RETHINKING SOME OF OUR PERCEPTIONS ABOUT HIV/AIDS AND EDUCATION

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INTRODUCTION

We have gathered here because we are all aware that the implications of the HIV and AIDS pandemics for education in sub-Saharan Africa are far greater than we previously imagined. Confronted by a new disease which is perhaps the most cunning threat mankind has ever known, we have been slow to comprehend its nature and to react to its challenge. We have been timid and often uncreative in our responses. At times, in facing this death-amongst-us, we have been naively hopeful, or perhaps even downright irresponsible.

We can argue that it is often difficult to see the dire effects of the pandemics on teachers, children and young people as, in aggregate and spread over an entire education and training system, the scourge of the disease may not be noticeable for some years. But in communities, homes, schools and other learning institutions, the consequences of HIV and AIDS are already manifest daily. We might picture the situation as an ocean which seems calm on the surface, leading us to believe that not much is happening in this ocean. But deeper down, where the sea-creatures, the sharks and bottom-feeders live, much is happening. As fishermen and divers come back with stories of what is happening down below, and as bits and pieces of detritus wash up on the beach with each wave, we begin to have some idea of the true nature of the ocean before us.

This note attempts to examine some of the evidence we now have about HIV/AIDS and education. It reviews some of our perceptions, and how they are being adjusted in ways that can help us respond more accurately to HIV/AIDS and education in Southern Africa.

BROADENING OUR UNDERSTANDING

There are plenty of statistics which show we have failed to prevent or even slow the spread of AIDS in our communities, and in our education sectors. HIV/AIDS impact assessments have been completed, are underway, or are being planned in a number of countries including Botswana, Mozambique, Namibia, Zimbabwe, and South Africa. They indicate that while we have been concentrating hard on delivering life skills and sexuality education to children in school, national HIV prevalence rates are shooting up. We have failed to keep our teaching services healthy. Teachers, especially those under 40 years of age, are being struck down by this disease. Universities and colleges in the region are feeling the loss of students, as well as academic and administrative staff. Although no significant analysis has yet been done on how education's core professional support institutions – the preservice teacher training colleges and INSET structures composed of inspectors, technicos pedagogicos, primary education advisors and the like – are likely to be affected by AIDS, indications are that when they start to fail, and this will surely happen, we are going to be in deep trouble.

Just as important as the data are the informed observations coming from educators in the region, based on observation of children in classrooms, students in colleges and universities, and families. We are learning that while the hard statistics, the numbers, are certainly useful, people's local experience of AIDS must also inform our reaction to the pandemic.

Local professionals tell us that the physical agonies and psychosocial trauma of HIV and AIDS stalk communities, families and classrooms. Senior Education Officers report to headquarters that although there used to be enough local science and maths teachers, foreign contract teachers now need to be hired to fill gaps (Botswana). School heads report that children arrive for class in trauma: perhaps because they have been abused, or they are caring for younger siblings in a parent-less home, or they have recently lost a parent or friend (South Africa). There is no one at school to help them: teachers, heads and even guidance and counselling staff are rarely if ever prepared to cope with the child's profound need for safety and comfort (Malawi). Incest, child abuse and same-sex sex may be on the rise, and yet we do not have a way of understanding how our children, our young men and women are coping with this kind of trauma (Zambia and South Africa).

So it is essential now that we take both the data we have, however meagre and sometimes inaccurate or misleading, and the richly intuitive information which is coming to us from local educators, parents and communities, to mould a more effective response which will protect our education systems from collapse over the next two decades.

We know that our education systems ***will*** collapse unless we change our understanding of the pandemic and how we in education respond to it. We are gathered here because we are all concerned about how to protect the quality of education, our vision for EFA in Southern Africa. What does that mean in practice?

I think 'protecting education' when it is threatened by AIDS means continuing to expand provision, and sustaining education and training quality by

- ***stabilising the education system*** (system self-preservation) to ensure that even under attack by the pandemic, the system works so that teachers are teaching, children are enrolling and staying in school, managers are managing, and personnel, financial and professional development systems are performing adequately.
- ***mitigating the pandemic's potential and actual impact on the sector*** (counteracting the pandemic) to ensure that those affected and infected by the pandemic can work and learn in a caring environment which respects the human rights of all.
- ***responding creatively and flexibly to HIV/AIDS*** (outwitting the disease) to ensure that the system continues to provide meaningful, relevant educational services to learners in and out of school, in complex and demanding circumstances.

You will see that I have moved very far from a narrow view of HIV and education as a matter of teaching sexuality and safe sex in the hope of preventing the spread of AIDS. Many of us working on HIV and education are being made aware that we need to rethink the concepts and strategic principles that have characterised our response to HIV and AIDS so far. The work being done by ministries of education, institutions, and coura-

geous individuals may show us a new way to tackle this monster so that in the end, as former President of Zambia, Kenneth Kaunda has recently urged: ***'We Will Win'.*** Let us look at some of the ideas now under review. Many of these changes in perception are reflected in your country reports and will help to show us possible ways forward.

PROTECTING EDUCATION QUALITY

This disease has been with us now for about 20 years. It has taken us a long time to realise how complex it is, both medically and socially. Because we have not sufficiently grasped its ramifications, our response continues to be hesitant and ineffective. We have concentrated on using schools to deliver messages about safe sex, family life, and social responsibility. Most SADC countries now deliver some kind of life skills curriculum, or have inserted life skills components (including HIV/AIDS) across the curriculum. We know now that this is no longer a sufficient response. It is time to move away from this narrow focus to one which more directly confronts the full challenge of the pandemic.

1980-2000: ***The Health Problem***	
Problem:	There is a deadly virus which is killing people.
Action:	We need to contain the virus.
Strategy:	What needs to be done? Who is responsible? Who is accountable?
2000+: ***The Social and Institutional Problem*** **(as well as the continuing health problem)**	
Problem:	The deadly virus has not been contained; it is having a profound effect on our communities, societies and cultures, quite apart from its impact on individuals.
Action:	We need to understand how the virus is affecting our communities and institutions, to learn to live with the virus that we have failed to contain, and to mitigate its impact as much as possible.
Strategy:	What needs to be done? Who is responsible? Who is accountable?

What needs to be done, besides helping to contain the spread of AIDS? Let us come back to our concern about protecting education quality, and see what constitutes a fuller response to AIDS in education.

First, what needs to be done to stabilise the education system to ensure that

- the potential consequences of HIV and AIDS are factored into every education plan by national ministries and their partners in the NGO and international sectors;
- there are enough teachers to replace those who are leaving the service, especially those with scarce skills in university departments, teacher education, maths, science and technology;
- there are enough supply teachers to cover for those who are regularly ill and absent;
- enough new teachers are being trained in order to keep expansion and quality up, and that INSET support is provided for those coping with trauma in the classroom;
- ways are found to replace management skills lost to the system?

Second, what needs to be done to mitigate the impact of HIV and AIDS in schools and educational institutions across the sector to ensure that

- schools and other educational institutions are safe places for the young;
- a culture of care is reconstituted in all educational institutions;

- there is zero tolerance for violence and rape in all learning institutions;
- that the human rights of all are protected and nurtured?

Third, perhaps the greatest challenge to protecting education will come from the 'randomisation' of learning, and the complexity of learner cohorts with large numbers of vulnerable, orphaned and otherwise traumatised children. At the same time as educational systems and institutions become more fragile, we are going to have to create appropriate learning opportunities for millions of AIDS orphans and other vulnerable children.

SHIFTING FROM 'BUSINESS AS USUAL'

UNICEF's *1999 Progress of Nations Report*[1] showed that South Africa is one of seven countries where the number of children orphaned by HIV/AIDS between 1994 and 1997 increased by more than 400%. By 2015 orphans (children who have lost one or both parents) will constitute 9-12% of the total population of South Africa – or about 3.6 to 4.8 million children. It is elsewhere estimated that 60-70% of 15-year-olds in South Africa will die of AIDS or AIDS-related illness over the next three decades. All countries in the region will be responsible for similar proportions of vulnerable children.

What do we know about these children, about orphans and orphanhood? We know something about anticipated orphan numbers. But what are the learning needs of such children and young people? What do we understand about 'orphanhood'? How will such children live? Where and how will they learn, if they are not lost to learning altogether? How are girls compromised by the loss of parents? What further questions do we need to ask about orphans and other vulnerable children, and what answers do we need to find?

We are moving into unknown territory here, and few of the right questions and answers have been tabled. We are in the realm of necessarily rethinking our concept of formal 'education' and moving perhaps towards a more flexible appreciation of 'learning' which is lifelong and driven more by the needs of learners than by the dictates of a centralised national system. An adjustment of our thinking about education will be essential if we are to meet the needs of millions of special needs learners, many of them orphans.

In other words, we know that education is no longer 'business as usual'. The paradigm of education is shifting, and we must change our concepts and planning principles, or go into steep and perhaps irreversible decline, undoing the achievements registered by EFA.

ADDRESSING AIDS IN 'THE EDUCATION SECTOR'

One of the first concepts which is shifting, partly because of HIV/AIDS, is the longstanding perception that the ministry of education ***is*** the education sector, or that 'education' is more or less the work of the ministry of education. In fact, HIV/AIDS is assaulting both public and private sectors. The pandemics force us to be aware that ***all*** education sub-sectors are vulnerable, from early childhood development to colleges and universities. This holistic and integrated perception of the sector helps us understand that

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[1] UNICEF (1999), *The Progress of Nations 1999*. New York: UNICEF.

- HIV and AIDS is not just a schools issue: the pandemics must be tackled at all levels of the education sector from early childhood development through to university; our response must also include the concerns of out-of-school youth, and the creation of adult basic education, nonformal and distance education opportunities for children and young people disadvantaged by AIDS.

- Ministries of education alone cannot sustain education quality in the face of the AIDS assault: they will be held accountable for ensuring the quality and extent of education provision, but must work in partnership with other authorities in and out of government if they are to succeed.

WORKING IN PARTNERSHIP

Ministries of education alone do not have enough staff, time, expertise and resources to tackle AIDS. They must be prepared to harness the energies of local and international partners. Strong messages are now circulating in the region about multisectoral cooperation, partnerships with nongovernment, faith-based and community-based organisations, and mechanisms for coordinating local interventions. Specialists on HIV and education are trying to define the role of 'the school as the ultimate community-based organisation', that is, a place which provides a community focal point and resource centre for discussing and acting on AIDS issues.

There is plenty of thinking and conjecture about working together, but in practical terms cooperation only happens where it is to the advantage of potential partners to cooperate.

Local Partnerships. Research is underway (in Botswana, for example) to determine the extent to which health, social welfare and education ministries are working with communities, parents and teachers to look after the wellbeing of local children. We have much to learn, and no readily useful information yet as effective local cooperation is in its infancy. We can anticipate that existing NGOs may be overwhelmed by rising demands for their services unless they are appropriately supported and funded.

National Partnerships. At national level, at least two countries – Malawi and Botswana – have moved national strategic responsibility for HIV/AIDS out of the health ministry, and into the Office of the President. Full-time HIV/AIDS coordinators are being appointed in some sectoral ministries, responsible and accountable at the highest level for driving AIDS campaigns. National AIDS coordinating committees and agencies with executive responsibility have been established to monitor, support and coordinate sectoral programmes. Mechanisms for collaboration, terms of reference and mandates for such committees and agencies are as yet not clear.

International Partnerships. Effective practical cooperation on HIV/AIDS (1) between individual SADC countries and international agencies, (2) among countries of the SADC region, and (3) among the international agencies working in the region is rudimentary and largely ad hoc. This is in part because education ministries and agencies have so far

lacked policies on HIV and education. Too much needs to be done too fast, and there are not enough people. Funds are not being channelled where they can best be used.

Perhaps the greatest stumbling block to effective regional cooperation is the absence of a recognised leadership focal point in the region. IIEP and SADC alike have come late to the HIV arena. Universities in the region are only slowly taking on board the implications of the pandemic for their own institutions, although the University of Natal's Health Economics and AIDS Research Division stands out as a shining exception here. HEARD is in the process of setting up a website for sharing documents and information on HIV and education. A loose network of government officials, university staff, and agency programme officers communicates regularly in this temporary leadership vacuum, keeping in touch through the (HEARD-based) USAID-supported Mobile Task Team, around the work of leaders in the field including Abt Associates, and in ad hoc meetings. This SADC meeting may itself throw up practical recommendations about a leadership focal point for work in HIV and education in this region.

A senior health worker in Botswana recently urged that educators at all levels should more clearly define: (1) the extent of education's responsibility for fighting the pandemic, and for caring for those affected by the disease; (2) at what point educators should hand over responsibility for learners in difficulty to health and social service agencies; and (3) the extent to which schools and other educational institutions are (or should be) part of the community response to the pandemic. Thinking about these questions of multisectoral collaboration and responsibility might help to clarify where cooperation is most needed, at least at local and national levels.

Cooperating international agencies can make an immediate contribution – beyond providing financial and human resources more creatively – by systematically incorporating HIV/AIDS advocacy and planning components in any agency-funded workshops, and by insisting that all agency-supported education sector programmes/SWAPs should include HIV/AIDS components on (1) HIV/AIDS education, (2) educators and HIV/AIDS, and (3) HIV/AIDS' impact on the sector.

UNDERSTANDING WHAT TEACHERS CAN AND CANNOT DO

Ministries of education have channelled a lot of money and energy into helping government prevent the spread of AIDS by teaching life skills. Classroom materials have been developed, and in places teacher mentors and school heads have been trained and sensitised to support classroom teachers.

Two recent South African studies[2] have shed some light on the strengths and weaknesses of life skills programmes. As yet however, no one has comprehensively assessed life skills programmes with regard to (1) materials content, (2) implementation or (3) outcomes. Clearly this needs to be done as we continue to pour more money and teacher energy into what might be a dead-end, or less-than-useful, exercise as it is presently conceived. Perhaps the statistical evidence is the clearest indicator of success or failure of

[2] By the national Department of Education (2000), and by the University of Natal (1999).

our curriculum interventions: HIV prevalence rates among young people of school age are high and apparently rising.

We are daily confronted with clear evidence that teachers generally feel uncomfortable about teaching sexuality issues. Why should we assume that teachers are knowledgeable about the characteristics of the disease and its transmission; that they are willing to talk about intimate matters with young people when everything in their own upbringing rebels against such intimacy; that every teacher will make an acceptable counsellor, mentor, guide and guard; that those male teachers who abuse students or harass female colleagues are willing to turn around and fight the disease? Why do we assume that we understand and can reflect in our materials the complex nature of adolescent sexuality; that the classroom is an effective space for grappling with rape, assault and the often non-negotiable sexual relationships between young men and women? Why do we think that teachers – who already struggle to deliver the core curriculum under the most difficult circumstances – can take on yet another set of responsibilities? Why do we think that education sector teacher development and support programmes can turn on a tap and train 20,000 or 400,000 teachers in the intricacies of AIDS-related behaviours?

Many of our current assumptions are false, erroneous and misleading. They need to be reviewed and adjusted, and the life skills work assessed and realigned with a more realistic interpretation of teachers as guardians, and young people and children of all ages, in and out of school, as clients. We need to know much more about adolescent sexuality, rape, incest and same-sex sex; about child abuse and what children at primary school need to know; about the needs of young people out of school; and about teachers' capacity. We need to be able to identify teachers who are trusted by children, and are therefore appropriate candidates for upgraded counselling and guidance training. We need to find the lever points – among school heads and in teachers' associations, embedded in teaching service regulations and codes of conduct, in education legislation, in our preservice and inservice training programmes – which can be used to change the way teachers serve the needs of children and young people, and provide appropriate counselling and care.

MANAGING THIS DISASTER

What have we learned about managing our response to HIV/AIDS in education? We are perhaps creeping towards the realisation that all our past experience in central command delivery of education is not going to be very much help in managing and controlling the impact of AIDS on education. Twenty years of experience perhaps suggests that we will only win if local communities and parents – especially mothers – are empowered to take action on AIDS. Governments' national delivery systems may ultimately be of less use than 'around the corner and down the street' local decision-making about coping with AIDS. Why is this? Because HIV/AIDS is so deeply embedded in the customs and beliefs of each locality. Because, on a day-to-day basis, NGOs, CBOs, homebased care programmes, volunteer and faith-based support schemes, and the courage of individuals in the community, are already making a difference in alleviating distress.

Certainly, governments have a role to play in coordinating and strengthening local responses, creating policy and establishing a regulatory framework, delivering health and social welfare services appropriate to community requirements, as well as shifting school and clinic programmes to cope with changing demands, and ensuring that sufficient funds are mobilised and channelled to those who can make best use of them. Ultimately however, governments must work ***in support*** of communities, and national management strategies, especially in the social sectors, must reflect this balance.

No one underestimates the difficulties of creating mechanisms, structures and processes which can achieve this. We have few models which can teach us. We have been trying for years to decentralise decision-making and executive responsibility, in education as in other sectors, without great success. Now that lives depend on decentralising responsibilities to communities and schools, perhaps we will make faster headway in this regard.

We are still at a loss as to what mechanisms are required, at national and local levels, for driving education's (potentially decentralised) response to AIDS. Many regional ministries have tried to assign national responsibility to one or more senior officers (usually curriculum specialists) on a part-time basis. Some have established a coordinating committee with representatives from ministry departments. Full-time AIDS and education officers been appointed in several ministries (including South Africa and Botswana, and possibly in Malawi), but their mandates, executive authority and accountability, and the structures and procedures through which they work, are still to be clarified.

Why has it taken us so long to accept that the ravages of HIV and AIDS in education require senior, full-time and experienced executives? Why do we think that, given the challenge of five million AIDS orphans in the SADC region by 2010, this is a part-time responsibility for curriculum specialists? If there is a war to be fought, do we not need generals, with all the staff and materiel they need for fighting that war? Is this not a crisis, which deserves crisis management?

CREATING A FOUNDATION FOR ACTION

The SADC country profiles prepared for this meeting give us helpful information about how we are currently trying to manage this pandemic. A realistic perception of our predicament suggests that we can move forward individually and collectively if we are working from a foundation for action incorporating the following building blocks:

Committed and informed leadership. We need politicians, senior education department officials, and senior international agency staff who are knowledgeable ***and*** committed, who are convinced that our situation is grave, and recognise that our learning structures are being steadily undermined.

Collective dedication. HIV/AIDS in education is not the problem of ministries of education alone. They can only overcome the effects of this pandemic by working with partners inside and outside government. A holistic approach by all sector stakeholders to problems in the whole education sector is now required.

Research and monitoring. We need to set a research agenda, along with research principles, priorities, and resources. We need to be able to collect, store and share information. It should also be possible to identify a set of benchmarks and crisis indicators – alarm bells indicating trouble – which can be monitored over time.

Effective management. It is not possible to manage a crisis of these proportions given present conditions in both national and international bureaucracies. Fighting the pandemic is surely not a part-time assignment for individuals dotted around government or agency bureaucracies, but a full-time mandate until such time as the situation stabilises. Furthermore, ministries and agencies cannot continue to ***react*** to this crisis, but must ***anticipate*** its consequences, and be far more proactive in harnessing resources to counteract it.

Policy and regulatory framework. Complex working arrangements will need to be coordinated within a framework of common understanding about the nature of the pandemic, and its potential impact on the sector. Policy which is determined in a consultative way needs to be interpreted for educators and officials responsible for implementing it, in the form of guidelines and guidance notes, regulations and codes of conduct, so that local, national and regional efforts are focused and purposeful.

Streamlined funding. Government and agency structures and procedures inhibit movement of funds to local programmes which could make a difference. Adequate provision for local and national *nongovernment* partners must now be made through government or nongovernment funding mechanisms, including fundholders.

MONITORING LIFE AND DEATH

Finally, is it not time to take stock of what we have and have not accomplished over the past two decades? This note has tried to highlight areas where we need to review our performance. Evaluation is an ongoing process, and *To the Edge*[3], produced by the Centre for the Study of AIDS, University of Pretoria, is a unique review of one country's attempts to confront AIDS over the past decade. We need more of this kind of hard-hitting, critical analysis. We need to test current programmes, starting with our life skills interventions – their content, they way they are implemented, and the extent to which they achieve their designers' intentions. We need to keep on learning and adjusting.

The Rapid Appraisal Proforma, designed by the region's Mobile Task Team on HIV and Education[4], is perhaps a good starting point for identifying some indicators of progress on HIV and education generally. It suggests some of the factors which might be included in a baseline against which to measure how well we are doing.

[3] Hein Marais (2000). *To the Edge: AIDS Review 2000*. Pretoria: University of Pretoria, Centre for the Study of AIDS.
[4] Mobile Task Team on HIV and Education (2001). *Rapid Appraisal Proforma*. Durban: University of Natal, Health Economics and HIV/AIDS Research Division (HEARD).

Much more needs to be done, because lives depend on how we assess our performance, and hold ourselves accountable if we fail.

CONCLUSION

I am not going to conclude on a positive note, for we have been trying to be optimistic for twenty years, as long as this pandemic has been with us. Being positive has not served us well.

We have been pretending to ourselves that we are doing OK. We have been pretending that we are protecting ourselves and our children and young people. We have been pretending that our teachers are OK and that our universities and colleges will continue with business as usual. We all know in our hearts that we have been pretending, that the disease is out of control, that we must learn to live with it, and that we must learn to manage and contain its impact with all the resources available to us.

Because this problem is so big, and the potential consequences so vast and dreadful, as individuals we all feel overwhelmed by it. Our intellectual, emotional and material resources seem too finite, too meagre to confront this monster. We all hope that a medical solution will present itself, and save us and the next generation from doom.

A medical solution is not going to happen, at least for those who are already infected. Our generation is compromised and our children are in immediate danger. We are all, individually and collectively, responsible for ameliorating our predicament. If we stop pretending there is not a war to be fought against AIDS, we can start turning to confront the enemy and save our children for the future. It will take guts and determination, and great leadership. Each one of us is capable of leadership in our domain, and each one of us is accountable for giving what we can.

President Mandela last year truly said that ‘we have to rise above our differences and combine our efforts to save our people. History will judge us harshly if we fail to do so now, and right now’.

Let it therefore be said that in 2001, we educators together turned to face the enemy, and combined our efforts to do the best we can for our people, for those we love and those we serve.

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