

CONFERENCE ON HIV/AIDS AND THE EDUCATION SECTOR

TOGETHER THE EDUCATION COALITION AGAINST HIV/AIDS

REPORT AND SECTOR PLAN OF ACTION



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FOREWORD

The Conference on HIV/AIDS and the education sector - the Education Coalition against HIV/AIDS- was held from 31 May to 1 June 2002. It took place against the backdrop of numerous activities associated with Child Protection Week and the announcement by our Government to intensify the campaign against HIV and AIDS.

The Conference was held in recognition of the fact that the education sector is under siege from HIV and AIDS and the impact on learning institutions and sub-sectors can no longer be ignored. It was agreed that there is an urgent need to place education's response at the centre of the national response to the epidemic.

Conference was honored by the presence of the Deputy President and the Ministers of Health and Social Development. Their presence underlined our Government's commitment to work together to respond to HIV and AIDS as well as other similar challenges, in a comprehensive manner. The deliberations of the Conference were enriched by the participation of those hardest hit by this epidemic - our youth and children. The courage, and the extraordinary innocence with which the children described their heart-wrenching daily experiences, inspired Conference and charged the delegates with a sense of urgency.

The sector committed itself to the children and youth of South Africa. It undertook to formulate a plan of action that will improve their access to relief services. In addition, Conference committed itself to respond to HIV and AIDS in a manner that takes into account the complexity of the epidemic and the factors that drive it.

I committed myself and my Ministry to a number of key deliverables in order to ensure that our post-apartheid gains are not eroded by the epidemic. The sector adopted a Declaration, accompanied by a Programme of Action to which key stakeholders in education committed themselves.

The richness of the discussions and the commitments that emerged from the Conference are reflected in this report. It is hoped that this document will provide a sufficient basis and clear guidelines for moving forward.

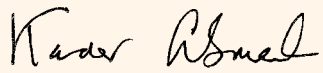
A CD accompanies this report. This CD contains the most important documents of the Conference: speeches, presentations by children and young people, and shorter think-pieces by presenters on selected topics. It also contains all the resource papers used at the Conference. They together provide a small library on HIV and AIDS in education and suggest the broad range of issues that must inform any campaign against HIV and AIDS.



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The Conference was made possible by the generous funding of USAID, for which I am immensely grateful.

Please join me and the education sector, and our many partners, as we work towards saving the future of South Africa.



Minister of Education
Professor Kader Asmal, MP



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CONFERENCE ON HIV/AIDS AND THE EDUCATION SECTOR: THE EDUCATION COALITION AGAINST HIV/AIDS

DECLARATION OF INTENT

At the invitation of the Minister of Education, Professor Kader Asmal, we the representatives of every sub-sector of South Africa's education sector, and of its many collaborating partners, met from 30 May to 1 June 2002 to join hands in a partnership of hope against HIV/AIDS and its impacts on the nation.

We noted that:

- Our country and our education system are under sustained siege from the HIV/AIDS epidemic.
- HIV/AIDS has adverse impacts on education performance not just in schools, but also at all levels of the sector, from early childhood development to postgraduate studies.
- HIV/AIDS is creating a crisis of quality, supply and demand in the education sector.
- HIV/AIDS presents a complex set of psychological, social and economic challenges to individuals, communities and cultures, and to our way of life. It particularly highlights gender disparities, cultural dispossession and poverty on which it thrives.
- HIV/AIDS is having a devastating impact on the lives and educational possibilities of our children and young people. They live complex and difficult lives, in learning institutions, on the street, in the community, and at home, with the ever-present risk that whatever is taught in school may be undone by what happens to them - especially our girl-children - outside the school.
- Many children have lost parents due to AIDS, and struggle to stay in school for economic reasons, or because they are victimised and discriminated against.
- Educators, learning institutions, government officials and their non-government counterparts in the education sector are already responding to the impact of HIV/AIDS within their respective spheres.
- The sector is bound by our national moral purpose to ensure that it sustains suitable capacity and structures to manage its confrontation with HIV/AIDS.
- At present, education is the principal line of defence for the protection of society against this epidemic.

We agreed that:

- We must be pro-active and innovative as a matter of the utmost urgency, to protect the lives and wellbeing of our people, our potential for development, and the rich cultural heritage of our nation, in accordance with the principles underlying our Constitution.
- Education must lie at the heart of the national response to HIV/AIDS because at present it is principally through education that we can hope to achieve an AIDS - free South Africa.



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- In counter-attacking HIV/AIDS, the education sector can - and must - work in a coalition of partners which includes all government departments and in particular the departments of Health and Social Development, parents, learners, learning institutions and Teachers, school governing bodies, the media, non-governmental organisations, people living with HIV/AIDS, Teachers and student association, faith-based and community-based organisations and the private sector.
- The education coalition against HIV/AIDS must incorporate the special perspectives of all young people, people living with HIV/AIDS, Teachers, non-governmental organisations, and traditional and religious leaders.
- The education sector - as a coalition led by South Africa's education departments - is particularly responsible for:
 - (a) Helping to contain the spread of HIV, particularly among young people and children in and out of school, and among educators;
 - (b) Providing safe and secure learning environments for South Africa's young, especially those who are affected by HIV/AIDS;
 - (c) Ensuring that support is provided by the system for Learners and Educators infected and affected by HIV/AIDS;
 - (d) Responding to the learning needs of orphans and other vulnerable children, and those at risk of infection;
 - (e) Guaranteeing the quality of the nation's education and training programmes in the circumstances of HIV/AIDS.

We resolved, as a matter of utmost urgency, to:

- Accept wholeheartedly the mandate of making South Africa AIDS-free in and through the education sector;
- Maximise our efforts to prevent the further spread of the disease;
- Demonstrate care and support for those infected and affected by the disease, with special concern to provide support systems for orphans and other vulnerable children;
- Mainstream HIV/AIDS in every aspect of our professional lives.

Further, to demonstrate the seriousness of our purpose to attain these worthwhile objectives, we hereby establish a multi-sectoral, non-sectorian education coalition against HIV/AIDS and agree to make that coalition effective by:

- Developing a Plan of Action for the education sector;
- Formulating guidelines to promote the functioning of the coalition at all levels throughout the country;
- Setting up an interim steering committee to carry the work forward;
- Monitoring the implementation of HIV/AIDS priorities for action by sector partners.

**Conference Participants 1 June 2002
Gallagher Estates
Midrand, South Africa**



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SECTION ONE: INTRODUCTION

¹We should remember the words of the great physicist, Albert Einstein, who once said: 'We cannot use the kind of thinking that created the problem, to solve the problem.' In thinking about what to do with AIDS, we must take Einstein's advice seriously, and challenge ourselves to think out of the box, so as to come up with innovative, creative, effective solutions dealing with the crisis that is before us. Minister of Education, Professor Kader Asmal MP.

The Ministry of Education's two-and-a-half-day Conference on HIV/AIDS and the Education Sector (31 May-1 June 2002) brought together young people and youth organisations, teachers and education officials, traditional and community leaders, representatives of non-government and community-based organisations, specialists working in the field of HIV/AIDS and education, representatives of international development agencies, professional associations of teachers, the university and colleges.

The participants discussed the roles and responsibilities of departments of education, education stakeholders, communities, and young people in responding to the HIV/AIDS epidemic. The discussions of the conference were organised according to the following key themes, which have been identified as the main responsibilities for the education sector.

- (a) Limiting the further spread of HIV.
- (b) Mitigating the consequences of HIV/AIDS for learners, education officials and providing them with essential social support.
- (c) Stabilising the quality of education provision, performance and access to learning in institutions and the education system as a whole.
- (c) Planning and managing a collaborative response to the epidemic.

Conference discussions, in small working groups, concentrated on setting priorities for further action, identifying areas where further research is needed, strengthening planning and management capacity, and on how partners within the education sector can work together to take more effective action within a coalition. ¹

The Conference built on recommendations and lessons learnt from recent experience, consultations, and global perspectives and an assessment of the potential impact of HIV/AIDS on education in South Africa. The Conference was activity-based, in plenary sessions and small groups. (Annex 1).

Participants focused primarily on the sector's response to schools' issues, with some attention being given to teacher training colleges, and tertiary education. For the purposes of this analysis, further education and training, special education, adult basic education and training, universities and out-of-school programmes have been largely excluded. Subsector strategic planning still needs to be done in these areas, starting with higher education and early childhood development. More work also needs to be done on the cross-cutting issues that are inextricably bound up with the spread of HIV: the status of women and girls; harassment and abuse in institutions of learning; violence and abuse; and the difference between what is learned in school and what parents and communities know about HIV and AIDS.

The experience of South African children and young people coping with the impact of AIDS on themselves, their families, their schools and communities



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informed the work of the Conference. The first phase of the Conference² concluded with a call for accountability. Politicians and educators, community workers and planners responded by determining priorities for purposeful and effective action.³

Plenary Sessions

Conference plenary sessions concentrated on broad themes. Contributions were made by the Deputy President and the Ministers of Education, Health and Social Development, and the Deputy Minister of Education. Their commitment was complemented by the President of South Africa's Medical Research Council, Professor Malegapuru Makgoba and Credo Mutwa, a custodian of Africa's traditional values and belief systems.

Professor Michael Kelly addressed the Conference, and referred in his address to the experience of children and of the women of South Africa who care for them. All speeches are contained on the CD that accompanies this document, along with transcripts of the plenary sessions.

Working Groups

Conference participants spent most of their time in working sessions designed around the themes of prevention, social support, maintaining quality of education, and managing the response to HIV/AIDS. Satellite sessions were held on higher education, gender violence, and ethics, values and discipline. The working group sessions are summarised in Section Four, and their proposals reflected in a sector Plan of Action at the end of the Section. All working papers from the small group sessions are contained on the CD that accompanies this document.

2 You will agree with me that the input by the children...gives the task of the conference, what we need to do....I run a small education trust started for the orphans, not necessarily of AIDS but of other things, faction fighting, etc. It is now beginning to expand because of AIDS orphans. And at times you don't know where to look to get help. There is a problem out there. I hope the message by the children will make a big contribution to your Conference and therefore that your resolutions will be in one sense, very practically, ready to deal with the issues. Deputy President Jacob Zuma.

3 I wish again to commend the children for their boldness, their articulateness, and may I say, the extraordinary beauty, real extraordinary beauty in the midst of such travail. And I thank them for making their statements, which become now our statements, and for the willingness to share their experiences. I'm very proud of our children. Minister of Education, Professor Kader Asmal MP.



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SECTION TWO: CONFERENCE OUTCOMES

A number of very practical outcomes emerged from the Conference. The children and the youth, who met prior to the Conference, insisted that it should be practical; that it should respond to their needs and should result in explicit action.

1. *Statement of the Problem.*

The themes chosen for the national Conference - limiting the spread of HIV, providing social support, maintaining education quality, and managing the response of the epidemic - were confirmed by the children. It is possible to extrapolate from the challenge they posed, the priority areas requiring attention. It is clear that the problems associated with the epidemic must be ordered in some way if they are to be addressed both coherently and holistically.

1.1 *Limiting the spread of HIV*

"Some schools won't allow AIDS education workshops, like from NAPWA or LifeLine. This is unfair to learners because I believe they deserve to know more. If more teachers and learners are informed, then the discrimination rate at schools can decrease. My school collaborates with NGOs and this works very well." **Upgrading the knowledge of educators, teaching safe sex, reducing discrimination, and cooperating with partners to get the message across is critical.**

"My name is Fuzi⁴ and I come from Ingwahuma in KwaZulu-Natal Province. Last year, 2001, was my hardest year. My mother has been sick before, but not like this year. They said it was TB but they were lying. Before I believed, because I didn't have knowledge about HIV or AIDS, but after I learnt about it at school, I was very scared. I asked her to go and have a blood test. I think she weighed about 35-40 kilograms. Before she told me she was HIV positive, I was very worried and angry and I could not cope with my work at school...Now it is mostly better because I know what she needs from me. It's much more love and care." **If HIV and AIDS is shrouded in silence, children suffer the anxiety of denial and inexperience, but knowledge can make them strong caregivers, and help to build their resilience.**

1.2 *Providing a modicum of social support for infected and affected children, with particular attention to orphans and other vulnerable children.*

"My name is Mpho from the North West Province, and I'm seventeen years old. I believe that teachers can have a huge impact on the lives of learners who are affected and infected by AIDS. I lost my mother and sister in 1999 and in 2000 I was raped by my father. A year later I discovered that I'm HIV positive. The first person who knew about this was a teacher and the attitude that she had is the cause of my positive thinking in life". **A culture of care in schools, and a sensitive approach by knowledgeable teachers can make a profound difference to children in difficulty.**



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"My name is Sesi, I come from North West Province. I am eleven years old. I stay with my brother, my sister and my little sister.... My sister is twenty-five years old and has completed her studies at UNIBO. She does not work. I don't have a mother, I don't have a father because of HIV. Some of my friends do not have mothers as well. My sister's boyfriend is buying us food. He also pays our school fees. What would help me is if my sister finds a job so that she can help us". **Children affected by HIV live in sibling households, with little social support. The fabric of their lives is fragile in the extreme, and, as with children their socialisation, material and emotional wellbeing relies on chance and enduring courage.**

"My name is Mpule and I'm fourteen years old, from North West Province. When I was doing Grade 8, when my mom left for Gauteng without anyone knowing where she was, she left me behind with my three little sisters. They were six years, three years and two months. I couldn't sleep at night because the one who was two months was crying for my mother's breastfeeding. I would go to school very tired, and feeling so ashamed of myself, always planning to kill myself but I couldn't because I would ask myself, who will take care of my sisters? I was cleaning and cooking and caring for my sisters. There was no time for books. The teachers at my school would always shout at me because I didn't do my homework and on top of that, I fell asleep in class...When my mother came home, she came pregnant. I found out that she was HIV positive... Last year I discovered that the younger ones I was taking care of were HIV positive. Everything stopped being so painful when Our Lady Life Skills came to my life. They lifted me up and they counselled me and they really helped me". **Children caring for siblings are in distress, and are likely to withdraw from their studies. NGOs are providing help. The education system also has the responsibility for ensuring either alternative forms of care and learning for such children and youth, or a more flexible learning model.**

1.3 Sustaining access to and the quality of education

"My name is Segga and I come from Limpopo Province. My problem at home is that I don't have parents. I had pupil status so that they can pay for my schools fees. In the year 2000, I didn't have a school uniform so I had to stay at home... This year I've paid school fees and I've got my uniform. I've paid you the money I earn from herding cattle." **In some instances children are being refused access to learning on the grounds that they cannot pay school fees or that they do not have uniforms. Their constitutional right to education is being violated. The education sector has a responsibility to ensure that children's constitutional rights are protected.**

1.4 Creating a foundation for the sector response to the epidemic

"The head of schools can have an impact on the attitude of the staff and learners. The principal at my school tried by all means to help me, so the teachers also get into the mood of helping out. They try to help financially, not only emotionally. My school governing body and teachers are paying for my anti-viral drugs and my boarding so that my granny can be sure that I will finish school." **Schools can be focal points for supporting children and mobilising community action on their behalf. School management is critical in this respect.**



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5 A MESSAGE FROM YOUNG PEOPLE AT THE CONFERENCE

MINISTER, WE FEEL THAT PROJECTS SHOULD BE INTRODUCED INTO SCHOOLS SUCH AS CROSS-TEACHING AND AGRICULTURAL PROJECTS.

MINISTER, WE NEED TO INSTIL A POSITIVE CULTURE OF LEARNING AT OUR SCHOOLS. LET'S LEARN TO LOVE LEARNING.

MINISTER, WE NEED TRAINING AND WORKSHOPS THAT INCLUDE STUDENTS, TEACHERS, THE COMMUNITY AND RELIGIOUS INSTITUTIONS, TO HELP WITH VOLUNTARY TESTING AND COUNSELLING, FOR YOUNG PEOPLE, BY YOUNG PEOPLE. MINISTER, WE BELIEVE THAT GENDER EQUALITY SHOULD BE PRACTICED FROM THE DAY CHILDREN ARE BORN. WE BELIEVE IT WILL MAKE A DIFFERENCE IN OUR COUNTRY.

MINISTER, WE FEEL THAT WE NEED TO FORM SUPPORT GROUPS FOR ORPHANS AT SCHOOL, AND ALSO FORM PARTNERSHIPS WITH FUNDERS AND GOVERNMENTAL ORGANISATIONS. IN THAT WAY, WE WILL BE HELPING ORPHANS FINANCIALLY, WHILE DEVELOPING THEIR SKILLS.

MINISTER, WE HOPE THAT THIS TIME, OUR VOICES WILL BE HEARD.



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"My name is Sello and I come from Northern Province. I stay at Samaritan Centre. I used to stay with my brother. My parents are dead. Now I have been helped by Samaritan Centre. They are taking me to school at Westernberg and they are paying for my school fees and for my uniform". **Children rely on NGO and CBO assistance. The contribution of local interventions can be strengthened and made more coherent, to make better use of their skills, commitment and resources.**⁵

2. Political Commitment.

2.1 Deputy President, Mr. Jacob Zuma:

"This Conference is recognition of the fact that government alone cannot respond to the HIV/AIDS epidemic effectively. There is a need for parents and communities to work together with government to ensure that the messages taught in schools are continued at home.

The account that has been given by the children here...is the most chilling story about HIV/AIDS, how much it is impacting in our society. I think it is one of the most important messages to the nation, so that we could touch the hearts and minds of every South African, so that we can take a decision to do something about HIV/AIDS."

2.2 Minister of Education, Professor Kader Asmal MP:

"The HIV/AIDS epidemic as it is unfolding in our schools and learning institutions, and higher education, right across the entire sector, can no longer be treated as we have done in the past. We need to place education at the heart of the entire national response to HIV/AIDS because education represents the only hope for the future of an AIDS-free society.

We cannot allow HIV and AIDS to threaten the attainment of our national and personal education aspirations and goals... Having only so recently broken the chains with which oppression, denial and apartheid bound us, are we going to let ourselves be bound again by the way AIDS weakens not only our bodies but even our systems and especially our democratic structures? Never, we must say. Never, we must say. We can never allow this to repeat itself. Our responsibility at this time of crisis in our country is to make our personal and collective commitment to ensure that we preserve our system, and we overcome this epidemic that threatens to destroy us all. If, in this crisis we fail our children, fail our teachers, future generations will judge us very badly. So will our children judge us badly. We will judge ourselves badly. So this is our decisive moment."

2.3 Minister of Health Dr Manto Tshabalala-Msimang:

"Young people in our country are not the same, they are not a homogenous group. Different groups have different needs and it is important to tailor our interventions and messages accordingly. We must recognise the creative nature of youth, we must deal with the energy, which drives young people to experiment. We must reaffirm the vitality of youth by saying to our children: Your country, community, friends and families need you to take care of yourself. Take care of yourself by making healthy choices now. Young people are a powerful force for change. As we engage them and interact, we must not forget to commend the young people of our country on the great work they have done in many areas to date."

2.4 Minister of Social Development Dr ZST Skweyiya:

"The role of educationists in implementing the National Integrated Plan for Children and Youth Infected and Affected by HIV/AIDS is critical. In a sense they are in the frontline of our forces being deployed to fight the scourge of HIV/AIDS. It is they who meet and interact with Learners on a daily basis and they who are tasked with the duty of identifying children in distress. The teachers of our children are the people best placed to determine changes in the home circumstances of the Learners whom they teach. It is they who can advise and counsel them on ways of coping with issues such as abuse and HIV/AIDS in the home. It is the teachers who can assist them in accessing the grants for which they and their families may be eligible. It is the teachers who can refer them to social workers and other services in their communities."

2.5 Deputy Minister of Education, Mr. Mosibudi Mangena:

"If we plan and act in isolation we will be weak and ineffective... But if we plan and act together as a coalition of education against HIV and AIDS, we will be powerful and strong. A coalition of partners implies considerable equality...[It] implies trust between the partners or among the partners. This calls for transparency in every dimension...[It] implies sharing: there must be a sharing of resources that ensures that the partners that need them most receive what they should in their activities. There must also be a sharing of information [so that] all are engaged in a common purpose... The flow of ideas and suggestions should both be a bottom-up and a top-down exercise. In this regard let us never forget that the real response to HIV and AIDS takes place at the level of the individual."

3. Improved Understanding

Professor Michael Kelly, International HIV and Education Specialist, University of Zambia:

"It is just over twenty years since HIV/AIDS became a feature of world history. It's very hard for us to realise. Twenty years ago these words were not part of our vocabulary, they are an integral part now. And in those twenty years, what have we done? What have we done? We have sat back in many ways, we must acknowledge it, we have sat back and we've seen men, women and children dying. We've allowed this disease to grow to enormous proportions. But as one of our young people has said, let us not just discuss problems, let us also discuss solutions. We must use education to stem the advance of HIV."

Let us remember that the young people of today, these Learners who are with us and all other young people under the age of twenty to twenty-five are the AIDS generation. They have never known a world without AIDS, they have grown up with it, it's part of their makeup that this disease exists, but they want to get it out of their system, they want to get it away from them. And it is through education that we hope that this could be achieved."

Dr Malegapuru Makgoba, President, Medical Research Council, South Africa:

"We did not have an epidemic in South Africa. Because we did not have it, we can get rid of it. This epidemic arrived in our country in the last ten years, and ... we can galvanise ourselves to get rid of it."



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The Mortality Report of the Medical Research Council illustrates something that has been occurring, that young men...are beginning to die in greater numbers around the ages of thirty-five and forty. Young females who are affected earlier in the epidemic are dying at a much earlier age, between twenty-five and thirty. So there is a threefold increase of young women dying, the most productive women. Remember that most of these young women would have either just come out of university or out of high school. So we are investing money in young people that are disappearing from our society. It's almost like the worst revolving door you can ever have. And that is why education has become the central pillar of the fight against AIDS and HIV in most countries."

Mr. Credo Mutwa, Traditional Leader

"As recently as sixty years ago, you were not allowed by tradition to shed the blood of a woman.

We believed that the women were spiritually greater than the man and our name for great, unto this very day, still means 'woman', inkosi, inkosikazi, indlo, indlokazi, indlovu, indlovukazi; all words which mean great, as well as female. It was the same in other tribes. And the traditional African marriage was an equal partnership between the grain-planting women and the cattle-keeping men. Each one knew his or her field. Each one did not tread over each other's rights. In fact, in Southern African tribes the women had more rights than the man in marriage. We took great and important steps to protect our women and our daughters from molestation. We even had medicines, which we incised on the hips of our wives to protect them against any man who dared to try to rape them. Let us return to treating our women and children with dignity."

4. Declaration of Intent to Work as an Education-sector Coalition.

The Conference adopted a Declaration of Intent. The adoption of the Declaration was accompanied by a commitment to action by representatives of various constituencies.⁶

6 COMMITMENT TO ACTION BY REPRESENTATIVES OF THE EDUCATION COMMUNITY

Traditional Communities

I accordingly convey the commitment of traditional leaders of the country to the initiative that has been taken, and in doing so, I do declare that the gateway to traditional communities, particularly rural communities, which is the seat of traditional governance in the African communities, is open.

Educators

On behalf of the three teacher unions, SADTU, SAOU and NAPTOSA, I wish to pledge our support as educators and our commitment to the principles and sentiments as expressed in the Draft Conference Declaration. We hope that we, as the educator sector, will be able to make a difference and to make it possible for our children to live and to grow up with dignity.

Young People

We, as the youth of South Africa, reaffirm our commitment to the continued fight against HIV and AIDS. We stand by the Declaration of Intent and as young people who are severely affected by any action regarding this epidemic, further request for a visible programme of action at grassroots level, supported by ongoing monitoring and evaluation by the Department of Education and the Coalition partners.

Institutions of Higher Learning

We commit ourselves to supporting the coalition through education, research, community outreach, management of HIV and AIDS, advocacy and stimulation of critical debate and inter and intra-sectoral collaboration. We commit ourselves to a comprehensive institutional response to HIV and AIDS that aims to keep our students and staff free from infection, and which protects and supports all those infected and affected by HIV/AIDS.

People Living with HIV/AIDS

It is important that we are seen as solutions to the problem around HIV and AIDS, not just as problems. And we will continuously enter the schools, the education systems through the Minister's support and the educationists, to reflect what the realities of HIV and AIDS are and how we can help and contribute towards the changes that need to be made while we are still alive.

Children

We support the principles and all that has been said but we as children feel that in your points of recommendations there's no way where we see practical things that would help the needs of the children. We are very thankful because we know that when you do the final declaration you are going to add more that's going to help us see our needs being answered.



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The Declaration anticipates immediate action by the education community in respect of the epidemic, and proposes a multi-sectoral, non-sectarian education coalition against HIV/AIDS. It committed the sector to make a coalition of common purpose effective by:

- Developing a Plan of Action for the education sector;
- Formulating guidelines to promote the functioning of the coalition at all levels throughout the country;
- Setting up an interim steering committee to carry the work forward;
- Monitoring the implementation of HIV/AIDS priorities for action by sector partners.

The Minister guaranteed that urgent action would be taken to ensure that the intent of the Declaration was implemented, as a matter of priority.

5. **Plan of Action on HIV/AIDS and Education**

The work of theme groups ultimately led to the identification of what needs to be accomplished by the education sector in terms of prevention, social support, education access and quality as well as management. This has been incorporated in the Plan of Action on HIV and AIDS in Section Four. The sector plan is a framework for discussion. It is a device for establishing priorities for action, and a blueprint for stakeholders throughout the sector.⁷ The Plan of Action lies at the heart of this working document.⁸

6. **Emphasis on Principal Themes for the Future.**

In closing the Conference, the Minister made commitments to action in four areas.

- **Preventing the spread of AIDS.**

"We have recognised that preventing the spread of HIV will be achieved not only by life skills teaching in the classroom... Preventive measures must include peer education programmes, by the youth for the youth, with strong adult management and a support base... They must also include a more concerted effort to involve parents...community leaders and opinion makers to ensure that we all speak the same language. [We] will ensure that we strengthen these different areas and work with different stakeholders at community level to make this a reality."

- **Providing social support.**

"We know that the lives of many of our children are endangered. [We] will conduct an investigation to learn more about the children who presented their experiences to us here. I will discuss with the Ministers of Health and Social Development so that we could together make a difference to the lives of these children."

I will require the school governing bodies (SGBs) and school principals to comply with legislation, to act reasonably and compassionately to ensure that all our children are able to remain at school... schools and school governing bodies and communities they serve must ensure that the Primary School Nutrition Programme is properly implemented.

⁷*"During the next few weeks my department will finalise the HIV strategic plan and incorporate insofar as is consistent with the overall pattern, all the inputs and ideas that we gained from this experience. Again, this action plan we'll have to prioritise. We just can't have a wish list. We've had too many wish lists in South Africa and so we'll have to prioritise. And such a plan will be published, together with the proceedings of the conference, after it has been reviewed by the steering committee which I will set up."*
Minister of Education, Professor Kader Asmal MP.

⁸*We need a national strategy that takes the debate out of the political arena so that people can clarify the extent of the problem, learn about HIV and AIDS, try to assess the impact of the epidemic on South Africa, work on prevention, management and care, and finds ways of communicating what we know in this very diverse country. Participant.*



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If in your areas the school feeding scheme is not working, please write to me. It's important that we should refashion, strengthen the school nutrition programme... The government is reviewing the school-feeding scheme at present.

Teachers are not social workers... Nevertheless they can, with others, provide care and support for those affected by HIV/AIDS...particularly orphans. It's easy to create a culture of caring in schools. You don't have to be a social worker to have a culture of caring in schools, to ensure a secure environment... Central to teaching is a secure environment, observing zero tolerance for violence or abuse in the school setting."

- **Sustaining education quality and access to education.**

"Let me say again, categorically, that the denial of any child to attend school because of not paying fees is unacceptable, is repulsive to any kind of morality and cannot be tolerated any more. I shall urge provincial MECs to ensure this does not occur in any of our schools. I shall hold the district officials responsible for ensuring that, and I hope that the unions here will also spread this message of rights, of rights, of rights... We must have this conviction that the rights we have fought for should not be dissipated at all - at all, at all. Otherwise we'll be surrendering to the demons of a disease.

The impact of HIV and AIDS on education will change the sector's capacity to provide quality education for those who are well, and those who are ill, and of course, who are distressed. And one of the challenges will be to ensure that the quality of education is not compromised. It will not be sufficient to ensure provision of physical resources only, schools and things like that, we are to assess on a continuing basis our human resources to ensure there's a sufficient number of teachers, and that learners continue to be catered for in all of the schools.

Obviously there will have to be reorganisation in the provinces. And if we're going to add additional staff, the staffing will take more money away. But I think we need to discuss with the provinces the need for district level assistance through counsellors, not only HIV and AIDS counsellors, counsellors in other areas of ill health and psychological trauma. And so we will consider this with our provincial colleagues at the district level. We don't need a counsellor for every school but at district level we could do this."

- **Managing the response to HIV/AIDS.**

"We're not going to set up new structures here. The coalition is here... We need immediately after this to ensure that we act as a coalition. So we'll set up a small steering committee to ensure that the Declaration is drafted, and sent out with maximum publicity. We'll work out ourselves, in association with those who are involved, with some extraordinary NGOs who are here, what we should push forward. We shall also work closely with the South African National AIDS Council.

The spread of the epidemic is imposing a new set of challenges. The capacity of the Departments of Education will be stretched even more so. We'll only succeed if we make a concerted effort to examine new management strategies



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including collaborative management and flexibility in responding to management challenges. Flexibility is necessary and particularly collaborative management. And collaborative management will not only be between departments; it will have to be between departments and those outside of departments. So we'll have to rethink how we do these things because this is what we call an agonising re-appraisal. Two decades, and now we have to carry out a re-appraisal of what we have done.

We can't do everything at once and setting priorities is a political and moral matter. What do we target immediately? And part of the problem is that we don't co-ordinate our activities. And for me, part of the priorities will be to co-ordinate, help to co-ordinate activities, not to restrain anyone from what they're doing, not to stop them from what they're doing, that's their own prerogative, but to co-ordinate it so that we know what is happening on the ground and how we can provide additional assistance to the principal of Bushbuckridge who has never met the AIDS co-ordinator in the province."

PRINCIPAL CONCLUSIONS OF THE CONFERENCE

- HIV/AIDS has created a crisis for the education sector.
- We know what needs to be done.
- We have adequate financial resources, but we are not using them creatively and efficiently.
- We have people who are willing to work, but we are not making best use of their skills and commitment.
- We have ideas, but we are not putting them into practice to save lives.
- We have not tried hard enough or assigned sufficient human and material resources, and time, to the campaign against HIV/AIDS.
- We must hold ourselves, our government, and our sector partners responsible for the wellbeing of the nation and its young people.
- We can help to contain the spread of HIV.
- We can provide basic social support through the education system, with other social sector departments and with partners in the education sector.
- We can continue to provide quality education to ensure that every child and young person is guaranteed education.
- We can be creative and purposeful.
- We can manage our response to the crisis in such a way that we can beat it. That means more information, more collaboration and networking, structures and processes that make a coalition against HIV/AIDS in the education sector viable.



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7. *Priorities for Immediate Action: A Management Framework*

Priority 1: Establish an interim steering committee to drive initial priorities, in anticipation of putting in place permanent coalition structures by the end of 2002.

Priority 2: Establish and sustain a coalition among education sector partners, and formulate guidelines according to which the coalition can function.

Priority 3: Design and establish a Plan of Action for the education sector, and all education subsectors, starting with Further Education and Training and Early Childhood Development.

Priority 4: Identify priorities for immediate, short and medium-term action, within the context of the Plan of Action, and identify partners who will drive priorities.

Priority 5: Develop information systems: data collection and analysis; research priorities; best practice models; funding flows; and contact database of coalition partners.

Priority 6: Improve financial mobilisation, expenditure and monitoring.

Priority 7: Monitor the implementation of action priorities in the sector, the adjustment of priorities, and the regular review of the plan.



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SECTION THREE: THE CONTEXT OF THE CONFERENCE: NATURE OF THE HIV/AIDS EPIDEMIC AND ITS IMPACT ON THE EDUCATION SECTOR

Discussions focused on four principal themes; prevention, social support, education quality, and management response. These themes were discussed against a background of existing knowledge of the nature of the HIV/AIDS epidemic in South and sub-Saharan Africa, the social context within which the epidemic thrives, and the strategic planning issues that can make or break interventions to cope with HIV/AIDS.

This is a crisis. Increasing numbers of countries, especially in Sub-Saharan Africa and the Caribbean, are facing one of the great crises of human history. Other countries in Eastern Europe and the Asia and Pacific regions will confront similar challenges as the pandemic spreads.

There is a difference between HIV/AIDS the disease and HIV/AIDS the pandemic. The ***virus*** known as HIV was first recorded in the late 1970s. Responses to it have been largely biomedical, focused on preventing the spread of the disease. Rising prevalence rates worldwide indicate that strategies to contain the virus have not achieved what was hoped. As HIV spreads and millions are infected, individuals, families, communities and nations have had to learn to live with the disease. But HIV/AIDS is no longer just a disease. It is now a **global pandemic (or national epidemic)**, a different though clearly linked phenomenon that needs to be understood in broad geographical, demographic, environmental, economic, psychological, cultural and social terms.

HIV/AIDS the pandemic is changing the way we live, love and die. It affects not only individuals and communities, but also beliefs, values, systems and procedures, the structures that glue civilisations and cultures together. The full complexity of this phenomenon is not yet understood. Worldwide, governments and communities are only starting to define its characteristics. The battle against "HIV/AIDS the disease" has been joined while the war with "HIV/AIDS the pandemic" continues.

HIV/AIDS has important implications for education. HIV/AIDS impact assessments completed, in a number of Southern African Development Community (SADC) countries such as Botswana, Mozambique, Namibia, Swaziland, Zimbabwe and South Africa, indicate that while some governments have been concentrating hard on delivering life skills and sexuality education to children in school,

- national HIV prevalence rates are still unacceptably high;
- teaching services are being infiltrated by the virus;
- teachers, especially those under forty years of age, are dying;
- universities and colleges are feeling the loss of students, academic and administrative staff.



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⁹ Projections...are not predictions. They should not be regarded as Nostradamus-like efforts to foresee the unforeseeable. Rather, projections reflect the ways in which historical patterns and trends will work out, given the data available at the time the projections are made. When the real experience begins to depart significantly from projected values, a projection makes it easier to identify reasons and to modify views about system dynamics. Charles Simkins, *The Jagged Tear*, 2002.

No significant analysis has yet been done on how education's core professional support institutions - the pre-service teacher training colleges and in-service structures- are likely to be affected by AIDS. However, infection rates among senior personnel are likely to be as high as those among teachers.

Just as important as the information from impact assessments, are the informed observations of teachers which are based on observations of children in the classroom, students in colleges and universities. They show that while the statistics, are certainly useful, the local and immediate experience of AIDS must also inform strategic responses to the pandemic.

Local professionals describe the physical and psycho-social trauma of HIV and AIDS that threaten communities, families and classrooms. In Botswana, senior education officers report that, foreign contract teachers now need to be hired to teach science and maths. In South Africa school heads often report that children arrive for class in a state of trauma because they have been abused, or because they are caring for younger siblings in a parent-less home, or because they have recently lost a parent or friend. In Malawi it is reported that schools do not have the resources to help children in need. School principals and teachers, and even guidance and counselling staff are rarely able to cope with their profound need for safety and comfort. In South Africa and Zambia incest, child abuse and homosexual sex may be on the rise, yet there is little understanding of how children, and young people are coping.

It is essential that available data, however meagre is combined with the intuitive knowledge of local teachers, parents and communities to design strategies for protecting education quality.⁹

In general terms, how is HIV/AIDS likely to affect education?

Demand for education: Fewer children are expected to enrol in school because HIV-positive mothers die young, with fewer progeny. Infected children die of AIDS complications. Children who are affected by HIV/AIDS - those who are ill, impoverished, orphaned, or those who are earners or producers - do not go to school or college. For the same reasons, affected learners drop out, and education retention, transition and completion rates fall.

Supply of education: Qualified teachers and officials are being lost. Factors that contribute to their vulnerability to infection include their comparatively high incomes, remote postings, and their geographic and social mobility. Teachers are also leaving the service for better jobs in the private sector, which is also losing qualified staff to HIV/AIDS. The capacity of teacher training institutions to keep up with teacher attrition may be undermined by their own staff losses. (There are likely, in any case, to be fewer tertiary students in future as secondary school output and quality declines, and as higher education itself declines due to staff attrition.)

Costs: Financial constraints are likely to make it more difficult for education ministries to provide formal education of adequate scope and quality. Sick and death benefit costs are already rising, along with additional costs for teacher training. Government will come under increasing pressure to switch resources away from education to other social sectors like health and welfare. Contributions to education from impoverished parents and communities can be



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expected to decline, and HIV-affected households may no longer be willing or able to keep children at school these factors will shift more of the cost back to government.

Trauma: What is ultimately incalculable is the trauma that is starting to overwhelm individuals and communities. At the very least, school performance will decline where teachers, officials and learners are ill, lack morale and cannot concentrate on professional matters or learning.

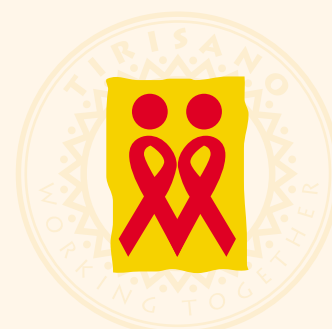
This is an issue for the whole education sector. As the pandemic advances, health-driven national strategies are being replaced by multi-sectoral strategies. Departments of education alone do not have the capacity to respond to the challenges HIV/AIDS poses for education. It is clear they can only achieve their strategic goals in partnership with others. The capacities of partners within the education sector as a whole need to be strengthened. Policy and regulatory frameworks need to be established for effective collaboration.

SECTION FOUR: A STRATEGIC SECTOR-WIDE HIV/AIDS AND EDUCATION PLAN OF ACTION

Working groups tackled the four principal Conference themes: limiting the spread of HIV, providing social support, maintaining education quality, and managing the response to the epidemic. Participants raised problems, discussed current tactics, considered resource allocations and expenditure, and identified priorities for urgent action.

Because their recommendations are, of necessity, idiosyncratic, they have been plugged into a coherent and comprehensive plan of action, which represents their priorities, as well as others that were not discussed, but were identified previously.

The plan of action is a matrix of actions that are fundamental to the campaign against HIV/AIDS. Clearly they cannot all be initiated immediately. Priorities for action must be identified in the follow-on to the Conference. Those expected to make suggestions for action include: the interim steering committee to be established by the DoE, specialists, teachers with caring skills, higher education personnel, provincial education department managers, curriculum developers and monitors, and in-service trainers.



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THEME ONE

PREVENTION: LIMITING THE SPREAD OF HIV

THE CHALLENGE

HIV prevalence rates among learners and educators are cause for national concern. Substantial numbers of teachers are ill or are likely to be infected over the short term. Many learners are ill and are already leaving school or are performing poorly. Trauma from AIDS is affecting the ability of the school system to function optimally.

The challenge for the education sector in containing the spread of HIV is twofold. Firstly, there is a need to prevent the further spread of HIV in those areas where it is already impacting on the schools, not only to contain its replication but also to mitigate its impact. Secondly, it is necessary to anticipate the direction of the epidemic in order to prevent HIV from entering those areas that are currently free from it.

To date, prevention methodologies have been widely disseminated in a generic manner. The focus of these methodologies has been primarily on Information, Education and Communication. Materials that attempt to persuade young people to Abstain - Be Faithful - Condomise have been distributed. More recently, Voluntary Counselling and Testing (VCT) approaches have been used. While each of these methodologies is useful in preventing HIV, their success is determined by the extent to which they are targeted at the needs of particular individuals. In order to target prevention methodologies appropriately, it is necessary to understand the reasons why people have sex. Different prevention methodologies should be designed in terms of the differences underlying sexual behaviour. For example, for newly married couples considering childbirth, condom use is unrealistic. However, in order to ensure that the couple is protected from HIV it would require that both are tested. They will then be in a position to make rational decisions based on the outcomes of the test. For HIV prevention in schools, it is important that those responsible for life skills programmes understand the sexual behaviour of learners and teachers in order to offer appropriate and targeted prevention methodologies. For example, if large numbers of learners are engaging in sexual relations with older men in exchange for money or other commodities, they are not likely to use condoms because the more powerful male partner may not permit them to. The life skills programme as it currently exists is therefore only a very rudimentary step toward an effective response to containing HIV spread in schools.

In designing an effective HIV prevention strategy, it is imperative that the education sector understands that the epidemic in the schools is not a single epidemic, but is multiple in nature, driven by different factors that manifest differently from one community to the next. Understanding the complex nature of the epidemic and how it manifests implies that specific responses would necessarily be effective only if targeted at and responsive to specific challenges that face particular schools.



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The Goal & Responsibility of the Education Sector

It is the responsibility of the education sector to improve the knowledge of learners and educators about HIV/AIDS. It must provide young people and teachers with information and skills to reduce the risk of infection, and must work towards reducing infection levels. Furthermore, the sector has a responsibility to work with its partners towards reducing the risk for all South Africans by sharing knowledge, breaking stereotypes, countering abusive relationships, and by working towards a society which offers protection against infection rather than one which promotes risky behaviour.

Key Questions

What is the sector's responsibility for limiting the spread of HIV? What responsibilities do learning institutions have for ensuring safe and secure learning and working environments for learners and educators? How effective are current life skills programmes? What is the potential for saving lives by treating STIs, providing condoms, improving learner nutrition, and providing clean water and sanitation at all learning sites?

What have we done so far? Who else is doing what?

Much work is already being done on prevention. While government's HIV/AIDS and education investments have concentrated primarily on delivering one prevention model - life skills through the curriculum - many sector partners, are working at national, provincial and community levels to make a difference. Large national and international NGOs are working to:

- *address domestic violence, abstinence and "second virginity" messages through peer group work,*
- *assist those infected and affected to live with HIV/AIDS,*
- *support youth information centres,*
- *train parents and educators on sexuality issues,*
- *prevent child abuse,*
- *train parents to work with orphans as counsellors,*
- *provide voluntary home based care and teach family members to care for those affected and for themselves.*

What are some of the sexual and behavioural patterns that fuel the epidemic in schools?

A role-play was used to illicit the stereotypical patterns of behaviour within the schools. How do the different actors in the school system contribute to the inappropriate sexual patterns that fuel the epidemic?

Learners: The passive tendencies of both female and male learners in situations that are likely to increase their risk of HIV infection. Female learners are particularly vulnerable to sexual advances by respected male members in their community who may offer them money, good grades, food, clothing, security and/or status in exchange for sex.

Educators: Educators are typically well-respected community members with many resources at their disposal. However, a number of male teachers have had abusive sexual relations with young girls and in so doing contribute to the spread



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of HIV. Yet, they are rarely confronted by the consequences of their behaviour. On the other hand, it must be acknowledged, there are many teachers who are supportive of vulnerable learners and offer them counseling support and other forms of guidance.

Principals: Principals have a critical role to play in containing the epidemic. However, while some of them enforce a code of ethics and punishing those who abuse young girls, others turn a blind eye or deny that sexual exploitation takes place in their schools.

Parents: Where parents play an active role, their presence is of the utmost importance. They can contribute to monitoring the behaviour of children and teachers. Parents can also take responsibility for their children and can demand action from school principals. On the other hand, driven by their poverty, some parents encourage their daughters to enter into inappropriate sexual relations that may result in financial gain or security.

Traditional Leaders: Traditional leaders are often the custodians of culturally accepted sexual practices. They are very influential and can insist that certain practices should be changed for the betterment of the community. In the interest of limiting HIV infection in younger girls, they can play an important role in reversing practices that normalise sex between older men and younger girls. Traditional leaders have thus far not been actively involved in the school system's HIV and AIDS programmes and need to be brought on board urgently.

Peers: Peer group pressure contributes significantly to decisions that learners make and can influence the spread of HIV.

Understanding the factors that drive the epidemic.

The spread of HIV in schools is driven by several common factors that are responsible not only for increasing the vulnerability of both boys and girls to an early sexual debut but also for sexual patterns and networks that might fuel the epidemic. These factors are linked often to high levels of poverty, unemployment, poor health and nutrition, the low status of women and girls in society, and labour migration. More importantly, there are specific factors that determine the spread of HIV from one community to the next.

The low status of women and girls in society, as dictated by both cultural and religious values, underlies most other factors that contribute to the spread of the epidemic. In many communities in the poorer provinces of South Africa, parents migrate to urban areas in search of work leaving their children to fend for themselves. For young girls this often means using sex as a commodity of exchange. Economic migration also contributes to the spread of HIV by creating new sexual networks. Migrant workers often maintain ties with their original homes while establishing new relationships where they work.

Regardless of their poverty, women and girls are socialized to accept their fate as the lesser partner in sexual relations. They therefore rarely challenge the sexual advances made by men. Female learners, when approached by male teachers for sexual favours, often do not resist because social and cultural norms dictate their subservience. Data from the Department of Health confirms that this inter-generational sex is responsible for the transmission of HIV to



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younger girls. Because of their low status, young girls are unable to resist the sexual advances of older men.

Many children and young people grow up in circumstances characterised by lawlessness and shifting values. The increasing shift from *ubuntu* has meant the breakdown of family structures: "there is no one to monitor or impart appropriate behaviour, while Community cohesiveness has made way for individualism". Where "traditional behaviours" persist, patriarchies are often inimical to women's welfare, and "girls are not encouraged to be the ticket to their own future".

Interventions by the education sector to reduce the risks of HIV infection for learners and educators need to consider the environment in which behaviours are shaped. The socio-economic contexts in which HIV infections occur make the effective implementation of life skills difficult and at times impossible, particularly for young girls. The education sector needs to work with partners to assist in the creation of safe environments, not only within the school, but also within communities. In this way the sector can contribute not only to the protection of learners and educators, but also to the wider response to the epidemic. If the sector response is limited to the confines of its institutions, and is not part of efforts to fundamentally change the environment in which risk is determined, then it will have limited success.

Who should be involved?

HIV/AIDS is everybody's business. It is impractical to focus an HIV prevention programme for schools only at the schools. Such strategies do not take into account the fact that sexual behaviour does not necessarily take place at school. Consequently, it is important that the DoE enlists the support of community leaders. Different communities will require different approaches. In a community with a mine as the focal point for instance, key actors would include learners, teachers, principals, parents, women's organisations, traditional leaders, religious leaders and other custodians of social values, as well as the mine workers who, in most cases, would be involved in sexual relations with learners. The focus should be on "life skills for the community to protect the schools" rather than just for the schools.

PRIORITIES FOR ACTION

Action to contain HIV must be targeted and must address the determining factors that fuel the epidemic specifically. These factors include poverty, unemployment, risky sexual behaviour, shifting value and belief systems, gender imbalance, and the social and economic infrastructure of villages, towns, and informal settlements.

- **Community Life skills Committee**

A committee comprising all key players should be established to support the school HIV programmes and monitor progress toward containing the epidemic. The Committee should be responsible for establishing sanctions for inappropriate sexual practice and for ensuring that learners are protected from anyone who interferes with their learning.

The one-model life skills approach must give way to locally biased strategies that make the best use of resources.



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The collaboration model involves collective and individual commitment in terms of consultation, advocacy, research, planning and intervention, and monitoring outcomes, in support of direct interventions. While schools are obvious HIV/AIDS focal points for communities, they can only be focal points within a cooperation framework that includes interdepartmental/intersectoral/government/non-government partnerships. It is necessary for districts and schools to draw in assistance from external specialists for specific purposes. Such specialists can be drawn from community leaders, parents, traditional healers and leaders, faith-based organisations, police, homebased care organisations, and SGBs.

Insufficient knowledge and customary or religious biases among parents and the broader community inhibits effective prevention work. In some districts for example, the availability of condoms in schools is prohibited "because this would condone sex among adolescents instead of encouraging them to abstain".

Parents, school governing bodies and officials must be targeted for training. School clusters working with NGOs, clinics, parents, police, faith-based organisations, teachers and education officials, nurses, doctors and other health and social workers would make it possible to upgrade their HIV prevention campaigns.

- **School-based HIV strategy and plan of action.** All schools will be required to develop an HIV prevention strategy and plan of action. The strategy should be developed and implemented with the Community Life Skills Committee. This strategy would include the ongoing life skills programmes but within a broadened context.
- **Implementing a broadened life skills programme.** The life skills programme will be broadened to include educators and parents. The life skills programme will be bolstered by integrating data and analysis of the factors determining the spread of HIV in the schools with a view to enabling learners and teachers to understand their vulnerability. Sexual behaviour patterns and the influence of existing gender relations will also be explored as part of the curriculum to enable learners and teachers to understand what constitutes risky practices.
- **Educators as the first line of defense.** Teachers can work collaboratively in support groups and home-based care teams to learn basic coping and caring skills. They can be proactive in using and learning from local counsellors, nutrition educators, nurses and doctors, health and social welfare officers. They are well positioned to be creative in establishing cooperative structures, guidelines and processes for school-community collaboration.



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Educated professionals must be responsible for educating women and girls about their human and Constitutional rights. They must also enable men and boys to respect those rights and respect the choices that women make in sexual relations. It is essential that codes of professional conduct are enforced and that decisive action is taken on unprofessional behaviour. By imparting positive values, using education to change gender relations and by nurturing the democratic process, educators can

promote policies of zero tolerance for violence, discrimination and harassment.

- **Counselling, Care and Support.** Not all educators can be counselors. Nonetheless, it is essential that they are all sensitive to the emotional and psychological needs of learners. The full participation of the Department of Social Development is essential. In addition, the NGOs, CBOs and FBOs can work with educators to develop counselling programmes. They can harness the skills of specialist staff when necessary. Teachers must be at the front line of those identifying learners in difficulty or trauma and should monitor their well-being and performance. The active involvement of teachers is vital.

The viability and cost-effectiveness of treatment for infected educators requires systematic analysis and action. They must be encouraged to undergo counselling and testing. Once they know their HIV status, they should be encouraged to act as positive role models for those in their care.

Recreational centres and sports facilities that provide additional opportunities for income generating training are essential to giving young people hope in the future.

- **Dealing with Gender Imbalance and Sexual Violence.** The need to address gender inequality is critical to containing the spread of HIV/AIDS. This is a topic that invites responses that do not address the underlying reasons for gender inequality. The impact of gender inequality on sexual relations requires a concerted and sustained effort. Understanding how gender inequality leads to risky sexual practice is the first step to addressing this challenge.

Mobilising the community to define appropriate gender relations is important to containing the spread of HIV. The Community Life Skills and HIV/AIDS Committee should design a social mobilisation programme to stigmatise inappropriate sexual behaviour, including intergenerational sex.

Economic alternatives for vulnerable women and girls should be explored along with life skills support. The law enforcement sector should also ensure that sexual violence is dealt with decisively.

- **Collaboration with key sectors.** In order to address the twin challenges of HIV and poverty, it will be necessary to collaborate with the departments of Social Development, Labour, Public Works, Trade & Industry, Minerals & Energy and Transport. The sectors involved with safety and security need to be involved to ensure that law enforcement is effected, particularly with regard to gender inequality and sexual violence.



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THEME ONE: PREVENTION - LIMITING THE SPREAD OF HIV

<p><i>Strategic Objectives</i></p>	<p><i>Activities</i></p>
<p>Strategy I: Community Life skills Committee The Community Life skills Committee (CLC) would be established in partnership with the schools under the leadership of the school or the District level Education Officer, in partnership with local government and other key sectors. At minimum, the CLC will include Learners, Educators & Principals, Parents and the SGB representative, a representative of Traditional leaders, women's organisations and other relevant community organisations that will be identified through the participatory planning process</p>	<ul style="list-style-type: none"> • Using community participatory planning tools <ul style="list-style-type: none"> - Each CLC will begin with a rapid situation process to identify the factors determining HIV/AIDS in their particular community - Establish the known sexual patterns and networks in that community - Identify the vulnerable communities that are either already affected or may be at risk . - Explore norms with the "gatekeepers" of culture in the community for acceptable sexual practices - Explore solutions for changing high risk practices - Explore with other sectors, activities to address some of the underlying determining factors such as poverty and unemployment - Assist the school to develop an HIV/AIDS strategy and action plan incorporating the outcomes of the community participatory planning process
<p>Strategy II: School-based HIV/AIDS Strategy and Action Plan</p>	<ul style="list-style-type: none"> • Develop a school level HIV/AIDS strategy and action plan in close collaboration with the proposed Community Life skills Committee. The strategy must incorporate lessons from a situation analysis highlighting the determining of HIV in the community and an understanding of gender relations and sexual practices
<p>Strategy III: As part of HIV/AIDS strategy, implement a broadened life skills programme to include Educators and parents, as well as a communications strategy to support it</p>	<ul style="list-style-type: none"> • Revise curricula at schools to integrate the local factors determining the spread of HIV, the understanding of gender relations and sexual patterns in a particular community. It is important that the approach speaks to the specific concerns of the community.
<p>P1. Strengthen life skills teaching in all schools, promoting values which inculcate respect for girls and women as agreed by CLC</p> <p>Extend life skills training to include teachers and parents for their personal benefit and for the purpose of strengthening the bridge between schools, home and community</p>	<ul style="list-style-type: none"> • Develop and distribute materials to all education and training institutions. • Train district officials, the CLC and institutional directors on HIV etiology, life skills and social support. • Adjust pre-service programmes. • Evaluate the impact of the life skills programme. • Create and sustain networks of support providers to assist and complement educators. • If necessary, consider appointing additional HIV/AIDS facilitators in districts and regions working with clusters of schools and their partners. • Intensify the understanding and implementation of the concept of prevention + care + treatment + nutrition
<p>P2. Provide all educators with HIV/AIDS emergency guidelines and other materials</p>	<ul style="list-style-type: none"> • Regularly disseminate HIV/AIDS emergency guidelines. • Publish and distribute these and other resource materials to all learning institutions.
<p>P3. Continue to design and promote national media campaigns targeting young people and parents.</p>	<ul style="list-style-type: none"> • Cooperate with radio, television and others.
<p>P4. Establish peer educator teams in all learning institutions for youth and educators.</p>	<ul style="list-style-type: none"> • Cooperate with other Government Departments and NGOs to develop and implement plans for peer educator team training. • Adapt and distribute appropriate materials. • Provide suitable counselling, sickbay, and recreational space.

<p>P5. Strengthen HIV/AIDS prevention initiatives in all learning institutions.</p>	<ul style="list-style-type: none"> • Provide resource materials. • Support development of annual action plans by clubs and/or peer teams. • Encourage youth to travel to other schools, to share their experience and assist others. • Use peer educator teams and PLWHAs to help improve knowledge and skills. • Develop institutional outreach programmes to provide community help to those affected by HIV/AIDS. • Regularly assess institutional HIV/AIDS work.
<p>P6. Ensure that all learning institutions develop an HIV/AIDS policy plan and monitor its implementation, and introduce workplace policies in all educational locations.</p>	<ul style="list-style-type: none"> • Distribute a HIV/AIDS School policy for all schools to adapt and use as a guide • Issue materials and provide professional health, education and social support to learning institutions, peer educator teams in all institutions, district officials, school governing bodies, and community/parents. • Use schools as community HIV focal points to provide leadership and support for local initiatives.
<p>P7. Establish research priorities and commission investigations on adopting positive and healthy lifestyles.</p>	<ul style="list-style-type: none"> • Establish research priorities. • Commission research on initial priorities: (1) cultural values (negative and positive); (2) violence and abuse against women and girls; (3) sexuality and life skills education, and parental roles and responsibilities; (4) factors that make learners and educators vulnerable to infection; (5) baseline knowledge, attitudes and practice; (6) factors related to behaviour change; (7) how young people learn about safe sex; (8) proposals for a youth condom programme; (9) prevention models that provide an alternative or are complementary to the life skills/life orientation curriculum model. • Ensure research findings are disseminated to those who can use them.
<p>P8. Harness the resources of other providers to complement school's prevention programmes</p>	<ul style="list-style-type: none"> • Develop a research and development network to inform teacher education and the work of departments of Education, Health, Social Development, Correctional Services, Local Government representatives, NGOs, CBOs, youth, PLWHA, police, traditional leaders and healers, and FBOs. • Disseminate research to those who can use it. • Create and sustain networks of providers at national, provincial, and district levels, with support from district officials at local level. • Coordinate human, financial and material resources more effectively within the context of a strategic plan. • Form school-level committees, which include representatives of community, local organisations and peer groups, to monitor the environment of the school, and work on risky behaviour issues.
<p>P9. Enforce codes of conduct and appropriate disciplinary measures for all educators.</p>	<ul style="list-style-type: none"> • Disseminate codes of conduct and apply rigorously, with disciplinary action through SACE and/or the courts.
<p>Strategy IV: Dealing with gender inequality and sexual violence</p>	<ul style="list-style-type: none"> • Using community empowerment tools <ul style="list-style-type: none"> - As part of community situation analysis, explore gender relations in each community to understand how they may impact on the spread of HIV. This would require a close look at some of current cultural norms and practices, the influence of religion and other social values

<p>Strategy IV: Dealing with gender inequality and sexual violence (cont)</p>	<ul style="list-style-type: none"> - Host community forums to discuss sexual practices in the community and schools, that might fuel the epidemic and how these are related to gender relationships. In these forums explore alternative scenarios for appropriate sexual practices and gender relations in particular communities. - Discuss unacceptable sexual practices in particular those that lead to high infections of learners and educators and develop a strategy to deal with them. A campaign to stigmatise unacceptable behaviour in particular communities would be a powerful deterrent. - Discuss support activities in partnership with other sectors that might be developed to reduce the vulnerability of young girls to the advances of older men. - Discuss sexual violence and abuse in the community and agree on sanctions and collaborate with the law enforcement sector to act decisively against perpetrators.
<p>Short-term Outcomes</p> <ul style="list-style-type: none"> • Educators are systematically introducing learners to HIV-related information across the curriculum. • Educators have been trained in life skills for their own personal benefit • Parents and SGBs have been trained in life skills and prevention programmes of the school • All institutions have trained peer educator teams. • Teacher education programmes reflect the HIV emergency. • Life skills interventions are being monitored. 	<p>Medium-term Outcomes</p> <ul style="list-style-type: none"> • Infection rates among educators and learners are reduced. • Rate of unplanned adolescent pregnancies starts to decline. • Acceptable levels of educator and learner performance are sustained.

THEME TWO

SOCIAL SUPPORT FOR AFFECTED LEARNERS AND EDUCATORS

THE CHALLENGE

The traumatic effects of chronic illness and personal loss stemming from the HIV and AIDS epidemics are affecting learners and educators in profound and devastating ways. The difficulties they experience as they struggle to cope, personally and socially, are affecting the quality of education.

Of great concern are the increasing number of children and orphans living in poverty, and the number of teachers infected by HIV. It is vital that structures are created and policies implemented for those in need.

The challenge lies not only in identifying those in need, but also in implementing policies, plans and programmes that address their needs and which make government services accessible to them. The challenge of providing psychosocial support must be addressed urgently. The actions that are taken should not only provide some respite for those in need, but should be aimed at containing the epidemic and mitigating its effects.

THE GOAL OF THE EDUCATION SECTOR

It is the responsibility of the education sector to create an environment in all education and training institutions that is safe and caring. Educators who are living with HIV/ AIDS need to feel supported in order to live productive lives. Educators are duty bound to develop an understanding of the special needs of learners who are experiencing the distress of poverty and loss. Addressing affected children's needs must be done within the context of the Integrated Plan on Children infected and affected by HIV/AIDS which involves the Departments of Education, Health and Social Development at national and provincial levels.

KEY QUESTIONS FOR THE TRACK

- *What can be done to ensure that learning institutions are places of safety for learners and educators? There must be zero tolerance of abuse. Educators must guard learners' safety.*
- *What role do schools, parents, government departments, CBOs, NGOs, and FBOs have to play to create a culture of care? How can their participation in a circle of support be formalised?*
- *What responsibilities do educators have for identifying orphans and children at risk, ensuring their access to education, and providing alternative learning opportunities?*



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PRIORITIES FOR ACTION

- **Keeping children in school**

It is vital that all children stay at school as long as possible. This will reduce their vulnerability, keep them out of "trouble" and reduce the chances of them getting into situations that might lead to HIV infection. A thorough education, training and socialising for adult responsibilities is essential. Education is currently the only "vaccine" against infection. This must begin in the early childhood development phase. While life skills and behaviour-change programmes are key to any response to HIV and AIDS, they take time to become effective. Direct interventions, such as the provision of food, uniforms, care and shelter, are desperately needed, and will help children and young people move through their early years relatively unscathed by HIV and AIDS

- **Strengthening the Safe Schools Programme and cultivating a culture of care and support in schools.**

In order for a culture of care to be established, concepts of the "caring adult" and "child resilience" must be central to all strategic planning in all learning institutions. These concepts must be carried through into every aspect of the implementation of these plans. Every learning environment must be safe and secure. Staff and children must be supported by a culture of care - a circle of support.¹⁰ All institutions must provide an environment that promotes health. It is essential that an attitude of zero tolerance to abuse and violence is adopted in all schools.

- **Providing support at different levels**

Support at school and community level

- ▶ School should be at the centre of community endeavors in the fight against HIV and AIDS.
- ▶ Every learning institution must have a comprehensive HIV/AIDS component in their development plan that addresses prevention, awareness raising and the needs of those infected or affected. It is important that the plan looks at other contextual and related. Such a response should focus on the traditional practices of the community in which the school is situated, the levels of sexual harassment, and the status of girls and women.
- ▶ Community networks that include SGBs, traditional leaders, CBOs, FBOs and NGOs, as well as government departments, should be mobilised.
- ▶ Parents should be closely involved in the HIV/AIDS campaign, and mobilised through training sessions and discussion.
- ▶ There should be closer links between teachers and SGBs to:
 - create support systems in the school and communities;
 - create support systems at schools (teacher-teacher and learner-learner);
- ▶ Teachers should be trained in basic counselling skills.

¹⁰ See CD Figure 'Circle of Care'.



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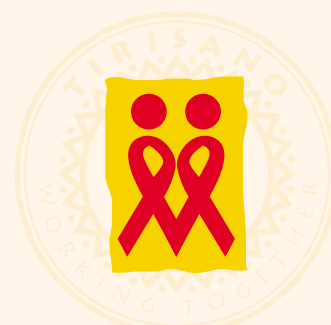
- ▶ Educators can become involved in poverty alleviation in their communities in the following ways:
 - Feeding schemes in schools can be implemented;
 - Many companies are willing to help. Educators are ideally placed to mobilise commerce and industry;
 - Food garden projects: The food produced from these gardens can be used to feed those in need in the surrounding community;
 - An "Adopt a learner" project will help to support poor and orphaned children;
- ▶ Family support systems for educators and learners. Home visits should be encouraged in order to support the creation of a caring and inclusive community spirit.
- ▶ Recreational centres should be established in communities.

Support at national and provincial level

- ▶ Government should intensify its commitment to a multi-sectoral district approach, which includes business, the departments of Justice, Agriculture, Home Affairs, Transport, Health, Education and Social Development, the South African Police Service and local government structures.
- ▶ Managers at all levels need to be more knowledgeable of the issues surrounding HIV/AIDS, and provide greater leadership and informed support.
- ▶ National and provincial policies should be interpreted and adapted according to the different needs at district and schools levels.
- ▶ The content and delivery of all training and capacity building programmes, including pre-service and in-service training for teachers, should be redesigned to provide support skills.
- ▶ Well-resourced schools should be linked with those poorly-resourced to help them solve school-specific problems.
- ▶ Services need to be contracted out to ensure teachers continue with their principal responsibilities.
- ▶ Responsibilities, authority and resources should be delegated to grassroots level, even in deep rural areas.
- ▶ Adequate resources - human, financial and material - should be mobilised and given to those communities that need them most.
- ▶ Information-sharing mechanisms should be put in place.

Academic Support

- ▶ As HIV/AIDS affects the ability of children to learn, a Special Education Needs (SEN) coordinator can work with the curriculum section of their district office to find ways of dealing with issues outside of academic education.
- ▶ Put systems in place to assist learners who are too ill to go to school.
- ▶ Support the learning of out of school youth.
- ▶ Introduce training programmes for teachers in remedial education.
- ▶ Establish a school site-based support system to assist learners with academic problems.



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Emotional and Spiritual Support

- ▶ The silence that currently surrounds HIV status must be broken.
- ▶ Identifying those in need.
- ▶ Orphans and vulnerable children are often lonely. They often do not have opportunities to interact with caring adults. It is essential for children that someone is available in their school who they can approach, and with whom they feel safe. Learners must know that they will not be discriminated against because of their HIV status, or because they have family members with HIV or AIDS.
- ▶ Children from families that are dysfunctional lose touch with their spiritual life. Schools can replace this void. Prayers at school could help.
- ▶ SGBs have an enormous role to play. The following suggestions will enable schools to help their learners cope:
 - Establish bereavement groups.
 - Develop a teaching community where every teacher is a caring teacher.
 - Implement a system of teddy bear teachers - somebody who knows the children as well as the parents know the children. This teacher should welcome, greet and help their children when they come to school, and give them a sense of security. Touching children is essential. However this is a complex issue in view of the high levels of sexual abuse.
 - It is important to remember that children are often better able to respond to a peer than to adults in the school.
 - Link with community spiritual organisations and the moral regeneration movement.

Monitoring

- ▶ The monitoring and evaluation of programmes is vital as it provides an opportunity to assess and re-strategise.
- ▶ Continuous assessment of the programmes that have been initiated must be implemented to track their effectiveness.



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THEME TWO: SOCIAL SUPPORT FOR AFFECTED LEARNERS AND EDUCATORS

<p>Strategic Objectives</p>	<p>Activities</p>
<p>S1. Provide support for learners and educators, including psychosocial support.</p>	<ul style="list-style-type: none"> • Liaise with social and health workers at district level to develop systematic district and community support programmes for learners, educators and caregivers affected by HIV/AIDS. • Regularly and systematically train selected teachers in each learning institution in HIV/AIDS aetiology, counselling techniques, and school-linked systems for identification, referral and tracking of learners in difficulty. • Regularly and systematically develop para-professional youth peer educator teams in all learning institutions with counselling, health and care skills. • Provide psychological and social support materials for educators and youth peer educator teams. • Devise ways to identify and use NGO, PLWHA, faith-based and community-based counselling programmes to help education staff, parents and other community members. • Improve access of Learners to social and health services. • Consider using under utilized educational facilities as psychological, spiritual and welfare community centres. • Establish school-based registration and tracking systems for vulnerable children and link to social sector services.
<p>S2. Improve nutritional, health, and medical services for orphans and other vulnerable children, young people and educators infected and affected by HIV/AIDS.</p>	<ul style="list-style-type: none"> • Commission urgently a study on how to implement a national feeding scheme for all children who need it in primary middle and secondary schools, in school hostels, and at home, including provision for orphans. Include food subsidies and school-based food production. • Analyse recommendations and take appropriate action. • Improve access of learners to youth-friendly social and health services, such as Voluntary Counselling and testing and treatment of Sexually Transmitted Diseases, homebased care services, and reproductive health programmes for older children. • Investigate the possibility of providing basic medications (panadol, worm medicine, broad spectrum ointments, Vitamin C), a sick bay, and an HIV/AIDS emergency kit for all learning institutions. • Provide, as a matter of urgency, free education, books, uniforms for children in difficulty, including AIDS orphans, those who are impoverished, and refugees. • Integrate school initiatives with poverty relief programmes: end school fees, abolish school uniforms or provide them on request, ensure every child's right to education is guaranteed. • Ensure all schools have regular supply of potable water, and adequate and separate latrines for males and females.
<p>S3. Improve liaison among professionals in the social sector (educators, social workers and health workers) to help both educators and learners.</p> <p>¹¹ See CD Figure 'Circle of Care'.</p>	<ul style="list-style-type: none"> • Devise strategy for regular visits of social and health workers to assist learners and educators. • Devise school-community local referral scheme between schools and social services. • Work towards a circle of care¹¹ for orphans and vulnerable children. • Provide guidelines for the establishment of coalition management procedures and structures and build capacity among coalition partners.
<p>S4. Establish human rights codes in all learning institutions to create an ethos that reflects human rights, inclusion and acceptance.</p>	<ul style="list-style-type: none"> • Review human rights conventions (international and national) particularly relating to children's rights, and to stigmatisation and discrimination linked to HIV and AIDS. • Develop a handbook on human rights, protection of minors, child abuse, sexual harassment <i>inter alia</i>, and distribute to all learning institutions.

	<ul style="list-style-type: none"> • Create opportunities for sensitising staff, parents and learners about human rights of children, and particularly of those who are infected and affected by HIV/AIDS. • Monitor/track human rights performance in learning institutions.
<p>S5. Under the umbrella of the human rights codes, practice zero tolerance of violence, harassment and sexual abuse in all learning institution.</p>	<ul style="list-style-type: none"> • Disseminate a code of conduct to all learning institutions and monitor its application. • Ensure that legislation that criminalises sexual relations between educators and learners in learning institutions is implemented. • Implement and apply the codes, policies and laws rigorously through guidelines, regulations and the courts.
<p>S6. Establish research priorities and commission investigations on issues related to behaviour change.</p>	<ul style="list-style-type: none"> • Establish research priorities. • Commission or obtain research on priorities including (1) stigma and discrimination; (2) the nature of HIV and poverty-related childhood trauma and how children cope; (3) the particular traumas associated with HIV and AIDS; (4) developing care and counselling programmes around the learning institutions and community, including additional staffing requirements; (5) the capacity of educators to undertake care and counselling responsibilities; (6) advocacy and social mobilisation; (7) intergenerational communication strategies; (8) getting male role models back into primary school life; (9) health-promoting schools.
<p>S7. Disseminate information</p>	<ul style="list-style-type: none"> • Bring community members into schools, and involve educators and youth in action research. • Establish databases, information systems, websites and criteria for identifying best practice.
<p>S8. Monitor the implementation of interventions, application of codes and regulations, best practice, and collaboration procedures.</p>	
<p>Short-Term Outcomes</p> <ul style="list-style-type: none"> • A peer educator team in every institution. • Learners and educators have access to health and counselling services. 	<p>Medium-Term Outcomes</p> <ul style="list-style-type: none"> • A culture of care is established in each institution which includes learners, educators, health and social workers. • Children remain in school because of improved care and nutrition. • All institutions are safe places. • There is zero tolerance for violence and sexual abuse in all learning institutions.

THEME THREE

EDUCATION QUALITY: EDUCATOR SUPPLY, DEMAND AND QUALITY, AND TEACHER EDUCATION

EDUCATION DEMAND, SUPPLY, QUALITY AND MANAGEMENT

THE CHALLENGE

The HIV/AIDS epidemic is affecting the performance, the quality and viability of the education service as well as the management of the sector. Recent reports have recorded increases in mortality rates among educators. It has been argued that, given the fact that many of these deaths were due to opportunistic infections, they may be attributed to AIDS. This has raised the concern that educators would not be able to take a pivotal role at the centre of the national response to HIV and AIDS if they are decimated by the same epidemic.

The death of teachers and students in training affects the supply of and the demand for teachers. Any attempt to understand the effect that AIDS will have on the teaching profession must take this into account.

Accurate modeling of teacher supply and demand is complex. A comprehensive model requires hard to come by statistical information. Nonetheless, a number of teacher supply and demand projections have been made. However, it is recognised that education planners still have a distance to go before they can develop accurate supply and demand models.

Modeling the education system for making supply and demand projections is a shared responsibility of national and provincial education departments, higher education institutions, and other research bodies. Collaboration in this regard is essential to consider how the system can respond to the HIV and AIDS crises. It is clear that processes necessary for co-operation are now required.

Teacher attrition is currently about 5 per cent per annum. Additional AIDS-related deaths indicate there is a need to reassess the country's trainee requirements.

HIV/AIDS poses new challenges for the management of the education service in terms of what services can be afforded to ensure that education continues to be delivered, especially in the light of increased absenteeism.

The challenge is to improve our understanding of all these factors; how the epidemic is affecting them now and in the future, and of finding ways of sustaining acceptable levels of education quality and provision.



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THE GOAL AND RESPONSIBILITY OF THE SECTOR

It is the responsibility of the sector to reduce the impact of HIV and AIDS on education by: protecting education quality and provision; guaranteeing that there are sufficient numbers of educators; providing an environment that enables teachers who are infected and affected to continue to be productive; and ensuring that levels of trauma among staff and learners are contained. The education system needs to remain stable and the quality of performance sustained.

KEY QUESTIONS

Demand:

- *What do we know about HIV/AIDS that is likely to affect the demand for education in terms of: the size of learner populations and enrolments; growth rates of learner populations in schools and tertiary subsectors; more complex learning needs among orphaned and other vulnerable children with consequences for learner: educator ratios; traumatized, or vulnerable children?*
- *Have Education for All (EFA) targets been reviewed in the light of the impact of HIV/AIDS on the sector?*
- *What are the demand, supply and financial implications of the epidemic for achieving EFA goals?*
- *What are the resource (human, financial and material) implications of the epidemic for achieving EFA goals?*

Supply:

- *What do we know about the changing supply of education services in terms of: educator morbidity and mortality; the influence of AIDS on educator performance, absenteeism, morale; the costs of provision; other effects of the epidemic?*
- *It has been estimated that while South Africa currently trains about three thousand teachers each year, by the end of the decade, without drug intervention, more than twenty thousand will need to be trained. How can this be accomplished? Restated: How can South Africa's future educator requirements be satisfied in the light of shortages anticipated as a result of the impact of HIV/AIDS?*

Quality:

- *How will the epidemic affect the capacity of the sector to continue to provide education of appropriate quality?*
- *How can the viability of the teaching service be secured? Factors to consider: rising rates of absenteeism ; lower productivity of educators who continue to work while ill; disruption of instructional time and work schedules; lack of provision of cover or medical boarding for educators who are ill; failure to provide alternative learning opportunities for learners forced out of education because they are affected or infected; possibilities of increasing shortages of educators in certain areas (maths and science)*



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- *and older, more experienced staff; trauma, lack of morale and stress?*
- *What alternatives to formal learning exist for those who are forced out of the formal system by economic, health or social circumstances?*

Management:

- *What specific provisions need to be made for the management of the education service affected by HIV/AIDS? Such provisions must ensure: teachers are teaching and learners are learning, deployment and cover for absenteeism; training, recruitment and retention, attrition and deployment continues; medical boarding, testing and counselling and retirement benefits are provided; anti-retroviral drugs are provided; workplace policies are implemented; regulations and codes of conduct are followed?*
- *What can be learned from the business sector's response to protecting their investment in human capital?*
- *Who is accountable for sustaining the quality of education provision under the onslaught of HIV/AIDS?*

PRIORITIES FOR ACTION

- Very broadly, the principal concerns with regard to the viability of the education service, and the sustained quality of education include:
 - ▶ The demand for teachers, in response to anticipated demand for education.
 - ▶ Better preparation of current teachers, and enhanced remuneration and conditions of service to improve retention.
 - ▶ Recruiting more young people into teacher training, through bursaries and scholarships, followed by guaranteed employment.
 - ▶ Training "parateachers" and other non-educators to assist educators.
 - ▶ Revision of suspension and dismissal procedures to move more swiftly through legal structures.
 - ▶ Deepening and broadening dialogue and co-operation.
- It is necessary to "think outside the box" in order to reconsider aspects of the classical model of classroom and teacher, to meet the needs of learners with complicated needs, and to overcome teacher shortages. However, alternatives may themselves be fraught with disadvantages for the poorest of the poor. Further, the job of teachers is to teach. Local government may have a greater role to play in terms of providing social support to learners in difficulty.
- Research is urgently required on the feasibility and logistics of providing anti-retroviral (ARV) treatment for infected teachers, as well as on the cost implications (pensions, medical boarding, medical benefits).
- Recruitment, deployment, cover for absenteeism and retention of serving teachers need to be addressed urgently. This will ensure that scarce education resources are used most efficiently. It is anticipated that numbers of teachers will move to other sectors that are also suffering



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shortages of professional personnel.

- Without enrolment and attendance monitoring systems, it is extremely difficult to determine the real demand for education and supply requirements. Monitoring and research need to be strengthened across the board. We need to know how many learners of compulsory school-going age are not in school, how good attendance by educators and learners is at schools; and how well learners are able to read. We need to know in which specific aspects of schooling, and in which particular geographical areas problems are worst. Once information is available, funds and management energies can be directed rationally and effectively.
- Teachers need to be able to deal with differentiated learning paths and learning speeds. There is a need to be able to differentiate between teacher and non-teacher personnel in learning institutions to decide on the kinds of teachers that need to be trained and the skills they will need.
- A general improvement of the management and performance of the system will enhance the capacity to fight HIV/AIDS. Existing system capacity must be transformed and enhanced. Co-operative planning and decision-making should inform action.

TEACHER EDUCATION

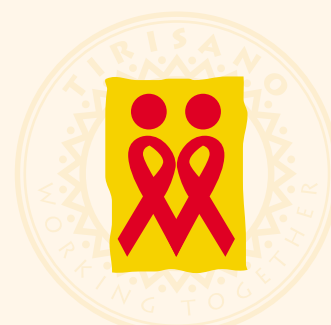
THE CHALLENGE

It is safe to claim that for the majority of higher education institutions that train teachers, the curriculum has more or less ignored the advent of HIV and AIDS. Higher education institutions are slow to change their curricula. Nonetheless, the curriculum has become a target for every conceivable social agenda: the environment, sustainable development, human rights, anti-racism, new forms of citizenship, technological literacy, learner-centred instruction, sexuality education and, of necessity, HIV/AIDS. Furthermore, higher education institutions and other bodies that train teachers often work in isolation from each other and the communities that surround them. They often lack access to the multiplicity of institutional and societal resources they could draw on to inform, guide and instruct the development of educators. It is cause for concern that higher education institutions might, under pressure to respond, make superficial add-on components to the mainstream curriculum without seriously and systematically incorporating HIV/AIDS into teacher training. In fact, existing models of teacher upgrading and development may conceivably no longer apply to the changing patterns of school attendance by learners and teachers.

Cooperation and networking are common development buzzwords in South Africa. Sadly, commitment to collaboration and cooperation is seldom realised in practice. Teacher education institutions involved in upgrading tend to work in isolation from each other and compete for students. Declining student numbers make matters worse. Resources are duplicated and valuable time is wasted.

THE GOAL AND RESPONSIBILITY OF THE EDUCATION SECTOR

It is the responsibility of the sector to produce teachers who are trained appropriately to meet the new challenges posed by HIV and AIDS. The education sector needs to provide pre-service and in-service teacher training



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that is responsive to the changing needs of society. The HIV/AIDS epidemic is making multidisciplinary on the curriculum. Co-operation and networking are critical within and outside of conventional teacher education institutions.

KEY QUESTIONS

Policy and Co-operation:

- *What are available best practices of multi-sectoral and cross-disciplinary efforts in initial and ongoing teacher upgrading and development?*
- *Given the real competition for limited resources, how can co-operation be made a reality within institutions and organisations concerned with teacher development and upgrading?*
- *To what extent can resources for teacher development be "pooled" so that the proverbial wheel is not constantly re-invented in one institution after another?*
- *How can donor agencies be mobilised so that funding encourages rather than limits co-operation and networking?*
- *How effective are the existing regional co-operative efforts in addressing the broader SADC needs for teacher development and upgrading, especially in the light of teacher migration across regional borders?*
- *To what extent are local co-operative ventures documented and available for review and transfer to institutions concerned with educator development? (For example, the ADEA and UNESCO best practices report).*
- *What about research co-operation and networking opportunities - are there funding sources that can be better utilised (such as the NRF) for joint activities?*
- *How should the Educator training and development be organised to address the growing numbers of learners, affected or infected by HIV, that stay at home? Should we radically rethink the dominant model of teacher training (institution-based for multiple years of training)?*
- *What are the specific resources available for institutions and organisations involved in teacher training and development? How can such resources be accessed?*

Curriculum:

- *How have institutions and organisations involved in teacher education addressed the curriculum problem with respect to HIV/AIDS?*
- *Are there "best practices" available for curriculum integration in pre-service teacher education?*
- *Are there "best practices" available for curriculum integration in in-service teacher education?*
- *What are the main curriculum issues that should feature in the teacher-training curriculum?*

Specific Educator Training:

- *What kinds of teachers are needed who can respond to the demands of learners and educators affected by HIV/AIDS?*
- *How are universities and colleges responding to the challenges of HIV/AIDS in terms of their teacher training and educational research programmes? To reiterate: It has been estimated that while South Africa currently trains about three thousand teachers each year, by the end of the decade, without drug intervention, more than twenty thousand will*



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need to be trained. How can this be accomplished?

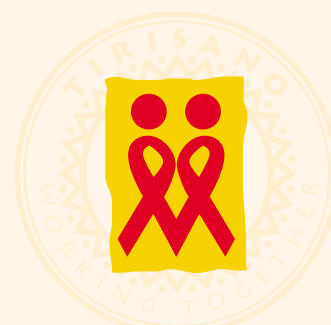
- What needs to be done in practice to provide a sustainable, coherent and viable national in-service programme for Educators that includes elements of HIV/AIDS, sexuality, life skills as well as counselling and mentoring?
- What needs to be done to support universities and colleges in redefining their pre-service programmes to incorporate HIV/AIDS concerns?
- How can an HIV/AIDS and education research agenda be designed and which speaks specifically to the concerns of teacher training?
- Who is accountable for sustaining the quality of education provision under the onslaught of HIV/AIDS?

PRIORITIES FOR ACTION

In principle, the most critical area for action is the transformation of teacher education to meet the challenges imposed by the epidemic. Priorities for action:

- Integrating life skills across the curriculum.
- Overcoming the "examinable subject" problem as a matter of priority and making life skills compulsory in all learning institutions.
- Improving life skills teaching from merely "awareness" to knowledge that can translate into behaviour change - and to monitor that this is happening.
- Sharing life skills with parents and the community.
- Enabling provincial departments to improve their limited capacity to train teachers;
- Improving teacher training by implementing:
 - ▶ mandatory life skills training, personal growth programmes, and caring and counselling skills for all teachers. Should all teachers be life skills teachers, or just some? All teachers should be able to recognise problems, but only some might be trained to deal with them;
 - ▶ in-service training programmes, using the skills of partners (NGOs etc); by improved sexuality education training; increasing the sexuality/HIV/AIDS focus of life orientation curriculum; and create a continuum between preset and inset programmes;
 - ▶ the organisation of practice teaching in diverse social and economic settings, building in community outreach and tutoring as part of the experience;
 - ▶ encouraging volunteerism and developing clubs.¹²
- Creating local networks of collaborative workers. That is working with others NGOs, other departments, welfare officials, community members on PRESET and INSET; networking with NGOs, FBOs and CBOs: "partnerships can offer a very powerful, alternative, model of education"; and collaborating with institutions of higher education outside South Africa.
- Providing health services (such as nurses and therapists) at learning institutions.
- Creating HIV-dedicated departmental structure at provincial level.
- Prioritising youth peer education programmes.
- Creating information networks for all partners. Information should include indigenous knowledge systems. Provincial inter-based information systems on best practice must be established. Local radio can be used to send messages and information and to help with coordination.

¹² The national Department of Education must as a matter of urgency develop a teacher development strategy that factors in HIV/AIDS, and inform both PRESET and INSET programmes. Participant.



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- Appointing HIV/AIDS facilitators at district/regional levels to coordinate work with schools.
- Appointing social/health workers in schools to coordinate links between schools and the community.
- Establishing supportive clusters of schools and care workers.
- Improving access to funds at local levels by providing guidance at national level as to funding flows and expenditures.

Research is needed to inform PRESET and INSET development, This Research should use the resources at higher education institutions, the NRF, the HSRC, which involves teachers in action and academic researchers. Research must be translated into tangible outcomes.

Conference working groups demonstrated what could be achieved by working together; province-wide and inter-provincial working meetings would help Educators, Learners and parents.¹³

¹³ *We're engaging Deans of Education in universities and technikons as to what the training must encompass [with regard to life skills and HIV/AIDS]. We cannot be slack about this. The lives of children depend on the education we give them. There should be no sacred cows in this. While we deal with each other with understanding, there should be no sacred cows. We should interact with each other to arrive at the solutions....Why should we wait to provide them with the weapons of self-defence? Minister of Education, Professor Kader Asmal MP.*



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THEME THREE: EDUCATION QUALITY EDUCATOR SUPPLY, DEMAND AND QUALITY, AND TEACHER EDUCATION

<i>Strategic Objectives</i>	<i>Activities</i>
M1. Analyse and take action on the assessment of the impact of HIV/AIDS on the education sector.	<ul style="list-style-type: none"> Analyse the findings of the impact assessment and develop a model for future planning. Factor findings into planning for the education service. Review and adjust provisional policy and plan in light of assessment findings.
M2. Consult with sector partners on findings of assessment and planning.	<ul style="list-style-type: none"> Develop and distribute sector policy to all education and training institutions, and to stakeholders. Distribute guidance on sectoral plan to all educators.
M3. Develop data collection and planning capacity to monitor the effects of the epidemic on education.	<ul style="list-style-type: none"> Strengthen Education Information systems at national, provincial and district levels. Develop appropriate planning and data capture procedures. Create a strategic database for planning and management purposes.
M4. Improve levels of knowledge among senior education professionals so they can mainstream HIV in their programmes and institutions.	<ul style="list-style-type: none"> Establish an HIV senior management committee at headquarters convened by the Director-General including senior representatives of other sector partners. Establish appropriate structures at provincial and district levels, schools, other sectoral departments, and non-government representatives.
M5. Review education training programmes (pre-service and in-service) to take account of projected impact of HIV/AIDS on the teaching service, especially in terms of annual outputs required to keep up with demand and attrition.	<ul style="list-style-type: none"> Analyse predictions of educator shortages of impact assessment and adjust training and employment programmes accordingly: plan to increase intakes and improve retention, reduce training period, increase training facilities, provide additional bursaries and guaranteed employment, - Review and adjust teacher training curricula and materials to take account of new learner requirements.
M6. Establish research priorities and commission investigations on issues related to behaviour change.	<ul style="list-style-type: none"> Establish research priorities Commission research on initial priorities: (1) evaluate possibilities for using distance education to increase educator capacity and numbers; (2) analyse impact of epidemic on management and prepare programmes for retention, attraction of trainees, and replacement of those who are ill, including provision for para-teachers and other support educators; (3) develop teaching service management policy and practice (pensions, health care, absenteeism policy inter alia) and implement; (4) prepare cost estimations of epidemic; (5) analyse new learning needs among orphans and other vulnerable children, and develop programmes to respond to them.
Short-Term Outcomes <ul style="list-style-type: none"> Better planning model and data is available. Impact studies complete and disseminated. Further research and analysis ongoing. <ul style="list-style-type: none"> National HIV and education programme responds to impact predictions. HIV is factored into all subsector planning. 	Medium-Term Outcomes <ul style="list-style-type: none"> Better understanding of likely impact. System and teaching service is stabilised and institutions operating at acceptable levels of performance. Acceptable levels of educator and learner performance are maintained. Levels of supply and demand for education are more or less in balance.



THEME FOUR

MANAGING THE EDUCATION SECTOR RESPONSE

THE CHALLENGE

The HIV/AIDS epidemic is extensive, aggressive and multifaceted in its spread and impact on the education sector. The education sector response to this epidemic therefore needs to be equally extensive, aggressive and multifaceted.

Policy, planning and management procedures, and infrastructures for addressing HIV/AIDS-related challenges need to be improved in order to provide a foundation for responding to the HIV/AIDS epidemic. It has been argued that the slow response to the HIV/AIDS crisis in the sector is symptomatic of management fragility throughout the sector. HIV/AIDS may be an opportunity to encourage education providers to tighten up and redesign their management capacity and techniques - in areas such as the implementation of policies, costing, spending and accounting for budgets.

THE GOAL & RESPONSIBILITY OF THE EDUCATION SECTOR

Education is one of the key pillars in the economic development of the country. If the health of a nation is compromised, the ability of the education sector to deliver on its mandate is threatened.

At present, education is the principal line of defence for the protection of society against the epidemic. Education must therefore be at the heart of the national response to HIV and AIDS. It is principally through education that the goal of an AIDS-free South Africa can be achieved.

KEY QUESTIONS

- *What needs to be done to ensure that the sector creates a foundation for rapid, practical action on HIV/AIDS? Factors to be taken into consideration include: making sure leadership is informed; organizing collective partnerships within the sector; information collection and analysis as a basis for planning; management capacity and structures appropriate to the crisis; policy, coherent planning and priorities for action; and the allocation of resources .*
- *What potential exists within the sector for creating collaborative management capacity appropriate to the task?*

PRIORITIES FOR ACTION

- The Department of Education and provincial departments must manage and direct the response to HIV/AIDS, through appropriately staffed national and provincial HIV/AIDS management units. Their sectoral and multi-sectoral work must be supported by a viable national sector authority to coordinate HIV/AIDS interventions and resources, in addition to the South African National AIDS Council (SANAC).
- Senior executive HIV and education-dedicated managers must be



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appointed at all levels from national to district levels. Provinces must have established HIV and education-dedicated posts at all levels to drive the HIV/AIDS programmes.

- Policies and guidelines must be reviewed or developed as a frameworks within which the response to HIV/AIDS can be coordinated.
- Adequate resources and guidance on accessing and using resources must be available at all service delivery levels. If government does not have sufficient capacity to execute all of its responsibilities, tasks should be contracted out to service providers in accordance with the sector action plan monitored by the DoE.
- Communities and their schools must play a more defined and active role in the overall response to the epidemic.
- These goals will only be achieved if:
 - ▶ HIV/AIDS programmes are long-term, regular, intensive and extensive, and guaranteed over the long-term.
 - ▶ Decentralisation, collaboration and working within the spirit of *ubuntu* characterise the campaign against HIV/AIDS.
 - ▶ Immediate, short-, medium- and long-term strategic priorities can be identified.
 - ▶ Planning provides a basis for action at all levels.

South Africa requires a multi-dimensional education sector strategic plan. This plan should address the management, prevention, quality and social support issues, which identifies where power, responsibility and accountability lie at national, provincial and district levels. The following suggestions outline the actions necessary to achieve a multi-dimensional strategic plan.

1. Establish an interim steering committee to drive initial priorities in anticipation of permanent coalition structures.
2. Develop multi-sectoral collaborative structures and procedures.
3. Design and establish a sector framework for action on HIV/AIDS.
4. Review staffing establishment requirements and strengthen capacity, using contracted additional staff, technical assistance, volunteers, and contracted agencies or service providers.
5. Strengthen data gathering, analysis and information dissemination systems at national, provincial and district levels.
6. Map the flow of funds to different functions of the state with regard to HIV/AIDS.
7. Strengthen community involvement in the response to HIV and AIDS and channel resources to communities and improve financial flows at macro-, meso- and micro-levels.
8. Help coordinate and guide community-based initiatives.
9. Identify and disseminate models for grassroots initiatives; develop a rolling plan of activities that effectively address the impact of HIV on education, and maintain information on baselines, benchmarks, and best practice.
10. Regularly reaffirm political commitment.



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THEME FOUR: MANAGING THE SECTOR RESPONSE

<i>Strategic Objectives</i>	<i>Activities</i>
<p>F1. Establish a committed and informed leadership within the sector.</p>	<ul style="list-style-type: none"> • Sensitise senior management at all levels • Keep senior management and partners informed through appropriate structures.
<p>F2. Establish cooperative mechanisms for effective implementation and ongoing monitoring and evaluation.</p>	<ul style="list-style-type: none"> • Create appropriate consultative mechanisms for senior management at national and provincial levels and technical sub-committees including NGOs and others as required; ultimately take to district and schools level. • Participate in inter departmental/inter-sectoral committees. • Require HIV managers in provincial departments to report regularly on action to DoE provincially and nationally. • Support the creation of an HIV and education focal point at a senior institution to undertake research and monitoring of progress, in support of national and provincial DoEs.
<p>F3. Establish a research agenda, and commission studies, data collection and analysis.</p>	<ul style="list-style-type: none"> • Identify and develop research capacity. • Identify research and data collection priorities at national and provincial levels, and data validity testing procedures. • Disseminate research findings and analysis, including recent assessment of impact of HIV on education. • Carry out an environment scan down to district level, and disseminate findings. • Create information collection procedures, including district reporting, and factor them into planning process. • Create a materials resource collections, using internet where possible. • Review blocking legislation, prevention strategies, spending processes.
<p>F4. Strengthen sector management structures and staffing.</p>	<ul style="list-style-type: none"> • Establish strong national and provincial HIV/AIDS Units. • Create, immediately, a small high-level task team or interim committee at national level of present line managers with a dedicated team leader (Director: HIV/AIDS) to explore the establishment of a streamlined and effective system and structure to manage the Education Sector's response at national and provincial levels. • Appoint HIV management specialists at provincial, district and circuit level. • Establish job descriptions, clear job objectives, the delegation of decision-making and financial capacity for HIV and education staff and focal points at national and provincial levels. • Establish district HIV/AIDS coordinating unit comprising 1-4 people in every district in South Africa. • Work with the non-governmental sector to produce guidelines to regulate and assist the statutory and non-statutory sectors in working together in support of national and provincial HIV/AIDS objectives. • Sustain schools as community-centred multi-purpose AIDS centres and build their capacity to do so. • Create multidisciplinary teams to service clusters of schools on social and health issues. • Create post of coordinator of counselling and referral, as part of the School Safety Team, in each learning institution (HOD level), with incentives; allow life orientation teachers to specialise in life orientation matters only.
<p>F5. Establish a policy, planning and regulatory framework.</p>	<ul style="list-style-type: none"> • Complete and approve policy and strategic planning framework. • Develop plans and strategies for subsectors, early childhood development, vocational training, post-secondary institutions, and those who are out-of-school.

SATELLITE FIVE (A) HIGHER EDUCATION

THE CHALLENGE

The world is being changed by the HIV/AIDS pandemic. The education sector is under threat. Higher education institutions must take special steps to maintain themselves as institutions of learning. As places of research, repositories of knowledge, and trainers of professional and technical personnel, higher education institutions have responsibilities to society. These institutions have enormous resources. The challenge now lies in utilising existing facilities to add to our knowledge about the epidemic. We also need to train the people required to meet the new demands resulting from the epidemic; and replace those lost to AIDS.

KEY QUESTIONS FOR THE SATELITE

What responses are appropriate in terms of:

- *Personnel: the safety and wellbeing of students, academics, professional, administrative and other staff?*
- *Core operations: teaching, research, publications, management and community service?*
- *Non-academic services: medical and other services, information, sports?*
- *Aids-related costs, direct and indirect?*
- *Social life, public image and outreach activities in the area of HIV/AIDS?*

PRIORITIES FOR ACTION

The attached declaration represents the collegial recommendations of the discussion on higher education. A full sub sector Plan of Action needs to be devised, under the aegis of the South African Vice Chancellors' Association (SAUVCA) and the Committee for Technikon Principals (CTP). This plan of action would make full use of resources of the sector, not just in terms of prevention, but so that tertiary institutions can commit their resources to understanding the character of the epidemic through research, graduate programmes, and mainstreaming of HIV/AIDS issues in all curricula. For higher education institutions, as for the system, HIV/AIDS is not merely a prevention issue. The epidemic will make inroads on the financial stability of higher education institutions, and will challenge them as knowledge banks to the nation.

HIGHER EDUCATION DECLARATION OF INTENT - Highlighting the specialist role of the sector

As the higher education community, we recognise the seriousness of the threat posed by HIV and AIDS to our community and to the education sector.

We fully support the Ministry's initiative in calling this conference and commit ourselves to supporting the coalition against HIV and AIDS through:

- education,
- research,
- community outreach,



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- management of HIV/AIDS,
- advocacy and stimulation of critical debate, and
- inter- and intra-sectoral collaboration.

We commit ourselves to a comprehensive institutional response to HIV and AIDS that aims to keep our students and staff free from infection, and that protects and supports all those infected and affected by HIV/AIDS.

We have developed institutional policies and will seek to strengthen their implementation, working with our partners, including the Department of Education, the Department of Health, sectoral associations (SAUVCA and CTP) and the broader community. In relation to HIV/AIDS we have a specialist and unique contribution to make through:

1. **RESEARCH.** *We provide evidence-based research that can inform policies and practice throughout the Coalition. Our research capability and output covers a full range of disciplines from the biomedical sciences to the humanities. As the major producers of research in the Education sector, we contribute to scientific and critical thinking and debate about HIV and AIDS in our society.*
2. **EDUCATION AND TRAINING.** *Higher Education contributes to the quality assurance of education and training on HIV and AIDS in the following areas: in-service and pre-service training; Curriculum design, development and review; peer education programmes; care, support and counselling programmes; professional development; management; professional mentoring and support.*
3. **BEST PRACTICE MODELS ON OUR CAMPUSES.** *We will endeavour to make our expertise and our best practice models in wellness programmes for our students and staff; prevention; care and support; student support and counselling; VCT; management and treatment of STIs and reproductive health; policy; peer education, community outreach projects; monitoring and evaluation of existing projects, expertise in curriculum development; and advocacy.*
4. **ADVOCACY AND LEADERSHIP.** *We commit ourselves to developing and producing graduates who are able to fulfil a professional and leadership role in the fight against HIV and AIDS. We will continue to provide a safe place for open and critical debate of issues relating to HIV and AIDS.*

RECOMMENDATIONS

We recommend that:

1. Representatives of the higher education sector are included on national, provincial and district/regional advisory committees.
2. Partnerships within the coalition are formed and strengthened around key issues.
3. Appropriate channels are developed to share, disseminate and apply relevant research findings and information.

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SATELLITE FIVE (B)

GENDER VIOLENCE AND ABUSE

THE CHALLENGE

Gender inequality continues to be a major source of violence in homes, schools, and communities in South Africa. Institutions, hostels in particular, are environments in which major abuse and sexual violence takes place. Experience shows that it is often the guardians who, entrusted with the responsibility to care and protect the children, perpetrate these crimes. Cultural or traditional practices are often identified as the source of male-initiated sexual violence. However, this view distorts the true nature of cultural and religious traditions. The education sector needs to address the fact that many young girls are infected with HIV by older men.

KEY QUESTIONS

- *What can be done to ensure that the schools are safe places for learners, especially girl-children?*
- *What mechanisms should be put in place so that children can disclose that they are being abused by educators or adults at home?*
- *What role can traditional leaders play in assisting parents and the schools to end violent practices that are linked with culture?*
- *What systems should be put in place to ensure that boarding facilities are safe for learners, especially girls with disabilities?*

THE ROLE OF THE EDUCATION SECTOR

It is the responsibility of the education sector to ensure zero tolerance regarding gender violence and abuse.

The sector has a role to play in the community in intervening in domestic and communal violence. For example, traditional leaders, working with school governing bodies and young men in schools, can address the behaviour and values that contribute to the abuse of women.

Furthermore, the sector has a responsibility to monitor the implementation of programmes that promote life skills for its learners, and counselling skills for its Educators. It has a role to play in addressing the need for programmes for perpetrators of gender-based violence. It is also responsible for implementing procedures for dealing with perpetrators of violence in schools.

PRIORITIES FOR ACTION

At System Level

- Assess current levels of violence in institutions and hostels.
- Analyse the causes of escalation of gender violence.
- Expose and deal with culture as an excuse for violence and, at the same time, teach traditional values.
- Monitor implementation of life skills teaching from early on in primary school.
- Fast-track disciplinary procedures and ensure they are sure and rigorous.



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- Form partnerships between SGBs and traditional leaders to end gender violence at schools.
- Expose any gender violence perpetuated by learners or educators.
- Form partnerships with NGOs, CBOs, FBOs and the Criminal Justice System.

Educators

- Work with the Social Development Department to provide social workers in schools.
- Provide basic counselling and referral systems at schools.
- Encourage extra-curricular activities.
- Train education managers and teachers on procedures to deal with sexual violence.
- Train educators and learners on gender and human rights issues.
- Empower student organisations to deal with gender violence and report any violence in learning sites.
- Empower parents and SGBs to deal with gender violence at schools and at home.

SATELLITE FIVE (C) ETHICS, VALUES AND HUMAN RIGHTS

THE CHALLENGE

Ethics, values and human rights are essential components of a concerted campaign against HIV/AIDS. Values such as respect, openness, tolerance, equity, *ubuntu* and honor are necessary for the prevention and management of HIV and AIDS.

The HIV/AIDS epidemic forces us to focus our attention on questions of sexual morality in education. The fact that some educators have often been accused and found guilty of sexual abuse and harassment is of concern, especially in light of HIV prevalence data that indicates that intergenerational transmission is one of the major driving factors of HIV infection in our country. It has become necessary to promote an ethical culture of professional behaviour, to ensure that human rights are entrenched in the teaching profession.

THE ROLE OF THE EDUCATION SECTOR

The education sector provides an important platform to influence the values and attitudes of individuals. Further, it provides opportunities for debate about the appropriate values and ethics which should underpin the education profession in the campaign against HIV/AIDS. Education can provide appropriate models for learners as well as adult role models who demonstrate sexual responsibility, openness and compassion. It also provides ample opportunity for sanctions. Such as, the de-registering of educators found guilty of sexual harassment and misconduct. By promoting the school as the centre of community life, the sector can become a focus for solidarity, care and support. The education sector



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should maximise these opportunities to instill the values necessary to limit the HIV/AIDS epidemic.

The South African Council for Educators (SACE) has an important role to play in complimenting and enhancing the work of various stakeholders within the education sector. SACE has produced a handbook to accompany its Code of Professional Ethics. The handbook explores the various religious, cultural and philosophical traditions in South Africa and applies them to the ethical challenges faced by educators.

KEY QUESTIONS

A variety of dilemmas and questions involving ethics, values and human rights arise from competing value systems and competing priorities, where individuals identify with different religious or moral positions, or where values arising out of constitutional or legal approaches compete with values derived from religious positions. Some people see HIV/AIDS as a question of "right and wrong", whereas others see it in terms of the "ethics of care". Tensions can arise when the rights of individuals are in conflict with the rights of groups. A further potential source of conflict is where the rights of one interest group conflicts with the rights of another. For example, how can the right of teachers to severance packages when they have AIDS be balanced against the right of children to be taught? Human rights must be accompanied by responsibility. The question of devising a consistent methodology of resolving these ongoing dilemmas is vital.

An appropriate framework on ethics and values must be designed. For example, dovetailing the ethics regulating behaviour in response to HIV/AIDS with the ethics of gender and race.

The language of values and ethics in policy documents is often inaccessible. There is need for a common message, expressed in a language that everyone can understand.

PRIORITIES FOR ACTION

- Partnerships need to be forged to promote the values and professional ethics enshrined in existing codes, manifestos and declarations. Various role players such as the Department of Education, SACE, the unions, and communities should ensure the implementation and adherence to policies and professional codes.
- The existing component on ethics, values and human rights within the life skills and HIV/AIDS programme of curriculum 2005 needs to be strengthened. The participation of educators, and traditional community leaders is crucial at all levels.
- Ongoing professional development programmes must include ethical and human rights components and higher education institutions must include a module on ethics values and human rights education in its pre-service curriculum.
- All institutions should adopt an attitude of zero tolerance for abuse, harassment or discrimination.



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- Guidelines setting out the role of ethics, values, and human rights in response to HIV/AIDS need to be developed.
- An environment that enables rigorous and reliable disciplinary action to be taken with regard to any incident of sexual harassment should be created. This should be followed by the deregistration of those found guilty
- Parental and community involvement in developing dialogue on sexuality, values and HIV/AIDS is critical.



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SECTION FIVE: CONCLUSION

*"The people who choose to look at their challenge as a blessing of change and not as a curse of death, these are the people who will become our teachers. They will bring us together. We will unite and take the hands of our children in the spirit of **ubuntu**. Our hearts have opened. We have come together to listen and discuss the solutions for transforming our children from innocent sufferers to wise leaders. All who are part of this are part of something great. We have spoken: may positive change be the outcome."* Ntombazane (16).

Following Ntombazane's declaration, the Minister of Education, Professor Kader Asmal made commitments to action in four areas in his closing address to the conference.

- **Preventing the spread of HIV.**

"We have recognised that preventing the spread of HIV will not be achieved only by life skills teaching in the classroom... Preventive measures must include peer education programmes, by the youth for the youth, with strong adult management and a support base... They must also include a more concerted effort to involve parents,... community leaders and opinion makers to ensure we all speak the same language. [We] will ensure that we strengthen these different areas and work with different stakeholders at community level to make this a reality."

- **Providing social support.**

"We know that the lives of many of our children are endangered. [We] will conduct an investigation to learn more about the children who presented their experiences to us here. I will discuss with the Ministers of Health and Social Development so that we can together make a difference to the lives of these children."

"I will require the school governing bodies and school principals to comply with legislation, to act reasonably and compassionately to ensure that all our children are able to remain at school... Schools and school governing bodies and the communities they serve must ensure that the Primary School Nutrition Programme is properly implemented."

"If in your areas the school feeding scheme is not working, please write to me. It's important that we should refashion, strengthen the school nutrition programme... The government is reviewing the school-feeding scheme at present."

"Teachers are not social workers... Nevertheless, they can, with others, provide care and support for those affected by HIV and AIDS ... particularly orphans. It is easy to create a culture of caring in schools. You do not have to be a social worker to have a culture of caring in schools, to ensure a secure environment... Central to teaching is a secure environment, observing zero tolerance for violence or abuse in the school setting."

- **Sustaining education quality and access to education.**

"Let me say again, categorically, that the denial of any child to attend school because of not paying fees is unacceptable, is repulsive to any kind of morality"



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and cannot be tolerated any more. I shall urge provincial MECs to ensure this does not occur in any of our schools. I shall hold the district officials responsible for ensuring that, and I hope that the unions here will also spread this message of rights, of rights, of rights... We must have this conviction that the rights we have fought for should not be dissipated at all - at all, at all. Otherwise we will be surrendering to the demons of a disease.

"The impact of HIV and AIDS on education will change the sector's capacity to provide quality education for those who are well, those who are ill and, of course, those who are distressed. And one of the challenges will be to ensure that the quality of education is not compromised. It will not be sufficient to ensure provision of physical resources only, such as schools and things like that. We are to assess on a continuing basis our human resources to ensure there are a sufficient number of teachers, and that Learners continue to be catered for in all of the schools.

"Obviously there will have to be reorganisation in the provinces. And if we're going to add additional staff, the staffing will take more money away. But I think we need to discuss with the provinces the need for district level assistance through counsellors, not only HIV and AIDS counsellors, but counsellors in other areas of ill health and psychological trauma. And so we will consider this with our provincial colleagues as to the district level. We don't need a counsellor for every school but at district level we could do this."

- **Managing the response to HIV/AIDS.**

"The spread of the epidemic is imposing a new set of challenges. The capacity of the Departments of Education will be stretched even more so. We'll only succeed if we make a concerted effort to examine new management strategies including collaborative management and flexibility in responding to management challenges. Flexibility is necessary and particularly collaborative management. And collaborative management will not only be between departments; it will have to be between departments and those outside of departments. So we'll have to rethink how we do these things because this is what we call an agonising re-appraisal. Two decades, and now we have to carry out a re-appraisal of what we have done.

"We can't do everything at once and setting priorities is a political and moral matter. What do we target immediately? Part of the problem is that we don't co-ordinate our activities. And for me, part of these priorities will be to co-ordinate, to help co-ordinate activities, not to restrain anyone from what they're doing, not to stop them from what they're doing, that's their own prerogative, but to co-ordinate it so that we know what is happening on the ground and how we can provide additional assistance to, for example, the principal of Bushbuckridge who has never met the AIDS co-ordinator in the province.

" We're not going to set up new structures here. The coalition is here... Immediately after this [this conference] we need to ensure that we act as a coalition. So we will set up a small steering committee to ensure that the Declaration is drafted, and sent out with maximum publicity. We'll work out ourselves, in association with those who are involved, with the South African National AIDS Council, with some extraordinary NGOs that are here, and that way we will push forward."



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These commitments as well as other priorities emanating from the conference have been incorporated into a Plan of Action that is designed to serve as a first basis for action by the different sub-sectors of the education sector. Different sub-sectors will, soon after the establishment of the sub-sector steering committees, begin developing or elaborating their sub-sector plans

THE EDUCATION SECTOR HIV AND AIDS PROGRAMME OF ACTION

The Conference resolved to place education at the centre of the national response to HIV and AIDS. In keeping with this resolution the sector identified four main areas of focus:

- *Prevention*: helping to prevent the spread of HIV.
- *Social Support*: working with others to provide care and support for learners and educators affected by HIV and AIDS.
- *Sustaining the Provision and Quality of Education*: protecting the education sector's capacity to provide adequate levels of quality education by stabilising and protecting the teaching service and responding to new learning needs.
- *Managing the Response to the Crisis*: creating executive capacity and setting up structures within the sector appropriate to the extent of this crisis.

The epidemic raises immense challenges for the education sector. The sector can define how teachers can best support the nation's fight against HIV and AIDS. It can then take effective action on defined short- medium- and long-term strategic priorities. The following section summarises the priorities for the different focus areas:

PREVENTION

There are two main goals in this focus area. Firstly prevent the further spread of HIV in learning institutions. Secondly, anticipate the direction that the epidemic may take in order to prevent HIV from entering these areas, thereby designing an HIV-free generation of learners and educators. There is a recognition that the real difference in prevention is at a micro level and, more specifically, at an individual level. Activities in this area, therefore, have to be aimed accordingly.

The sector committed to undertake activities in the following main areas:

- ***Setting up a Community Life skills Committee (CLC)***

The Community Life skills Committee would be established in partnership with the schools under the leadership of the school and the District Education Officer, in partnership with local government and other key sectors. At minimum, the CLC would include learners, educators & principals, parents, an SGB representative and a representative of traditional leaders. Women's organisations and other relevant community organisations should also be



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included, and should be identified through a participatory planning process. The committee should be responsible for ensuring a common programme with a common message and clearly defined roles for all stakeholders. In addition, it should be responsible for establishing sanctions for inappropriate sexual practice and for ensuring that learners are protected from advances by members of the community who may be interfering with their learning and who might be responsible for the spread of HIV.

- ***Developing a school level HIV/AIDS strategy and action plan in close collaboration with the proposed CLC.***

The strategy must incorporate lessons from a situation analysis based on an understanding of gender relations and sexual practices which determine the spread of HIV in the community.

- ***As part of HIV/AIDS strategy, implement a broadened life skills programme to include educators and parents, peer education and a communications strategy to support it.***
- ***Strengthen the implementation of the life skills programme in all schools as part of Curriculum 2005. Incorporate the lessons learnt from monitoring into further programming and implementation.***

The details of these activities are in the sector plan.

SOCIAL SUPPORT

The two main goals in this focus area are: Firstly to create an environment in all education and training institutions that is safe and caring for all learners and educators; Secondly install mechanisms that support learners and educators and provide or improve access to social relief services.

Responses must be within the context of the integrated plan that involves the departments of Education, Health and Social Development, and which operates at national and provincial levels.

The sector committed to undertake activities in the following main areas:

- ***Keeping children in school to reduce their vulnerability, and decrease the chances of them getting into situations that might lead to HIV infection.***

This strategy would include:

- ▶ Enforcing the South African Schools Act clause that provides for exemptions from school fees for those whose parents cannot pay and for children who are orphaned;
- ▶ Investigating alternatives to school uniforms or finding funding for school uniforms for those who cannot afford them;
- ▶ Working towards broadening access to the school nutrition programme.



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- **Strengthening the safe schools programme and cultivating a culture of care and support in schools.**

This strategy would include:

- ▶ Establishing human rights codes in all learning institutions to create an ethos that reflects human rights, inclusion and acceptance;
 - ▶ Under the umbrella of the human rights codes, practicing zero tolerance of violence, harassment and sexual abuse in all learning institutions;
 - ▶ Equipping teachers with counselling skills and providing support for learners; in conjunction with
 - ▶ Communicating the Department of Education's HIV and AIDS policy and implementing workplace programmes; thereby
 - ▶ Creating an open and supportive environment for teachers and learners to speak about HIV and AIDS, and to be productive even if they are HIV positive.
- **Providing support at different levels**
 - ▶ psychosocial support,
 - ▶ academic support, and
 - ▶ financial and material support .
 - **Strengthening collaboration at different levels**
 - ▶ Strengthen the bridge relationship between the school and the community to provide for those in need;
 - ▶ Strengthen interdepartmental collaboration between departments of Health, Social Development and Education at provincial and district level to make services available and accessible to children and educators;
 - ▶ Keep the policy dialogue alive in an effort to improve services, and make the policies more meaningful to children and those who need them.

None of these efforts have to be funded or initiated by government. Society as a whole is challenged¹⁴ to relieve the plight of children. In addition, all activities must be underpinned by the monitoring of programmes, the application of codes and regulations, best practice, and collaboration procedures.

The details of the activities are outlined in the sector plan of action at the end of the social support section.

EDUCATION QUALITY: EDUCATOR SUPPLY, DEMAND AND QUALITY, AND TEACHER EDUCATION

The main goal in this focus area is to protect the quality of education by guaranteeing sufficient numbers of educators; providing an environment that enables teachers who are infected and affected to continue to be productive; and ensuring that the pre-service and in-service curricula for teachers are responsive to the HIV/AIDS epidemic.

14 Surely, some of the things that these children have been talking about ought not to happen... It is an issue that all of us, as South African citizens, ought to put on our shoulder and say, here are our children, here is the future of South Africa, we ought to be part and parcel of it and to change this while we are alive- Minister of Social Development, Dr Zola Skweyiya



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The sector committed to undertake activities in the following main areas:

- Analyse the impact of the epidemic on educators and management and prepare programmes for retention, attraction of trainees, and replacement of those who are ill, including provision for para-educators and other support educators.
- Strengthen data collection and planning capacity to monitor the effects of the epidemic on the human capacities of the education sector.
- Review education training programmes (pre-service and in-service) to take account the projected impact of HIV/AIDS on the teaching service, especially in terms of the curriculum and annual outputs required to keep up with demand and attrition.
- Integrate life skills and HIV and AIDS awareness across the curriculum.
- Improve levels of knowledge among senior education professionals so they can mainstream HIV in their programmes and institutions.
- Establish research priorities and commission investigations on issues related to behaviour change.
- Implement programmes that focus on the personal development of the educator and promote the dignity of the teaching profession.

MANAGING THE EDUCATION SECTOR

The main goal of this focus area is to create institutional structures and human capacities that will enable the sector to mount a comprehensive response to HIV and AIDS.

The sector committed to undertake activities in the following main areas:

- Establish a steering committee to drive initial education sector priorities in anticipation of permanent coalition structures by the end of 2002.
- Establish sub-sector committees that will support the implementation of the subsector-specific action plans, i.e. establish subsector plans for schools, Further Education and Training Institutions.
- Set up HIV/AIDS units at national, provincial and district levels.
- Instil the need for comprehensive integrated planning for the epidemic that extends beyond life skills in the curriculum.
- Strengthen data gathering, analysis and information dissemination systems at national, provincial and district levels.
- Strengthen community and multi-sectoral involvement in the response to HIV and AIDS.
- Channel resources to schools and communities on the understanding that this is the level at which the most impact can and needs to be made.
- Regularly reaffirm political and top management support to the HIV/AIDS campaign.



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CONCLUSION

There was consensus that the programme of action would be underpinned by a human rights and professional ethics framework that protects the three most fundamental principles of the constitution - equality, freedom and dignity - for all people, irrespective of gender, race or creed.

Furthermore, there was consensus that the programme of action would be monitored and communicated widely, and the lessons emanating from its implementation would be incorporated into the programme.

The Ministry and the Department of Education would be the *primus inter pares* -the first among equals- and would together, with the Education Coalition Against HIV/AIDS, drive and support the implementation of the education sector plan of action.



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ANNEXURES

OFFICIAL OPENING ADDRESS BY MR JACOB ZUMA, DEPUTY PRESIDENT OF SOUTH AFRICA

NATIONAL MULTI-SECTORAL APPROACH TO HIV/AIDS

Thank you, Director of the programme, Director General of the Department of Education, the Minister of Education, MECs from the provinces, members of Parliament and Legislatures, the Diplomatic Corps, representatives from United Nations and Development Agencies, SANAC members, religious leaders, traditional leaders, traditional healers, our children, distinguished participants, ladies and gentlemen.

You will agree with me that after the input by the children and the Minister, that gives the task of the conference, what we need to do. Mine is to support what they have said to you.

Maybe many of you have not come across in real life, some of the experiences that the kids were talking about here, particularly the experiences in the rural areas where TV cameras are not able to reach and if you listen to the stories, how much more and how many more stories they are not able to listen to which are happening as you talk. I have come across this. I run a very small Education Trust which was started for the orphans, not necessarily of AIDS but of other things, faction fighting, etc. It is now beginning to expand because of orphans from AIDS. And at times you don't know where to look to get help. There is indeed a problem out there and I hope the message by the children will certainly make a big contribution to your conference and therefore your resolutions would be in one sense, very practically, ready to deal with the issues.

Director of the Programme, I am honoured to be part of this event where so many distinguished participants and experts and activists on this have gathered to share ideas on the HIV/AIDS epidemic which is affecting our learning institutions at all levels. This conference, colleagues, is a recognition of the fact that government alone cannot respond to the epidemic effectively. There is a need for parents and communities to work together with government to ensure that the messages taught at schools are continued at home.

Given the enormity of the challenges posed by the epidemic, this conference will prove vital in finding holistic solutions to the intricate array of problems posed by the disease. As HIV/AIDS unfolds in our learning institutions, it raises a number of questions that we need to grapple with. One of these is the effective way of providing support to educators and learners who are infected and affected by the disease. Educators and learners living with HIV/AIDS face not only their illness but also the stigma attached to AIDS.



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We therefore need to develop effective programmes of creating a better understanding of the disease which would reduce the fear, the stereotyping and stigmatisation of the disease and those living with it. We are also confronted with learners who have to care for their parents, siblings or relatives who have AIDS. These children suffer from the depression and trauma of performing this task which is beyond their years, often without any counselling or professional help. Another key responsibility we face as partners in this battle is how to assist and support learners who are orphans of AIDS. Data from the 1996 census indicated that nearly 99,000 households were headed by children between the ages of 10 and 17 as published in the report on the State of the Nation's Children published by the Presidency last year.

Whilst the figure is not exclusively that of AIDS orphans, it reveals the extent of the problem we face, of the numbers of children who are growing up in dysfunctional family environments. As government, we are deeply concerned about the conditions of families affected by HIV/AIDS and are increasing assistance through grants assistance, to child headed households and food parcels. We believe the Education Sector at grassroots level has a crucial role to play in mobilising communities into partnerships to ensure that children are able to access government services.

You could assist by helping those eligible to register for the Child Support Grant, Child Dependency Grant for children with disabilities and the Foster Care Grant. Government aims to register 3 million children for these grants by the year 2005. More than 30 business leaders recently committed themselves to assist in this regard, again showing the strength of the partnership between government and our sectors. Educators in our schools will be requested to identify vulnerable children so that government can establish a database and co-ordinate support and care for them

Distinguished guests, the battle against HIV and AIDS requires a strong national partnership against AIDS. This partnership finds expression in the South African National AIDS Council, SANAC, the highest body that advises government on HIV/AIDS. SANAC leads a multi-sectoral strategy which brings together sectors of civil society and government, working to combat the disease at different levels. This concept of partnership launched by President Thabo Mbeki while he was still Deputy President in 1998 could be the reason for the high HIV awareness levels as revealed by the Department of Health Demographic and Health Survey in 1999.

I must say the level of enthusiasm and support from all sectors inspires us. We have, as government, strengthened our own contribution to the partnership by establishing a Presidential Task Team on AIDS, on April 17 2002. This is aimed at further strengthening government structures dealing with this matter.

Colleagues, the month of June is dedicated to youth development. In our partnership against AIDS we should focus our messages to our youth, to influence them to change their lifestyles. We need to start translating the high awareness levels into changes in lifestyles and attitudes. The Education Sector has a key role to play here as well in terms of tailoring life skills messages to spread a message of responsible behaviour to our youth. We should invest a lot in providing our young people with information which will save their lives. In our



traditional societies there were people assigned to teach young people about the facts of life. For example, according to Zulu tradition, Amaqhikiza provided skill, provided life skills to young girls and Izingqwele and Amabhungu groomed boys. This included sex education.

Director of the Programme, there is a debate at times when there is a call that we should teach our children sex, people would say you do not discuss sex with children. It is actually not true. This example I've shown was very deliberate and very specific. Yes, mothers did not discuss sex with their kids but they assigned an experienced girl, called Iqhikiza and gave full responsibility that she looks after the young girl. And there's an elaborate process that the young girl would be guided.

But more importantly, she will never engage in any sex life before the permission was given by the big sister who would, on the first day of the meeting with the boyfriend, will go into an elaborate lecture about what was going to happen on that evening. And repeat it until she is very clear how the boyfriend will behave and how she should behave. And instruct her that the first point of call in the morning was Iqhikiza, to give a detailed and explicit report as to what happened last night. And if there was something wrong, Iqhikiza was there to deal with that matter and if the young man was naughty, the love affair would be cancelled that morning. Very strict, very explicit education.

Equally, Izingqwele boys, much as that was done generally in a peer kind of a situation, the ones belonging to the same family would be very specific. They will notice when the boy is about to reach a particular stage. They knew he will have to dream that dream which will indicate that in his life something had happened and education would begin. And again, education was there.

I just want to remove the myth that people say: 'Don't talk about sex with children, it was never done.' Not at all. As the Minister was saying, every tradition, because that's how you protected your child who knew nothing about life. And that helped to protect children, firstly, from sexually transmitted diseases. Secondly, from premature pregnancies. And society was healthy. There were no orphans, there were no beggars along the paths or roads. At that time, the philosophy that says 'any child is my child' was practised, not preached, it was practised. There was a respect to children. You would not hear such stories as have been told by the kids this morning.

I'm emphasising this because I believe that given the development of society, the Education Department today would take over from the duties of Amaqhikiza and Amabhungu. They therefore have a bigger responsibility because they deal with children who come to school from every household. Education, therefore, given to kids at school is taken to every household. It is therefore the question of how do we shape and gear our education to our society today through our children and how do we teach our children at school.

That comes back to the challenge that the Minister underlined, the responsibility of the teachers. Of course, this responsibility now rests primarily with the parents because there are no longer Amaqhikiza and Amabhungu. It is a difficult responsibility for us, as parents, because even during that time we did not talk directly to the kids, as I said, there were specific people assigned. However, the



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times we are living in and the fatal mistakes our children commit at an early age leave us with very little choice. That responsibility must be exercised by us. And that is why you must have seen in the recent past, leaders and parents saying, difficult as it is, we must talk to our children about sex. It's not an irresponsible statement, it's an attempt to deal with the problem before us.

But of course, the Education Department becomes important. Armed with information, our children will be able to exercise appropriate and responsible choices which will impact on their health status and their lives in general. So it is crucial that they're armed with information.

I trust that the Conference will also touch on issues such as the abuse of school children by some educators, because I think it is important. I was happy that the Minister made the differentiation; it's not every teacher, it's some. Such barbaric behaviour puts children at the risk of contracting HIV, in addition to the general physical and psychological trauma of such an attack on defenceless and vulnerable children. It is worse when this is done by parents. Where must children run to? Because the home is supposed to provide maximum security to children. Now, if parents rape their children, as you heard the story, what then has happened to our society?

Another difficult issue to contend with, colleagues, is that some of our educators are also succumbing to the disease. Already this is creating severe constraints on the management of schools and the education of our children, not to mention the psychological effect of this on other educators and other children. We need to salute those educators who provide support to their colleagues and children who are living with HIV/AIDS. And again, you heard a good story being told by the kids here of what is happening, where the teachers are helping not only emotionally but even financially. We really salute those and they're a good example of our teachers. It is only through supporting and caring for each other that we can cope with the impact of this disease.

Ladies and gentlemen, this Conference recognises the complexity of the disease and acknowledges the fact that we will achieve a lot if we work together. I trust that your deliberations will provide the country with a holistic response to the epidemic in the Education Sector and that it will strengthen our resolve to manage, reduce and ultimately defeat this epidemic.

Finally, allow me to thank all those who organised this Conference. It is an important Conference. Particularly the Education Department, you are the most appropriate department to organise this Conference, given the task before you. Educating and investing in children is educating and investing in your future. We should spend more in terms of resources financially, in terms of energies, emotions, ideas to our children, and the Education Department is best placed to do this. Therefore, thank you very much, Minister, and your department, for your initiatives.

We are about to close a week that has been very important, dedicated to the children. And perhaps this Conference has come at the most appropriate time to close this week. Having heard these kids, having met, as we are meeting, what comes out of this Conference that will in a sense, add value to that campaign and make that campaign to continue for a long time? Can the SABC participate in this important Conference by publicising the account that has been given by



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the children here, repeatedly, and for some time, for our nation. So that what we shared here with these kids could be shared by the entire country. It is the most chilling story about HIV/AIDS, how much it is impacting in our society. I think it is one of the most important messages that could come out of this country to the nation so that we could touch the hearts and minds of every South African, so that we can take a decision to do something about HIV/AIDS.

We must always remember that every child is my child. If you starve a child, you are starving your own future. If you rape a child, you are raping your own future. If you destroy a child, you are destroying your own future. But if you care and protect and educate a child, you are indeed shaping your own future. It is with that in mind that I'm appealing to the SABC to say here it is not going to be us who talk a lot about what has happened, it is going to be these little children talking to the nation about school fees, about poverty, about attitudes of parents, teachers, etc. I think it will be a powerful message coming out of this Conference.

Thank you very much, once again, for the organisers to have included this particular item. To me, it's an important item that tells you where we are with this problem, what impact it is making. I think the experts who will come with suggestions and ideas would certainly be informed about the magnitude of the problem. I wish your Conference a success and I hope you will succeed because you are doing the right thing. We fully support you, we'll certainly be with you until you close the Conference tomorrow.

Thank you very much.



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OPENING ADDRESS BY PROFESSOR KADER ASMAL, MP, MINISTER OF EDUCATION

THE CHALLENGE OF HIV/AIDS TO EDUCATION

Deputy Minister of Education, Mr. Mosibidu Mangena
MECs of Education

Our dear children and young people who are here to constantly remind us of who we are really accountable to.

Members of the Diplomatic Corps and those from Development Agencies

Traditional leaders and custodians of our African traditions

Religious leaders

Our distinguished guest, Professor Michael Kelly from the University of Zambia,
Friends and colleagues,

Welcome to our first national conference on HIV/AIDS and Education.

I am really delighted that you are here with us for this historic gathering. This conference sparked so much interest in the education community and beyond that my officials had a battle to avoid a stampede because so many of you wanted to attend. The high level of interest in the conference clearly indicates that there is great concern about HIV/AIDS in the education sector and a great desire to do something about it. I am heartened by this response and would like to thank you for having sacrificed your time and for your willingness to go the extra mile for the sake of our children and our nation.

The Centrality of Education in Responding to the HIV/AIDS Epidemic

I asked that we gather in this manner, because I felt that the HIV/AIDS epidemic, as it is unfolding in our schools and learning institutions and right across the entire sector, could no longer be ignored. More crucially, I felt we needed to place education at the heart of the entire national response to HIV/AIDS because education represents the only hope for an AIDS-free South Africa.

We must acknowledge that we are in an unprecedented situation that calls for an unprecedented and creative response. In 1990, our country and Thailand had the same HIV prevalence rate of 0.8%. Today, more than ten years later, the prevalence rate in Thailand is around 2% while our antenatal prevalence rate has shot up to 25%. The evidence from Thailand, and from other countries such as Uganda, Senegal, the United States of America, and the United Kingdom, has shown the critical role that education played in their successful combat against HIV/AIDS. In all of these countries, education was the driving force of the preventive messages and helped to protect learners against infection with HIV.

It is in the context of these positive lessons from outside that we meet in order to fashion the major dimensions of the education sector's response to HIV/AIDS.

The Personal Impacts of HIV/AIDS

I am not going to dwell any further on the statistics dealing with AIDS in our



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country, and its compellingly awful onslaught. You all know its general features, but more importantly, more and more of you are seeing what AIDS is doing to our society, how it is destroying men, women and children. More and more, you are finding that someone you know has the disease or a colleague or friend is severely affected because someone they love is ill or has died of AIDS. We have amongst us here today learners who have experienced this loss and trauma - and surely our hearts went out to them as they told us what they went through and what they still are experiencing!

Let me share with you the stories told by two of our learners, not just statistics but real stories told by real children. Sbongile, who is 11 years old says: "It feels bad because always at school I am thinking when my mother is going to get fine and when my mother is going to die. Every time I feel I have to sit with the teacher there because if I am sitting alone, I am always thinking. It is difficult to concentrate. Teachers don't understand, they think you are day-dreaming."

And then there is Tebogo who is also eleven. She tells us that: "My problem is that I haven't paid school fees and my mother has passed away. We do not take a lunch box when we go to school. Sometimes we do not eat in the morning. At school they don't give me food from the feeding scheme because I have not paid school fees".

No doubt many of you here will know of similar or worse instances. And as we know only too well, what is happening with learners is happening also with teachers and education officials across the country.

The Crisis that AIDS is Creating for Education

I want to submit, therefore, that because of HIV/AIDS, our schools, education system and society are experiencing a crisis such as they have never experienced before. And unless we take determined action now, that crisis will last well into the future. As we know, education and health are the central pillars of any nation's human and economic development, prosperity and global competitiveness. But if this epidemic undermines the education as well as the health of our people, then we are in dire straits indeed. We will move backwards, not forward, in human wellbeing. The African renaissance will bypass us, and we will not be able to capitalize on the opportunities presented by NEPAD.

We cannot allow this to happen. We cannot allow HIV/AIDS to threaten the attainment of our national and personal educational aspirations and goals. We have made great progress towards achieving greater access, equity, redress, quality, efficiency and democracy in our education system. Must we stand aside now and let HIV/AIDS undo all that good work? Can we let HIV/AIDS destroy our dreams and mock our hopes of having an education system that prepares all our young people for the opportunities and challenges of the 21st century? Having only so recently broken the chains with which apartheid bound us, are we going to let ourselves be bound yet again by the way HIV/AIDS weakens not only bodies but even systems?

Never, I say. We can never allow this to repeat itself. Our responsibility at this time of crisis in our country and education system is to make our personal and collective commitment to ensuring that we preserve our system and that we overcome the epidemic that threatens to destroy it. If, in this crisis, we fail our learners and fail our educators, future generations will judge us badly. Our



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children will judge us badly. We will judge ourselves badly.

Education as a Social Vaccine against HIV

This is our decisive moment. We have seen education making a difference in other countries. We have seen schools in Uganda helping to roll back HIV by delaying the age of sexual debut by two years. We have seen the contribution of educational programmes in Senegal to keeping infection rates at a low level. We are hearing that in Zambia the more education the less HIV. We must make this happen here.

It should not surprise us that education has played such a large role in helping these countries come to grips with HIV/AIDS. At present, we know of only four possible lines of defense against the disease. These are

- Education and behaviour change
- The use of condoms
- Treatment with ant- retroviral drugs
- Anti-HIV vaccines

Vaccines are not ready yet, many questions arise about anti retroviral drugs, while the use of condoms meets with much opposition in some quarters.

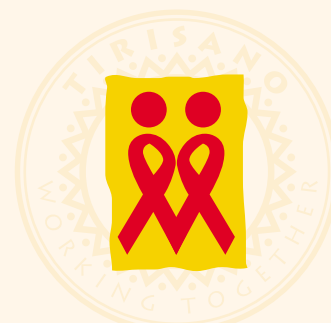
That leaves us with education. Apart from education, society has no other universally acceptable and available way of defending itself against HIV infection. At present, this is the only "vaccine" that there is. It is not a medical or biological vaccine, but a social vaccine. It is a powerful vaccine that is affordable and accessible even in the most remote and rural areas, where most of our schools are found. It is a vaccine that is available to rich and poor alike. Education is a vaccine that has been proven to work, and one we should capitalize on and make work even better by the content and type of education we offer and the way we manage our education system.

This, I believe, is the contribution that our schools must make to life in South Africa today and throughout the first part of this century. We must help our beloved country find its way into a world without AIDS. Even more, every one of us in the education sector, working together, must **lead** South Africa into a future without AIDS.

That is the challenge we face. And when in years to come the history books record the trials and tribulations that HIV/AIDS brought to our people, they will also record how the turning point in the struggle with AIDS came when we met together at this time in the year 2002 and committed ourselves to the most serious task of our lives, the total eradication of HIV/AIDS in our schools and education system, the total eradication of HIV/AIDS in South Africa **through** our schools and education system.

The Challenge to this National Conference

We can do this successfully only by thinking "out of the box" about how we are to respond to AIDS and its impacts. The virus has been with us now for two decades. During that time, we have tried many different things, and even though we are beginning to see some results, we still have a long way to go. We know today that our response to AIDS cannot be the same as our response to any other disease or problem that we encounter. We should remember the words of



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the great physicist Albert Einstein who once said "we cannot use the kind of thinking that created the problem to solve the problem". In thinking about what to do with AIDS, we must take Einstein's advice seriously and challenge ourselves to think "out of the box" so as to come up with innovative and effective solutions to dealing with the crisis that is upon us.

In view of this, therefore, I suggest that this conference should focus on four areas:

1. First, what can the education sector do through its schools, institutions and organisational framework to limit the spread of HIV? What comparative advantage does the education sector have in this regard and how can it put that advantage to maximum use?
2. Second, what concrete actions can the sector take to demonstrate care and support for those who have been stricken by the disease, whether they are themselves infected or whether they have been affected by it in one way or another? We would be false to our professionalism as educators and our dignity as human beings if we did not respond in some compassionate, caring, supportive way to the needs of Sbongile, Tebogo, and millions of learners like them, to say nothing of the needs that AIDS has created for educators and education officials.
3. Third, how can we ensure that the education sector maintains its productivity in the context of potentially increasing AIDS-related sickness and death among our learners and educators? How can we ensure that the sector continues to function and does not collapse under the weight of all the negative impacts of HIV/AIDS?
4. Fourth, what implications does the epidemic have for our planning processes, for our policies, regulatory frameworks and procedures? Are our existing policies adequate, given the situation of HIV/AIDS throughout the sector, or do we need to develop new policy instruments, and if so which ones?

I submit that we can find answers to these questions if we are honest in examining some aspects of our educational provision and of the context in which this is made. Allow me to highlight some areas that are in need of special attention.

HIV/AIDS in the Curriculum

First there is the curriculum. Since my Ministry declared HIV/AIDS a priority three years ago, we have mandated as part of Curriculum 2005, a programme of lifeskills and HIV/AIDS in all our schools. We need to make more rapid progress in this area, continuing to refine the curriculum content, producing the learner support materials, training our teachers, establishing this as a professional component of our teacher education programmes. We cannot afford to be slack about this. The lives of children may depend on the education we can give them in this area. And we must give that education now. HIV/AIDS will not wait to attack them. Why should we wait to provide them with the weapons for self-defence?

School-community relationships

However, one of the things we are becoming aware of is that communities and the schools need to be speaking the same language, if learners are to adopt positive and responsible lifestyles. Otherwise what goes on in the community



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runs counter to what is communicated in the school. Thus, the HIV/AIDS and sexuality education programme needs to be supplemented by much broader community and social mobilisation strategies that will help to bring about the necessary changes.

This is not something the education sector can undertake on its own. It needs the involvement of other partners. Transforming social norms and practices so that they provide an environment that is in harmony with what the schools try to communicate requires a coalition of many partners - communities and parents themselves, those in the education sector, those in the private sector, and the many NGOs and community and faith-based organisations that work so hard and so generously to provide for the educational needs of our people.

School Safety Programmes

A third area about which we should be greatly concerned is the safety dimension of our schools and institutions of learning. These should be havens of safety and not of risk for young people. Unfortunately this is not always the case. We must therefore commit ourselves to action against those who rape and abuse our learners. We must weed out practices that lead educators to use their power to exploit young girls for sexual favors.

Legislation and policies exist, we must implement them! We must mean business about this and intensify our school safety programmes so as to ensure the safety and security of every learner, especially the girls in our care. We must be fearless in asking questions and ascertaining why some unacceptable conditions have persisted in our learning institutions:

- Why does society continue to promote the macho image of masculinity when we know that it leads to such terrible consequences for men themselves as well as for the women they violate?
- Why are girls not safe at school, or on their way to and from school?
- Should we be looking at different ways of socializing our children, particularly our young boys? Why are boys socialized to think that being a man means having many sexual engagements?
- What more do we need to do to guarantee the safety and human rights of our girls?
- What mistaken perceptions of professional behaviour lead male educators to abuse girls?

These are difficult questions, but in answering them we will also answer the question "why is there so much HIV among our young people?"

Traditions and Cultural Practices

We must also work with our traditional community partners in drawing the best out of our diverse cultural traditions, beliefs and value systems and promoting these. Many of these entrench respect for women and children and need to be promoted to assist with limiting the spread of HIV/AIDS. At the same time, however, we must challenge patriarchal practices, masquerading as culture or tradition, which have resulted in violent and abusive behaviours against women and girls. This is crucial not only for the advancement of our indigenous cultures but also for enhancing the dignity of women and girls.



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This leads us to ask whether there are traditions or cultural practices that put lives at risk. Some behaviour originates from values, customs and traditions and some from economic deprivation, lack of socialization and urban dysfunction. Some of these behaviours are life-enhancing, but some may be life-threatening. Decisions on how to deal with them will mean either that more girls will be protected and live, or that more will continue to be exposed to abuse and the possibility of premature death. So, we simply must take this seriously.

Moreover, since we know that HIV perpetuates itself through sex between older men and younger girls, and that the initiative and decision-making in such sexual activities rest almost entirely with men, it becomes even more imperative for us to think differently about these matters. Here again, we must keep reminding ourselves that because of AIDS business can't be as usual - we can't continue doing the same old things in the same old way.

Making Maximum Use of Educational Resources in Combating HIV/AIDS

We must also intensify our efforts to equip our schools as multi-purpose community centres that play a central role in the response to HIV and AIDS. Many of our schools are better resourced than the homes and offices around them. They are staffed by professionals, and have links into the community. In many situations they are the only communal physical facility available within a community.

How then do we use these facilities for the development and support of the communities which schools serve? How do we make sure that the integrated plan by Education, Social Development and Health Departments translates into practical care and support for learners and educators. How do we ensure that orphans and other vulnerable children get the education and other social services that are due to them?

The education sector represents the greatest concentration of understanding, knowledge and skill in the country. We should be making greater use of this in the struggle with HIV/AIDS. Every sub-sector within education, and every educator, from village teacher to university professor, must become aware that they have a role to play in creating a cycle of preventive education and care that goes out from learning institutions to communities and back again to the institutions. And in making this happen, the involvement of women - mothers, wives, daughters and sisters - along with boys and men is crucial.

Within this framework, we must commit ourselves to supporting and developing our teachers, without whom the education system could not work. The HIV/AIDS in-the-workplace programme that my department is working on in collaboration with the teacher unions must become a reality and be implemented with immediate effect. Our teachers need to feel supported. They need to become ever more aware that we care for them and are concerned about their personal well-being. That is why, as part of developing our schools, we should ensure supportive working environments for our teachers.

Social Mobilisation

What we have really been talking about in all these instances is social mobilisation on a large scale. Our own experience from the past half-century in fighting apartheid and, more broadly, the experience of others in tackling AIDS



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in various parts of the world, demonstrate that we can only defeat an unwanted enemy if we work in coalition, through civil mobilisation. That means balancing the mandates and responsibilities of officialdom with the skills and courage of citizens in all walks of life and work, in mass campaigns, community endeavours and innumerable acts of kindness, however small.

You may have heard the saying: chains do not hold marriages together; it is threads, hundreds of tiny threads that sew people together. Likewise in this struggle with AIDS. Our individual contribution may seem small, but when united in a vigorous coalition with the hundreds of tiny threads coming from other persons and other institutions, the result will be a cord that will bind, a net that will ensnare, a social vaccine that will render HIV/AIDS powerless.

Improving Management Capacity

Last but not least, we have to build our capacity to respond to this epidemic. We know that even without AIDS our capacity to manage the education system needs improvement. That is part of the reason why an unacceptably large percentage of our HIV budget remains unspent in most provinces.

So, we must understand that the response to HIV/AIDS, in part at least, is a matter of managing better across the board, for the sake of education, for the sake of those at risk of HIV infection, and for the sake of the orphaned and vulnerable children whose lives alternate between loss and deprivation. Systematic, regular, intensive and comprehensive upgrading of all our managers and management structures should be a priority - for the response to AIDS requires capacity and authority to make decisions and act.

Taking Account of Policy Implications

HIV/AIDS is changing the face of our education system. It is creating situations today that were never considered when the policy frameworks that guide educational provision were first drawn up. At that time we did not have to be so concerned about absenteeism as a major problem for both learners and educators. Today this is a big issue. Regulations and procedures governing sick leave were formulated in circumstances where very few might be out sick at one time, but in many parts this is now no longer the case.

Again, we presumed that if educational facilities were provided, children would attend, but with so many orphans today this no longer happens. We thought of school as a physical place to which children and young people would come for their education. Now HIV/AIDS is forcing us to think about how we can bring education out to where the learners are. We have established student loan schemes, expecting the loans to be repaid over a relatively long period of time. But because of AIDS, the working life of many students, and therefore the period of loan repayment, will be brief.

These illustrations show the need to re-examine many of our policies and regulatory frameworks in the light of what HIV/AIDS is doing to various parts of the education sector. And as we do so, we need to make sure that we maintain contact with the realities on the ground, so that whatever new principles we develop are well-informed by the real HIV/AIDS situations that are being experienced.



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Conclusion

Now, just think about this: Every one of the approaches I have outlined as being integral to education's response to HIV/AIDS, is something we would like to have in any case for a better and more functional education system. Every one of us wants an education system that abides by its own policies; is safe and supportive of all its members, irrespective of their sex; builds on the strengths of all its partners; supports its teachers; and is well managed. Responding to the epidemic actually makes us travel faster along the road to a better education system for the new South Africa!

And so I am asking you to be resourceful and realistic in your deliberations. What we look forward to getting at the end of these two days is a roadmap, designed and charted by you, a map that will point the way forward. We rely on you for your observations, your new ideas, your innovative proposals, in order that we may do two things: get the better of HIV/AIDS in and through education, and fulfill our national mandate to provide quality education for all learners in South Africa.

I encourage you therefore, to stand up to the challenge of HIV/AIDS. This is not our inevitable future! We must win! We have won before. We will win again for we are a nation that wins! We have won our way through to the Soccer World Cup that starts today and many other World Cups before, we will win our way through in this struggle with HIV/AIDS.

If we commit ourselves to this here and now, we will have started right. If we sustain our education coalition against HIV/AIDS, we will destroy this disease and at the same time achieve many of the things we want in any case for education in our country.

There can be no turning back. For the sake of our children and of our country, I beg of you to respond with nobility and generosity of heart and service.

Ke a leboga, I thank you!



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DEFEATING HIV/AIDS THROUGH EDUCATION

History has placed a great burden on our shoulders. As members of the human race and as educators, every one of us here today faces a task that has ramifications for the lives and well-being of countless individuals—adults, youth and children. Each of us bears the lives of others in our hands. The understandings we develop these two days, the decisions we make, the commitment we show, will not be confined to this auditorium but will have repercussions throughout the whole of South Africa and will echo from there into other parts of the continent and the world. Our task is simply described; its execution is difficult and challenging. Our job in these two days—and in the weeks that follow—is to establish a dynamic education coalition against HIV/AIDS that will accelerate the progress of South Africa and the world towards a world without AIDS.

For too long we have been standing by—timid, confused, uncertain, feeling that we were powerless, wanting to do something constructive but not quite sure what. And all the time, men, women and children continued to be infected in their millions, to fall sick in their millions, to die in their millions. We work in the middle of the AIDS killing fields (Akukwe & Foote, 2001). We have daily experience of the passive genocide of our most productive people (Coombe, 2001). We live through a silent holocaust that makes the Jewish Holocaust in Nazi Germany pale by comparison (Nyumbani, 2001). We have let two decades slip through our hands when our response to HIV/AIDS was little more than a scrappy rearguard action against what we saw as an almost insuperable enemy.

The young people today are the AIDS generation (Kiragu, 2001). They have never known a world without HIV or AIDS, no more than they have ever known a world without television or air transport. But AIDS is of much more recent origin than either television or air transport. It was on 5th June 1981, almost exactly twenty-one years ago, that the United States Centers for Disease Control published a report about a new disease that was hitting gay men. That report marked the formal beginning of the AIDS era. It ushered in what we now know as the AIDS pandemic. During the twenty-one years that have passed since then the disease has grown to nightmarish proportions, with almost every passing year seeing a revision upwards of dire estimates and predictions. The challenge to us is to put a halt to this obscene growth of the disease, to say to it in forceful action-backed terms: "Thus far and no further."

To accomplish this, we must undertake a threefold task:

1. We must harness the huge potential of the education sector to prevent further HIV infection.
2. We must mobilize the sector to offer support and care to those within our educational constituencies who are infected with the disease or are in any way affected by it.
3. We must take steps to keep our own house in order, to protect the education sector itself from the inroads and ravages of the disease, so



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that it continues to make educational provision in the quantity and quality that is required, while at the same time it exercises its potency to stem HIV infection.

WHAT HAS GONE WRONG?

If we are to use the potential of the education sector to defeat HIV/AIDS, it is important that we base our initiatives on some understanding of what has gone wrong, why the AIDS pandemic has got out of hand and why, in particular, the response so far from the education sector has been so limited.

The Inadequacy of Action at International, National and Local Levels

It is unfortunately all too true that in many ways the world, countries and communities, have allowed themselves to get into the current HIV/AIDS crisis almost by default. Notwithstanding the urgency with which warning signs presented themselves, the world (and we as part of it) has stood by and watched a steady, seemingly unstoppable, drift into crisis, disaster and catastrophic human tragedy. Factors that have made a major contribution to the ease with which the disease has spread and the ineptitude of the response include:

1. Lack of leadership and vision at global, regional and national levels. In the few cases where these were available, such as in Senegal and Uganda, the disease made slower progress or receded.
2. Silence and denial at various levels-national, community, and individual. To some extent silence and denial are a primordial and protective human response to situations that are excessively stressful. In the words of the poet, T. S. Elliott, "humankind cannot bear too much reality". But trying to cover up the existence of AIDS, as still commonly occurs in families and communities, and even in some countries, will never lead to mastery over the disease or its impacts.
3. Attitudes, behaviours, insidious associations, and adverse social reactions that discriminate against and stigmatize those with HIV/AIDS and drive acknowledgement of the disease into an underground of silence, secrecy, shame and self-recrimination. Fourteen years ago, Jonathan Mann, the Director of the agency that preceded UNAIDS, spoke of this as the "third epidemic," the other two being the silent epidemic of HIV infection and the manifest epidemic of clinical AIDS, and noted that allowing this third epidemic to go unchecked would ensure that neither of the other two could be controlled (Walrond, 2000).
4. Lack of correct information on how the disease can be contracted, how it can be prevented, and what those infected can do to ensure that they live a longer life of better quality. Even today a significant proportion of young people, in South Africa as elsewhere, do not know any way of protecting themselves against HIV infection, are not aware that oral and anal sex involve extensive HIV transmission risks, and think that you can judge by appearances whether or not a person is HIV infected.
5. Failure by the international community and national governments to commit the human and financial resources needed for a large-scale onslaught on the disease. The Global Fund for AIDS, TB and Malaria, which the United Nations established with considerable fanfare in June 2001 has so far raised less than one-fifth of its target. Doubling the resources currently available to the Fund would represent only about



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one cent of each US\$100 of income in the world's wealthiest countries (Harvard, 2001, p. 18), but in the absence of a sense of international responsibility and urgency this is not forthcoming.

6. Weak capacity to design and deliver response measures.
7. A strong focus on short-term measures aimed principally at behaviour change, but with minimal attention in the context of the disease to the enabling environment of poverty, malnutrition, the powerlessness in many societies of women and young girls, inadequate health support services, lack of job opportunities, and the absence of recreational outlets.
8. Inadequate attention to developing comprehensive strategies that focus on the physical, social, economic, recreational and psychological needs of youth (ECA, 2001). The war against AIDS will be won when it is won among the youth-no sooner, no later.
9. Overriding attention to dealing with the disease at the level of the individual, but with little recognition that the disease was also undermining the ability of systems, organizations and institutions to cater for the needs of individuals and society. Education, health and agricultural sectors have been particularly at risk. The results are already with us in terms of unanticipated shortages in educational provision (UNICEF, 2000), health care systems that are being brought to a standstill (UNAIDS, 2000), and food shortages coupled with the increased production of easier-to-manage but less nutritious food crops (FAO, 2001).
10. Failure in many approaches to be sensitive to cultural and religious perceptions and values, with the result that suspicions, intransigence and conflict over peripheral issues (such as condom use) have tended to overshadow what should be a shared world and community vision of how to respond to the disease.

The Hesitant, Uncertain Education Response to HIV/AIDS

The uncertainty up to fairly recently of the education sector's response to the disease is brought out by the fact that, early in 1994, the International Institute for Educational Planning in Paris produced and disseminated a very comprehensive report on how HIV/AIDS was likely to impact the education sector, but almost six years passed before education ministries began to take on board the contents of that seminal work (Schaeffer, 1994). During these lost years, the AIDS situation in general, and in the education system in particular, grew steadily worse.

The constrained response of education sectors to HIV/AIDS in the 1980s and 1990s was due, among other things, to:

1. Inability to provide for the basic learning needs of every child, youth and adult.
2. Lack of appreciation of the scale of the epidemic and its potential to undermine the education system.
3. Absence of strategic planning for HIV/AIDS in the education sector.
4. Considerable piloting of HIV/AIDS education programmes, but with little coordination between interventions and few, if any, being brought to scale.
5. Lack of teacher capacity to deliver relevant HIV/AIDS education.
6. Uncomfortable recognition by educators and system managers that



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addressing HIV/AIDS raises questions about their personal HIV status and social behaviour.

7. Concern lest teaching content and activities conflict with community, cultural or religious practices, norms and values.

The tragedy of the past twenty years is that education sectors worldwide, but especially in the most severely affected countries, did not get moving early enough to respond to the demands of HIV/AIDS. When they did begin to take account of the epidemic, they adjusted themselves in an almost random way to its demands, cautiously, hesitantly, timidly. Even today, many have not succeeded in taking on board either the potential of the epidemic to undermine their systems or, equally important, the potential of the system to counterattack and undermine the epidemic. They are still in a state of virtual disarray, inadequate understanding and piecemeal response. They have a multitude of projects that address facets of the disease, but few coordinated, strategic programmes that address the challenges on the scale that is required.

In this climate of hesitation and vacillation, the Call-to-Action, Tirisano HIV/AIDS Programme of 1999 marked a significant advance. However, much of that programme still awaits implementation. It is the responsibility of this Conference to move the process forward and to establish a coalition of partners who will ensure that the education sector in South Africa forges steadily ahead in the implementation of this comprehensive plan.

EDUCATION AND THE PREVENTION OF HIV/AIDS

Against this background let us recall some of the features of HIV/AIDS so that we can better appreciate why, as the World Bank says in a recent report, "education matters" (World Bank, 2002) and why it matters.

Why Education Matters

First, there is no cure for HIV/AIDS, and many scientists believe that because of the nature of the virus there never will be a cure. The antiretroviral drugs suppress HIV activity and influence in the body for as long as they are being taken, but these drugs raise a host of problems relating to their cost, their continued effectiveness, the demands of administration and patient monitoring, dangers of resistance, and the creation of a false sense of optimism. This is not to decry their use, but just to flag that they are not a universal panacea for HIV/AIDS.

Second, there is no vaccine. Work on vaccine development is proceeding in several locations, all of them with relatively small research facilities and funds and with none of the major pharmaceutical companies being involved. The latest word from the International AIDS Vaccine Initiative (IAVI) is that we should no longer think of an AIDS vaccine just as possible but confidently say that it is probable (Berkley, 2002). But it will still be several years before that probability becomes a reality. Moreover, unless action is taken in the very near future to provide the human and physical infrastructure that will be needed for the production and administration of a vaccine to hundreds of millions of individuals, it will be several years after that again before an affordable vaccine becomes universally available.



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With no cure available, no vaccine in immediate sight, and no consensus on how to answer the many questions surrounding drug therapy, we must, in the words of the United Nations, make prevention the mainstay of our response (UNGASS, 2001). But there can be no prevention of HIV transmission without either the maintenance of behaviour that will protect oneself and others, or the change of existing behaviour so that it becomes protective of self and others. The only way of ensuring this is through education, regardless of the circumstances, age of the individual, or nature of the intervention. To maintain existing 'safe' behaviour or to adopt safe behavioural practices, some form of education is necessary. Given this education, the other supports provided by society can be brought into play. In its absence, they remain useless. For instance,

- At the level of practice, messages about the risks of unprotected sex are essentially educational, as are messages about abstinence or condom use.
- The same is true for messages about fidelity in marriage or about reducing the number of sexual partners.
- This also holds for the ensemble of information, appropriate practice and drug treatment for the prevention of parent-to-child transmission, all of which imply considerable behavioural changes in the context of some minimal education package.

In this sense, education is a crucial and currently essential element in society's armoury against HIV transmission. It is a necessary, integral component in all prevention activities, though not of itself sufficient.

Education, HIV/AIDS and the Young

A second major reason why education must play a crucial role in preventing HIV transmission is because its principal beneficiaries are young people, ranging in age from infancy to young adulthood. It is mostly the young who are in schools, colleges and universities, developing the values, attitudes, knowledge and skills that will serve them subsequently in adult life.

But if education is largely the sphere of the young, so also is HIV/AIDS. About one-third of those currently living with HIV/AIDS are aged 15-24, while more than half of all new infections-about 7,000 each day, or five each minute-are occurring among young people (UNAIDS, 2001).

Recognizing that the young are especially vulnerable to HIV infection, the United Nations has established definite time-bound targets for the reduction of HIV transmission among young people. These targets set clear objectives that should direct our plans and activities in the education sector:

1. By 2005, reduce HIV prevalence among those aged 15 to 24 by 25 percent in the most affected countries.
2. By 2005, ensure that at least 90 percent of young men and women aged 15 to 24 have access to information, education-including peer education and youth-specific HIV education-and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; in full partnership with youth, parents, families, educators and health-care providers (UNGASS, 2001, §§ 47, 53).

In these terms, the challenge before us at this Conference is to galvanize our education sector to play its part in bringing about a very substantial reduction in prevalence rates among school, college and university students from their current very high levels¹⁵.

¹⁵ In 1998, about 21 percent of women under 20 attending antenatal clinics in South Africa and 26 percent of those aged 20-24 were HIV infected; the corresponding figures for 1999 were 16.5 percent and 25 percent (Whiteside & Sunter, 2000, Chart 4.4)



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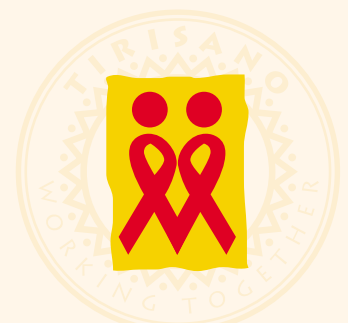
Will the sector be able to achieve this? Evidence from elsewhere suggests that it will. In Zambia, HIV prevalence among 15 to 19 year-olds in Lusaka dropped from 23 percent in 1994 to 15 percent in 1998 and in Ndola from 21 to 16 percent in the same period. A significant feature of this decline, which was observed both among those attending antenatal clinics and those in population-based surveys, was that it was most marked in those with higher levels of education, whereas there were signs of continued increase in prevalence among the least educated—a girl attending school was three times less likely to be HIV infected than an age-mate who had dropped out of school (Fylkesnes *et al.*, 2001). Something similar was found in Zimbabwe where a large population survey showed that those attending school had much lower prevalence rates than those who were not in school (Gregson, Waddell & Chandiwana, 2001¹⁶). Uganda has also registered significant success in reducing HIV prevalence among young people, with at least some of the credit for this going to the education sector (Kaleeba *et al.*, 2000).

¹⁶ Referred to in Bennell, Hyde & Swainson, 2002, p. 21.

These achievements show that, at the minimum, formal education plays a key role in protecting young people against HIV infection (Bennell *et al.*, 2002, p.21). Even further, they also suggest that in ways which are not yet clearly understood a general basic education is making its own specific, intrinsic contribution to the reduction of HIV prevalence rates among young people (cf. Coombe & Kelly, 2001; World Bank, 2002). Education does work against HIV transmission. It is an effective "social vaccine".

This has major implications for the sector. First, there is need to ensure that every child and youth can have access to education for a certain minimum number of years. The attainment of the international millennium development goals that refer to education-for-all (EFA) are crucial to overcoming HIV through education. Every young person must be enabled to attend an educational institution for as many years as possible, and within this framework special attention must be given to ensuring the participation of girls over an extended period of years. The achievement of the millennium EFA goals will itself go a long way in responding to the AIDS challenge.

Second, we must ensure that within all educational institutions real and meaningful learning takes place. Basically, this is what we are about as educators, regardless of the level at which we operate. No matter how well attended schools and colleges may be, in the absence of worthwhile learning, they will not contribute as they should to economic independence, poverty reduction, personal empowerment, gender equity. Neither will they promote the knowledge and understanding that are fundamental to the reduction of HIV transmission. Those leaving school will remain a prey to the poverty trap which will see many of them being sucked into prostitution, becoming street children, living in circumstances of female subordination, and experiencing other ways of life that will increase their risk of HIV infection. They will also remain much weaker than they should be in the face of HIV risks. The same remains true of programmes for those who do not participate in the formal education system. These will accomplish their goals only if they enable learners to incorporate the "useful knowledge, reasoning ability, skills, and values" that will stand by them in life, while enlarging their capacity to protect themselves against HIV infection.



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Integrating HIV/AIDS into the Curriculum

But over and above this, there must be a wholehearted effort to mainstream HIV/AIDS, sexual and reproductive health, and lifeskills education into the curriculum of every learning institution. The objective would be to empower participants to live sexually responsible, healthy lives. This education must start early and it must be done well. This has major implications

First, this subject area must be properly professionalised, with the development of a corps of educators and teacher educators who are the specialised professionals in this field. We invest heavily in the multilevel preparation of teachers for mathematics, science, initial literacy, languages, the arts, and other areas-subject areas that prepare children and young people *for life*. We must also invest heavily in the multilevel preparation of educators for HIV/AIDS, sexual and reproductive health and lifeskills-subject areas that enhance the likelihood that children and young people *will live*. For too long we have toyed with this discipline and in doing so not only have we marginalized it but we have also failed to equip children and the young people who are at grave risk with knowledge, skills, attitudes and values that could mean the difference between life and death for large numbers of them.

Further, as a professional discipline in its own right, HIV/AIDS, sexual and reproductive health and lifeskills education must be fully integrated across the curriculum (Tirisano HIV/AIDS Programme, Project Two) and into the educational system. It is not an optional extra. It is not an add-on. It is not something that can be picked up in spare moments of a biology or social studies lesson. It is a crucial stand-alone area that necessitates separate timetabling, the support of appropriate materials, and the provision of all the backup guidance, training, teacher support structures, monitoring and evaluation that other subjects receive (Bennell *et al.*, 2002).

Finally, because HIV/AIDS, sexual and reproductive health, and lifeskills education transcend more freely than any other discipline the boundary between what goes on inside and outside an educational institution, this subject area calls more strongly than any other for the involvement of communities and parents on the one hand and social and health services on the other. This is where coalition, the unifying principle of this Conference, must come in. Educators cannot do everything alone. They need the support of parents and communities and the assurance that they approve of the contents and methods of what they teach. They do not want to be in uneasy conflict with them or with their cultural or religious perceptions. Educators also need to have health and social service providers working alongside them in this area, providing guidance, counselling, testing, services, supplies and referrals that go beyond what educators as such can be expected to provide.

There are two further reasons why partnerships involving these various constituencies are of such importance. They bridge the divide between school and community or home, thereby making what is incorporated through education more real and relevant to life outside of school; and, secondly, they ensure that everybody speaks with one voice-no matter what its source, the message to the young is always the same, a factor that continues to be critical to the success Senegal and Uganda have experienced in coping with HIV/AIDS.



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Clearly, going down this road of wholehearted integration of HIV/AIDS and lifeskills education into the curriculum entails massive changes. It also entails major sacrifices, such as foregoing curriculum time for other subjects, and new ways of doing things, such as bringing the community more purposefully on board when designing the curriculum and possibly even for certain teaching activities. If this leaves some of us feeling uncomfortable, let us remember the words of the United Nations Secretary General, "this unprecedented crisis requires an unprecedented response" (United Nations, 1999).

For us in education, radical curriculum overhaul is part of that unprecedented response. The world with AIDS is not the same as the world without AIDS. Education and the curriculum, in a South Africa that is reeling under the massive impacts of HIV/AIDS, cannot be the same as in an AIDS-free South Africa. And it may well be that we will never see an AIDS-free South Africa unless we take the bold steps needed to adjust our education and curriculum systems. Education can cure us. It is the social vaccine that can lead us progressively to a world without AIDS-but not in its present form, not unless we make the necessary changes, not unless we adjust it purposefully for use as a channel for preventing the transmission of HIV infection.

FROM PREVENTION TO SUPPORT AND CARE

Prevention alone is not a complete response to HIV/AIDS. Prevention may be the mainstay of our response since successful prevention education will reduce the numbers who become HIV infected and eventually cause them to taper off. But we still have to face the legacy of the past two decades of confused and inadequate response. Our heritage today is one of broken lives, distressed people, and orphaned children. The grief and the anguish of the men, women and children of our time surround us on every side. Our milieu is one of physical and psychological pain and suffering, multiple bereavements, mourning and heartbreak, dehumanizing poverty, lost opportunities, unfulfilled hopes, shattered dreams.

The education sector cannot stand aside from this. Those who are suffering are its own clients and providers, whether they are themselves infected with the disease or whether they are members of the great multitude of those who have been affected by it in one way or another. Let us remember that unlike other sectors in society, the education sector is highly person-intensive. Its fundamental technology of one teacher with a class of fifteen to fifty students has remained the same for thousands of years. Educators and education support personnel constitute the largest proportion of public service employees. The vast numbers of students to whom they reach out constitute a significant proportion of the population. All told, an education sector may well involve a quarter or more of a country's population. Because it is so person-intensive an education sector is particularly vulnerable to the way HIV/AIDS can scythe its way through its personnel and operations, affecting the present adult generation in the persons of educators and support personnel and the coming generation in the persons of learners.

The outcomes are there for us to see. There may be debate about precise numbers and percentages, but none of us can deny the reality that HIV/AIDS is



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having a catastrophic impact on educators and learners. We see this in

- The increased mortality of teachers and education support personnel.
- The discontinuities in classroom and learning activities because of teacher and learner sickness.
- The anxiety so many experience regarding their HIV status, yearning to know about it, fearing to hear about it.
- The trauma and distress brought into the classroom by children who are in daily contact with the dehumanizing illness of a parent or other loved adult.
- The termination of studies by older students who have progressed to clinical manifestations of AIDS.
- The sense of disorientation, catatonic detachment and second-rate status of orphaned children who have never known the "time of joy and peace, of playing, learning and growing" that the World Summit for Children saw as being their prerogative (UNICEF, 1990).

The education sector has a responsibility to take account of this multi-faceted situation of distress in which so many of its learners, educators and support personnel find themselves. It must position itself to respond to the special need for care and support that HIV/AIDS is creating in learners. Likewise it must respond to the need for care and support that the epidemic is creating in educators and education personnel. But in both cases it must do so in accordance with its own proper character as an education sector. Because it is so person-intensive, the education sector cannot separate itself from health concerns. Neither can it divorce itself from the provision of social services. But it must make its own characteristic response, as a provider of educational services and as a major employer, to the differing needs for care and support that learners and educators infected with or affected by HIV/AIDS experience.

Regarding learners, the sector must above all else make a coherent response to the challenges presented by orphans and those experiencing the trauma, discrimination and financial difficulties that all too frequently arise when there is AIDS in a family. It must also take account of the needs of learners who are HIV infected.

Responding to the Orphans Challenge

HIV/AIDS is bringing a massive increase in the number of orphans. Currently there are some 12.5 million learners in all learning institutions combined. One projection is that in a few years time, there will be more than 3.5 million children under the age of 15-more than 30 percent of this age group-who will have lost one or both parents, mostly because of AIDS (Hunter & Williamson, 2000). It can be expected that social and financial problems will make it difficult for a significant of these to participate in schooling in the ordinary way. As they grow into late adolescence, many will not have family structures for their support through higher education, as we are experiencing to our cost in Zambia. The learning capacity of those who participate in educational programmes may be severely impaired by their sense of personal loss, their uncertain status in the households of relatives or friends, and their experience of being set adrift in life before their due time.

Faced with so great a challenge, which is escalating by the day, the education sector must be prepared to guide a rapid extension of actions directed towards



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immediate and long-term solutions that respond to the educational and human rights needs of orphans and other vulnerable children. This should be done right now, when there is time, before the dimensions of the problem grow so large that they become unmanageable. We have let AIDS become virtually unmanageable. We should not let anything similar happen with orphans. This is a special challenge at the moment not only for the Department of Education but also for universities, colleges of education, and individual schools. Collectively they must devise an adequate educational response to ensure that in imaginative and creative ways children orphaned by HIV/AIDS, or vulnerable for any other reason, can be educated in a way that will help to compensate them for their human loss while preparing them for a full and satisfying human life.

For the education sector, this means paying attention to the following:

- Ensuring that children of school age in communities seriously affected by HIV/AIDS have the opportunity and financial means to receive education of good quality.
- Paying particular attention to the school and education needs of girls who are frequently required to assume a disproportionate share of the responsibilities associated with caring for siblings and parents who are ill.
- Supporting community pre-school facilities and programmes, with a view to giving older siblings the time and opportunity to attend school.
- Supporting community schools and other innovative forms of educational provision for orphaned and disadvantaged children.
- Making use of information and communication technologies, including interactive radio and other forms of distance education, with the twofold objective of bringing education out to children who are unable to come in to school and of providing some compensation for the AIDS-related loss of qualified teachers.
- Putting 'orphanhood', the strengthening of family and community caring/coping capacity, and coping with HIV/AIDS trauma at the centre of the research agenda in universities and social research units. It is estimated that at least 99 percent of the children who have been orphaned and otherwise made vulnerable by AIDS are living within their extended families and communities, though often with great hardship (CID, 2001), but the scientific understanding of coping strategies and tolerance limits is not commensurate with the scale of the problem.
- Determining whether it would be desirable and productive to establish orphans and vulnerable children desks at central, provincial and district levels to maintain the momentum of the response to the orphans challenge.

Some further observations are in order in relation to responding to the orphans challenge. One is that here, possibly more than in any other area, there is need for a dynamic coalition of all partners. This is not something that the education sector can address all on its own. The response must be based on the collaborative involvement of central and local government institutions, NGOs, faith-based organizations, and communities themselves. Second, there is need for a bottom-up approach to dealing with orphans and other children made vulnerable by HIV/AIDS. Very rightly, the majority of orphans live in communities and so must be supported by community-based initiatives. The various partners, including the education sector, should promote and support such initiatives. But



these must remain initiatives of the community, developed at the local level and not in central or local government offices or in the offices of NGOs or faith-based agencies.

Thirdly, the education sector could contribute to forestalling growth in the magnitude of the orphans problem by spearheading a campaign to keep mothers alive. In the circumstances of HIV/AIDS, keeping mothers alive means being prepared to provide antiretroviral treatment not only to HIV positive pregnant mothers, but also to all HIV positive mothers with young children who still stand in need of their mothers' care. Without the mother the family falls apart. It is essential that mothers be enabled to stay alive and thereby prevent the disintegration of the family and the burgeoning in the number of orphans. The provision through life of antiretroviral therapy for these mothers will be at significant economic cost. But it is a cost that will pre-empt even more costly economic and social outlays if families fall apart and orphan numbers continue to swell.

Responding to Trauma

HIV/AIDS also affects learners through the trauma, silence, prejudice and discrimination frequently associated with it. Trauma and psychological distress may arise from the experience of seeing a parent or other loved adult enduring remorseless suffering and a dehumanizing death, from anticipatory grief in the face of one's impending orphan status, from observing the physical deterioration of a teacher or fellow-student, from the repeated occasions for mourning and grieving in the school or community. Prejudice, frequently symptomatic of fear, and discrimination arise from the negative and judgmental attitude shown by some towards HIV/AIDS and those affected by the disease. Even in the absence of any overt discrimination, learners from affected families may experience subtle forms of prejudice manifested in their being isolated or in having to bear the taunts and derision of their colleagues.

The experience of trauma or discrimination may lead some young people to discontinue their education or be erratic in participation. Others may find that they are not able to learn as they ought. Educators and school heads may be at a loss as to how they should cope with the emotional, psychological and resulting behavioural problems that students may present.

Clearly, there is great need for an enlarged cadre of guidance and counselling personnel, qualified to provide the assistance that is needed, and with the space and time to do so in the way that is required (Bennell *et al.*, 2002, p. 46). Appropriately qualified professional counsellors in educational settings should be enabled to extend their services both to learners in distress and to educators who need assistance in school-related matters or who are themselves enduring AIDS-related psychological turmoil.

Expanding the cadre of counselling personnel will require enlarged and possibly revamped programmes in universities and training institutions. It will also require national and provincial education departments to re-examine their staffing norms. Hard decisions may have to be made that give priority to this area, ahead of more traditional concerns. The education departments and the training institutions may also need to consider the appropriateness of including training in counselling skills (and ability to provide lifeskills and HIV/AIDS education) as an integral part of all pre-service teacher preparation programmes. The crisis situation in schools and institutions calls for some such crisis response.



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Responding to the Needs of Infected Learners

It is necessary to face the sad fact that already many students, in institutions of learning at all levels and perhaps even more so in non-formal educational programmes, are HIV-infected. Moreover, these numbers will increase. A small percentage of those to whom their mothers transmit the virus perinatally may survive to school-going age and beyond, carrying infection with them through school days and further. The unfolding picture of extensive child abuse reveals another potential channel whereby children and minors can become infected with HIV. In addition, the Human Watch and other reports have documented the extent of coerced sex and rape to which girls are exposed, the heavy involvement of teachers and male schoolmates, and the way this can be linked to HIV infection (George, Finberg and Thonden, 2001; Coombe, 2002; Jewkes *et al.*, 2002). There has also been some documentation of the incidence of HIV in tertiary institutions, in addition to evidence of its progression to AIDS in certain cases (Chetty, 2001; Kelly, 2001).

The picture that emerges is of a significant number of children in primary and secondary schools who are infected with HIV, a relatively small number (mostly in secondary schools) who show signs of AIDS, a comparatively high percentage in tertiary institutions who are HIV positive, and because of the time lapse between HIV infection and clinical AIDS, a much lower percentage who have progressed to AIDS.

What response can the education sector and institutions make to the special needs of these learners? Perhaps the first need is to establish an atmosphere of acceptance and welcome where there will be no suspicion, no anxiety on anybody's part, and certainly no stigma or discrimination. It may take considerable skill to educate all members of a school community, as well as parents and other stakeholders, to this, but the human dignity of infected learners cannot be upheld with anything less. The full integration of HIV infected learners into the life and affairs of a school or college affirms in a powerful and natural fashion the principle of inclusion of people living with HIV/AIDS enunciated at the African Development Forum in 2000 (ECA, 2001).

There will also be need to make special provisions to enable those whose learning is interrupted by illness to make up for lost time and catch up on lost opportunities. Responding to this need can be a very practical expression of acceptance. Since this makes its impositions on educators and, through them, on other learners, it may also be the touchstone by which the humanity of an institution can be gauged.

Educational institutions can also use one specific curriculum area to manifest support for those who are HIV infected. This is by putting emphasis in appropriate parts of the curriculum on the importance of a healthy lifestyle. Healthy living is one way of slowing down the progression from HIV to clinical AIDS. All other things being equal, infected persons who maintain a healthy life style are likely to enjoy more years of life than infected persons who do not take balanced nourishing meals, who smoke, take alcohol or use drugs, and who do not take adequate exercise and rest. Information about the significance of living in a healthy way is an important message that educators can always communicate, without fear of giving any offence to parents or other



stakeholders. It is also a universal message, which is of value to all learners, irrespective of their HIV status. But for the infected, it could also be a life-saving message since, given the developments in vaccine technology, living in a healthy way might help keep a learner alive until such time as a vaccine applicable to infected persons becomes available.

Finally, having ascertained that this is what parents or guardians would want, the school or college should establish systems that would allow the social, welfare and medical providers play their proper role when their services are specifically needed. It would be valuable to explore the possibility of involving the wider community of parents, and of community and faith-based organizations, in aspects of these services, such as in providing transport. This would be integral to the education coalition against HIV/AIDS.

Providing Support for Educators

In addition to counselling, the education sector must consider what other forms of support it can provide to educators who are affected by AIDS. The sector is the largest employer in the country. There is no reason to think that its employees are less infected with and affected by HIV/AIDS than those in other areas of formal employment. In fact there are some grounds for thinking that they may be more so. What support can the sector offer in a situation of personal HIV infection, or where this is occurring in educators' families, or where they encounter it in the classroom?

Perhaps the basic thing is for the sector to demonstrate care and concern through its regulations, procedures and systems. These range from those governing absenteeism and time off, through those that relate to the workplace, to those concerned with medical schemes, disability, retirement and death benefits. Clearly every one of these may need to be adjusted in the light of what HIV/AIDS is doing or could do to sector employees. It would not be appropriate for an outsider to go into details on any specific area, but the following broad issues deserve consideration:

- The desirability of wide consultation and the involvement of educators and support staff in AIDS-occasioned reviews of regulations, procedures and systems. Of particular value here would be inputs from educators who are themselves living with HIV or AIDS.
- Measures to protect educators against burnout due to AIDS-related work overload or stressful working conditions.
- Making provision for the speedy appointment of replacements and substitutes when staff are ill or die so that, among other things, an undue burden will not be placed on institutional managers and other surviving staff.
- Express recognition of and allowance for the way women employees remain responsible for providing much of the health and child care in the home and for holding a family together in time of crisis, death or financial difficulty.
- Ensuring that local administrators and institutional heads have sufficient autonomy to make humane staff-related decisions in response to the potentially surprising or unexpected effects of HIV/AIDS.
- The provision of credible HIV/AIDS education-in-the-workplace programmes for staff in all institutions and education offices.
- The development of every education establishment as a health promoting and health affirming institution with systems in place to



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- ensure access to treatment for opportunistic infections and tuberculosis.
- The possibility, including the cost-effectiveness, of providing educators with antiretroviral treatment, or of having this included in medical schemes, in view of the scarcity value of many of them and the crucial role that all of them play in the prevention through education of HIV transmission.
- Vigorous and sensitive public relations efforts to ensure that every educator perceives the sector as caring and concerned.

CARING FOR THE EDUCATION SECTOR ITSELF

The Threat to the Sector

HIV/AIDS places every system and institution under profound threat. The epidemic and the variety of its impacts have the potential to overwhelm them, debilitating them in somewhat the same way as they debilitate individuals. When a person is infected with HIV, the immune system slowly but inexorably breaks down, leaving the individual vulnerable to the hazards of several opportunistic illnesses. The disease does something similar to institutions and systems. In the absence of appropriate protective measures, these are likely to experience various problems that can develop to the stage where institutions or systems are no longer capable of functioning in the way they ought. Ironically, the very system that should be strengthening society's ability to protect itself against HIV/AIDS may itself be in danger of succumbing to the disease, as the following considerations show:

- HIV/AIDS has negative effects on learners. Numerically they are fewer. Financially, they are less able to support their education. Psychologically, they are less well able to learn and may not even want to be educated. Socially, many of them are orphans, some of whom may be heading households.
- HIV/AIDS has negative effects on educators. Deaths are very numerous. Many experience frequent and progressively more extended bouts of sickness that prevent their proper functioning. Many experience sickness in their family. In institutions where deaths are numerous and replacements inadequate, morale is low.
- HIV/AIDS has negative effects on departments and agencies responsible for the provision of education services. It does not spare technical, supervisory and managerial staff. Dealing with it absorbs a disproportionate share of the scarcest and most valuable resource possessed by these bodies, the expertise and time of their staff. In addition, because HIV/AIDS creates new and competing resource demands at national community and household levels, resources for education are under threat.
- HIV/AIDS has negative impacts on the quality of education provided. Learning achievement, the very touchstone of quality, is rapidly eroded by frequent teacher absenteeism, shortages of teachers in specialised areas such as mathematics or science, intermittent learner attendance, considerable educator and learner trauma, inability to concentrate on learning activities because of concern for those who are sick at home, repeated occasions for grief and mourning in school, in families, in the community, a widespread sense of insecurity and anxiety among both educators and learners.



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Taking Action to Safeguard the Sector

Faced with the immense task of responding to these and other negative impacts, the education sector has the formidable task of ensuring adequate levels of quality education that take due account of the epidemic. Protecting HIV/AIDS-threatened education systems, so that they can continue to provide and, where necessary, expand education and training, requires efforts directed at stabilizing the system, mitigating impacts on learners and educators, and responding creatively and flexibly to the varied, demanding and surprising imperatives of the disease (Coombe & Kelly, 2001).

Stabilizing the system means that departments and providing agencies must ensure that even under attack by the pandemic, the system works so that teachers are teaching, children are enrolling and staying in school, older learners are learning, managers are managing, and personnel, finance and professional development systems are performing adequately.

Mitigating the pandemic's potential and actual impact on all learners and educators (and therefore on the system as a whole) implies ensuring that those affected and infected by the disease can work and learn in a caring environment which respects the safety and human rights of all. Of major concern here would be efforts to make the system fully and patently inclusive by challenging all forms of AIDS-related stigma and discrimination, providing for the most extensive possible participation by persons living with HIV/AIDS, and rooting all provision in strong human and child rights frameworks. A further concern would be to bring it about that each and every learning institution is a haven of safety for all who are associated with it, with zero tolerance for violence, harassment or sexual abuse.

Mitigation efforts should also be addressed to providing counselling services; making provision for voluntary counselling and testing; working with social welfare and health ministries to provide learner-friendly services and adequate supplies; and ensuring responsiveness to the special needs of infected or affected learners and educators.

An education system responds creatively and flexibly to HIV/AIDS when it continues to provide meaningful, relevant educational services of acceptable quality to learners within and outside the formal system, in complex and demanding circumstances. This creative response will require a policy and management framework that can make things happen. Key components of this framework include:

- Committed and informed political and educational leadership.
- Broad-based multisectoral management partnerships with other government sectors, non-governmental organizations, faith groups, community groups, and the private sector.
- A policy and regulatory framework that includes common understanding about the nature of the pandemic and its potential impact on education, as well as guidelines, regulations and codes of conduct which clarify the responsibilities of implementers.
- Strategic and operational planning processes which lead to realistic and realizable operational plans.
- The appointment of senior full-time mandated HIV-and-education managers at all levels and within major institutions.



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- Capacity building at all levels of the system, and adequate provision for personnel replacement and training.
- An HIV/AIDS-in-education research agenda that can develop understanding of the multi-faceted impact of the disease on the system and that provides for the regular monitoring of a set of benchmarks and crisis indicators.
- Adequate budgetary provision with streamlined access to resources.

In essence this means that at central and provincial levels the Department of Education must commit itself to a major exercise in strategic planning for its response to HIV/AIDS. The same holds for non-governmental bodies that provide educational services, whether through formal or non-formal systems, as also for universities and other major semi-autonomous educational bodies. In the absence of a strategic framework, the response to the epidemic is likely to be haphazard and ad hoc. The strategic approach ensures better coordination and more comprehensive incorporation of issues, while the process of developing a plan generates understanding, ownership and commitment to outcomes.

THE WAY FORWARD

On the basis of the considerations raised in this paper, a number of principles and activities emerge that can constitute a powerful and dynamic response from education and training sectors to HIV/AIDS. Doing something about all of these would see an education system really doing something about AIDS. Likewise, acting in the ways that are proposed would protect the education system so that it does not collapse under the onslaught of the pandemic.

The principles and actions are as follows:

1. Get every child, especially girls, into a school or appropriate educational programme, and keep them there for as long as possible.
2. Expose learners to a curriculum that takes full account of HIV/AIDS realities, be these in the sphere of life skills, sexual and reproductive health, cultural, traditional and moral imperatives, changing economies, the loss of skills by society, the need for school leavers to engage in economic activity at a very young age, or wherever.
3. Take steps to ensure that each class has a teacher, that arrangements and resources are in place to cover replacements and substitutes, and that all serving and new teachers come to be comfortable with the curriculum modifications which must be made in a total response to HIV/AIDS.
4. At the school or institutional level, work very closely with communities and parents, arranging for the school community to serve the HIV/AIDS needs of the local community and for the local community to participate with the school in the delivery of its HIV/AIDS-responsive curriculum.
5. At district, provincial and national levels, form broad-based partnerships that will bridge the gap with NGOs, the private sector, faith communities, and relevant government departments, and that will ensure the participation of every part of society in supporting the efforts of schools and communities.



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6. Within education departments at central, provincial and lower levels, establish AIDS management units that will have the authority, resources and time to get things done.
7. Get good information on what is happening in the system, through impact and response assessment studies, and through the regular collection of HIV/AIDS-related data.
8. Develop planning, management and financial systems that will incorporate HIV/AIDS-related projections and data from the sector.
9. Review and update all legislation, policies, regulations and procedures to ensure that they are relevant to the HIV/AIDS situation and that they are friendly to people living with HIV/AIDS.
10. Institute AIDS-in-the-Workplace training, information and support programmes at all levels and within institutions, basing provision and activities on a continuum that runs from prevention to care.
11. Expend considerable effort in building capacity at all levels for planning, management, resource management, resource mobilization, and speedy but transparent financial disbursement, in response to identified HIV/AIDS priorities and needs.
12. Coordinate, monitor and evaluate all that is going on, and disseminate to practitioners information about HIV/AIDS in the system and about good practices for its control.

Three further simple principles provide guiding frameworks for these activities and interventions: be open, be committed, be confident:

1. Be open to what is new, untried or unusual. Recognize that the disease and its impacts can be surprising. Be prepared to question and adapt all that already exists, since an education system with AIDS differs greatly from an education system without AIDS.
2. Be committed. Recognize that the gravity of the situation requires dedication and commitment, often beyond the call of duty, from every educator and official, but most especially from those of senior or executive rank.
3. Be confident that education can do it. Education can make a difference. The future need not be the same as the past (Whiteside and Sunter, 2000, p. xi). The future can be brighter and better, and education has a significant role to play in making it so. The statistics are bad, so bad that this may be our darkest hour. But remember, after winter summer comes, after the night day comes, after the storm a perfect calm ensues. Be confident that education can usher in this new bright, calm, era of an AIDS-free world and be proud that you can be part of such a movement.



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PROGRAMME OUTLINE

Key Conference Questions and/or Themes

1. What is the role of the education sector in preventing the spread of HIV among learners and students?
2. How can the sector ensure that all learners and students, especially orphans and vulnerable children affected by HIV/AIDS, receive education and achieve their full potential?
3. How can the sector, which is the biggest employer in our country, protect its educators and therefore the viability and quality of the education service in the face of HIV/AIDS?
4. How can the education sector continue to improve access to and the quality of education services in the face of HIV/AIDS?
5. What needs to be done? Who is responsible? Who is accountable?

TRACK/SATELLITE	THEMES	VENUE	TIMES
1 PREVENTION: LIMITING THE SPREAD OF HIV	What is the responsibility of the education sector for limiting the spread of HIV	Gallagher 3A/B	Day 2 11h30-13h30 and 14h30-16h30 Day 3 10h30-12h30 and 13h30-15h00
2A SOCIAL SUPPORT: AFFECTED LEARNERS AND EDUCATORS	What is the responsibility of the education sector for providing support for learners and educators affected by HIV/AIDS?	Gallagher 1	Day 2 11h30-13h30 and 14h30-16h30 Day 3 10h30-12h30 and 13h30-15h00
2B SOCIAL SUPPORT: ORPHANS AND VULNERABLE CHILDREN	What is the responsibility of the education sector for identifying, monitoring and meeting the needs of orphaned learners, and other vulnerable children?	Gallagher 2	Day 2 11h30-13h30 and 14h30-16h30 Day 3 10h30-12h30 and 13h30-15h00
3A EDUCATION QUALITY: EDUCATOR SUPPLY, DEMAND AND MANAGEMENT	What action needs to be taken to sustain the viability of the education service, and to respond to new management needs?	Lotus Suites (The Teachers' Centre)	Day 2 11h30-13h30 and 14h30-16h30 Day 3 10h30-12h30 and 13h30-15h00
3B EDUCATION QUALITY: TEACHER EDUCATION	How should inservice and preservice programmes be shaped to meet the challenges of HIV/AIDS?	Lotus Suites (The Teachers' Centre)	Day 2 11h30-13h30 and 14h30-16h30 Day 3 10h30-12h30 and 13h30-15h00
4 MANAGING THE SECTOR RESPONSE	What should departments of education and their sector partners be doing to create capacity to manage the sector response to HIV/AIDS?	Gallagher Grill	Day 2 11h30-13h30 and 14h30-16h30 Day 3 10h30-12h30 and 13h30-15h00
5A HIGHER EDUCATION (SATELLITE)	What is the relationship between HIV/AIDS and institutions of higher education: prevention, support, and knowledge bases?	Boardroom 2A/B	Day 2 11h30-13h30 and 14h30-16h30
5B GENDER VIOLENCE AND ABUSE (SATELLITE)	What is the correlation between gender violence and HIV/AIDS, and its implications for education?	Boardroom 2A/B	Day 3 10h30-12h30
5C ETHICS, VALUES AND HUMAN RIGHTS (SATELLITE)	What ethical and human rights issues are raised by the challenge of HIV/AIDS to educators, learners and the education system itself?	Boardroom 2A/B	Day 3 13h30-15h00

Documents: Boardroom 4 Office: Boardroom 3 Protocol: Fishbowl Additional Breakaway: Boardroom 1

Conference Coordinators

Kgobati Magome
Department of Education

Carol Coombe
University of Pretoria

PRECONFERENCE SESSIONS

28-30 May 2002	Youth Preconference Meetings	Eskom Centre Coordinator -Dhianaraj Chetty
29-30 May 2002	Children's Preconference Meetings	Eskom Centre Coordinator -Dhianaraj Chetty

DAY ONE THURSDAY 30 MAY 2002 OPENING

17h30	Track Coordinators' and speakers meeting with the Minister of	EducationGallagher Estates
17h00-21h00	REGISTRATION	Ballroom Entrance
SESSION 1 OPENING 19h00-21h30	GALA DINNER AND OPENING CEREMONY Host: Minister of Education, Professor Kader Asmal Minister of Health, Dr. Manto Tshabalala-Msimang: The Health Response to HIV/AIDS Minister of Social Development, Dr. Zola Skweyiya: The Social Development response to HIV/AIDS Deputy-President, Mr. Jacob Zuma: The National Multi-sectoral Response to HIV/AIDS	University of Cape Town Children's Institute:

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Chris Madiba
Department of Education

DAY TWO FRIDAY 31 MAY 2002

REGISTRATION 08H00-12H00		Ballroom Entrance				
SESSION 2 Plenary in Auditorium 09h00-11h00		WELCOME AND INTRODUCTION Chair: Director-General, Department of Education, Thami Mseleku Minister of Education, Professor Kader Asmal: The Challenge of HIV/AIDS to Education Professor Michael Kelly, University of Zambia: Defeating HIV/AIDS Through Education Youth and Children: 'Our Experiences'				
11h00-11h30	TEA					
TRACK ONE (T1) PREVENTION: LIMITING THE SPREAD OF HIV	TRACK TWO A (T2A)SOCIAL SUPPORT: AFFECTED LEARNERS AND EDUCATORS	TRACK TWO B (T2B)SOCIAL SUP- SUPPORT: SECTOR RESPONSIBILITIES FOR ORPHANS	TRACK THREE A (T3A)STABILISING THE EDUCATION SERVICE: EDUCATION SUPPLY, DEMAND AND QUALITY	TRACK THREE B (T3B)STABILISING THE EDUCATION SERVICE: TEACHER EDUCATION	TRACK FOUR (T4) MANAGING THE SECTOR RESPONSE	TRACK FIVE (T5)SATELLITES
Gallagher 3A/B	Gallagher 1	Gallagher 2	Lotus Suites	Lotus Suites	Gallagher Grill	Boardroom 2A/B
T1 Coordinators: Edcent Williams, Anne Githuku-Shongwe, Anita Marshall	T2A Coordinators: Nelia Louw, Sigamoney Naicker, Peter Ramatswana	T2B Coordinators: Maria Mabetoa, Khathija Okeke	T3A Coordinators: Luis Crouch, Carol Deliwwe, Martin Gustafsson	T3B Coordinators: Palesa Tyobeka, Jonathan Jansen	T4 Coordinators: Martin Prew, Peter Badcock-Walters, Saul Johnson, Lulama Pharasi, Gabriel Rugalema	T5 Coordinators: A- Pam Dube, Dhianaraj Chetty, B- Mmabatho Ramagoshi C- Glenn Abrahams, Ben Parker
11h30-13h30 SESSION 3 RESPONSES AND PRIORITIES (WORKING GROUPS)						
T1 Yvonne ChakaChaka: HIV/AIDS and young people. Ndibuwo Masimbi, Wits Women's ProjectBoitshepo Lesetedi, Men as Partners: inter-genera- tional transmission of HIV/AIDS. Facilitator: Harriet Speckmier, Free State DoE: current prevention programmes and priorities for further action.	T2A Changu Mannathoko, Unicef Regional Office: sector responsibility for those affected by HIV/AIDS and priorities for action. Lynette Mudikunya Mandela Children's Fund: support for affected learners. Facilitators: Sakina Mohamed, Department of Social Development and University of Cape Town Children's Institute.	T2B Rose Smart, Mobile Task Team on HIV/AIDS: overview of needs of orphaned learners and other vulnerable children. Maria Mabetoa, Department of Social Development: services for orphans and vulnerable children and priorities for Departments of Education and Social Development. Facilitator: University of Cape Town Children's Institute.	T3A Graham Hall, National Professional Teachers Organization of South Africa John Lewis, South African Democratic Teachers Union: education supply, demand and quality in containing HIV/AIDS - understanding the challenge.	T3B Palesa Tyobeka, Department of Education Jonathan Jansen, University of Pretoria: HIV/AIDS and the needs of teachers - understand- ing the challenge.	T4 Nono Simelela, Department of Health: public sector best practice and decentralised HIV/AIDS management. Stephen Kramer, Metropolitan Group: a business perspective on financing and improving HIV/AIDS management.	Track 5A Higher Education Cillo Gardner, Free State Technikon: managing HIV/AIDS in higher education. Anil Bhagwanjee, University of Durban Westville: teaching HIV/AIDS in higher education.



DAY TWO FRIDAY 31 MAY (CONTINUED)

<p>13h30-14h30 LUNCH 14h30-16h30 SESSION 4 CHALLENGES AND RESOURCES (WORKING GROUPS)</p>						
<p>T1 David Allen, Department of Health: determinants of prevalence and development of prevention programmes.</p> <p>Christopher Desmond, Health Economics and Research Division, Nkosinati Ngcobo: mapping the epidemic's course in Kwa-Zulu Natal, what drives the spread of HIV/AIDS.</p> <p>Guest Facilitator: Yogan Pillay, Management Sciences for Health</p>	<p>T2A Thembi Ramokgopa, Gauteng Province: challenges presented by educators and parents.</p> <p>MacFalda Khumalo, Nakekela Project: challenges presented by learners.</p>	<p>T2B Yvonne Spain, Nelson Mandela Children's Fund: a coordinated response to children's needs for support.</p> <p>Mabel Rantla, National Children's Rights Committee: HIV/AIDS and the rights of the child.</p>	<p>T3A Firoz Patel, Education Foundation: responding to the crisis - systems to manage the supply of and demand for educators and other education resources.</p>	<p>T3B David Mbetse, Mdluli High School: giving teachers a voice on initial and in-service teacher education.</p> <p>Cynthia Mpati, South African Council for Educators: meeting the needs of teachers - creative strategies for initial and inservice teacher education</p>	<p>T4 John Kruger, National Treasury: resourcing HIV/AIDS responses, and allocation and use of funds by the sector.</p> <p>Gabriel Rugalema, United Nations Development Programme: concerns of the international development community.</p>	<p>Track 5A Higher Education(cont) Geoffrey Setswe, Medical University of South Africa: research on HIV/AIDS in higher education.</p> <p>Lynn Dalrymple, University of Zululand: community outreach and HIV/AIDS in higher education.</p>
<p>16h30-17h00 TEA</p>						
<p>SESSION 5 Plenary in Auditorium 17h00-18h00</p>	<p>REFLECTIONS: SYNTHESIS OF THE DAY'S DISCUSSIONS Chair: Deputy Director-General, Department of Education: Dr. Chris Madiba Acting Deputy Director-General, Department of Education, Mr. Duncan Hindle: Synthesis of the Day Mr. Credo Mutwa: Traditional African Responses to Gender, Child Rights and Sexuality</p>					
<p>18h00 STEERING COMMITTEE MEETING</p>			<p>Boardroom 3</p>			

Documents: Boardroom 4 Office: Boardroom 3 Protocol: Fishbowl Additional Breakaway: Boardroom 1

Conference Coordinators	Chris Madiba Department of Education	Kgobati Magome Department of Education	Carol Coombe University of Pretoria
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DAY THREE SATURDAY 1 JUNE 2002

SESSION 6 Plenary in Auditorium 08h30-10h00		TEAMWORK: AN EDUCATION COALITION Chair: Deputy Director-General, Department of Education: Mr. Khetsi Lehoko President of the Medical Research Council, Professor Malegapuru Makgoba: Lessons from HIV/AIDS Youth Presentation Deputy-Minister of Education, Mr. Mosibidu Mangena: Tirisano- The Education Coalition Against HIV/AIDS				
10h00-10h30 TEA		10h30-12h30 SESSION 7 TAKING ACTION TOGETHER: DEVELOPING A COALITION FOR ACTION ON HIV/AIDS (WORKING GROUPS)				
T1 Nkosi Mzimela, National House of Traditional Leaders: the responsibilities of parents, communities and schools in helping contain the spread of HIV/AIDS. Tina Joemat Pettersson, MEC Northern Cape Education Department: how departments can work with others to improve prevention. Guest Facilitator: Ineke Buskens, Social Anthropologist	T2A Nelia Louw, South Africa Society for Sexuality Educators: integrating government and nongovernment support programmes. M Qwabe, Limpopo Province: the role of parents and community organisations in creating a culture of care	T2B Angela Bester, Department of Social Development: a coalition to address the condition of orphans and other vulnerable children. Sonja Giese, University of Cape Town: a coalition for action on orphans and vulnerable children.	T3A Carol Deliwe, Department of Education: current and future strategies and partnerships to sustain the delivery of education.	T3B Sharmaine Mannah, South African Democratic teachers Union: Nombulelo Nxesi, Department of Education taking action together - strategies for sustained partnership towards responsive teacher education.	T4 Jonathan Godden, Mobile task team on HIV/AIDS and Education: managing partnerships for action. Stephen Harvey, Kimberley Thusanang Project: managing partnerships for action. Breakaway Boardroom 1 Wendy Heard, EduAction: collecting local data, and district education management information systems	Track 5B Gender Violence and Abuse Anne-Marie Wolpe, Gender Specialist: historical overview of gender violence and abuse. Fezeka Khuzwayo, Department of Social development: gender, violence and HIV/AIDS - a real life experience. Chief Pathekile Holomisa, MP, CONTRALESA: traditional customs, practices and gender violence.
12h30-13h30 LUNCH		13h30-15h00 SESSION 8 PLANNING FOR ACTION: PRIORITIES AND RESPONSIBILITIES (WORKING GROUPS)				
T1 Facilitators: Anne Githuku-Shongwe, Edcent Williams and Salama Hendricks	T2A Facilitators: Nelia Louw, South African Association of Sexuality Educators Sakina Mahomed, Department of Social Development	T2B Facilitator: Maria Mabetoa, Department of Social Development	T3 Synthesis: Palesa Tyobeka, Department of Education Response: Thulas Nxesi, South African Democratic Teachers Union Duncan Hindle, Department of Education	T4 Facilitators: Saul Johnson, Health Development Africa Martin Prew, Department of Education Lulama Pharasi, Department of Education Gabriel Rugalema, United Nations Development Programme	Track 5C Ethics, Values and Human Rights Glenn Abrahams, South African Council of Educators: the correlation between gender violence and HIV/AIDS, and its implications for education?	
15H00-15h30 TEA						

DAY THREE SATURDAY 1 JUNE (CONTINUED)

SESSION 9

Plenary in Auditorium

15h30-17h00

COMMITMENT TO ACTION

Chair: Director-General, Department of Education, Mr. Thami Mseleku

Young people, teachers associations, higher education, nongovernment organisations, traditional and community leaders, political leaders: Commitment to Collaborative Action
Conference Declaration

Minister of Education, Professor Kader Asmal: Summary and Closure

17h00 **ADJOURN**

Documents: Boardroom 4 Office: Boardroom 3 Protocol: Fishbowl Additional Breakaway: Boardroom 1

Conference Coordinators

Chris Madiba

Department of Education

Kgobati Magome

Department of Education

Carol Coombe

University of Pretoria

Department of Education

Pretoria

25.5.02

PRIORITIES AND IMPLEMENTATION PROGRAMME

<i>Priority</i>	<i>Time frames</i>	<i>Responsible parties</i>
Establish an interim steering committee to drive initial priorities derived from conference.	January 2003	DoE HIV/AIDS Unit
Set up steering committees for the different sub-sectors.	February 2003	DoE HIV/AIDS Unit, HIV/AIDS Coordinating Committee, Coalition Steering Committee
Sustain a coalition among education sector partners, and formulate guidelines for it's functioning.	March 2003 and on-going	DoE HIV/AIDS Unit, DoE's HIV/AIDS Coordinating Committee, Coalition Steering Committee
Develop plans of action for all education sub-sectors, starting with Further Education and Training and Early Childhood Development.	March 2003	DoE HIV/AIDS Unit, Further Education and Training Directorate, Early Childhood Development Directorate, Coalition Steering Committee
Identify priorities for immediate, short-term and medium-term action, within the context of the Plan of Action, and identify partners who will drive those priorities.	February 2003	DoE HIV/AIDS Unit, DoE's HIV/AIDS Coordinating Committee, Coalition Steering Committee
Improve financial mobilisation, expenditure and monitoring among sub-sectors.	March 2003 and on-going	DoE's HIV/AIDS Coordinating Committee, Finance Directorate
Monitor implementation of action priorities in the sector, adjustment of priorities, and regular review of the plan	March 2003 and on-going	DoE HIV/AIDS Unit



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GLOSSARY

ADEA	Association for the Development of Education in Africa
AIDS	Acquired Immuno-Deficiency Syndrome
CBO	Community Based Organisations
CLC	Community Life skills Committee
DoE	Department of Education
FBO	Faith Based Organisations
HIV	Human Immuno-deficiency Virus
HSRC	Human Sciences Research Council
MEC	Member of Executive Council
NGO	Non-Governmental Organisation
NRF	National Research Fund
OVCs	Orphaned and Vulnerable Children
PLWHA	Person living with HIV/AIDS
SACE	South African Council for Educators
SADC	Southern African Development Community
SEN	Special Education Needs
SGB	School Governing Body
UNESCO	United Nations Education, Science and Cultural Organisation
VCT	Voluntary Counselling and Testing



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ACKNOWLEDGEMENTS

LIST OF CONFERENCE COORDINATORS AND SPEAKERS

The Conference on HIV/AIDS and the Education sector- the Education Coalition Against HIV/AIDS-, was made possible through the professional and technical assistance of a team of officials from government departments, different sub-sectors of education as well as our partners from international development agencies.

The Ministry of Education acknowledges the hard work of the officials in the success of the conference and the production of this report.

The list below reflects the details of these individuals and the capacity in which they served.

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Chris Madiba, Chief Director - Provincial Coordination, Department of Education
Carol Coombe, Advisor on HIV/AIDS and Education, University of Pretoria.
Chetty, Dhianaraj, Advisor on HIV/AIDS and Education, South African Universities Vice Chancellors Association

TRACK COORDINATORS (in Alphabetical order)

- Abrahams, Glenn, South African Council for Educators (SACE)
- Badcock-Walters, Peter, Health Economics and AIDS Research Division (HEARD), University of Natal
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- Ramatswana, Peter, Department of Education
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- Tyobeka, Palesa, Department of Education



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- Williams, Edcent, Department of Education

KEY NOTE SPEAKERS

- Professor Asmal, Kader, Minister of Education
- Mr Zuma, Jacob, Deputy-President of South Africa
- Dr Skweyiya, Zola, Minister of Social Development
- Dr Tshabalala-Msimang, Manto, Minister of Health
- Mr Mangena, Mosibidu, Deputy-Minister of Education Professor Kelly, Michael, Mobile Task Team on HIV and Education
- Professor Makgoba, Malegapuru, President, Medical Research Council of South Africa
- Mr Mseleku, Thami, Director-General, Department of Education
- Dr Mutwa, Credo, Traditional Leader & Custodian of African Culture

OTHER SPEAKERS (in Alphabetical order)

- Allen, David, Centers for Disease Control and Prevention, South Africa, Consultant to the Department of Health
- University of Natal, Mobile Task Team on HIV and Education
- Bhagwanjee, Anil, School of Psychology, University of Durban- Westville
- Buskens, Ineke, Social Anthropologist
- Dalrymple, Lynn, Dramaide, University of Zululand
- Desmond, Christopher, Health Economics and AIDS Research Division (HEARD), University of Natal
- Gardner, Cillo, Human Resources, Free State Technikon
- Giese, Sonja, Children's Institute, University of Cape Town
- Godden, Jonathan, Advisor, and Member, Mobile Task Team on HIV and Education
- Hall, Graham, College of Education, University of Witwatersrand
- Harvey, Stephen, Kimberley Thusanang Project, Northern Cape Province
- Heard, Wendy, EduAction, Durban.
- Hindle, Duncan, Department of Education
- Holomisa, Chief Pathekile, President of CONTRALESA
- Joematt Pettersson, Tina, Northern Cape Province
- Khumalo, MacFalda, Nakekela Project, Nelspruit
- Khuzwayo, Fezeka, Department of Social Development
- Kramer, Stephen, AIDS Research Unit, Metropolitan Group
- Kruger, John, Social Services, National Treasury
- Lesetedi, Boitshepo, Men As Partners PPASA
- Lewis, John, South African Democratic Teachers' Union (SADTU)
- Mannathoko, Changu, East and Southern Africa (ESARO), United Nations Children's Fund (Unicef), Nairobi
- Masimbi, Ndibuwo, or, Women's Health Project, University of Witwatersrand
- Mbetse, David, Mdluli High School
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- Ngcobo, Nkosinati, Health Economics and AIDS Research Division (HEARD), University of Natal
- Nxesi, Thulas, South African Democratic Teachers Union (SADTU)



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- Patel, Firoz, Education Foundation
- Pillay, Yogan, Management Sciences for Health
- Qwabe, M, Fanang Diatla, Limpopo Province
- Ramokgopa, Thembi, Gauteng Province
- Rantla, Mabel, National Children's Rights Commission
- Setswe, Geoffrey, School of Public Health, MEDUNSA
- Smart, Rose, Save the Children Fund, UK
- Spain, Yvonne, CINDI (Children in Distress)
- Speckmeier, Harriet, Free State Province
- Thebe, Liz, Generation) ESKOM
- Wolpe, Annemarie, Advisor on Gender

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Alta De Kok, Department of Education

Mpu Mentoor, Department of Education

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