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Effective ECD Programs that can be scaled up

Parallel Session C-2

**Getting the Child ready for
School: Working with Families
and Communities**

**Capacity Building for Families in helping Children
affected by HIV/AIDS to Prepare for School**

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Table of contents

ACRONYMS AND ABBREVIATIONS	4
1.0 INTRODUCTION	5
2.0 WHAT IS THE SITUATION OF CHILDREN AFFECTED BY HIV/AIDS?	6
3.0 HOW HAS AFC RESPONDED TO THIS CHALLENGE?	8
4.0 LESSONS LEARN'T	10
CONCLUSION	11
BIBLIOGRAPHY	12

Acronyms and abbreviations

AFC	Action For Children
AKF	Agh Kan Foundation
ASG	Action Support Groups
BVLF	Bernard Van Leer Foundation
ECD	Early Childhood Development
FAP	Family Preservation Program
GAS	Grandparents Action Support
MOE	Ministry of Education
NGO	Non Governmental Organization
UCRNN	Uganda Children’s Rights NGO Network
UNICEF	United Nations Children’s Fund

1.0 Introduction

This paper highlights programme issues from an Early Childhood program (ECD) that is being implemented in Uganda by a local Non Governmental Organization (NGO) called Action For Children (AFC). The paper highlights the importance of Early Childhood Development (ECD) program to children infected and affected by HIV/AIDS, the needs of the children and their caregivers and how they affect or and contribute towards child development and transition to school. The paper also brings out the importance of linkages between Parents/caregivers and teachers, homes and schools and shares the lessons from the project that have been learn't, and lastly recommendations to different partners and stakeholders.

1.1 What is the Grandparents Action Support (GAS) project?

The Grandparent Action Support (GAS) program started with a Family Preservation Program where Action For Children (AFC) works with families that are affected by HIV/AIDS to strengthen their abilities to support the children within their households. The programme started in 1999 with less than 100 households. It was later discovered that grandparents, mostly females, headed 80% of these households. In 2003, with support from The Bernard Van Leer Foundation (BVLF), the AFC consciously targeted a few of these grandparent headed households for a specific intensified project in addition to continuing with the rest of the households not headed by grandparents. The project was termed Grandparent Action Support (GAS).

Under GAS, there are 200 households caring for 930 children all under 8 years. GAS is an ECD program. The focus is strengthening the capacity of grandparents to care for young children through psychosocial support, economic support (income generation), home improvement for sanitation and hygiene support, immunization and growth monitoring for children, healthcare and nutrition support. The activities are a wide range both for the children and their guardians.

The specific objectives of GAS for the three year project (2004 – 2006) are: To train the grandparent support groups on ECD, HIV/AIDS care and prevention, emotional and social support, provide emotional, social and economic support to children and caregivers, enable all children aged 0-8 in the programme to develop in a child friendly, stimulating environment and facilitate the establishment of 5 non – formal community run ECD centres.

2.0 What is the situation of children affected by HIV/AIDS?

As of the year 2000, over 15.6 million children had been orphaned by HIV/AIDS worldwide (Hunter and Williamson 2000). Of these, the vast majority are in sub-Saharan Africa. In Uganda alone, approximately 1.7 million children have been orphaned because of HIV/AIDS (UNAIDS 2000). A 1991 study indicated that 26 percent of children under the age of 18, in Rakai, Uganda, were orphans (MAP Network 1998). Although the incidence of new HIV infections has shown signs of reaching a plateau in Uganda, the number of orphans continues to grow.

Interventions to help mitigate the impact of the epidemic on surviving children are urgently needed. Children orphaned by AIDS are vulnerable in almost all aspects of their lives (Haworth et al. 1991; Foster et al. 1995; Foster et al. 1997). Invariably, orphans witness the prolonged illness and death of one or more family members and suffer mental distress as a result. Some of the many challenges faced by orphans are loss of family, depression, increased malnutrition, lack of immunization and health care, lack of schooling, early entry into paid or unpaid labor, loss of inheritance through “property-grabbing,” homelessness, early marriage, exposure to abuse, and increased risk of HIV/AIDS (Hunter and Williamson 1997).

Research in Kampala, Uganda, for example, revealed that 10 percent of households with no orphans found it difficult to pay school fees, compared to 47 percent of households with orphans (Muller and Abbas 1990). A 1996 study found that the main problems among Ugandan orphans were; inadequate shelter; inability to pay for school fees and supplies; lack of bedding, clothing and medical care; and the burden of having to care for younger siblings (Shuey et al. 1996)

The wellbeing of all children affected by AIDS depends in great part on the capacity of the community to support and raise them. Hunter and Williamson (1997) state: “The first and most important responses to the problems caused by HIV/AIDS come from the affected children, families, and communities themselves. The efforts of governments, NGOs, and donors are significant largely to the extent that they help children, families, and communities cope more easily with these problems.” Yet few programs have focused on preparing and supporting willing guardians to take on additional child-care responsibilities. Community support systems, especially foster families, are increasingly overburdened. Most African cultures are characterized by strong family and kinship networks that function as social support systems in times of need. Within this system, children who lose their parents are typically taken in by a relative, such as a grandparent, an uncle or aunt, as has been the pattern in East Africa. However, as the prevalence of HIV increases and the number of orphans grows, this system is being challenged. Although most experts do not believe that the African family structure has “collapsed” under the weight of AIDS, there is no doubt that caregivers are increasingly burdened.

Some adults refuse to take in orphans, while others continue to take them in despite their own poverty, advanced age, or ill health; cases of grandmothers or uncles inheriting

several orphans are common place. Increasingly, orphans find themselves heading a household or belonging to a household headed by an older sibling under the age of 18 or by an elderly grandparent with no source of income.

It was out of such a background that the GAS project started as an initiative to back up government efforts in supporting communities and families to provide good care to children orphaned by HIV/AIDS.

3.0 How has AFC responded to this challenge?

A project described in this document (page 5 sect 1.0) is being implemented in partnership with grandparents and other community volunteers in a participatory manner. The community is directly involved in the day to day running of the project and AFC provided the financial and technical assistance required for undertaking the activities of the program. The grandparents have been organized into groups called Action Support Groups (ASG) and six ASGs constitute a zone, which is supervised by a zonal leader. The Zonal leaders were selected by the community and live within the community. The grandparents meet weekly to discuss and share the status of their families and the group income generating projects.

The zone leaders who assist in the identification of households to participate in the project also head sectoral committees which include; Housing and food security, Education, Healthcare, Income Generating Projects (IGPs), HIV/AIDS, Psychosocial and Participation. They are offered training and are exposed to different projects from partner programs in and around the country

3.1 What are some of the Activities of the project and how are they promoting Early learning of young children?

Training the grandparent support groups in ECD, HIV/AIDS care and prevention, emotional and social support.

These trainings cover a number of families and villages. They target numbers of caregivers, parents and community leaders. Different materials and messages are developed, exchange visits carried out in and outside Uganda to visit well established ECD programs in Kenya and Tanzania, guest speakers are invited to hold discussions with grand parents, guardians and community leaders. This improves levels of grand parents' knowledge of the spread and prevention of HIV/AIDS, highlights grand parents' known skills for protection children against HIV/AIDS, known skills for caring for the HIV/AIDS positive especially children, known skills for socially and emotionally supporting the HIV/AIDS positive especially children, improve grand parents' knowledge of child indicators like happiness, joy and responsiveness to stimuli, knowledge of, and putting into practice ECD concepts like feeding, health, stimulation, social inclusion,

early learning needs and interventions, knowledge of the stages of ECD, Levels of children's well being at home and grand parents' capacity to care for children

3.1.2 Provision of physical, emotional, social and economic support caregivers and their children.

Grandparents who are referred to as Caregivers in the project are equipped with different Skills to offer emotional and social skills to children and at the same time get the economic skills to enable them work and provide for their families. The skills have been interpreted in;

- (a) Reducing of illnesses in young children, improving household hygiene and sanitation, prevention and treatment of malaria, using clean water and offering psychosocial support to children
- (b) Grand parents' group mobilization and coming up with suggestions for social and economic activities and mentoring each other
- (c) Improved grand parents' income generation and saving skills and the impact of income generating activities on welfare of children and their families
- (d) Interpreting the spiritual, social and emotional needs of children aged below eight years and addressing them accordingly.
- (e) Grand parents' knowledge of children's rights and responsibilities, knowledge of child abuse and neglect, skills for protecting children against abuse and neglect.

3.1.3 To facilitate the establishment of community ECD centres

Mobilization and training was followed by setting up of Governance Structures (Committees) through which each ECD would be governed to provide services for orphaned children between 2 -8 years with a catchment area of a village comprised of six support groups.

- Provide skills building and technical support for the ECD committees to help them take on their day-to-day care of the children.
- Ensure technical capacity building for community volunteer caretakers to equip them for the crucial role of taking care of the children during the day as they “replicate home at school”.
- At these early childhood care centres, children have access to at least one mid-morning snack, and in other cases, a mid morning meal when it is available, medical care with special reference to Malaria and the HIV positive ones, deworming , multivitamin supplementation, have a chance to undertake basic learning & play.

- Group counseling sessions are carried out for those who are not coping well with parental loss, amongst other activities. Provision of equipment and structures-both for sanitary and shelter purposes , and wholesome water are key.

4.0 What lessons have we learn't?

- Caregiver's concerns about their children are inseparable. They cannot easily pull out one and leave out another. But they can be helped to rank them accordingly e.g Educational needs, food, property, shelter, medical care, and emotional support.
- Meeting of Caregiver physical, social - economic, emotional needs is very important if they are to provide care to the young ones.
- Involving caregivers in planning, setting up programs, implementing, monitoring and evaluation contributes to success of the program
- Efforts to rebuilding the child's well being would do well to include all the needs for the child: emotional, material, physical, social and spiritual that work towards the restoration.
- OVC support programming has to address household food insecurity and low income levels while providing psychosocial support to the OVCs, the PLWH/A, the caregivers within the family and the wider community
- There is a need to support and help grandparents and other alternative care-givers and explore creative ways on how support can be given to alleviate not only the financial burden but the responsibility of caring emotionally for additional children way beyond ones normal life's duty.

It is also important again to wherever possible and in the best interests of the child is to give continuation of the same care-giver in order to give the child stability and security.

- There is little information available at household and community level on how young children affected or infected with HIV need to be cared for and this applies to how pre-schools are prepared with material and resources.

4.0 Recommendations and Basis for future planning for preparing children for School

Preparing such children for school requires planning with three categories of people. Firstly, school administration and teachers need to receive massive training and awareness creation on the basic needs of children affected and infected with HIV/AIDS. The trainings should also include skills in handling and relating to the children, case handling and, medical backgrounds and social well being of the children and other relevant skills that will help teachers handle discrimination and stigmatization among fellow children.

Schools need to emphasize the school feeding program supported by parents, teachers, government and Non governmental Organizations. An example can be organizations giving one time grants to schools so that schools can start projects like animal project to

provide animal protein to supplement on the diet of children. Different roles can be developed for the different groups and for children to learn and benefit from such projects.

Governments/ ministry of education should look at the non formal learning framework/guidelines and give necessary advice and should put a process in place to create a linkage between the non formal frame work and the primary one curriculum guidelines.

Every school should have trained medical personnel (Nurse) trained specifically to handle child related cases and counseling so that he or she can attend to the healthcare needs of children especially those children who are infected. First Aid boxes/ kits should be placed in schools for simple treatment to children. Scholastic materials like uniforms should be discussed with caregivers so that those who can't afford should not be dismissed from school. Cases of absenteeism from school should be handled carefully and if possible home visits be carried out to find out reasons why children are not attending school.

Vulnerable children are not only limited to those affected by HIV/AIDS. Schools need to know the kind of groups that they are enrolling in schools so that they identify their different needs according to their backgrounds.

Caregivers should participate and get involved in school related activities and decisions affecting their children. For example if a child is on medication, caregivers should inform the school nurse.

Children transiting to primary school have to be prepared as well. Their last term at the childhood care centre should prepare them physically and emotionally. The care givers should as well get skills on how to prepare their children. Children need to be asked about their fears and expectations so that they receive help early in time. They should participate in selecting the schools, make visits to the schools and if possible meet with the teachers to be.

Children in primary schools should be sensitized on HIV/AIDS, the rights of children whether orphans or not so that stigmatization and discrimination is minimised. There is need for schools to promote social activities like games and plays so that children can interact and play freely with each other.

Conclusion

In conclusion, the GAS programme has provided a good link that has enabled grandparents bring out their grand children to the community ECD centres and now that they have appreciated the value of sending their children to the centres having seen how their development has improved physically, socially, emotionally and cognitively. This has built their confidence and support for their children to join primary level. What is needed is for schools to be flexible in their policies, put the required structures that support the different categories of children that join primary school.

THANK YOU

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