Opening up Access to Learning in High HIV Prevalence Areas of sub-Saharan Africa

Dr. Pat Pridmore, Institute of Education, University of London, UK (p.pridmore@ioe.ac.uk)

1. INTRODUCTION

AIDS is recognised to be a major threat to national development in many countries in sub-Saharan Africa (SSA). Access to education, at the heart of development, has been especially hard hit and despite efforts to strengthen education systems there is increasing evidence that not enough is yet being done (Kendall and O'Gara, 2007, Bennell, 2003). Increasing numbers of orphans and other vulnerable children are unable to attend school regularly and schools, strongly challenged to meet the needs of children who walk in the door, are unlikely to reach out to those beyond the school gate. In these countries there is an urgent need for governments to take effective action to prevent the spread of the human immunodeficiency virus (HIV) and protect the rights of vulnerable children to schooling. (Pridmore and Yates, 2005)

This paper argues that open and flexible learning can play a proactive role in facilitating such government action through offering alternative pathways to learning that complement and enrich conventional schooling and meet learners' needs more effectively. To support this argument the paper firstly reviews key open learning initiatives in SSA that aim to reduce the spread of HIV through prevention education and 'edutainment', considers their impact and identifies principles of best practice. Secondly, the paper draws on work in progress on the SOFIE Project to identify key factors influencing access to schooling in high HIV prevalence areas of SSA and educational interventions to increase access to learning. Finally it considers what a new, more appropriate model of schooling might look like and considers the preconditions needed for such educational reform.

The SOFIE Project aims to strengthen open and flexible learning to increase educational access for young people living in high HIV prevalence areas in Malawi and Lesotho. The Project started in April 2007 with funding from the UK Government Department for International Development (DFID) and the Economics and Social Research Council (ESRC). It is directed by Pat Pridmore and Chris Yates at the London Institute of Education working in collaboration with partners at the Universities of Malawi and Lesotho and the South African Institute for Distance Education.

2. OPEN LEARNING INITIATIVES TO REDUCE THE SPREAD OF HIV IN SSA: IMPACT AND BEST PRACTICE

Choice of media to deliver mass HIV prevention education is linked to infrastructure development within countries. South Africa, for example, has extensive experience of using national television campaigns combined with a range of media information strategies whilst Mozambique has more experience of face-to-face delivery with some distance learning support materials, although radio now has broad coverage.

Two key multimedia "edutainment" initiatives in South Africa, Soul City and loveLife, provide information and use a blend of social and behavioural change models to influence changes in attitudes and create supportive social and political environments for behaviour change. Soul City (www.soulcity.org.za) targets the general public and Soul Buddyz targets 8–12-year-olds, reaching over 16 million South Africans and through its Regional Programme it partners with eight other countries in SSA. These initiatives encourage individuals to reflect on their health and social choices, using real life 'prosocial' role modelling to develop positive group identity and solidarity, build a sense of empowerment, and strengthen supportive social networks. Interventions include eight television drama series, a daily radio program (broadcast in nine official languages), booklets on related health topics, adult education and life skills materials, a children's magazine and a publicity and advocacy campaign. External evaluations show it has influenced individual attitudes and social norms and suggest it has led to change in behaviour (Goldstein et al., 2005).

loveLife (www.kff.org/about/lovelife.cfm), targets 12–17 year olds to delay first sexual intercourse, reduce number of partners, and promote safer sexual practices by turning these behaviours into a brand. The initiative started in 1999 with billboard teasers and trailers, television youth chat shows and toll-free phone-in help lines. The second television series was accompanied by billboard advertisements designed to shock, there was a 'love train' to reach out-of-school-youth, multipurpose youth centres (Y-centres) and youth-friendly health services. An external evaluation (Pettifor et al., 2004) surveyed 11,904 youth over half of whom reported awareness of at least four loveLife themes and one-third had participated in loveLife programs. Eighty-two percent felt loveLife was a good thing for young people in South Africa, and 24 percent reported doing something as a result of seeing loveLife, including talking about loveLife or seeking information on sex and relationships.

Although there have been criticism of these initiatives (Coulson and 2002, Stadler, 2000), they demonstrate principles of best practice through employing evidence-based and systematic program development, involving extensive expert, stakeholder and audience consultation and ongoing internal monitoring and evaluation. Formative research has been used to inform the campaign messages followed by pretesting and message refinement, production of the broadcast media, distribution, and events, with ongoing monitoring and impact evaluations that acknowledge the difficulties of isolating program effects.

Two key initiatives from Mozambique are (i) the My Future My Choice programme which trains 15–18 year-olds in-school peer-educators to use a manual to facilitate group sessions for out-of-school 12–15 year-olds and (ii) the Geracao Biz ('the busy generation') programme, which has established a network of young community activists, built community youth centres and seeks to involve parents, community and religious leaders, and faith-based organizations as active partners in addressing sources of risk. Activists are trained to use a manual to facilitate educational activities with their out-of-school peers, to provide referrals to health centres, and to distribute condoms. Each activist recruits groups of young people to work with and receives a small remuneration for each member who completes the course. Supporting open learning materials include posters and pamphlets and messages are disseminated through local radio stations. Lessons learned from these programs are that the young activists must participate in designing and implementing activities to ensure materials are tailored to their literacy levels and real-life contexts and income generating and skills development activities must be available to retain them in the program.

3. FACTORS INFLUENCING ACCESS TO SCHOOLING

The educational initiatives reviewed above seek to combat AIDS through HIV prevention education. However, there is also evidence that access to schooling per se can help to reduce the spread of HIV by acting as a 'social vaccine' (Coombe and Kelly, 2001, Richter, 2004). This evidence has led to increased recognition that as numbers of orphans and other children made vulnerable by HIV and AIDS continues to rise it will be necessary to create more appropriate, alternative pathways to learning for them (Pridmore, 2008). To help develop these new pathways five papers have recently been published in the SOFIE: Opening Up Access Series (available at www.ioe.ac.uk/sofie) to provide state of the art reviews on the impact of HIV and AIDS on educational access in SSA, on open learning initiatives to increase access and on open learning as a policy option in the Region.

The review by Pridmore (2008) presents strong evidence that in the context of poverty children made vulnerable by HIV and AIDS frequently have reduced access to schooling and those who are able to enrol in school are at increased risk of poor attendance, repetition and drop out. The review identifies the following factors that can influence access for these children:

Family/household level factors
(i)   Shocks from malnutrition and infection.
(ii)   Constantly changing household organisation and child migration.
(iii)   Increased poverty and demand for child labour.
(iv)   Family skepticism and intra-household discrimination against orphans.
(v)   Trauma, stress, child abuse and unplanned pregnancy.
(vi)   Loss of social cohesion.

School level factors

(i)   Lack of support for the special educational needs of HIV-affected children.
(ii) Gender based violence, stigma and discrimination.
(iii) Reduced supply and quality of education.

However, the review also illuminates the highly complex and context specific nature of the educational impact. In some areas broad adaptive capacities are emerging that may enable households to support a larger number of orphans whilst in other areas households are reaching the limits of their capacity to cope. In HIV-stressed households children are found to have reduced educational access and attainment and maternal orphans are particularly disadvantaged even relative to other poor children. The review concludes that despite the urgent need for governments to develop alternative pathways to learning, detailed case studies are needed in specific cultural context before new models can be developed and trialled. In Malawi and Lesotho such case studies are currently being conducted.

4. Creating alternative pathways to learning

Five key strategies for educational intervention can be distinguished in the literature (Mhlanga, 2008, Rispel et al., 2006, Boler and Carroll, 2005, Giese, 2003, Bennell, 2005, Kelly, 2000):
(i)   More open and flexible delivery of the national curriculum together and strengthening of support systems and structures.
(ii) Identification and monitoring of vulnerable children by school managers and teachers and provision of pastoral care and counselling.
(iii) Improving the quality of the educational provision.
(iv) Strengthening community cohesion and participation to support the special educational needs of vulnerable children.
(v)   Promotion of children's rights and strengthening of child protection legislation.

In addition to these strategies Pridmore et al. (2006) identify open learning materials to complement the national curriculum, including (i) counselling booklets or audiocassettes to explain the grief and healing stages of parental loss life (ii) comic books to develop critical awareness of risk and vulnerability and help mobilize young people and their communities to take collective action and (iii) computer programmes, including virtual reality, on how to set up and run a small business or apply for a job and go through an interview.

Specific educational interventions that can increase educational access for vulnerable children are identified and critiqued by Mhlanga (2008) Streuli and Moleni (2008), Nyabanyaba (2008) and Pridmore (2008). As Mhlanga (2008) notes, however, these interventions have been implemented differently and with varying levels of success in different contexts. To increase access for vulnerable children many effective educational innovations focus on making delivery of the curriculum more open and flexible (in terms of daily schedule, the school calendar, curriculum, organisation, and technology of presentation) together with developing strong school-community linkages to facilitate community ownership and support of school-based and community-based innovations. Three such interventions are described below:

(i)   The community schools in Burkina Faso, Zambia and Malawi providing flexible timetables and a curriculum adapted to the needs of out-of-school vulnerable children. The schools are commonly owned and managed by non-governmental organisations, churches or communities and deliver a truncated, needs-based curriculum, flexible timetable, low-cost infrastructure with community-based management committees to oversee school activities, including monitoring of teacher and learner attendance.
(ii) The Escuela Nueva self-study learner guides piloted in Zambia and Uganda, used for both in-school and out-of-school youth and for which a complete set of high quality primary school guides for international use will be available in June 2008.
(iii) The Schools as Centres for Care and Support Project in South Africa, mobilizing the community and using schools as vehicles through which vulnerable children can access education, health and social support services.

There are also a number of interventions that specifically focus on delivering a more open and flexible curriculum to those able to access them:

(i) A three-year Interactive Radio Instruction (IRI) programme, called 'Tikwere' (Let's climb), broadcast nationally on the Malawi Broadcasting Corporation. (See http://www.usaid.gov/locations/sub-saharan_africa/features/malawi_radio.html)

(ii) A complementary basic education (CBE) Programme in Malawi delivered by unemployed secondary school leavers to 9 -17 year olds who have dropped out of school for at least one year. Core subjects are the same as the national curriculum but there more emphasis on vocational training for rural livelihoods. After finishing the Programme some students go back into government secondary schools where their CBE work is accredited.

(iii) The Mindset Cabanga and Mindset Learn Programmes in South Africa delivering the curriculum to grades 10,11 and 12 using digital learning materials via satellite communication to schools.

(iv) The Namibian College of Open Learning's (NAMCOL) Open Learning Approach providing secondary education and their E-Learning Pilot Project providing Grade 10 and 12 in Mathematics and Science.

(v) 'Second chance' secondary education delivered through the Malawi College of Distance Education (MCDC) and the Lesotho Distance Teaching Centre (LDTC).

(vi) Literacy programmes for herd boys and child domestic workers delivered through the Lesotho Association for Non-Formal Education (LANFE)

Two interventions that can strengthen school-community linkages to facilitate ownership and support of school-based and community-based innovations by the community are:

(i) The Circles of Support initiative developed by the Soul City Institute in South Africa and recently piloted in primary and secondary schools in Botswana, Namibia and Swaziland. Each participating school has a local team comprising a linked fieldworker, two volunteer convenors and three volunteer neighbourhood agents managed by a Project Task Team situated in the Regional Ministry of Education offices. This team mobilizes networks of family, friends and neighbours to develop and undertake a menu of small actions (such as providing homework support or walking with a child to school) to support vulnerable children.

(ii) The establishment of 'mothers groups' in primary schools and a few secondary schools in Malawi. In each community ten older, trusted women from the community are trained together with the school head, a member of the school management committee and two community leaders to act as ambassadors and promote the value of girls' education in their community.

4. DISCUSSION

This paper has argued that open and flexible learning can play a proactive role in reducing the spread of HIV and increasing access to education for children made vulnerable by HIV and AIDS in SSA. Through identifying factors that influence their educational access and reviewing existing strategies and models used in educational interventions it has prepared the way for developing more effective models for high HIV prevalence areas.

In developing these new models the difficult circumstances in which teachers are working and the wide variations in capacity and motivation in schools and their communities need to be borne in mind. Existing curriculum materials can be supplemented with simple learner guides and the capacity of school managers and teachers strengthened to deliver the curriculum more flexibly and use available community capacity more effectively, including that of the children in school, to build social networks for supporting other vulnerable children. Figure 1 presents a model of what such a new model might look and feel like.
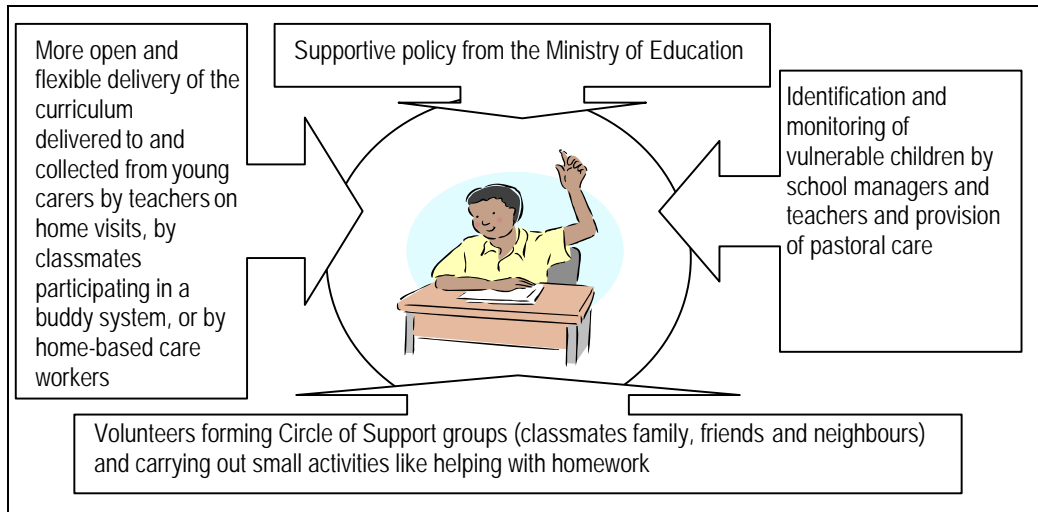
Figure 1 Model of a more appropriate school

It is one thing, however, to develop new models of schooling and quite another thing for Ministries of Education to transform radically their established policies and patterns of work. Kelly (2000) has identified preconditions that need to be in place for schooling to be provided and managed differently in the contexts of high HIV prevalence and poverty:

(i)   Greater flexibility.
(ii)   Increased resourcefulness and openness to change.
(iii)   Tolerance for diverse solutions and models.
(iv)   Willingness to loosen up bureaucratic constraints and procedures.
(v)   Co-operation and collaboration with several partners.
(vi)   Meaningful decentralization based upon school autonomy and effective participation of local stakeholders.

Given the high levels of poverty in many high HIV prevalence communities and the way that AIDS can make families destitute, it is also crucial that basic education is free and that vulnerable children are targeted for assistance with all other essential schooling costs.

The ideas presented in this paper will be taken forward by the SOFIE Project. The new model of schooling presented in Figure 1 will be further developed in response to the findings from the case studies and the new models will be piloted during 2009 and evaluated using an experimental design. Progress towards creating new more effective pathways to learning will be reported through the Project website and newsletters at www.ioe.ac.uk/sofie.

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