



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF EDUCATION

HIV and AIDS STRATEGY

2008 – 2012

NOVEMBER 2008

Commissioned by the Limpopo Department of Education

Funded by



Service provider



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ACKNOWLEDGEMENTS

This HIV and AIDS strategy was finalised for the Limpopo Provincial Department of Education (LPDoE) by a team from the *Social Aspects of HIV AND AIDS and Health* (SAHA) research programme at the Human Sciences Research Council (HSRC). The team leader, Ms. Ntombizodwa Mbelle was supported by Professor Geoffrey Setswe.

The finalisation of this strategy was funded by Irish Aid as part of its partnership programme with the Limpopo Department of Education, the Fhatuwani Programme.

We wish to thank Ms. Miranda Malele, Ms. Shireen Pardessi, Ms. Reggie Motata, and Ms. Mokgadi Mabogo, all from the Department of Education, for their support in developing this strategy. We also wish to thank Ms. Annalize Fourie and Dr Joy Summerton for their resourcefulness and support during the development of this strategy, particularly with organisation of consultations with stakeholders in the education sector.

We wish to thank all the individuals and stakeholders who participated in consultations and sharing information for the finalisation of the HIV and AIDS strategy. This strategy expresses your voice.

ACRONYMS AND ABBREVIATIONS

ABET	Adult Basic Education and Training
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organisation
COSAS	Congress of South African Students
DOE	Department of Education
DOH	Department of Health
DPLG	Department of Provincial and Local Government
DoPW	Department of Public Works
DSD	Department of Social Development
DoT	Department of Transport
ECD	Early Childhood Development
ELRC	Education Labour Relations Council
EMD	
FET	Further Education and Training
GEMS	Government Employee Medical Scheme
HIV	Human Immunodeficiency Virus
HSRC	Human Science Research Council
LPDoE	Limpopo Provincial Department of Education
LRC	Learner Representative Council
NAPTOSA	National Professional Teachers Organisation of South Africa
NAPWA	National Association of People With AIDS
NDoE	National Department of Education
NEHAWU	National Education, Health and Allied Workers Union
NGO	Non Governmental Organisation
NSP	National Strategic Plan for HIV and AIDS
PEU	Progressive Educators Union
RCL	Representative Committee for Learners
SADTU	South African Democratic Teachers Union
SANAC	South African National AIDS Committee
SASCO	South African Student Congress
SGB	School Governing Body
TAC	Treatment Action Campaign
UNAIDS	Joint United Nations AIDS Programme
UNGASS	United Nations General Assembly Special Session on AIDS

1. DEVELOPMENT OF THE STRATEGIC PLAN, 2008 –2012

Education and HIV and AIDS are inextricably linked. The chances of achieving crucial education goals are severely threatened by HIV and AIDS. Preventing and mitigating the impact of the AIDS epidemic through the education sector is critical. An HIV and AIDS strategy provides a coordinated approach for dealing with the impacts of HIV and AIDS at different levels in the education system.

This HIV and AIDS strategy is aimed at guiding and coordinating activities and initiatives of different stakeholders to manage the impact of HIV and AIDS in the public education sector in Limpopo. It is based on the premise that HIV and AIDS are multi-faceted challenges that impact on learners, educators and staff of the provincial Department of Education. As such, it requires a comprehensive, coordinated response involving a variety of stakeholders that would each bring to the implementation of this strategy specific resources and strengths in accordance with their core business.

The process that was followed in finalising the HIV and AIDS strategy included:

1. Conducting a literature review of relevant documents, including HIV and AIDS surveys, HIV and AIDS policies and strategies in the education sector, best practices in addressing HIV and AIDS in the education sector, as well as other relevant material.
2. Developing an issues paper which indicated pertinent issues to be explored in the preparation of the strategy. The issues paper guided the revision and finalization of the strategy.
3. Conducting initial consultations with HIV and AIDS stakeholders in the education sector. This included consultations with LPDoE officials, NGOs, CBOs, donors, and HIV and AIDS policy experts.
4. Developing a first draft of the HIV and AIDS strategy, this was reviewed by several stakeholders whose comments were incorporated into subsequent drafts of the strategy.
5. Conducting comprehensive consultations with stakeholders in the education sector on the basis of the second draft of the strategy. Stakeholders included LPDoE officials – specifically the curriculum, governance and HIV and AIDS directorates, as well as representatives of the Limpopo Provincial Department of Health and Social Development, Teachers' Unions, NGOs, School Governing Bodies (SGBs) of selected schools, private service providers, teachers and learners. The consultation process took place over a period of seven months, to solicit stakeholder opinions and inputs into the strategy.
6. Finalizing the strategy from the comments and feedback received from stakeholders. The last round of consultations was done with the HIV and AIDS manager in the Wellness unit, governance personnel, transformation and special projects, risk and security management,

life skills and HIV AND AIDS, Khanyisa project funded by UK Department of International Development (DfID), intergovernmental relations unit, Further Education and Training (FET) unit, Budgeting, Expenditure and Planning units, and the Government Information and Technology Organisation (GITO).

Some of the stakeholders who participated in consultations for the finalisation of the HIV and AIDS strategy appear in Appendix A. This table also provides information on the role of each of the key stakeholders.

2. PURPOSE OF THE HIV AND AIDS STRATEGIC PLAN, 2008-2012

With this strategy, the Limpopo Provincial Department of Education (LPDoE) sets out its approach and plans to mitigate the impacts of HIV and AIDS. The strategy is targeted at educators, learners in Early Childhood Development, General Education at Grades R to 12, Further Education and Training (FET), and Adult Basic Education and Training (ABET), as well as employees of the Limpopo Department of Education. It addresses issues such as the inclusion of HIV and AIDS in the curriculum, schools and school governance in relation to HIV and AIDS, learner issues, organizational issues related to HIV and AIDS, educator and staff issues, etc. However, this strategy excludes the Higher Education sector except for certain aspects related to employee wellness. The HIV and AIDS strategy will ensure that there is a “seamless” link with the South African Higher Education Sector HIV and AIDS Strategy – complementarity and coordination, but no duplication and overlap. The parameters of the strategy are explicitly clear.

For certain aspects of HIV and AIDS treatment, care and support (in the context of employee wellness more broadly), educators and departmental staff form part of the LPDoE Employee Wellness Programme (EWP), which is being developed in parallel to the HIV and AIDS strategy. The essence of the EWP is to address issues of health and wellness for employees in the Department of Education. These issues will not be included in the HIV and AIDS Strategy, but the Strategy and EWP are complementary initiatives that have to be read (and implemented) in conjunction with each other.

The strategy starts by trying to understand as much as possible about the epidemic and its impact on education, looking at policy imperatives and directives that LPDoE has to align with, stating the principles of the strategy and then moving to content/actions.

3. HIV AND AIDS SITUATION AND POLICY IMPERATIVES

3.1. Analysis of the HIV and AIDS situation

It is necessary to include a situation analysis as part of the strategy to provide a comprehensive understanding about the HIV and AIDS epidemic at different levels, including its impact on the education sector in the Limpopo province

3.1.1. International HIV and AIDS situation

Globally, approximately 33.2 million people were living with HIV in 2007. During the same period, the estimated number of deaths due to AIDS was 2.1 million people worldwide, of which 76% occurred in Sub-Saharan Africa. Within Africa, HIV prevalence varies greatly. While most nations in West and North Africa have a relatively low HIV prevalence (between 1% and 5%), Southern Africa is the epi-centre of the epidemic, with disturbingly high prevalence in countries such as Botswana, Lesotho, Swaziland, Zimbabwe and South Africa. In some African countries such as Uganda, Zimbabwe and Kenya HIV prevalence appears to be declining (UNAIDS, 2007).

3.1.2. HIV and AIDS in South Africa

South Africa is the country with the highest number of people living with HIV and AIDS (PLWHA) in the world, with approximately 5.5 million people estimated to be living with HIV or AIDS in 2007¹. It is estimated that the prevalence of HIV in South Africa in 2007 was 11.4% among the total population and 18.6% among the age group 15 to 49. Women are disproportionately affected by HIV and AIDS compared to men. HIV prevalence among women is 12.7%, compared to 10.2% for men². The prevalence of HIV and AIDS is projected to reach 25% of the population by 2010. AIDS is presently the leading cause of death in South Africa. In 2007, about half of all deaths in South Africa were ascribed to AIDS³. It is expected that the life expectancy of South Africans will continue to decrease significantly as a result of HIV and AIDS. In 1996, South Africans had a life expectancy of 57 years. By 2007, it had decreased to 50 and is estimated to decrease further over coming years. Currently in South Africa, approximately 1.2 million children under the age of 18 are estimated to have lost their mothers to AIDS⁴.

¹ According to the South African Health Review (Harrison S, Bhana R, Ntuli A [eds], 2007), 5 511 751 South Africans were living with HIV in 2007.

² ASSA 2003 model, in Harrison S, Bhana R, Ntuli A [eds]. South African Health Review 2007. Health Systems Trust. 2007. P. 252.

³ Harrison S, Bhana R, Ntuli A [eds]. South African Health Review 2007. Health Systems Trust. 2007. P. 252.

⁴ According to the South African Health Review (Harrison S, Bhana R, Ntuli A [eds], 2007), there were 1 201 675 maternal AIDS orphans in South Africans in 2007.

3.1.3. HIV and AIDS in Limpopo

The prevalence of HIV in Limpopo is estimated at 7.1% among the total population of the province and 12.3% among the age group 15 – 49 years⁵. In 2006, the prevalence of HIV was estimated at 8.2% among women and 5.4% among men (all ages)⁶. It is estimated that 415 652 people in Limpopo are currently living with HIV and AIDS⁷. In 2007, 40.2% of all deaths in Limpopo were ascribed to HIV AND AIDS. Life expectancy in the province has decreased from 60.1 years in 1996 to 55.8 years in 2007⁸, mainly as a result of HIV AND AIDS. It is estimated that 94 208 children under the age of 18 in Limpopo have lost their mothers to HIV AND AIDS⁹.

3.1.4. HIV and AIDS in the Limpopo education sector

The Limpopo Provincial Department of Education has 3,965 ordinary public schools, where a total of 1,746,566 learners (868,634 female and 877,932 male) are enrolled. The department has about 65,000 staff members in management and administrative offices at the provincial, district and circuit levels, and 53,072 of them are educators¹⁰.

A study commissioned by the Education Labour Relations Council (ELRC) on factors determining educator supply and demand in South African public schools in 2004, found that the overall HIV prevalence among educators in South Africa in 2004 was 12.7%. In Limpopo it was 8.6%, but ranged from 4.9% to 16.3% between districts. The primary research does not stipulate which district is the highest or lowest.

Another study in South Africa found that 21 per cent of teachers aged 25 to 34 are living with HIV (UNAIDS, 2006)¹¹.

Statistics indicating the prevalence of HIV among learners and other staff of the LPDoE are not readily available. In 2003, The Reproductive Health Research Unit and Lovelife conducted a survey which estimated the prevalence of HIV in the age group 15 – 19 (the age group to which most learners in secondary schools would belong) at 4.8%¹². The prevalence among females in this age group was almost three times higher (7.3%) compared to that among males (2.5%). There are no statistics for non-teaching staff in LPDoE

⁵ ASSA 2003 model, in Harrison S, Bhana R, Ntuli A [eds]. South African Health Review 2007. Health Systems Trust. 2007. P. 252.

⁶ Health Systems Trust report at <http://www.hst.org.za/healthstats/84/data>

⁷ South African Health Review (Harrison S, Bhana R, Ntuli A [eds], 2007).

⁸ StatsSA and ASSA 2003, in Harrison S, Bhana R, Ntuli A [eds]. South African Health Review 2007. Health Systems Trust. 2007. P. 230.

⁹ Harrison S, Bhana R, Ntuli A [eds]. South African Health Review 2007. Health Systems Trust. 2007. P. 251.

¹⁰ National Department of Education; 2007 School Realities (December 2007).

¹¹ UNAIDS. 2006 report on the global AIDS epidemic. Geneva: UNAIDS, 2006. Available at www.unaids.org/en/HIV_data/2006GlobalReport/default.asp

¹² Harrison S, Bhana R, Ntuli A [eds]. South African Health Review 2007. Health Systems Trust. 2007. P. 251.

While HIV prevalence among Limpopo educators is not as high as other provinces, data also shows that there is high sexual interaction among teachers and learners¹.

3.1.5. Impacts of HIV and AIDS among the Limpopo educators, learners and employees

Box 1 (below) summarizes the impacts of HIV AND AIDS on the education sector

Educators and non-teaching staff: reducing supply and quality of education

An HSRC education sector study found a sero-prevalence of 12.7% among teachers and significant gender, racial and geographical differences (Shisana et al., 2005). More than 4,000 South African teachers died of HIV AND AIDS-related complications in 2004, and 12.7% of the teacher workforce in South Africa, about 45,000 people were HIV-positive, according to a survey conducted by the Human Sciences Research Council. About 80% of teachers who died of HIV AND AIDS-related complications were younger than 45 and about 33.6% were between the ages of 25 and 34. HIV AND AIDS-related illnesses cause low morale and high rates of absenteeism among teachers, and about 10,000 of the 45,000 HIV-positive teachers needed antiretroviral drugs. The number of HIV-positive teachers was highest in the 25-34 age group¹³.

Job mobility of educators is likely to increase, and as teachers die or leave the service for better jobs elsewhere, student/teacher ratios will decline. One indirect effect of absenteeism is that it results in extra work for other healthy employees who have to stand in for sick colleagues. In some cases, healthy employees increasingly work extra hours to compensate for the time lost by their absent (sick) colleagues. In so doing, some workers and teachers also pointed out that they were overworked and exhausted.

The spread of the epidemic can also contribute to worsening labor relations. If employees do not feel that their employers are providing adequate prevention or care services, the relationship may degenerate.

Records on staff mortality in Limpopo indicates that 120 educators died in 2007 alone, 10 (8.3%) of them were in Waterberg district, 27 (22.5%) were in Vhembe region, 15 (12.5%) were in Mopani region, 40 (33.3%) were in the Greater Sekhukhune region and 28 (23.3%) were in the Capricorn region. Two-thirds, 75% (95) of the teachers who died in 2007 did so due to illness while a quarter, 25% (30) of all the teachers died from accidents, suicide or violence.

"We are losing the people who are educating us. What are we going to do?"

(Global Campaign for Education, 2003)

¹³ Shisana et al (2005). Integrated report on factors determining "educator supply and demand in South African public schools". HSRC.

Learners: declining and changing demand for education

As HIV AND AIDS reduces the number of parents 20 to 40 years old, numbers of orphaned children increase, and poverty deepens, school enrolment rates are expected to decline. Dropouts due to poverty, illness, lack of motivation and trauma are set to increase, along with absenteeism among children who are heads of households, those who help to supplement family income, and those who are ill. There may be greater demand for second-chance, flexible out-of-school education by learners returning to education after absence as care-givers or wage-earners. On the other hand, these demands may be offset by fewer births and more deaths of under-fives, and the fact that family units will have less disposable income for fees, voluntary funds, transport, books and uniforms. Unless state provisioning changes to meet more complex learning demands, more young people will be functionally illiterate and unqualified¹⁴.

HIV AND AIDS have a traumatic impact on learners. Children are being abused and young women are subject to violence. Many live in families that are overextended and are under pressure to contribute to family incomes as poverty deepens. They are losing parents, siblings, friends and teachers to the disease. Many will have to move long distances to find new homes. For others, there are no homes at all. As a result, learners are increasingly absent from school and distracted¹⁵.

The implication for the provincial Department of Education is that they should coordinate efforts with SGBs, teacher and staff unions, learners and educators to reduce the impact of HIV AND AIDS by developing an HIV AND AIDS strategy targeting students, teachers and employees in the education sector.

¹⁴ Coombe C (2000). Keeping the Education System Healthy: Managing the Impact of HIV AND AIDS on Education in South Africa

¹⁵ Craig and Richter-Strydom, Flisher et al., Buga et al., cited in Smart (1999).

Box 1: Impact of HIV/ AIDS on the education sector

Impact on the Classroom Environment

- Teachers and students under severe psychological and physical stress
- Interference of discriminatory practices in the teaching–learning processes
- Teachers ill-prepared to cope with rapidly changing learning and learners' conditions
- Access to and knowledge of coping mechanisms scarce and poorly focused and organized.

Impact on the School Environment

- Disruption in management of teaching personnel and overall organization of schools due to death and absenteeism of teachers, discrimination and stigmatization
- School managers (principals) ill-prepared to face new challenges, including pressure from communities regarding perceived insecure working conditions

Impact on Teachers

- Teacher absenteeism due to attending funerals and/or moonlighting for extra income
- Teacher illness and death:
 - Learning is adversely affected when a teacher dies.
 - Even neighboring schools are affected by deaths

Impact on Community

- Climate of suspicion, therefore straining relationships between schools and communities
- Integration of teachers in communities compromised
- School Management Committees, when they exist, are busy settling conflicts
- Parents and community leaders ill-informed about and unprepared to cope with, HIV AND AIDS

Adapted from: Boukary H (2006). HIV and AIDS in Africa: the education system and the need for an accelerated response, presented at regional workshop, 12–14 September 2006.

3.2. General policy imperatives and alignment of the strategy

3.2.1. HIV and AIDS and STI Strategic Plan for South Africa (NSP), 2007-2011

South Africa's current five year *HIV and AIDS and STI Strategic Plan for South Africa (NSP), 2007-2011*, aims to increase political leadership and public commitment to fighting the epidemic, and strengthen inter-departmental and inter-sectoral responses, and to increase resources and to build capacity at provincial and district levels for the planning and implementation of HIV and AIDS programmes. It also seeks to protect human rights and reduce stigmatisation.

The national plan is led by the National Department of Health, mandated by the South African National AIDS Council (SANAC). It is multi-sectoral in nature and therefore achievements or failures are owned by various stakeholders, including ministries at national, provincial, district and local levels who incorporate its principles in programmes and implement it.

The provincial Department of Education (DOE) is identified as an implementing agency of the NSP. In this regard, the provincial DOE is mandated to develop an HIV AND AIDS strategy and implementation plan to respond to the epidemic. A focal person should be appointed to drive the strategy and plan and coordinate provincial activities with national structures and programmes linked to the South African National AIDS Council (SANAC). At State level, HIV and AIDS initiatives are coordinated within the health sector, but each ministry has appointed a focal person and team with responsibility for HIV and AIDS programmes. A national interdepartmental government HIV and AIDS committee has been established.

The HIV and AIDS Strategy is aligned with key national directives and the strategy is an extension and attempt at operationalising these national directives. The responsibility for operationalising HIV and AIDS policies lies predominantly with the provinces, so the LPDoE HIV and AIDS strategy is all about bringing the provincial response in line with national directives and operationalising these. To a large extent, what LPDoE plans to do is already stated in these national policies/strategies.

The expanded national response is managed by different structures at all levels. Each government ministry has a focal person and team responsible to plan, budget, implement and monitor HIV and AIDS and STI interventions. The implementing agencies are the provinces, local authorities, the private sector as well as a myriad of community-based organisations¹⁶.

3.2.2. National policy on HIV and AIDS for Learners and Educators in Public Schools, or Students and Educators in Further Education and Training Institutions

In this HIV and AIDS Policy, the National Department of Education¹⁷ (NDoE) highlights three objectives related to HIV and AIDS: (1) raising awareness about HIV and AIDS among educators and learners, (2) integrating HIV and AIDS into the curriculum, and (3) developing models for analyzing the impact of HIV and AIDS on the system. In addition, documents such as National Policy on HIV and AIDS for Learners and Educators¹⁸, were developed. Through the policy, the national Department of Education acknowledges that there are learners and educators in its institutions who are infected and affected by HIV and AIDS.

Importantly, the policy recommends that a provincial policy for HIV and AIDS, based on national policy, should be developed and to serve as a guideline for SGBs when developing their own school based HIV and AIDS policies and implementation plans. Schools are encouraged to work very closely with local community leaders to provide information and support to the surrounding communities. It recognizes the duty of the State to ensure that schools are safe places regarding

¹⁶ *HIV and AIDS and STI Strategic Plan for South Africa 2007-2011* (NSP)

¹⁷ Department of Education (1999b, 2000b, 2000c)

¹⁸ South Africa. Department of Education (1999). National policy on HIV AND AIDS for learners and educators in public schools, and students and educators in further education and training institutions.

physical protection from the virus, and where there is adequate information and education on HIV and AIDS. Schools should establish Health Advisory Committees responsible for developing and promoting a school plan of implementation on HIV and AIDS, and generally advising the school governing body/council on all health matters including HIV and AIDS.

This is an important policy to which the provincial Department of Education will align their strategy. The policy is consistent with the priorities of the National Strategic Plan for HIV and AIDS such as prevention, treatment, care and support, research, monitoring and evaluation, and human and legal rights. The policy goes further to provide guidance on discrimination in schools and education institutions, as well as workplace advocacy and sensitization and sports safety.

Further to this, the responsibilities of the Director-General of Education and heads of provincial departments are to provide leadership in ensuring that there are strategies and plans to respond to the epidemic. Also, principals are responsible for implementing policy in their institutions, and governing bodies are expected to supplement budgetary allocations for health, safety and equipment. The schools in Limpopo have to form the core part of the strategy where the main activities happen.

Each provincial department of education is expected to designate an HIV and AIDS programme manager with responsibility for implementing the Department's HIV and AIDS programme, with the Director-General of Education having overall responsibility. In addition, a Strategic Framework for a South African AIDS Youth Programme has been developed.

3.2.3. Department of Education Workplace Policy for HIV and AIDS

The content of the policy addresses the practical needs of employees, and includes employee benefits, HIV and AIDS workplace programmes, ill-health retirement and early retirement and universal precautions, and introduces advocacy and awareness-type components.

The policy aims to achieve its objectives by:

- raising the awareness levels and understanding of the HIV and AIDS pandemic in the workplace.
- creating an open and supportive environment for all employees who are living with or affected by HIV and AIDS, while at the same time not undermining the productivity requirements, obligations and public responsibility of the department.

Box 2: National Department of Education's Response to HIV AND AIDS

The NSP 2000-2005 was been followed by the NSP 2007-2011. What happened beyond Tirisano 2000-2004?

The government's response to the soaring HIV sero-prevalence was to set up a *National AIDS Council* consisting of the Ministry of Health and other key players to oversee the implementation of the HIV AND AIDS programme.

What does the programme aim to do?

The National HIV AND AIDS and STD Strategic Plan for South Africa (2000-2005) programme is divided into 4 areas of priority:

- *Prevention*: promote safe sex, control STI's, improve access to testing and counseling;
- *Treatment, care and support*-develop health services and expand care for orphans;
- *Research, monitoring and surveillance*: support AIDS vaccine development, investigate best practices and conduct research;
- *Human and legal rights*: develop a supportive and appropriate social, legal and policy environment.

Within the education sector the priority is the Tirisano "*Working Together*" programme (2000-2004) which aims to deal with the HIV AND AIDS emergency through:

- *Awareness, information and advocacy*: to disseminate correct information and recognize the rights of girls and women;
- *HIV AND AIDS within the curriculum*: ensure that HIV AND AIDS education are integrated at all levels of education;
- *HIV AND AIDS and the education system*: develop planning models to analyze the impact of HIV AND AIDS on education.

Source: Prepared for the impact of HIV AND AIDS on Education Workshop, IIEP- Paris.

3.2.4. HIV and AIDS policies of teacher unions

Two policies were available for description. These are the South African Democratic Teachers' Union (SADTU) HIV and AIDS Policy and the National Professional Teachers Organization of South Africa's (NAPTOSA) policy on HIV and AIDS.

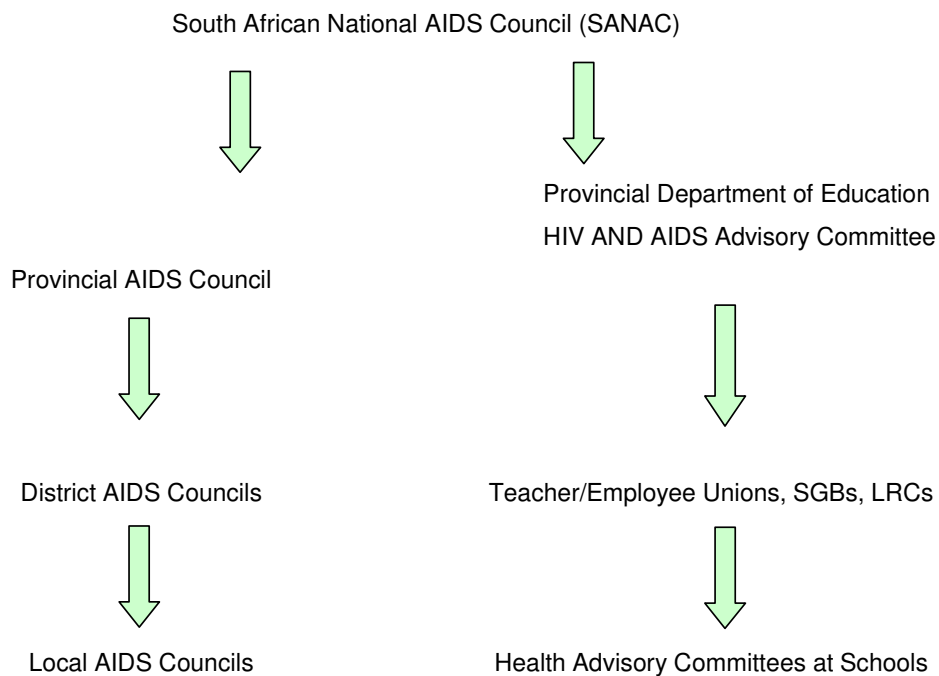
The HIV and AIDS strategy for LPDoE will coordinate and align with these policies, existing structures and processes and will not create new or parallel structures or processes. Where the HIV and AIDS strategy needs to work with and/or strengthen existing structures, such as Provincial and District AIDS Councils (PACs and DACs) in Limpopo, it will do so.

4. STRUCTURES AND LEVELS FOR ADDRESSING HIV AND AIDS IN LIMPOPO

4.1. Structures for addressing HIV and AIDS in the education sector

Figure 1 provides a vehicle or structure for addressing HIV and AIDS in the education sector in the Limpopo province.

Figure 1: Structures for addressing HIV and AIDS in the education sector in the Limpopo province



Below is the structural set-up or application of the HIV and AIDS strategy at various education levels.

Early Childhood Development (ECD)

ECD is described as ‘...the process by which children from birth to 9 years of age grow and thrive, physically, mentally, emotionally, morally and socially.’ It includes learners who are in pre-Grade R (0 - 4 years), Grade R (5 years) and Foundation phase (Grade 1 – 3). ECD is governed by the Child Care Act 74 of 1983.

The content of the curriculum is placed in the Life Skills area and it promotes social justice, a healthy environment, human rights, and inclusion. Among others, it also addresses the needs of the poor, disadvantaged, vulnerable and excluded. With specific reference to HIV & AIDS, what is the department doing? Is this group covered by the Life Skills and HIV & AIDS Programme?

A good model is demonstrated by “Early Childhood Care and Education (ECCE)” programmes, show-cased by UNESCO International Bureau of Education (IBE). The department could use this model in organising service delivery to the ECD sector in the area of HIV and AIDS. Why is this model good? What does it entail and how can these good practices be incorporated by the department?

General Education and Training and Adult Basic Education and Training (ABET)

General Education and Training runs from grade 0 to grade 9. Under the law²⁰, education is compulsory for all South Africans from age 7 (grade 1) to age 15, or the completion of grade 9. General Education and Training also includes Adult Basic Education and Training.

The **Life Skills and HIV AND AIDS Programme** is a new unit, established in 2006, which consists of two life-skills HIV and AIDS managers and a financial administrator. HIV AND AIDS education has been embedded into the school curriculum. This programme provides age-appropriate education for learners from grade 0 to 9 and adult basic education (ABET). Five pillars have been developed based on the National Strategic Plan (NSP). These are:

- *HIV prevention and combating of disease*: This pillar includes age-appropriate education on HIV transmission, deals with issues relating to abstinence for those who are not yet sexually active (primary virginity) and secondary virginity for those who have had sex but want to stop or abstain. There is also education on condoms. Peer education includes a partnership with Soul City to implement Soul Buddies. A resource guide 101 “How to do sex without doing it” is used in higher levels.

¹⁹ Education for all Global Monitoring Report (2007). Strong foundations: Early childhood care and education.

²⁰ South African Schools Act No. 84 of 1996

- *Care and support for learners:* DoE does not provide treatment. This is a competency of the department of health. This pillar looks at strategies that develop skills for taking care of infected and affected learners in schools. DoE also interacts with those who distribute food parcels and other types of support for orphans and vulnerable children (OVC). Learners are also educated about how they can help each other, referral for psychosocial counselling and general care and support for learners
- *Care and support for teachers:* This area falls under the Wellness Programme, which is based at the provincial office. It focuses on educators through the HIV AND AIDS school policy. Educators' skills are developed on how to deal with HIV positive learners, how to report identified needs, what and how to protect infected and affected learners, especially on issues dealing with stigma, discrimination and confidentiality. No clinical care is provided. Needs of infected and affected educators are addressed either privately or at workshops depending on the sensitivity of the issues.
- *Human rights of learners and teachers:* The Human Rights area is based on the Bill of Rights contained in the South African constitution. It covers both learners and educators and mainly deals with issues relating to rights of infected and affected learners and educators. This section is mostly dealt with by the Wellness Programme through Health Advisory Committees (HAC) in the schools.
- *Monitoring, support and evaluation of the programme:* Currently monitoring tends to take the shape of support i.e. educators are shown the "how to" after gaps are identified. It is envisaged though that after targets would need to be developed so that monitoring can begin to be implemented. Materials are also provided as part of support. An evaluation plan is developed at the national level, from which a plan at the provincial level is then developed.

Further Education and Training (FET) colleges

Further Education and Training takes place from grades 10 to 12, and also includes career-oriented education and training offered in other Further Education and Training institutions - technical colleges, community colleges and private colleges. Diplomas and certificates are qualifications recognized at this level.

There are 7 FET colleges in Limpopo spread into 17 campuses. The colleges are in Lephalale, Waterberg, Senwabarwana, Capricorn, Letaba, Mopani and Vhembe. The FET sector in Limpopo has approximately 15,200 students, 8,200 are enrolled in the National Vocational Certificate (NVC) while 7,000 are enrolled in the national (N) courses. There are 1,100 employees with 800 being educators and about 300 being general workers.

There are two types of certificates in the FET sector. These are: the National Vocational Certificate (NVC) and the N courses. Both these are offered in 4 levels, which are;

Grade 9 – Level 1

Grade 10 – Level 2

Grade 11 – Level 3

Above grade 11 – Level 4

In the past there were 2 people appointed in the FET sector to deal with the monitoring of HIV and AIDS. Recently, an adequate number has been appointed, which should see monitoring done fairly well. Another 4 personnel are planned to be appointed to increase capacity in this area.

The HIV AND AIDS programmes for students in the FET sector are coordinated by student support services. Students learn about HIV and AIDS as part of a life orientation course offered in level 2 – equivalent of grade 10. The HIV AND AIDS programme is not structured, funded or streamlined. The needs of the FET sector include the mainstreaming of the HIV and AIDS programme, appointment of a focal person to coordinate the implementation of HIV and AIDS policies and programmes and the allocation of a budget²¹.

Needs in the FET sector for HIV and AIDS activities:

- There is very little that is being done for both campus based students and staff, and for officials within the directorate with regard to HIV and AIDS;
- There is no obvious information given to all staff in a properly coordinated manner;
- There is no monitoring of HIV and AIDS activities that exist;
- A separate HIV and AIDS budget should be allocated to this sector given that the student profile falls under high risk for HIV.
- Plans for increasing capacity to ensure HIV and AIDS programs' delivery should be put into effect as a matter of urgency. These would need to ensure appointment of personnel who would focus on HIV and AIDS activities only, so that this component is not an add-on to other activities that they perform;
- The directorate is not informed of activities that are planned for colleges, nor are there reports on all HIV and AIDS activities in campuses;
- HIV and AIDS programs in the FET sector are not yet streamlined to ensure full integration into the curriculum;
- The FET system and activities occurring in the campuses appear not to be fully understood by the provincial level officials, hence the lack of budget, capacity, etc. for HIV and AIDS in particular. There is a need for consultation with a sample of FET college

²¹ Obtained from consultation with FET stakeholders based at MASTEC.

representatives e.g. lecturers, student representatives and other staff at college level to be done during operational planning of the HIV and AIDS activities in this sector;

- In addition, no data on FET students and staff HIV and AIDS knowledge, behaviour, attitudes and practices, specific to the province exist. If the national plans, mentioned above, have to succeed, it is key that LPDoE has a grasp on demand and supply of workforce in the country;
- All HIV and AIDS programs in the FET sector should include support staff. FET lecturers are not invited to workshops that are usually conducted to capacitate officials and staff in the education sector on HIV and AIDS issues;

Link with the Higher Education HIV and AIDS strategy

Although this strategy covers learners up to the level of FET, teachers and employees in the education department, it links directly with the Higher Education Against AIDS (HEAIDS) as both strategies share the same goals adopted from the National Strategic plan but have different target groups.

Governance unit

Governance operates at school levels and focuses on issues relating to school governing and management. School Governing Bodies form part of their target. Specifically, this unit deals with governance and learner affairs (including HIV and AIDS issues), offers training to Representative Committee for Learners (RCL) members, develop school policies, endorse recommendations from schools, handle the Educator Management and Development (EMD) which targets principals and school management bodies, WIM (Women in management of schools), safe schools and beautification, develop norms and standards for school funding, school registration and de-registration, evaluate and recommend quintals 1 – 5: (1 – 2 quintals – learners that are not required to pay school fees, and 3 – 5 – learners who pay only a small amount as school fees).

5. GUIDING PRINCIPLES AND MAINSTREAMING THE STRATEGY

5.1. Guiding principles

The guiding principles of the national strategic plan for HIV AND AIDS 2007-2011 include recognition that the government has a fundamental responsibility with regard to the provision of education, care and welfare to all citizens; education, counselling and care should be sensitive to culture, language and social circumstances; all sectors of government and other stakeholders in civil society should be involved in combating HIV and AIDS; a holistic approach to education and care should be developed and sustained; and that there be a focus on capacity building.

The seven guiding principles for the HIV and AIDS strategy are summarised below.

5.1.1. The core business of the department is curriculum implementation

The HIV and AIDS strategy acknowledges that the core business of the department is curriculum implementation. However, the strategy should ensure that there is access to information on HIV and AIDS by all stakeholders.

The roles of other stakeholders in aligning and implementing the strategy are summarised in *Appendix B*.

5.1.2. Gender equity and responsiveness

Gender disparities in the education sector, especially among school going pupils are huge. The HSRC report²² indicates that whilst there are no differences among girls and boys who enter schools, the differences emerge as the pupils enter their teenage years. Girls' drop out rates increase with each year of schooling at all levels. It is also reported that circumstances out-of-school girls find themselves in expose them to undesirable situations such as sexual abuse, prostitution, etc. which may eventually lead to HIV infection.

5.1.3. Privacy and confidentiality

The HIV and AIDS strategy embraces voluntarism in HIV testing. The strategy will ensure that HIV testing takes place at the initiative of the employee, within a healthcare worker and employee relationship, and in the context of strict confidentiality

²² Shisana., Peltzer, Zungu-Dirwayi and Louw (2005). Factors determining educator supply and demand in South African public schools. HSRC Press.

Teachers, learners and employees who are infected with HIV are entitled to privacy and confidentiality, if they so wish. These principles should be respected and protected to allow such individuals space to deal with the impacts of the disease or infection without undue pressure and attention.

5.1.4. Stigma and discrimination

The practice of human rights is intimately connected with the manifestation of care and support for the HIV and AIDS infected and affected. HIV and AIDS also gives rise to a number of difficult ethical questions, many of them rights-related, arising from the possibility of conflict between the rights of different parties.

5.1.5. Capacity development

The aim of capacity development is to develop the skills of HIV and AIDS prevention, care provision and support among educators, learners and staff in the education sector.

5.1.6. Ownership and participation

The consultation process that was carried out with all stakeholders in the education sector to develop this strategy was aimed at ensuring participation in the process and ensuring ownership of the strategy throughout the sector.

5.1.7. Evidence base

Although the consultations offered stakeholders the opportunity to share their opinions on what they wanted to see in the provincial HIV AIDS strategy, it was necessary to use evidence-based research on HIV and AIDS in the education sector to ensure that interventions that are proposed in the strategy have evidence of effectiveness.

5.2. Mainstreaming of the strategy

Mainstreaming is a process that enables stakeholders to address the causes and effects of HIV and AIDS as they relate to their mandate in an effective and sustained manner, both through their usual work and through their workplace²³. This strategy will adopt a comprehensive sector-wide approach which mainstreams HIV and AIDS into existing education sector programmes – taking into account the underlying causes of vulnerability to HIV infection and the longer term

²³ UNAIDS (2006). Report on the Global AIDS Epidemic. Geneva: UNAIDS.

consequences of AIDS. Early mainstreaming actions in the province will help to stem the surge of the AIDS epidemic²⁴.

Mainstreaming HIV prevention activities within education sector plans is a priority in the Limpopo Province. Mainstreaming ensures that addressing HIV and AIDS is not an add-on or separate activity, but becomes an integral part of education sector policies, strategies and actions. Education sector stakeholders, in collaboration with other key actors such as the health sector and the National AIDS authority, should take the lead on all HIV and AIDS activities in the education sector, including projects and programmes implemented by external partners.

The key aspects in mainstreaming of the strategy are:

5.2.1. Provincial context

The response to HIV and AIDS needs to take account of the fact that the character and state of the epidemic differs between provinces in South Africa. The epidemic is a moving target; social, economic, cultural and political factors determine the speed at which it spreads and its impact. These contextual factors guide the strategic response to the HIV and AIDS epidemic in Limpopo Province.

The focus of the HIV and AIDS strategy is to identify and appraise the role played by the Department in HIV and AIDS prevention and care in relation to other departments, guide the Department's efforts in managing the impact of HIV and AIDS on learners, educators and employees, focus on gender equity issues and include the role of civil society organizations and school governing bodies in supporting the implementation of the strategy.

5.2.2. Harmonization

The provincial education sector plans, as well as strategies for combating poverty and for addressing HIV and AIDS, constitute the basis for all HIV and AIDS interventions in education. Harmonization with other cooperation partners to implement common arrangements, simplify procedures and reduce transaction costs is an important priority. The AIDS Unit in the provincial DoE will ensure that all support is aligned with national sector plans and that financial support is provided as part of harmonized funding arrangements. The provincial HIV and AIDS strategy is in line with the goals and pillars of the HIV and AIDS National Strategic Plan (NSP) for 2007 – 2011.

²⁴ UNAIDS IATT on Education (2008). Toolkit for Mainstreaming HIV and AIDS in the Education Sector: Guidelines for Development Cooperation Agencies. Paris: UNESCO.

The HIV and AIDS strategy will be driven from the HIV and AIDS Unit, located in the Wellness Directorate within the Human Resource Branch of the DoE. It will be aligned with the Employee Health and Wellness (EHW) strategy. Life skills and learner issues in the strategy will be implemented by the curriculum division in the DoE, in consultation with the HIV and AIDS Unit.

This strategy was developed from the provincial HIV AND AIDS strategic framework that was developed a few years ago but was never implemented for various reasons. Several elements were incorporated from this framework into the current strategy. This is to ensure harmonization of existing and current strategies.

5.2.3. Comprehensive approach

The department will ensure a comprehensive approach to HIV and AIDS in education that promotes and protects human rights, requires attention to prevention, care and support (including access to treatment), impact mitigation, workplace issues and management of the response. Commitment to longer-term interventions is essential, as is the involvement of people living with HIV and AIDS.

Promoting a better understanding of factors that put people at risk of HIV (such as unsafe sexual practices, substance abuse, etc.), of factors that drive stigma and discrimination, of gender and equity issues, of sexual and reproductive health and rights, of school community linkages, and of the special education needs of children affected by HIV and AIDS, are all part of a comprehensive approach²⁵.

5.2.4. Support modalities

The department will ensure that HIV and AIDS are integrated into policies and practice in education. In addition, other education projects and programmes, including direct HIV and AIDS interventions, have a crucial and complementary role to play in ensuring effective implementation of education plans.

In order to achieve this, the DoE has to be present at all levels of the education sector. However, this strategy excludes the university sector in the province, as the two universities are already part of the Higher Education Against AIDS programme.

²⁵ UNAIDS IATT on Education (2008). Toolkit for Mainstreaming HIV AND AIDS in the Education Sector: Guidelines for Development Cooperation Agencies. Paris: UNESCO.

6. PILLARS OF THE STRATEGY

The primary goals of the strategy, are in line with the National Strategic Plan, and are to:

1. Reduce the number of new HIV infections (especially among learners, teachers and non-teaching employees) by 50% by 2011, by dealing with social, behavioral and biological factors which exacerbate the spread of HIV.
2. Reduce the impact of HIV and AIDS on individual learners, teachers, employees and their families and communities.

The strategy is structured according to the following four key priority areas which are targeted at individual learners, teachers, non-teaching employees in the education sector:

- Prevention;
- Treatment, care and support;
- Human rights and access to justice; and
- Impact mitigation

6.1. Prevention

The current strategy of information dissemination to employees, learners and teachers is inadequate, lacks in-depth knowledge on HIV & AIDS. However, an important resource is the peer educators who are trained in all districts. Key strategies for prevention focus on learners and youth in the formal education system, improve access and learning achievement, ensure cultural sensitivity, integrate sexuality, reproductive health and HIV and AIDS education into the curriculum, promote the development of life-skills and ensure gender equity and responsiveness.

6.1.1. HIV and AIDS awareness raising

The aim of this intervention is to give out factual information about HIV prevention among learners, teachers and employees. This intervention is targeted at all learners, teachers and employees. Table 1 indicates the strategies and roles of the DOE, SGBs, teacher/staff Unions, NGOs, CBOs and other government departments in raising awareness of HIV and AIDS

6.1.2. Voluntary Counselling and Testing

This intervention is targeted at all learners, teachers and employees in the education sector. Table 3 indicates the strategies and roles of the DOE, SGBs, teacher/staff Unions, NGOs, CBOs and other government departments in ensuring that learners, teachers and employees know

their HIV status. This intervention will also foster a culture of volunteer testing among employees, learners and teachers.

6.1.3. Behaviour change

The aim of this intervention is to ensure that HIV knowledge is translated to behaviour change as a means of HIV infection prevention. This intervention is targeted at learners, teachers and employees. Table 3 indicates the strategies and roles of the DOE, SGBs, teacher/staff Unions, NGOs, CBOs and other government departments in translating awareness and knowledge of HIV AND AIDS into change in behaviours.

6.1.4. Positive prevention

The aim of positive prevention programmes is to enable those who are already HIV positive to live a sexually risk free life so as not to get re-infected and/or infect others. The Department will support Greater Involvement of People with AIDS (GIPA) with its principles in the implementation of prevention, treatment, care and support programmes.

Box 3: Good practice in HIV and AIDS education

Working from principles of practice and bearing in mind the complexities surrounding HIV and AIDS, here are some summary statements about what is required for good practice in HIV AND AIDS education. Good practice in HIV AND AIDS education requires:

- an understanding of the complex social and psychological processes underpinning and generated by HIV AND AIDS;
- an analysis of the complex, contested and long-term nature of the struggle against HIV AND AIDS;
- an understanding of different discourses of HIV-AIDS education and the theoretical and value assumptions underpinning them;
- a broad understanding of adult education and learning, one which encompasses informal and incidental learning, as well as formal and non-formal education;
- pedagogies which respect and work from learners' experience, but which also challenge their assumptions and help them to develop their capacity for critical thinking;
- diverse and creative educational approaches;
- sound information about HIV AND AIDS issues, transmitted to learners in culturally appropriate ways;
- capacity for HIV AND AIDS activists, educators and organisations to learn from their experience.

6.1.5. Gender and gender based violence

The aim of this strategy is to empower girl-children, women teachers and employees on self confidence, leadership and dealing with stereotypes of gender power. Also, educate both girls and boys on unacceptability of coercive sex. Table 1 indicates the strategies and roles of the DOE, SGBs, teacher/staff Unions, NGOs, CBOs and other government departments in dealing with gender based violence and its impacts on HIV AND AIDS.

6.1.6. Poverty alleviation

This intervention is targeted mainly at learners who come from poor backgrounds or those who have been impacted by HIV AND AIDS. Table 1 indicates the strategies and roles of the DOE, SGBs, teacher/staff Unions, NGOs, CBOs and other government departments in supporting the provision of food to poverty stricken learners in schools.

TABLE 1: STRATEGIES FOR PREVENTION OF HIV AND AIDS

Strategic focus	Theme	Objective	Special focus group	Role of Department of Education	Role of School Governing Bodies	Involvement of Unions, NGOs/CBOs	Involvement of other government departments
PREVENTION	HIV and AIDS awareness raising	To give out factual information about HIV prevention among learners, teachers and employees	Learners 7 years and above; (teachers & employees?)	Funding; Staffing - HIV and AIDS managers at the DoE	Include HIV and AIDS issues in agenda's,	Represent community and teachers	Department of Health & Social Development
				Continue promoting ABC principles and provide supporting systems for these.	Promote abstinence among primary school learners. Education on condom use among Grades 8 and above through a developed policy.	Promote ABC principles through HIV prevention, early pregnancy prevention and STI prevention programmes	Life Skills HIV AND AIDS (Is this part of a different department? Which department?)
				Inclusion in the EWP	Provide forums for discussion of HIV and AIDS	Represent family and teachers	
				Form links with NGOs. Ensure Health Committees are in place and functional. Training of teachers and SGBs in HIV and AIDS issues	Reporting to school management. Promote prevention of HIV infection	Promote HIV prevention measures through media and communities	
	Voluntary Counseling and Testing	Ensure that learners, teachers and employees know their HIV status	Teachers, learners at high school and FETs and employees	Provide avenues and links for VCT to be accessed by employees, learners and teachers	Provide support to employees, learners and teachers who wish to test	Facilitate access to VCT by employees, learners and teachers	
				School based programmes to provide information on where VCT can be accessed. Workplace-based programmes for employees	Ensure that school based and workplace programmes are functional and accessible to those who need them	Provide school based programmes, in collaboration with the EAP personnel at schools. Ensure confidentiality	Department of Justice (What role with this department play?)
				Put in place a referral system for parents who wish to support their children to do VCT	Seek to ensure confidentiality of test results		
	Behaviour change	To ensure that HIV knowledge is translated to behavior change as a means of HIV infection	Teachers, learners at high school and FETs and	Monitoring and evaluation of behavior change programmes that are currently being implemented	Ensure monitoring and evaluation of programmes is done and reported on	Conduct monitoring and evaluation of programmes, report on outcomes to SGBs and community, parents and teachers.	Department of Health & Social Development

PREVENTION		prevention	employees 15 years and above				
		What about peer education programme as a behaviour change intervention?		Put in place and conduct research in relation to behavior change programmes and modified behavior including sexual risk behavior, alcohol and drug use	Commission research and promotion of behavior modifying programmes offered in schools	Conduct research on behavior change of teachers and learners. Report to SGBs, community, parents and teachers.	
	Positive prevention	To enable those who are already HIV positive to live a sexual risk free life so as not to get re-infected and infect others	HIV positive learners, teachers and employees	Introduce wellness programmes as part of prevention programmes for learners, teachers and employees	Ensure that positive prevention measures are included in HIV prevention programmes	Implement HIV prevention programmes including positive prevention measures. Deal with stigma and discrimination	
				Within HIV prevention measures, to provide information on positive prevention e.g. ABC, good nutrition and use of AIDS treatment.	Monitor implementation of such measures. Ensure community/ family involvement.	Form links between school, unions and community that enable information sharing.	Dept of Health
	Gender and gender based violence	To empower girl-children on self confidence, leadership and dealing with stereotypes of gender power. Also, educate both girls and boys on unacceptability of coercive sex.	Girl and boy children	Communication strategy developed. Set up forums for gender issues to be discussed. Include aspects of coercive sex, rape and stigma related to them in school based HIV prevention programmes	Together with schools, to develop campaigns that promoter gender balance, girl self confidence promotion and leadership skills	Design and develop campaigns. Implement campaigns in schools and in the community	Department of Safety and Security
	Poverty alleviation	To support the provision of food to poverty stricken learners in schools	Pupils who need feeding during school hours	Introduce feeding schemes. Identify pupils who require the services. Provide or source funding for feeding schemes	Monitor implementation of feeding schemes. Report to authorities regarding the efficiency, effectiveness of feeding schemes.	Promote feeding schemes. Provide, together with parents and communities food under feeding schemes programme.	Department of Social Development
	Human rights and women rights	Educate learners, teachers and employees about human rights and women's rights	Learners, teachers and employees	Include HR and Women's Rights in school based HIV prevention programmes. Develop communication strategies	Monitor implementation of the HR, especially the Women's rights programmes. Ensure utilization of communication strategies to ensure that education occurs	Support the work of school in this regard by educating the community and parents. Monitor human rights and women's rights, that are related to violations and report to authorities	Human Rights Commission, Commission on Gender Equality

6.2. Treatment, care and support

The key response requirements related to treatment, care and support include:

- Promoting voluntary counseling and testing (VCT) and creating a supportive environment for disclosure of HIV status;
- Providing support for teachers, learners and staff who are living with HIV and AIDS;
- Ensure the implementation of policies and strategies to mitigate the impact of HIV in different groups.

The interventions in this part of the strategy support several activities for treatment, care and support for learners, teachers and non-teaching employees who have been infected with HIV and are in need of anti-retroviral treatment, care or some form of support.

6.2.1. Enable learners, teachers and employees LWHA to lead healthy and productive lives

The aim of this intervention is to support the scale up and coverage of the comprehensive care and treatment package and to increase retention of learners, teachers and employees on antiretroviral therapy (ART). This intervention is targeted at all learners, teachers and employees. Table 4 indicates the strategies and roles of the DOE, SGBs, teacher/staff unions, NGOs, CBOs and other government departments in assisting PLWHA to lead healthy and productive lives.

6.2.2. Address the special needs of women and children

This intervention is targeted at all women and children with special needs. Table 4 indicates the strategies and roles of the DOE, SGBs, teacher/staff Unions, NGOs, CBOs and other government departments in addressing the special needs of women and children through the support mechanisms to HIV infected and affected female learners, teachers and employees.

The Transformation and Special Projects Directorate uses the Bathopele principles. Gender sensitivity is amongst their main focus areas using a programme called Gembem (Girl and Boy empowerment programme). This programme targets boy and girl learners and it addresses issues pertinent to their schools and day to day life. A bias is created in terms of focus, by giving girls a bigger part of the program. This girl-targeting program is called GEM technogirl. It is a mentorship program recruiting mostly rural based girls who are performing well in Mathematics and Sciences and exposes them to careers previously known as “boys” careers such as engineering. In 2008/9 school holidays, the program has placed 90 learners in companies where they acquire skills in the following areas: tourism, air traffic control, engineering, etc.

South Africa hosts a camp for teenage learners from various countries annually. This is where HIV and AIDS is touched on in passing, by inviting a speaker to the camp. The camps are funded by UNICEF, but the budget is far from being adequate.

The main reasons for these programmes to be established include reasons such as, curbing prevalent teenage pregnancy. For teenager who already have children and receive child-grants and have gone back to school, these programmes are found to be remedial and provide necessary support since their school attendance had been disrupted and continue to be disrupted when they collect child-grants.

6.2.3. Create an enabling environment for treatment in the education sector

The education sector in the province has a responsibility to take account of the multi-faceted situation of distress in which learners, educators, and support personnel find themselves. The department will position itself to respond to the special needs for care and support that HIV and AIDS is creating in learners, teachers and staff. But in both cases it is doing so in accordance with its own proper character as an education sector, without diverting from its core business of providing education. 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.

The Department will create an enabling environment for treatment in the education sector and will also strengthen the implementation of OVC policy and programmes.

6.2.4. Capacity building

This intervention is targeted at all learners, teachers and employees. Table 2 indicates the strategies and roles of the DOE, SGBs, teacher/staff Unions, NGOs, CBOs and other government departments in building the skills of educators, learners and employees on HIV and AIDS care.

6.2.5. Psychosocial support

This intervention is targeted at all learners, teachers and employees. Table 2 indicates the strategies and roles of the DOE, SGBs, teacher/staff Unions, NGOs, CBOs and other government departments in promoting a culture of care and support for HIV infected and affected learners and educators so as to reduce stigma and discrimination in school settings. It also includes the provision of counseling to encourage disclosure of HIV status.

6.2.6. Nutrition

The intervention will support the provision of food to learners who need it, especially orphans and vulnerable children (OVCs). This will be done in conjunction with the non-governmental organization and community-based organizations. Table 2 indicates the strategies and roles of the DOE, SGBs, teacher/staff Unions, NGOs, CBOs and other government departments in the provision of food to learners who need it.

6.2.7. Care and support programmes

This intervention is targeted at all learners, teachers and employees. Table 2 indicates the strategies and roles of the DOE, SGBs, teacher/staff Unions, NGOs, CBOs and other government departments to harness efforts in providing suitable and appropriate HIV and AIDS care and support programmes for all levels of the education system.

6.2.8. Development of policy guidelines

The Department will develop policy guidelines to enable reporting of HIV and AIDS activities in schools. Table 2 indicates the strategies and roles of the DOE, SGBs, teacher/staff Unions, NGOs, CBOs and other government departments in providing and supporting the implementation of guidelines for dealing with HIV AND AIDS in the education sector.

6.2.9. HIV and AIDS clubs

The strategy supports the establishment and reinforcement of HIV and AIDS clubs that will address the needs of schools. This intervention is targeted at all learners, teachers and employees at school level. Table 2 indicates the strategies and roles of the DOE, SGBs, teacher/staff Unions, NGOs, CBOs and other government departments in developing and supporting activities of HIV and AIDS clubs.

Box 4 provides information on the Tshepang Trust model. This is a good practice model for treatment, care and support which should be replicated in all other districts, beyond Mokopane.

Box 4: Tshepang Trust as a good practice model for Antiretroviral Therapy (ART)

In 2004, the South African Medical Association (SAMA), initiated the Tshepang Trust, an HIV AND AIDS programme that mobilizes the private sector in cooperation with government to meet the challenge of providing antiretroviral therapy (ART) to patients who need it. It recruits and organizes General Practitioners (GPs) in private practice to assist in public facilities. The benefit of using private doctors in the treatment of HIV patients is that the patient's privacy is ensured. The programme has a two-pronged strategy: recruit GP's trained in HIV AND AIDS management and treatment to assist at public sector ART sites and recruit GPs to treat public patients from their own consulting rooms, alleviating the burden on clinics and allowing patients to be treated close to where they live.

In this model, a team of specialists including: a medical doctor, a psychologist, physiotherapist, a counselor, clinical nurse, and a dentist deal with HIV positive former educators and staff with regard to care, support and disease management.

Former and current educators and DoE staff who do not belong to a medical aid, who are HIV positive and require treatment and care are given access to these services and products without having to pay.

Tshepang Trust, health practitioners and DoE should establish working relations and develop a funding model that will see to it that the programme is introduced in other parts of Limpopo.

Source: Impumelelo Innovations Award Trust, 2008. Available online at

<http://www.innovations.harvard.edu/cache/documents/1027/102781.pdf>

TABLE 2: TREATMENT, CARE AND SUPPORT

Strategic focus	Theme	Objective	Special Focus group	Role of Department of Education	Role of School Governing Bodies	Involvement of Unions, NGOs/ CBOs	Involvement of other government Departments
TREATMENT	Enable PLWHA to lead healthy and productive lives	Support the scale up coverage of the comprehensive care and treatment package	Learners, teachers and employees	Encourage enrolment in positive living interventions through wellness programmes.	Encourage enrolment in positive living interventions through wellness programmes.	Improve enrolment in positive living interventions through wellness programmes.	Department of Health
				Provide food support	Promote ART literacy programmes	Provide food support	
				Provide psychosocial support including counseling for bereavement, disclosure and adherence	Include PLWHA in Health Advisory Committees	Provide psychosocial support including counseling for bereavement, disclosure and adherence	
		Increase retention of learners, teachers and employees on ART	All	Support school and workplace based treatment adherence programmes	Support school and workplace based treatment adherence programmes	Support treatment adherence programmes	Department of Health
TREATMENT	Create an enabling environment for treatment in the education sector	Strengthen the implementation of OVC policy and programmes	Learners who are OVC	Increase the proportion of children on ART accessing social grants (child support, foster care and care dependency), benefits and services	Increase the proportion of children on ART accessing social grants (child support, foster care and care dependency), benefits and services	Increase the proportion of children on ART accessing social grants (child support, foster care and care dependency), benefits and services	Department of Social Development

			Infected and affected learners and educators	Develop the capacity of schools, educators and early childhood development centers to provide psychosocial, educational and adherence support to children in need Lobby for the implementation of service delivery guidelines defining core services at local level for OVC (exemption from school and health service fees, child support grants, birth registration)	Lobby for the implementation of service delivery guidelines defining core services at local level for OVC (exemption from school and health service fees, child support grants, birth registration)	Increase the proportion of child headed households receiving services of a community caregiver	Department of Social Development
CARE AND SUPPORT	Psychosocial support	Promote a culture of care and support of HIV infected and affected learners and educators so as to reduce stigma and discrimination in school settings Provision of counseling to encourage disclosure of HIV status	Infected and affected learners and educators Learners, teachers and DoE staff	Put in place policies that protect individuals who are known to be HIV infected or affected. Reward learners and educators who provide care and support to others around the school Create an enabling environment for service providers to provide counseling. Ensure that counseling is offered free of charge.	Translate policy into practical activities that are implementable. Decide on appropriate rewards and monitor if they are administered Refer learners and teachers who may require counseling to relevant organizations	Lobby for policies of promoting the culture of care and support of HIV infected and/or affected to be implemented. Participate in activities that will highlight the benefits of implementing these policies. Provide counseling that encourages disclosure of HIV status	DoH and Social Development
	Nutrition	To provide food to learners who need it, especially OVCs.	Learners, OVCs in particular.	Identify OVCs. Introduce and maintain feeding scheme.	Monitor quality, frequency of delivery and that the food is fed to learners	Provide cooked, healthy and nutritious food to children at schools	

CARE AND SUPPORT	Care and support programmes	To harness efforts to provide suitable and appropriate HIV and AIDS care and support programmes for all levels of the schooling systems	Learners, educators, DoE staff	Encourage the participation of learners, educators, DoE staff, parents and guardians, communities and in these programmes	Represent a link between the community and schools/DoE to facilitate participation	Mobilize communities and families to participate in HIV and AIDS care and support programmes in schools and outside of schools	
			Learners, educators and employees	Give guidance by putting in place policies, or simplifying existing policy on how stakeholders should participate.		Offer HIV and AIDS care and support programmes.	
			Partners (NGO's, FBO's, etc.)	Provide funding for appropriate HIV and AIDS care and support programmes to be introduced, implemented and evaluated.	Ensure funds are utilized according to government protocols and that they are utilized for the purposes for which they are meant	Utilize funds to ensure HIV and AIDS care and support programmes are implemented.	
	Development of policy guidelines	To enable reporting of HIV and AIDS activities in schools	Senior education officials	Develop policy guidelines that enable reporting of HIV and AIDS activities in schools. Popularize the policy guidelines	Review progress during meetings	Lobby for development of policy guidelines that enables reporting of HIV and AIDS activities in schools to be	
	HIV and AIDS support groups	Establishment and reinforcement of HIV and AIDS groups that will address the needs of PLWHA	Learners, educators and employees	Identify NGO's that will help in training and offer financial support. Guide evaluators and provide indicators of various programs to be evaluated.	Encourage active participation for both learners and teachers. Coordinate and oversee the activities Monitor the impact of the project and evaluate the activities at the end of each financial year.	Mobilize resources (Fundraising) for the functioning of support groups. Unions to conduct evaluations of programs in collaboration wit DoE.	Department of Health

6.3. Human rights and access to justice

The aim of this strategy is to educate learners, teachers and employees about human rights and ensure access to justice. The provincial education department will demonstrate its respect for human rights at various levels. The strategic activities are to:

- Create an environment which encourages many people to test voluntarily for HIV;
- Maintain an environment which respects and promote human rights;
- Engage in active and ongoing campaigns to promote, protect and monitor human rights and ensure interventions at all levels.

Programmes in the education sector will examine negative practices and situations that flourish in an HIV and AIDS environment, or make that environment worse: denial, stigma, discrimination, gender disparities, denial of the right to seek, receive and impart information and ideas of all kinds, attacks on honor and reputation, violence, exploitation of children, denial of rights to education and to facilities for the treatment of illness.

Educational institutions will address these negative practices and act to ensure that they are outlawed. Positively, institutions should ensure that their climate is one of acceptance of the HIV and AIDS infected and affected, their practices and procedures should demonstrate care and compassion, and their approach is one that sustains hope. A special responsibility at the institutional level is to safeguard provisions for orphans and other children made vulnerable by the epidemic.

Systems in the education sector will ensure that their operations are characterized by a caring and compassionate human rights approach. Fundamental to this would be carefully crafted policies, guidelines and regulatory frameworks that are delicately sensitive to the dignity, suffering and anxiety of the HIV and AIDS infected and affected.

Table 3 outlines strategic foci, current situation and strategic activities for five years.

TABLE 3: HUMAN RIGHTS AND ACCESS TO JUSTICE

Key priority area	Strategy	Current situation in LDOE	Year 1	Year 2	Year 3	Year 4	Year 5
HUMAN RIGHTS AND ACCESS TO JUSTICE	Create an environment which encourages many people to test voluntarily for HIV	Plans to establish HIV & AIDS advisory committees.	Establish HIV & AIDS committee at the provincial office	Establish HIV & AIDS at the district offices	Establish HIV & AIDS committees at circuit offices	Establish HIV & AIDS committees at circuit offices	Establish HIV & AIDS advisory committees in schools
	Maintain an environment which respects and promote human rights	Observance of HIV & AIDS calendar days	Observe all HIV & AIDS calendar days	Observe all HIV & AIDS calendar days	Observe all HIV & AIDS calendar days	Observe all HIV & AIDS calendar days	Observe all HIV & AIDS calendar days
	Engage active and ongoing campaigns to promote, protect and monitor human rights and ensure interventions at all levels is mounted on human rights culture	HIV & AIDS services in districts provided by wellness coordinators who are not fulltime in the Employee Wellness unit.	Employ Adequate and suitably qualified personnel Adoption and marketing the HIV & AIDS policy	Employ adequate and suitably qualified personnel Implement the HIV & AIDS policy	Employ adequate and suitably human resource Implement the HIV & AIDS policy	Employ adequate and suitably qualified personnel Implement the HIV & AIDS policy	Employ adequate and suitably qualified Personnel Monitor, evaluate and review the HIV & AIDS policy

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6.4. Impact mitigation

Essentially, mitigating the negative impacts of HIV and AIDS means that, on the basis of good knowledge about what the epidemic is doing to learners, educators, employees, institutions and the system, steps are taken to ensure the continued delivery of quality education services.

6.4.1. Policy framework

The Department will establish a policy, planning and management framework for the protection of core functions. Table 4 indicates the strategies and roles of the DOE, SGBs, teacher/staff Unions, NGOs, CBOs and other government departments in ensuring that the HIV AND AIDS policy framework is in place.

6.4.2. Coping with the sectoral impact of HIV and AIDS

The Department will develop and implement mechanisms and strategies for mitigating the impact of the epidemic on the functioning and operations of the education system. It will also develop specific programmes and tools to build the capacity of education policy-makers and managers to impact of HIV and AIDS on the education sector. Table 4 indicates the strategies and roles of the DOE, SGBs, teacher/staff Unions, NGOs, CBOs and other government departments in coping with the sectoral impacts of HIV and AIDS.

6.4.3. Resource mobilization

This intervention shows how stakeholders will mobilize resources for HIV and AIDS preventive education. This necessitates the DOE and its stakeholders to:

- Conduct investigations that bring out the current and likely future impact of the epidemic on learners, educators, institutions, and the system (impact assessments)
- Plan for the supply of teachers, for example, by applying a model which uses country-specific data to project the impact of HIV and AIDS on educational supply and demand
- Ensure that even in the adverse circumstances arising from the epidemic, learners continue to have access to meaningful educational programmes provided by a sufficient number of teachers or instructors
- Work with partners from government and civil society to respond in a more holistic manner to the needs of learners and communities
- Bridge the gap between school and community, so that each responds more dynamically to the needs of the other.

TABLE 4: IMPACT MITIGATION

Strategic focus	Theme	Objective	Special focus group	Role of Department of Education	Role of SGBs	Involvement of Unions, NGOs and CBOs	Involvement of other government departments
IMPACT MITIGATION	Policy framework	Establish a policy, planning and management framework for the protection of core functions.	Learners and teachers infected and affected by HIV and AIDS	Carefully craft policies, guidelines and regulatory frameworks that are delicately sensitive to the dignity, suffering and anxiety of the HIV and AIDS infected and affected	Support policies on impact mitigation	Support policies on impact mitigation	DoH
	Sectoral response	Develop and implement mechanisms and strategies for mitigating the impact of the epidemic on the functioning and operations of the education system	Departmental officials	Conduct impact assessments. Plan for the supply of teachers. Ensure access to meaningful educational programmes provided by a sufficient number of teachers	Bridge the gap between school and community	Provide care and support for learners and teachers affected by HIV and AIDS	DoH
	Coping with the sectoral impact of HIV and AIDS	Develop specific programmes and tools to build the capacity of education policy-makers and managers to cope with the impact of HIV and AIDS on the education sector.	Education policy-makers and managers	Increase the capacity of the provincial education sector to research, monitor and evaluate progress in preventive education	Support programmes for coping with the sectoral impact of HIV and AIDS	Provide training to education policymakers and managers to develop specific programmes and tools to mitigate the impact of HIV and AIDS on the education sector	DoSD
	Resource mobilization	Mobilize resources for HIV and AIDS preventive education.	Orphans, the poor, young girls and women.	Support the implementation of provincial strategies on HIV and AIDS and education and to meet the needs of vulnerable groups.		Support HIV prevention interventions for vulnerable groups	DoSD

7. HIV AND AIDS BUDGET FOR 2008 - 2012

There are three main sources of funding for HIV and AIDS in the Limpopo Department of Education. These include the conditional grant for HIV and AIDS from the national department of Finance (treasury), voted funds from the provincial parliament and contributions from donor organizations such as Irish Aid (through the Fhatuwani project) and the UK Department of International Development (DfID) through the Khanyisa project.

Conditional grant

Spending patterns for the HIV and AIDS conditional grants were poor in the two years preceding this strategy. The conditional grant allocated for 2006/7 was R21, 594,000. Of this amount, only R13,850,000 was spent. An amount of R7, 744,000 was rolled over. In 2007/8 the conditional grant allocated R23, 500,000 for HIV and AIDS but only R17, 411,000 was spent. There was a rollover of about R6, 089,000. The reasons for poor spending on the conditional grant were that there was no staff to run the HIV and AIDS programme. Again, the conditions of the grant are strict and do not allow for hiring of staff from the grant. Other funders and donors have also used their resources to implement key aspects of the HIV and AIDS response in the education sector.

While the life skills unit is now established and staffed, a gap exist at the district and circuit levels where no one is employed to deal with the HIV and AIDS component specifically. While an amount of R24, 495, 000 is budgeted for 2008/9 financial year from the conditional grant, it is not possible to fill in existing gaps due to budget restrictions placed on the grant. This means that some budget items may be well allocated for financially, whereas other budget items may not be allocated for altogether. It appears that conditions on the grant are not the same across the provinces. This area has been identified as an area to be further explored.

Voted funds

The voted funds allocated for Wellness and HIV and AIDS unit in 2008/9 is R15, 000,000. Of this amount, about R5,000,000 is for HIV AND AIDS programme.

The proposed budgetary allocation for the conditional grant in the next three years is as follows:

Year	Conditional grant	Voted funds	Total
2008/9	R24,095,000	R15,000,000	R39,095,000
2009/10	R25,882,000		
2010/11	R27,454,000		

Donor funding and intergovernmental relations

The LPDoE receives non-financial support from various organizations such as Khanyisa. Khanyisa's main support is geared towards improving school, curriculum, HIV and AIDS management. The main goal is to improve the quality of life of learners. In relation to HIV and AIDS management, Khanyisa engages with the School Governing Bodies and establishes and trains the Health Advisory Committees in all 5 provinces, covering more than 100 schools.

Health Advisory Committees (HACs) are trained on how to develop HIV and AIDS policies, how to deal with the impact of HIV and AIDS in schools, monitor and report on issues related to HIV and AIDS, and handling of Orphans and Vulnerable Children. HACs are also tasked with raising awareness among educators and teachers on HIV and AIDS. Training is conducted with the assistance of professionals from clinics, social workers, etc.

Budget Control

Each unit within each directorate is required to submit operational plans for the financial year. These plans include activity plans and budgets. The budget would be on the conditional grant, based on equitable share.

Among the roles played by budget control are:

- Assisting units to develop budgets according to financial protocols;
- Giving advice on budgetary issues to units;
- Liaise between the department of Education and Treasury;
- Participate in monthly meetings with expenditure and planning units .

Process of budgeting in relation to HIV and AIDS:

1. Wellness prepares the budgets based on the activities they envisage to conduct in the coming year;
2. Wellness submits budgets to the budget control section sometime in May;
3. Budget control consolidates the budget based on DoE internal budgeting protocols;
4. In June/July budget control submits the budget to treasury, who go through the budget and make corrections and send the budget back to budget control;
5. In consultation with wellness, budget control makes adjustments;
6. The final budget is submitted to treasury in October/November;
7. The budget is then approved.

Expenditure on the HIV and AIDS budget

The expenditure unit oversees the directorates' expenditure by keeping track of movements in the budget, the speed with which expenditure occurs, and adherence to conditions as dictated by the Public Financial Management Act (PFMA). Monthly expenditure reports are provided to units such as wellness. In 2008 October, the wellness monthly expenditure report indicates that only .13% has been expended since the beginning of the 2008/9 financial year.

Planning

The planning unit works closely with budget control, expenditure and wellness, with regard to appraising yearly operational activity plans and budgets. It is involved at the planning stage of activities and provides oversight on the activities and give guidance where it is required. Planning also plays a crucial role in appraising quarterly and annual reports.

Monitoring and Evaluation of spending on HIV and AIDS budget

Planning also monitors delivery of planned activities through reports that each unit submits quarterly. A simple table-format is completed by the relevant manager after approval by the senior manager and submitted to planning section. Categories that are required to be reported on are:

- Measurable objectives
- Activities
- Report period
- Achievements
- Budget
- Expenditure

Similar annual reports are appraised and feedback is given. For example, in 2008/9, out of 18 Performance Measures outlined in the annual report, only 7 are HIV and AIDS related, 2 of which are not measurable as they are too broad.

Way forward on spending the HIV and AIDS budget

Some of the activities proposed for ensuring spending on the HIV and AIDS budget are:

- A closer relationship and frequent consultations between the HIV and AIDS manager and the Planning senior manager will need to be fostered for effective feedback and corrections to happen.
- A commitment register needs to be kept to ensure that comparisons between reports and actual expenditure occur.
- The manager also need to participate in the budget committee meetings in order to keep track of the spending that occurs in the area of HIV and AIDS, and the expenditure reports from the committee.

- There is a crucial need for technical support for wellness program personnel in developing measurable and appropriate Performance Measures.

To avoid rollovers and under-spending on the conditional grant and the voted funds, the Department will have to:

- Hire the appropriate staff to ensure that HIV and AIDS programmes are implemented;
- Attend monthly budget meetings to review spending patterns and to ensure they are spending appropriately;
- Allocate funding to key priority areas such as HIV prevention and hire appropriate people to implement these projects;
- Develop innovative ways of coordinating funds from donors and funders, other government departments, business, communities and other possible sources of support.
- Prioritize allocation of available funds according to need, and according to activities that are currently running and are achieving their goals. Suggested budget allocations 2008 – 2011 are on *Table 5*.

Table 5 describes the strategic foci of the plan, strategic priority programmes, indicators for success of the programme, suggested budget allocations for the 5 years and suggested years for implementing programmes.

TABLE 5: OBJECTIVES, OUTPUTS AND INDICATORS FOR THE 5 YEARS (2008-2012)

Strategic Focus	Strategic priority programmes/outputs	Evaluation Indicators	Suggested budget allocation 2008 - 2012	Suggested Year(s) of programmes
PREVENTION	HIV & AIDS awareness raising	<ul style="list-style-type: none"> • Number of learners, teachers and employees who are aware of HIV and AIDS. • Number of events targeting HIV and AIDS awareness • Number of learners, educators and LPDoE employees who attended the events 	30%	2008-2012
	Voluntary Counseling and Testing	<ul style="list-style-type: none"> • VCT uptake among educators, learners and LPDoE employees • Number of VCT programs offered in schools and within the EWP in the DoE premises • VCT delivery to educators, learners & LPDoE employees • A comprehensive and centralized database of service providers (both governmental and non-governmental). 		2008-2012
	Behaviour modification	<ul style="list-style-type: none"> • Number reporting condom use among learners, educators and LPDoE employees • Number of incidences of stigmatizing, labeling and discrimination of HIV positive at work and at schools 		2008-2012
	Positive prevention	<ul style="list-style-type: none"> • Number of educators and LPDoE employees who disclose their positive status • Number of information leaflets distributed on how HIV positive individuals can protect themselves from re-infection and others from being infected 		2009-2012
	Gender and gender based violence	<ul style="list-style-type: none"> • Number of incidences of gender based violence and other kinds of violence in schools and education workplaces • Extend of involvement of SAPS in preventing gender based and other violence in schools • Visible means of increasing safety of educators and learners in schools 		2008-2012
	Poverty alleviation	<ul style="list-style-type: none"> • Fast-tracked identification of OVCs and other poverty stricken families whose children are enrolled in LPDoE schools and lower levels of LPDoE employees • Number of such families linked to the Department of Social Development 		2008-2012

		<ul style="list-style-type: none"> Number of learners who provide relevant documents from LPDoE that assist in facilitating easy access to grants 		
	Human rights and women's rights	<ul style="list-style-type: none"> Number of workshops, events features and relevant material conducted and distributed to LPDoE employees, educators and learners Inclusion of human rights and women's rights matters in the curriculum 		2008-2012
TREATMENT	Enable PLWHA to lead healthy and productive lives	<ul style="list-style-type: none"> Increase in activities and lessons that promote good nutrition and healthy living Number of LPDoE employees and educators who register with medical schemes 	10%	2008-2012
	Address special needs of women and children	<ul style="list-style-type: none"> HIV and AIDS events organized and run by the LPDoE in collaboration with other stakeholders featuring special needs of women and children (specifically women who are employed by the LPDoE) Establish a working relationship with the Department of Transport to introduce or increase access to public transport that enables protection 		2008-2012
	Create an enabling environment for treatment in educational settings	<ul style="list-style-type: none"> A structure for distributing ARVs to educators & learners Confidentiality assurance system developed e.g. consent forms A functioning relationship with DoH Funds set aside for ARVs and related logistics 		2008-2012 2008-2012
CARE AND SUPPORT	Capacity building	<ul style="list-style-type: none"> Increase uptake in activities that develop capacity on care and support of HIV positive people A list of attendees 	30%	2008-2012
	Nutrition	<ul style="list-style-type: none"> At least 2 training sessions for educators and non-teaching employees through EWP on nutrition Nutrition education lessons through the curriculum 		2008-2009 2008-2012
	Development of policy guidelines	<ul style="list-style-type: none"> Development or updated policy guidelines on care and support A dedicated team working on policy guidelines on care and support of HIV positive individuals 		2008-2012 2008-2009
	Establishment of referral system	<ul style="list-style-type: none"> A well coordinated and functioning referral system for learners, educators and non-teaching staff A database of for learners, educators and non-teaching staff who require referrals 		2008-2012
IMPACT MITIGATION	Policy framework	<ul style="list-style-type: none"> A policy framework within which HIV Impact Mitigation is enabled established 	10%	2008-2012

	Coping with the sectoral impact of HIV & AIDS	<ul style="list-style-type: none"> Well functioning systems throughout the LPDoE system for HIV and AIDS framed and utilized 		2008-2012
	Resource mobilization	<ul style="list-style-type: none"> Fund raising strategies developed Proposal development workshops conducted Stakeholder engagement links established Intergovernmental department forums attended 		
STRATEGY DISSEMINATION, MONITORING AND EVALUATION	Strategy dissemination	<ul style="list-style-type: none"> A strategy dissemination plan developed A service provider appointed A list of LPDoE staff at provincial, district and local levels, educators, SGBs, NGOs, unions and others who participated in strategy dissemination workshops 	20%	2008-2012
	Coordination	<ul style="list-style-type: none"> A designated directorate, and the designated coordination team established A well functioning flow of HIV and AIDS strategy information 		2008-2012
	Monitoring and evaluation	<ul style="list-style-type: none"> Monitoring tools developed and utilized Funding for evaluation set aside A service provider appointed LPDoE cooperation ensured and given Formative and summative report completed 		2008-2012
	Inter-sectoral partnership establishment and maintenance	<ul style="list-style-type: none"> Attendance of LPDoE in Inter-sectoral meetings Partnerships fostered with other sectors 		2008-2012

8. MONITORING, EVALUATION AND RESEARCH

8.1. Monitoring of the strategy

The key strategic goal is that monitoring and evaluation (M&E) are recognized as important policy and management tools. M&E monitors inputs, process, outcomes and impact of HIV and AIDS programme.

At the LPDoE there exists a monitoring system that is already utilized for tracking progress of learners in schools, attendance of teachers, etc. This system is part of the Information and Technology unit in the Department. The Education Management Information System (EMIS) is used to monitor learners, teachers and facilities in the province. The Knowledge Technology Systems monitors the management of knowledge, system support and provides technological support for educational activities.

The Planning Unit in the Department monitors the implementation of plans such as this strategic plan. HIV and AIDS stakeholders indicate their plans on a quarterly basis and these are monitored quarterly using performance measures. The Planning Unit also monitors spending patterns on a quarterly basis.

The Planning Unit is able to track and monitor the following:

- The roll-out of the strategy to LPDoE employees, educators, and learners at the provincial and district levels;
- The quantitative utilization of the strategy is monitored
- Progress towards achieving the aims and objectives of the HIV and AIDS strategy;
- Research areas or topics can also be identified during monitoring of the strategy. This area ensures that the strategy becomes fully integrated into daily operations of the LPDoE, and that planning for the next 5 years becomes a continuation of what has already begun.

Monitoring tools and structures play a key role in ensuring that elements being monitored are uniform and are of similar quality. Monitoring should yield reports that the LPDoE can use for planning, implementing and evaluating HIV and AIDS projects and programmes in the sector.

Government Information and Technology Organization (GITO)

GITO consist of 2 main sections which are: Knowledge Technology Systems which houses both the Information Technology and Systems management (EMIS), and Records management which

is based on Access to Information Act. These sections deal with information security and information technology procurement.

Relevance to HIV and AIDS strategy

GITO is strategically positioned for HIV and AIDS and other Wellness Programmes delivery. Given the above functions, Wellness would get technological support in terms of storing learner, educator and staff data, which they would provide to GITO. EMIS could be used since it is already in operation. Issues relating to confidentiality of sensitive data such as data that has to do with learners, teachers and staff who are HIV positive would be protected. Only selected individuals could be given access rights to such data by using passwords.

Databases of HIV and AIDS service providers and funders, which is currently not centralized, some of which may be found at the tender office, could be centralized for easy access by relevant directorates such as Planning, Budgeting and Expenditure, etc. Key information that is ready for public consumption would be forwarded to Communications where HIV and AIDS information would be placed on the website. Dissemination, notifications of targeted groups and individuals and advocacy on HIV and AIDS information would be facilitated by GITO during IT Expos and billboard displays, to mention a few.

8.2. Evaluation of the strategy

The DoE should ensure that the strategy achieves what it sets out to achieve. In order to ascertain whether intended outputs and outcomes are achieved, the strategy should be evaluated. A formative evaluation after 30 months and a summative evaluation after the 5 years of the strategy should be conducted.

The Quality Assurance unit is putting systems in place to evaluate the impact of HIV and AIDS programmes and plans. The following key aspects of ensuring that the strategy is evaluated should be considered:

- Adequate funds should be set aside for evaluation;
- An evaluation plan should be developed at the beginning of the implementation of the strategy;
- A service provider should be appointed to conduct the evaluation;
- DoE should be a willing partner in the evaluation of the strategy i.e. relevant DoE directorates must be willing to cooperate and adequately participate in the strategy evaluation;

- Key outputs (e.g. increase in the number of DoE employees who are registered with GEMS) and outcomes (e.g. a positive change in behavior of educators/learners towards condom use) should be evaluated.

Table 5 above, shows the outputs, outcomes and the indicators that could be evaluated. By no means are these indicators exhaustive. The DoE and the service provider who would be appointed to conduct evaluations may need to add on the list of indicators.

8.3. Research

Aspects of possible research questions that the LPDoE may wish to undertake during the implementation period of the strategy emanate from the gaps identified during the strategy development. Some areas for possible investigation include:

- The prevalence and incidence of HIV among learners, employees and LPDoE staff;
- Uptake of anti-retroviral treatment (ART) by LPDoE employees, educators and learners;
- Impact of access to ARVs and other LPDoE support through EWP, EAP and other programmes on educators and LPDoE employees
- The effects of SGBs involvement in HIV and AIDS issues
- Uptake of the voluntary counseling and testing (VCT) programmes;
- OVC receiving support from LPDoE (both HIV positive and negative);
- Learner drop out rates due to AIDS morbidity and related factors;
- Staff absenteeism rates due to HIV & AIDS morbidity.

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APPENDIX A: STAKEHOLDER CONSULTATIONS AND ROLES IN THE AIDS STRATEGY

STAKEHOLDER GROUP	ROLES	DATE OF MEETING	CONTACT (NAME & NO.)
Chief Directorates (Top Management)	<ul style="list-style-type: none"> ▪ Develop policy, planning and regulatory frameworks to take account of the epidemic and its impacts; ▪ Create vibrant partnerships that recognise the complexities of HIV and AIDS 	Oct 2007 25 Feb 2008 Apr 2008 15 July 2008	Ms Shireen Pardesi
Curriculum Development and Life-Skills HIV AND AIDS programme	<ul style="list-style-type: none"> ▪ Ensure that learners and teachers are given opportunities to learn about HIV and AIDS ▪ Provide learning materials and resources on HIV AND AIDS ▪ Approve formal learning activities on HIV AND AIDS ▪ Integrate HIV and AIDS and sexuality education into the curriculum 	9 Oct 2008	Ms Nelly Tlakula Mr Solly Legodi Ms Julie Marosa
Information Communication and Technology Government Information and Technology [GITO]	<ul style="list-style-type: none"> ▪ Information gathering from the relevant directorates; ▪ Database design to suit the needs in the directorates: ▪ Store information and keeping confidential information secure: ▪ Creating access and exist points for appropriate individuals in the directorate to access and utilize information: ▪ Ensuring retention of information within the department, which will make continuity of the department; ▪ Ensure that intellectual capacity protocols are followed; ▪ Disseminate information in support of directorates' programs; ▪ Advice directorates, where necessary, on how to utilize technology for maximum benefit for the department; 	9 Oct 2008	Ms Koketso Magongoa Ms Mmaphuthi Mohlake
Donor funding organisations Irish Aid, Khanyisa	<ul style="list-style-type: none"> ▪ Fund priority HIV AND AIDS identified by the department ▪ Identify HIV AND AIDS projects that require support ▪ Build capacity of staff to implement the HIV AND AIDS programme ▪ Support the department in implementing various parts of the HIV AND AIDS programme 	8 Oct 2008	Ms Dina Mashamaite Mr Mabitsela [Khanyisa] Ms Annalize Fourie Ms Tamara Mathebula Mr Michael Maliavusa
Intergovernmental relations	<ul style="list-style-type: none"> ▪ Assist HIV AND AIDS programme to obtain funds for special projects ▪ Assist HIV AND AIDS programme to obtain other resources ▪ Assist HIV programme to align resources with priorities 	8 Oct 2008	Mr Ben Tladi
Corporate Services	<ul style="list-style-type: none"> ▪ Monitor the implementation of HIV AND AIDS strategic plan 	9 October	Mr Joe Legora

Planning Unit	<ul style="list-style-type: none"> ▪ Monitor spending patterns on the HIV AND AIDS programme ▪ Assist HIV AND AIDS programme to develop performance measures 		
Human Resources Wellness and HIV AND AIDS	<ul style="list-style-type: none"> ▪ Implement workplace HIV AND AIDS and wellness programmes ▪ Ensure that the strategy is aligned with current HIV and AIDS policies, frameworks, etc. ▪ Ensure that there are skilled staff to coordinate and implement the HIV programme ▪ Maintain records of clients they assist 	Oct 2007	Ms Reggie Mothata Ms Mokgadi Mabogo
EXCO Head of Department	<ul style="list-style-type: none"> ▪ Provide committed and informed leadership on HIV AND AIDS; ▪ Ensure effective and dedicated purpose-designed management structures for dealing with HIV and AIDS; 	July 2008	Ms Miranda Malele
Governance and district coordination	<ul style="list-style-type: none"> ▪ Ensure that the strategy is aligned with current HIV and AIDS policies, frameworks, etc. ▪ Ensure that there are structures at all levels for implementation and coordination of HIV AND AIDS programmes ▪ Ensure that district management structures support HIV AND AIDS programmes 	29 Aug 2008 9 Oct 2008	DoE personnel
Finance and Expenditure	<ul style="list-style-type: none"> ▪ Negotiate funding for HIV and AIDS programme delivery ▪ Assist the Life skills HIV AND AIDS and Wellness programmes to spend their budget ▪ Assist HIV AND AIDS programmes to understand and to work within conditions of their grants 	8 Oct 2008	Mr Mabidi
Budget	<ul style="list-style-type: none"> ▪ Assist programmes to set realistic budgets for HIV AND AIDS ▪ Assist HIV AND AIDS programmes to align their goals with budgets 	9 Oct 2008	Mr Nkwashu Mr Gilbert Phaka
FET Colleges	<ul style="list-style-type: none"> ▪ Provide quality education on HIV and AIDS to learners, educators and staff in this sector ▪ Implement HIV AND AIDS programmes for learners and staff in the sector; ▪ Support HIV AND AIDS campaigns and workshops in their campuses ▪ Ensure that HIV AND AIDS is incorporated into the curriculum 	9 Oct 2008	Mr WWX Nkuna Mr Sello Molekwa Mr Lefase Kekana Ms NP Nimalili Mr Lekau Mamabolo Mr Raad
Risk Management [Risk & security]	<ul style="list-style-type: none"> ▪ Ensure that HIV AND AIDS does not pose a risk to workers in the workplace ▪ Ensure client confidentiality of client records ▪ Deal with risk and legal issues affecting workers 	8 Oct 2008	Mr Ngoato Phala Ms Virginia Mkhabela Ms Mogashoa Ms P Mamabolo

	<ul style="list-style-type: none"> ▪ Ensure that infection control measures for HIV AND AIDS are in place 		Ms Kate Kobe
Transformation and special projects	<ul style="list-style-type: none"> ▪ Deal with gender issues that put women and girls at risk of HIV AND AIDS ▪ Empower girls on sexuality issues 	8 Oct 2008	Mr Setati Mr Mathebula Motana Thelma Thabo
Unions (SADTU, NAPTOSA, NEHAWU and PEU).	<ul style="list-style-type: none"> ▪ Coordinate various HIV AND AIDS activities in schools for teachers ▪ Identify teachers who are infected (through voluntary disclosure) and link them with Government Educators Medical Scheme (GEMS) where they can access grants and packages for ARVs respectively. ▪ Provide HIV AND AIDS education for teachers on HIV AND AIDS ▪ Continue working with other NGOs and CBOs such as Khanyisa Trust. ▪ Referring ill teachers and DoE staff to medical doctors, clinics and hospitals. ▪ Conduct workshops which are developed according to needs of recipients (teachers and DoE staff). ▪ Continue using the supporting material such as the Healthy Living booklet that was developed by SADTU. 	April 2008	Mr Daniel Boshego, Mr Geaney Seriti, Ms Aurelia Chweu, Mr. MA Ngoasheng, Dr Mbetse
Non-governmental organisations Akanang	<ul style="list-style-type: none"> ▪ Provide care and support for learners, teachers and employees living with AIDS ▪ Implement some aspects of the HIV AND AIDS programme ▪ Supplement the work done by the department on HIV AND AIDS 	21 Nov 2007	Joseph Mphahlele
Treatment Action Campaign	<ul style="list-style-type: none"> ▪ Act as resource to support learners, teachers and employees who require treatment ▪ Provide treatment literacy to PLWHA ▪ 	21 Nov 2007	Mpho Moagi
Provincial Department of Health and Social Development:	<ul style="list-style-type: none"> ▪ Act as custodian of the HIV programme ▪ Provide antiretroviral treatment for those who need it ▪ Provide treatment, care and support for health-related problems ▪ Provide technical support on health-related matters 	April 2008	Dr Rose Malimela, Director: Provincial HIV and AIDS programme
Government Employee Medical Scheme (GEMS)	<ul style="list-style-type: none"> ▪ Continue to provide AID for AIDS – which supports members with HIV and AIDS medication, counselling, testing and access to ARVs. ▪ Continue with Diet for Healthy Living, Chronic Medication, etc. Treatment, care and support programme. ▪ Continue with ensuring access to ARVs and other support to 	April 2008	Mr PP Kgomo

	<p>educators and DoE staff, but also maintaining a high level of confidentiality such as medication being provided via Medi Post, sending reminders through SMS to people to collect medication on post.</p> <ul style="list-style-type: none"> ▪ Continue recruiting educators and DoE staff in Limpopo, using different avenues including talking to teacher unions, DoE and other relevant entities. 		
School Governing Bodies	<ul style="list-style-type: none"> ▪ Support HIV and AIDS education in schools ▪ Deal with social and cultural beliefs that impact on behaviours related to AIDS ▪ Participate in Health Advisory Committees 	April 2008	Mr. Mabitsi
Policy experts	<ul style="list-style-type: none"> ▪ Ensure that the strategy is aligned with current HIV and AIDS policies, frameworks, etc. 	Feb 2008	Ms Kgobati Magome
Other stakeholders	<ul style="list-style-type: none"> ▪ Implement selected aspects of the HIV programme as service providers ▪ Develop policies/strategies on key aspects of HIV AND AIDS ▪ Provide technical assistance to the department in implementing HIV AND AIDS programme 		Ndivhuwo Chauke, Talent Emporium, Dr P.J. Senoamadi, Tshepang Trust, Gugu Buthelezi, Careways