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Systems for Managing HIV and AIDS in Schools in Diverse Contexts

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"We must deal urgently and purposefully with the HIV/AIDS emergency in and through the education and training system. This is the priority that underlies all priorities, for unless we succeed, we face a future full of suffering and loss, with untold consequences for our communities and the education institutions that serve them"
(Minister Kadar Asmal, July 1999 DoE: 2001a)

Introduction

HIV and AIDS prevalence and its effect in South Africa [1]

South Africa is currently experiencing one of the most severe AIDS epidemics in the world with more than five million (or an estimated 11%) of the population living with HIV (Claasen: 2006, Coombe: 2000). For each person living with HIV, the impact is felt not only by the infected person, but it also impacts the lives of their families, friends and wider communities, significantly multiplying the effect.

To date, over two million people have died in South Africa from AIDS- related causes. (www.mg.co.za – Accessed 25 May 2007)

[1] **NOTES ON THE STATISTICS:**

Information pertaining to HIV and AIDS tends to differ from source to source depending on definitions used, e.g. there are various definitions of 'child' and 'orphan' and misclassifications (as in cause of death) etc. However, the figures above are corroborated by findings made by the Medical Research Council, the SA Actuarial Society, Department of Health Study 2005, and the South African National HIV Survey, 2005.

The South African National HIV Survey is also known as the "household" survey. The survey's fieldworkers visited 12,581 household across South Africa. 15,851 people agreed to take an HIV test. From these tests it was estimated that 10.8% of all South Africans over 2 years old were living with HIV in 2005.

The data from the household survey is further disaggregated by gender, race and age. A prevalence of 8.2% is reflected among men and a 13.3% prevalence among women. Prevalence by race: Africans (13.3%) Coloureds (1.9%) Indians (1.6%) and Whites (0.6%); and by province with the following three provinces having the highest prevalence: KZN (16.5%), Mpumalanga (15.2%) and Free State (12.6%). Prevalence by age reflects that those between the ages of 15-49, constituted the highest prevalence with an infection rate of 18.8%.

Apart from the death and suffering that HIV causes on an individual and community level, South Africa's HIV and AIDS epidemic has also had a substantial impact on the country's overall social and economic progress, including the educational sector:

- Between 1990 and 2003 – a period during which HIV prevalence in South Africa increased dramatically – the country fell by 35 places in the Human Development Index, a global directory that ranks countries by how developed they are. (www.globalhealthreporting.org Accessed 16 May 2007)
- Average life expectancy in South Africa is now 54 years – without AIDS, it is estimated that it would be 64. Over half of 15 year olds are not expected to reach the age of 60.(www.globalhealthreporting.org)
- It is estimated that 240,000 children (ages 0-14) were living with HIV and AIDS by the end of 2005 (www.globalhealthreporting.org) Some sources place this figure as high as 300,000.
- UNAIDS estimated that there were 1.2 million South African children orphaned by AIDS in 2005, compared to 780,000 in 2003. Once orphaned, these children are more likely to face poverty, poor health and a lack of access to education. Many researchers in the field expect the number of orphans in SA to increase to over two million by 2010.

Richter, et al. (2004: 8) makes reference to the way in which HIV and AIDS impacts on children on both a material and a non-material level. At the material level are issues pertaining to:

- *Livelihoods* (increased poverty, food security, shelter etc.)
- *Health* (nutritional status, increased vulnerability to disease, higher child mortality etc.) and
- *Education* (withdrawal from school to care for others and to save costs, increased absenteeism, lower educational performance, premature termination of education, fewer vocational opportunities and traditional knowledge not passed on).

At the non-material level, the type of issues highlighted include, protection, welfare and emotional health. The range of potential problems are many and varied, but may, for example, include problems caused by decreased adult supervision, decreased affection, increased labour demands, stigma and social isolation, sexual abuse and exploitation, grief and depression.

Impact of HIV and AIDS on education In South Africa: Supply and demand

In South Africa, as globally, much attention has been focused on the critical role of education in preventing future HIV infections. But we also need to recognise the impact of HIV and AIDS on the education system and the need to expand efforts to address issues related to care and support of teachers and learners infected and affected by HIV and AIDS (Attawell and Elder: 2006). Our responses must include strategies that address the impact that HIV and AIDS is having on the education system as a whole and in specific schools and classrooms in particular. HIV is challenging access to and provision of education, as well as the quality of education in our country.

A number of authors in the field (Shisana et al: 2005, Nzioka: 2005 and Attawell and Elder: 2006) suggest that the lack of empirically-based studies on the impact of HIV and AIDS on the education sector and a lack of accurate data, make it difficult to answer specific questions regarding the nature of the impact. In particular, they point to the difficulty of being specific about the impact on educational provision and enrollments.

Indeed, it was the recognition of these challenges and the lack of information in this field that led to the large-scale research project on the factors determining educator supply and demand undertaken by the Education Labour Relations Council (ELRC) in South Africa during 2004/05.

This has been a very important step in addressing issues such as the impact that HIV and AIDS is having on teacher supply and related issues such as learner enrolments, teacher: learner ratios, teacher employment trends, demographics and attrition including morbidity and mortality. The focus of these studies was to provide information on national and provincial trends.

Impact on teachers

The prevalence of HIV infection among teachers was found by the Education Labour Relations Council (ELRC) Report to be 12.7 nationally[2]. The prevalence of HIV

[2] Interestingly, Carol Coombe makes reference in her report, *Managing the Impact of HIV/ AIDS on the Education Sector in South Africa* (2000) to DoE commissioned research into the prevalence of HIV and AIDS among South African Educators. In 2000, according to the findings of ABT Associates, "at least 12% of educators were reported to be HIIV+" (Coombe 2000:9). Although five years ahead of the ELRC research, the findings are not very different.

infection among teachers is higher than the 11% national average figure. The study also reflects marked provincial variation[3] (Hall et al, 2005:23).

Report findings reflect a significant increase in teacher mortality from 7.9% in 1997/98 to 17.7% in 2003/04. Gross teacher mortality, calculated as the total number of in-service deaths and the number of post-service educators who died within one year of resignation, is calculated to be 14,192 in this period. Similarly, the proportion of termination due to medical reasons has grown from 4.6% to 8.7% over the same period (Mobile Task Team, 2005:3).

HIV and AIDS is no doubt contributing to what the *National Policy Framework for Teacher Education and Development in South Africa* (2007) acknowledges as an "impending shortage of teachers in the country". Quoting the ELRC/HSRC *Educator Supply and Demand* report (2005) the *Framework for Teacher Education and Development* document predicts a shortfall of around 15 000 teachers by 2008 (DoE, 2007:7). Some of this shortfall must be attributed to teacher mortality resulting from HIV and AIDS. The ELRC report confirms that the third largest cause of attrition, after contract termination and resignation, is mortality (2005: xiv).

Impact on learners

The precise nature of the impact of HIV and AIDS on learners is also difficult to determine. Although data on learner absenteeism, dropout rates etc. are captured as part of the national EMIS (Education Management Information System) there are problems with the collection process. This is due to a range of factors including limited resources and capacity both at school and district levels which impacts negatively on the integrity of the data. Another problem is caused by delays in data processing – sometimes delays incurred extend for two or more years. Due to concerns regarding disclosure and confidentiality, such data as is collected, does not contain explicit HIV and AIDS related information. It is therefore difficult to reach clear agreement about the extent or precise nature of the impact that HIV and AIDS is having on learners.4

[3] Provincial prevalence rates are reported as follows: Mpumalanga (19.1%), KwaZulu Natal (21.8), E Cape (13.8%) Free State (12.4%), N West (10.4%), Limpopo (8.6%), Gauteng (6.4), N Cape (4.3%) and W Cape (1.1%) (Shisana et al, 2005: 59).

[4] The now terminated DEMMIS (District Education Management and Monitoring Information System) project pilot run in KZN for almost four years (2001-2004) had as its aim the production of summary data on learner and educator attrition and absenteeism to inform school and district management processes.

However, the integrated report of the ELRC, Educator Supply and Demand in the South African Public Education System in comparing learner population with learner enrolment, reports that while the potential learner population (6-18 year olds) has been increasing from 1999-2003, learner enrolment has been decreasing. School-age population grew by approximately 1.3% per annum during this period, yet learner to teacher ratio based on SNAP surveys, was 35,1:1 remaining stable for the last five years (Peltzer, 2005: xiii).

The decline in learner enrolment may be attributed to a range of issues, from possible increased learner throughput through to increase in the proportion of vulnerable children (orphans and girls) with restricted access to school. It is again not possible to say with certainty how many learners are not in school because they are infected or affected by HIV and AIDS, but it must be presumed that this is the case for some of these learners. Anecdotal evidence suggests that certain provinces i.e. Mpumalanga and KwaZulu-Natal are affected more than others. Equally, certain districts within these two provinces are also more affected than others within these provinces – creating particular nodes concern.

Orphan populations are also growing, currently orphans account for 20% or more of the total enrolment in certain KwaZulu-Natal schools. (Badcock-Waters & Whiteside 2000).

What does all this mean for education?

The following characterise the key aspects of the impact of HIV and AIDS on education: (Modified from Coombe 2000: 16)

- *Fewer children enrol in school* because HIV+ mothers die young, children are dying of AIDS complications, and children who are ill, impoverished, orphaned, caring for younger children, or earning and producing, stay out of school.
- *Increased absenteeism or* withdrawal from school to care for others, resulting in lower educational performance, premature termination of education, fewer vocational opportunities.

Yet, even the DEMMIS system was never intended to be an HIV/AIDS specific system and therefore no questions regarding HIV and AIDS were asked. Only proxy data such as information on orphans and vulnerable children was collected. (Interview conducted by Liora Hellmann of SAIDE with Wendy Heard, EduSector, AIDS Response Trust, February 2007).

- *Qualified teachers, and officials lost to education* through death or illness.
- *Management, administration and financial control in an already fragile education system*, HIV and AIDS are likely to make it even more difficult to sustain the structures necessary to provide formal education of the scope and quality envisioned by the government's policies.
- *Rising costs of illness, burials, and death benefits* along with *additional costs for teacher training*. However financial contributions from parents and communities will decline as poverty deepens and many households will no longer be able to keep children in school. Demand on the state to increase education budgets will intensify.
- *Incalculable psycho-social trauma, which will overwhelm teachers, children and their families.*
- At the very least, *school effectiveness will decline* where a significant proportion of teachers, officials and children are ill, lacking morale, and unable to concentrate.
- Ultimately, there will be a *real reversal of development gains* (achieved since 1994) *further development will be more difficult*, and *current education development goals will be unattainable within the foreseeable future* (including the Millennium Development Goals and Education for All).

An effective education sector response to HIV and AIDS is required. The health-focused concentration on preventing HIV and AIDS has diverted attention from what to do to support those people who are HIV+ or whose lives are affected by HIV and AIDS and to manage threatened systems in the education sector. Questions like, how best can the wellness of the teaching force be supported? What systems need to be put in place to ensure that teaching and learning continue, even if teachers are absent? How can learners who are absent be enabled to continue learning? A new planning and management paradigm for mitigating the influence of the spreading epidemic on the education system is required.

In the context of this epidemic, we must acknowledge that we are already behind on the curve and consequently must manage the results while trying to put in place the counter measures required for the longer term. SAIDE has thus embarked on this

research and development project with the aim of developing a practical approach to managing the impact of HIV and AIDS in schools in diverse contexts.

Purpose and approach

Purpose

Given the status quo, the aim of this project is to support schools to best manage the health and social needs of vulnerable children and educators infected and affected by HIV and AIDS. In particular this project aims to research approaches and strategies for school management that will help to mitigate the impact of HIV and AIDS across various socio-economic bands within the schooling sector.

Project time frame

Work on this project started at the end of September 2005 and is scheduled to be concluded by March 2008. The research is thus still very much a work in progress and findings, from the first phase of the project are still tentative.

Approach

Planned activities

The research comprises two components, a desktop component and a qualitative field work component.

- The desktop component consists of two aspects. A review of South African policy in respect of HIV and AIDS as it relates to schools. The second aspect is an overview of approaches to management of schools based on identified initiatives in South Africa that are attempting to support schools to deal with the impact of HIV and AIDS.

- The field work component also has two aspects to it. The first aspect involves selecting from initiatives identified above, three or four which appear promising for in-depth study in order to understand the challenges they faced and to identify any good practices.

- The second aspect entails working with provincial departments of education that have identified schools which are reported to have implemented good practices

for managing the impact of HIV and AIDS. (This aspect will however only be contemplated after June 2007)

On the basis of the above research, develop appropriate practices for School Management Teams (SMTs) to implement with monitoring and support provided by District officials.

Underlying approach

Holistic approach: Much of the literature on HIV and AIDS management points to the importance of a holistic or integrated approach (Giese 2003, Zungu-Dirwayi et al 2004, Badcock-Walters & Whiteside: 2000, Coombe: 2000). The effects of HIV and AIDS are multifaceted and require a response from a range of different sectors. These range from strategies for collaboration with other state agencies through provision of meals and supervised homework to the need for adequate infrastructure and resources such as toilets and transport.

Wide or narrow focus on vulnerability in children? Many institutions and organisations engaged with providing support and care to vulnerable children in South Africa (Children's Institute, Soul City, Save the Children, MIET and others) have opted for an inclusive definition of 'vulnerability'. This may include children rendered vulnerable by HIV and AIDS or by *any other* socio-economic factors such as poverty, physical or sexual abuse, alcohol and drug abuse etc. It is in line with this kind of approach that the Education White Paper 6 *Special Needs Education: Building an Inclusive Education and Training System* , (DoE: 2001b) also characterise HIV and AIDS (and other infectious diseases) as one among many barriers to learning, but does not single it out for "special treatment".

This raised the question for SAIDE as to what our approach should be? Should the focus of this project be on managing the impact of HIV and AIDS on infected and affected learners and teachers? Or should the focus be broadened to investigating ways of managing a whole range of socio-economic problems that result in learner vulnerability and/or teacher attrition?

It was eventually agreed that it remained important to have a clear focus but within the wider context of inclusive education. We were ultimately concerned that an initiative that included a very broad definition of learner vulnerability and a wide range of socio-economic factors, may run the risk of becoming too diffuse. It was agreed the focus should be on identifying systematised processes and procedures that will help to mitigate the impact of HIV and AIDS on learners and teachers infected and affected by this epidemic. Nevertheless, the approach to developing a school management process, does need to be multi-faceted and cross-sectoral.

How is the role of school management in providing leadership conceptualised in this project?
Educational policy in South Africa is largely premised on the notion that the school principal and the school management team (SMT) should provide leadership and management both in the school and beyond the school walls – in the broader community (*South African Schools Act* 1996, *National Policy for HIV and AIDS for Learners and Educators in Public Schools* 1999 and as proposed in Section 21 of the *Functions and Responsibilities of the Principal*, in the Education Laws Amendment Bill, 2007 currently out for comment).

However, SAIDE is painfully aware of the extremely wide spectrum of schools in South Africa. Given that management capacity and resources vary depending on the context in which various schools are located, it is unlikely that it will be possible to develop a management model or approach that will suit all schools. Rather, we will seek to develop a range of different approaches and strategies appropriate to different categories of schools in widely diverse contexts.

Research Process

A review of South African HIV and AIDS policies as they relate to schools was undertaken to establish the framework within which schools are expected to operate. In particular, policy pertaining to learners and teachers infected or affected by HIV and AIDS.

The policy context

Three key themes emerge from the review of key policies and guideline documents dealing with education and issues pertaining to HIV and AIDS in the South African context. These relate to:

- A human rights and inclusive approach to education and training;
- The role of the School Governing Body and the School Management Team; and
- Schools as centres of community life.

The essential aspects of these three themes are reflected below:

1. Human rights approach

A range of policy documents, regulations and guidelines reflect the human rights position – these range from international declarations such as the *United Nations Convention on the Rights of Children* (to which South Africa became a signatory in 1994) through to the *African Charter on the Rights and Welfare of the Child* and to our national Constitution, the 1996 *Constitution of the Republic of South Africa* and *Bill of Rights.*

The articles in these documents address, amongst others, issues of "the best interests of the child"; "non-discrimination"; "the State's obligation to translate rights into reality"; the "protection of children without families"; the "protection of children with disabilities"; the "right to education"; and "protection of children from economic exploitation".

They cover a broad spectrum of human rights issues including in broad terms, the right to education.

At the next level, are a range of national and provincial education-specific policies that seek to deal with issues such as the teacher's right to employment without discrimination and learners' rights to educational access, also without fear of discrimination. Regulations pertaining to human rights in respect of HIV and AIDS are provided by policy documents that include The *South African Schools Act* (DoE:1996) and the *Admissions Policy for Ordinary Schools* (DoE: 1996) which both

provide for "quality education for all learners of school going age". The *South African Schools Act* also states that "the rights of all learners must be upheld" and that "intolerance and discrimination must be combated". As well as setting out the rights of every child "to basic education and equal access to education institutions" the *National Education Policy Act* (1996) endeavours to ensure that no person/child is denied the opportunity to receive an education to the maximum of his or her ability as a result of physical disability – a principle point also reflected in White Paper 6 on Inclusive Education (DoE 1996: 4 and DoE 2001).

The 1999 *National Policy on HIV/AIDS for Learners, Students and Educators* reflecting the Law Commission recommendations and following consultations between the Department of Education (DoE) and the Education Labour Relations Council (ELRC), provides comprehensive regulatory guidelines pertaining to the rights and treatment of learners, students and educators who are HIV+ that are rooted in the constitution and a human rights approach.

The policy specifies that:

- The constitutional rights of all learners and educators must be protected equally.
- There should be no compulsory disclosure of HIV/AIDS status (applicable to learners and educators).
- The testing of learners as a prerequisite for attendance at an institution, or of an educator as a prerequisite of service, is prohibited.
- No HIV+ learner or educator may be discriminated against; they must be treated in a just, humane and life-affirming way.
- No learner may be denied admission to or continued attendance at an institution because of his or her actual or perceived HIV status.
- No educator may be denied appointment to a post because of his or her actual or perceived HIV status.
- Learners who are HIV+ should lead as full a life as possible and not be denied the opportunity to receive an education to the maximum of their ability. Likewise HIV+ educators should lead as full a professional life as possible, with the same rights and opportunities as other educators.

- If and when learners with HIV or AIDS become incapacitated through illness, the school should make work available to them for study at home and should support continued learning where possible…. Or provide older learners with distance education (DoE, 1999 pp 9 -13)

While separate policy for dealing with inclusive education and training is contained in White Paper 6 (*Special Needs Education: Building an Inclusive Education and Training System* DoE 2001) the approach used, is essentially embedded in the human rights approach. White Paper 6 defines inclusivity as an approach which "differences in learners, whether due to age, gender, ethnicity, language, class, disability, HIV or other infectious diseases are acknowledged and respected" To this end, "maximizing the participation of all learners in the culture and the curriculum of educational institutions and uncovering and minimizing barriers to learning." (DoE 2001: pp 6-7)

2. The role of the SGB and the SMT

A number of educational policies explicate the role of the School Governing Body (SGB) and the School Management Team (SMT) in enabling access to quality education for *all* children. For example, the *South African Schools Act* stipulates the functions of the SGB. Amongst others and possibly the most important role of every SGB, is its commitment to promoting the best interests of the school "through the provision of quality education for *all* learners at the school" (DoE 1996:20 (1)(a) (my emphasis).

Clauses 2.11 and 13.1 of the *National Policy on HIV/AIDS for Learners, Students and Educators* pertaining to the role of SGBs provide that:

> " In order to meet the demands of the wide variety of circumstances posed by the South African community and to acknowledge the importance of school governing bodies, councils and parents in the education partnership, national policy is intended as broad principles only. It is envisaged that the governing body of a school, acting within its functions under the South African Schools Act, 1996, … should give operational effect to the national policy by developing and advocating an HIV/AIDS implementation plan that would reflect the needs, ethos and values of a specific school or institution and its community within the framework of the national policy" (DoE 1999: 6).

and

> "Where community resources make this possible, it is recommended that each school …should establish its own Health Advisory Committee as a committee of the governing body or council. Where it is not possible to establish such a committee, the school should draw on expertise available to it within the education and health systems. The Health Advisory Committee may as far as it is possible, use the assistance of community health workers led by a nurse, or local clinics" (DoE 1999: 16).

The Health Advisory Committee is to be set up by the governing body and should consist of educators and other staff, parent and learner representatives and representatives from the medical or health care professions. Its function is to advise the governing body on all health matters including HIV and AIDS and to develop and promote a school plan of implementation on HIVand AIDS and to review the plan from time to time in the light of new scientific knowledge about HIV and AIDS available (DoE 1999: 16).

The clause in the *South African Schools Act* above (…the provision of quality education for all learners at the school…) taken in conjunction with the following two clauses from the *National Policy on HIV/AIDS* above, clearly place the onus for providing an enabling educational environment and for the oversight function of policy implementation on the SGB and the SMT.

School governing bodies are also expected to "take reasonable measures to supplement government allocations for health and safety equipment" (DoE 1999: 17).

Responsibility for implementation of national policies (including on HIV and AIDS) is that of the school principal. As a member of both the SGB and the SMT, the school principal as the executive officer, is *de facto* responsible for the practical implementation of policy at school level. (DoE 1999: 16).

3. Schools as centres of community life

The conceptualisation of schools as "centres of community life" and dealing "urgently and purposefully with the HIV and AIDS emergency *in* and *through* the

education system" (my emphasis) are two of the nine priority areas outlined in the *Implementation Plan for Tirisano 2000- 2004* – a plan for the transformation of education, developed by the then Minister of Education, Kadar Asmal (DoE 2000 a: pp 7 & 8).

The *Implementation Plan for Tirisano* translates these priorities into programmes of action, each with its own set of projects. Programme 2: *School Effectiveness and Educator Professionalism* comprises seven projects, of which one is *Leadership and Management*. One of the key outcomes of this project is that:

> "All schools have management teams that demonstrate a commitment to the development of a school culture that ensures that the school becomes the centre of community life" (Ibid: 14)

The HIV/AIDS programme comprises of three national projects for dealing with HIV and AIDS. These are:

i. Awareness, information and advocacy (among educators, learners and students at all levels and institutions within the education and training system).
ii. HIV and AIDS within the curriculum (to ensure that life skills and HIV/AIDS education are integrated into the curriculum at all levels of the education and training system).
iii. HIV and AIDS and the education system (to develop models for analysing and understanding the impact of HIV/AIDS on the education and training system).

Two key outcomes are stated for project iii, these are:

- "Plans and strategies to respond to the impact of HIV/AIDS on the sustainability of the education and training system and the human resource needs of the education and training system in particular, and the country in general.
- Establishment of care and support systems for learners and educators affected by HIV/AIDS" (Ibid: pp 12-13)

The Tirisano Plan notes that given the scale of the challenges we face in the context of HIV and AIDS, the reality of resource limitations, the urgency of need, and the infrastructure that exists in South Africa, it is necessary to think beyond the immediate and obvious functions of schools and to explore the roles that schools are well-placed to fulfil in terms of identifying and supporting vulnerable children. It is argued, that schools in particular, are ideally placed to function as nodes of care and support for children.

The *Norms and Standards for Educators* policy (DoE: 2000 b) describes the roles, their associated set of applied competences (norms) and qualifications (standards) for the development of educators. One of the seven roles described is the "community, citizenship and pastoral role" (DoE: 2000 b:10). The pastoral role clearly requires that the educator act beyond the limits of the classroom and school grounds, expanding their reach into the community. The role requires the educator to be able to "respond to current social and educational problems with particular emphasis on the issues of violence, drug abuse, poverty… HIV and AIDS… Accessing and working in partnership with professional services to deal with these issues" (Ibid) to "demonstrate caring, professional and committed behaviour" and to know about available support service and how they must be utilised" (Ibid).

The competences described underscore the notion of schools being centres of community life.

This idea is further expanded in *The HIV/AIDS Emergency: Guidelines for Educators* (DoE: 2000 c) a document based on the National Policy on HIV/AIDS (1999). It sets out the role of educators and places emphasis on "making the *school a centre of hope and care in the community*" (DoE 2000 c: iiii) (my emphasis) through:

- exemplifying responsible sexual behaviour
- spreading correct information
- leading discussion among learners and parents
- creating a work environment that does not discriminate against those who are infected or affected, and

- supporting those who are ill (learners and educators).

The guideline document states that:

> "The school has a responsibility to be a centre of information and support on HIV/AIDS in the community it serves. Major role players from the broader community, for example religious and traditional leaders, local health workers or traditional healers, should be invited to participate in developing the school's HIV and AIDS policy" (DoE: 2000 c: 14)

and

to build "an enabling school environment", teachers are called upon to give "special consideration to learners whose school attendance is affected by HIV and AIDS, by providing a chance to do school work at home and wherever possible arranging home visits by the school (Ibid:13)"

Summary

To summarise, within the three main policy themes identified above, there is a strong emphasis on protecting the rights of learners and teachers within the school system. Access to education and access to employment are guaranteed. Policy guidelines are also provided in terms of the learner's and educator's right to be treated with dignity across a range of school-based contexts.

Policy also spells out the role and responsibilities of the SGBs and school principal (as member of both the SGB and SMT) in giving operational effect to the national HIV and AIDS policy for learners and educators in public schools. This includes drawing up a school-based policy, developing an implementation plan and setting up a specialist sub-committee – the Health Advisory Committee – to manage implementation of the HIV and AIDS school-based development plan.

The *Tirisano* plan, *The HIV/AIDS Emergency: Guidelines for Educators* and the *Norms and Standards for Educators* policy promotes the notion of schools as centres of community life, emphasising the idea that the school's responsibilities stretch beyond the school grounds into the community, thus giving form to the idea of the school as a centre for care and support.

Overview of initiatives aimed at helping schools to manage the impact of HIV and AIDS

The second aspect of the desktop research entailed preparing an overview of initiatives in South Africa that are attempting to support schools in developing appropriate approaches to managing the impact of HIV and AIDS in their context.

The purpose of doing such an overview was twofold. Firstly, SAIDE wanted to get a sense of 'what was already happening in the field' so as to obviate duplication. Secondly, we hoped that through the review process we would be able to identify two or three promising initiatives for in-depth study in order to understand the challenges they faced and to identify any good practices.

A plethora of similar initiatives were found to exist. Of those that purported to have as their aim, the development of approaches to support school management deal with the impact of HIV and AIDS, nine [5] were identified for further investigation. Interviews were held with the project leaders who provided an overview of their organisation's initiative, including method of delivery. Copies of training material and other documentation were collected where applicable.

Of the nine, three were selected for in-depth study, these are:

- The Soul City initiative *Schools as Nodes of Caring* (SNOC)
- The Media in Education Trust's (MiET) initiative, Schools as Centres of Care and Support (SCCS) and the
- Sacred Heart Research and Development Trust in collaboration with the Free State Provincial Depart of Education initiative which involves the professional

[5] The South African Democratic Teacher Union (SADTU), the Children's Institute (CI) at the University of Cape Town, the Media in Education Trust (MiET), Soul City, Matthew Goniwe School of Leadership, the Mobile Task Team (MTT) unit based at the University of KwaZulu Natal, Link Community Development (LCD), Sacred Heart Research and Development Trust and Save the Children (UK)

development of District officials to support and monitor SGBs and SMTs manage the impact of HIV and AIDS in schools.

To date SAIDE has completed the first phase of its field work on the Soul City initiative only. The other two initiatives are yet to be investigated.

In-depth Studies

1. Soul City - ***Schools as Nodes of Caring*** **(SNOC)**

The focus of this initiative is on building the capacity of SGBs to provide leadership in creating a caring and supportive learning environment for learners rendered vulnerable by HIV and AIDS.

To achieve this aim, Soul City developed a training guide targeting SGB members: *Supporting Vulnerable Children: A Guide for SGBs* (2006). The content of this training guide was enhanced by the use of information collected during case study research which Soul City had commissioned. Six case studies of schools selected across six provinces were written up. The focus of these case studies was the good practice of the selected schools in mitigating the impact of HIV and AIDS on vulnerable learners. A number of common features were reflected by the case study schools. These included strong leadership by the school principal, high levels of community involvement in the schools and a positive, trusting relationship between the community and the school. Targeted interventions by external agencies, such as NGOs and local business were also typical of all the schools in the study. In most instances these interventions appeared to have provided the catalyst for various school-based initiatives. A range of practices were documented e.g. developing food gardens in schools and setting up school uniform 'banks'. A couple of schools managed to set up a system (with external support) for providing after-school care and supervised homework for vulnerable learners. All the schools in the study tried to carry out home visits to families of learners infected and affected by HIV and AIDS. However, these interventions were sometimes uneven in their implementation and not always systematised and they often seemed dependent on a number of extraneous factors for successful implementation. Two of the schools received some financial support from MiET and in one case the principal had been particularly

successful in her fundraising. In these three instances, it seemed that the various strategies that were implemented were more robust and more likely to be sustained. Across the six schools, there were also a range of small, but important processes put in place that were particular to each instance. For example, one school built a shower at the school so that needy children could wash daily before school started to obviate stigmatisation. In another school, washing of school uniforms at school was instituted. Some strange anomalies were also recorded, in one Gauteng East Rand school, the provincial department of education paid for two caregivers to run the school after-care centre on a daily basis – a practice not known to exist elsewhere in the province. In another instance, in the Free State, the school did not get food from the provincial nutrition programme but from the local municipality.

The key action areas identified in the Guide are based on the examples documented in the case studies. The Guide also provides information on how SGBs can drive the process of supporting vulnerable learners by involving the community; identifying and harnessing local resources; and by working with government services to support vulnerable children. The training stresses the importance of trying to build networks of support in the community.

Soul City also developed a two day training programme to orientate SGB members to using the Guide.

Various agencies, like FAMSA, were sub-contracted in the four provinces to deliver the training pilot on Soul City's behalf. Training of trainers was completed in mid-August 2006 and the roll-out of this Guide was piloted in a 100 schools – made up of ten clusters of ten schools – in each of the following four provinces: Western Cape, Eastern Cape, Mpumalanga and Free State. The roll-out of the pilot commenced on the 27 August in the Western Cape and was completed by the end of October 2006.

It is anticipated that after taking feed-back from the trainers and training participants (via the use of evaluation forms), Soul City will take this project to scale nationally.

2. Media in Education Trust: The education development and support centres project and the schools as centres of care and support (SCCS)

The Media in Education Trust (MiET) in partnership with the KwaZulu Natal and North West PEDs has initiated two parallel but somewhat interrelated pilot projects. The *Education Development and Support Centres project* and the *Schools as Centres of Care and Support* for Children project.

What is the purpose of the *Education Development and Support Centres* and how do these centres interrelate with the *School Clusters for Care and Support*?

The Education Development and Support Centres: Many of these centres are housed on school premises and are modestly equipped with some computers, some reference materials, a fax/telephone and a room or two for meetings. It is envisaged that they will serve as a resource-base to support schools, the *Centres of Care and Support* clusters and the community at large.

Over and above providing access to the various resources mentioned above, they will provide a venue for delivery of professional development programmes for schools, a meeting place for the school support teams from the *Schools as Centres of Care and Support clusters* and a range of capacity-building programmes and support services intended to assist with poverty alleviation for the community at large.

A manager, appointed and paid for by the Provincial Department of Education (PED) is the only person paid to work at the centre, the rest of the team are expected to consist of volunteers.

Schools as Centres of Care and Support (SCCS): The school cluster model consists of approximately eight schools. Each school is required to set up its own school-based care team (consisting of teachers and parents working on a voluntary basis – in line with requirements in the National HIV and AIDS policy and the National Policy on Inclusive Education). The schools in the cluster collaborate and share resources including the services of a cluster child-care coordinator who is paid a nominal fee

by MiET. The cluster child-care coordinator's role is to coordinate and support the school-based care team in *their* work of identifying and supporting orphans and vulnerable children. Additionally, the child-care coordinators are required to liaise with other government departments to procure birth certificates, identity documents and Child Support Grants.

The SCCS programme is premised on the notion of making schools centres of community life (Tirisano Plan) in the belief that by expanding the roles and functions of the principal, teachers, learners and parents, the impact of HIV and AIDS can be mitigated. In particular, the SCCS programmes are intended to support orphans and vulnerable children in the given school communities. To achieve this, MiET, in partnership with the two provincial departments of education, have planned a programme of capacity-building and support interventions to be implemented over a period of four years (two years have been completed to-date).

MiET tool kit

As one of its interventions, MiET has produced a tool kit. Its purpose is to:

- Introduce and advocate, the idea of schools as centres of care and support
- Provide schools with the resources they need to introduce and advocate this concept to the community around them
- Provide schools and the communities that they are located in with resources to set themselves up as centres of care and support.

The tookit consists of:

- Handbook: A Resource for turning your school into a centre of care and support – both in IsiZulu and in English. This deals with a similar range of issues to the Soul City Guide. The whole idea of schools as centres of care is unpacked, ways of identifying children at risk and barriers to health. A section of the handbook deals with policies and action plans and guidance is provided on setting up outreach programmes in the community, fundraising and accessing resources in the community.
- National Policy on HIV and AIDS for Learners and Educators in Public Schools

- A range of Soul City Publications (Also in both IsiZulu & English) including – Living Positively with AIDS, Living with AIDS, Caring for a Person with AIDS, Anti-Retroviral Treatment for Life, Talk to Me – Talking to your Children about AIDS from the Takalani Sesame series and a Guide to Getting a Child Support Grant
- A First Aid Guide
- A range of educational posters in both IsiZulu and English providing, among others, positive images of people living with HIV.

As SAIDE has been commissioned to evaluate this project, it seemed doubly useful to include this initiative as a focus of one of the in-depth studies to be undertaken.

3. Sacred Heart /Free State PED collaboration - ***Training District officials to monitor and support SGBs and SMTs***

Background to the current initiative: As discussed in the policy review above, schools are required to develop their own school-based policies on HIV and AIDS which are to form the basis for the development of a school action plan and are to be linked to the school development plan.

To support schools in developing their policies and action plans, the Education Management and Governance Directorate of the DoE developed a *HIV and AIDS Resource Guide* (DoE: 2003) comprising of an SGB/SMT Guide; a Department of Education Provincial(PED) and District managers Guide and a Guide for parents.

In 2003, Link Community Development (LCD) was awarded the tender by the DoE to pilot the roll out of HIV and AIDS Resource Guides for SGB and SMTs.

The SGB/SMT Guide is intended to support schools in:

- Deepening their understanding of HIV and AIDS and how it can affect schools
- Writing a school-based HIV and AIDS policy
- Thinking about the structures that need to be in place to implement the policy

- Understanding the five critical priorities (preventing the spread of AIDS; providing care and support for learners affected by HIV and AIDS; providing care and support for teachers affected by HIV and AIDS; working together to protect the quality of education; and managing a coherent response).
- Developing an HIV and AIDS action plan that address the five critical priorities
  (above) and
- Linking the HIV and AIDS policy and action plan to the school development plan.

To mediate the use of the Guide, Link developed a three-day training programme for SGBs and SMTS on how to use the Guide effectively to successfully achieve the purposes stated above.

Another purpose of the training pilot was to evaluate the efficacy of the DoE Guide in supporting SGBs in achieving the six outcomes set out above.

The training was delivered in 12 Presidential Nodal Districts across all nine provinces. Training took place between September 2003 and April 2004, a total of 104 schools participated in the pilot.

Of significance is that the SGB training took place in mother tongue, although the printed DoE Guides were only made available in English. Link however translated selected sections of the Guide such as cases studies and checklists. Link also developed a template for schools to use in developing their school policies. The Free State PED had the Guide translated into SeSotho.

Link made follow up visits to 86 of the original 104 schools in seven of the provinces (schools in the Eastern and Western Cape were not visited). The purpose of these visits was to assess the impact of the training and to evaluate the extent to which schools had managed to develop their own policies and action plans.

Second phase of the Link project

After completing the pilot in 2004, the Free State PED approached Link for further training, targeting 196 District officials from six mega-districts to be trained as master trainers to support the province-wide roll out of the DoE Guide. It is hoped in this way to create sustainability.

Current phase of project

Building on the Link pilot and second phase training of District officials, the Free State PED is now about to launch a new initiative in collaboration with Sacred Heart Trust which is scheduled to begin in June 2007.

The focus of this initiative is again the training of the 196 District officials from the six mega-districts, this time using an accredited course developed by Sacred Heart for the professional development of the District Officials. Using a practice-based approach, the purpose is to build the capacity of the officials to support and monitor the implementation of the HIV and AIDS policy requirements in schools. These officials will each be working with a number of schools, mentoring the SGBs and SMTs , documenting and collecting evidence of school based implementation for their portfolio of evidence.

Summary

All three initiatives selected and described above have the support of school management capacity in the environment of HIV and AIDS as their focus. However, each has its own particular approach. Although there is some overlap between the conceptualisation of community involvement in the Soul City and the MiET projects, the Soul City initiative is more narrowly conceived and less complex than the MiET initiative which is intended to involve various levels of the education sector, from provincial through district to school level.

While the collaboration of PEDs in both the MiET project and the Sacred Heart project should help to increase sustainability, it will depend on how the roles of the PEDs play themselves out in reality whether or not they contribute to sustainability or not.

Soul City is providing SGBs with a Guide whose content is well-researched and which is grounded in the realities of poverty that many schools in South Africa share. The approach used assumes the participation of the school principal and other SGB members, who it is anticipated, will provide leadership to the school and the community as a whole. The Guide focuses on strategies for supporting vulnerable learners which involve the community; identify and harness local resources; and propose to work with government services to support vulnerable children.

The MiET approach is multifaceted and more complex in its conceptualisation than the Soul City initiative. Firstly, there is the interrelationship between the two parallel projects, the Resource Centres and the Centres of Care and Support. Secondly, there are the numerous proposed training interventions that focus on a variety of areas of school improvement. These range from access to resources like computers through pedagogical skilling to improve the quality of teaching and learning, to psycho-social support for vulnerable learners. Thirdly, the wide range of services proposed requires the concomitant capacity and resourcing as well as careful management of logistics. Both the scale and the complexity of this project are large. It is also hoped that after three to fours years of piloting this programme that the provincial departments in KwaZulu Natal and the North West respectively, will take ownership of the these programmes, thus making them sustainable.

The Sacred Heart/Free State PED initiative is scaffolded on the phase one and two training offered by Link to support school-based of HIV and AIDS policy development and implementation. The use of an accredited programme is likely to be a motivating factor for District Officials not only to complete their training, but to take the training 'seriously'. The practice-based nature of the courses may also help to support both the professional development of District Officials and the SMT's thus potentially building capacity at both levels. At the District level capacity to monitor and support policy implementation in schools, and at the school level, the capacity to develop and implement school-based policy suited to the school context.

Field-based study of the Soul City initiative: Schools as Nodes of Caring

Introduction

The Soul City initiative is one of the three projects reviewed briefly above that has been selected for in-depth, field-based study purposes. To-date, it is the only one of the three selected projects in which fieldwork has begun. Fieldwork on the Sacred Heart/Free State project is due to start in mid June 2007. We have also not yet formalised a research agreement between ourselves and MiET although, having identified this a possible project that we would like to investigate further, we do hope to do so soon (other SAIDE colleagues have been involved in the evaluation of the MiET *Schools as Centres of Care and Support* project from its inception).

Research process

Delivery of pilot training for SGB members on the use of the Soul City Guide - *Supporting Vulnerable Children: A Guide for SGBs*

The Soul City pilot was implemented in approximately 400 schools, I00 in Mpumalanga, Free State, Eastern Cape and the Western Cape. The two day training took place over a weekend and schools were clustered in groups of 10 schools per cluster. Part of the intended strategy was that schools should elect a cluster committee immediately after the training. It was hoped that these cluster committees would then meet regularly to share ideas and resources and to collaborate on strategies for supporting vulnerable children, in the cluster.

Soul City negotiated with Provincial Education Departments who were responsible for selecting the schools for the pilot phase. It was agreed that schools located in poor communities would be targeted, as it was assumed that they need the training and support most urgently.

Schools were requested to send three representatives from the SGB, the school principal, a teacher and a parent.

The training was delivered by a range of organisations that had been sub-contracted by Soul City to offer the training. Master Trainers had been on a two/three day training course at Soul City head office prior to the pilot commencing.

In negotiation with Soul City it was agreed that SAIDE field workers could be participant observers during the training workshops. Two SAIDE field workers participated in six workshops, two each in Mpumalanga, Free State and the Western Cape.

Observations

Change in targeted focus of Guide – when the project was first conceptualised it had a clear focus i.e. to support learners infected or affected by HIV and AIDS. The six case studies which largely informed the development of the Guide focused on issues connected to HIV and AIDS. However during the process of producing the Guide, a decision was taken by Soul City to widen the definition of vulnerability. The opening up of this definition is underpinned by an inclusive approach to the notion of vulnerability that includes children affected by a range of socio-economic problems such as, poverty, broken homes, sexual abuse with HIV and AIDS , as just one, among many, factors contributing to vulnerability. This inclusive view of vulnerability has become current among many organisations working in the field, and although it is well-justified, it does mean that the focus of various interventions may become more diffuse.

Soul City likewise decided to shift the focus from capacity-building of SGB members to a much wider, unspecified audience. The Guide now addresses itself to a wide range of community-based stakeholders, and has lost its single pointed focus.

Lack of workshop attendance by school principals – each of the six workshops attended had an average of 30 participants. Only one or two principals attended each workshop with Teacher and parent representatives being in the majority.

Workshops serve as a platform for teachers to vent their frustrations – an activity-based delivery method was used and in general participants were responsive. The

workshops however seemed to provide an opportunity for many to vent their frustration or despondence about the situation at their schools.

Uneven quality of workshop delivery – the quality of delivery in Mpumalanga was uneven. Two different organisations were responsible for the training. In one instance the trainer arrived late and the quality of delivery was poor. Participants complained about this.

Workshop time frames – the workshops were conducted on the weekend so as not to disrupt schooling, however participants tended to arrive late and were anxious to leave early, cutting into the time allocated for delivery.

Setting up cluster committees to take the process forward – before leaving the workshop, cluster committees were elected and the time and place of the next meeting was agreed to. The majority of participants left 'fired up', confirming that this intervention *would* make the difference.

SAIDE school visits

At least two rounds of school site-based visits, possibly three were planned. The first to formulate a school/community profile and to gather information on any systematised processes and procedures set in place by the school to mitigate the impact of HIV and AIDS on affected learners and teachers, that were in existence before the Soul City training.

A second and possibly a third visit would then follow some months after the Soul City training to document implementation of the approaches advocated in the training.

During the observation of the training workshops, the SAIDE fieldworkers identified three schools per cluster for the base-line study. Visits to the schools were scheduled immediately following-on from the training workshop, before any of the new ideas could be implemented.

Interviews were held with the school principal. Two open-ended questionnaires were administered – one to establish the school profile and that of the community it was located in – questions included teacher-learner ratios, fee structures, school infrastructure and parent profile for example. The second questionnaire – a base line study aimed to document existing school processes and procedures to support vulnerable children, especially those infected or affected by HIV and AIDS. Information was gathered, amongst other, on any existing systems that would mitigate the impact of HIV and AIDS, such as:

- policies regarding fee exemption,
- school-based systems for recording and storing information on learners identified as vulnerable,
- referral systems,
- implementation of national policy requirements such as school-based policies on HIV and AIDS and the establishment of a Health Advisory Committee,
- procedures such as supporting learners to do their homework at school where home conditions are fraught, or setting up a uniform 'bank' to obviate the expenses incurred in purchasing new uniforms, food gardens for example.

Synthesis of findings from the first round of school visits

The synthesis of findings is presented by province with key provincial similarities and differences drawn out at the end.

Mpumalanga

Schools profile: Five primary and one secondary school were visited. Two of the primary schools were farm schools, while the others were located in townships. The primary schools had an on average enrolment of about 800 and the secondary school had an enrolment of over 1000. One of the primary schools and the secondary school were both no-fee schools. Fees at the rest of the schools typically ranged between R40.00 - R 60.00 per annum. Approximately 20% of learners were granted fee exemption.

One of the farm schools did not have water on tap and the other had no electricity. Of the six schools, four did not have a computer laboratory and only three had sports fields.

Parents were mainly employed on farms or as low-paid mine and railway workers. Communities are very impoverished. At one of the no-fee paying schools it was estimated that about 80% of the parents/guardians were unemployed.

Parental involvement with school and SGBs: Principals all reported that their SGBs were very weak. In one instance the SGB was said to be defunct. All schools reported that parental involvement was very weak.

School processes and procedures in place to mitigate the impact of HIV and AIDS

HIV and AIDS policy: Five of the six schools had a policy, but on closer scrutiny, these policies covered the minimum. They dealt with admissions, disclosure and prevention measures. They were silent on issues of care and support. None of the schools had an action plan for implementation.

Health Advisory Committee/School-based support team to manage support strategies for vulnerable learners. Four schools had a support committee consisting of Life Orientation (LO) teachers and two did not have a school-based team. The focus of their activities were around issues of prevention of HIV and AIDS as taught through the LO curriculum, but with no focus on support or caring functions.

Training, support, counselling for teachers: One school reported that 50% of their teachers had participated in the SADTU *Wellness Programme*. Other than this exception, the only training reported was training initiated by the PED pertaining mostly to LO curriculum delivery (which includes a component on HIV and AIDS).

Procedures for identifying vulnerable learners, storing and updating information, two schools had no system at all, two used the annual registration process at the beginning of the year to prepare a list of orphans and vulnerable children, in one instance the principal compiled a list based on his observation and in the last

instance, this duty was given to a teacher to carry out. Apart from some schools keeping lists of learners' names, there was no other form of documentation kept. Those that had lists, updated them annually.

Disclosure: By law no one is required to disclose their status regarding HIV and AIDS. Due to the stigma that is often attached to being HIV+, many people are fearful of disclosing their status. All the schools commented on the difficulty of working in communities where the silence around HIV dogged various attempts at supporting those infected or affected. In these six schools there were very few *reported* cases of HIV and AIDS – often only a few families affected by HIV were known to the school. However many children presented as 'vulnerable'. In one school, 25% of all learners had lost at least one parent and were therefore classified as 'one parent orphans' (about 5% had lost both parents). However, the cause of their deaths were not known to the school.

Referral system: Three schools had no system for referral and were not involved in facilitating referral. One school called the parents/guardians to the school and informed them of the procedures they should follow to procure child support grants or any other social welfare or health services. In one school an NGO assisted the school with referrals and in another instance a social worker visited the school from time to time.

Nutrition programmes: While these programmes have existed for a while and are not directly related to specific initiatives around HIV and AIDS, good nutrition is obviously a key component in any child's life, more especially if their health is compromised in any way. Five of the six schools participated in the State-run nutrition programme. Three schools said that the amount of food allocated was only sufficient for a 'core group' of 60-90 learners, while there were significantly more learners who should receive food. The farm school that has no electricity raised the problem of not having wood to cook the provisions that were supplied.

The nutrition programmes do not function on weekends and during school holidays thus severely compromising the wellbeing of those learners who rely on the programme.

School food gardens: Three of the six schools had food gardens. One was at a farm school and the farmer had helped to set it up. In the other instance the school environment club had established the garden. Vegetables from these gardens were used to supplement the food provided in the nutrition programme.

Uniform banks: The secondary school organised for its Matric learners to donate their uniforms to the school when they had finished their schooling.

Homework support: None of the schools had thought of setting up a structured process to support learners with their homework – particularly where home circumstance were not conducive to doing school work.

Budget: None of the schools had a budget allocated to the implementation of any activities related to supporting vulnerable learners.

NOTE: Detailed findings from the Free State and W Cape still to be inserted here but summary of findings of all three provinces follows below.

Summary table synthesising findings across all three provinces

Type of school	• 11 Primary • 2 Middle • 5 Secondary
Location of schools	• 15 Township schools • 1 Rural school • 2 Farm schools
Average primary school fees per annum	• R50-100
Average secondary school fees per annum	• R100-300
Payment of school fees	• Mpumalanga = 75% • Free State = 75%

	• W Cape = 30%
No-fee schools in this study	• 2 /18
School infrastructure: • Water on tap • Electricity • Sufficient classroom to house learners • Computer Labs • Sports fields	 • 1/18 does not have water • 1/18 does not have electricity • 2/18 lack sufficient classrooms • 8/18 do not have PC labs • 11/18 do not have sports fields
Appropriate age cohort of learners	• 12/18 schools reported (Mpumalanga and Free State) that all classes had learners that were 2-4 year years too old for their cohort.
Teacher-learner ratios	• These were very uneven across all 3 provinces -ranging from 27:1 – 65:1, sometimes within the same school
Socio-economic status of parents	• Schools are all located in poor communities with est. unemployment rate of 60%+ • 60%+ are single parents/foster parents/grannies
Parental involvement in schools and SGBs	• Overall 10-20% parental involvement • 4/18 SGBs reported as dysfunctional • 13/18 reported as 'weak' • 1/18 reported as 'good'
Schools have HIV and AIDS policy	• 16/18 have policies dealing technical aspects such as admission, disclosure etc. • 0/18 have policies dealing with care & support
Schools have Health Advisory Committee/School-based Support Team	• 7/18 some sort of committee/team • 5/18 have individual teachers designated to take responsibility for HIV and AIDS – usually Life Orientation teachers • 5/18 have no designated person
Training, professional support, counselling for teachers	• 18/18 reported that training received especially around Life Orientation was provided by the PEDs.

	• 3/18 identified the Soul City training as the first training of this kind that they had received • 1/18 cited the SADTU Wellness programme • 2/18 cited Love Life training • 1/18 made reference to an NGO that provided training around HIV
School procedures for identifying orphans and vulnerable learners, storing and updating information	• 6/18 had no procedure • 2/18 used the annual registration process to collect this information • 10/18 had an *ad hoc* process whereby teachers noted any concerns regarding particular learners
Referral system/procedure for facilitating referrals	• 8/18 had no system or procedures in place • 2/18 had social workers visiting the school • 3/18 had support from an NGO • 2/18 schools were located close to a 'multi-purpose' centre where grants etc could be applied for • 1/18 called parents in and directed them to the appropriate services • 1/18 a principal • 1 /18 a teacher • 1/18 a parent
The government nutrition programme	• 14/18 schools had a nutrition programme, • 6 Schools in the W Cape reported that the food was only sufficient for 10-25% of learners • 3 schools in Mpumalanga also reported that the food was only sufficient for 10-25% of learners • 2 in the Free State said that the ' food was

	not sufficient'
School-based food gardens	• 6/18 reported having established food gardens. • 4 in Mpumalanga • 2 in Free State • 0 in W Cape
Uniform banks or any other system for collecting school uniforms	• 4/18 schools reported having some kind of procedure in place for collecting uniforms • 3 of these were secondary schools where 'Matrics' donated their uniforms on leaving school.
Homework support	• 2/18 reported having homework support. Both are in the Free State. Both are limited to about one hour a day
School budget for funding HIV and AIDS initiatives in the school	• 0/18

Information reported on which is specific to the W Cape

The following concerns reported on appear to apply to the W Cape (Cape Flats schools visited) but do not appear to be issues, or at least such significant issues, in schools visited in the other two provinces:

- Drug abuse (especially the use of Tik)
- Gang violence (infiltrating schools and causing security concerns)
- Lack of support from EMDC unit of the W Cape Department of Education reported by all six principals
- Lack of support from the Social Services Department (reference was made that one social worker having to service 70, 000 people in the Cape Flats).

Findings

South African policy suggests a number of strategies that ought to be implemented. These shall be examined in turn.

1. Oversight of HIV and AIDS policies

The National HIV and AIDS policy spells out the role and responsibilities of the SGBs and school principal (as member of both the SGB and SMT) in giving operational effect to the national HIV and AIDS policy for learners and educators in public schools. This includes drawing up a school-based policy, developing an implementation plan and setting up a specialist sub-committee – the Health Advisory Committee – to manage implementation of the HIV and AIDS school-based development plan. In short, the oversight function of the SGB is clearly spelt out.

Generally it was found that the schools in this study are characterised by very little parental involvement of any sort. Typically, a handful of parents were involved in cleaning the school and providing security by doing ground duty. A few mothers at each of these schools were involved in food preparation as part of the school nutrition programme or feeding scheme.

School principals interviewed, also reported on the SGBs lack of engagement with school governance, issues of quality improvement and giving effect to policy requirements that go beyond compliance to transformation.

The SAIDE findings are supported by similar findings reported by the 2003 *Ministerial Review Committee on School Governance in South African Public Schools* whose aim was to make recommendations for strengthening SGBs and their functions, in particular "to channel the effectiveness and efficiency of schools and to improve the quality of teaching and learning" (DoE, 2003:vi).

In a survey (sample of 1000) conducted as part of the Ministerial Review, it was found that in general the SGBs focussed much of their attention on administrative and micro-management issues and little attention of any kind was paid to policies

and procedures that would contribute to building the learning environment in the school.

As part of the survey, SGBs were requested to rank, in order of importance, issues discussed in SGB meetings. Overall, fees were ranked in first place, followed by school discipline and school development plans (interpreted as meaning infrastructural development), with issues pertaining to academic performance and curriculum in ninth and tenth place respectively. Discussion of socio-economic issues that impact on the well-being of learners is missing from the table of priorities completely. There is also worrying silence on issues such as HIV and AIDS-affected learners and poor learners without grants. In short, barriers to learning were not being addressed.

Our field research showed that school-based HIV and AIDS policies exist largely to comply with requirements (such as stipulated in the IQMS – integrated quality management systems) rather than for the purpose of engaging issues pertaining to the *care and support* of learners and educators infected or affected by HIV and AIDS. Additionally, not one of the schools visited had an action plan and less than half the schools had Health Advisory committees in place.

One can thus conclude that SGBs exist only in name, and lacked leadership capacity.

2. Responsibility in Schools for HIV and AIDS

The national HIV and AIDS policy states that the principal of a school is responsible for the practical implementation of the policy at school (DoE 1999: 16).

The SAIDE field work discussed above reflects that, in the majority of cases, school principals and SMTs were not involved in the management of HIV and AIDS. Rather, the 'AIDS teacher' or teacher/s responsible for Life Orientation were mandated to deal with any issues related to supporting learners infected or affected by HIV and AIDS. In most instances it was left to one or two individual teachers to respond to situations as they arose.

In nearly a third of the schools visited, there was no one at all designated to take responsibility for dealing with the impact of HIV and AIDS in the school context. The research also shows that there are few systems in place for gathering and storing information on orphans and vulnerable learners. A number of *ad hoc* practices were documented with teachers playing the key role in identifying vulnerable learners and informally noting concerns.

In conclusion, many principals are not responsible for the practical implementation of the HIV and AIDS policy at school.

3. Strategies for supporting vulnerable learners

A number of support measures aimed at supporting vulnerable learners are implemented by the South African national and provincial governments. Two important strategies are the school the nutrition programme and the grant system.

Nutrition programme

The school is bound by policy to enable all learners to participate "in the culture and the curriculum of educational institutions and to uncover and minimize barriers to learning" (White Paper 6 DoE 2001: pp 6-7). Children whose health or ability to concentrate at school is compromised as a result of being malnourished must be supported.

Using the existing programmes such as the nutrition programmes, schools must support the health of learners with HIV and AIDS.

Although nutrition programmes did exist at the 18 of schools visited, schools are required to determine how many learners require food on the basis of need[6]. In most instances the figure constituted approximately 20 -25% of the total school enrolment. However, we were informed that in six of the W Cape schools, all the learners actually needed food. A shortfall was also noted in three of the Mpumalanga schools

[6] Although many schools did not seem to be clear as to what the criteria for selection actually are.

in our study as well. In an attempt to meet the pressing need, the available amount of food was shared among all learners which resulted in significantly diminished rations. In some instances it meant that meals were in fact only supplied two or three times per week.

Two or three of these schools tried to supplement the food provided by the provincial nutrition scheme with food donations from private companies or individuals. This, however, was also uneven in its application. Additionally no meals were provided over weekends and during school holidays.

Thus one can conclude that it is unlikely that SGBs in many poorly resourced schools are in fact able to use the existing nutrition programme to support learners infected and affected by HIV and AIDS fully.

The grant system

The location of schools visited in poor communities in which unemployment was said to be in the region of 60%, and the majority of learners came from single parent/caregiver households, meant that on average between 25% - 70% of parents/guardians were unable to or did not, pay fees, even where fees were as little as R50.00 per annum. In certain schools inability to pay fees was in the region of 90%.

Of the 18 schools visited in the field study only two had been declared 'no-fee paying schools' by government.

Of the field work sample, a third (six) had no procedures in place for facilitating access to the various state grants that are available. Where procedures existed they varied greatly, for example two of the schools in the Free State reported that they were visited by social workers, while another two in Mpumalnaga and one in the Free State reported that local NGOs assisted the school community in accessing these grants. Three schools each had respectively a principal, a teacher and a parent who had taken it upon themselves to fulfil this function.

But in general, anecdotal evidence from school principals interviewed revealed a number of problems pertaining to the provision of child support grants across all three provinces. It must be noted that the problem seemed most acute in the Western Cape. Principals of all six Cape Flats schools visited, complained bitterly of lack of social services, citing a ratio of one social worker to 70,000 people. Endless delays and barriers to obtaining necessary documentation for Child Support Grants from the Department of Home Affairs were reported. Referrals and requests to the District Offices were not responded to for months. Numerous incidents of referrals being tossed backwards and forwards between the offices of the Education, Social Development and Department of Health were reported.

Although the study of District Offices was not included in this phase of the research, anecdotal evidence suggests that District Offices lack the capacity to support and monitor school-based policy implementation or any additional initiatives that might assist in mitigating the impact of HIV and AIDS.

Additionally, our research to date has shown that both of the state-led strategies, the nutrition programme and the grant system, while in principle are to be lauded, are in reality, far from functioning optimally.

4. School–based initiatives

The *Tirisano* plan promotes the notion of schools as centres of community life, emphasising the idea that the school's responsibilities extend beyond the school grounds into the community. Thus giving form to the idea of the school as a centre for care and support.

In the spirit of *Tirisano* we sought to document examples of initiatives implemented by schools to support learners and teachers who needed to be supported. Only two examples emerged, food gardens and uniform banks to support learners.

Food gardens

Six of the 18 schools had established food gardens, produce from these gardens was mainly used to supplement the nutrition programme. One of the food gardens was

the initiative of the school environmental club, in another instance the initiative was driven by the technology teacher and in a third instance, it was reported that the Department of Agriculture (Mpumalanga) had assisted the school to establish the garden.

The rest of the schools that did not have gardens cited theft and vandalism and a lack of resources as the reasons for not developing a food garden.

Uniform banks

Four of the 18 schools reported having some kind of system in place for collecting school uniforms for learners in need. When asked why there was no system in place for supporting vulnerable learners, some schools said that they had just not thought of the idea, while others once more cited the problem of the resource-scarce environments in which they were located.

Professional and personal support for educators

The only examples of training interventions cited pertained to the state-led curriculum training around Life Orientation or input from organizations like Love Life on the prevention of HIV and AIDS. Three schools mentioned the Soul City training.

Apart from the SADTU *Wellness* initiative mentioned by one school in Mpumalanga, no mention was made by any of the schools of care and support initiatives aimed at teachers.

Apart from the national/provincial strategies mentioned above (the nutrition programme and the grant system) our research suggests that there is not much school-based, systematised response to HIV and AIDS and its impact on schooling.

School-based initiatives that do exist appear in most instances to be of an *ad hoc* nature and are thus often not sustainable.

Conclusion

The Human Rights Commission (HRC) *Report of the Public Hearings on the Right to Basic Education* (2005) notes the silence around HIV and AIDS. Very few submissions regarding the impact of HIV/AIDS on schooling were received. The authors suggest that this may be due to the stigma associated with HIV and AIDS or worse still, a lack of care on the part of educators and school leadership.

The SAIDE research suggests otherwise, not that there is a lack of care on the part of educators and school leadership but rather, a lack of capacity and resources. This view is also supported by the IIEP (Institute for International Education Policy) research which identifies lack of human resource capacity as one of the key stumbling blocks in the whole of sub-Saharan Africa. Nzioka notes, "(even) resource rich countries such as South Africa (and Botswana) are still unable to implement their education sector policies for lack of qualified manpower" (Nziokia 2005:2)

Given these findings, questions need to be asked about how initiatives such as the Soul City project and others can succeed? It is clear that many of our schools really do not have the capacity to implement the suggested approach. The status quo in our schools also suggests that it is unlikely that a two day training workshop and a manual are sufficient.

Way forward

While to-date SAIDE has only visited schools in very poor communities, schools in South Africa are located in a diverse range of contexts with diverse capacity and resources. When thinking about approaches for managing HIV and AIDS across these different contexts we recognize that it is unlikely that one would find one approach that will be suitable. In the next phase of the research we will thus be paying attention to what this might mean in terms of SAIDE developing a range of approaches to suit different contexts.

What has also emerged from the research thus far is the importance of building sustained capacity in our schools to enable them to deliver the quality education,

care and support that is envisioned in policy. However what is clear is that this is a very large project and that there is no quick fix.

In thinking about how best to approach this task, it is helpful to consider Michael Fullan's theories on large scale school reform. In his article *The Three Stories of Education Reform*, Michael Fullan (2000: 581) starts off by saying that "the main enemies of large-scale reform are overload and extreme fragmentation". He then outlines possible approaches to "lending coherence to an otherwise disjointed system".

Fullan advocates a three-pronged approach which involves the school developing:

- strong professional learning community (development that is internal to the school)
- a collaborative relationship with the community (drawing the community into the school project) and
- a strong external support and monitoring function to ensure accountability

This approach is elaborated below:
First the internal dynamics of a school must be changed by developing "strong professional learning community built on a collaborative practice in which teachers and management routinely focus on the issues at hand and make associated improvements. This however requires each school to build their own "pathway" to collaboration in decision-making and action".

He then suggests that schools can't "do it alone" and that parents and community must be involved actively in dealing with the given issues. However he stresses the importance of the school "using their internal collaborative strength to seek out relationships with the community".

Fullan summarizes the critical importance of drawing in outside support, but at the same time managing the process carefully. "Schools need the outside to get the job done. These external forces, however, do not come in helpful packages; they are an amalgam of complex and uncoordinated phenomena. The work of the school is to figure out how to make its relationship with them a productive one".

Finally, Fullan points to the fact that although internal school development is a core requirement and that such change cannot occur unless the school is actively connected to the outside. He says that schools that do develop internally and do link to the outside are still not self-sufficient. To achieve sustainable development (capacity building) schools must be both challenged and nurtured by an external infrastructure – referring here to external monitoring and support that provides accountability.

It is hoped this approach may prove useful in framing our ongoing research and in developing relevant strategies and systems for managing HIV and AIDS in School in diverse contexts.

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