CARE AND SUPPORT
FOR TEACHING AND LEARNING

The adoption and implementation of Care and Support for Teaching and Learning (CSTL) in the SADC Region

Update to 2011 example entitled: The development of a care and support model in KwaZulu-Natal submitted to UNESCO / European Agency for Special Needs Education’s Inclusive Education in Action website. This updated example is submitted for the Revised UNESCO Policy Guidelines for Promoting Inclusion and Equity in Education

Relevance

This example is relevant to the following areas of the UNESCO Policy Guidelines:

A1 - Promote innovative programmes and support the community in its capacity to identify out-of-school children, youth and adults in order to get them into school and other education or training programmes

C2 - Ensure that policies reflect rights-based and pro-poor approaches, and target disadvantaged children

K1 - Improve pre- and in-service training, mentorship and team-building
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## ABBREVIATIONS

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>AusAID</td>
<td>Australian Agency for International Development</td>
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<tr>
<td>CBO</td>
<td>Community-based organization</td>
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<td>CSE</td>
<td>Comprehensive sexuality education</td>
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<td>CSTL</td>
<td>Care and Support for Teaching and Learning</td>
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<tr>
<td>DRC</td>
<td>Democratic Republic of the Congo</td>
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<td>EFA</td>
<td>Education for All</td>
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<td>EKN</td>
<td>Embassy of the Kingdom of the Netherlands</td>
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<td>EMIS</td>
<td>Education Management Information System</td>
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<td>IATT</td>
<td>Inter-Agency Task Team</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
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<tr>
<td>MER</td>
<td>Monitoring, evaluation and reporting</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>MoU</td>
<td>Memorandum of Understanding</td>
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<td>NCU</td>
<td>National Coordinating Unit</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
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<td>PTA</td>
<td>Parent Teacher Association</td>
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<tr>
<td>OVC&amp;Y</td>
<td>Orphans and other vulnerable children and youth</td>
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<tr>
<td>REPSSI</td>
<td>Regional Psychosocial Support Initiative</td>
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<tr>
<td>RHIVA</td>
<td>Reducing HIV in Adolescents</td>
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<td>RPSA</td>
<td>Regional Programme Southern Africa (of SDC)</td>
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<td>RSC</td>
<td>Regional Steering Committee</td>
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<tr>
<td>SACMEQ</td>
<td>Southern and Eastern Africa Consortium for Monitoring Educational Quality</td>
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<td>SADC</td>
<td>Southern African Development Community</td>
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<tr>
<td>SCCS</td>
<td>Schools as Centres of Care and Support</td>
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<td>SDC</td>
<td>Swiss Agency for Development and Cooperation</td>
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<tr>
<td>SGB</td>
<td>School Governing Body</td>
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<td>Sida</td>
<td>Swedish International Development Cooperation Agency</td>
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<tr>
<td>SRHR</td>
<td>Sexual and reproductive health and rights</td>
</tr>
<tr>
<td>SST</td>
<td>School Support Team</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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</table>
SECTION ONE: INTRODUCTION

1. Introducing the current phase of Care and Support for Teaching and Learning

Care and Support for Teaching and Learning (CSTL) is a Southern African programme that falls under the auspices of the Southern African Development Community (SADC), and which is executed by the Ministries of Education (MoE) of Member States. Core programme partners include: Swiss Agency for Development and Cooperation (SDC), as the main funding partner; MIET Africa, as the regional technical partner; those UN agencies that have relevant mandates at regional and national levels.

The current phase of CSTL commenced in November 2013 and will be implemented until October 2018, building on the experiences, successes and lessons learnt from the previous phases of CSTL. In this phase of the journey, a number of the foundation CSTL strategies continue, as CSTL programmes in Member States are consolidated and expanded. However, there are certain critical challenges affecting children and youth—in particular those who are vulnerable and marginalized—and since these compromise their right to education, they are being given prominence and special attention during this phase.

2. The situation and context

According to the International Council on Social Welfare,\(^1\) approximately half the population in the 15 Member States that constitute SADC lives below the international poverty line of US$1 per day.

Children and youth, who comprise the majority of the population of Southern Africa, are considered both a *demographic bonus and a major challenge.*\(^2\) Official sources refer to the disproportionate number of children and youth who are deprived of essential care and the chance to develop their optimum human potential. Compounded by high levels of poverty and unemployment, the status of children and youth in all Member States is recognized as one of the key factors contributing to the region’s inability to meet its human and economic development targets.

According to UNICEF (2006), SADC is home to more than 17 million orphans, while many more children remain vulnerable. In countries across Southern Africa, these numbers represent one of the most profound and long lasting impacts of the HIV&AIDS epidemic. Girls and children and youth with disabilities face additional difficulties that further compromise their chances of a normal childhood.

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\(^1\) www.sadc.int

\(^2\) A detailed analysis can be found in the document entitled *Situation of Orphans and Vulnerable Children and Youth in the SADC Region* (2010), which was commissioned to inform the development of the *SADC Minimum Package of Services for OVC&Y*. 

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Without basic human needs and services, children and youth become adults who cannot change their worlds for the better. Vulnerable children typically grow into vulnerable youth and vulnerable adults, who in turn have vulnerable children of their own. This reinforces a cycle of poverty and vulnerability for most families in SADC.

SADC Strategic Framework and Programme of Action for Orphans and other Vulnerable Children and Youth, 2008–2015
3. Education and SADC’s development agenda

Education is both a human right in itself and an indispensable means of realizing other human rights. As an empowerment right, education is the primary vehicle by which economically and socially marginalised adults and children can lift themselves out of poverty and obtain the means to participate fully in their communities. Education has a vital role in empowering women, safeguarding children from exploitative and hazardous labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and controlling population growth. Increasingly, education is recognized as one of the best financial investments States can make. But the importance of education is not just practical: a well-educated, enlightened and active mind, able to wander freely and widely, is one of the joys and rewards of human existence.

UN Committee on Economic, Social and Cultural Rights, 1999

Education is embedded in SADC’s development agenda. It is simultaneously a development outcome and an essential input for the realization of the region’s development objectives. In fact, SADC’s Regional Indicative Strategic Development Plan locates improved education as central to the realization of the region’s economic and social development objectives.

In addition, all Member States have committed to achieving the UN Millennium Development Goals (MDGs) and the Dakar 2000 Framework for Action: Education for All (EFA), and have ratified international and continental legal instruments that promote and protect children’s rights (such as the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child). Every one of these instruments requires Member States to recognize education as a fundamental children’s right.

4. The status of education in SADC

Education is acknowledged as essential for the social, economic and political development of the SADC Region. However, for millions of children and youth, their right to education is severely compromised by a range of factors, including: poverty; HIV&AIDS and other diseases, such as malaria and tuberculosis; natural disasters (commonly floods and droughts), which cause food insecurity; political and social conflict; biological factors, such as disability; negative social practices, such as child marriages; cross-border migration of unaccompanied children and young people; the lack of birth registration for a large number of children (James et al., 2008).

These intersecting vulnerabilities that impact on educational opportunities across SADC are depicted in the diagram below. 3

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3 Extract from the Report for the CSTL Policy Framework (2012)
Key education data provides the following further evidence:

- Enrolment data shows that large numbers of children of both primary and secondary school-age are not in school. Approximately 15% of primary school-aged children are out of school, ranging from 2% in Tanzania and Zambia, to 28% in Lesotho. Secondary school enrolment rates are significantly lower (UNESCO, 2011).

  It should be noted that although there was a 40% improvement in secondary enrolment rates in Sub-Saharan Africa between 1999 and 2009, almost 20 million adolescents of lower secondary age remain out of school (UNESCO, 2011). Only the Seychelles, Mauritius and South Africa have secondary enrolment rates above 60%, while the rates in Botswana and Namibia are approaching a 50%. Angola, Mozambique and Tanzania have especially low rates, with enrolment below 20%.

- Of those enrolled in school, many do not attend regularly and many drop out. More than 20% of children who enrol do not complete their primary cycle. This number ranges from 55% in Angola to 10% in Zambia (UNESCO, 2011). Secondary completion rates are significantly worse, with less than 40% of children who enrol completing this level. At least four SADC Member States for which statistics are available fall into this category, namely Mozambique (15%), Malawi (20%), Lesotho (25%), and South Africa (34%). Completion rates were lower for girls in the first three of these four countries.

- Apart from getting children into school and retaining them in the system, it is equally important that they progress in learning and development, and that they acquire relevant skills and competencies. The reality is, however, that too many children in the region do not perform optimally in school. The outcomes of the 2007 Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ) Grade 6 tests for reading and

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4 Data primarily from UNESCO, Institute for Statistics and UNICEF, State of the World’s Children 2010
mathematics showed below-average national performances by a number of Member States, and which were linked to, amongst other factors, the low social and economic status of children in the region (SACMEQ Policy Issue Series, 2011).

- Orphans are less likely to be enrolled or be at their correct educational level than non-orphans of the same age. The loss of both parents has the most detrimental impact on school enrolment and achievement (Bicego et al., 2003; Case et al., 2003). Also, orphans are at higher risk of dropping out of school than non-orphans (Bicego et al., 2003; Case et al., 2004; Monasch & Boerma, 2004).

- While gender parity has largely been achieved in terms of access to primary and, to a lesser extent, at secondary levels, the same cannot be said for retention rates and educational outcomes. When gender combines with other factors such as poverty and rural geography, access, enrolment and achievement ratios for girls are considerably lower than for boys.

- Marginalized and vulnerable groups—such as children living in poverty; those living in rural areas; children with a disability; children whose home language is different to the official language of instruction; children living in conflict-affected countries; older children—are significantly more likely to be excluded from school.

UNESCO describes disability as “one of the least visible, but most potent factors in educational marginalization” (UNESCO, 2010).

Children with disabilities are disproportionately represented in the out-of-school population. In Malawi and Tanzania, having a disability doubles the probability of a child never having attended school. In Angola, only 15% of students with disabilities are enrolled at school, (CSTL Angola Policy Report, 2011), while in South Africa only 47% of 16–18 year olds with a disability are in school, compared to 83% of all 16–18 year olds (Department of Basic Education, RSA, 2011).

- Transgender children and youth face a host of additional challenges. Their marginalization often results in educational exclusion too. In South Africa, lesbians and gays reported experiencing high levels of verbal, sexual and physical abuse in school, mainly from other students, but also from teachers and principals.5

- The delivery of competent and quality teaching services also affects a child’s right to education. Across the region, 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. Limited opportunities for professional development may also result in good teachers leaving the profession in search of “greener pastures”. Poor education delivery can thus result in children dropping out of school before completing their education, resulting in serious and long-term effects on their development potential.

In summary, the Education and Skills Development Sector in the SADC Region faces challenges common to many countries around the world—i.e. ensuring access, equity, quality, efficiency, relevance and democracy in the educational and training policies of its Member States.6 This reality remains at the heart of CSTL and—since its inception as a regional programme—has been instructive in defining the programme’s outcomes: outcomes that relate to improved enrolment, retention and achievement for all children and youth, and especially those who are vulnerable.

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6 [www.sadc.int](http://www.sadc.int)
5. The challenge of HIV&AIDS to children and youth

HIV&AIDS aggravates the vulnerability of children and youth in numerous ways. With the rising financial burdens associated with the disease, poverty increases in affected households. In addition, as a result of HIV&AIDS, children may be ill, orphaned, have to undertake onerous domestic responsibilities or engage in paid labour to supplement household income. Their access to infrastructure and services for birth registration, health care, water and sanitation, food and nutrition may be compromised.

Furthermore, HIV&AIDS impacts on children’s protection and psychosocial wellbeing. When their caregivers are ill or die, they are at risk of neglect—in addition to the grief and trauma they experience. Heightened levels of poverty and absent caregivers can raise the risk of sexual abuse and exploitation, teen pregnancies, child marriages and transactional sex. And, as a result of all these circumstances, they frequently suffer discrimination as well.7

### Table 1: Percentage of girls under 18 who become pregnant (selected countries)8

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRC</td>
<td>23</td>
</tr>
<tr>
<td>Lesotho</td>
<td>15</td>
</tr>
<tr>
<td>Malawi</td>
<td>34</td>
</tr>
<tr>
<td>Mozambique</td>
<td>42</td>
</tr>
<tr>
<td>Namibia</td>
<td>17</td>
</tr>
<tr>
<td>South Africa</td>
<td>15</td>
</tr>
<tr>
<td>Swaziland</td>
<td>28</td>
</tr>
<tr>
<td>Tanzania</td>
<td>29</td>
</tr>
<tr>
<td>Zambia</td>
<td>34</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>21</td>
</tr>
</tbody>
</table>

6. HIV&AIDS and education sectors in SADC

As the region most affected by HIV&AIDS, education sectors in all Member States, like other sectors, have been called upon to respond to the enormous prevention, care and support demands that exist. This is clearly articulated in the SADC Regional Indicative Strategic Plan, in which HIV&AIDS is a priority area, and the critical need for coordination and implementation across sectors is emphasized.

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7 SADC Strategic Framework and Programme of Action: Comprehensive Care and Support for OVCY, 2008-2010
The goal is to decrease the number of HIV&AIDS infected and affected individuals and families in the SADC region so that HIV&AIDS is no longer a threat to public health and to the socio-economic development of Member States.

The intervention area focuses on the incidence of HIV infection, the socio-economic impact of HIV&AIDS, the policy and legislative frameworks and resources for the HIV&AIDS multi-sectoral response in SADC.

The main strategy is to promote the re-allocation of responsibilities for planning, coordination, implementation, monitoring and evaluation of the SADC response across all its sectors.

SADC Regional Indicative Strategic Development Plan

To date, the evidence from initiatives in MoEs—primarily related to life skills and HIV prevention—shows limited success. In most Member States, the levels of knowledge acquired by students are low. The SACMEQ III study found that students in at least seven Member States had very poor knowledge of HIV prevention. In these Member States, all of which fell below the SACMEQ average, between 17% and 32% of students had a minimum level of knowledge, and only between 2% and 7% had the desirable level of HIV prevention knowledge. In the best performing Member State—Tanzania—only 24% of students exhibited desirable levels of knowledge, while 70% showed minimum levels of knowledge (SACMEQ III, 2011).

However, there are undeniable opportunities for MoEs to address HIV&AIDS—not just through life skills programmes, but across the entire continuum of prevention, care and support. Importantly, these opportunities do not mean a departure from the traditional functions of teaching and learning, but rather call for innovative ways of looking at and then fulfilling these functions. The benefits for MoEs are substantial. Addressing HIV&AIDS across the prevention–care–support continuum means addressing the drivers of the epidemic, many of which also represent the traditional barriers to education. The resultant elimination or minimizing of these barriers will not only enable MoEs to fulfil their mandate and achieve their education targets, but children and youth also will benefit by realizing their right to education and developing to their full potential.

This developmental approach—addressing barriers to education through care and support for teaching and learning—has been at the heart of CSTL since its inception and continues to underpin the planning and execution of this phase.
SECTION TWO: BACKGROUND

1. The history of CSTL (2006–2013)

CSTL is an intervention that addresses, through the education sectors in SADC Member States, the host of vulnerabilities faced by children and youth—vulnerabilities that would otherwise compromise their right to education.

- In 2003/4, MIET Africa, with support from SDC, piloted the Schools as Centres of Care and Support (SCCS) programme in two provinces (KwaZulu-Natal and Eastern Cape) in South Africa (referred to as Phase 1).
- After a successful evaluation of SCCS, SDC encouraged MIET Africa to investigate whether there was interest in SCCS in the region.
- This exploration led to the regional SCCS pilot, implemented between 2006 and 2008 in three countries—South Africa, Swaziland and Zambia (referred to as Phase 2). UNICEF joined the pilot as a partner, strengthening the initiative within its Child-Friendly Schools framework.
- After a positive evaluation of the pilot, MIET Africa presented the programme to SADC and, in accordance with a communiqué issued on 15 September 2005 in Swaziland by the Ministers of Education, SCCS was adopted as an official regional programme.
- Renamed CSTL, the programme was adopted as the way to move forward from the pilot phase, in the process incorporating and expanding on existing care and support initiatives and partnerships.
- In 2008, supported by SDC and including the initial partners (the SADC Secretariat, MIET Africa and UNICEF), the first five-year phase of CSTL was implemented (referred to as Phase 3). Because of its education mandate, UNESCO also joined the programme as a core partner.
- The DRC and Mozambique were the two additional Member States participating in this phase. As their existing projects were less developed, they had a somewhat different “starting point” for CSTL.
- The current phase of CSTL (referred to as Phase 4) commenced in November 2013 and will conclude in October 2018.

2. Overview of CSTL

Importantly, CSTL is not a new “policy” or “programme” in itself. It is not intended to replace the numerous care and support initiatives that already exist to support vulnerable students. Rather, it provides an overarching framework for the initiation, coordination and expansion of prevention, care and support activities: activities that aim, in all instances, to ultimately improve education outcomes.

Equally importantly, CSTL does not propose a one-size-fits-all model, and so CSTL programmes differ in every country and every context.

There are, however, some commonalities, including

- A vision—or ideal situation—that is country-specific and will guide strategies and plans
National, sub-national and school level entry points and interventions

A “minimum or essential package” of care and support elements that can be applied across a variety of settings (such as in the example depicted below) that can accommodate a range of approaches to enable schools to respond to the needs of their students within the parameters of the skills and resources available to their school community.

**Figure 2: Essential Package of Care and Support**

At school level, therefore, CSTL facilitates the development of processes that

- Identify and assess vulnerable students, ensure that their material and basic survival needs are met (which would otherwise constitute barriers to them remaining in school), and monitor these students over time
- Make systems more effective for improved access to education and retention
- Build capacity in teachers, caregivers and students to cope with, and respond effectively to, a range of challenges
- Provide (or facilitate access to) HIV&AIDS education and services to vulnerable children and youth, especially girls, who have an increased exposure to risk
- Promote greater community involvement and partnerships that assist and strengthen school communities
- Improve coordination of referral and support systems and communication
- Create learning environments that are gender-sensitive and that are safe and free from stigma, discrimination and abuse
The success of CSTL is ultimately determined by increasing numbers of children who are
- Enrolled at school at an appropriate age
- Able to attend school regularly and complete their schooling
- Provided the opportunity and support to enable them to reach their full potential

At national and sub-national levels, the CSTL role of the MoE is to create an inclusive and enabling environment. This means mainstreaming care and support in appropriate ways across all components of the education system, such as: governance and management; policy; planning and resourcing; human resource development; curriculum; infrastructure; structures and partnerships; monitoring, through Education Management Information Systems (EMISs).


3. Unique features of CSTL

The previous phase of CSTL concluded in October 2013. To summarize such a rich and diverse multi-country, multi-year, multi-faceted regional, national and local level intervention does not do it justice. However, the following facts are pertinent, as they describe the factors that are unique and have come to represent the essence of CSTL:

- CSTL is a regional initiative that involves all Member States in selected activities but that has, to date, provided specific support to five Member States. Its regional status (as opposed to a multi-country intervention) is a defining feature and one of its strengths.
- CSTL builds on a number of “pilot projects” in different countries, where there is evidence of effective, appropriate and sustainable interventions.
- CSTL is “an approach”, as opposed to a specified set of activities. The approach allows for countries to be responsive to their own priorities.
- CSTL emphasizes the importance of “embedding” care and support into the relevant legal and policy frameworks of each country.
- Ownership of CSTL by the MoEs of the SADC Member States is well established and offers an optimum chance for country- and sector-specific tailored responses to emerge.
- As an overarching and enabling framework, CSTL provides an acceptable and sustainable alternative to the vertical programmes and “silo mentality” in the delivery of care and support programmes that have, in the past, been common in many Member States.
- Support to strengthen systems affords MoEs the opportunity to address critical national priorities like HIV&AIDS in an appropriate and systemic manner, across many functions and disciplines.
- Mainstreaming care and support across all functions within the education sector allows for appropriate and sustainable responses that fall within the scope and mandate of the sector to emerge.
- Capacity building has been an ongoing commitment, to enable education officials to acquire new competencies and to assume roles and functions related to CSTL.
- Measuring and reporting school level action and impact is emphasized, as this is the ultimate test of success.
A “gender lens” is applied to every aspect of CSTL, in particular recognizing the different needs of girls and boys, the different vulnerabilities they face and the different services required to address these.

4. Achievements and lessons learnt

A review of CSTL was commissioned by SDC in 2013, the purpose of which was to assess and verify progress towards achievement of results (outputs and outcomes). In addition, the review was conducted to assess project relevance, effectiveness, efficiency, sustainability and M&E. Data was collected at a regional level, as well as in the five CSTL countries at national and local levels.

Key findings are presented below, beginning with general findings, followed by the findings at regional, national and at school level.

General findings

- CSTL was timely—coming when there were enabling environments in some Member States and when there were substantive lessons emerging from a number of pilot projects.
- Adoption by the SADC Ministers of Education signalled the commitment of Member States to strengthen their education systems to respond to HIV and other challenges facing vulnerable children.
- CSTL was implemented in an efficient and cost-effective manner (“the allocation of resources between administration and programme delivery for MIET Africa programmes falls neatly within the standard international expectations”).
- Counterpart funding was successfully secured by MIET Africa (“the ability by MIET Africa to attract counterpart funding for CSTL is a clear demonstration of the confidence that other donors have in the organization”).
- CSTL was recognized as a way to mainstream care and support into multiple functions within MoEs.
- CSTL was found to be an appropriate vehicle for addressing critical issues, such as HIV&AIDS, particularly those issues compounding the challenges facing vulnerable children and youth and those issues that would otherwise represent barriers to education.

Regional findings

Regional outcome 1: Strengthened and harmonized care and support policy and programmes to support improved education outcomes in Member States

- Significant progress was documented, albeit that at the time of the review the deliverable of a regional Policy Framework on CSTL was still to be finalized and adopted.
- In the area of technical support, an important achievement noted was the development of the Regional Support Pack.11
- The advocacy strategy was shown to have been successfully carried out, supplemented by a number of advocacy materials that were produced.

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9 Regional CSTL Programme (December 2008 – July 2013): End of phase review – final report p27
10 Ibid. p28
11 The RSP is a generic resource that guides Ministries of Education through the process of mainstreaming care and support for teaching and learning into every policy, programme and process, and has produced in English, French and Portuguese.
Regional outcome 2: *Increased learning and knowledge on care and support strategies across the region*

- Knowledge management, M&E and research were assessed. Information access was judged to have been good, with the proviso that “the next phase of the project should consider innovative ways of documenting and disseminating best practices”.
- The exchanges at the annual Sharing Meetings were noted as being very effective. Exchange visits were mentioned as a recommendation for future improvement.
- Although a clearly articulated research agenda were formulated, no actual studies were commissioned.

**Table 2: Overall Rating for Regional Outcomes**

<table>
<thead>
<tr>
<th>Focus Areas</th>
<th>Done</th>
<th>Partially Done</th>
<th>Not Done</th>
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</thead>
<tbody>
<tr>
<td>Policy</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Technical Support</td>
<td>X</td>
<td></td>
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<td>Advocacy</td>
<td>X</td>
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<td>Knowledge Management</td>
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<tr>
<td>Research</td>
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</tr>
<tr>
<td>Average rating</td>
<td>Partially Done</td>
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</tbody>
</table>

**Key:**
- Done 75% and above
- Partially Done 50–74%
- Not Done 0–49%

**National findings**

- Not unexpectedly, at national level, the three original Member States—South Africa, Swaziland and Zambia—showed greater progress than the two new Member States (namely the DRC and Mozambique), which had received fewer years of support. This was true in the areas of policy, advocacy, multisectoral collaboration, structures, plans and budgets.
- However, the situation was more uniform in the area of training, which covered resource material that was developed and adapted, CSTL training workshops, pre-service teacher training curriculum and in-service teacher training.
- Country ownership of CSTL was found to be almost universally high, with vibrant, functional national structures in the majority of Member States visited.

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12 Regional CSTL Programme (December 2008 – July 2013): End of phase review – final report p40
### Table 3: Overall Rating for National Level Outputs

**Outcome 1: Strengthened and harmonized care and support care and support policy and programmes to support improved education outcomes in Member States**

**Outcome 3: Improved enrolment retention and achievement of vulnerable students through integrated service delivery**

<table>
<thead>
<tr>
<th>Focus Areas</th>
<th>DRC</th>
<th>Mozambique</th>
<th>South Africa</th>
<th>Swaziland</th>
<th>Zambia</th>
<th>National Average</th>
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<tbody>
<tr>
<td>Policy</td>
<td>Partially Done</td>
<td>Partially Done</td>
<td>Done</td>
<td>Done</td>
<td>Done</td>
<td>Partially Done (73%)</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Done</td>
<td>Partially Done</td>
<td>Done</td>
<td>Done</td>
<td>Done</td>
<td>Done (95%)</td>
</tr>
<tr>
<td>MSPB*</td>
<td>Partially Done</td>
<td>Not Done</td>
<td>Done</td>
<td>Done</td>
<td>Done</td>
<td>Partially Done (70%)</td>
</tr>
<tr>
<td>Training and Tools</td>
<td>Partially Done</td>
<td>Partially Done</td>
<td>Done</td>
<td>Done</td>
<td>Done</td>
<td>Done (90%)</td>
</tr>
<tr>
<td>Average rating per country</td>
<td>Partially Done</td>
<td>Partially Done</td>
<td>Done</td>
<td>Done</td>
<td>Done</td>
<td>Done (82%)</td>
</tr>
</tbody>
</table>

* MSPB: multisectoral collaboration, structures, plans and budgets

**Key:**
- Done 75% and above
- Partially Done 50–74%
- Not Done 0–49%

### School level findings

At school level, the review examined implementation of the essential or basic package of care and support. The findings were as follows.

### Table 4: Summary of School Level Results

**Outcome 2: Improve the enrolment, retention and achievement of vulnerable students through mobilization of school communities to provide care and support to vulnerable students**

<table>
<thead>
<tr>
<th>Focus Areas</th>
<th>DRC</th>
<th>Mozambique</th>
<th>South Africa</th>
<th>Swaziland</th>
<th>Zambia</th>
<th>Regional Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership, Care and Support Structures</td>
<td>Partially Done</td>
<td>Not Done</td>
<td>Done</td>
<td>Partially Done</td>
<td>Done</td>
<td>Partially Done (70%)</td>
</tr>
<tr>
<td>Health</td>
<td>Partially Done</td>
<td>Partially Done</td>
<td>Done</td>
<td>Done</td>
<td>Done</td>
<td>Done (85%)</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Partially Done</td>
<td>Not Done</td>
<td>Done</td>
<td>Done</td>
<td>Done</td>
<td>Done (90%)</td>
</tr>
<tr>
<td>Psychosocial support</td>
<td>Not Done</td>
<td>Not Done</td>
<td>Done</td>
<td>Done</td>
<td>Done</td>
<td>Done (75%)</td>
</tr>
<tr>
<td>Material and Welfare Support</td>
<td>Partially Done</td>
<td>Partially Done</td>
<td>Done</td>
<td>Done</td>
<td>Done</td>
<td>Done (89%)</td>
</tr>
<tr>
<td>Safety and Protection</td>
<td>Done</td>
<td>Done</td>
<td>Done</td>
<td>Done</td>
<td>Done</td>
<td>Done (95%)</td>
</tr>
<tr>
<td>Water and Sanitation</td>
<td>Not Done</td>
<td>Not Done</td>
<td>Done</td>
<td>Done</td>
<td>Partially Done</td>
<td>Partially Done (55%)</td>
</tr>
<tr>
<td>Average rating per country</td>
<td>Partially Done</td>
<td>Partially Done</td>
<td>Done</td>
<td>Done</td>
<td>Done</td>
<td>Done (82%)</td>
</tr>
</tbody>
</table>

**Key:**
- Done 75% and above
- Partially Done 50–74%
- Not Done 0–49%

### 5. Guidance for CSTL 2013–2018

The lessons learnt over the life of CSTL, and the analysis of progress described in the review, were invaluable for the design of the current phase of CSTL. There is a commitment to building on both of these for the future, specifically

- The adoption and implementation of the Regional Policy Framework on CSTL will be a precursor for many other activities. It will also be a mechanism to reach all Member States, as progress in the implementation of the Policy Framework on CSTL will be a reporting item at future meetings of the SADC Education Ministers.
Although CSTL is not a research programme, there is universal acceptance of the value of evidence-based decision making. In accordance with a review recommendation that the “...cost effective approach would be for MIET Africa to interest education institutions for students to carry out CSTL related studies”, in this phase CSTL encourages research that is relevant and is growing its e-learning platform to disseminate existing and new findings that can be used by Member States to inform and strengthen their CSTL programmes.

The reach of CSTL was questioned, as relatively few schools were involved in the DRC and Mozambique. Systematic scale-up and roll-out is a requirement going forward.

At regional and national level, it is important that where possible MER aligns to and uses indicators that are part of global and regional M&E systems. This is particularly achievable in respect of indicators relating to HIV&AIDS.

In Member States, efforts continue to align CSTL monitoring with national MoE MER systems (EMISs). In addition, interventions aim to strengthen the ways in which data can be used to inform planning and programmes. This implies establishing feedback mechanisms so that those generating the data also benefit from the analysis and recommendations that emerge from such processes.

Data collection and use at school level must be improved: “the need to strengthen tracking of CSTL indicators in order to establish trends in enrolment, retention and achievement should remain a priority in future programmes.” A robust MER system at school level aims to describe CSTL activities, and measure the impact of CSTL on the education and development outcomes of children and youth.

There were examples of sustainability described in the review, such as CSTL being incorporated into the activity plan of the MoE in Mozambique, and a budget being allocated to CSTL activities in Zambia. Sustainability and ownership continue to be important considerations, especially in the final two or three years of the phase.

Learning from the examples in some Member States, where strategic partnerships were found to be robust and functioning well, there is a focus on extending and strengthening, spelling out the relationships with partners in formal Memoranda of Understanding (MoUs). Linkages between schools and community structures are being established and nurtured through capacity building and outreach activities.

The investment in capacity building continues, as this was shown to have made a positive difference in all countries. So too with the use of resources (such as the Regional Support Pack, which has many practical applications).

As already mentioned, leadership and ownership by MoEs continues to be nurtured, especially in the new Member States that have joined CSTL.

The role of the master trainers is being reviewed and may need to follow different models in different countries.

Finally, the beneficiaries of CSTL need to be more clearly defined. Whilst these will vary from country to country and must conform to the scope of each MoE, vulnerable and marginalized groups that should be prioritized include out-of-school youth, children with disabilities, pregnant teens, children and youth living with HIV, children and youth at risk of neglect and abuse, and transgender children and youth.

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13 Regional CSTL Programme (December 2008 – July 2013): End of phase review – final report p41
14 Ibid. p38
SECTION THREE: RATIONALE AND MANDATE FOR CSTL

1. Mandate in regional development instruments

In recognition of the challenges facing SADC Member States—including poverty, high levels of disease (in particular HIV&AIDS, malaria and tuberculosis), conflict and natural disasters that threaten food security—the SADC Regional Indicative Strategic Development Plan (2003) set a number of long-term social and human development targets. Linked to its primary goals of alleviating poverty and promoting socioeconomic growth, there are a number of targets for HIV&AIDS, for gender equality and for health and education.

2. Mandate in education instruments

In addition to their shared regional development targets, Member States also share common international and continental commitments to realize the right to education for all children, especially those in difficult circumstances. All Member States are signatories to the Dakar Framework of Action: Education for All and the MDGs, the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. Together, these instruments oblige Member States, on both developmental and legal grounds, to recognize, protect and promote the right of all children (aged 0-18) to education. The Dakar Framework of Action also clearly expresses the connection between the right to quality education and the right to safe and violence-free learning environments.

Member States are thus committed to acting together as a community to realize the right to education for all people in the region through the progressive development of education laws, policies and programmes. Further, the goals articulated in a range of regional protocols and plans provide a clear, unequivocal mandate for CSTL. In particular, the following goals are noteworthy:

- Provide universal basic education for at least nine years of schooling (SADC Protocol on Education and Training)
- Achieve universal primary education and ensure that all children complete a full course of primary schooling by 2015 (SADC Regional Indicative Strategic Plan)
- Acknowledge primary and secondary education as foundational and to improve and sustain educational standards at both these levels (SADC Protocol on Education and Training)
- Work towards the reduction and eventual elimination of barriers to access to good quality education (SADC Protocol on Education and Training)
- Give socially disadvantaged groups special support to ensure their admission to basic education in order to balance access to education (SADC Protocol on Education and Training)
- Eliminate enrolment and retention gaps between boys and girls in primary and secondary education (SADC Regional Indicative Strategic Plan) and eliminate the harmful underlying

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practices, attitudes and stereotypes that negatively impact on girls’ education rights (SADC Protocol on Gender and Development)

- Promote health education and prevention of diseases, including HIV&AIDS, through the curricula at all levels of education (SADC Protocol on Health and SADC Declaration on HIV&AIDS)

3. **Instruments focusing on orphans and other vulnerable children and youth**

The regional objective of: *A coordinated, sustainable multi-sector response to strengthen community coping and social protection in order to address the needs of children, OVCY and caregivers in place by 2015*\(^{16}\) has, to date, guided Member States in the planning and implementation of their CSTL programmes. In particular, the objective emphasizes the need for coordination, for multisectoral responses and—in the first instance—for locating care and support responsibilities and responses in communities.

A *SADC Minimum Package of Services for Orphans, Vulnerable Children and Youth (OVC&Y)* identifies the basic needs and services for children and youth in the following categories:

1. Education and vocational skills
2. Healthcare and sanitation
3. Food security and nutrition
4. Child and youth protection and safety
5. Psychosocial well-being
6. Social protection

To a great extent, these mirror the elements that Member States have included in their basic packages of services at school level. Data collection systems have been introduced to track how many vulnerable children and youth benefit from accessing these services.

4. **HIV&AIDS and health instruments**

Lastly, there are a number of targets relating specifically to HIV&AIDS and associated health matters that Member States are committed to working towards.

Apart from instruments dedicated to HIV&AIDS (such as the *SADC HIV&AIDS Strategic Framework 2010-2015* and the *Maseru Declaration on the combating of HIV&AIDS*), HIV&AIDS’ targets and commitments are contained in a wide range of instruments from other sectors. This emphasizes that HIV&AIDS is an issue that cuts across every sector and that every sector must meaningfully address the challenge where it has a unique comparative advantage within its scope and mandate.

The health sector plays an important role in this phase of CSTL. Examination of regional health instruments provides further prospects for CSTL to partner meaningfully with those operating in the health sector.

\(^{16}\) SADC HIV&AIDS Strategic Framework 2010-2015: Objective 3, priority outcome 8 (This is also one of the Outcome Statements in the SDC RPSA 2013-2016)
The SADC Protocol of Health (1999) identifies HIV&ADS, reproductive health and childhood and adolescent health as amongst the priorities that Member States must address. The Sexual and Reproductive Health Strategy for the SADC Region 2006-2015 (2008) locates SRHR as a key component of complete physical and mental health. Coupled with education, it is seen as a powerful means to enable women and girls particularly, to be a productive and contributing force for the achievement of national development objectives. The strategy further urges that priority for service delivery should be given to vulnerable population groups such as orphans and other vulnerable children and youth.

In summary: as in the past, CSTL continues to be a mechanism through which Member States can give effect to the realization of all of these goals, objectives, targets and commitments.

5. Defining the priority areas for CSTL 2013–2018

For the current phase of CSTL, the priority areas that have been defined (and which are described in the next section) have emerged from a number of sources, including

- The findings and recommendations of the CSTL review commissioned by SDC
- The CSTL status of different Member States and their diverse support needs
- The SADC Policy Framework on CSTL
- The Minimum Package of Services for OVC&Y and the SADC HIV&ADS Strategic Framework 2010–2015, both of which provide important parameters for programming
- The national strategies in Member States that relate to education, to children and youth, and to HIV&ADS

International HIV&ADS targets, to which SADC Member States subscribe, include:

- Reducing sexual transmission by 50%
- Eliminating gender inequalities and gender-based abuse and violence and increasing the capacity of women and girls to protect themselves from HIV
- Eliminating stigma and discrimination against people living with and affected by HIV by promoting laws and policies that ensure the full realization of all human rights and fundamental freedoms

2011 UN Political Declaration on HIV&AIDS: Intensifying our Efforts to Eliminate HIV&AIDS
SECTION FOUR: DESCRIPTION OF CSTL 2013–2018

1. Problem statement

Despite progress in many areas, with evidence of successful care and support interventions at national, sub-national and school level in a number of Member States, there are still dramatic improvements required before all children and youth in SADC can realize their right to education.

During this phase, CSTL is focusing on three main areas:

- Systems’ strengthening in MoEs, in order for them to effectively mainstream care and support for teaching and learning and, in so doing, improve education outcomes
- Accessing HIV&AIDS and SRHR programmes and services for children and youth—particularly vulnerable girls—to minimize the impact of these issues on their education rights
- Promoting and protecting the rights of marginalized groups of children and youth, to enable them to reach their full potential

2. Terminology and concepts

Whilst it is accepted that there is no consistency across Member States with regard to terminology, the following definitions, primarily from the Strategic Framework and Programme of Action (2008-2015) for the comprehensive care and support for OVC&Y in SADC, are adopted.

- While a child is defined as a person under the age of 18, for the purposes of CSTL a child refers to someone of school-going age.
- Youth refers to persons aged 18 to 24.
- An orphan is a child below the age of 18 who has lost one or both parents.
- Vulnerable children are those who are deprived, or likely to be deprived or harmed as a result of their physical condition or social, cultural, economic, political circumstances and environment, and who require external support because their immediate care and support system can longer cope.
- Education is defined as access for children and youth to quality teaching and learning and for them to be able to develop to their full potential. CSTL supports both education systems and institutions to ensure that children have access to quality education and to the basic needs essential for their development.

3. Member States

Since its inception, CSTL has worked with selected Member States. Additional Member States joined during different phases as follows:

- Original Member States—South Africa, Swaziland and Zambia
- Intermediate Member States—the DRC and Mozambique
- New Member States—Malawi and Zimbabwe
- Other Member States—remaining Member States, which will participate in the annual Sharing Meetings and/or may contribute in specialist areas, or may host exchange visits
Clearly, the level of support required by each category of Member States differs significantly. A process has been engaged in to define levels of support for each category.

4. **Goal for this phase of CSTL**

Building on the achievements and successes of CSTL, the goal for CSTL (2013–2018) is that *children and youth in SADC realize their rights to education, to safety and protection and to care and support, through an expanded and strengthened education sector response.*

5. **Principles**

A number of principles guide the design and implementation of this CSTL phase.

- **Gender equality**
  
  CSTL aims to address situations where the status of girls results in unequal access to education, in increased risk of drop-out, or in reduced chances of achieving at school. CSTL does not endorse only a “girl-focused” approach, but instead recognizes the different needs of girls and boys and it seeks to facilitate access to appropriate services and support to meet these needs. Child and youth protection interventions aim to reduce vulnerabilities caused by the power imbalances between men and boys, women and girls, and the fear or experience of violence and abuse.

- **Rights-based approaches**
  
  All children and youth should be able to realize their right to education and to services and support to meet their needs. No child or youth shall be discriminated against on the basis of gender, disability, ethnicity, HIV status, sexual orientation or any other factor.

- **Child and youth participation**
  
  Endorsing the *African Youth Charter*, Member States are encouraged, at all times, to give effect to the principle of child and youth development through meaningful participation and representation.

- **Evidence-based programming**
  
  Constant and focused attention is paid to: collecting and consolidating evidence in relation to the successes of CSTL; debating and sharing evidence and emerging good practices; regularly reviewing and reflecting on actions, milestones and targets.

- **Leadership and good governance**
  
  Government leadership and ownership is promoted and supported. The programme promotes: accountability at all levels; the timely and efficient use of resources; consultation with and the involvement of all stakeholder groups and partners.
6. Hypothesis and pathway of change

In conceptualizing this phase of CSTL, the overarching conclusion has been that whilst interventions related to strengthening systems in MoEs to mainstream care and support should continue and be strengthened and expanded, there is a clear need and mandate to elevate specific issues and challenges that—if neglected—have the potential to undermine the entire initiative.

The first of these issues and challenges is HIV&AIDS, within the context of more general SRHR.

The causes and consequences of the epidemic are evident in all Member States and across all sectors. The education sector has unique opportunities to address a number of critical drivers of the epidemic, simply by achieving improvements in education outcomes. Getting children—both girls and boys—into school, keeping them in school and ensuring that they progress, will protect them from a number of HIV&AIDS-related risks. Schools are ideal sites for HIV prevention activities and SRHR programmes, and—in collaboration with other sectors, such as health—schools can ensure that access to comprehensive, quality care and support is available. Fulfilling this role, in turn, will contribute not only to national and regional HIV&AIDS targets, but will also advance broader national development goals, where the epidemic would otherwise compromise these. Having a specific focus on HIV&AIDS and SRHR is therefore a logical focus area of CSTL in this phase.

The second issue and challenge is related to the first, in that it focuses on promoting and protecting the rights of marginalized and vulnerable groups of children and youth, in order that they can realize their right to education. Each Member State will prioritize those groups that are marginalized and vulnerable in their country. However, it is likely that some groups will be common across Member States, for example pregnant teens, children and youth living with HIV, children and youth with disabilities, and transgender children and youth. The emphasis on advocating for, raising awareness of, and protecting the rights of these children and youth is particularly relevant as Member States embark on adopting and implementing the SADC Policy Framework on CSTL, which is a critical milestone for the phase.

The hypothesis and pathway of change for CSTL 2013–2018 is built around three major strategies that are common to many SADC instruments, regardless of the sector for which they are intended.

They are:

1. **Systems strengthening**, to enable a sector to better fulfil its mandate and to address the critical challenges it faces

2. **Improved coordination and integration of services**, to meet the needs of vulnerable groups of citizens and to conform to acceptable standards

3. **Policy harmonization and implementation**, to promote regional development, to meet regional, African and international targets and to advance human rights

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17 The HIV&AIDS risks that occur across the SADC Region are summarised in Appendix Two.
For CSTL 2013–2018, the pathway of change is articulated as follows:

- **Systems strengthening.** If Member States are supported to strengthen, expand and sustain their education sector responses to the prevention, care and support needs of children and youth, especially vulnerable girls.…

- **Improved coordination and integration of services.** If Member States are supported to partner with local services and safety nets that address HIV& AIDS, SRHR and other health needs of children and youth, especially vulnerable girls.…

- **Policy harmonization and implementation.** If Member States advocate for and implement policies and programmes promoting and protecting the rights of marginalized groups of vulnerable children and youth, as expressed in the regional Policy Framework on CSTL.…

Then ...

*Children and youth in SADC will realize their rights to education, to safety and protection and to care and support.*

### 7. Objectives and outcomes

The outcomes for the three strategies are linked to the strategies and the objectives embedded in the pathway of change. These are presented below.

**Table 5: Objectives and outcomes for CSTL 2013–2018**

<table>
<thead>
<tr>
<th>Major Strategies</th>
<th>Objectives</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Systems strengthening</strong></td>
<td>To support Member States to strengthen, expand and sustain their education sector responses to the prevention, care and support needs of children and youth, especially vulnerable girls</td>
<td>Education sectors in Member States respond to the prevention, care and support needs of children and youth, especially vulnerable girls</td>
</tr>
<tr>
<td><strong>Improved coordination and integration of services</strong></td>
<td>To support Member States to partner with local services and safety nets that address HIV&amp; AIDS, SRHR and other health needs of children and youth, especially vulnerable girls</td>
<td>Local services and safety nets in Member States address HIV&amp; AIDS, SRHR and other health needs of children and youth, especially vulnerable girls</td>
</tr>
<tr>
<td><strong>Policy harmonization and implementation</strong></td>
<td>To support Member States to advocate for and implement policies and programmes promoting and protecting the rights of vulnerable and marginalized children and youth, as expressed in the Regional Policy Framework on CSTL</td>
<td>Member States promote and protect the rights of vulnerable and marginalized children and youth</td>
</tr>
</tbody>
</table>

The CSTL change theory and expected outcomes are summarized in the diagram on the next page.
Hypothesis and Pathway of Change

**Major Strategies**

- **Systems strengthening**
  - Strengthen, expand and sustain their education sector responses to the prevention, care and support needs of children and youth, especially vulnerable girls ...

- **Improved coordination and integration of services**
  - Partner with local services and safety nets that address HIV&AIDS, SRHR and other health needs of children and youth, especially vulnerable girls ...

- **Policy harmonization and implementation**
  - Advocate for and implement policies and programmes promoting and protecting the rights of vulnerable, marginalised children and youth, as expressed in the regional Policy Framework on CSTL ...

**If Member States are supported to ...**

- Strengthen, expand and sustain their education sector responses to the prevention, care and support needs of children and youth, especially vulnerable girls ...
- Partner with local services and safety nets that address HIV&AIDS, SRHR and other health needs of children and youth, especially vulnerable girls ...
- Advocate for and implement policies and programmes promoting and protecting the rights of vulnerable, marginalised children and youth, as expressed in the regional Policy Framework on CSTL ...

**Then ...**

- Education sectors in Member States respond to the prevention, care and support needs of children and youth, especially vulnerable girls
- Local services and safety nets in Member States address HIV&AIDS, SRHR and other health needs of children and youth, especially vulnerable girls
- Member States promote and protect the rights of vulnerable and marginalised children and youth

**Goal:** Children and youth in SADC realize their rights to education, to safety and protection and to care and support, through an expanded and strengthened education sector response

*Figure 3: CSTL 2013–2018 Hypothesis and Pathway of Change*
SECTION FIVE: IMPLEMENTATION

1. Intervention areas

The broad intervention areas for the phase are described below.

- **Policy harmonization and implementation**—following the adoption of the SADC Policy Framework on CSTL by the Ministers of Education

  This takes the form of support to Member States in the review, revision and implementation of CSTL enabling policies (and the programmes that emanate from them).

  Whilst much of the policy work is done by MoE officials, with technical support from CSTL partners (MIET Africa and UN partners), the main occasion for recording and acknowledging progress on policy harmonization and implementation is in the CSTL Sharing Meetings and various high level SADC meetings, such as the annual meeting of the SADC Ministers of Education.

- **Advocacy**—targeted and issues-based advocacy activities

  Examples of issues where advocacy and communication is conducted are
  
  o Access to appropriate services and interventions for vulnerable groups, such as young people living with HIV and pregnant teens
  
  o The rights of transgender children and youth
  
  o Changing the patterns of violence and abuse against children and youth

  Guided by expert inputs, Member States engage with the issues in forums such as the Sharing Meetings in order to reach consensus on key advocacy messages and on the strategies to achieve specific results in their respective countries.

- **Knowledge management**—including the dissemination of research findings, dialogue and exchange

  Relevant research is encouraged, in association with research partners across SADC. To date, dialogue around research needs has identified the topics where studies would strengthen the evidence base for CSTL.

  A CSTL e-learning platform forms a resource base and repository of evidence and findings, informing and enriching CSTL at regional and Member State levels.

  Dialogue and exchange to create communities of practice takes place at the annual Sharing Meetings, attended by delegations from all Member States. Other forms of dialogue will be generated using the e-learning platform.

  Exchange visits between Member States aim to

<table>
<thead>
<tr>
<th>Topics for research</th>
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<tbody>
<tr>
<td>Child abuse</td>
</tr>
<tr>
<td>HIV prevention for young people</td>
</tr>
<tr>
<td>Psychosocial support for OVC&amp;Y</td>
</tr>
<tr>
<td>Equipping teachers to provide care and support</td>
</tr>
<tr>
<td>Mechanisms to deliver nutritional support and the impact of nutritional schemes</td>
</tr>
<tr>
<td>Evidence for and measuring the impact of care and support</td>
</tr>
<tr>
<td>School community linkages</td>
</tr>
</tbody>
</table>

SADC/MIET Africa (Oct 2010) CSTL Regional Scoping Mission Report
facilitate learning and the sharing of good practices and of promising models of care and support.

- **CSTL strategy and governance**—to promote accountability and transparency
  This centres on regular meetings of the RSC and the annual Education Ministers’ forum.

- **Mainstreaming care and support in MoEs**
  This involves tailored support for current CSTL Member States, such as strengthening CSTL structures, expanding and consolidating CSTL activities at school level and integrating CSTL MER into existing MER processes in order to gather accurate data and to be able to demonstrate impact.

- **Initiating two new Member States**
  This follows the processes that have proved to be effective and relevant, and that were followed with the original Member States. It builds upon the foundation of what already exists in these Member States. Capacity building aims to transfer skills to MoE officials to ensure the capacity and skills remain within and benefit the MoE and the programmes that fall within the country’s CSTL.

- **HIV&AIDS and SRHR-related activities across the prevention–care–support continuum**
  This includes education programmes that recognize young people’s rights to access the information they need to make life-saving decisions.
  Activities aim to increase the knowledge and competencies of children and youth on HIV prevention and enhanced awareness on SRHR, as well as better access to services through youth- and gender-sensitive information and rights-based approaches. Access to appropriate care and support for HIV infected children and youth is important to enable them to realize their personal, social and educational potential in a discrimination-free environment.

  Support is being provided for the strengthening of life skills and related curricula, building on reviews conducted by UNESCO, UNFPA and UNICEF in Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe.

- **Scaling up proven interventions**
  Where these have been shown to be effective, their replication in appropriate forms in other Member States is promoted. For example, **RHIVA** (Reducing HIV in Adolescents)—a school-based, HIV-prevention programme—has shown success in South Africa in empowering adolescents, especially young girls, to make healthy lifestyle choices, to take charge of their own lives and to reduce their risk of contracting HIV. Similarly, **Speak Out!**—a programme in the region targeting schools and their communities to stand up to the abuse of children and youth, especially girls—has shown promising results.

- **Partnerships and multisectoral collaboration**—at all levels, to enhance access to services and optimize the utilization of resources
A coordinated multisectoral approach recognizes that no single sector, structure or role-player can deliver the comprehensive services necessary for the educational wellbeing and development of children and youth. Of note is that SADC is promoting a more coordinated, holistic and comprehensive service delivery approach that includes greater collaboration and referrals within and between sectors.

Support from CSTL is context-specific, determined by the needs of the Member States and guided by the framework of CSTL elements that form part of Member States’ CSTL national models. Formalization of these relationships is facilitated, whether between sectors, with development partners or with national or local NGOs and CBOs.

- **Safety and protection for children and youth**—from all forms of abuse, violence and exploitation

  Specific activities target girls and marginalized groups of children and youth. Building on universal child protection principles, interventions 18

  - Promote a positive environment and prevent risk
  - Place the family and community at the heart of a protective environment for children
  - Ensure that children’s safety and interests are paramount
  - Facilitate an enabling environment for the many actors involved in child protection
  - Address the basic needs of children and youth, as they can only be protected from abuse, violence, exploitation and neglect if their basic needs are being met

- **Family and community mobilization**

  Activities and ongoing support aims to enable families, caregivers and communities around schools to cope with the challenges facing them and the children in their care. The strengthening of linkages between schools and NGOs and CBOs is important to create safety nets for vulnerable children and youth. These safety nets must provide holistically for their physical, emotional and social needs, and not be limited only to poverty reduction, food security, material support and health interventions.

  Capacity building interventions provide members of school structures, such as Parent Teacher Associations (PTAs) and School Governing Bodies (SGBs), with the ability to fulfil their outreach roles more efficiently with regard to the care and protection of vulnerable children and youth.

  As part of this intervention area, attention to younger children (early childhood development) is a focus—where this falls within the MoEs mandate—and out-of-school youth.

- **School-based support**

  The school should strive for a continuum of care between school and home, either by acting directly as service provider itself, or as a conduit for other service providers to reach vulnerable children and youth.

2. Cross-cutting themes

The following cross-cutting themes are addressed at all stages and all levels:

- Gender equality, and gender-sensitive planning, targeting and services
- Non-discrimination, especially for children and youth with disabilities and those living with or affected by HIV\(^{19}\)
- Good governance, transparency and the equitable, responsible and accountable allocation and use of resources
- Sustainable development and systems strengthening in SADC education sectors
- Relevant partnerships and appropriate multisectoral responses to ensure comprehensive and effective care and support for vulnerable children and youth
- Capacity development that is tailored and responsive to the requirements of different Member States and the different levels within them
- Alignment of CSTL interventions to clearly articulated policy mandates that contribute to the attainment of education targets and that tap into existing resource allocations
- MER—at all levels, and with a focus on results and impact
- Development of materials—in particular curricula and non-curricular resources—that are context specific or that can easily be adapted in-country

3. Implementation mechanisms

Without being prescriptive to Member States, the following broadly describes how CSTL implementation unfolds in a Member State:

- Guided by the lessons learnt by other Member States and the models and parameters of care and support described and various regional instruments, a Member State creates a national model that is both country- and context-specific.
- A Member State’s national CSTL model defines its care and support priorities (minimum package), describes the principles that will apply at all times and mandates the structures to act at different levels and in one or more areas.
- A sequence of targeted interventions and activities are approved that collectively address a number of the identified barriers to education.
- Synergy with related programmes is assessed, to ensure the best use of resources and the most effective coverage for children and youth.
- Each intervention area has a strong evidence base, is aligned to both national and sector-specific priorities, and has a set of indicators that will be monitored and reported on from the start.
- The MoE, with its teaching and learning mandate (access, retention and achievement), is the lead agency. It delivers on its care and support priorities in partnership with other

\(^{19}\) The Positive Health, Dignity and Prevention Policy Framework (GNP+ and UNAIDS) places the voices, leadership and health of people living with HIV at the heart of an effective response to HIV
government ministries, relevant multisectoral partners and local community structures.

- The flow—from national to school level—follows the well-established channels and processes that are used by the MoE (as opposed to creating new, unique mechanisms).

- When and where required, and based on a robust needs assessment, technical expertise and support—in a range of different forms—can be accessed through the regional CSTL structures and mechanisms, to ensure optimal, timely results.

This scenario for one hypothetical Member State is depicted graphically below.
**CSTL MER**

Monitoring and reporting: across divisions in MoE; across levels (national to school); with other programmes
Monitoring and reporting: to partners (through multisectoral structures, such as National Coordinating Units, or NCUs); to SADC (through Member State reports, at Sharing Meetings, at Education Ministers’ meetings)

<table>
<thead>
<tr>
<th>Major CSTL Strategies</th>
<th>Divisions within MoE System with CSTL Mandates</th>
<th>Priority Intervention Areas addressed through Partnerships and Technical Support</th>
</tr>
</thead>
</table>
| Systems strengthening at all levels from national to school | • Policy  
• Planning and resourcing  
• Human resources  
• Human resource development  
• Curriculum  
• Infrastructure  
• Structures  
• Advocacy and communication  
• M&E  
• Etc. | • Aim: Prevention of HIV among children and youth and promotion of SRHR  
• Partners: MoHealth, MoGender, HIV programmes, NGO providing youth-friendly services  
• Technical support: MIET Africa, UNESCO, UNFPA, UNAIDS |
| Improved coordination and integration of services, with partners | • Child and youth protection  
• Aim: Reduce vulnerability, in particular among marginalised children and youth, through involvement of communities  
• Partners: MoSafety and Security, MoGender, REPSSI, Child Rights NGO, PTAs, CBOs  
• Technical support: MIET Africa, UNICEF, UNAIDS |  |
| Policy review, harmonization, implementation and monitoring | • Children and youth with disabilities  
• Aim: Promotion of education rights and access to user-friendly services  
• Partners: MoWelfare, MoYouth, Commission on Disability, NGO for Visually Impaired  
• Technical support: MIET Africa, UNESCO, UNFPA |  |

**Figure 4: Implementation Mechanisms**
SECTION SIX: SUSTAINABILITY

Although sustainability of care and support for teaching and learning by Member States has been considered from the outset of the CSTL programme, it is of critical importance in this final phase. The following factors will contribute to ensuring that CSTL continues well beyond this period of funding:

**Sustainability at regional level**

- The Regional Indicative Strategic Development Plan, the Protocol on Education and Training, the Protocol on Health and the *Maseru Declaration* (2003) that calls for Member States to address HIV&AIDS, are policy frameworks that support the development of education in the region. This multisectoral approach to HIV&AIDS, now referred to as mainstreaming, requires all sectors to act based on their comparative advantages to contribute to their country’s efforts to prevent new HIV infections and to mitigate the impacts of the epidemic. In addition, the *SADC Regional Framework on orphans, vulnerable children and Youth (OVCY) affected by HIV&AIDS, poverty and conflict*, including the accompanying *SADC Minimum Package of Services for OVC&Y*, provides a strategy and programme plan for 2013–2017. CSTL continues to be aligned to these regional policy frameworks and programmes.

- The MDG and EFA commit SADC Member States to achieve key international education development objectives, including: eradicating extreme poverty and hunger; achieving universal primary education; promoting gender equality and the empowerment of women; reducing child mortality; combating HIV&AIDS and other diseases; ensuring environmental sustainability. CSTL continues to support and assist Member States in the achievement of these crucially important goals.

- CSTL is an official SADC programme, and Ministers of Education are required to report on progress made against the programme outcomes at the SADC meetings.

**Sustainability at national level**

- Through the allocation of personnel and resources, demonstrable commitment by Ministries of Education has resulted in government ownership and leadership of CSTL. This will continue to be strengthened.

- The reviewing and revision of policies to include care and support elements has contributed to CSTL activities being integrated into government plans and budgets. The approval of the regional Policy Framework on CSTL will assist in strengthening this.

- Multisectoral collaboration at a national level has helped to systematize and coordinate delivery of services to the most vulnerable children, and will continue to be promoted through this phase.

- Targeted capacity building (for example, strengthening M&E) will ensure that the relevant knowledge and skills reside within the MoE.

**Sustainability at school level**

- School level implementation is a major focus of this final phase. The capacity of school community structures (PTAs, SGBs or school-based support structures) will be
strengthened so that they are able to conduct outreach programmes into the families and the community.

- Linkages between schools and NGOs and CBOs continue to be strengthened to sustain the community-related components of the initiative.
- Teacher development programmes addressing care and support are being incorporated into the plans of the Education Ministries, both at in-service and pre-service levels.
CONCLUSION

CSTL is a unique regional response to the education challenges facing the SADC Region. It builds on the strength of regional collaboration and the sharing of experiences and knowledge, including both policy development and school level implementation, towards the common goal of achieving access, retention and performance in school for all children and youth, especially those who are vulnerable. This is well articulated in the regional Policy Framework on CSTL, where the pivotal role of CSTL is described as follows:

*CSTL is a powerful mechanism for tackling a nexus of challenges key to the advancement of SADC’s mission. It is premised on the systematic provision of core and complementary services through the education system in order to address the underlying barriers to access, retention, regular attendance and quality educational outcomes. In terms of the CSTL concept, schools are envisaged as sites of integrated and comprehensive care and support, such that each school is a portal through which children can engage services that are necessary for achieving a sound education.*

CSTL is an enabling framework for action and, when coupled with successful implementation, Member States will be taking a giant step forward in securing the right of every child to education and to the development of their personality, talents, and mental and physical abilities to their fullest potential.

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20 (Draft) Policy Framework on Care and Support for Teaching and Learning (2013) p12
21 From the Convention on the Rights of the Child, Article 29
ANNEXURE 1: CSTL 2008-2013

The CSTL programme was unanimously adopted by the Education Ministers of all Member States of SADC at a meeting in Zambia on 4 July 2008.

Funded by the SDC, this programme supports the Education Ministers to fulfil their commitments and intentions of providing quality education to all children. The programme was developed by the SADC Secretariat, in partnership with MIET Africa, UNESCO Regional Office and UNICEF ESARO, and provides a comprehensive approach to addressing the barriers to teaching and learning that are associated with health- and poverty-related challenges. In the period 2008 – 13, the programme was implemented intensively in the DRC, Mozambique, South Africa, Swaziland and Zambia.

The goal of the programme is "The education rights of vulnerable children in the SADC region being realized through schools becoming inclusive centres of learning, care and support".

During this phase, the CSTL programme had five key outcomes—two at regional level, and three at Member State level.

**Regional level**

- Strengthened and harmonized care and support policies and programmes to support improved education outcomes in Member States
- Increased learning and knowledge on care and support strategies across the region

**Member State level**

Enrolment, retention and achievement of vulnerable students improved through

- Strengthened responsiveness of education systems
- Mobilization of school communities to provide care and support to vulnerable students
- Integrated service delivery

The essential package of care and support of this programme included: psychosocial support; safety and protection; water and sanitation; social and welfare services; nutrition; curriculum support; teacher development and support; leadership and structures; health; community involvement; infrastructure and material support.

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\[22\] UNICEF Regional Office, Eastern and Southern Africa
ANNEXURE 2: SUPPORTING MATERIAL and CONTACT DETAILS

Supporting material
View news, publications and DVDs at www.miet.co.za and www.cstl.co.za

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