior management, including the Minister. National co-ordinating unit members are required to submit progress reports on activities as outlined in the annual work plan for circulation to the other members. Reports are also submitted to a joint working group between the various directorates and the major operating partners of the Ministry of Education as well as donors.

However, although the various members and implementing partners report internally on their own programme indicators, difficulties are experienced to collectively report on care and support indicators as the National Co-ordinating Unit. Furthermore, it is a challenge to collect periodic information, both quantitative, as well as qualitative from the various schools in order to report and monitor programme activities.

The challenge that is identified here is that there is no reporting template that is followed by all members when reporting.

In terms of the effectiveness of the focus area, the researcher is of the opinion that it would have been better if the structure identified could be from the School Community Structures, such as Parent Teacher Association and School Councils and

strengthened them to address care and support issues at school level. Mainstreaming into existing school structures is a more sustainable approach. This is due to fact that Parent Teacher Association and School Councils appears to be stronger in activities and meetings.

5.12 OTHER STAKEHOLDERS THAT ARE INVOLVED IN CARE AND SUPPORT FOR LEARNERS IN SCHOOLS

Participants' responses on stakeholders' groups are part of the structures at school level.

There are different stakeholders who are part of the structures.

In Swaziland schools have relationships with NGOs such as World Vision, Moya Centre which provides bereavement workshop for teachers and learners, *Bantwana* (Children), Palms for Life (*Umthombo*), Swaziland Action Group Against Abuse (SWAGAA), Gone Rural *BoMake* (Mothers), Swaziland Agricultural Development Programme (SADP) Family Life Association (FLAS) and Food Agricultural Organization (FAO).

In Zambia Regional Psychosocial Support Initiative (REPSSI), Campaign for Female Education (CAMFED) and Forum for African Women Educationalist of Zambia (FAWEZA) are the prominent. FAWEZA works closely with the Ministry of Education to address the needs of the girl child to be able to access and remain in school. Their support includes providing bursaries to Grade 8-12 learners with the assistance of donor funding; child to child mentoring of out-of-school youth, as well as for grades 5-7 in some schools with the assistance of UNICEF; and transit school programmes to assist out-of-school learners to reintegrate into mainstream schooling. Among other activities, FAWEZA advocated the use of electronic media for awareness programmes on child sexual abuse and stopping early marriages.

Representation of data according to Objective 4: To determine the extent to which the ministers of education mainstream the issues of care and support in order to meet the needs of children to address barriers to teaching and learning.

Point 5.13, 5.14, 5.15, 5.16, 5.17, 5.18, 5.19, 5.20 respond to Objective Four.

5.13 REPORTING ON CARE AND SUPPORT ISSUES

Table 9: Participants' responses on the reporting, feedback and who reports on issues of care and support for vulnerable learners

Statements that respondents were asked to respond to	Response Categories				Percentage Awareness
	Termly/ Quarterly	Monthly	Bi- annual	Cannot say	
Number of how often are care and support programme reports submitted to stakeholders	08	04	03	35	16%

In both Swaziland and Zambia, it is noted that there is a large number of participants who do not know about the reporting processes, or whether reporting happens. As much as there is an outline on reporting, this is not followed. Reporting to national, regional and district level on care and support indicators, information is supposed to be disseminated to national co-ordinating unit members for submission to the ministers of education and donors.

In Swaziland, the submission of regular monthly regional reports is not enforced by the national co-ordinating unit. The reports that are submitted, relate more to accounting for funds received from donors for specific activities, than to reporting on the care and support matters and the progress made with the implementation of the various activities and services rendered to vulnerable children. The reports submitted to the national co-ordinating unit contain information on donor funding spent and this is linked to defined activities, but expenditure on the programme, is not as yet disaggregated in terms of the various allocations by the different stakeholders for

activities as indicated in their annual work plans. Funders stipulate their project objectives and outcomes.

There is no standard reporting template as these depend on the funder requirements. It was confirmed that it was difficult to report uniformly on the nature of services rendered to vulnerable learners by the various service partners, as the reporting tools differ as per the reason above.

Members of the national co-ordinating unit indicated that consolidated progress reports are not regularly compiled and circulated amongst key stakeholders, making monitoring against the set annual M&E framework very difficult. The national co-ordinating unit also indicated that although they are invited to the meetings, it is not possible to attend all meetings related to children's issues because of their organizational commitments, which at times clash with the meeting dates. They indicated that reports on care and support programme are not regularly submitted to the national co-ordinating unit for information and record purposes by members of the committee.

In Swaziland, meetings are held at school level with school management teams. The purpose of these meetings is to discuss the implementation of the care and support programme; to share experiences and lessons learned on the implementation; and to share information on emerging issues. It was agreed that reporting structures at national level should be improved through providing feedback to the schools about information shared to enable stakeholders to see the value of the information provided.

5.14 CAPACITY AND TRAINING OF STAFF THAT WORK WITH CHILDREN

Table 10: Participants response on staff working on care and support, if they are trained or not, and by whom

Statements that respondents were asked to respond to	Response Categories			Percentage Awareness
	Aware	Not Aware	Cannot say	
Personnel assigned	25	09	16	50%
Identified training needs of staff	26	08	16	52%
Other organizations assisting with training needs	27	05	18	54%
Availability of training material	24	06	20	48%
Availability of teacher training curricula	20	09	21	40%
Areas that are covered in the training material				
Nutrition Sexual Reproductive Health Water and Sanitation Health HIV and AIDS				

While there is a number of participants, in both Swaziland and Zambia, who are aware of staff and training, some participants could not answer regarding the type of training and the availability of material. There is no formal training that was conducted by the ministries of education. Training provided was mainly through UNICEF and more

training by NGOs and other partners. The ministries of education rely mostly on partners to provide training through a training of trainers' approach on key aspects of care and support, to be responsible for the capacity building of the various programme implementers. Concerns were expressed by some of the national training unit members and implementing partners, on the use of the training of trainers' model and encouraged the build in of quality checks, through the cascading of the training to ensure that quality training is provided.

Service providers are specific to what they will train, thus not addressing all barriers and mainstreaming. This is according to their budget and focus areas. For an example, UNICEF provided training at both provincial and district levels on water and sanitation, while Regional Psychosocial Support Initiative (REPSSI) have provided targeted training on psychosocial support. There would be a need to enhance other skills which end up not attended to.

Staff involved in the implementation of the programme receive *ad hoc* training through the service provider and this training depends mostly on the availability of funds and resources to be made available.

It is envisaged that the implementing partners and donors would provide training through a 'training of trainers' approach on key aspects of the care and support. The partners or service providers are seen to take the responsibility for the capacity building of the various implementers.

The lack of skills and resources on the part of the implementers to support the beneficiaries is supported in the macrosystem theory, as this is mostly due to economic status. There were no budgets for cascading the training to district and provincial levels. This is a big gap, as other important role players at district and local levels do not receive training as per needs.

In Zambia, mainstreaming of care and support issues were done through sensitisation of learners in schools, and in-service training of teachers and educators through pre-service training. In-service teacher training workshops were carried out by the Ministry of Education, Forum for African Women Educationalists of Zambia (FAWEZA), Family Health Trust (FHT), UNICEF and REPSSI. With financial and technical support from UNICEF, psychosocial support materials (Guiding and Counselling Handbook; Teachers Guide- Guidance and Counselling) were developed. There is a need for the

government to support financially the mainstreaming of care and support in the colleges and not depend on UN and other non-governmental organizations to train teachers.

5.15 INTERVENTIONS THAT ARE PROVIDED TO SUPPORT LEARNERS IN NEED

Table 11: Participants response to psychosocial support interventions

Statements that respondents were asked to respond to	Response Categories			Percentage Awareness
	Aware	Not Aware	Cannot say	
Availability of early intervention policy for learners	38	09	03	76%
Availability of counseling room or similar physical space	34	12	04	68%
Provision of provide clear information to all members of the school on PSS services	42	05	03	84%
Departments and service providers providing psycho-social support	30	14	06	60%
Gender-specific psycho-social support/services	28	09	13	56%
Availability of formalized relationships between government departments in the delivery of psycho-social support/services	40	06	04	80%
Assessment procedures which are in place to identify, refer and monitor vulnerable learners	42	03	05	84%

Availability of school code of conduct	46	01	03	92%
Nature of psycho-social support training provided				
Guidance, life skills, parental and community support training				

In both SADC Member States, the psychosocial support has been prioritised and UNICEF has provided training at both provincial and district levels on water and sanitation, while Regional Psychosocial Support Initiative (REPSSI) has provided targeted training on psychosocial support.

In Swaziland, psychosocial support related services are poor and intervention policies for learners suffering with psychosocial problems are not established. Guidance and counselling teachers provide psychosocial support to learners. Caregivers also provide psychosocial support to children in need. Similar to Zambia, in Swaziland, irrespective that about half of the school's enrolment have some sort of basic psychosocial support services in place for learners, there is a high concern for the lack of sufficient psychosocial support and training in general, especially with regards to assisting female learners. In the majority of cases, teachers are responsible for the provision of counselling, despite having never been trained in basic counselling practices. In Zambia, psychosocial support training has been introduced at colleges for teachers to study. In both Swaziland and Zambia, most schools have no counselling centres, and use head-teachers' offices and classrooms for rendering psychosocial support to vulnerable learners. The development of a dedicated inter-sectoral bodies at school level for the identification of vulnerable learners, accessing referrals and monitoring of vulnerable learners, should receive urgent attention, so as to ensure that learners affected by abuse receive appropriate attention and assistance from the school and key ministries. Schools make some referrals to health centres, and the Departments of Social Welfare, as well as NGOs for psychosocial services with little, if any, formal collaboration among service providers.

In both Swaziland and Zambia, most schools had guidance teachers or teachers trained in delivering psychosocial support. In Swaziland some teachers received some form of psychosocial support related training within the different structures where they work for an example, *Lihlombe Lekukhalela* – 'Shoulders to cry on', *Bantwana* –

'Children' and Swaziland Action Group against Abuse and members of the national coordinating unit). Like Swaziland, Zambia is supported by non-governmental organizations, for an example, CAMFED and FAWEZA.

Like Swaziland, Zambia schools do not have early intervention policies on psychosocial issues but addressed such cases as they arise on an individual basis. In Swaziland, although gender specific psychosocial issues are dealt with at several schools, there are limited gender-specific services in place, while in Zambia differentials are acknowledged by schools with high incidence of psychosocial problems among female learners due to some socio-cultural factors, e.g. early marriages. Schools have established Guidance and Counselling Committees to identify psychosocial problems and provide counselling services. However, very few guidance and counselling teachers have received additional formal training on psychosocial issues, apart from that received through the teachers training curriculum.

Both Swaziland and Zambia openly acknowledge that psychosocial support is an important element for care and support. However, this has not been part of the teacher training curriculum so that teachers can leave the college having been trained on this aspect. In both SADC Member States, teachers are using their own discretion in dealing with psychosocial challenges that learners face; there is no educational background.

At community level, the caregivers are also not professionally trained to support. They use their own experiences, knowledge and skills to support. While this is appreciated, there is a need for proper training and support with resources in order for them to perform exceedingly and with confidence.

5.16 SCHOOL FEEDING PROGRAMMES IN SCHOOLS

Table 12: Participants' response to the progress and functionality of school feeding programme

Statements that respondents were asked to respond to	Response Categories			Percentage Awareness
	Aware	Not Aware	Cannot say	
Availability of the school feeding programme	31	14	05	62%
Availability of school food gardens	32	12	06	64%
Times when the school feeding programme /scheme happens: During break and lunch times				
How the government/ministry is involved in school-level feeding programme?				
1. Starting food gardens 2. Donations towards the feeding scheme through supply of seeds and implements 3. Home based support				
Nature of involvement of local and international organizations and/or the private sector				
1. Gardening 2. Donations 3. Supply of raw food				
Nature of involvement of parents/community-based organizations/ volunteers				
1. Ploughing the garden 2. Cooking for learners 3. Catering				

In Swaziland, some of the schools have a functional feeding scheme that is well managed by the head teacher, guidance teacher and the home economics teacher. The school feeding programme in Swaziland is seen to be more functional than in Zambia schools although both member states receive support from donors. The nutrition programme in Swaziland is supplied by the Ministry of Education and Training

through the World Food Programme (WFP). In some schools, parents donate to the school feeding programme. In Zambia, food is provided for by the World Food Programme, in collaboration with the Zambia Ministry of Education. Apart from World Food Programme, no other NGOs and business organisations are involved in feeding schemes. In Swaziland, other stakeholders have been providing support in addition to the World Food Programme (WFP) and government, and these are Moya Centre, and Swaziland Agricultural Development Programme (SADP). Food Agricultural Organization (FAO) have since withdrawn their support because of financial challenges. The World Food Programme is seen to be playing an important role for providing food in both Member States.

The Swaziland learners are provided with soya meal and maize or maize meal, available vegetables and meat sometimes. Most learners receive one meal per day. It was highlighted that at times schools receive food packs late or supplies run out before the end of year. In Zambia, schools are provided with soya porridge and vegetables during school hours to all learners, irrespective of their vulnerability status. Most schools had established gardens which supplement the school feeding with fresh vegetables. However, due to drought most gardens have no vegetables. The crops include cabbages, spinach, onions, lettuce, carrots and tomatoes. They practise crop rotation after each harvest.

In both Member States, the mesosystem theory is demonstrated where the involvement and relationships between the school and the community is evident. The community is involved in the school feeding where the parents assist by providing seedlings for the school garden. Schools try to fence gardens because of cows and goats that eat the vegetables, also communities steal the vegetables once they are ripe. Parents volunteer their labour for tilling the soil and planting the crops. The community assist in maintaining the school garden. In some schools, day guards maintain the school gardens by watering the crops. There is no official labour to plough, maintain and look after the gardens

Government capacitates the agriculture teachers by providing agricultural skills training. In the schools where there is no agriculture subject provided, any teacher volunteers to assist in the school garden. In some schools, organizations such as Moya Centre and the Swaziland Agricultural Development Programme (SADP)

provide assistance in the form of seedlings, fruit trees, pine trees, technical expertise and they monitor progress on the acquired gardening skills.

Some schools do not have land for erecting gardens and expanding the school. This has the potential to foster school-community relationships. This is more evident in Zambia. The high level of heat in Zambia contributed to the schools not having vegetable gardens. The recent previous years' drought impacted on both countries in not having vegetable garden.

In Zambia, schools have established Health and Nutrition Committees to coordinate feeding schemes in accordance with the Government School Health Nutrition programme. Community volunteers prepare and serve food

In both Member States, the long-term sustainability of feeding schemes is not guaranteed due to a lack of well-established food gardens and other alternative sources of food. In both Member States, schools rely more on non-governmental organizations to support them with school feeding scheme as mentioned above.

Apart from preparation of food, parental involvement in feeding schemes and gardens is minimal. This is due to the fact that parents volunteer to come and cook for children, and sometimes stop cooking whenever they feel like.

The feeding schemes are being promoted by ministries of education in both Member States. Secondary schools in both Member States do not receive meals. Since most of families are poor, children who get meals would keep them and not eat so that they could share with other family members at home. This calls for the government in both Member States to begin to think about a strategy to support families with social grants or supply families with food packs. Most importantly, they should provide skills development support so that communities can generate income on their own.

It has been noted above that food supplies run out during the course of the term, such that schools have to improvise to provide pupils with meals. This is due at times to the worrisome trend in the countries that there are growing financial difficulties among development partners.

5.17 HEALTH AND HYGIENE SUPPORT FOR LEARNERS IN SCHOOLS

Table 13: Participants' responses to the accessibility to health clinics or centres, referral and availability of first aid at school

Statements that respondents were asked to respond to	Response Categories			Percentage Awareness
	Aware	Not Aware	Cannot say	
Public health education messages delivered to school members	41	06	03	82%
Access (referral) to the nearest health facility	44	02	04	88%
Availability of up-to-date and accurate school records on learners' health	31	15	04	62%
Availability of first aid kit in schools	40	04	06	80%
First Aid Training conducted for school staff	28	12	10	56%

In both Member States, it is noted that there is interaction between the schools and the nearest health clinics or centres. There is less training in first aid for teachers at school level. In Zambia, however, the ministry of education had prioritized teacher training and curriculum development in their care and support focus areas. This has not been implemented.

In both Swaziland and Zambia, schools have first aid kits, but with no staff trained in first aid, and they are therefore unable to assist learners as per need. In Swaziland, restocking of the first aid kit is done with the assistance of the local clinics/health centres and at the Swaziland Regional Education Office (REO) schools health department as per request. Some schools, though, refill their first aid kits themselves because of non-availability of wares at the Regional Education Offices. In Swaziland there are Rural Health Motivators and Caregivers who identify needy learners and

refer them to a health facility. Despite these positive achievements, stocks for medicines sometimes run-out. Some schools keep records of children transferred to health centres and other school do not have such records. School nurses visit schools and conduct health screenings and treat minor ailments, providing medication. Schools have health clubs, although these are not active because the trained peer educators need training, and those that are trained graduate to secondary schools. The succession plan is not in place to ensure that these peer educators are replaced once they graduate. It is worth mentioning that only the schools in the malaria-infested areas conduct health days focusing on malaria education.

Unlike Swaziland, in Zambia for some schools, there is inadequate medication at health centres; long distances to health centres; and the shortage of transport hamper access to medical services. The problem of reaching to health care services is compounded by a lack of health-kits stocked with essential medications at most of the schools. Preventive health services are usually initiated and provided for by local health centres and hospitals and mainly include de-worming, medical check-ups and the provision of vitamin supplements. Unlike Swaziland, in Zambia most schools have established Health and Nutrition Committees responsible for provision of health awareness information and promoting learners' clubs such as Anti-Aids; Safe life, etc. but, schools do not have budgets for preventive and public health awareness services.

In both Member States, there are health clubs which are led by learners with the support of Life Skills teachers. These are not functional as teachers themselves lack training on the aspect or subject.

Although first aid kits are available in some schools, there is no dedicated teacher assigned to check it, in order to note the expired medication and arrange for refill of finished items.

The researcher is of the view that at the school level the following are the expected output results which are for an example, availability of first aid kits, trained first aiders in the school, up to date learners health records, a strong relationship between the school and the health facilities nearby and a strong referral system exists between the schools and the Ministry of Health (nearby clinics or hospitals), annual health screenings, and good referral system for learners, school health clubs, and life skills

education. If these are not in place, there is definitely a lack of support for children regarding attending to health issues in schools.

5.18 WATER AND SANITATION AT SCHOOLS

Table 14: Participants response on the availability and functionality of water and sanitation facilities

Statements that respondents were asked to respond to	Response Categories			Percentage Awareness
	Aware	Not Aware	Cannot say	
Availability of adequate quantities of safe water	33	13	04	66%
Availability of water distribution points	39	07	00	78%
Learners taught how to use water appropriately	43	05	02	86%
Working toilets available for the respective genders	45	03	02	90%
Enough toilets for both girls and boys in school	27	20	03	4%

In both Member States, participants' responses show that they are aware of water and sanitation facilities, however, they show a lack of information regarding enough toilet infrastructures and facilities for both boys and girls. There is need for further collaboration with the health inspectorate to establish the conditions of the toilets. Unlike Swaziland, Zambia has put infrastructure as one of the core elements, however toilet infrastructure is very poor. In both Member States, which are both mostly dominated by rural areas, pupils use pit toilets at school and at home, which are not sanitary and healthy enough. Swaziland has hygiene as one of its care and support

pillars, however the situation of toilets needs to be improved. Schools do not conform to sanitation standards.

In Swaziland components of the service areas are very expensive, for an example the provisioning of water and sanitation infrastructure; food security etc. Some of the schools are physically isolated and built on top of mountains. Getting water to such schools is very costly and has in the past absorbed the greater part of the allocated budget for the implementation of the care and support activities. As a result, funders mostly implement all care and support priority areas around a school that has water and sanitation services in place. Schools without water and sanitation services in place will receive a limited package of services for a time. The schools do not have the skills and the finance to repair the water pumps once they develop mechanical faults. Water is often not adequate for drinking and washing or schools rely on borehole water which is grey. There is not enough water in some schools because it is shared with the community. Water and sanitation is the biggest challenge for many schools.

In Zambia, almost all the schools do not have access to enough and purified water source. Most schools access water from boreholes owned by schools, but supply is inadequate due to competing demands from schools and communities, as well as limited distribution points resulting in congestions. For some schools, inadequate water supply is compounded by dysfunctional boreholes due to over use and lack of sufficient maintenance.

The quality of water is suspect at most schools, as it is rarely tested for quality or is treated. Iron and other impurities are often found in water partly due to bad soil conditions and aging water infrastructure systems. The toilet facilities for learners and educators are grossly inadequate at all the schools. In Zambia the toilet to learner ratio in schools is much higher relative to the overall ministries of education standard ratio of 1: 20 and 1: 25 for female and male learners respectively, which compromises privacy. The number of toilets in both Member States is less compared to the number of children in schools. In Zambia, an example of this is a school wherein 335 boys use 5 toilet holes> this calculates to an average of 67 boys per hole, against the expected standard of 25 boys. In the same school, 363 girls use 5 toilet holes which results in a ratio of 73 girls per hole against the ideal number of 25 per toilet hole.

Cleaning of toilets is done by learners at most schools, but without protective cloths for an example gloves. At some schools, structural inadequacies of toilets pose a life threat to learners, as they easily fill-up and collapse during rainy seasons due to sandy conditions especially in the Western and North-Western provinces of Zambia. The schools do not recycle waste materials and solid waste is disposed in dug-pits and burned.

In both Member States, the sanitary infrastructure needs vast improvement. The scarcity of water is also a problem, especially for girls when they are in their menstruation periods. In both Member States, there is a need to ensure that water is adequate and that children drink purified water. General water and sanitation facilities require attention in Swaziland and Zambia, both in the installation and maintenance of toilets and the availability of an adequate supply of clean water. Adequate availability of sanitation facilities has been positively linked to increased school attendance by female learners.

5.19 MATERIAL SUPPORT FOR LEARNERS IN SCHOOLS

Participants' responses to the nature of the relations with key ministries to render such material and other services:

- Through provision of school material.
- Through provision of grants and bursaries.
- Through provision of health service.

Birth registration is essential for accessing education or seeking to enrol in school. In addition to other strategies, this assists in accessing other material support, e.g. grants, bursaries and at times health services.

It should be noted that in Zambia, according to Section 14 of the Births and Deaths Registration Act No. 21 of 1973 as amended, every father and mother is obliged, and in the absence or default of the mother or father, the occupier of a house into which a child is born or the person in charge of a hospital where a child is born is obliged to register the birth of the child within one month of the birth of the child. In Swaziland, the National Plan of Action on the 72 CRC Recommendations (Deputy Prime

Minister's Office – NCCU) called for the scaling-up of the children's registration programme by creating awareness of the importance of birth registration through media campaigns, schools and community meetings. Swaziland has put in place the Birth, Marriages and Deaths Registration Act of 1983 to ensure that everyone secures a birth certificate.

In Zambia, free basic education materials, such as stationery and books are provided to learners by the Ministry of Education. In addition to doing away with school fees for learners in grades 1 – 7, the Free Basic Education Policy provided that school uniforms were no longer compulsory.

In Zambia, the Ministry of Community Development and Social Services is responsible for a public welfare scheme which identifies and provides bursaries to vulnerable learners to assist them to pay secondary school fees and buy school uniforms, books and stationery. In Swaziland, UNICEF plays an important role in supporting learners with bursaries and other school learning material.

Table 15: Participants response to the knowing of civil societies that supports learners, and on the type of support that is offered

Statements that respondents were asked to respond to	Response Categories			Percentage Awareness
	Aware	Not Aware	Cannot say	
NGOs, CBOs, or private sectors supporting the school	36	09	05	72%
Fee exemption offered to vulnerable children	24	19	07	48%
Material assistance provided to vulnerable learners	35	07	08	70%

5.20 TYPES OF MATERIAL SUPPORT FOR LEARNERS IN SCHOOLS

Participants were responding to how schools facilitate access to services that provide material and other assistance:

- Through referrals
- Through ministries
- Through partners
- Through donors
- Through structures
- Local business

It is noted that there is a need to strengthen sector collaboration within the key ministries, especially those ministries which address the needs of children and even hold certain budgets for children to provide services within their plans.

In Swaziland the schools use the Learner Information Register that was designed by an NGO to identify vulnerable learners. This is a useful tool which helps communities to verify the nature of the learners' vulnerability. Children access official documents in their constituencies through the government's de-centralization programme. In order for the citizens to access official documents they no longer come to the cities but can access them in their constituencies. The country has 55 constituencies. These constituencies are one of the best methods of delivering services to the communities at minimal transport costs. Different stakeholders like Tibiyo, Moya Centre and World Vision, CBOs, NGOs and FBOs, Caritas, Moya Centre, St Vincent de Paul provide financial aid and grants to learners. There is also private sponsorship from fellow citizens such as parents and school suppliers for vulnerable children.

In Zambia, only a few vulnerable learners receive material support. Some local and international non-profit organisations provide material support to vulnerable learners, mainly food, examination fees and school requisites, but the level of support is equally inadequate. Inadequate support is compounded by a lack of coordination among service provider organisations resulting in unproductive duplication of support services. At some schools, some vulnerable learners receive same material support for an example, school fees from two different organisations.

5.21 COMPARATIVE REPRESENTATION OF DATA

Representation of data according to Objective 1: To explore the potential and limitations of care and support mainstreaming in the education sector

Point 5.2, 5.3, 5.4, 5.5 responds to Objective One.

5.2 AVAILABILITY OF IMPLEMENTATION PLANS AND APPROVED PLANS

Table 1. Participants' response to the knowledge of the implementation plan

Swaziland	Zambia	Comments
<ul style="list-style-type: none"> Swaziland Education and Training Sector (EDSEC) Policy exists in the country. The EDSEC Policy provides a strategic direction for the sector. The Ministry of Education approved the schools as Centres of Care and Support and is driving the implementation thereof with the support of UNICEF and other stakeholders represented on the 	<ul style="list-style-type: none"> A joint annual work plan between the Ministry of Education and UNICEF outlines the various priorities and activities also linked to the implementation of the national coordinating unit annual work plan agreed upon with an implementation cost estimated. The Forum for African Women Educationalist of Zambia (FAWESA) held funds for the implementation of the care and support activities. 	<ul style="list-style-type: none"> It is noted in this study that as much as there is awareness of the implementation plans, there are participants who are unable to say if these plans exist or not. It is noted that the mainstreaming of schools as centres of care and support concept to the existing work plans for all primary schools. The care and support programmes are driven mostly by support of UNICEF and other stakeholders represented on the national co-ordinating unit.

<p>National Co-ordinating Unit.</p> <p>However, this is not clearly aligned with the overall care and support priorities and does not contain a detailed timeline or a final set of indicators to monitor overall implementation of the care and support issues.</p>		
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5.3 BUDGETING AND MATERIAL AND HUMAN RESOURCING FOR CARE AND SUPPORT

Table 2: Participants' response on the budget allocation to address care and support needs

Swaziland	Zambia	Comments
<ul style="list-style-type: none"> The Ministry of Education provides funding for free basic education (Grades 1-7) as well as grants for the acquisition of books and stationery. 	<ul style="list-style-type: none"> The service providers or non-governmental organizations mostly support children with bursaries and school uniform. A greater resource allocation is required from and or through government liaison with 	<ul style="list-style-type: none"> Most of the participants do not know how and where the budget is allocated. Most participants say that these funds are insufficient. Swaziland, the scattered allocation of the budget for children in different ministries causes a challenge as these funds

<ul style="list-style-type: none"> • Education bursaries are also provided to select Grade 8-12 learners to pay for their school fees and to assist with the acquisition of books and stationery. • Ministry of Health uses the budget for de-worming programme which forms part of the basic school health services provided; • Department of Social Welfare which is located in the Deputy Prime Minister's office is responsible for the budget for children. Allocation includes social grants to orphans and vulnerable children. • Education Bursary was moved to the Ministry of Education. 	<p>other donors to enable to effective roll-out of the programme.</p> <ul style="list-style-type: none"> • There is none of such budget basically intended for school programme • The expenditure incurred by the Ministry of Education is recorded as part of broader programme areas making, it very difficult to disaggregate with this information, except for the funding allocated to the Ministry of Education by UNICEF through a joint annual work plan. 	<p>do not reach the beneficiaries as they are supposed to.</p> <ul style="list-style-type: none"> • In both Swaziland and Zambia government funding does not address all the care and support activity needs and additional funding needs to be sought to address the shortfall. • In both Swaziland and Zambia, not all donor funding comes to the attention of the ministry as the various ministries may engage directly with donors seeking financial assistance with the implementation of identified needs. This results in two or more programmes benefitting from the same funding source • Both Swaziland and Zambia, they are more dependent on donor funding. It is not clear how the Ministry of Education would sustain itself to cover for the range of care and
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		<p>support needs should donor funding cease to exist.</p> <ul style="list-style-type: none"> • UNICEF seems to be a main funder in both Member States. • There are no strategic plans in place or sustainability plans that the Ministry of Education is developing to address the issue of budget.
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5.4 POLICIES FOR CARE AND SUPPORT IN SCHOOLS

Table 3: Participants' response on the availability of policies at schools' level

Swaziland	Zambia	Comments
<ul style="list-style-type: none"> • The findings indicate that most schools are aware that they should have policies but they do not have a safety policy in place. • Safety and Protection Committees have never been established. 	<ul style="list-style-type: none"> • The findings indicate that almost all the schools do not have policy documents on school safety and protection. • Some precautions have been considered to ensure the safety of learners and protection of school property, including establishment of disciplinary committees, 	<ul style="list-style-type: none"> • Both Swaziland and Zambia are aware that there are existing policies • Both do not have access to policies such as the Children's Policy, HIV&AIDS Policy, and Education Sector Policy. They only get to know about these policies when they have committed crimes and it is then that they are told which section of the policy they violated.

<ul style="list-style-type: none"> • Collaboration between the community members and the school is generally weak. • Teachers and parents are the primary means of identifying abused learners, however, in most cases referrals are not made due to poor relationships with key ministries. • Security on the premises is a concern as many schools are without fences and are not lockable. • Various schools have taken several measures to ensure the safety of learners and protection of school property, including the appointment of 	<p>and Guidance and Counselling Committees to promote good learner behaviour and identify cases of child abuse.</p> <ul style="list-style-type: none"> • There is a very low-level of community participation in safety and protection at the schools. • Among the few schools where communities participate, their roles are limited to hiring paid night security guards or the establishment of a neighbourhood watch to protect school properties. • The schools leadership takes a decision. This is particularly the case for basic schools. For some high schools, night security guards are paid for by the Zambia Ministry of Education based on school establishments such as school enrolments and facilities. • Most of the safety and security measures are not very effective, as most schools often experience theft of school property. 	<ul style="list-style-type: none"> • Both Swaziland and Zambia are prioritising free education for children in the SADC Member States. • None of the schools conduct evacuation drills and exercises for emergency cases. • • There is a need to develop appropriate measures and protocols in close collaboration with the community and appropriate institutions to identify and monitor cases of child abuse.
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<p>a security guard and the installation of burglar bars on school windows.</p> <ul style="list-style-type: none"> • It is noted that schools' policies on care and support are generally not familiar with the content of the policies • Several notable policies have also been introduced • Some of the policies in place are <ul style="list-style-type: none"> ✓ National Plan of Action for Orphans and 	<p>The measures in place to identify and monitor cases of child abuse are also ineffective and abuse committed in communities is usually not addressed by school authorities.</p> <ul style="list-style-type: none"> • A conducive policy and legal framework was created through the review and revision of policies and strategies, and the enactment of legal instruments. All these are based on the free primary education policy of 2002. • Some of the policies put in place include <ul style="list-style-type: none"> ✓ Re-entry Policy (2012) created guidelines on the re-entry of girls into school after pregnancy and delivery. This policy specifically allows girls that have fallen pregnant whilst at school to return to school after delivery of their babies. It further compels schools to readmit them. 	
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<p>Vulnerable Children (2006-2010);</p> <ul style="list-style-type: none"> ✓ National Children's Policy (2009); the National Plan of Action on the 72 CRC recommendations, and a revised ✓ National Plan of Action for the Most Vulnerable Children (2011-2015). These policies fall under the National Children's Coordinating Unit housed in the Deputy Prime Minister's Office. ✓ The Education Act No. of 1981 and the Free Primary Education Act No 17 of 2010 were also instituted. The Education Act regulates (1) the establishment, registration and 	<ul style="list-style-type: none"> ✓ National HIV and AIDS Strategic Framework to mitigate the impact of HIV. It articulates a concrete set of interventions for realising the care and rights for children affected by HIV and AIDS, including the right to education, as per the broader policy mandates expressed in the National Orphan Care Policy (1999) and the National HIV/AIDS/STI/TB Policy (2005). ✓ The National Gender Policy (2000) requires all sectors to implement measures to achieve gender equality in all areas of life, including education. ✓ Anti-Gender-Based Violence Act (2011) and the Constitution review process, which is currently underway, (in 2018). ✓ National Child Policy (2006) provides a framework for national 	<ul style="list-style-type: none"> • It should be noted that even though Zambia has not included HIV and AIDS in the care and support priority list, HIV and AIDS is emphasised in the policies as explained above.
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<p>inspection of schools, (2) Ministerial powers, and (3) the establishment of the National Education Board, District Education Advisory Boards, School Committees and the Adult Education Council. In its turn, the Free Primary Education Act provides for the implementation of the right to free primary school education at all public schools.</p>	<p>responses by all ministries and stakeholders on the way forward to realise the rights and address the development needs of children in Zambia.</p>	
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5.5 IDENTIFIED GAPS IN THE PROVISION OF CARE AND SUPPORT IN SCHOOLS

Participants identified the gaps in the provision of care and support in schools:

Swaziland	Zambia	Comments
<ul style="list-style-type: none"> • Gaps on material support/resources. • Gaps on furniture. • Gaps on school fees, grants. • Gaps on infrastructure. • Gaps on skills, specifically on how to deal with care and support needs. 	<ul style="list-style-type: none"> • Gaps on material support/resources. • Gaps on furniture. • Gaps on school fees, grants. • Gaps on infrastructure. • Gaps on skills, specifically on how to deal with care and support needs. 	<ul style="list-style-type: none"> • Both Member States have identified gaps which are similar. • Through the National Coordinating Units (NCU), there is strong advocacy by all partners including non-governmental agencies, government sectors and donor partners. • UN theme groups and civil associations involved in education meet to discuss cross-cutting issues affecting learners and teachers at schools. This is with the aim of getting support from the donors.

Representation of data according to Objective 2: To strengthen or provide approaches to mainstream care and support in the education system and determine the options that the ministries of education can adopt to address barriers to teaching and learning.

Point 5.6, 5.7 responds to Objective Two.

5.6 CARE AND SUPPORT PRIORITISED ACTIVITIES IN THE IMPLEMENTATION PLAN

Participant's response to priority activities in the care and support Implementation Plan:

Swaziland	Zambia	Comments
<ul style="list-style-type: none"> There is emphasis on the need to prioritize the reduction HIV and AIDS in the priority areas. 	<ul style="list-style-type: none"> Prioritization of the reduction HIV and AIDS is not included in the priority areas. 	<ul style="list-style-type: none"> Zambia has not included HIV and AIDS in the priority list, however in the other government documents it is indicated (see above).
<ul style="list-style-type: none"> Work Plans for Orphans and Vulnerable Children and Youth programmes are in place. 	<ul style="list-style-type: none"> Work Plans for Orphans and Vulnerable Children and Youth programmes are in place. 	<ul style="list-style-type: none"> The national co-ordinating units led by the ministry of education, relies largely on individual NGOs, UN agencies and various stakeholders' for annual work plans.
<ul style="list-style-type: none"> School feeding and food security are indicated as priority areas and are combined with HIV and AIDS. 	<ul style="list-style-type: none"> School feeding and food security are indicated as priority areas. 	<ul style="list-style-type: none"> School feeding and food security are indicated as priority areas, however, Swaziland linked HIV and AIDS to these.
<ul style="list-style-type: none"> Support to girls' programmes are in existence and mostly conducted by UNICEF. 	<ul style="list-style-type: none"> Support to girls' programmes are conducted mostly by organizations such as FAWEZA and CAMFED. 	<ul style="list-style-type: none"> Girl child programmes are taken as a priority in both Member States. In Zambia, it is noted that civil society organizations are involved.

<ul style="list-style-type: none"> • Process on the constructing of new additional toilets in schools had started but minimally. 	<ul style="list-style-type: none"> • The ministry has prioritised infrastructure (including toilets) but not much has been done to improve those areas. 	<ul style="list-style-type: none"> • This is a major problem in both member states. There is no mention of toilet improvement that is equal to the need in schools.
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5.7 OBJECTIVE: MONITORING AND EVALUATION SYSTEM AND TOOLS TO IDENTIFY CARE AND SUPPORT NEEDS AND NATIONAL AND SUB-NATIONAL LEVELS

Table 4: Participants' response to the understanding of the role of the EMIS unit

Swaziland	Zambia	Comments
<ul style="list-style-type: none"> • There is limited knowledge of Education Monitoring Information System (EMIS) unit 	<ul style="list-style-type: none"> • There is limited knowledge of Education Monitoring Information System (EMIS) unit 	<ul style="list-style-type: none"> • Both Member States did not show understanding of the Education Monitoring Information System (EMIS) unit and its function. • EMIS unit do not have enough budget to support the collection of data in schools which is it is not strongly known.
<ul style="list-style-type: none"> • Since the country is not big, schools are not as scattered. Thus travel can be done much better into schools. 	<ul style="list-style-type: none"> • Zambia schools are scattered and very far from the Head Office, and this has travel financial implications. • Lack of funds is problematic for the EMIS officials at national level 	<ul style="list-style-type: none"> • There is a limited capacity and budget within the Ministries of Education to assist with the Monitoring and Evaluation (M&E) activities such as travel into schools.

<ul style="list-style-type: none"> • Lack of funds is problematic for the EMIS officials at national level, however since the country is small they are able to visit schools but not as the EMIS unit would want to. 	<p>leading to unavailability of transport and capacity.</p> <ul style="list-style-type: none"> • The information that the schools submit is sometimes unreliable due to not understanding the data collection tools. • Government has not been able to support most schools through school visits due to inadequate resources, for example no funds for petrol for government vehicles. 	<ul style="list-style-type: none"> • The problems encountered indicate that information regarding orphans and vulnerable children may be delayed to reach the decision makers due to: <ul style="list-style-type: none"> ✓ Incomplete information by schools; ✓ Officials unable to visit schools in order to collect data. • The delay in submitting reliable data impacts on the allocation resources needed to address barriers to learning for an example, required budget and human resources for school needs.
	<ul style="list-style-type: none"> • The M&E responsibilities assigned to some staff within these units are not their main and only responsibility, there are viewed as added responsibilities to be integrated into their core business. • Data capturing is done at National level and it takes time due to insufficient data capturers and use of hard 	<ul style="list-style-type: none"> • UNICEF assists with the collection of information and reports on progress made with implementation. • M&E training is required at implementation level but is problematic due to the high turnover of staff. • There is a shortage of computer equipment and

	copies. However the Ministry is trying to introduce a technological system for collecting data.	data captures to capture data.
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Representation of data according to Objective 3: To make recommendations and lobby for mainstreaming care and support, enabling children to access quality education through inter-departmental or unit and multi-sectoral collaboration

Point 5.8, 5.9, 5.10, 5.11, 5.12 responds to Objective Three.

5.8 STRUCTURES ESTABLISHED AND NATIONAL AND SUB-NATIONAL THAT SUPPORT MAINSTREAMING CARE AND SUPPORT

Table 5: Participants' response to the existence of structures that offer support to vulnerable learners and if these structures are functional

Swaziland	Zambia	Comments
<ul style="list-style-type: none"> Structures for the implementation of care and support programmes at various levels are in place. The lack of sufficient staff assigned to the programme and management skills impact negatively on the actual execution of prioritised care and support activities and the overall 	<ul style="list-style-type: none"> Structures are in place and coordinated by the Planning Directorate in the Ministry of Education. The implementation of care and support relies in most instances on existing coordinating structures at provincial and district levels. 	<ul style="list-style-type: none"> Participants in both Member States demonstrated the awareness of structures, however, there are those who could not say if they knew about these. The staff assigned to the care and support activities is insufficient within the units, thus the management skills impact negatively on the actual execution and the general coordination and monitoring of the

coordination and monitoring of the implementation of the programme.		<p>implementation of the care and support prioritised activities.</p> <ul style="list-style-type: none"> Structures are less functional due to problems related to the lack of transport to schools, as schools are mostly rural and far from each other, especially in Zambia.
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5.9 COMPOSITION OF STRUCTURES/COMMITTEES

Table 6: Participants response on the composition of the structure or committee and availability of the memorandum of understanding

Swaziland	Zambia	Comments
<ul style="list-style-type: none"> The structure at national level is led by Guidance and Counselling Unit and has representation by other ministries, Non-Governmental Organisations (NGOs) and UN Agencies. Structures are replicated at Regional level. The National Co-ordinating Unit is supposed to meet monthly and it is supposed to report directly to National 	<ul style="list-style-type: none"> The structure is led by Guidance and Counselling Unit. The National Co-ordinating Unit is replicated at Provincial (PCU) and District (DCU) levels. The national co-ordinating unit is sometimes dysfunctional. At sub national levels (district and school) 	<ul style="list-style-type: none"> Although these structures exist, It is noted that most participants in both Member States could not comment on the availability of multi-sectoral collaboration in the structures Partners, donors, caregivers and other stakeholders are coordinated within these structures which are expected to give direction on what needs are to be prioritized in the

Coordinating Unit (NCU) which is responsible for coordinating all activities related to children.	there are other committees dedicated to school level, known as school support teams, provide support to school communities in implementing care and support initiatives and programmes.	<p>implementation of care and support activities.</p> <ul style="list-style-type: none"> Structures have to mobilize resources and conduct advocacy for the implementation of the care and support activities. Where these structures are active, they try establish a conducive environment to implement the programmes school level. Structures lack training and understanding of the roles that are to play. To be fully functional, coordination needs strengthening with finances and capacity building workshops.
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5.10 INVOLVEMENT AND PARTICIPATION OF STRUCTURES IN MAINSTREAMING CARE AND SUPPORT

Table 7: Participants response to the functionality of the structures

Swaziland	Zambia	Comments
<ul style="list-style-type: none"> There is lack of frequent meetings by the various regional coordinating members, and instigation from national level is 	<ul style="list-style-type: none"> The national co-ordinating unit cannot only rely on the provincial and district structures as in some 	<ul style="list-style-type: none"> Participants demonstrated lack of information regarding the involvement and functionality of the structures.

<p>sometimes required to engage members in activities such as planned training workshops.</p> <ul style="list-style-type: none"> • The main reasons presented for lack of frequent meetings include the lack of funding, especially for NGOs to cover related overhead costs. NGOs do not receive any funding and or contribution from the government to cover their transport costs. • The biggest problem however relates to the lack of sufficient number of staff assigned to care and support, at both regional, as well as national levels, and the lack of sufficient programme management and coordination skills. • There was a closure of the secretarial assistance, rendered by SHAPE (an NGO) to the national co-ordinating unit, brought an 	<p>instances they do not meet frequently, or have too many other work to do, to give sufficient attention to the care and support activities.</p> <ul style="list-style-type: none"> • The ministry of education staff is often not in a position to influence the Provincial Education Board meeting outcomes, nor are all the key stakeholders participating or represented in these structures. • Some of the national co-ordinating unit implementing partners do not have structures in place in all the provinces and or districts and are thus not members of the various provinces and districts and rely on the Ministry of 	<ul style="list-style-type: none"> • Reliance on service providers to fund the meetings for the structures have caused dependence by the Ministries of Education for these structures to survive.
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administrative gap to the Ministry of Education.		
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5.11 RECORD KEEPING OF ISSUES OF CARE AND SUPPORT AND RECORDS OF LEARNERS THAT NEED SUPPORT

Table 8: Participants' responses to the availability, functionality and record keeping done through the structures at school level

Swaziland	Zambia	Comments
<ul style="list-style-type: none"> Schools have School Support Teams (SSTs) and their role is defined, as linking the school with the community. The community structures include one of the school committee members, <i>Lihlombe Lekukhalela</i> (Shoulder to Cry On), <i>Bagcugcuteli</i> (Rural Health Motivators), Community Police, <i>Banakekeli</i> (Community Caregivers) and other CBOs and FBOs. Structures coordinate and convene meetings. They assist in providing relevant information to the school for further support. Record-keeping on cases attended to by most 	<ul style="list-style-type: none"> Zambia has School Support Teams. They seem to know their role though not clearly. The structures include school staff, local service providers, for an example CAMFED, FAWEZA, caregivers and CBOs. The Ministry of Education requires the 	<ul style="list-style-type: none"> In terms of the effectiveness of the focus area, the structures could be strengthened by including School Community Structures, such as Parent Teacher Association and School Councils at school level. Mainstreaming into existing school structures is a more sustainable approach. This is due to fact that Parent Teacher Association and School Councils appear to be stronger in activities and meetings. Various members and implementing partners report internally on their own programme indicators, difficulties are experienced to collectively report on

<p>School Support Team members is still a problem in some schools. This is due to the literacy level of the committee members.</p> <ul style="list-style-type: none"> • Generally, there are six members of the School Support Teams and most schools have increased their membership. • School Support Team members do not have a work plan, but they come to the school as and when the need arises. 	<p>preparation and submission of bi-annual reports from its various programmes to inform and brief senior management, including the Minister.</p> <ul style="list-style-type: none"> • National co-ordinating unit members are required to submit progress reports on activities as outlined in the annual work plan for circulation to the other members. • Reports are also submitted to a joint working group between the various directorates and the major operating partners of the Ministry of Education as well as donors. • There are about six to eight members in the School Support Teams. 	<p>care and support indicators as the National Co-ordinating Unit.</p> <p>Furthermore, it is a challenge to collect periodic information from the various schools in order to report and monitor progress on programme activities.</p> <ul style="list-style-type: none"> • The challenge that is identified, is that there is no reporting template that is followed by all members when reporting. • • The School Support Teams exist in the schools, they need training and strengthening.
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<ul style="list-style-type: none"> Most schools have increased the numbers on the guidance team to either two or more teachers to assist the trained guidance teacher attend to children's problems. 		
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5.12 OTHER STAKEHOLDERS THAT ARE INVOLVED IN CARE AND SUPPORT FOR LEARNERS IN SCHOOLS

Participants' responses on stakeholders' groups are part of the structures at school level

Swaziland	Zambia	Comments
<ul style="list-style-type: none"> Schools have relationships with NGOs such as: ✓ World Vision, Moya Centre provides bereavement workshop for teachers and learners ✓ <i>Bantwana</i> (Children), ✓ Palms for Life (<i>Umthombo</i>) ✓ Swaziland Action Group Against Abuse (SWAGAA), ✓ SAVE the Children ✓ Gone Rural <i>BoMake</i> (Mothers), 	<ul style="list-style-type: none"> Schools have relationships with NGOs such as: ✓ Regional Psychosocial Support Initiative (REPSSI) ✓ CAMFED Forum for African Women Educationalist of Zambia ✓ FAWEZA works closely with the Ministry of Education to address the needs of the girl child to be able to access and remain in school. Their support 	<ul style="list-style-type: none"> It is noted that there are many service providers that support schools. There is however a lack of co-ordination of the service providers by the Ministries of Education Lack of coordination impacts on duplication of services and servicing of same schools by the different service providers. UNICEF seem to be a dominating service provider in both Member States.

<ul style="list-style-type: none"> ✓ Swaziland Agricultural Development Programme (SADP) ✓ Family Life Association (FLAS) ✓ Food Agricultural Organization (FAO) ✓ UNICEF ✓ UNESCO 	<p>includes providing bursaries to Grade 8-12 learners with the assistance of donor funding; child to child mentoring of out-of-school youth, as well as for grades 5-7 in some schools with the assistance of UNICEF; and transit school programmes to assist out-of-school learners to reintegrate into mainstream schooling. Among other activities, FAWWEZA advocated the use of electronic media for awareness programmes on child sexual abuse and stopping early marriages.</p> <ul style="list-style-type: none"> ✓ UNICEF ✓ UNESO ✓ Save the Children 	
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Representation of data according to Objective 4: To determine the extent to which the ministers of education mainstream the issues of care and support in order to meet the needs of children to address barriers to teaching and learning.

Point 5.13, 5.14, 5.15, 5.16, 5.17, 5.18, 5.19, 5.20 respond to Objective Four.

5.13 REPORTING ON CARE AND SUPPORT ISSUES

Table 9: Participants' responses on the reporting, feedback and who reports on issues of care and support for vulnerable learners

Swaziland	Zambia	Comments
<ul style="list-style-type: none"> • The submission of regular monthly regional reports is not enforced by the national co-ordinating unit. • The reports that are submitted, relate more to accounting for funds received from donors for specific activities, than to reporting on the care and support matters and the progress made with the implementation of the various activities and services rendered to vulnerable children. • Funders stipulate their project objectives and outcomes. • The reports submitted to the national co-ordinating unit, contain information on donor funding spent and this is linked to defined activities, but expenditure on the programme, is not as yet 	<ul style="list-style-type: none"> • There is poor reporting by service providers • They indicated that reports on care and support programme are not regularly submitted to the national co-ordinating unit for information and record purposes by members of the committees. • Members of the national co-ordinating unit indicated that consolidated progress reports are not regularly compiled and circulated amongst key stakeholders, making monitoring against the set annual M&E framework very difficult. 	<ul style="list-style-type: none"> • It is noted that there is a large number of participants who do not know about the reporting processes, or whether reporting happens. • As much as there is an outline on reporting, this is not followed. • There is no standard reporting template as these depend on the funder requirements. • It was confirmed that it was difficult to report uniformly on the nature of services rendered to vulnerable learners by the various service partners, as the reporting tools differ as per the funder. • Reporting to national, regional and district level on care and support indicators, information is supposed to be

<p>disaggregated in terms of the various allocations by the different stakeholders for activities as indicated in their annual work plans.</p> <ul style="list-style-type: none"> • It was agreed that reporting structures at national level should be improved through providing feedback to the schools about information shared to enable stakeholders to see the value of the information provided. • Meetings are held at school level with school management teams. The purpose of these meetings is to discuss the implementation of the care and support programme; to share experiences and lessons learned on the implementation; and to share information on emerging issues. 	<ul style="list-style-type: none"> • The national co-ordinating unit indicated that although they are invited to the meetings, it is not possible to attend all meetings related to children's issues because of their organizational commitments, which at times clash with the meeting dates. • Meetings have not been conducted in the past months due to co-ordination of these meetings which is not 	<p>disseminated to national co-ordinating unit members for submission to the ministers of education and donors.</p> <ul style="list-style-type: none"> • There seem to be a problem with meetings coordination and attendance due to other core mandates for officials, transport and funds.
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	clear as to who should call the meetings.	
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5.14 CAPACITY AND TRAINING OF STAFF THAT WORK WITH CHILDREN

Table 10: Participants response on staff working on care and support, if they are trained or not, and by whom

Swaziland	Zambia	Comments
<ul style="list-style-type: none"> Mainstreaming of care and support issues were done through sensitisation of teachers through in-service training by UNICEF and NGOs. Workshops on Inqaba which is a care and support conceptual framework were conducted for guidance teachers. There is a need for the government to support financially the mainstreaming of care and support in the colleges. 	<ul style="list-style-type: none"> Mainstreaming of care and support issues were done through sensitisation of learners in schools, and in-service training of teachers and educators through pre-service training. In-service teacher training workshops which were carried out by the Ministry of Education, Forum for African Women Educationalists of Zambia (FAWEZA), Family Health Trust (FHT), UNICEF and REPSSI. With financial and technical support from UNICEF, psychosocial support materials such as Guiding and 	<ul style="list-style-type: none"> While there is a number of participants, who are aware of staff and training, some participants could not answer regarding training and the availability of material. There is no formal training that was conducted by the ministries of education. Training provided was mainly through UNICEF and NGOs using training of trainers' approach on key aspects of care and support, to be responsible for the capacity building of the various programme implementers. Concerns were expressed by some of the national training unit members and implementing partners, on the use of the training of

	<p>Counselling Handbook; Teachers Guide- Guidance and Counselling were developed.</p> <ul style="list-style-type: none"> • There is a need for the government to support financially the mainstreaming of care and support in the colleges and not depend on UN and other non-governmental organizations to train teachers. 	<p>trainers' model and encouraged the build in of quality checks, through the cascading of the training to ensure that quality training is provided.</p> <ul style="list-style-type: none"> • There were no budgets for cascading the training to district and provincial levels. This is a big gap, as other important role players at district and local level do not receive training as per needs. • Service providers are specific to what they will train, thus not addressing all barriers and mainstreaming. This is according to their budget and focus areas. For example, UNICEF provided training at both provincial and district levels on water and sanitation, while Regional Psychosocial Support Initiative (REPSSI) have provided targeted training on psychosocial support. • There would be a need to enhance other skills which end up not attended to.
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		<ul style="list-style-type: none"> Staff involved in the implementation of the programme receive <i>ad hoc</i> training through the service providers and this training depends mostly on the availability of funds and resources to be made available.
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5.15 INTERVENTIONS THAT ARE PROVIDED TO SUPPORT LEARNERS IN NEED

Table 11: Participants response to psychosocial support interventions

Swaziland	Zambia	Comments
<ul style="list-style-type: none"> Some teachers received psychosocial support related training within the different structures where they work for an example, UNICEF, <i>Lihlombe Lekukhalela</i> – ‘Shoulders to cry on’, <i>Bantwana</i> – ‘Children’ and Swaziland Action Group against Abuse and members of the national coordinating unit). REPSSI introduced psychosocial support in colleges. 	<ul style="list-style-type: none"> School are supported and trained by non-governmental organizations, for an example, UNICEF, REPSSI, CAMFED and FAWAZA. Psychosocial support training has been introduced at colleges 	<ul style="list-style-type: none"> Support has been prioritised and UNICEF has provided training at both provincial and district levels on water and sanitation, while Regional Psychosocial Support Initiative (REPSSI) has provided targeted training on psychosocial support. Other service providers supported with additional training. REPSSI has been instrumental in introducing psychosocial support in colleges.

<ul style="list-style-type: none"> • Psychosocial support related services, are poor and intervention policies for learners suffering with psychosocial problems are not established. • Guidance and counselling teachers provide psychosocial support to learners. • Irrespective that about half of the schools reported that they have some sort of basic psychosocial support services in place for learners, there is a high concern for the lack of sufficient psychosocial support and training in general, especially with regards to assisting female learners. In the 	<p>for teachers to study.by REPSSI.</p> <ul style="list-style-type: none"> • The development of a dedicated inter-sectoral bodies at school level for the identification of vulnerable learners, accessing referrals and monitoring of vulnerable learners, should receive urgent attention, so as to ensure that learners affected by abuse receive appropriate attention and assistance from the school and key ministries. 	<ul style="list-style-type: none"> • Psychosocial support programme at colleges has not been part of the teacher training curriculum previously, so that teachers can leave the college having been trained on this aspect. • Very few guidance and counselling teachers have received additional formal training on psychosocial issues, apart from that received through the teachers training curriculum. • Teachers who did not receive psychosocial training use their own discretion and experience in dealing with psychosocial challenges that learners face. • Both Member States openly acknowledged that psychosocial support is an important element for care and support. However, this
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<p>majority of cases, teachers are responsible for the provision of counselling, despite having never been trained in basic counselling practices.</p> <ul style="list-style-type: none"> • Although gender specific psychosocial issues are dealt with at several schools, there are limited gender-specific services in place. 	<ul style="list-style-type: none"> • Differentials are acknowledged by schools with high incidence of psychosocial problems among female learners due to some socio-cultural factors, for an example early marriages. • Schools have established Guidance and Counselling Committees to identify psychosocial problems and provide counselling services. 	<p>has not been part of the teacher training curriculum.</p> <ul style="list-style-type: none"> • In both Member States, most schools had guidance teachers or teachers trained in delivering psychosocial support. • In both Member States, most schools have no counselling centres, and use head-teachers' offices and classrooms for rendering psychosocial support to vulnerable learners. • Schools make some referrals to health centres, and the Departments of Social Welfare, as well as NGOs for psychosocial services with little, if any, formal collaboration among service providers. • Schools do not have early intervention policies on psychosocial issues but addressed such cases as
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<ul style="list-style-type: none"> Caregivers also provide psychosocial support to children in need. 	<ul style="list-style-type: none"> Caregivers also provide psychosocial support to children in need. 	<p>they arise on an individual basis.</p> <ul style="list-style-type: none"> There is no intensive or training at all on psychosocial support for caregivers. At community level, the caregivers are also not professionally trained to support. They use their own experiences, knowledge and skills to support. While this is appreciated, there is a need for proper training and support with resources in order for them to perform exceedingly and with confidence. It was observed also that the majority of volunteer caregivers are women who have other roles as wives, mothers and income earners to uphold and making heavy demands of their time.
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		<ul style="list-style-type: none"> Both Member States openly acknowledge that psychosocial support is an important element for care and support.
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5.16 SCHOOL FEEDING PROGRAMMES IN SCHOOLS

Table 12: Participants' response to the progress and functionality of school feeding programme

Swaziland	Zambia	Comments
<ul style="list-style-type: none"> Meals are provided during lunch, once a day. Learners are provided with soya meal and maize or maize meal, available vegetables and meat sometimes. Some of the schools have a functional feeding scheme that is well managed by the head teacher, guidance teacher and the home economics teacher. The nutrition programme is led by the Ministry of Education and Training with major support by the 	<ul style="list-style-type: none"> Meals are provided during lunch, once a day. Schools are provided with soya porridge and vegetables during school hours to all learners, irrespective of their vulnerability status. Schools have established Health and Nutrition Committees to coordinate feeding schemes in accordance with the Government School Health Nutrition programme. Food is provided for by the World Food 	<ul style="list-style-type: none"> The school feeding programme in Swaziland is seen to be more functional than in Zambia schools. The feeding schemes are being promoted by ministries of education in both Member States. Secondary schools in both Member States do not receiving meals. In both Member States World Food Programme plays an important role in providing meals.

<p>World Food Programme (WFP).</p> <ul style="list-style-type: none"> • In addition to the WFP there are other support providers such as Moya Centre, and Swaziland Agricultural Development Programme (SADP). • Food Agricultural Organization (FAO) has withdrawn their support because of financial challenges. • It was highlighted that they at times schools receive food packs late or supplies run out before end of year. • In some schools, parents donate to the school feeding programme. 	<p>Programme, in collaboration with the Zambia Ministry of Education.</p> <ul style="list-style-type: none"> • Apart from WFP, no other NGOs and business organisations are involved in feeding schemes. • Community volunteers prepare and serve food. 	<ul style="list-style-type: none"> • It has been noted that food supplies run out during the course of the term, such that schools have to improvise to provide pupils with meals. This is due at times to the worrisome trend in the countries that there are growing financial difficulties among development partners. • Parents and volunteers are not reliable, as they may decide to stop assisting with cooking at any time. • Apart from preparation of food, parental involvement in feeding schemes and gardens is minimal. This is due to the fact that parents volunteer to come and cook for children, and sometimes stop cooking whenever they feel like.
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<ul style="list-style-type: none"> Some schools do not have land for erecting gardens and expanding the school. Government capacitates the agriculture teachers by providing agricultural skills training. In the schools where there is no agriculture subject provided, any teacher volunteers to assist in the school garden. 	<ul style="list-style-type: none"> Most schools had established gardens which supplement the school feeding with fresh vegetables. However, due to drought most gardens have no vegetables. The high level of heat in Zambia contributed to the schools not having vegetable gardens. The crops include cabbages, spinach, onions, lettuce, carrots and tomatoes. They practise crop rotation after each harvest. The community is involved in the school feeding where the parents assist by providing seedlings for the school garden. The community assist in maintaining the school garden. In some schools, day guards maintain the school gardens by watering the crops. 	<ul style="list-style-type: none"> In both Member States, the long-term sustainability of feeding schemes is not guaranteed due to a lack of well-established food gardens and other alternative sources of food. The recent previous years' drought impacted on both countries in not having vegetable garden. In both Member States, schools rely more on non-governmental organizations to support them with school feeding scheme. Since most of families are poor, children who get meals would keep them and not eat so that they could share with other family members at home. This calls for the government in both Member States to begin to think about a strategy to support families with social grants or supply families with food packs. Most importantly, they should
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<ul style="list-style-type: none"> Parents who are not employed assist with gardening at some of the schools. 	<ul style="list-style-type: none"> Schools try to fence gardens because of cows and goats that eat the vegetables, also communities steal the vegetables once they are ripe. Parents volunteer their labour for tilling the soil and planting the crops. There is no official labour to plough, maintain and look after the gardens 	<p>provide skills development support so that communities can generate income on their own.</p>
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5.17 HEALTH AND HYGIENE SUPPORT FOR THE LEARNERS IN SCHOOLS

Table 13: Participants' responses to the accessibility to health clinics or centres, referral and availability of first aid at school

Swaziland	Zambia	Comments
<ul style="list-style-type: none"> Schools have first aid kits but with no staff trained in first aid, and they are therefore unable to assist learners as per need. 	<ul style="list-style-type: none"> Schools have first aid kits but with no staff trained in first aid, and they are therefore unable to assist learners as per need. 	<ul style="list-style-type: none"> There is less training in first aid for teachers at school level. Although first aid kits are available in some schools, there is no dedicated teacher assigned to check it, in order to ensure that there are no expired

<ul style="list-style-type: none"> • Restocking of the first aid kit is done with the assistance of the local clinics/health centres and at the Swaziland Regional Education Office (REO) schools health department as per request. Some schools, though, refill their first aid kits themselves because of non-availability of wares at the Regional Education Offices. • Despite these positive achievements, stocks for medicines sometimes run-out. • There are Rural Health Motivators and Caregivers who identify needy learners and refer them to a health facility. 	<ul style="list-style-type: none"> • There is inadequate medication at health centres; long distances to health centres; and the shortage of transport hamper access to medical services. The problem of reaching to health care services is compounded by a lack of health-kits stocked with essential medications at most of the schools. • Preventive health services are usually initiated and provided for by local health centres and hospitals and mainly include de-worming, medical 	<p>medication and arrange for refill of finished items.</p> <ul style="list-style-type: none"> • Although, the Ministry of Education had prioritized teacher training and curriculum development in their care and support focus areas. This has not been implemented. • There is not mention of restocking in Zambia nor support by clinics as compared to Swaziland. • There is no strong mention of caregivers in Zambia though they are existing in the Member State, and no mention of Motivators.
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<ul style="list-style-type: none"> • Some schools keep records or transfers to health centres and others do not. • School nurses visit schools and conduct health screenings and treat minor ailments, providing medication. • Schools have health clubs, although these are not active because the trained peer educators need training, and those that are trained graduate to secondary schools. 	<p>check-ups and the provision of vitamin supplements.</p> <ul style="list-style-type: none"> • Most schools have established Health and Nutrition Committees responsible for provision of health awareness information and promoting learners' clubs such as Anti-Aids; Safe life, etc. but, schools do not have budgets for preventive and public health awareness services. 	<ul style="list-style-type: none"> • There are no school nurses attached to schools, only public clinics and hospitals in Zambia that are used. • In both Member States, it is noted that there is interaction between the schools and the nearest health clinics or centres. • Ministry of Health (nearby clinics or hospitals), annual health screenings, and good referral system for learners, school health clubs, and life skills education. If these are not in place, there is definitely a lack of support for children regarding attending to health issues in schools. • In both Member States, there are health clubs which are led by learners with the support of Life Skills teachers. These are not functional as teachers themselves lack training on the aspect or subject.
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		<ul style="list-style-type: none"> It is worth mentioning that only the schools in the malaria-infested areas conduct health days focusing on malaria education.
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5.18 WATER AND SANITATION AT SCHOOLS

Table 14: Participants response on the availability and functionality of water and sanitation facilities

Swaziland	Zambia	Comments
<ul style="list-style-type: none"> Hygiene IS one of the care and support pillars, however the situation of toilets needs to be improved. Cleaning of toilets is done by learners at most schools, but without protective cloths. 	<ul style="list-style-type: none"> Infrastructure is one of the core elements, however toilet infrastructure is very poor. Cleaning of toilets is done by learners at most schools, but without protective cloths. At some schools, structural inadequacies of toilets pose a life threat to learners, as they easily fill-up and collapse during rainy seasons due to sandy conditions especially in the Western and North- 	<ul style="list-style-type: none"> In both Member States, which are both mostly dominated by rural areas, pupils use pit toilets at school and at home, which are not sanitary and healthy enough. Schools do not conform to sanitation standards. Washing of hands after toilet is something that is not adequately controlled. The number of toilets in both Member States is less compared to the number of children in schools. There is need for further collaboration with the health inspectorate to

<ul style="list-style-type: none"> • A toilet to learner ratio of 1:25 for female learners and 1:30 for male learners. However this number is exceeded, due to the number of toilets against the enrolment. • Components of the service areas are very expensive, for an example, the provisioning of water and sanitation infrastructure; food security etc. • Some of the schools are physically isolated and built on top of mountains. Getting water to such schools is very costly and has in the past absorbed the greater part of the allocated budget for the 	<p>Western provinces of Zambia.</p> <ul style="list-style-type: none"> • The schools do not recycle waste materials and solid waste is disposed in dug-pits and burned. • The toilet to learner ratio in schools is much higher relative to the overall ministries of education standard ratio of 1: 20 and 1: 25 for female and male learners respectively, which compromises privacy. • Almost all the schools in rural areas do not have access to enough and purified water source. 	<p>establish the conditions of the toilets.</p> <ul style="list-style-type: none"> • In both Member States, the sanitary infrastructure needs vast improvement. The toilet facilities for learners and educators are grossly inadequate at all the schools. • Adequate availability of sanitation facilities has been positively linked to increased school attendance by female learners. • The quality of water is suspect at most schools, as it is rarely tested for quality or is treated. Iron and other impurities are often found in water partly due to bad soil conditions and aging water infrastructure systems. • The scarcity of water is also a problem, especially for girls when they are in their menstruation periods. In both Member States, there is a need to ensure that water is adequate and that
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<p>implementation of the care and support activities. As a result, funders mostly implement all care and support priority areas around a school that has water and sanitation services in place.</p> <ul style="list-style-type: none"> • Schools without water and sanitation services in place will receive a limited package of services for a time. • The schools do not have the skills and the finance to repair the water pumps once they develop mechanical faults. • Water is often not adequate for drinking and washing or schools rely on borehole water which is grey. • There is not enough water in some schools because it is shared with the community. Water and 	<ul style="list-style-type: none"> • Most schools access water from boreholes owned by schools, but supply is inadequate due to competing demands from schools and communities, as well as limited 	<p>children drink purified water.</p> <ul style="list-style-type: none"> • In both Member States, participants' responses show that they are aware of water and sanitation facilities, however, they show a lack of information regarding enough toilet infrastructures and facilities for both boys and girls. • General water and sanitation facilities require attention with regard to the installation, maintenance of toilets and the availability of an adequate supply of clean water.
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sanitation is the biggest challenge for many schools.	<p>distribution points resulting in congestions.</p> <ul style="list-style-type: none"> For some schools, inadequate water supply is compounded by dysfunctional boreholes due to over use and lack of sufficient maintenance. 	
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5.19 MATERIAL SUPPORT FOR LEARNERS IN SCHOOLS

Participants' responses to the nature of the relations with key ministries to render such material and other services:

- Through provision of school material.
- Through provision of grants and bursaries.
- Through provision of health service.

Swaziland	Zambia	Comments
<ul style="list-style-type: none"> The National Plan of Action on the 72 CRC Recommendations (Deputy Prime Minister's Office – NCCU) called for the scaling-up of the children's registration programme by creating awareness of the importance of birth registration through media 	<ul style="list-style-type: none"> According to Section 14 of the Births and Deaths Registration Act No. 21 of 1973 as amended, every father and mother is obliged, and in the absence or default of the mother or father, the occupier of a house into which a child is born or the 	<ul style="list-style-type: none"> Birth registration is essential for accessing education or seeking to enrol in school. In addition to other strategies, this assists in accessing other material support, for an example, grants, bursaries and at times health services.

<p>campaigns, schools and community meetings. Swaziland has put in place the Birth, Marriages and Deaths Registration Act of 1983 to ensure that everyone secures a birth certificate.</p> <ul style="list-style-type: none"> • UNICEF plays an important role in supporting learners with bursaries and other school learning material. • Free basic education at primary level is implemented, and phased in per grade per year. 	<p>person in charge of a hospital where a child is born is obliged to register the birth of the child within one month of the birth of the child.</p> <ul style="list-style-type: none"> • Free basic education materials, such as stationery and books are provided to learners by the Ministry of Education. In addition to doing away with school fees for learners in grades 1 – 7, the Free Basic Education Policy provided that school uniforms were no longer compulsory. • The Ministry of Community Development and Social Services is responsible for a public welfare scheme which identifies and provides 	<ul style="list-style-type: none"> • Although there is implementation of free education, parents need to buy uniform and other learning material which is expensive for poor families. • Not all vulnerable learners receive material support. This may be due to unavailability of documentation on the part of the parent or learner.
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	<p>bursaries to vulnerable learners to assist them to pay secondary school fees and buy school uniforms, books and stationery.</p> <ul style="list-style-type: none"> • Non-governmental organizations support learners with bursaries. 	
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Table 15: Participants response to the knowing of civil societies that supports learners, and on the type of support that is offered:

5.20 Types of Material Support for learners in schools

Participants were responding to how schools facilitate to access to services that provide material and other assistance:

- Through referrals
- Through ministries
- Through partners
- Through donors
- Through structures
- Local business

Swaziland	Zambia	Comments
<ul style="list-style-type: none"> • Schools use the Learner Information Register that was designed by an NGO to identify vulnerable learners. This is a useful tool which helps communities to 	<ul style="list-style-type: none"> • Schools identify vulnerable learners in their classrooms. 	<ul style="list-style-type: none"> • There is a need for a standard tool to be used to identify vulnerable learners.

<p>verify the nature of the learners' vulnerability.</p> <ul style="list-style-type: none"> • Children access official documents in their constituencies through the government's decentralization programme. In order for the citizens to access official documents they no longer come to the cities but can access them in their constituencies. • The country has 55 constituencies. • These constituencies are one of the best methods of delivering services to the communities at minimal transport costs. • Different stakeholders like Tibiyo, Moya Centre and World Vision, CBOs, NGOs and FBOs, Caritas, Moya Centre, St Vincent de Paul provide financial aid and grants to learners. 	<ul style="list-style-type: none"> • Most learners in rural areas do not have documentation, this is due to distance from their homes and Home Affairs department. • Some local and international non-profit organisations provide material support to vulnerable learners, mainly food, examination fees and school requisites, but the level of support is equally inadequate. Inadequate support is compounded by a lack of coordination among service provider organisations resulting in unproductive duplication of support services. • At some schools, some vulnerable learners receive same material support (school fees) from two different organisations. 	<ul style="list-style-type: none"> • Government should come with ways of taking resources and services closer to rural communities, in order to access documentation. • It is noted that there is a need to strengthen sector collaboration within the key ministries, especially those ministries which address the needs of children and even hold certain budgets for children to provide services within their plans.
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| <ul style="list-style-type: none">• There is also private sponsorship from fellow citizens such as parents and school suppliers for vulnerable children. | | |
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CHAPTER 6

RECOMMENDATIONS, LIMITATIONS OF THE STUDY AND CONCLUSION

6.1 INTRODUCTION

This chapter will focus on recommendations, the limitations of study and conclusion.

6.2 RECOMMENDATIONS

Recommendations are based on the following:

- Mainstreaming care and support in school-based interventions involves a paradigm shift in the schools' approach to the development and education of the child. Schools are no longer expected to hand down an education package from within a vertical ministerial stream. Rather, policies, services and programmes designed to support vulnerable children and their families need to be more diffused and enacted in an integrated manner, rather than in programme isolation. Therefore it is recommended that there should be formal and harmonised legislative, policy frameworks and common commitments, in and across Member states, for the strengthening the mainstreaming of care and support initiatives;
- Studies have shown that community involvement is vital to secure ownership and ensure sustainability in the provision of support to vulnerable children, therefore harnessing local resources means building on local and national mechanisms already in place to avoid duplication, competition and to promote community ownership. Community participation and ongoing community advocacy will help build community ownership and participation, with capacity-building. Local leadership involvement can help to build credibility and sustainability. Cultural specificities will determine norms and behaviours in interpersonal interaction and community processes. Programme impact can be strengthened by building on existing community assets, building agendas and capacity in communities so that they may participate effectively. Community participation is crucial to support children

holistically as is co-operation between education institutions and communities, in particular, the formation of relationships between schools and identified community members;

- According to findings, child participation is a cornerstone of care and support provision. Children can be active participants in identifying problems they face and factors which enhance finding solutions. Promoting child participation involves developing rights awareness levels and creating room for peer structures to promote growth and mutual support. Children themselves must be full partners in the action about their needs, they have a right to express themselves in all matters affecting them and should be heard. Setting up children's discussion groups and even child advisory teams are mechanisms to enhance child participation;
- Due to a lack of dialogue and communication some ministry sectors community bodies do not see the school as their area of responsibility. Multi-sectoral collaboration is critical for the delivery of an integrated package of care and support services. It requires a high level of commitment and involvement from all partners. It implies strong co-ordination, usually by Ministries of Education, and strong partnerships between government, civil society and community. Multi-sectoral collaboration, with a particular emphasis on co-ordination of different ministry activities, is essential for the integrated delivery of essential services to children;
- While external funding is needed to assist until such time that internal mobilisation can act to promote sustainability. Schools voiced concerns about repeated visits by service providers whose actions were uncoordinated and/ or duplicated. This highlights the importance of including local implementers in programme planning, in order to limit the negative effects of irrational donor demands regarding how to allocate programme budgets. Committed partners, with the government, through its Ministry of Education, as the lead partner in each member state, are a prerequisite for initiating and proceeding through to implementation. In addition, the allocation of a senior official, who reports to the head of the Ministry of Education and who drives the mainstreaming of care and support within the ministry, is essential to influence the education ministries and other

ministries from national through to school level; unnecessarily large sums of money were purposefully (and irrationally) allocated to specific programme aspects by donors. The Ministries of Education should undertake plan and allocate the required resources and infrastructure to mainstream care and support to teaching and learning;

- Having programmes such as these led by government policy, structures and co-ordination can help promote sustainability. Each member state should work within a care and support national conceptual framework, with principles and guidelines that are tailored and context-specific;
- Any initiative that is funded by donors must build on existing member state-based initiatives, where possible strengthening and expanding these;
- Mechanisms and structures for co-ordination, collaboration and effective communication are required; and, for genuine collaboration to take place, all partners need to be willing to share ideas, knowledge, resources and data;
- Mainstreaming care and support in the education system aims to infuse the whole system of education delivery. It upholds building capacity, encouraging commitment, being cost effective, context focus and collaboration. Mainstreaming care and support begins with putting in place policies and practices that promote care and support for teaching and learning and allowing these to infuse the whole system of education delivery. Though mainstreaming care and support represents a challenge to expand on the traditional functions or core mandate of education, mainstreaming also represents real opportunities for systemic change and strengthening, as this change happens;
- Investing resources in information management and monitoring is important. It requires procedures and capacity. Monitoring processes could aim to document practices, determining impact indicators and developing measures to bring these elements together. It is therefore important that a strong monitoring and evaluation framework be developed, based on a shared vision, which is understood and accepted at all levels. If required,

skilling partners in monitoring and evaluation should be included as part of a capacity development programme for all at different levels;

- Programmes targeting out-of-school youth and pre-school children can make use of complementary facilities. Infrastructure situated outside formal schools can serve as complementary institutions, providing opportunities for out-of-school youth to take accredited examinations leading to entry into the formal school system and used for preparatory programmes for young children. Care and support should consider incorporating out of school youth and vulnerable pre-school children.

6.2.1 Policy

An all-encompassing coordinating structures are recommended to address some of the implementation, policy change and coordination gaps of the initiatives for children. A joint framework should be established by the coordinating structures. The conceptual framework must be developed in cooperation with the current or present national frameworks and must complement or supplement the policies and strategies.

The ministries of education should make a policy that details the extent of initiative's coordination and implementation. Sufficient or enough and relevant resources must be allocated to ensure that implementation happens, especially at schools. To enable the schools to address barriers to learning the ministries of education should strengthened the material support in schools and fast track the free education to reach the secondary schools. Promotion of free education opens opportunities for vulnerable children to access to education. The Ministries of Education should identify financial support institutions including foreign donors in their countries to fund learners or support with infrastructure and school learning material. No fee policies at primary school in member states have been seen a number of children enrolling in schools. Programmes need to factor in the provision for supplementary education costs to promote children's enrolment and prevent drop outs.

The ecological system based on exosystem is demonstrated here as decisions that are taken by government have a bearing on the learners, however learners themselves have no active participation in the decision-making process. The issue of free education, which is practiced at primary school levels impacts on secondary level learners as they also need financial support, but could not make a decision to have

this policy implemented at secondary level. The decisions impacts indirectly to learners, and they have no control over the decisions. The Bronfenbrenner's (1979) mesosystem can also be evident in situations where poor families fail to provide schools needs for their children, like school fees, uniforms, scholastic materials, transport, where education is free, poorer children are less likely to achieve a proficient educational standard.

6.2.2 Multi-sectoral collaboration

Collaboration and partnership between government and civil society is needed and will play an important role for effective support of vulnerable children. Interventions need to build on local and national mechanisms already in place. Linking up with pre-existing support structures, for an example within communities, can help to identify and build on these mechanisms. They will also help to avoid duplication, competition and promote community ownership.

Bronfenbrenner's (1979) mesosystem is evident in the sense that relationships between the school, learners and parents is important and should be linked to the community where the child belongs. The standards and norms from where the child comes from are contributing determinants of the child's behavior and performance at school. There should be constant communication between the schools and parents of children.

Civil society organisations need to devote their time and invest with resources in order to develop some effective partnerships with government. Civil society's partnership building role between government departments is beneficial. Information sharing and dissemination of information through reports about civil society's contributions and support help to strengthen partnerships and working together. However, there is insufficient human (staff) and material (transport, funds) resources, especially on the part of the government that are needed to run the initiatives. Civil society organisations can play an important role in the implementation of policies for vulnerable children.

There is the need for capacity building within the ministries to actively and on an ongoing basis engage with the various stakeholders, consolidate annual work plans, to enable ongoing monitoring and reporting against set indicators and targets, as well as to provide consolidated information on a frequent basis to the various role-players

as is highlighted in the feedback received. These will assist in addressing financial limitations from key stakeholders.

Investing resources in information management and monitoring systems, will assist the Ministry of Education to know which areas need special attention and to be prioritised, and importantly for planning and budgeting for the next financial year. Policy analysis and dialogue platforms can increase civil society awareness of policies. The consultation processes can be established between government and civil society at national and local levels.

The Ministry of Education needs to make a concerted effort to secure sufficient funding to assist partners with the implementation of the care and support activities and programmes. They need to assist non-governmental organizations to cover some of their related overhead costs. The challenge of disaggregating exact amounts allocated for the care and support and the overarching care and support programme from various funding streams, needs to be considered by the Ministry to ease reporting on expenditure against budget and funding allocations.

Community networks should be established and strengthening who are able to identify vulnerable children. Through these community networks structures can be formed to provide protection, care and support. Structures can be a link between the schools and the community social services (health, police and social affairs) and faith-based organizations to strengthen and support the Ministries of Education. Key informants suggested that integration has been much more effective at the local and even district levels, where different role-players have worked together effectively. Multi-sectoral collaboration is to be used in order to address the diverse needs and for quick delivery of services.

Involving communities in the identification of vulnerable children capitalises on local knowledge and promotes community ownership. A standard set of criteria for orphans and vulnerable children identification, can provide guidelines for this process to happen within a national policy framework. It is important, however, that identification criteria arise organically from the context, taking into consideration the context-specific factors influencing the vulnerability status of children.

6.2.3 Monitoring and evaluation

Ministries of education in both Zambia and Swaziland through their Education Monitoring Information System units should assist in developing a user-friendly monitoring system and use data that government has already collected as part of collecting data in schools. The monitoring system can build on the existing standardized evaluation tools. It is recommended that a system be established to manage learner information and to maintain accurate and updated records. There is a need for further technical assistance on how to better administer, coordinate and monitor activities within the various structures that are involved in care and support programmes.

The education ministries should oversee and monitor the implementation and the achievement of objectives. As mentioned above Member State officers should monitor the implementation and prepare reports for sharing information. The ministries of education should lead the implementation of national agreements between governments, non-governmental organizations and partners.

Key areas identified needing attention, include the enhancement of the administration, coordination and monitoring activities; financial planning and budgetary skills; monitoring and evaluation training including the ability to produce quality reports for distribution to the various stakeholders engaged in the programme. These will assist structures to produce quality reports and how to give better feedback to the various stakeholders, including the schools where key areas were identified by several of the stakeholders.

This will also address some concerns expressed regarding the capacity of structures to lead and initiate programme activities to roll-out the programme and to sustain it at school level. Furthermore, an increase in staffing capacity to monitor and report on indicators and targets set within the ministries of education will also be required. Training in monitoring and evaluation for staff at sub-national level is a priority to ensure that structures are able to report comprehensively and accurately against the expected outcomes or objectives.

6.2.4 Health

At school level, there are a number of gaps that require attention for schools to be able to effectively assist vulnerable learners. Providing a quality education to children

requires that school is accessible and affordable, that children are adequately nourished to participate in the education process, that the school provides children with a healthy environment to promote their learning, that children are able to participate in the processes and decisions affecting their development, and that, where appropriate children are given survival skills and livelihood support skills.

The availability of health services at school level requires attention. This specifically relates to the management of very basic health problems experienced by learners at school, which do not necessarily require a visit to the clinic. First Aid kits were either not in place, or inadequately stocked and teachers had not received any basic health training. Schools would benefit significantly from establishing a very basic Health and Safety Committee within the school that is trained and equipped with relevant skills.

Bronfenbrenner's (1979) macrosystem is demonstrated where children experience lack of natural resources, increase in epidemics, economic deprivation and lack of skills. These are all potential and possible environmental stressors that contribute to the deterioration in the community and society at large. It includes the cultural environment in which the child lives and all other systems that affect them. Children in rural areas lack certain resources which are easily found in urban areas like electricity, clinics and hospitals. Even where mobile clinics are made available, because of bad roads in rural communities, these resources are not accessible to rural communities. The economic status of most rural families is weak and they are unable to afford purchasing certain medicines. The long distance from homes to towns for those living in rural areas in order to get to the clinics and hospitals in order to access medical attention can be a challenge. The high transport costs for poor families to get to town are a challenge for poor rural families. It is noted that high transport costs are frequently cited as threats to a child's education retention. Travelling between home and school can also impact a child's ability to access education.

6.2.5 Psychosocial support

The concept of psychosocial support remains unclear at school, sub-national and national levels. Psychosocial support is an important component of care and support shared by many programmes piloted or currently in implementation. Building capacity in this area could promote increased uptake of psychosocial support services by vulnerable children and families.

The study indicated that teachers were not sufficiently prepared or confident enough to render psychosocial support to vulnerable learners, but often ended up doing so due to a lack of alternative services. For this reason, teachers should be provided with the basic training and be encouraged to register for counselling or psychosocial support programmes at tertiary institutions. This includes training or workshops as to how to offer very informal psychosocial support that is not resource intensive or relies on the availability of professional staff. The provision of psychosocial support services attention, with a focus on teacher capacity building; through training and the establishment of formalized collaboration networks with relevant external psychosocial support service providers at the school district level. Given the high incidence of psychosocial problems among female learners, their needs should be explicitly addressed in teacher training programmes and service provision.

Some such suggestions are the use of drama or story-telling as a therapeutic process. In particular, there is a need to consider the need for gender-specific services, even if this is conducted in an informal manner. Currently, it appears that there are very limited procedures for identifying and assisting learners affected by abuse. It would be most valuable if the ministries of education in coordination with the relevant social services ministry, to develop a standardised protocol and intervention procedure to assist such learners, irrespective of whether or not the abuse has been confirmed or disclosed.

There is a need for interrogating into existing psychosocial support methods and training needs, as well the documentation of innovative and successful psychosocial support practices. This will enhance and address the issue of capacity in relation to psychosocial support, including assigning same-sex counsellors, and adequate supervision of counselling rooms in order to avoid their misuse. Peer-to-peer counselling and the establishment of safe clubs are among the potential good practices that would assist.

The microsystem interactions which is characterized by personal contacts and relationships between the different groups or individuals which includes family members, guardians, classmates, teachers and caregivers, these interactions with the child affect how the child grows and develops. A more nurturing and supportive interactions and relationships will increase and sustain the child's life development. For the child to develop efficiently he or she needs natural advice, help and love from

the different groups or individuals that she or he belongs. Lack of parental guidance and discipline can result in social and emotional problems for children.

The school should be an extension of the home. Teachers need to be equipped on how to identify learners with emotional challenges and be able to offer at least basic psychosocial support. The school environment should be favourable and beneficial to the needs of the learners. It is thus important that the schools are linked to relevant institutions and reliable referrals that offer care and support which the schools cannot offer, such as clinics, social workers, police services etc.

Bronfenbrenner's (1979) chronosystem add the influence of both change and reliability in the child's environment which includes a change in family structure due to different reasons, for an example, death, divorce, which may have societal and economic changes. This may see a child moved from one place to another due to the unpredicted circumstances. These may have a negative impact on children who do not easily adapt to change.

6.2.6 Safety and protection

The field of the need for child protection was evident across Member states. Safety and protection services are not very developed within the schools, both from the perspective of securing the school premises and equipment to individual learner safety. Many schools are without adequate fencing and secure gates allowing easy access to school premises. Interviews indicated that there was some community involvement through the involvement of the police in safety education. These include a strong common concern about issues related to child protection, in particular about the high prevalence of sexual abuse of female learners, be it at home, in the community or in the school environment.

There should be an improved understanding of the underlying causes and reasons that lead to child abuse and its impacts on learners' lives and education outcomes. There should be identification and documentation of effective means of preventing its occurrence and should include an analysis of existing child abuse referral systems. Potential good practices in the prevention of sexual abuse included mother support groups, as well as the inclusion of men in these groups in order to target other males in the community with messages against child abuse.

It is clear, for an example, that the school safety initiative conducted by the non-governmental organizations that work in collaboration with the ministries of education would be more effective if it is included in other ministries responsible for community safety and security. Thus, emphasizing the importance of multi-sectoral collaboration.

The school creates and sustains an environment of safety and protection for all children, especially the most vulnerable. It can offer life skills support in the curriculum, psychosocial services and, in collaboration with other agencies, access to health promotion and safety and protection mechanisms. Schools, therefore, are critical entry points for the integrated delivery of services and can serve structurally to create a forum and co-ordinated response to a wide range of interventions and initiatives already in motion in the region. For learners, schools can be mobilised to offer material benefits, including fee waiving, structured access to nutrition, health, social and other services, life skills support and a formal structure which promotes the child's chances of accessing education and staying in school. The adoption of strategies that will strengthen the protective environment for children will fast track mainstreaming of care and support.

Bronfenbrenner's (1979) mesosystem emphasises the environment where the child grows. Unstable communities who are engaged in conflict and fighting would impact negatively on the life of a child, leading to behavioral problems and bringing up an aggressive generation. Bronfenbrenner's macrosystem is also evident in the cultural beliefs and values of the communities that affect the lives of children. These are evident where children are not protected in early marriages often in poor rural families. Children are found not protected and safe from forced marriages and early pregnancy. These may later lead to divorce which would be a lifelong emotional stress to a child.

The Barret's (2006) humanistic theory of learning which involves learning through observing the behaviour of others clearly shows that protection and safety of children is important, in the sense that older people and wider community should not behave in an unacceptable manner in front of children e.g. drink alcohol, smoke cigarettes, taking drugs or building liquor stores close to schools. The community should strive to create a safe environment for their children so that they would become better people in future.

6.2.7 Water and sanitation

General water and sanitation services require attention, both the installation and maintenance of toilets and the availability of an adequate supply of clean water. Adequate availability of sanitation facilities has been positively linked to increased school attendance especially by female learners. In the context of so many intervening social factors that affect and which contribute to drop out and irregular school attendance, this is one area of possible intervention with possibility to secure major developmental and educational gains. It was clear that there is not a sufficient supply of clean water in school to wash hands or to drink. This needs to be addressed, and in particular where the school shares its general water supply with the surrounding community.

Bronfenbrenner's (1979) microsystem and macrosystem is evident, children in rural areas lack certain resources which are easily found in urban areas, for an example, running water and proper toilet system both at home and at school. These are scarce resources in rural areas. Children would have to fetch water before and after school, and at school. These children are to work and perform strenuous chores before or after school such as fetching water from a far distant river. This impacts on their learning and study time. In rural areas, unsafe sanitation and water access, raising the spectre of diarrhoea and scabies as a major threat to infant child survival.

6.2.8 Material support

Children have to access to available grants and other methods of social assistance provision and schools could promote access by facilitating birth and identity registration where necessary. Social grants (and complementary cash grants) help the school build an environment of care and support, promoting poverty alleviation and education access.

Bronfenbrenner's (1979) macrosystem considered as largest and most distant collection of things that a child may not be close with. These include accessing documentation, for an example birth certificates which are prerequisites papers for the future of the child to access school entry, grants, bursaries etc. Government does not take into consideration the issue of distance from rural places to registry offices and illiteracy on the part of the parents, thus lack of knowledge of government laws that

are related to these. Children end up missing out on government and other institutional benefits because of the unavailability of the required documentation.

Material support to vulnerable learners needs critical assessment to ensure good education outcomes. Given the high incidence of vulnerability, there is an urgent need to scale up the level of material support so that many such learners access the same. Apart from increasing educational grants and bursaries to schools, the government should articulate a comprehensive public assistance policy and programmes to address multiple needs of vulnerable learners. Also, there is an urgent need for efficient use of available material support services for vulnerable learners through effective coordination among public and private service provider organisations. Bronfenbrenner's ecological systems theory, the microsystem reflects that poor families fail to provide material school needs for their children, such as school fees, books, stationery, uniforms and other scholastic materials (sports gear), transport. Poor children are less likely to achieve an expected educational standard due to unavailability of support material.

There should be formalised coordination between the ministries of education and other ministries that hold the budget for children, regarding budgeting for and provision of bursaries, grants and related budgetary services. This system should also apply among non-governmental organizations and relevant government ministries in service provision, both at the school and district levels in provision of material support services to vulnerable learners.

6.2.9 Nutrition

School nutrition was mentioned as a programme priority in both Member states. School or facility-based nutrition programmes are there to address child hunger as a basic survival need. For nutrition programmes to succeed, adequate training in all aspects of nutrition support should be provided, as well as training in reporting, record-keeping and monitoring activities. Schools have noticed some positive outcomes of feeding schemes including improved learner school attendance and performance.

Several suggestions were made, not only for investigating specific interventions needed to improve school feeding schemes, but also for documenting a series of practical lessons learnt in order to develop recommendations and guidelines for schools. Recommendations included coordinating the supervision of lunchtime food

distribution, children getting balanced diet, establishing feeding scheme committees involving the community, and giving vulnerable learners food parcels to take home.

The gardening programmes in schools can be an excellent vehicle for presenting and familiarising the school and community to new ideas about gardening. The promotion of school gardens aims at different objectives, like accessing vegetables that contributes towards the school feeding scheme and at the same time learners are equipped with gardening skills and knowledge.

School nutrition programmes need some consideration, especially the school feeding schemes. School feeding programmes have been seen to be the most immediate and effective way to respond to the problem of under-nutrition in children. Some schools that have established feeding schemes have experienced positive outcomes for learners regarding attendance and performance. However, sustainability of feeding schemes needs urgent attention, both at policy and programme levels. There is less involvement in resource mobilization including food supply and school gardening. The potential resources of the Ministry of Agriculture are not being mobilized for sustainability and scaling up of school food schemes, especially in developing school food gardens. It would be beneficial for schools to be assisted in obtaining more land for erecting gardens and expanding the school. This has the potential to foster school-community relationships.

Bronfenbrenner's (1979) microsystem talks to the economic status, poverty in the household is a problem as some children have to go to school hungry, and these learners depend on the school feeding scheme. If the school feeding scheme is inconsistent, it has a negative impact on the learners who find themselves unable to concentrate and feeling drowsy in class. Children who takes anti-retroviral AND tuberculosis medication are affected as they need to eat prior to taking medication. They may end up defaulting and getting very sick, even die. Children's education performance and retention can be affected by poor nutrition. Under-nutrition can impair a child's cognitive development and can even lead to a child dropping out of school to help the family obtain food for its survival. It also increases a child's vulnerability to contracting diseases and lowering the body's capacity to develop immunity.

Infrastructure should be taken into consideration, most schools do not have kitchens where food can be cooked, and dishing be done hygienically. Food is cooked outside and this poses a problem on rainy or windy days.

6.2.10 Teacher support

None of the programme examples under discussion make explicit reference to the kinds of support, other than in training and mentoring, that teachers may need in fulfilling their roles and responsibilities. Teachers often find their roles extended in a care and support environment. Teachers in general can be overwhelmed with a number of children in need and having challenges. If teachers have of information and knowledge on how to establish a referral system around the schools can reduce the load on them. Teacher workshops and training on HIV and AIDS and sexually transmitted diseases can assist them in helping learners in their schools and able to take care and support children. A teacher needs special skills to be an effective support resource for learners.

There is a great need for extensive capacity building of teachers at school level. Delivering quality education implies that teachers are adequately trained and versed in the programme's strategies and methodologies. Teachers are critical contact points for the delivery of a care and support approach in their education and need to be adequately equipped, such as in offering counselling and support to vulnerable children. Increased staff with sufficient programme management and coordination skills to be assigned to the programme is a prerequisite. Training should emphasise the need for and value of the information as requested, for their own management and decision-making purposes.

Teachers need to be equipped with skills and knowledge in order to support learners in the classroom and school setting. The training of teachers to perform their functions in a care and support project intervention requires that training material has been prepared and developed for this purpose. Personal and professional support to teachers could assist them in fulfilling their roles and responsibilities better. However, training at school level is further problematic due to the high turnover of staff due to either horizontal transfers and or resignations.

The number of staff assigned to the programme within the lead ministry needs to be increased to fully realise the objectives that talk to care and support. The capacity of

staff within the ministries of education needs to be increased; in particular those involved in the programme at the various levels of implementation so as to build their skills to effectively manage and coordinate the implementation of care and support.

Teaching staff is often in short supply and teachers are frequently affected by problems which weaken their morale, such as poor work conditions and terms of services. Limited opportunities for professional development may also result in good teachers leaving the profession in search of greener pastures. Poor education delivery is a serious problem and can affect a child in a long-term, due to having to drop out of school before the completion of the education term.

Provision of incentives for the teaching staff needs urgent attention in terms of adequate re-numeration, support service and teaching resources. Most schools have critical shortage of staff accommodation, textbooks, and other essential teaching requisites and facilities, making it difficult for schools to deliver quality education services to learners. The question of communication and provision of incentives in the implementation of the care and support programme need attention. Communication with participating schools through the provincial education offices only, is not necessarily efficient due to time lags in dissemination of information. The role of various stakeholders in the implementation of the care and support programme should be clearly articulated.

6.3 RESEARCH LIMITATIONS

As it is for every study, this study had the following limitations:

- Some of the participants were scared or did not want to speak against their organizations or institutions.
- While it is acknowledged that the region abounds in such intervention examples, few reports were traceable. This highlights the urgent and important need for a sharing platform on experiences and learnings in the region.
- Another limitation of the research was the lack of available information on comparable interventions at international level, such as outside Africa. This opens the need for further research, perhaps by reformulating the search methods used.

6.4 CONCLUSION

The Ministries of Education have recognised the importance of care and support for attaining key educational outcomes which are access, retention and learner achievement. They have started working towards systematisation of care and support for teaching and learning within the education system by making it a core mandate of the sector, to render it sustainable and to ensure it is scaled up so as to reach all vulnerable children through all schools. They have further committed to work towards attainment of the common international and in-country education goals for an example, Education for All, Sustainable Development Goals and National Plans' goals to attain their shared care and support objectives. There is an opportunity for ministries of education to build on what they are already implementing. They can strengthen, amend or develop new policies on the specific details of how care and support interventions may be operationalised. In this regard, Ministries of education should advocate for care and support initiatives that integrate school health policies, a safe and secure school environment for both teachers and learners, skills-based education and school support services that explicitly address barriers to teaching and learning.

Ministries should support the development of policies and practices that favour access to quality education, gender equity supported by schemes and mechanisms that ensure school attendance and effective learning.

The study shows challenges in different categories:

1. There are challenges in the implementation of the current policies and laws, due to having not made schools aware of these. Since new laws and policies are constantly being formulated and amended in all the Member States, it will be necessary to update the review in an ongoing way. It will also be necessary for each Member State to undertake its own more detailed review, advocacy and awareness initiatives of policies.
2. There are gaps, contradiction and insufficient information in the current policies and laws of the ministries of education.
3. The gaps, contradictions and insufficient information create co-ordination challenges and implementation challenges. An operational guidebook can be

developed as a tool, to reinforce mainstreaming and implementation of the care and support policies.

4. Inadequate resources in terms of material and human resource create problems.
5. Insufficient budget allocated to issues of care and support by the ministries of education delays implementation.
6. Improvement of monitoring and evaluation tools to include issues that affect children is essential. This means the inclusion of care and support indicators into the data collection tools. A strong monitoring and evaluation framework based on a shared vision, and which is understood and accepted by all partners must be developed. If required, skilling partners in monitoring and evaluation should be included as part of a capacity development programme, including schools.
7. In order to ensure that there is an enabling or supportive policy environment for care and support for teaching and learning, and securing sufficient human and financial resource, there should be advocacy strategy for mainstreaming care and support to create awareness and ensure the implementation of activities. Advocacy could be conducted to describe the process of getting buy-in and support. This process needs to happen from national to local levels. This process is particularly dependent on effective communication.
8. Teacher training programmes are important at both pre-service and in-service levels, to equip teachers on mainstreaming care and support.
9. The study noted weak coordination of the multi-sectoral stakeholders. If all the stakeholders were well coordinated it would result in comprehensive delivery of services in all schools.

Implementation challenges seem to be the core of the problem. These challenges start from national to school levels. They include shortage of staff and lack of training of teachers to be able to identify and respond to the needs of vulnerable learners. The poor resources in schools are a major factor. The absence of links between the schools and community-based support services, this limits the opportunities and possibilities of schools getting support that is needed. The inability to provide for identified support services such as health and psycho-social support for children.

The slow pace in funding for free education in secondary schools leads to drop out. The cost of school uniforms, books and stationery remains a barrier to poor learners as the current guidelines provide no material relief. Although the policies have created an obligation to connect children with financial support and enabling documents, but for illiterate and rural communities they find it difficult even to know about these.

Zambia and Swaziland are two of the member states that have introduced re-entry policies designed to assist children who have been out of school to return to school. These strategies include addressing material constraints, attitudinal barriers and curriculum issues. However, these policies do not articulate the implications of those children when back at schools, as they then have the added responsibilities of parenthood. Advocating for legislation that promote access to education, to ensure that children are enrolled or registered in school and supported to stay in school till completion, and to encourage family and community support for delayed marriages and childbearing should be emphasised.

Initiated or strengthened monitoring of initiatives and programmes to ensure that funding reaches intended beneficiaries at grassroots level is important.

In Swaziland, at school level, there are a number of gaps that require attention for schools to be able to effectively assist vulnerable learners. The two predominant issues are the absence of psychosocial support and health services. These are two common needs faced by learners which are often overlooked. Visits to schools indicated that teachers were not sufficiently prepared or confident to offer psychosocial support to vulnerable learners, but often ended up doing so due to a lack of alternative services. For this reason, it is recommended that some basic training be provided to teachers to be able to assist and respond to the emotional needs of vulnerable learners. This includes training or workshops as to how to render very informal psychosocial support that is not resource intensive or rely on the availability of professional staff. Some such suggestions are the use of drama or story-telling as a therapeutic process.

There are limitations that could be addressed in order to expedite the mainstreaming of care and support.

- While acknowledging the important role that some schools play in trying to cater for care and support services, the researcher is of the opinion that it would have been more efficient if the Ministries started by just focusing on strengthening national level capacities to innovatively implement the model.
- Observed elements of sustainability by government included the institutionalization of care and within government operational structures and systems, strong element of capacity development for care and support stakeholders, a rich resource on care and support, and community involvement.
- One of the key pillars of sustainability is community buy-in and involvement. Often, if communities see value in interventions that address problems in their communities, they invest energy and a lot of enthusiasm in implementing such initiatives. More still, are able to utilise or harness existing community structures and systems, and the sustainability of initiatives becomes even stronger.
- The inclusion of all identified care and support core elements into the teacher training curriculum will lessen the *ad hoc* training that qualified teachers get through service providers and will be more cost effective for the government.
- Enhancing the competences of relevant stakeholders in care and support is a critical element of sustainability.
- Care and support initiatives are viewed as a donor or service provider initiative for an example, UNICEF initiative. Such views often take away from Member States, or strategic partners at national level, the true spirit of ownership. It is important therefore that in Member States where ownership is not very strong, care and support implementation should address this challenge by carefully understanding why there is limited member state ownership and address the noted problems accordingly. There should be work on increasing the visibility of the role that Member States' Ministry of Education plays.
- While the service providers and donors play an important role in contributing towards technical support, this demonstrates the importance of formal memorandum of understanding which should spell out relationships, roles and mandates between the ministries and service providers. The situation speaks to weaker coordination and authority of Member States to manage the development partners contributing to care and support services.

There is new knowledge that this study has achieved:

- When public sector leadership structures (be they at district or provincial levels), manage to forge partnerships with the private sector to contribute to the initiative, it can potentially unlock huge resources and material support for vulnerable learners. Private sector should contribute to social development initiatives as a form of their social responsibility and giving back to society.
- True country ownership can be demonstrated through allocation of governments' and strategic partners' (Private sector, Development Partners NGOs, CBOs and FBOs) resources to care and support services, institutionalisation of support efforts in national policies and strategies and plans. This is a fundamental ingredient for the success at national level. That ownership must encompass strong coordination of national stakeholders for the achievement of common goals.
- Strong involvement of non-governmental organizations and other development partners such as the UN agencies can contribute to the success of the initiatives at all levels.
- When leadership of national structures is strong and is also driven by top senior policy makers in government, the response at national level is likely to contribute to success at the school levels. This is mainly due to the fact that such leadership has authority and commands respect from stakeholders.
- Partnerships in the implementation must always be concretised by a formal memorandum of understanding or service level agreement. The roles and responsibilities should be clear.

In conclusion a conceptual model for care and support for teaching and learning should be an integral model in the care and support activities. It should articulate the purpose and how to mainstream and scale up care and support in the school system, based on a strong policy mandate, plans and budget. It should describe barriers to learning, and articulate the priority areas or pillars for intervention in order to be able to address common barriers so that the educational key outcomes can be achieved which are access to school, retention or remaining in school and achieving at school. The conceptual model should provide a clear picture of the main causes and extent of child vulnerability, the existing services and support available to vulnerable children, how the response of the education sector can be strengthened through schools, the vision and important definitions

for the model, the principles that will inform care and support elements and activities that will make up the programme at the local level and how the model will be structured at the national, sub-national, district and local level.

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8. APPENDICES

APPENDIX A

INTERVIEW SHEET/SCHEDULE

INTERVIEW INFORMATION SHEET

Purpose of the research: To assist Ministries of Education realize the importance and need of mainstreaming care and support, through an expanded and strengthened education sector response.

What you will do in this research: In this research I shall use questionnaires to conduct face to face or telecom interviews. In certain instances, questionnaires will be sent to interviewees to fill in and return a completed questionnaire to the researcher. I will tape record the interviews so I don't have to make so many notes. Names may not be stated on the recording unless permission is granted by the interviewee.

Time required: The interview will take approximately ONE to TWO hours.

Risks: Due to the type of research, the interviewee may require consultation e.g. reference to documents and data, and this may delay the interview.

Benefits: There are no financial benefits, except of addressing the issue at hand.

Confidentiality: Responses to interview questions will be kept confidential. At no will your actual identity be revealed. You will be assigned a random numerical code.

Anyone who helps me transcribe responses will only know you by this code. The recording will be erased when my dissertation has been accepted. The transcript, without your name, will be kept until the research is complete.

The key code linking your name with your number will be kept in a locked file in the computer, and no one else will have access to it. It will be destroyed when the research has been accepted. The data you give me will be used for in an article I am currently writing and may be used as the basis for articles or presentations in the future. I won't use your name or information that would identify you in any publications or presentations.

Participation and withdrawal: Your participation in this study is completely voluntary, and you may refuse to participate or withdraw from the study without penalty or loss of benefits to which you may otherwise be entitled. You may withdraw by informing the experimenter that you no longer wish to participate (no questions will be asked). You may skip any question during the interview but continue to participate in the rest of the study.

To Contact the Researcher: If you have questions or concerns about this research, please contact: Ms Jennifer W. Mthimkhulu, +2782 9598 253, mhle.bhungane@gmail.com. You may also contact the faculty member supervising this work: Supervisor's name: Prof M. Hlongwane, +27 35 902 6341.

Whom to contact about your rights in this research, for questions, concerns, suggestions, or complaints that are not being addressed by the researcher, or research-related harm: University of Zululand Research Ethics Committee [UZREC], Research & Innovation Office: 035 902 6887 or the researcher's Department/supervisor.

APPENDIX B

PARTICIPANT INFORMED CONSENT DECLARATION

INFORMED CONSENT DECLARATION

(Participant)

Project Title: Mainstreaming care and support to address barriers to teaching and learning in selected SADC Member States' Education Institutions

I, **Ms Jennifer W. Mthimkhulu**, from the Faculty of Education in the field of Educational Psychology and Special Education, University of Zululand has requested my permission to participate in the above-mentioned research project.

The nature and the purpose of the research project and of this informed consent declaration have been explained to me in a language that I understand

I am aware that:

1. The purpose of the research project is to assist Ministries of Education realize the importance to fulfil their role of mainstreaming care and support, through an expanded and strengthened education sector response.
2. The University of Zululand has given ethical clearance to this research project and I have seen/ may request to see the clearance certificate.
3. By participating in this research project, I will be contributing towards addressing barriers to education that are critical challenges affecting children, thus putting them in a vulnerable position, resulting in not attending school regularly (high rate of absenteeism) and drop-out of school.
4. I will participate in the project by conducting interviews face to face or telephonically. Use desk top review, send interview questionnaires to interviewees to fill in and return to researcher.
5. My participation is entirely voluntary and should I at any stage wish to withdraw from participating further, I may do so without any negative consequences.

6. I will not be compensated for participating in the research.
7. There may be risks associated with my participation in the project.

I am aware that

- a. the following risks are associated with my participation:
 - Member States and partners committed to documenting, sharing lessons and experiences
 - Attitudes of and non-transparency constrain value of knowledge sharing
 - Data-gathering constraints due to lack of data or non-conducive environmental / political conditions
 - b. the following steps have been taken to prevent the risks: Since I am the Director for SADC and Africa programmes, I have established strong partnerships and relationship with Ministry of Education, sister Ministries and other Africa partners, I have the knowledge and skills on how to access human resources at Member State National levels in who are responsible for relevant directorates, in order to access information.
 - c. there is a 2% chance of the risk materialising
8. The researcher intends publishing the research results in the form of publication. However, confidentiality and anonymity of records will be maintained and that my name and identity will not be revealed to anyone who has not been involved in the conduct of the research
 9. I will receive feedback in the form of completed questionnaires regarding the results obtained during the study.
 10. Any further questions that I might have concerning the research or my participation will be answered by Ms Jennifer W. Mthimkhulu and can be reached at +27 82 9598 253 or mhle@miet.co.za
 11. By signing this informed consent declaration, I am not waiving any legal claims, rights or remedies.

12. A copy of this informed consent declaration will be given to me, and the original will be kept on record.

I _____ have read the above information / confirm that the above information has been explained to me in a language that I understand and I am aware of this document's contents. I have asked all questions that I wished to ask and these have been answered to my satisfaction. I fully understand what is expected of me during the research.

APPENDIX C

PERMISSION TO CONDUCT RESEARCH

The Ministry of Education officials, UN and Development Non-Governmental Organizations.

SWAZILAND/ZAMBIA

I am studying towards a PhD by researching on “Some factors for mainstreaming care and support to address barriers to teaching and learning in Schools in Zambia and Swaziland. I am doing the research through the University of Zululand, in the faculty of Education in the field of Educational Psychology and Special Education.

The study will examine how mainstreaming care and support into education system can ensure the holistic support for all children especially the vulnerable.

I believe this is an important and timely research because it will assist the Ministries of Education in ensuring that the issues of care and support are addressed, even if taking into consideration the minimum of service in addressing barriers to teaching and learning. I believe this research links with the ethos of the Ministries of Education in terms of its potential contribution to better poverty reduction and economic development which contributes immensely into barriers that learners face in schools.

I request to conduct the research with officials in your institution. The research will be conducted through individual interviews or focal groups. Desk top review will also be used in this research.

Should you wish to know more about the research, I am willing to share with your more information.

Yours sincerely

Ms Jennifer W. Mthimkhulu (Mhle)

The Government of the Kingdom of Swaziland



Ministry of Education & Training

Tel: (+268) 2 4042491/5
Fax: (+268) 2 404 3880

P. O. Box 39
Mbabane, SWAZILAND

8th July, 2015

Attention:


Heads of Departments:

Members of the SADC CSTL Steering Committee in Zambia and Swaziland	CSTL Focal Person
M&E Units (EMIS)	Members of CSTL National Coordinating Units (NCU)
Ministry of Health Officials	Ministry of Education Officials
Department of Social Welfare Officials	Principals of selected schools implementing SCTL
UN Agencies.	

Dear Colleagues,

RE: REQUEST FOR PERMISSION TO COLLECT DATA FOR UNIVERSITY OF ZULULAND STUDENT – MS. JENNIFER W. MHLE MTHIMKHULU

1. Reference is made to the above mentioned subjects.
2. The Ministry of Education and Training has received a request from Ms. Jennifer W. M. Mthimkhulu, a student at University of Zululand, that in order for her to fulfill her academic requirements at the University of Zululand, she has to collect data (conduct research) and her study or research topic is: *Examining How Mainstreaming Care and Support into the Education System CAN Ensure the Holistic Support for All Learners Especially the Vulnerable ones*. The population for her study comprises of the above stated participants. Heads of Departments are kindly requested to release the above mentioned participants to participate in this study. All details concerning the study are stated in the participants' consent form which will have to be signed by all participants before Ms. Mthimkhulu begins her data collection. Please note that parents will have to consent for all the participants below the age of 18 years participating in this study.
3. The Ministry of Education and Training requests your offices to assist Ms. Mthimkhulu by allowing her to use above mentioned government departments in the as her research sites as well as facilitate her by giving her all the support she needs in her data collection process. Data collection period is one month.


DR. SIBONGILE M. MTSHALI-DLAMINI
DIRECTOR OF EDUCATION AND TRAINING



APPENDIX D

Some factors for mainstreaming care and support to address barriers to teaching and learning in schools in Zambia and Swaziland							
Jennifer W. Mthimkhulu							
Mhle.bhungane@gmail.com							
Professor M. Hlongwane							
Educational Psychology and Special Educational							
Honours/4 th Year		Master's		Doctoral	√	Departmental	
Human Health		Animals		Human Health and Animals		Desktop or Laboratory research only	
Children (Non-therapeutic research)		Children (Therapeutic research)		Other vulnerable persons		Special health and safety considerations	
✓ Project proposal				✓ Participant Consent			
✓ Questionnaire				Guardian Consent			

Open-ended questions		Access to research participants	
Observation sheet		Research instrument permission	
Other:			
Research document			
UZREC Chairperson's signature:			

APPENDIX E

QUESTIONNAIRE

IDENTIFICATION	
Name of interviewee (optional)	
Questionnaire number	
Interview date (day/month/year)	
Name of Institution	

BACKGROUND					
1.	Sex	1	Male	2	Female
2.	How old were you at your last birthday? [RECORD IN YEARS]				
3.	How long have you been involved in care and support initiatives? [RECORD IN MONTHS/YEARS]				
4.	What is your highest qualification				

National and Regional stakeholders' questions

(Indicate by a cross where applicable and write where needed)

A: STRUCTURES			
1.	Is there a care and support action or implementation plan? (Please tick the correct answer)	YES	NO
2.	If so has the plan been approved by the Ministry of Education?	YES	NO
3.	What is the implementation status of priority activities identified in the care and support Action/Implementation Plan? _____		
4.	Are there structures established to monitor care and support issues?	YES	NO
5.	If YES, are these structures functional?	YES	NO
6.	How many functional CSTL or similar structures are established at the various decision-making levels of government?		
7.	How often are CSTL programme reports submitted to stakeholders? _____		
8.	To which stakeholders are CSTL reports submitted? _____		
9.	How is feedback provided to lower level structures? _____		

B: BUDGETING AND RESOURCING			
1.	Is there a budget allocated for care and support activities?	YES	NO
2.	In which ministries or directorates is it located? _____		
3.	Is there a budget allocation for the care and support programme specific to key ministries/directorates?		
4.	Is there sufficient funding to allow for full implementation of the care and support programme?	YES	NO
5.	Is there donor funding or service received?	YES	NO
6.	If YES, what is the service provided for the care and support programme by donors? _____		

C: MONITORING AND EVALUATION			
1.	Is there a unit or directorate responsible for monitoring and evaluation of care and support activities?	YES	NO
2.	If YES, which unit or directorate: _____		
3.	Which care and support areas are covers in the EMIS? _____		
4.	How are M&E reports on care and support used?		
5.	Do you have a set of care and support indicators and a system for collecting and managing information?		

D: HUMAN RESOURCES AVAILABLE FOR CARE AND SUPPORT PROGRAMMES			
1.	Are there personnel assigned to the care and support unit in the Ministry?	YES	NO
2.	Is there identified training needs of staff linked to the implementation of the care and support activities/programmes?	YES	NO
3.	Are there other ministries/NGOs/UN agencies assisting with care and support training needs?	YES	NO
4.	If YES, who are those? _____		
5.	Are there training materials developed for the care and support issues?	YES	NO
6.	If YES, for which care and support areas? _____		
7.	Are there teacher training curricula developed on care and support issues?	YES	NO

E: MULTI-SECTORAL COLLABORATION BY DIFERRENT STAKEHOLDERS			
1.	What is the composition of the structure or committee for care and support issues? _____		
2.	Is there multi sectoral planning at national level between stakeholders?	YES	NO

3.	Is there a memorandum of understanding or terms of reference in place between ministries and other stakeholders who are in the structure?	YES	NO
4.	Are there successful linkages/involvements between members of the structures	YES	NO
5.	If YES, how? _____		
6.	Are there successful linkages / involvements between CSTL and other relevant initiatives?		
7.	Is the structure functional?	YES	NO
8.	If YES, how? _____		

SCHOOL LEVEL QUESTIONS

A: SAFETY AND PROTECTION			
1.	Is there a school policy in place which addresses issues of safety and protection?	YES	NO
2.	Which issues are addressed in the policy? _____		
3.	Has the policy been shares with both teachers and learners?	YES	NO

4.	Does the school collaborate with school community to intervene in situations that pertains to a need of safety and protection?	YES	NO
5.	Are there organizations or government institutions that the school works with to address cases related to safety and security?	YES	NO
6.	If YES, who are those? _____		

B: PSYCHO-SOCIAL SUPPORT			
1.	Does the school have an early intervention policy for learners suffering from psycho-social problems?	YES	NO
2.	Is there a counselling room or similar physical space which allows for confidential psycho-social support/services to occur?	YES	NO
3.	Does the school provide clear information to all members of the school on how to access psycho-social support services?	YES	NO
4.	Who provides psycho-social support /services in the school?	YES	NO
5.	Are gender-specific psycho-social support/services available at the school? _____		
6.	What is the nature of psycho-social support training provided to non-professional staff, organizations and community volunteers? _____		

7.	Are there formalized relationships between government departments in the delivery of psycho-social support/services in schools?	YES	NO
8.	Are assessment procedures in place to identify, refer and monitor vulnerable learners?	YES	NO
9.	Does the school have a code of conduct?	YES	NO

C: NUTRITION

1.	Does the school have a feeding programme/scheme?	YES	NO
2.	When does the school feeding programme /scheme happen during school hours?	YES	NO
3.	What times a day do learners get meals at schools?		
4.	Does the school have a vegetable garden?	YES	NO
5.	How is the government/ministry involved in school-level feeding programme/scheme? _____		
6.	What is the nature of involvement of parents/community-based organizations/volunteers in school nutrition programme/scheme? _____		
7.	What is the nature of involvement of local and international organizations and/or the private sector in school feeding and nutrition programme/scheme? _____		

D: HEALTH

1.	Who renders typical health services to schools?	YES	NO
2.	Does the school deliver public health education messages to members of the school to access health services?	YES	NO
3.	Does the school have access (referral) to the nearest health facility for health problems which cannot be addressed by the school?	YES	NO
4.	Does the school maintain up-to-date and accurate records on learners' health?	YES	NO
5.	Does the school have first aid kit?	YES	NO
6.	If yes, how often is the first aid kit/health supplies replenished/restocked? _____		
7.	Has anyone at school received First Aid Training?	YES	NO
8.	Who renders typical health services to schools? _____		

E: WATER AND SANITATION

1.	Are there adequate quantities of safe water to meet the basic needs of the whole school?	YES	NO
2.	Are water distribution points (e.g. taps, water fountains, etc.) easily accessible for all members of the school?	YES	NO
3.	Are learners taught how to use water appropriately?	YES	NO
4.	Are working toilets available for the respective genders for all members of the school?	YES	NO

5.	Are toilets enough for both girls and boys in school?	YES	NO
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F: MATERIAL SUPPORT

1.	What is the nature of the relations with key ministries to render such material and other services to the school? _____		
2.	Are any NGOs, CBOs, or private sectors supporting the school in this regard?	YES	NO
3.	What does the school do to facilitate access to services that provide material and other assistance? _____		
4.	What are the gaps in the provision of material and other support? _____		
5.	Does the school offer fee exemption for vulnerable children?	YES	NO
6.	Is material assistance provided to vulnerable learners?	YES	NO

G: LEADERSHIP AND STRUCTURES

1.	Is there a school-level structure which facilitates access to care and support services for vulnerable learners?	YES	NO
2.	If yes, who/which stakeholders' groups are part of the structure?		
3.	Are learners represented on the structure?	YES	NO

4.	Are records kept of vulnerable learners and their care and support needs?	YES	NO
5.	What is the nature of community involvement in school-based care and support, give examples?		
6.	Does the school have multi-sectoral partners that are involved in school-based care and support?	YES	NO
7.	What is the nature of multi-sectoral collaboration in school-based care and support? _____		
8.	Are multi-sectoral partnerships formalised? (i.e. have memorandum of understanding or terms of reference)	YES	NO