

*Plan and act to protect Education
against the impact of*

HIV & AIDS



A guide for Department of
Education provincial and district
planners and managers

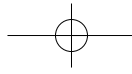


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DEPARTMENT OF EDUCATION



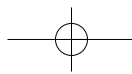


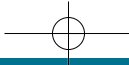
Manage HIV and AIDS in your province

A guide for Department of Education provincial and district managers



Issued by the Department of Education





**Manage HIV and AIDS in your province –
A guide for Department of Education provincial and district managers**

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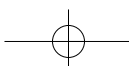
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Foreword

The Department of Education convened a conference on HIV/AIDS and the Education Sector in 2002. Many of you as education managers and officials attended the conference and raised issues of concern.

At the conference we agreed that we must be pro-active and innovative as a matter of utmost urgency to ensure that we deliver on our mandate of access to quality lifelong education for all, even in the face of HIV and AIDS. We agreed that education must lie at the heart of the national response to HIV and AIDS because it is principally through education that we can hope to have a South Africa without HIV and AIDS. Furthermore, we agreed to provide the necessary support to those infected and affected by the disease, with a special focus on providing support systems for orphans and other vulnerable children.

We recognised that in order to respond to the epidemic, the education sector must work in a coalition of partners which includes all government departments and in particular the Departments of Health and Social Development, school governing bodies, school management teams, parents, educators, learners, the media, non-governmental organisations, people living with HIV and AIDS, faith-based and community-based organisations and the private sector.

In order to facilitate the work of the different partners of the coalition, the Department of Education has developed a resource guide to provide assistance to provincial and district managers in planning to prevent the further spread of HIV and mitigate the impact of AIDS on the education system. In addition to this resource guide, the Department has developed similar guides for parents and school governing bodies.

This guide, ***Manage HIV and AIDS in your province***, is a practical and valuable tool. It takes you through a process of analysing the epidemic in your province or district, and developing responses that are specific to your particular context. It provides assistance towards understanding how the epidemic can undermine your human resources as well as future plans and provides an opportunity to plan strategically for meaningful results.

The guidebooks must be used as part of our programme of developing school governing bodies and school management teams, to manage provision of education for all our children.

We can beat HIV and AIDS. As an official in a management and leadership position, you are well placed to plan and act in a manner that can save lives and achieve a better life for many.

I encourage you to take on the challenge!

Professor Kader Asmal, MP, Minister of Education



How to use this guide

Introduction

The extent of the HIV and AIDS epidemic is well documented. Recent research by the Nelson Mandela Foundation/HSRC¹ confirms the Department of Health's data, that millions of people are already infected with HIV and thousands are dying of AIDS. A Department of Social Development survey shows that thousands of children have lost a mother or father, and that the numbers are likely to increase.

In 2002 the Department of Education (DoE) convened a conference on HIV and AIDS and the Education Sector. In the Declaration of Intent of the conference report the DoE recognised that HIV and AIDS have widespread negative effects on the education sector and present complex challenges to individuals, communities and cultures.

The HIV epidemic is a slow process – it slowly breaks down systems.

The epidemic does not bring everything crashing down at once. Most HIV and AIDS crises in any year happen at a local level like a classroom, a school, a particular workplace. Over time these add up and drain the education system and the wellbeing of many thousands of learners and teachers. It is not easy to see the major impact on learners who become infected because this happens after they leave the education system.

Education can play a leading role in the national response to the HIV and AIDS epidemic.

The education sector in South Africa is uniquely placed to confront the threat of the epidemic because:

- Educators make up the country's largest workforce.
- They are in daily contact with millions of learners.
- Education employees are a vital national resource for responding to HIV and AIDS, but at the same time they need protection from the disease and its effects.

An appropriate response involves:

- Being aware.
- Having sufficient knowledge.
- Developing a vision that is realistic and aims to pre-empt and even reverse the damage of this epidemic.

The Department of Education (DoE) recognises HIV and AIDS as one of the greatest challenges for education in our country.

One of the objectives of the May 2002 conference was to determine priorities and to develop a Strategic Sector-wide HIV and AIDS and Education Programme of Action (go to www.education.pwv.gov.za). The DoE has moved further in this direction by developing an HIV and AIDS Medium Term Strategic Framework (MTSF) which is intended to give guidance and direction to provinces and districts to work proactively to lessen the effects of the epidemic on the education sector (go to www.education.pwv.gov.za).



Provinces and districts need to find ways to cope with the challenges of this epidemic.

Provinces and districts will need to broaden their scope in order to cope. All planning processes will need to take into account the challenges of HIV and AIDS. This needs to be done in a way that ensures that our education system can provide both for schooling and for lifelong learning, and is able to adapt to meet the challenges that our society faces because of the epidemic.

How can this guide help you?

Using this book, you will be able to answer the question: How can the education sector respond effectively to the challenges of HIV and AIDS?

This book is a practical tool and helps you to reflect on how you have done things in the past, and whether this has been effective. It has been written to encourage an open and flexible approach to addressing the daily issues that provincial and district planners and managers face in responding to the challenge of HIV and AIDS. It helps you, as education planners and managers, to:

- understand
- plan
- act

and ensure that your response is meaningful and makes a difference.

How will this guide help you?

- You will find out more about how HIV and AIDS impacts on the education sector generally.
- You will have opportunities to critically investigate your own assumptions, your context, and the challenges the epidemic brings to your work.
- You will understand more clearly how the epidemic can undermine your human resources and your future plans.
- You will carefully consider how to plan strategically so that you can respond effectively to the problems you face.
- You will have the chance to see some examples of planning tools or templates that you can adapt and use in your particular context when you plan to address the challenges of HIV and AIDS.
- You will be able to use your knowledge and skills to play a leadership role when confronting the challenges we face in education right now.
- You will be better equipped to make a difference!

Who should read this guide?

- Provincial education planners.
- District officials including district directors, planners, community development officers and school safety officials, circuit managers, education development officers, and integrated development support officials.
- Financial planners.
- Human resource planners.
- Curriculum planners.



Who should read what?

- Everybody should read Chapter 1 and Chapter 2.
- Provincial planners should read Chapter 3 and Chapter 4.
- District officials and planners should read both Chapters 3 and 4.
- Financial planners will find Chapter 3 particularly helpful.
- Human resource planners will find parts of Chapters 3 and 4 useful.
- Curriculum planners should concentrate on Chapter 2 and Chapter 4.
- Physical planners should read Chapter 3 and Chapter 4.

How can you use this guide effectively?

This book uses several icons that help you to engage with the subject matter in active and creative ways. Each of these icons shows you different ways to interact with the information in this guide. Below is a list of icons that are used in the guide:



Think about this!

- Use these useful questions and answers to help you think about issues in more depth.
- Discuss them with colleagues.
- You can use them in workshops.



Case study

- Read these stories to help you imagine the different issues in real life.
- Try to answer the questions that follow with colleagues.



For more information

- This icon refers you to more information in policy documents, websites, reports, etc.



Fast forward

- Points you to a section in the guide for more detailed information.



Rewind

- Points you to a section in the guide for more detailed information.



Outline

- This describes what the chapter is about.



Summary

- Read this to check that you have covered all the important issues in the chapter.

Activity

- Complete these activities to help you understand your specific situation.
- These are important practical tools.

Activity

Remember!

- Read the book with an open mind.
- Stop and reflect whenever you feel uncomfortable, worried or concerned.
- Complete the activities.
- Answer the questions for yourself.
- Share what you think and what you have learned with the people you work with.

If you are concerned about the provision of quality education in our country, this guide has been written for you. Whether you work at provincial or district level, you need to be able to translate the national policy on HIV and AIDS and education. The way you think, plan and act will effectively confront HIV and AIDS.

Use this guide to reflect on the way you work and to find a clear and effective focus for everything you do.



How is education affected by HIV and AIDS?



Outline - This chapter will help you to:

This chapter will help you to:

1. Develop a general understanding of the epidemic and how it impacts on education.
2. Explore a number of different ways to understand the impact of HIV and AIDS on your specific context through a case study, a simple impact assessment, a cartoon, a diagram and a checklist.
3. Understand the role of education in developing an effective and meaningful response.
4. Understand what the four critical priorities are for education, and start to think about how you can respond.

1. *Develop a general understanding of the epidemic and how it impacts on education*

Activity 1 - Quiz to check your general knowledge about HIV and AIDS

- | | | | |
|---|--------------------------------|-----------------------------------|-------------------------------------|
| 1. Only women can become infected with HIV. | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Don't know <input type="checkbox"/> |
| 2. The epidemic is mainly a health issue and therefore the problem of the Department of Health. | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Don't know <input type="checkbox"/> |
| 3. All sectors of society experience HIV- and AIDS-related problems. | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Don't know <input type="checkbox"/> |
| 4. With the spread of HIV and AIDS demand for education will decline. | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Don't know <input type="checkbox"/> |
| 5. HIV is spread by poverty alone. | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Don't know <input type="checkbox"/> |
| 6. Young children are not affected by HIV and AIDS because they do not yet have sex. | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Don't know <input type="checkbox"/> |
| 7. It is okay to live in the same house with a person who has AIDS. | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Don't know <input type="checkbox"/> |
| 8. A person cannot get HIV by donating blood. | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Don't know <input type="checkbox"/> |
| 9. Once people have HIV it is too late to help them. | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Don't know <input type="checkbox"/> |
| 10. If people knew more about HIV and AIDS they would definitely change their behaviour. | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Don't know <input type="checkbox"/> |
| 11. Schools are not directly affected by HIV and AIDS. | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> | Don't know <input type="checkbox"/> |

Check your answers on page 10.



What should everybody know about HIV and AIDS?

HIV is a very small germ or organism called a virus, which people become infected with. It cannot be seen with the naked eye but only under a microscope. HIV only survives and multiplies in body fluids such as semen, vaginal fluids, breast milk and saliva. People can only become infected through contact with infected body fluids. The body's natural ability to fight illness is called the immune system. It is the body's defence against infection. HIV attacks the immune system and reduces the body's resistance to all kinds of illness such as flu, diarrhoea, pneumonia, TB and certain cancers. This is why HIV is called the Human Immunodeficiency Virus. HIV eventually makes the body so weak that it cannot fight sickness, and so causes death.

Most people with HIV have no symptoms for a long time. Some people remain well and lead productive lives for between five and eight years after infection. Others start showing symptoms quite soon after they are infected. When people who are infected start showing symptoms, it means the disease has progressed to AIDS. AIDS is the final stage of infection with HIV, and this is what causes a person to die. People with AIDS usually have different illnesses at the same time. These vary from person to person. The word 'syndrome' means that several symptoms occur at the same time. It is used to emphasise that people with AIDS have many signs and symptoms, because they suffer from several illnesses at once. AIDS is not one disease; it stands for Acquired Immune Deficiency Syndrome.

There are certain situations in which people can pass the virus on to one another:

- Sexual intercourse is the most common one because the virus survives in sperm and vaginal fluids.
- Babies born to mothers with HIV can also become infected just before and during birth or during breastfeeding.
- Infected blood can spread the virus if it gets into broken skin, through sharing blades, razors and toothbrushes.
- Drug addicts who share needles can infect one another.
- Although blood used in transfusions in South Africa is screened for the virus, very occasionally, because of errors, blood transfusions may cause infection.

HIV is commonly thought of as a sexually transmitted disease. Most people who are sexually active do not know if they are infected with HIV or not. The only certain way to tell if you have HIV is through a blood test. It is important to remember that for some time after infection the body does not show signs of infection, and a test would be negative. This is called the 'window period'. To know for certain whether a person is infected, they should wait about six months from the time they think they may have been infected, for example through unsafe sex, before being tested. The result of this test is private, and may not be passed on to family or employers without your agreement or consent.

Once a person has been infected with HIV it can take months or years before there are any clear signs of AIDS. This long incubation period makes it difficult to imagine how the current rate of infection will affect society as a whole. How many people will be too ill to work? How many children will lose their parents? How many babies will die?²

Why has HIV become an epidemic?

HIV infection has spread rapidly in South Africa, and because approximately 11,4% of the general population is infected we refer to it as an epidemic. There are a number of conditions that have contributed to the rapid spread of HIV infection in South Africa, such as:

- breakdown of family structures due to the migrant labour system of the past.
- traditional attitudes towards male-female sexual relationships where women have low status and limited power to take control of their sexual lives.
- sexual coercion which is often about the exchange of sex for money or gifts.
- poverty and unemployment particularly among women with children.
- early onset of sexual activity, multiple sexual partners, or casual sexual relationships.
- silence and cultural taboos around sexuality.
- a high occurrence of sexually transmitted diseases other than HIV.



Think about this!

How does the link between sexuality and HIV put women in a vulnerable position?

Women are at greater risk of becoming infected by the HIV virus because they earn less, have less power, and are more dependent on men for money. This can make it difficult for them to take greater control over sexual relationships, for example, to insist on safe sex or even say no to sex. In relationships between young girls and older men, the unequal balance of power may mean that girls are coerced into sexual relationships for favours such as money, clothes or better marks at school.

Women also bear the greater burden of caring for family members who are affected by AIDS. Traditionally girls and women look after children and nurse those who are ill. In the face of poverty and unemployment, it is often the women who manage to make ends meet. Even social institutions like hospitals and schools tend to rely on women to 'go the extra mile' and provide a network of caring that exceeds the services the state can provide.

Women are probably the most fragile yet the most powerful resource we have in our society to challenge and defeat HIV and AIDS in our communities.

- How vulnerable are girls in our society with regard to HIV infection?
- How vulnerable are women in the education sector?

What is the impact of HIV and AIDS on education?

It is time to acknowledge that HIV and AIDS can no longer be separated from the cultural, social and economic life of our country, and that it impacts on the education sector in many powerful ways.

When you look at the conditions mentioned previously that make people susceptible to being infected with HIV, it is easy to see that HIV and AIDS is not only a health issue. Although biomedical responses can help to save lives, the only way to stop the epidemic is to address the social-cultural conditions



that allow the virus to spread. In areas where the prevention of HIV infection has not been successful, whole communities are beginning to experience major social disruption. With each death their capacity to cope is further reduced, and the development gains of a generation are being reversed. Educators and learners are already dying. Many learners are dropping out of school.

2. Explore ways to assess the impact of HIV and AIDS on your specific context

Activity 2 - Do your own impact assessment

In many provinces or districts, impacts may only become clear in the future because impacts grow and accumulate slowly. Think about your own context. Can you see the impact of HIV and AIDS on the province or district you are managing? To answer this question, you could analyse your context by doing a simple impact assessment and answering the following questions:

1. Obstacles to prevention/risk reduction

- Does the presence of over-age learners increase the threat of HIV infection?
- Is there a culture of sexual coercion in schools, or is it controlled?

2. Impacts on orphans and vulnerable children

- Is there a decline in performance or enrolment? By how much? Why?
- Is learner absenteeism on the increase in your province or district?
- Is it harder for girls to complete their schooling successfully than for boys? Why?

3. Impacts on staff

- Is educator absenteeism a problem or on the increase in your province or district or institution? What are the causes?
- Are educators leaving the system in your province or district? How many? For what reasons?
- Can the system cope with the rate at which educators are leaving the system?
- Are educators in your province or district being trained to deal with HIV- and AIDS-related issues in the classroom?

4. Check the risk to your province or district

- Is there a culture of sexual coercion in the community that affects the power relations between males and females?
- How common is intergenerational sex – sex between young girls and older men?
- How open is the community about the prevalence of HIV?
- Are HIV and AIDS awareness programmes working effectively?
- Are family incomes eroded by loss of employment, the high cost of medical care and funerals?
- Are orphans accommodated in extended families?
- Does the local system (education system, community support networks) have the capacity to take in, care for and educate the children who have to fend for themselves?³

The education sector is not immune to the spread of HIV.

- The epidemic will affect the supply of education services through increasing numbers of deaths of educators and those who might wish to take their place.
- It will also increase the cost to the system to provide education for all.
- HIV and AIDS will undermine the quality of the service. If learners are absent and educators are ill, learning opportunities are wasted. Those who are left at school will become increasingly demoralised and unproductive.

In our country at this time, the role of the education sector has to be examined and redefined.

- We should review educational planning and management principles to reflect the reality of our society.
- We can use the opportunities within the new national curriculum to redefine curriculum development goals. This could involve rethinking the role of skilled and qualified educators within the learning communities they serve.
- We need to find local, creative and humanitarian responses to the challenge of HIV and AIDS to sustain the quality and level of education provision that our country needs.

3. Understand the role of education in developing an effective and meaningful response

The creation of the national policy on HIV and AIDS for learners and educators – Tirisano – together with the HIV and AIDS Emergency Guidelines for Educators published by the DoE, has been an important step in helping planners, managers and educators to understand what is happening, and to address the impact of HIV and AIDS.

Now we need to translate the national policy into effective action.

Many children, not only AIDS orphans, are affected by HIV and AIDS. The Department has begun to identify general patterns about the way the education sector has been affected by HIV and AIDS. There is a need for greater local knowledge of how the epidemic affects schools and other institutions, districts and provinces.

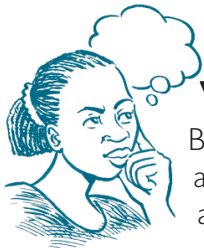
One useful way to explore the impact of HIV and AIDS on education at a local level is to pay attention to the way the epidemic disrupts the lives of children. The impact on the lives of children can be seen through signs of erratic attendance, poor performance, and behavioural or socialisation problems. The epidemic highlights children's vulnerability. All these children have special needs that must be addressed. We need to act now, before there are signs of lower enrolment rates or higher dropout rates. Approaches must be designed to respond to all these children to keep them learning before they fall through the safety net of education.



Case study

My name is Mpule and I'm 14 years old, from North West Province. When I was doing Grade 8, my mom left for Gauteng without anyone knowing where she was. She left me behind with my three little sisters. They were six years, three years and two months. I couldn't sleep at night because the one who was two months was crying for my mother's breastfeeding. I would go to school very tired and feeling so ashamed of myself, always planning to kill myself but I couldn't because I would ask myself, who will take care of my sisters? I was cleaning, cooking and caring for my sisters. There was no time for books. The educators at my school would always shout at me because I didn't do my homework and on top of that I fell asleep in class ... When my mother came home, she became pregnant. I found out that she was positive ... Last year I discovered that the younger ones I was taking care of were HIV-positive.⁴

- How could the province or district help these children? What educational and emotional support could they give?
- How could you ensure that children like this do not drop out or have their school performance and development prospects damaged?



Think about this!

What role should provinces and districts play in defeating the epidemic?

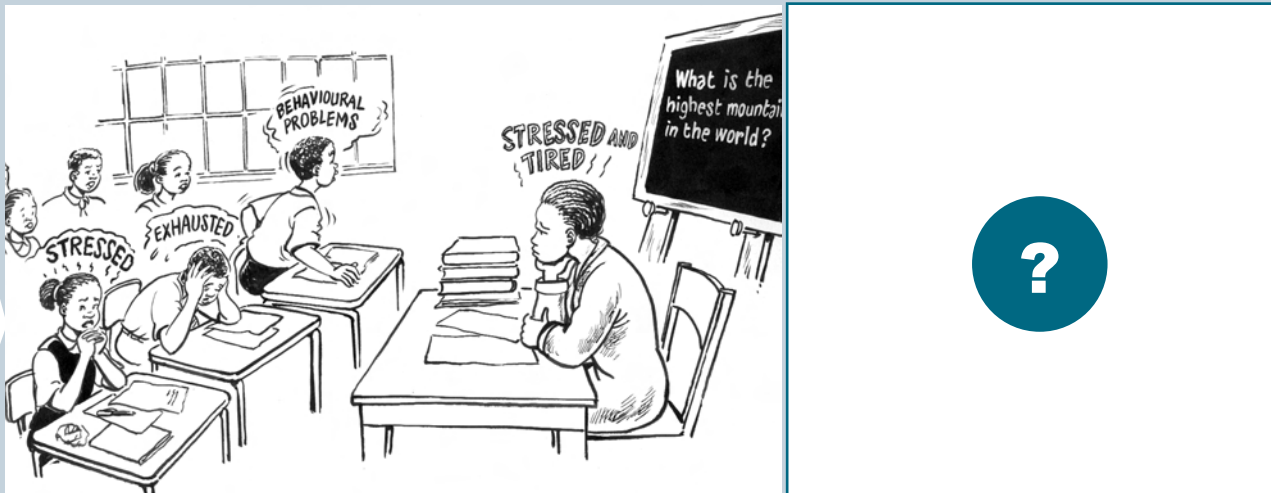
By reading the case study above and by doing your own context-specific impact assessment, you can get a clearer picture of how HIV and AIDS affects the lives of adults and children alike. It also raises some critical questions about the role that provinces and districts should play in defeating the epidemic.

What is the role of your province or district in preventing the spread of HIV among young people?

- How can your province or district ensure that all young people, especially orphans and other vulnerable children, achieve their full potential?
- How can the province or district protect the viability of the education service, and therefore the quality of education provision?
- How can the province or district continue to improve access to and the quality of education services in the face of HIV and AIDS?

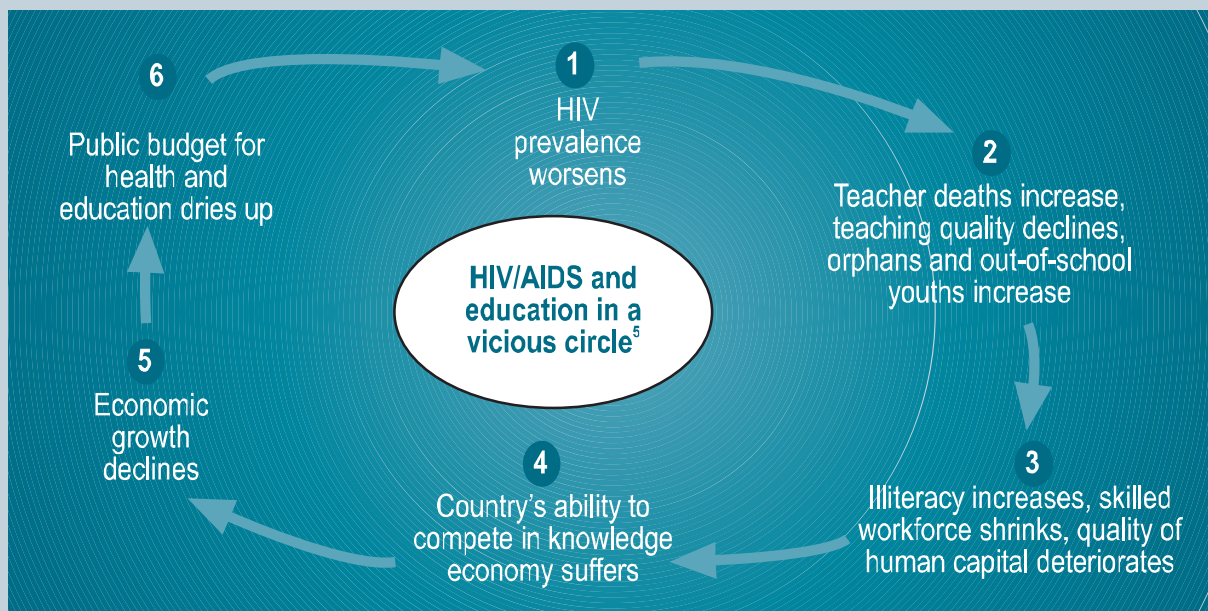
Activity 3 - Is your province or district already caught in a vicious cycle?

Look at the following cartoon and diagram of the vicious cycle and then answer the questions that follow.



Business as usual?

How do we provide Quality Education for All?



Now look at the results of your own impact assessment. Compare these with points 2 and 3 in the vicious cycle.

- Is your province or district already caught in a vicious cycle?
- If not, how can you stay out of the cycle?
- If yes, how do you get out?

What can education do to respond to HIV and AIDS?

There is great potential for the education sector to slow down and even stop the spread of the epidemic. The challenge for educators, managers, planners and education officials at all levels is to make HIV and AIDS issues part of their day-to-day thinking, planning and action. Valuable work is already happening in this regard, but it needs to be strengthened and extended.



Think about this!

In what ways is education a powerful weapon?

Education can act like a vaccine for children at risk. Children who drop out of school are more vulnerable to HIV infection, and are more likely to engage in early sexual activity with larger numbers of partners, and to use alcohol earlier than children in school.

Basic literacy and numeracy skills as well as becoming part of a culture of learning seem to be key factors that make children less vulnerable to HIV infection. Education is an essential element in society's armoury against HIV transmission. Simply put, the more education, the less HIV. It is critical to ensure that all children, especially girls, get into school, stay in school for a minimum number of years, and have some worthwhile learning and skills at the end.

The outcome will be a society with less AIDS, less poverty, greater female empowerment, and a human resource base from which the skills lost to HIV and AIDS can be replaced.⁶ However, there is an important tension within the education system as a whole. On the one hand education is seen as a social vaccine, and on the other hand those administering the vaccine are often ill.

- Do you agree with what you have just read?
- How does this analysis compare with your experience?

The case study, the cartoon, the impact assessment and the diagram of the vicious cycle have presented you with four different ways to explore the impact of HIV and AIDS in your own context.

4. Understand what the four critical priorities are for education

Although the education sector has a great responsibility to implement the national policy through activities such as life-skills programmes and universal precautions, it will not be able to do so if its ability to deliver is being eroded. An education sector will not achieve success if its learners are facing more and more obstacles to getting access to education. It will also not be able to perform well and achieve success if its educators are being lost or are facing extra stress.

The four critical priorities of the education sector therefore are:

1. Preventing infection and containing the spread of HIV with the help of life-skills programmes and more general curricular activities so that education acts as a social vaccine.
2. Providing care and support for learners and educators affected by HIV and AIDS.
3. Protecting the quality of education by protecting the system and responding flexibly to challenges and local needs.
4. Managing a coherent response to HIV and AIDS through monitoring impacts, networking with other sectors, and sharing resources to build a foundation for action against the epidemic.

Activity 4 - School response checklist

Visit one or two schools in your area. Use the checklist below to find out whether they provide the kind of educational environment that can respond to the challenges of HIV and AIDS.



	YES	NO
■ It ensures that hungry children get nutritious food.	<input type="checkbox"/>	<input type="checkbox"/>
■ It ensures that human rights of learners and educators are respected.	<input type="checkbox"/>	<input type="checkbox"/>
■ It ensures that children in the school feel safe.	<input type="checkbox"/>	<input type="checkbox"/>
■ It ensures that there is zero tolerance of abuse and sexual harassment.	<input type="checkbox"/>	<input type="checkbox"/>
■ It provides explicit HIV and AIDS education.	<input type="checkbox"/>	<input type="checkbox"/>
■ It ensures that there is a general life-skills programme in place.	<input type="checkbox"/>	<input type="checkbox"/>
■ It has adequate toilet facilities and clean drinking water.	<input type="checkbox"/>	<input type="checkbox"/>
■ It practises universal precautions (see page 24 for an explanation of the universal precautions).	<input type="checkbox"/>	<input type="checkbox"/>
■ It ensures that educators respond to learners with other special needs or in trauma.	<input type="checkbox"/>	<input type="checkbox"/>
■ It creates partnerships with other sectors to respond to the needs of educators and learners.	<input type="checkbox"/>	<input type="checkbox"/>
■ It has an effective AIDS-response plan.	<input type="checkbox"/>	<input type="checkbox"/>

This chapter has presented a general background to the challenges that HIV and AIDS poses for education. It has also provided stories, diagrams and questions to help you to reflect on how the epidemic impacts on your specific work context. So how do you think you fit in as an individual?



Think about this!

What is your role as an individual?

Your position within the education sector provides you with the opportunity to see yourself as a leader. You have a unique opportunity to change the course of the epidemic in our country.

- Many children who are in school are not yet infected – **You can help to contain the virus so that they stay that way.**
- Many learners and educators who are suffering because of HIV and AIDS are still within the education system – **You have easy access to structures and processes that can provide them with social support that can make a difference.**
- HIV and AIDS is rapidly reversing the developmental gains of the education sector – **You are in a position to protect the function and quality of education where you work.**
- Even if you are HIV-infected or frightened by the epidemic – **You can still reach out to others. By working together you will be able to respond positively to make a difference.**

Activity 5 - Respond to the four critical priorities

Try to work with two or more colleagues to discuss and record your response to each priority.

1. Preventing infection

What is your role in preventing the spread of HIV among young people in your province or district?

2. Providing care and support

How do you, in your area of work, try to ensure that all young people, especially orphans and other vulnerable children, achieve their full potential?

3. Protecting educational quality

How can your province or district protect the viability of the education service, and therefore the quality of education provision?

4. Managing a coherent response

How can you and your province or district continue to improve access to and quality of education services in the face of HIV and AIDS?



Summary

This chapter has helped you to:

1. Develop a general understanding of the epidemic and how it impacts on education.
2. Explore a number of different ways to understand the impact of HIV and AIDS on your specific context through a case study, a simple impact assessment, a cartoon, a diagram and a checklist.
3. Understand the role of education in developing an effective and meaningful response.
4. Understand and respond to the four critical priorities for education.

Answers to Activity 1 from pg 1 – 1. D, 2.D, 3.A, 4.A, 5.D, 6.D, 7.A, 8.A, 9.D, 10.D, 11.D.



What do we need to know in order to set priorities?



Outline

This chapter will help you to:

Explore the four critical priorities identified in Chapter 1 in more detail.

(You will use this information to help you to plan and implement the mainstreaming of HIV and AIDS in Chapter 3 and 4.)

Explore the four critical priorities in more detail

In this chapter you will explore the four broad priorities more closely. These priorities are:

1. Preventing the spread of HIV.
2. Providing care and support for learners and educators.
3. Protecting the quality of education.
4. Managing a coherent response.

Priority 1: Preventing the spread of HIV



Case study

Mary left school in Grade 9 because she was pregnant. She lives with her mother who is unemployed, and looks after her four-year-old son who is sick. Mary is also sick. She has AIDS. She gets very depressed. She has often thought of killing herself but then she remembers her child.



Things have changed for Mary. She used to be one of the top learners at the large school she attended. Then she met Julian, a musician ten years older than she was. He began fetching her from school in his smart car. They began having a very stormy relationship. One day it was on, the next day it was off. The rows were often about other women. After a row, he would try to win Mary back with presents like 'the 3 Cs' – cellphone, clothes and cash. Sex was often related to the exchange of gifts – she would be rewarded for sleeping with him, and if she wanted something badly enough she could often get it by offering him sex.

When Mary fell pregnant she told Julian. He accused her of being unfaithful, then drove away in his car and never came back. She dropped out of school and that was the end of her prospects as a promising student. When Mary's son was born he was sick, and both he and Mary tested HIV-positive.



- What factors made Mary vulnerable to becoming infected with HIV?
- How could this type of tragedy be prevented?
- What could have been done to protect and support her and others like her?

Preventing the spread of HIV needs a multi-pronged approach

The story of Mary illustrates how certain factors make young people vulnerable to being infected with HIV. It also shows that there is no single, simple solution for preventing the spread of HIV. For example, young people like Mary would benefit from the following Prevention Action Points:

- 1. Curriculum interventions.** This would include information about sexuality and the risk of being infected with HIV, life skills that deal with sexuality, power relationships, and communication skills. Developing skills in these areas could also help young people to understand their rights better and be more assertive.
- 2. Training and support for educators.** Planners and managers need to ensure that educators have the appropriate skills to help learners who are infected to continue their education.
- 3. Peer education and activism.** Peer education can play an important role in encouraging young people to stand up to illegal practices such as sexual coercion, especially of girls by older learners or men. Peer support can help learners to give one another support and encouragement to stay in school.
- 4. Official support and follow through.** Planners and managers need to find ways to set up effective systems for confidential reporting of problems, and to ensure that learners get access to the kind of support and guidance they need to address their problems and stay in school.
- 5. Community support.** The community can play a supportive role in speaking out against inappropriate or wrong sexual behaviour. It is important that positive values about relationships and sexuality that are promoted at school are also reinforced in the community.
- 6. Access to and awareness of available resources.** Young people like Mary should be made aware of the resources available to them in their community, for example: Is anti-retroviral treatment possible? Is psychological counselling available? Is there some way to help her with her depression? Could she get legal advice to help her get some support from the father of her child? Maybe spiritual guidance and comfort would help.
- 7. Awareness campaigns.** These campaigns are important to help young people like Mary to know that there are people who are sympathetic and can help and point them in the direction of support.
 - What other actions could benefit young people like Mary and help them when they are HIV infected, and protect others from becoming infected?

In the following pages read more about each Prevention Action Point.

1. Curriculum interventions

One of the first responses by the education sector to prevent the spread of HIV was to implement modules on the disease as part of Life Skills/Life Orientation education. These modules have been piloted and are beginning to be implemented where educators are trained. Experience in South Africa and other countries in the region has shown that curriculum and other interventions tend to fail if they are not well managed and monitored, and so planners and managers need to ensure that any interventions like this are effectively managed and monitored.

The success of curriculum interventions also depends on educators who have a good knowledge base, an understanding of the broader issues, and a commitment to do a good job.

A good HIV and AIDS Life Skills module does not only teach about the biology of the disease. This is very important but it is not enough. Most teenagers long for acceptance and love, and many will consent to sex to feel accepted and loved.

Learners need to learn about assertiveness, coping with peer pressure and good communication skills. They need to be given the opportunity to develop healthy self-esteem.

An effective curriculum intervention encourages openness in speaking about sex and sexual health. Most adults were brought up not to speak about sex, especially not to children. The epidemic challenges us to learn to speak out, using neutral and clear language. It gets easier with practice. Sex should be spoken about in a way that makes it a healthy and normal part of life, especially when children are becoming sexually active earlier than in the past.

Life Skills needs to become part of establishing a culture of care and human rights in the school and in society as a whole. This means that the values of respect, care and openness have to be modelled by educators, education managers and planners. It also means that there should be no tolerance for abusive behaviour from playground to classroom, from staff room to the principal's office, right through to head office.

Activity 6 - Checklist for effective curriculum interventions

Use the following checklist to find out how effective the curriculum interventions are in your province or district.

■ Are curriculum interventions in place?	Yes	No
■ Have these interventions been implemented?	Yes	No
■ Does every school have a trained teacher in the HIV and AIDS and Life Skills component of the Life Orientation learning area?	Yes	No
■ Is Life Orientation on the timetable and is it taught in class?	Yes	No
■ Have educators been properly prepared or trained?	Yes	No
■ Are educators willing to teach?	Yes	No
■ Are teaching/learner support materials available in schools?	Yes	No
■ Is the content appropriate for the learners and the community?	Yes	No
■ Has this curriculum intervention made a difference?	Yes	No



chapter 2



For more information

Read the HIV/AIDS Emergency, Guidelines for Educators, DoE (2002), <http://education.pwv.gov.za>. Go to page 75 for information about curriculum resources.

2. Training and support for teachers

Educators need systematic training and support to deal with the prevention of HIV infection. Here are some effective ways in which planners and managers can do this:

- Provide regular high quality pre- and in-service training.
- Make sure that quality materials are distributed and that educators have access to them.
- Provide training in basic counselling skills so that educators know how to respond to learners and colleagues who approach them for help.



Educators not only need introductory courses on the national Life Skills and HIV and AIDS material, but more importantly, they need to have some training on how to help carry the burden of learners, colleagues and community members who are affected by or infected with HIV.

If we seriously expect our educators to help to turn the tide of this epidemic, we need to invest in their capacity to do so and provide them with the skills to cope. At the same time, school managers and school governing bodies need to have similar training so that they understand what teachers are doing. In this way they can support teachers' efforts because they understand how aspects of sex education that are not part of the core curriculum are being handled.

Preparing and supporting educators to play this role also means helping them to understand that the full burden of dealing with the realities of HIV and AIDS does not rest only with them. They should think of ways to establish support systems that pull in support from higher levels, other sectors, the community and NGOs. It is important to form partnerships to find ways to deal with challenges effectively.



Think about this!

What do you know about in-service training and support in your district or province?

- How effective is in-service training and support for educators in your area?
- Have all teachers who have been targeted for Life Skills and HIV and AIDS training been trained?

3. Peer education and activism

Peer education is another very powerful tool in preventing the spread of HIV. Young people have shown that they must be an important part of the solution from the start because:

- their youthful energy, rebelliousness, optimism and idealism can be used very effectively and creatively in creating awareness of the need to protect against HIV infection.
- their ideas on prevention, safe sex, male-female relationships, and acceptable behaviours and attitudes need to be heard.
- they enjoy credibility and access to their peers who are much more likely to listen to messages about sexuality and responsibility from them.



Another advantage of using well-trained peer educators and peer leaders is that unlike school educators, peer educators and leaders can offer support both inside and outside the classroom – they can form the vital link between the relatively safe confines of the school and the more chaotic and uncontrolled life outside the school.

Whilst there is support for peer education by the DoE, there is concern that peer educators may find this role difficult and even stressful because of the kind of issues they may be dealing with in their interactions with peers. Schools should be aware of the strain that peer educators may experience, and therefore should ensure that they are given sufficient support.

As managers and planners you can encourage schools to set up peer education teams and to identify peer leaders who can be trained in the various aspects of HIV prevention training. The training could include:

- relationship training
- counselling
- universal precautions
- protection against HIV and other sexually transmitted infections (STIs)
- responsible sexual behaviour
- living positively with HIV
- caring for sick members of the family or the community
- issues of stigma, discrimination and rights.



For more information

You could refer to the Peer Education Guidelines from the Department of Education. See List of contacts and resources on page 75 for more information.



chapter 2

Activity 7 – Assess peer education and leadership programmes

- Are there any peer education and leadership programmes in your province or district? How effective are they?
- If there are no peer education programmes, call the office of the Life Skills Co-ordinator in your province for further assistance. See List of contacts and resources on page 75.



For more information

There are a number of resources that can help you to set up a peer education programme. For more information turn to page 75.

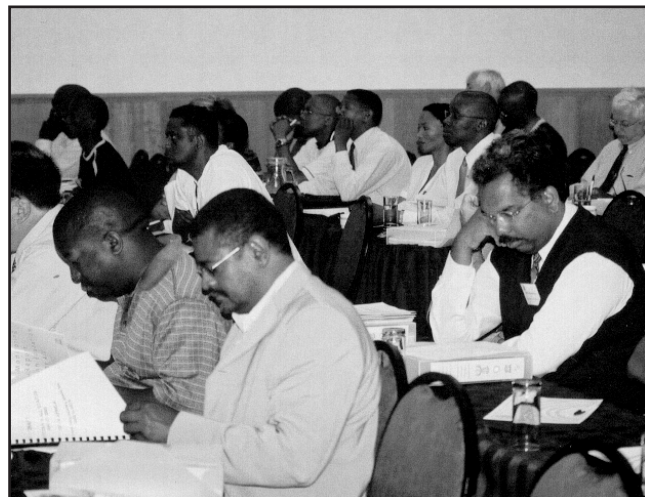
4. Official support and follow-through

Good planners and managers are:

- well informed
- committed and accountable
- motivated and strong
- able to implement, manage and monitor life skills programmes.

Schools need proactive leadership that:

- is inspired and able to engage in careful and co-ordinated planning.
- has the will to follow through and act on national policies and legislation to ensure positive change at a local level.
- can strengthen, co-ordinate and monitor caring responses of school communities into a coherent and effective national HIV and AIDS campaign.
- can take an active interest by talking to different parts of the school community: principals, school management teams, school governing bodies (SGBs), learners and educators to discuss any problems and help them to identify solutions.



➤ Fast forward

Chapter 3 and 4 will take a closer look at the kind of support that planners and managers can and should give.

Chapter 3 will look more closely at the leadership challenge. Go to page 31 if you would like to think about this now.

5. Community support

It is vital that local communities, and particularly parents, support any efforts to prevent the spread of HIV. Learners are at risk at school but the greatest risk they face is outside the school gates. This is mainly because it is much harder to get messages of prevention into the informal learning networks of the community. It is therefore important to build strong links between parents, local community and religious leaders, the school, school SGBs and youth organisations. This should also include young 'anti-leaders' such as members of gangs.



Denial and insufficient knowledge about HIV and AIDS is still very common in many communities. This means many schools will need your support in challenging conservative and resistant SGBs and community members to start talking about HIV and AIDS and taking action. This needs creative and charismatic leadership both at educational management and at school level.

Think about this!



How can you win community support?

Imagine that this parent phones you and says she is furious because schools and the DoE are promoting sexual promiscuity. She feels that talking about sexuality and encouraging learners to use condoms is against her culture.

- How would you respond?
- How could your response strengthen the work the school is doing?

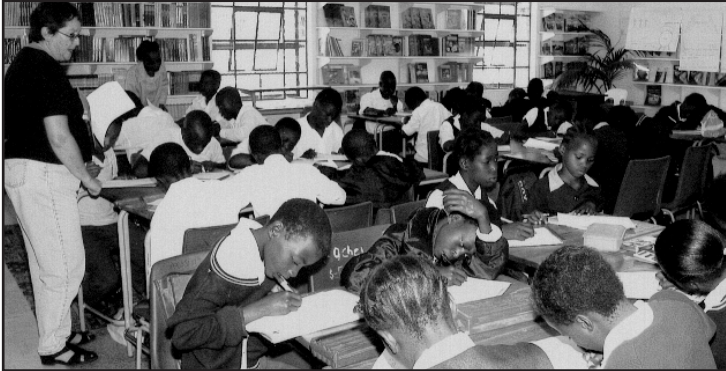


How can schools work with the community?

As senior managers you have many opportunities to encourage school management to involve the community in shaping positive cultural values, beliefs, attitudes and behaviours and finding an effective and honest response to HIV and AIDS. For example, a principal could do the following:

- Engage parents and governing bodies to get them to agree that HIV infection is a problem and get their support for key aspects of school programmes.
- Establish community life-skills committees that look at what are acceptable sexual practices, find solutions to change high-risk behaviour, and help the school to develop an HIV and AIDS strategy.
- Include members of the community in lifeskills and sexuality education training.
- Plan and carry out awareness campaigns with and for community members.
- How useful are these suggestions for building co-operation between the education sector and local communities in your province or district?

6. Access to and awareness of available resources



HIV and AIDS has been with us for the last 20 years. In this time some excellent material has been written, and organisations have had much experience and success in dealing with the different aspects of the epidemic. An important way in which you can support educators and managers is to guide them to available resources.

Educators and managers need to be aware of the information available to schools around issues of HIV and AIDS, and where possible to provide schools with these materials. Educational managers could also think about what is feasible at their level. Here are some possible ways to spread information:

- Databases at provincial and district level.
- Information systems.
- Creative strategies to distribute information to educators and institutions.

Testing and counselling: Educators and learners need to have confidential access to HIV testing. Knowing one's status is an important aspect of preventing the spread of the virus and being able to plan ahead and live positively if infected. There also needs to be access to pre-test counselling, counselling around living with HIV and AIDS, and coping with the trauma of working and living with those who are infected. The Department of Health has set up Voluntary Counselling and Testing Centres around certain districts. See List of contacts and resources on page 75 for a list of the centres established at the time of print. You could make sure that your schools have this information.

Health services: Educators and planners need to find ways to encourage young people to take responsibility for their sexual health. Young people need access to clinics, especially those for treatment of sexually transmitted infections (STIs) and family planning or reproductive health clinics. These services need to be user-friendly. The Department of Health has set up a major programme to ensure that clinics and health facilities are youth-friendly. See List of contacts and resources on page 75 for a list of all the youth-friendly clinics at the time of print.

Condoms for learners: Besides being taught about having safe sex and the value of sexual abstinence, learners also need to know where to access condoms easily. The DoE policy is to provide condoms to learners only within the context of life-skills education. It is also important to work separately with male learners to emphasise their roles and responsibility in terms of condom use and responsible sexual behaviour.



Think about this!

How do you help people access resources?

Do you publish a provincial and district list of resource organisations? It might be useful to categorise the list according to health services, NGOs, counselling services, emergency treatment, child abuse, woman abuse, social services, and information and materials.

Fast forward

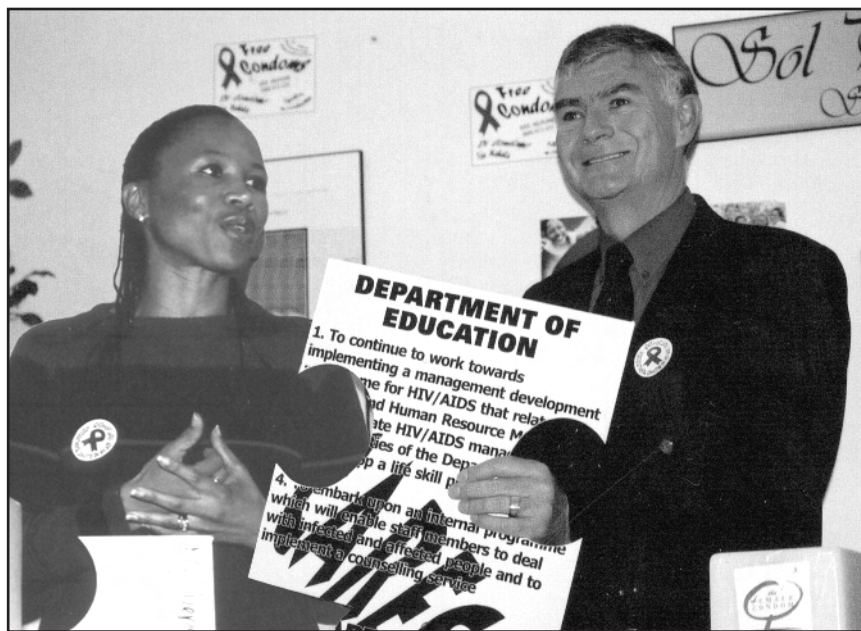
Chapter 4 takes a critical look at the role of information in confronting and defeating HIV and AIDS. If you would like to think about this now, go to page 66.

Chapter 4 provides a case study about how schools can begin to network with the health department to provide a service for young people. It can be found on page 59.

7. Awareness campaigns

Awareness campaigns are powerful ways to help to stop the spread of HIV. These can range from simple classroom activities to large national campaigns.

A good provincial-, district- or school-based awareness campaign has to have a clear and strong message. It must also be creative and respond to local culture and social needs. Above all, every campaign needs a compassionate human face.

**Think about this!****How can you raise awareness at district and school level?**

Here are some 'low-cost, or high-impact ideas' that you could use at both school and district level to raise awareness of what it means to be living in a society affected by HIV and AIDS:

- Talk to school communities about the impact of HIV and AIDS on the education sector.
- Have a graffiti, drama, poetry or song competition about accepting people living with HIV and being ill with AIDS.
- Follow the international HIV and AIDS calendar and organise events around this. For example, light candles during assembly to think of those who are infected and affected, invite speakers to speak to learners, or show videos related to the prevention of the epidemic.
- Encourage schools to fit in with events from broader campaigns such as marches, festivals or prayer services.
- Fundraise to help families in the local community who are affected by HIV and AIDS.
- How effective are the HIV and AIDS awareness campaigns in your area?



Priority 2: Providing care and support for learners and educators

It is important to focus resources and energy on controlling the spread of HIV, but prevention alone is not enough. Many learners and educators are already infected with the virus, and they will need your care and support. This section will try to explore why care and support are important, and how you as managers and planners can support schools in their attempts to create a culture of care.

“There are only two kinds of people in Africa: those infected by HIV and those affected by it.”

Neil Orr, Positive Health, Empowerment Concepts

A culture of respect and care can be a powerful tool for the prevention and management of HIV and AIDS in the whole education sector. Respect and care are expressed in the way people relate to each other, and can easily be nurtured in the way you support your schools. Respect and care are reflected in the way the schools are managed, and how staff interact with one another, with learners and with community members. Respect is also reflected in the way learners interact with one another. By paying attention to the quality of human interaction you will be able to create and nurture a whole system that cares and responds.

How can policies help to establish a culture of care and support?

When you work at a senior management level it is helpful to have good personal relationships with the people in your team and in your general area of work. This on its own, however, cannot guarantee a culture of care.

The culture of the education sector is maintained in two ways.

1. In the actual relationships between the people who work in it, as discussed above.
2. Through the regulations and policies that protect individual rights.

In your response to the challenge of HIV and AIDS, you should use existing policies and laws like the Bill of Rights and the National Education Policy Act to establish and strengthen a culture of care and support.

Providing care and support for learners

To establish a culture of human rights it is important to start with the most vulnerable group of our society – children. Not only do the rights of children need to be protected but children and youth need to be valued and respected. Their creative and fresh approach to life is a valuable resource in the fight against HIV infection. Their opinions need to be heard.

Section 28 of the Bill of Rights of the Constitution (1996) says that every child has the right:

- To a name and a nationality from birth.
- To family care or parental care, or to appropriate alternative care when removed from the family environment.

- To basic nutrition, shelter, basic health care services and social services.
- To be protected from maltreatment, neglect, abuse or degradation.
- To be protected from exploitative labour practices.
- Not to be required or permitted to perform work or to provide services that:
 - Are inappropriate for a person of the child's age.
 - Place at risk the child's wellbeing, education, physical or mental health or spiritual, moral or social development.
- A child's best interests are of paramount importance in every matter concerning the learner.

The National Education Policy Act, 1996 (Act No. 27 of 1996) National Policy on HIV/AIDS for Learners in Public Schools says:

- No learner should be excluded from attending school because he or she cannot pay the fees.
- No learner with or perceived to have HIV or AIDS may be unfairly discriminated against.
- Learners with HIV should be treated in a just, humane and life-affirming way.
- No learner should be denied admission to or continued attendance at school on account of his or her HIV status.
- The testing of learners for HIV as a prerequisite for admission to or continued attendance at school is prohibited.
- Learners with HIV are expected to attend classes in accordance with statutory requirements for as long as they are able to function effectively.



Case study

"My name is Regan. I have been living with my two uncles. One is in jail, one was in hospital but they sent him back. My mother is in Durban. I last saw her when I was very young. No one is bringing money into the house. When I eat, I eat peanut butter, bread, tea. I feel very bad. I make my uncle food and I ask does he need water. He doesn't want to eat, he just wants cigarettes and cool drink."

"Are you the only one looking after your uncle?"

"His wife used to look after him but she has left him. The traditional healer also visits but it is mostly me who helps him. At night and before and after school and on weekends. When I'm at school he is left alone."

"How long has he been sick for?"

"He got worse not long ago, even early this year he was working," says Regan, swiping at a fly trying to land on the open sore on his cheek. "He was the one who used to bring us money."

"Does your teacher know how things are for you at home?"

"No."

"Has a social worker visited you?"

"No."⁷





- How does this story make you feel?
- Do you have children like Regan in your area?
- What do you think Regan needs most?
- What are his emotional needs?
- What kind of practical help and support could Regan be offered?

The special needs of orphans and vulnerable children

HIV and AIDS can cause many children great misery. Many lose parents, breadwinners and caregivers, and have to fend for themselves. As patients develop full-blown AIDS there is a tendency among hospitals and clinics to send them home to die. Young people are often left to take care of the sick. This means that they have to do physically hard work at home such as washing the patient, cooking, washing clothes, and fetching water, wood and medication. They also have the additional stress of financial worries. Sometimes those who are looked after by extended family still feel unprotected and lonely.

The challenge for educational planners is to listen carefully and to understand what children affected by HIV and AIDS are going through. Regan's story speaks of terrible isolation. Giving him emotional support is not an expensive exercise. It takes a little planning and a willingness to care. Like many children in a similar position, Regan is growing up too soon and has to carry far too much responsibility for his age.

As more and more children are losing their parents or caregivers they become very vulnerable to abuse and violence. Their world is not safe. A school can be the one place where these learners can get some sort of support and a sense of self-worth. It is therefore important that the system helps children to stay in school. This can be done by looking at the kind of needs these children have, and ways in which these needs can be addressed.⁸

Responding to the needs of orphans and vulnerable children

Types of needs	Possible actions
Physical and material needs: <ul style="list-style-type: none"> ■ food ■ a home ■ clothing ■ bedding ■ health care 	<ul style="list-style-type: none"> ■ Assist children to get in touch with the Department of Social Development and other organisations that can offer this kind of support. ■ Alert organisations about specific vulnerable children.
Protection of the right to stay in school	Enforce the policy of non-exclusion / non-stigmatisation of children who cannot pay for fees or uniforms.
Intellectual needs: <ul style="list-style-type: none"> ■ books ■ school fees ■ uniforms ■ after-care facilities 	Schools need to provide economically useful skills so that learners can earn some income.
Psychological needs: <ul style="list-style-type: none"> ■ nurturing, especially when children move into new homes ■ talking about feelings of guilt for not saving their parents ■ helping them deal with behaviour problems of siblings 	Provide school-based integrated counselling and support with the involvement of Department of Social Development (DSD), Department of Health (DoH) and School Governing Bodies (SGBs).
Support and recreational needs for children with no parents or caregivers: <ul style="list-style-type: none"> ■ a warm and caring atmosphere where vulnerable learners and educators feel accepted and supported 	Learners could be encouraged to express their feelings by: <ul style="list-style-type: none"> ■ keeping a journal. ■ painting or drawing. ■ School-based group activities to include those learners who often feel isolated and lonely.
Non-discrimination and legal protection for learners so that: <ul style="list-style-type: none"> ■ they are accepted and supported by the school community. ■ they have legal protection in terms of what they inherit from their parents. ■ they have a peaceful, secure, safe, crime- and violence-free environment. 	<ul style="list-style-type: none"> ■ Put learners in touch with organisations that can help to protect their rights. ■ Enforce laws and regulations to protect the rights of learners as set out in the Constitution, Bill of Rights and education policies and guidelines.
Help children and adults who are HIV-infected to develop a sense of worth.	Schools have a responsibility to use their Life Skills curriculum as a platform to consciously build self-esteem.
Make sure that any vulnerable learners know that there is someone at school who will listen to them.	<ul style="list-style-type: none"> ■ Schools could make sure that certain educators are available in the afternoon for any learners who wish to speak to someone they can trust and who will treat what they say confidentially. ■ Schools could co-operate closely with social and health services to provide school-based counselling centres for learners.



It is important that schools, social services and educational management ensure that foster parents, extended families and child-headed households are given support at all these levels. There should also be policies and strategies that help schools and officials to deal effectively with abuse and neglect of orphans.



For more information

The Education White Paper 6 on Special Needs Education provides useful ideas about differentiated learning and support for educators to provide for learners with special needs. It will become more and more important to access training and resources that equip educators for this task.

Creating safe school environments

If you want to protect the physical safety of learners and educators, it is important to ensure that the journey from home to school is also safe, and that once at school learners are free from sexual coercion and sexual harassment. Another aspect of physical safety is to be aware of and monitor unsupervised or isolated areas in the school grounds where bullying and harassment can take place. As many educational managers know, a good indicator of a culture of respect and care at a school is often the condition of the learners' toilets and the level of maintenance of the school grounds.

In the learning environment, as in most other environments, it is usually not possible to know who has HIV. It is therefore very important that the message of universal first-aid precautions is promoted. However, practising caution must be balanced in such a way as to avoid unnecessary stigmatisation and fear.

Universal precautions are:

- Avoid direct contact with blood or other body fluids. Use gloves or plastic bags to cover your hands. Where possible, children should learn to stop their own bleeding.
- Stop the bleeding as quickly as possible.
- Clean the wounds with antiseptic. If you do get blood on yourself, you should not panic but wash it off as soon as possible with lots of soap and water.
- Use antiseptic or diluted bleach to clean any areas that came into contact with blood. These include clothes, surfaces, floors, and instruments used to dress wounds.
- Make arrangements to dispose of sanitary towels and tampons and any other bloody waste at the school so that no one can have contact with them.

The most important aspect of establishing a culture of care in education is to work towards creating a safe and nurturing environment where learners can learn and educators can teach. Existing policies and programmes such as Access Regulations and the Drug Policy allow you to make sure the schools in your province and district are physically safe, practise universal precautions, and display zero tolerance for violence and abuse.

Gender inequality lies at the root of sexual violence and harassment. It is a form of discrimination that is still deeply entrenched in our society. Sexuality, in particular, is often characterised by unequal relationships that make girls and women vulnerable to HIV infection. The abuse of power and authority within the education sector can lead to sexual harassment and rape.

As senior managers, it is important that you establish a clear and common understanding about the following:

- Certain sexual practices in the education sector are unacceptable.
- It is unacceptable for female students to act inappropriately towards male educators.
- Rigorous codes and regulations will be applied to certain attitudes and behaviours and any breaking of the law.



Think about this!

How can you make existing laws and policies work for you?

There are many laws and policies that protect the rights of individuals and provide a formal framework for the protection of learners and educators who are affected by HIV and AIDS. As managers and planners it is your responsibility to enforce these laws. You also need to use the existing policies to nurture a culture of caring and support.

- How can you use the constitutional rights of children to get access to additional resources to protect vulnerable learners from becoming infected with HIV?
- How can you use policies on gender equality to find support for women educators living with AIDS?

Activity 8 - Test your knowledge about laws and policies

Talk to two or more colleagues and find out which laws and policies can be used to support the following campaigns:

- Assertiveness training for girls.
- Awareness campaigns to make sexual harassment, violence and coercion unacceptable.
- Recognising and using women (especially mothers) as leaders in the fight against HIV and AIDS.
- Strong and unconditional support for victims of sexual abuse and violence.
- Life-skills training for developing caring masculinity.
- What practical systems and initiatives can be put in place to make enforcement of the law a reality?



For more information

The DoE has prioritised the safe schools campaign. The manual, **Signposts for Safe Schools**, can help you address this issue.

Providing care and support for educators

Educators who are infected with HIV as well as those affected by HIV and AIDS need care and support. Probably the most immediate challenge will be to deal more generally with problems of absenteeism and poor performance amongst educators. This is because in many schools or districts, experience suggests that funerals and stress in affected staff are probably a more serious problem than sickness of educators with AIDS.

There is a need for systems to do the following:

- Address problems of absenteeism and poor performance.
- Develop a policy (who attends funerals, how often and for what period of time) to avoid the disruption of education because teachers are absent or schools close because of funerals.



Case study

Mrs X has been a teacher for the last 20 years. Up until two years ago she enjoyed good health and was rarely absent from school. Last year she began to experience a series of illnesses. At first these were short, followed by longer periods of good health.

However, in the last six months the bouts of illness have become more frequent; they last longer and are more severe. Mrs X has AIDS.

Lately Mrs X has been absent frequently. This year she has become less and less involved in the school. Her attendance is erratic as her health declines.

During periods of illness, the other staff members struggle to ensure that their colleague's classes receive adequate teaching. Mrs X feels increasingly stressed, depressed and isolated. When she does manage to come to school, she experiences great difficulty preparing lessons, avoiding exhaustion before the end of the school day, and fulfilling her other professional responsibilities.

As Mrs X becomes increasingly incapacitated both physically and emotionally, she is still counted as a member of the educational institution, but she is no longer productive. The learners in her class notice and are directly affected by what is happening to their teacher. They may already be able to recognise the signs and understand what is happening because they may have seen this before.

- Do you know of educators who are in a similar position to Mrs X?
- What arrangements can be made with regard to leave, medical boarding, absenteeism, teacher replacement and medical aid for teachers who are ill?



Support for educators could take the form of Employee Assistance Programmes or Wellness Programmes that staff and managers can access. It is important to think carefully about where to situate support for sick educators and staff who are experiencing stress or are in crisis. At first, most educators may not want to disclose in their immediate work environment. There should be support systems at provincial, district or cluster level. Any support systems of this kind should do the following:

- Make staff aware of their rights and available support. Educators will be able to get support and advice from joint DoE and Department of Social Development referral centres outside the school.
- Train managers in basic human resources management issues including sick leave/absenteeism management, or more practically, making sure that they can contact someone who is skilled in this and can advise them.

- Encourage educators who are HIV-positive or sick with AIDS to find out more about access to anti-retrovirals. They should study the cabinet statement and the guidelines for medical aids for providing drugs to infected people and people living with AIDS.
- Help educators to access accurate information about side effects of these drugs and what is involved in complying with treatment.



Think about this!

What is the role of anti-retrovirals?

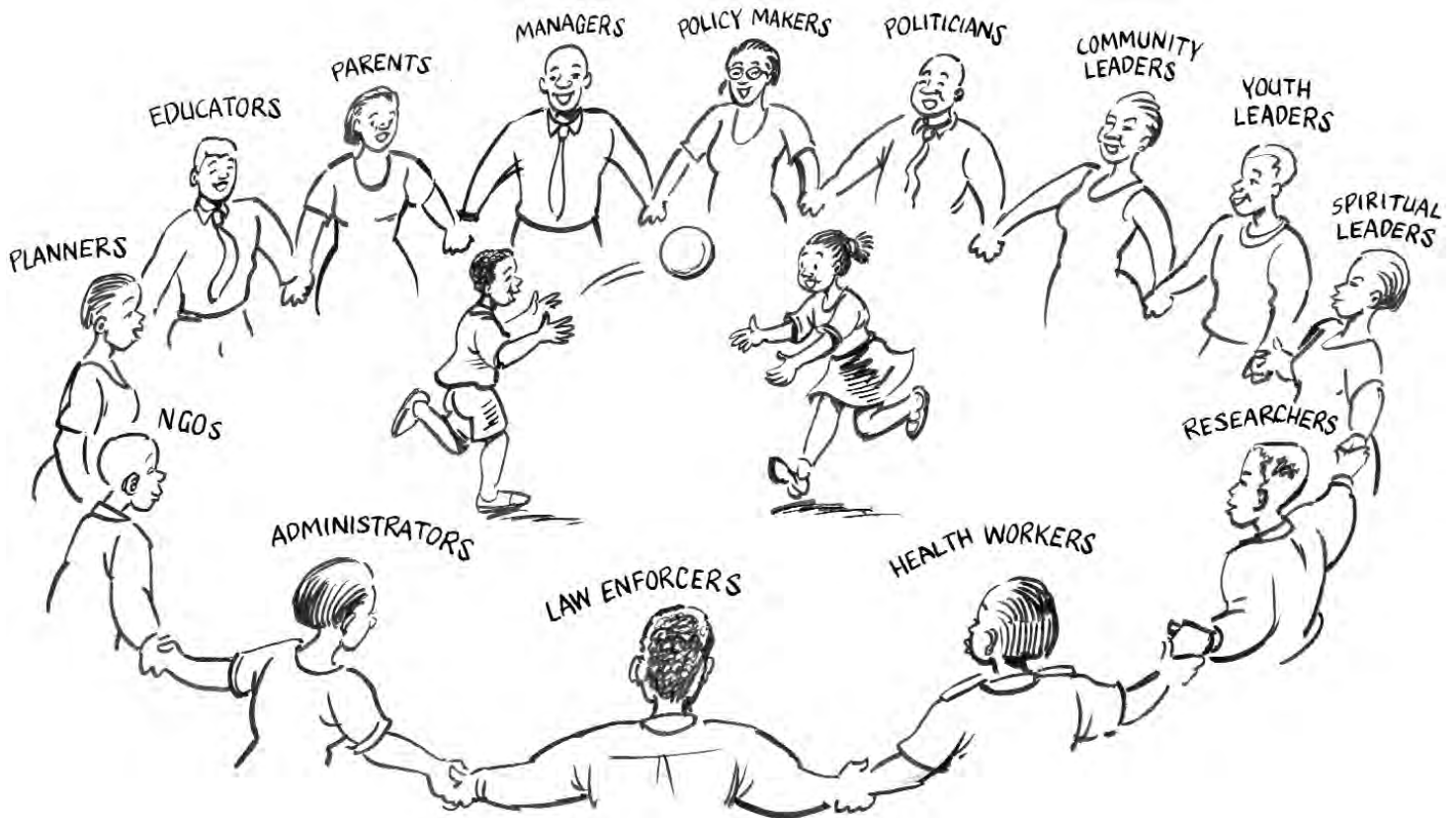
This is what the cabinet said on 17 April 2002 about anti-retroviral treatments:

Cabinet noted that they could help improve the conditions of people living with AIDS (PLWAs) if administered at certain stages in the progression of the condition, according to international standards. However, because these drugs are too costly for universal access and because they can cause harm if used incorrectly and if the health systems are inadequate, government will continue to work for the lowering of the cost of these drugs and intensify the campaign to ensure that patients observe treatment advice given to them by doctors.

Educators who are infected with HIV or who have AIDS will need emotional and social support because, in addition to the regular pressures and stresses of their jobs, educators often have to cope with additional problems:

- Financial pressure caused by their illness.
- Anxiety and fear caused by knowing that they are going to die.
- Discrimination and stigma around the illness.
- Depression.
- Feeling like an outcast.
- Physical and emotional stress.

Priority 3: Protecting the quality of education



“We can all play a role in creating safe places for our children to grow.”

The HIV epidemic holds up a mirror to our society and shakes us out of our comfort zones. It forces us to look at things that are easier to ignore: poverty, sexual abuse and harassment, and abuse of children and women.

It makes us look at:

- the content and methodology of our teaching.
- our leadership styles.
- our relationship with our learners, their parents, the community and religious organisations.
- our relationships to our colleagues and managers.
- our responses to poverty.
- our policies and planning.
- our sense of sexuality.

It holds up a mirror to our values and forces us to make decisions.

In this chapter you have already explored two priorities that raise critical issues for educational managers and planners to respond to. Although it is important to first consider issues and then prioritise, it must not stop there – it is very important to act. That is why this third priority is about working together and taking responsibility to act.

**Think about this!****How can schools act to avoid crises?**

If schools experience difficulties such as a staffing crisis, then management needs to address this difficulty and plan appropriate action. For example, in a staffing crisis you could develop district and provincial guidelines on how to use:

- multi-grade teaching with differentiated assessment.
- educational broadcasting.
- community members as classroom supervisors or for actual teaching.
- peer education.

**For more information**

Strategies for dealing with staffing crises are dealt with in more detail in Chapter 3 on page 40.

The powerful role of partnerships

In the past many people argued that it should be the responsibility of the health sector to deal with the issues that HIV and AIDS raises. The focus now has shifted, and it is broadly accepted that education has an important role to play and must share responsibility along with other government departments, such as the Department of Social Development and the Department of Health.

Education faces the challenges of HIV and AIDS alongside existing challenges such as the new inclusion policy and large-scale curriculum change. There is no doubt that any one sector cannot respond to HIV and AIDS alone. Unless the education sector begins to network with other partners, it will not cope. Everybody will have to carry their share of the burden, so by combining efforts the impact will be more effective.

**Think about this!****What can we learn by looking around us?**

As educational policy makers, leaders, managers and planners, you usually focus on the future or the ideal. The time has come to look at what is happening right now and to acknowledge those people who have been responding very effectively to HIV and AIDS.

These people are:

- often working for NGOs.
- often members of religious and community organisations.
- not afraid to do the work that is necessary to support those who are infected with HIV, those who are affected, and those dying from AIDS.

The work that is happening at the moment needs to be supported and strengthened by planning and policy decisions. The projects that are already running should be integrated into provincial strategic plans, and resources should be allocated to them.

Unfortunately, suspicion and finger-pointing often stop correct and integrated action from happening. Responding in a unified way can both help to improve the quality and effectiveness of what we do, and also to save more lives.

- As a manager or planner, do you agree with this view?
- What could you do to make sure that the good work that is already being done around you is being harnessed?

➔➔ Fast forward

Networking and partnerships in the response to HIV and AIDS need careful planning. This will be explored in more detail in Chapter 3. If you want to think about this now, turn to page 51.

Activity 9 - Partnerships for action

The goal is:	Who are our potential partners?
Prevention of HIV for learners	
Prevention of HIV for educators	
Care and support for learners	
Care and support for educators	
Protecting the quality of education	

Priority 4: Managing a coherent response

Strong leadership

There is a need for strong leadership to manage a coherent response.

A coherent response to the challenge of HIV and AIDS will depend on ongoing, active, political, managerial and professional leadership across all levels of the education system. Effective leaders:

- manage several competing tensions and dilemmas.
- are people-centred and know that people make the critical difference between success and failure.
- do not tell others what to do but develop, motivate, involve and engage others to create situations in which everybody wants to get things done.

They do these things constantly (all the time) and consistently (according to the same values and purposes every time). They rely on a mix of different qualities that make a difference with the people on the ground.

The most important of these qualities are:

- **personal values and vision:** This includes (a) the ability to motivate and engage others in actions that make this vision a shared reality, and (b) the use of values and vision to give coherence and meaning to everyday activities.
- **personal integrity and the ability to ‘walk the talk’:** This includes (a) a willingness to model the behaviour that will achieve the desired outcomes, that is, to ‘practise what one preaches’, to be real. (b) It also requires leaders to respect the people they work with, to trust their ability to act and to support them in caring and encouraging ways.
- **understanding of context:** This includes (a) knowing the external and internal (personal/emotional) environment that people work in, and (b) the leader’s ability to be flexible and adapt the larger vision to local problems and needs.⁹



Think about this!

How do you develop your leadership ability?

- How do your personal values and vision for education influence your response to HIV and AIDS?
- How do you assess the personal integrity of the leaders in your sector with regard to HIV and AIDS?
- What can you do to build dedication in those around you to fight against HIV and AIDS?

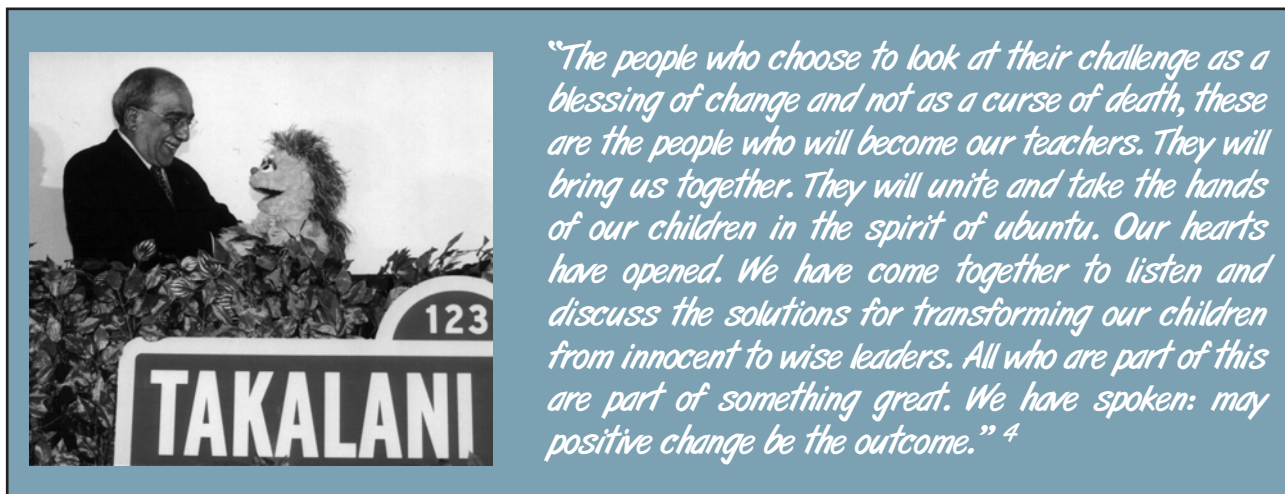
Good leadership can turn a crisis into an opportunity

A good educational leader is flexible and adaptable. He or she can use an external crisis like HIV and AIDS to strengthen the education system from within. A flexible and adaptable leader sees HIV and AIDS as an opportunity to see what challenges exist for the sector as a whole, and to find ways to strengthen the system in such a way that it meets these challenges. For example:

- Even without HIV and AIDS there is a need for an effective life-skills programme.
- Even without HIV and AIDS unacceptable levels of sexual violence and abuse are hurting the children you are responsible for.
- Even without HIV and AIDS there is a need to network with other sectors to provide care and support for children in need.

At the moment, HIV and AIDS is the greatest threat to our responsibility to make our vision of 'Quality Education for All' a reality. With your knowledgeable and committed leadership it can become a powerful opportunity for the sector to 'put its house in order', to free resources and create sustainable networks to make this vision real.

Ntombazane, (16), who spoke at the National Conference on HIV and AIDS and the Education Sector, expressed this challenge in her own words:



Professor Kader Asmal, MP, Minister of Education with Kami, a muppet living with HIV in the series Takalani Sesame.

To meet the challenge that Ntombazane talks about, you will need to develop a good contextual understanding of HIV and AIDS, as well as an approach to management that is both flexible and appropriate to the issues that you face. The challenge is to:

- develop sufficient technical and managerial skills within your sector to respond to immediate issues raised by the epidemic within your sector.
- support government initiatives around HIV and AIDS across sectors.
- design, implement and manage strategic interventions on the ground.
- be creative and look at alternatives.
- find the necessary senior technical and managerial skills for the work that needs to be done.

**Think about this!****Which strategies are best to develop your capacity to respond?****Strategy 1**

Build your department/province/district capacity to respond. Employ new staff, or move staff from other units within the Department. Link up with programmes in other provinces, districts or countries, and initiate an interchange of ideas, experience and skills.

- What do you think are the advantages of this approach?
- What are the disadvantages?
- What is this strategy best suited for?

Strategy 2

Approach NGOs and partner agencies to assist you to manage particular aspects of your programme over a sustained period of time.

- What do you think are the advantages of this approach?
- What are the disadvantages?
- What is this strategy best suited for?

Strategy 3

Contract local expertise for short-term assignments such as training staff, doing a situational analysis, or responding to a specific problem at a school.

- What do you think are the advantages of this approach?
- What are the disadvantages?
- What is this strategy best suited for?

Strategy 4

Hire individual experts on long-term or short-term contracts to address a very specific developmental issue in your sector.

- What do you think are the advantages of this approach?
- What are the disadvantages?
- What is this strategy best suited for?

Strategy 5

Contract regular support from specialist HIV and AIDS consulting services.

- What do you think are the advantages of this approach?
- What are the disadvantages?
- What is this strategy best suited for?

Strategy 6

Establish mobile task teams that can work at all levels, within your province or district, across sectors, to facilitate a coherent approach. Task teams can then draw on a wide range of expertise to promote a holistic and integrated approach.

- What do you think are the advantages of this approach?
- What are the disadvantages?
- What is this strategy best suited for?

➔➔ Fast forward

Chapter 4 will look into strategic principles that can help you decide which of the six options will help you best to achieve your goals. Go to page 58 if you want to think about this now.

Activity 10 - Assess your progress in responding to the four critical priorities

The following checklist sets out the four critical priorities dealt with in this chapter. Acting on these will help strengthen your response to the HIV and AIDS epidemic.

A = Yes, this has been done already. **B** = I believe this must done soon! **C** = This is not relevant to my work.

Circle the relevant letter

Priority 1: Preventing the spread of HIV

- | | | | |
|---|----------|----------|----------|
| ■ All educators and officials have HIV/AIDS emergency guidelines and other materials. | A | B | C |
| ■ All schools have Life Orientation and effective Life Skills training in place. | A | B | C |
| ■ There are strong links with service providers and NGOs dealing with prevention. | A | B | C |
| ■ All schools have an HIV and AIDS policy and plan. | A | B | C |
| ■ All schools have peer educator programmes in place. | A | B | C |
| ■ Effective awareness campaigns are in place. | A | B | C |

Priority 2: Providing care and support for learners and educators

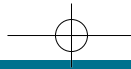
- | | | | |
|---|----------|----------|----------|
| ■ Policies dealing with access to education are in place and are being enforced. | A | B | C |
| ■ Policies dealing with gender inequality and sexual misconduct are in place and are being enforced. | A | B | C |
| ■ All schools know about and practise universal precautions. | A | B | C |
| ■ There is sufficient effort to create schools that are physically and emotionally safe for learners and educators. | A | B | C |

Priority 3: Protecting the quality of education

- | | | | |
|---|----------|----------|----------|
| ■ Policy makers, planners and managers understand that the education sector has a responsibility to act. | A | B | C |
| ■ Lessons are being learnt from organisations that are already working to address the challenges that HIV and AIDS are creating. | A | B | C |
| ■ Partnerships between different organisations and different sectors are being formed to ensure a strong and effective response to problems that arise. | A | B | C |

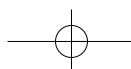
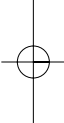
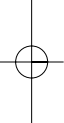
Priority 4: Managing a coherent response

- | | | | |
|--|----------|----------|----------|
| ■ Interventions are happening in a coherent way, with existing projects and programmes included in provincial and district planning processes. | A | B | C |
|--|----------|----------|----------|



Summary

This chapter has helped you to explore the four critical priorities identified in Chapter 1 in more detail, and to think carefully about your response to them.





chapter 3

How do we prepare ourselves to respond effectively?

At this point it is useful to recap what has been covered so far.

The first chapter of this manual helped you to understand the general impact of HIV and AIDS on the education sector and in your specific context. The second chapter aimed to help you to develop a more in-depth understanding of the four critical priorities for responding to protect education from the impact of the epidemic.



Outline

This chapter will help you to:

Try out your own **planning process**. This process will help you to think, plan and act strategically in your specific province or district by following these steps:

Step 1: Analyse your specific context.

Step 2: Understand the financial costs of the epidemic to the education sector.

Step 3: Consider the human resource costs of the epidemic.

Step 4: Assess whether you have a strong foundation for action.

Step 5: Ensure that you have the information you need to respond effectively.

Step 6: Think of ways to mobilise resources across sectors.

1. Try out this planning process

Step 1: Analyse your specific context

The epidemic can influence different contexts in ways that we cannot always anticipate, and so it is important to do a contextual analysis to understand the reality and define what the needs and priorities are. Each educational context is different, and so context-specific approaches are necessary. However, an important guiding principle to use when planning for a specific context is to be aware of and to study the most current national policies such as the Strategic Sector-wide HIV/AIDS and Education Plan of Action, and be guided by documents such as the Medium Term Strategic Framework (MTSF) when you plan (go to www.education.pwv.gov.za). National policies and plans and local planning processes and actions need to relate to and mutually reinforce one another.



Case study

Everyone at ZZ High School is having a very difficult time. In the last two years, there have been two deaths at the school. The school has a staff of 35, and within the first couple of months of this year one educator passed away. Two others are frequently ill.

They have already used up their sick leave as well as the vacation leave, and now they simply stay away on days when they are not well. Another educator is on anti-retrovirals and is experiencing side effects, which means that he often feels unwell at school or is sometimes absent. This puts an enormous strain on the educators who are left at school.

"When I arrive in the morning, I never know if I will teach one class or two," explains Mrs D. "If my colleague is there, teaching is good. But if she does not arrive, I have to combine our classes. Then things become very difficult. But what can I do?"

"It is not right to leave the learners sitting around all day. Parents are already complaining. It is better to teach them, even if the classes become very big. But I am so tired this year. I don't think I will cope much longer."

"It is very frustrating," agrees the principal. "This illness is difficult to understand. My colleagues look well, but then suddenly they are off sick. Sometimes they stay away two days, sometimes two weeks. I cannot plan for these unpredictable absences."

"And I can't get new teachers, because we have no budget to pay for substitute teachers. And anyway, where do I find a teacher that same day? And all the time the children suffer. They lose out on teaching and will never finish their work. Also with this new way of teaching you can't just give them a book and say 'be quiet and learn this!'"

"To be honest, I get very angry and stressed", Ms F throws in. "I think if teachers become ill like that, they should leave the service. Perhaps they should be boarded. I don't know. I guess if it were my life, I would not give up my job. I would cling to it as long as I could!" Although nobody mentions HIV and AIDS by name, everyone at ZZ High is affected by it.¹⁰

Not all schools will be faced with realities such as the one described above. However, it is an example of what may happen quite soon in schools that will be hit hard by the epidemic.

- How is this context similar to or different from the one you work in?
- Look at the brief description of ZZ High, and try to determine the implication of HIV and AIDS for the management and development of the school.
- What are the financial implications?
- What are the human resource implications?
- What needs for training and social support are coming to light?
- What curriculum adjustments should be made to ensure a good learning experience for all?




Rewind

If you want to analyse your own context to determine how HIV and AIDS may be affecting your work as an educational manager or planner, you can go back to Chapter 1 and use the simple impact assessment outlined on page 4.

Step 2: Understand the financial costs of the epidemic to the education sector

The experience of ZZ High School shows that the impact of HIV and AIDS on schools can be severe because frequent illness among employees is costly for the following reasons:

- There are direct financial costs related to employee benefits and the need to hire temporary staff.
- There is a need to budget for further recruitment and training to replace educators who have died or are too ill to teach.
- A school with a high number of HIV-positive educators has to bear indirect costs that cannot be measured in financial terms. These costs relate to the destabilisation of the education system owing to frequent absenteeism. Destabilisation can come in the form of low productivity, a loss of skills, low morale and low performance of employees.



Think about this!

Is an educator's right to social security being protected?

Everyone has the right to have access to social security, if they are unable to support themselves and their dependants. The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of this right.

South African Constitution, Article 27.1 and 27.2.

HIV and AIDS can slowly drain the resources of a school. The impact on overall organisational function and costs is seldom disastrous in any one year. Rather, the destabilisation of the system happens through the gradual but continuing loss of skills. Over time this slow leaking of expertise can create a serious deficit in capacity and lead to a lowering of the level of quality of the teaching service as a whole. For example, a large number of deaths among staff in the 30-39 year age group means an immediate loss of their experience as well as a loss of mentors who can support and pass on skills to younger, less-experienced staff. In other words, if newly trained educators have few experienced colleagues to support them, the whole system will be less resourceful and less stable than before.

**Think about this!****Do HIV and AIDS interventions always need money?**

There is a misconception that AIDS-related interventions are always costly in terms of the time that must be spent in their preparation, the skills needed for strategic planning, and the resources needed for their implementation. This is not always the case. There are actions that can be put into practice on a zero-budget basis. They may cost something in terms of time for actual implementation, but do not have monetary costs. For example:

- Include something about HIV and AIDS in school assemblies, at staff meeting, meetings with parents, meetings of school governors, etc.
- Have HIV and AIDS messages printed on education stationery (exercise books, folders, etc.).
- Display posters and information on HIV and AIDS.
- Hold debates, and essay and other competitions on HIV and AIDS topics, with red ribbon awards.
- Invite Persons Living with HIV and AIDS to address school gatherings.
- Provide for inclusion of HIV and AIDS issues in co-curricular activities.
- Establish HIV and AIDS committees at schools.^{11,12}

How does what you have just read challenge the idea that there is not enough money within the education sector for an effective response to HIV and AIDS?

How relevant are these interventions for your own context?

**For more information**

When you do your own financial planning try to link the budgets for educator supply and demand to your own strategy for coping with the impact of HIV and AIDS on your employees. For example, if you wish to set up a flexible and local supply system, you have to allocate money. If you want to invest in home schooling materials, you have to put that in your budget, too. The National Treasury Programme assists provinces to make these links.

**Fast forward**

In Chapter 4 you will have a chance to integrate these issues and ideas into practical action plans. It looks at how you cost and fund your HIV and AIDS response as part of your regular work. Go to page 62 if you want to think about this now.

Step 3: Consider the human resource costs of the epidemic



For more information

Please refer to the Department of Education Human Resources Policy Guideline. See page 75 for List of contacts and resources.

Teacher absenteeism

The impact of HIV and AIDS will make active, effective human resource management a critical issue for the education sector. Levels of HIV and AIDS impacts are difficult to predict, particularly at institutional or district level. Planners at all levels will need to be flexible in their responses and identify vulnerable work places and work processes in their areas. For example:

- Teacher absenteeism is a vulnerable work process, as it weakens the system from within.
- Senior management positions are vulnerable work places, as the loss of one good manager can weaken the sector as a whole.

Whilst provinces cannot design new sick leave provisions to deal with the absenteeism of staff, they will need to make sure that the management of absenteeism and provision of substitute educators is effective.



Teacher absenteeism means that classes need to be combined.



Think about this

How you can manage absenteeism

- Find ways to investigate reasons for absenteeism due to illness.
- Ensure that you reserve enough posts for substitute teachers so that classes are not left without a teacher.
- Develop an accessible and flexible temporary teacher system that can respond to shorter-term, unpredictable absenteeism of educators living with HIV and AIDS.
- Encourage managers at district level to create a pool of trained or retired educators and able community members who can assist teachers at short notice to deal with large combined classes when their colleagues are ill.

To what extent does the information you have just read reflect your own management concerns? What are the most urgent management concerns about teacher absenteeism in your specific context at the moment?



Think about different ways to take education to learners.

Assessing incapacity

Another important issue for human resource managers will be the development of performance appraisal systems that will allow you to make a fair assessment of incapacity, among infected and affected staff. Such an assessment should then inform decisions about ill-health retirement of employees. With correct and up-to-date information, “boarding” could occur more efficiently, neither too early nor too late for the wellbeing of individual educators and education as a whole. In addition, replacement systems such as redeployment, transfers and work-sharing need to be strengthened, especially in remote or “unattractive” schools.

The Education Labour Relations Council has agreed to a performance management instrument which is aligned to the Developmental Appraisal System and Whole School Evaluation. This will ensure that there are sufficient measures to help manage incapacity due to HIV and AIDS. A performance management system should deal with the management of sick leave, temporary, and permanent incapacity leave. This system needs to be implemented effectively to ensure that educators are treated fairly and that education is not disrupted.



Think about this

- To what extent does this paragraph reflect your own management concerns?
- What are the most urgent management concerns about assessing incapacity in your specific context at the moment?

Redefining roles

The education sector will also have to plan for a significant loss of skills and expertise at district and provincial level. Effective educational management is already scarce and will keep reducing. In order to provide the whole sector with the managerial skills that will allow it to respond effectively to HIV and AIDS, you may have to restructure the way you work. School management clusters or district and regional level management units may become important structures that could support all educators in their response to HIV and AIDS.

- To what extent does this paragraph reflect your own management concerns?
- What are the most urgent management concerns about redefining roles in your specific context at the moment?

Responding to special needs

As mentioned in Chapter 2, another challenge for human resource planners is to provide teachers with adequate training so that they can respond to the needs of learners with special needs, such as:

- providing support for learners to deal with psychological trauma and stigmatisation around HIV infection or fear of infection.
- dealing with the effects of the disruption of families and households.

The previous chapters have already explored how children’s schooling can be affected through economic stresses, and psychological impacts of illness and death. Current studies indicate that children between 10 and 14 years will be most affected by this.

 *chapter 3*

As mentioned earlier, the education sector is made up of the single largest body of professionals. It has an extensive organisational network that can reach children in need. It is therefore well placed to provide a major resource to the nation in reducing the effects of HIV and AIDS on the next generation, and it has a moral responsibility to do so. An important question is whether you should plan for more counsellors and special needs teachers for learners in the intermediate phase.

Education has to rethink the narrow role schools play at present as knowledge providers. It is time to develop policies that define the roles, responsibilities and mandates of schools within a broader network of care. The core function of educators should be to recognise vulnerable children early and to mobilise responses to prevent crises that threaten their schooling.

- To what extent do the above paragraphs reflect your own management concerns?
- What are the most urgent management concerns about responding to special needs in your specific context at the moment?

 *Fast forward*

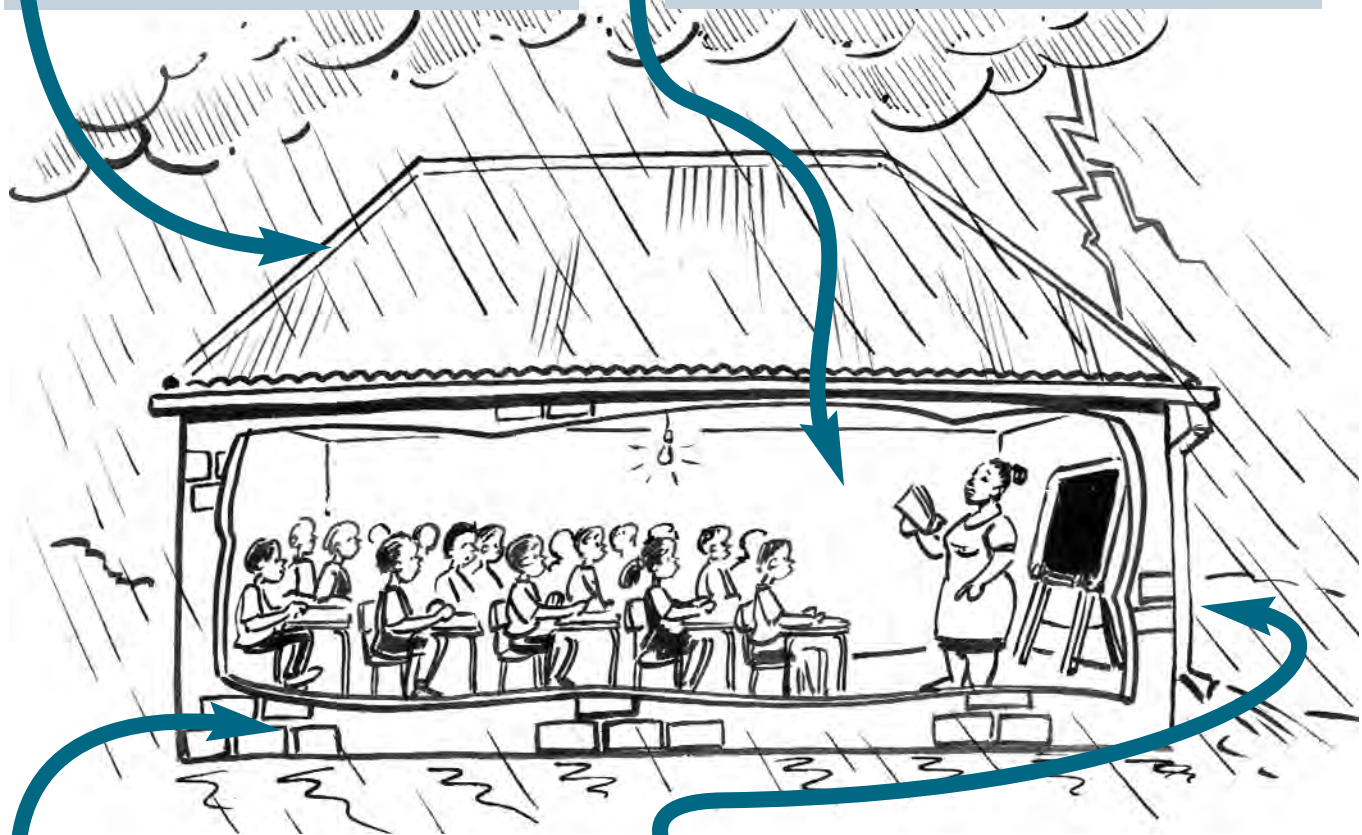
Chapter 4 will take you through an action plan. Go to page 55 if you want to think about this now.

Step 4: Assess whether you have a strong foundation for action

Imagine the education sector as a house in a storm. Its capacity to withstand the destruction of the HIV and AIDS epidemic will depend on four things: the strength of the foundation, the quality of the roof, the capacity of the walls, and the safety of the interior space.

- **The sheltering roof** is provided by provincial and district managers who develop policies and strategies to protect the foundation from the storm. Their clear leadership and creative management create a safe space within which everyone can work.

- **The interior decoration** is concerned with quality assurance of the learning processes, the relevance of the general curriculum, and the effectiveness of life-skills programmes. A well-decorated house will also contextualise the general policies so that they become meaningful to the specific communities that inhabit the house¹³.



- **The foundation** is the operational school. Educators and learners gather in a physical location every day. With every educator and learner who drops out of school, the foundation of the system is eroded and the whole structure is weakened from within.

- **The load-bearing walls** consist of the appropriate human, material and financial resources, but also partnerships and networks that sustain the process of education within the space that is legitimised and protected by the roof.

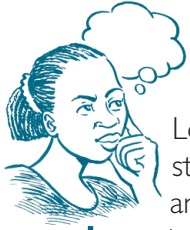


Activity 11 - Are you ready to stabilise the education service?

By completing the following checklist you will have a better idea about your readiness for action in the fight against HIV and AIDS. By answering these questions you can find out whether you are ready to stabilise the education service in the face of HIV and AIDS.

A = Yes, I have done this already. **B** = I must do this soon! **C** = This is not relevant to my work.

- | | | | | |
|-----|--|----------|----------|----------|
| 1. | Do you have a clear policy or strategy on HIV and AIDS for the teaching service? | A | B | C |
| 2. | Do the schools in your province/district have HIV and AIDS policies? | A | B | C |
| 3. | Do the schools have a programme of action on the issues raised by the policy? | A | B | C |
| 4. | Have you clearly identified what human resource issues the policy addresses? | A | B | C |
| 5. | Do you have a person responsible for leading the implementation of the programme of action around employee HIV and AIDS issues? | A | B | C |
| 6. | Do you have an HIV and AIDS committee or task group? | A | B | C |
| 7. | Do managers see the importance of, and are they committed to address, HIV and AIDS among educators? | A | B | C |
| 8. | Have HIV and AIDS issues been discussed with teaching service representatives and unions? | A | B | C |
| 9. | Do you have a plan for managing general issues raised by HIV and AIDS (e.g. confidentiality, legal rights, eligibility for benefits, definitions of disability)? | A | B | C |
| 10. | Is there a plan for dealing with educator illness and death, and retiring HIV-positive educators on part-pension? | A | B | C |
| 11. | Is there a system to cover for temporarily ill or under-performing educators? | A | B | C |
| 12. | Do you have specific budget allocations for tackling the impact of HIV and AIDS among educators? | A | B | C |
| 13. | Have you made any inter-sectoral links (e.g. with the Department of Health or Finance) to consider how best to address HIV and AIDS in the teaching service? ¹⁴ | A | B | C |

**Think about this!****How can you put your own house in order?**

Look back to the checklist in Activity 11. Each of the 13 items refers to one of the structures of the education sector named in the above house. For example, a clear policy and strategy on HIV and AIDS is part of the sheltering roof. Now go over your answers and decide which parts of your 'house' need to be put in order so that you can survive the storm of the HIV and AIDS epidemic.

From the diagram on page 43 it is clear that an exclusively curricular approach to HIV and AIDS will not be enough to secure the future of the education sector in the face of HIV and AIDS. As planners and managers you have no choice but to adopt a dual approach in your fight against the epidemic.

This means that you need to give equal thought to both these issues:

1. Preventing the spread of the disease.
2. Reducing the impact of the epidemic on education to create a better life for everyone.

In order to do this you will have to strengthen and maintain your foundation for action in every possible way.

This includes:

- providing clear and committed leadership to your sector within your province/district.
- nurturing dedication in those around you to fight against HIV and AIDS.
- developing a clear HIV and AIDS research agenda for the education sector.
- providing effective and coherent management of your sector's responses to HIV and AIDS.
- ensuring that relevant policies and regulations are in place.
- developing an integrated strategic plan for the education sector.
- accessing and streamlining all possible resources to implement the plan.

Step 5: Ensure that you have the information you need to respond effectively

If you do not have accurate and up-to-date information about the context you are working in, it is very difficult to know which strategy would lead to the most appropriate management response. For this reason there is an increasing need for ongoing research and systematic monitoring within the education sector to help you manage the uncertainties created by HIV and AIDS. Many education policy units throughout the country have already begun to develop a comprehensive research agenda to look at questions such as these:

- Why is Grade 1 enrolment declining in some areas?
- What are the training needs amongst educators as a result of HIV and AIDS?

However, very little is known about the local complexities of the epidemic, and even less about how affected adults and children cope. To get more information it is not always necessary to conduct high-level research; the focus should shift to basic monitoring and simple situation analyses at each level – for example, just talking to learners, educators and managers. Gathering basic information and conventional wisdom can provide important information without having to start major research projects.



Use Education Management Information System (EMIS) as an educational management tool

Routine EMIS is a very good tool for broad educational management for the following reasons:

- It can be adapted to track impacts and responses.
- It can quickly inform provincial planners and managers of emerging trends.
- It can support your local analysis of how HIV and AIDS impacts on your area of work.
- It can track new information on issues such as support interventions and medical care.

You could also consider piloting a District/regional-based Educational Management Information System (DEMIS) that collects and regularly analyses richer HIV- and AIDS-related information to inform local and regional management decisions.

DEMIS forms like the one on pages 47 and 48 have been developed and are being piloted. In order for forms like this to be used on a wider scale, it will be necessary to provide intensive training and support.

Look at the following form to see what information you can collect to help you plan.¹⁵

DEMIS Monthly Summary Information (Form A)

School Name _____ EMIS Number

--	--	--	--

 Month _____
 District _____ Circuit _____ No. of school days this month _____

LEARNERS¹

1. Learner enrolment (Total enrolment in all grades)

Male	Female	TOTAL

2. Number of school DAYS attended by total number of learners

Male	Female	TOTAL

3. Number of DAYS lost through learner absenteeism this month: (indicate the number of days)

Illness	Compassionate reasons	Pregnancy	Transport problems	Unknown reasons	TOTAL

4. Number of LEARNERS who left the school during this month: (indicate number of learners)

Relocation	Financial reasons	Drop-out	Pregnancy	Orphaned	Offered employment	Expelled	Death	Unknown reasons	TOTAL

5. Number of LEARNERS who entered the school during THIS month (new entrants):

Male	Female	TOTAL

6. Number of LEARNERS who have been orphaned (lost a parent/guardian) during THIS month:

One parent/guardian	Both parents/guardians

7. Number of LEARNERS whose parents/guardians have been granted exemption from paying school fees THIS month:

Full exemption	Partial exemption	Conditional exemption

EDUCATORS

8. State Paid Educators

Male	Female	TOTAL

9. Privately Paid Educators

Male	Female	TOTAL

10. Number of DAYS lost through State Paid Educators who were absent during this month:*

Illness	Transport problems	Strike action	Unknown reasons	TOTAL

* (indicate number of days per month)

11. Number of DAYS lost through State Paid Educators who took leave during this month: (indicate the number of days per month)

Sick leave	Accouchement/paternity	Compassionate leave	Urgent private affairs	Study leave	Long leave	Other	TOTAL

12. Number of State Paid EDUCATORS that left the school/resigned during this month: (indicate number of educators)

Relocation	Transfer/promotion	Left the Department	Retirement	Death	Unknown reasons	TOTAL

13. Number of state-paid substitute educators provided

Male	Female	TOTAL

14. State Paid Public Service Employees (Support Staff):

Male		Illness	Transport problems	Strike action	Unknown reasons	TOTAL
Female						

* (indicate number of days per month)

15. Number of DAYS lost through State Paid Public Service Employees (Support Staff) who were absent:*

Male		Transport problems	Strike action	Unknown reasons	TOTAL
Female					

16. Number of DAYS lost through State Paid Public Service Employees (Support Staff) who took leave during this month: (indicate the number of days per month)

	Sick leave	Accouchement/ paternity	Compassionate leave	Death	Retirement	Unknown reasons	TOTAL
Male							
Female							

17. Number of State Paid EDUCATORS that left the school/resigned during this month: (indicate number of educators)

	Relocation	Transfer/ promotion	Left the Department	Death	Retirement	Unknown reasons	TOTAL
Male							
Female							

18. School Governing Body (SGB) members who represent:

	Male	Female
Educators		
Non-Educator Staff		
Parents		
Learners		
Other		
TOTAL		

19. Meeting held this month?

Yes No

20. If "yes", SGB members who missed the meeting held this month:

	Male	Female
Educators		
Non-Educator Staff		
Parents		
Learners		
Other		

21. School Governing Body members who left/resigned during this month:

	Male	Female
Educators		
Non-Educator Staff		
Parents		
Learners		
Other		
TOTAL		

School Stamp:

By signing, I certify that the information provided in the DEMIS MONTHLY SUMMARY INFORMATION FORM (KZNDCE FORM DEMIS(A)) is correct and complete to the best of my knowledge.

Principal _____ /200_

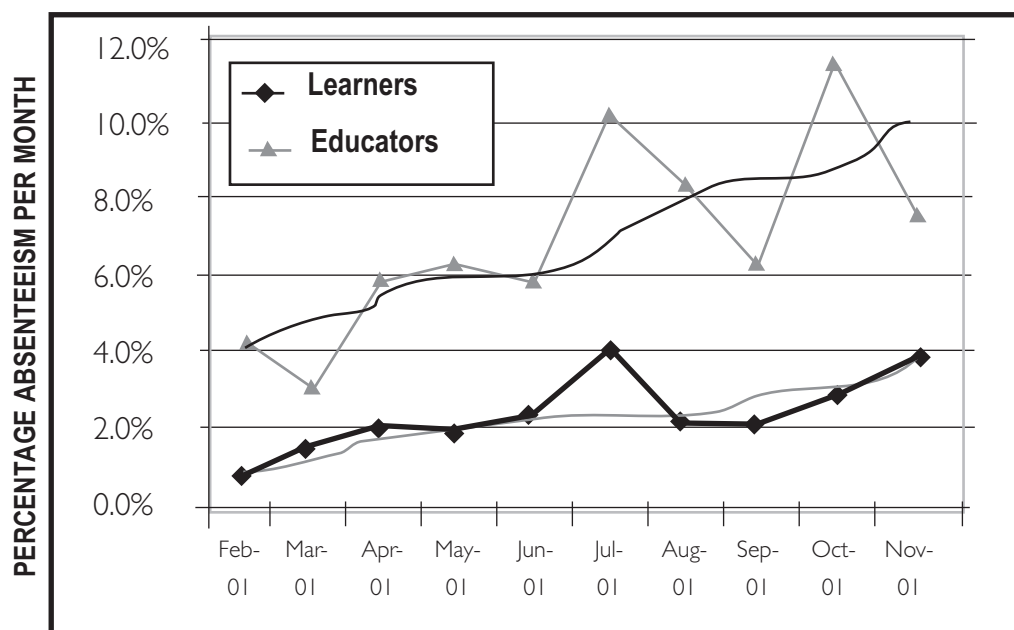
PLEASE PRINT SURNAME AND INITIALS _____ SIGNATURE _____ DATE _____

SUBMIT THIS FORM TO THE DISTRICT OFFICE

Interpret information

Below is an example of a graph based on information gathered from a DEMIS form.

This graph highlights the fact that classroom-teaching time is reduced through educator and learner absenteeism. It has been calculated that if this trend carries on throughout the year, the absenteeism of teachers relates to a loss of 8,4% of the available contact time for the year. If the school year has 200 school days, 17 are lost through educator absenteeism alone, and further time may be lost as a result of choral, sports and cultural events, meetings and training sessions. Therefore, there is less teaching time and less contact time between educator and learner in the classroom to deal with the prescribed curriculum.



Quantitative and qualitative information

If you want to understand the local complexity of your work, it will be important to look carefully at quantitative information as well as qualitative data. This will help you to understand impacts that quantitative research methods cannot do on their own. For example:

- Who is keeping track of the stories you tell and the stories you hear?
- Who is making contact with community organisations and faith-based organisations to help you create a portrait of the human face of HIV and AIDS in the communities you serve?



For more information

The (DDSP) EMIS Improvement Programme aims to support the development of local capacity to gather information and monitor trends. It is already in use in the following provincial education departments: Northern Cape, KZN, Limpopo and Eastern Cape. If you want to find out more about the District Development Support Programme read the List of contacts and resources on page 75.



Think about this!

How can information influence policies and practice?

At the National Conference on 'HIV and AIDS and the Education Sector' held in Pretoria at the end of May 2002, the Higher Education sector declared its intention and commitment to "provide evidence-based research that can inform policies and practice throughout the Coalition. Our research capability and output covers a full range of disciplines from the biomedical to the humanities. As the major producers of research in the education sector, we can contribute to scientific and critical thinking and debate about HIV and AIDS in our society."

Look carefully at how research is conducted

Provincial and district managers have a great responsibility to help tertiary institutions respond to the research needs of the communities they are part of. Ask yourself the following questions:

- Have you ever contacted the universities and technikons in your area to find out what research they are doing on HIV and AIDS?
- Have you formulated any questions you would like to research?
- Are your questions about HIV and AIDS on their research agenda? If not, why not?
- Who else in your sector has the capacity to do research?
- Have you ever attended any conferences or university research days on HIV and AIDS?
- Have you ever used results from current research reports to inform your planning and budgeting?

➔ *Fast forward*

Chapter 4 will give you some practical guidelines about monitoring the implementation of your plans and how to use the data for further research. Go to page 66 if you want to think about this now.

It is the responsibility of everyone in the education sector to share and spread correct information about HIV and AIDS. Current questions and analyses need to travel quickly and accurately so that they can inform your choices and your work. It is time to develop information networks and proactively send information to places where it can make a difference.

Step 6: Think of ways to mobilise resources across sectors

Your challenge to find new ways of accessing senior managerial skills, as well as the need for information networks, highlights how important it is to think about knowledge, skills and resources in a flexible and open way. Partnerships, networking and co-operation can make a huge difference in the management of your work, especially if you use your network to access the skills of experts where and when they are most effective. Networking also allows you to mobilise resources across sectors and create the kinds of partnerships that allow educators and learners to benefit directly from programmes funded by the Department of Social Welfare or the Department of Health.



Think about this!

What kind of networking ideas will work for you?

Here are some networking ideas:

Provincial and district links

Set up telephonic helplines or contact lists so that educators can access resources and materials quickly and efficiently.

- Who could be a partner in this?
- Where can I find out more?

Health links

Contact health services in your area and discuss how to ensure efficient treatment of staff.

- Who could be a partner in this?
- Where can I find out more?

Contact medical aids to request that they provide materials to distribute to staff on HIV and AIDS treatment issues and options.

- Who could be a partner in this?
- Where can I find out more?

Make adolescent-friendly services more accessible. Find out about mobile clinics, set up talks by health workers and other media to let learners and educators know about services, and reassure them about confidentiality.

- Who could be a partner in this?
- Where can I find out more?

Look closely at the schools' nutrition programme to see how it could work more effectively and reach those children in greatest need.

- Who could be a partner in this?
- Where can I find out more?

Social development links

Discuss with social workers how schools could help to make the grant system work more effectively by using school staff or school community members to ensure that grant applications go through without delays and errors.

- Who could be a partner in this?
- Where can I find out more?

 **chapter 3**

Think of ways in which schools could be a useful community hub for social workers to use when they visit certain communities.

- Who could be a partner in this?
- Where can I find out more?

Set up programmes to address the safety of schools, including sanitation, and issues such as bullying, child abuse and rape.

- Who could be a partner in this?
- Where can I find out more?

NGO links

Provide programmes to address the training and capacity-building needs of educators and managers at all levels.

- Who could be a partner in this?
- Where can I find out more?

 ***Fast forward***

When you consider the practical aspects of networking in Chapter 4 you will have to remember to budget for networking. Are there existing staff that could do the networking at no extra cost? Go to page 59 if you would like to think about the practical aspects of this now.

Activity 12 - Assess your progress at this point in time

Look at each of the six steps listed below. Think about the performance of your sector, and give an honest appraisal of your readiness to take up the fight against HIV/AIDS. This is how you score:

3 = I am doing really well.

2 = I have begun the work, but it lacks coherence and motivation.

1 = I know it is an important part of my job, but it is difficult to find the time to do it.

0 = I have not done anything about it yet.

Step 1: Analyse your specific context

- | | | | | |
|---|---|---|---|---|
| ■ Do I have a clear understanding of my context? | 3 | 2 | 1 | 0 |
| ■ Do I understand what the needs and priorities are for this context? | 3 | 2 | 1 | 0 |

Step 2: Understand the financial costs of the epidemic to the education sector

- | | | | | |
|--|---|---|---|---|
| ■ Do I have a clear understanding of the financial costs of the epidemic and how this affects my work? | 3 | 2 | 1 | 0 |
| ■ Have I started to think creatively about low cost or zero cost interventions to make a difference? | 3 | 2 | 1 | 0 |

Step 3: Consider the human resource costs of the epidemic

- | | | | | |
|---|---|---|---|---|
| ■ Do I fully understand the human resource costs? | 3 | 2 | 1 | 0 |
| ■ Have I got realistic ideas about how to deal with the human resource challenges that the epidemic creates in my area of work? | 3 | 2 | 1 | 0 |

Step 4: Assess whether you have a strong foundation for action

- | | | | | |
|--|---|---|---|---|
| ■ Do I understand what it means to have a strong foundation for action? | 3 | 2 | 1 | 0 |
| ■ Does my response include (1) activities on preventing the spread of HIV as well as (2) activities that reduce the impact HIV and AIDS has on my context? | 3 | 2 | 1 | 0 |
| ■ Are HIV and AIDS policies and regulations in place? Do I have a clear sense of priorities and use them in my plans? | 3 | 2 | 1 | 0 |

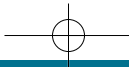
Step 5: Ensure that you have the information you need to respond effectively

- | | | | | |
|--|---|---|---|---|
| ■ Is information about the impact of HIV and AIDS on my province and/or district collected, analysed, stored and spread? | 3 | 2 | 1 | 0 |
| ■ Does my work contribute to the research agenda? | 3 | 2 | 1 | 0 |

Step 6: Think of ways to mobilise resources across sectors

- | | | | | |
|---|---|---|---|---|
| ■ Are sufficient resources available to respond effectively to HIV and AIDS? | 3 | 2 | 1 | 0 |
| ■ Have I explored ways to make sure that there is co-operation across sectors to get the resources to the right places? | 3 | 2 | 1 | 0 |
| ■ What kind of overall score is good enough for you? | 3 | 2 | 1 | 0 |

TOTAL



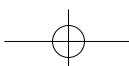
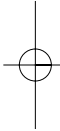
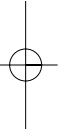
chapter 3



Summary

This chapter has helped you to:

- understand the steps involved in a planning process.
- conceptualise a coherent, consistent and co-ordinated approach to the challenges of HIV and AIDS that you are experiencing now and will experience in future.





What action do we take to implement policy?



Outline

This chapter will help you to:

1. Think about where to start.
2. Develop human resources to defeat HIV and AIDS.
3. Understand how strategic principles can focus your response.
4. Developing a plan of action that can be adapted for use in different contexts, with mainstreaming.
5. Look at how information can improve performance in the response to HIV and AIDS.
6. Consider some important questions about the monitoring and evaluation of your plans.

1. Think about where to start

Think about this!

Where do I begin?





Compare the two work situations.

- What similarities and differences are there?
- How do you feel about the responsibility of mainstreaming your sector's response to HIV and AIDS? Do you see yourself at desk 1 or desk 2?
- How do you deal with the stress and overload that the cartoon refers to?

Start where you can make a difference

The manager at desk 2 has chosen to focus on the problems that affect her directly. She plans to put her energy into those issues that she can actually do something about. Working at a district or provincial level she cannot prevent the breakdown of HIV-infected and -affected families. She can, however, make sure that vulnerable children in her local schools are being reached by existing feeding schemes and welfare grants. By understanding the 'big issues out there' and by being in touch with 'the real issues in here' she is in a position to choose an effective action that will matter to the people she is responsible for. Knowing where to throw her small stone she can create a ripple that travels across the surface of the whole lake.



What can I do? Where does my action go?

What is your sphere of influence? What difference can you make?

2. How do you develop human resources to defeat HIV and AIDS?

Provincial and district planners need to be both responsive and proactive. The list of possible strategic actions above shows effective ways to respond to human resource issues. However, it is also important to think beyond crisis management, about the future and about ways to develop the human resource potential within the education sector to try to pre-empt these challenges in future. For example:

- Partnerships between sectors and other organisations can help to improve the way the education sector works, and will encourage effective use of existing resources.
- Partnerships will also be vital for building skills, attitudes and knowledge that will enable you to develop examples of good practice to implement your plans.

Make sure capacity building is taking place

Capacity building around HIV and AIDS issues will need to happen at various levels at once, and will include:

- the development of principles of good practice.
- the development of people.
- the development of organisations to support good practice and people.

Capacity building is not a quick, short-term strategy. It is part of a long-term strategy and it involves ongoing commitment to nurture people and build on their strengths. It also needs greater efficiency in harnessing existing resources to people's needs.

Rethink in-service training

This could mean a critical shift in the way you think about in-service training in the past. The shift takes you away from short organised 'training' workshops towards the longer open-ended learning processes, which can take place anywhere and at any time. Open learning takes a developmental approach to the way the capacity of educators can be improved. It is based on the idea of lifelong learning, and is supported by the national outcomes-based curriculum.

Ensure that the quality of training is good

An important issue to consider in the development of people is the quality of training. For instance:

- Are programmes well thought out and designed to produce competent staff who are equipped to deal with the challenges of the epidemic?
- Have providers of pre- and in-service training ensured that they really have mainstreamed HIV and AIDS issues and competencies into training?

Ensure that the content of training is appropriate

Questions need to be asked as to whether issues such as ill-health management, counselling and life skills are included in management training. In the long run it would be an advantage if pre-service training dealt with these issues and already provided a basic foundation instead of relying on special in-service programmes.

Choose the right people to do the training

Another important consideration for human resource development is whether the right people are selected. There should be clear selection criteria for candidates. These people should be motivated, freed up from competing duties, and unlikely to be redeployed. The training should also fit into a career path/development process for the staff involved.

Co-operate with partners for capacity development

Co-operation around capacity development takes money and it takes time. Too often, co-operation is seen as a mere tool for action, not as an action in itself. If we are serious about mobilising resources across sectors and using all existing resources to strengthen the education sector in the face of the epidemic, we will have to shift from thinking about partnerships only as the means to an end toward defining the maintenance of networks as an end in itself. We will need to allocate money, staff and time specifically to these activities if we want to be sure they will work.



3. *Understand how strategic principles can focus your response*

The previous chapters have looked broadly at many issues that confront planners and managers. However, some specific assumptions have been made in this guide, and these are:

- HIV and AIDS is a national priority.
- The education system itself is threatened by the epidemic.
- All sub-sectors of education are affected, not just schools.
- Education has an important role to play in confronting the HIV and AIDS epidemic.
- The response to HIV and AIDS has four critical priorities:
 1. Prevent the spread of HIV.
 2. Provide care and support for learners and educators.
 3. Protect the quality of education.
 4. Manage a coherent response.

Activity 13 - Reflect on new and familiar strategic principles

While you read through the list of four strategic principles below, tick the principles that are familiar and that you have used, and underline the principles that are new to you.

1. Strategic principles about time:

- The time for ad hoc responses and pilot projects is over.
- HIV and AIDS programmes must be extensive, be mainstreamed in the overall system, and be sustained for at least the next twenty to thirty years.
- There should be long-term planning to provide a systematic basis for action at all levels of the education sector.

2. Strategic principles about place:

- Schools and all learning institutions must be at the centre of every community's response to HIV and AIDS.
- All levels of the education sector must protect and support the schools.

3. Strategic principles about capacity:

- Schools and all learning institutions cannot cope with this challenge on their own.
- There are human and material resources in communities such as parents, faith-based organisations and learners.
- There are also resources in tertiary institutions, business and the NGO sector that can work together locally to support schools.
- The management capacity of the education sector needs to become better organised, and more focused and coherent, so that it can be used effectively.

4. Strategic principles about process:

- Community networks, CBOs, NGOs, other government departments, faith-based organisations, school governing bodies and parent bodies must work together to protect vulnerable children in their midst.
- A collaborative approach to HIV and AIDS means that the management of the national, provincial, district and school campaign has to be decentralised, flexible. However it must be coherent and consistent to avoid fragmentation on the ground.
- Responsibility and authority lie with everyone, not only the planners and managers at the top.

*Case study*

When Mr S was appointed district official in the Mhlontlo district of the Eastern Cape he knew his work would be tough. Most communities in the district were poor, and schools were having a difficult time coping, although upgrading projects such as Operation Shukumisa were supposed to help. Many people in the district were beginning to be visibly affected by AIDS. He attended a funeral almost every Saturday, but still nobody mentioned the dreaded disease by name. Although Mr S was committed to responding to HIV and AIDS he realised very quickly that there was no point in forcing people into programmes they were not ready to face. He had to be flexible and quietly persistent in his campaign.

He spends much of his time visiting schools and talking to the staff members, and most importantly, listening first and then raising issues that he feels schools in his district should be thinking about and acting on. He was reading through the school development plan of a remote primary school that he had visited, and noticed that the biggest item on the development plan was the upgrading of the school toilets, and the school had budgeted to pay for the upgrading themselves. Without any delay Mr S looked at the Strategic Sector-wide HIV/AIDS and Education Plan of Action and the HIV/AIDS Medium Term Strategic Framework (MTSF) and phoned the principal at the school. "Your priorities are spot on!" he said. "Working toilets and clean water are important to prevent the spread of diseases. Do you know about Operation Shukumisa? Why don't you ask them to fund the upgrade? That is what the programme is for!"

Soon after this conversation Mr S visited the school and met with the governing body to facilitate the Shukumisa application. At the meeting he raised the question: "What are you doing with the money that you have saved?" he asked with a twinkle in his eye. "Would you like some ideas about how it could be spent?"

It did not take him long to convince the school to extend their Shukumisa application to include the upgrading of the old storeroom. This room could be used as a place to counsel young people in the community about all kinds of issues, including their sexual health. This initiative was directly in line with





chapter 4

Strategic Objective 2 in the MTSF – to provide support to learners infected and affected by HIV and AIDS.

The school agreed to use their own money to buy a carpet, curtains and comfortable furniture for the new counselling room. In his eyes this was a good start – not only would the school improve their sanitation and their buildings, but it would also start the process of setting up a school-based youth clinic that was badly needed. Mr S made a mental note to attend another meeting soon to offer help in drawing up an HIV and AIDS plan, identifying and getting help and support for vulnerable children, engaging with the community about HIV and AIDS, and so many other issues. He knew that he needed to be responsive to local needs but he also needed to raise issues that he knew were national priorities and make sure that the school was thinking about how to respond to them.

As he left the school, Mr S was already thinking about ways in which similar rooms/facilities and programmes could be developed in other schools. His vision was always to start somewhere, start small and see how an initiative could grow and reach a large number of people.¹⁶

Look back at the basic assumptions mentioned above.

- How many of the four critical priorities did Mr S's intervention meet?
- Which of the above strategic principles did Mr S apply to his work?
- What makes Mr S a leader in the community?
- How would you describe his management style?

The case study you have just read illustrates the following:

- How the impoverished and under-resourced situation in the Mhlontlo district has not prevented Mr S from contextualising and acting upon the strategic objectives of the national HIV and AIDS action plan and the MTSF.
- A number of strategic decisions that Mr S made so that he could practically and persistently focus on the fight against HIV and AIDS, even in an area that finds it difficult to face the fact that the epidemic exists.
- How Mr S took the initiative, was flexible, and acted on his own authority to encourage collaboration between sectors and programmes.

Strategic principles in action

Mr S's interventions show the following strategic principles in action:

Strategic principles	Actions
Process	He made sure that existing resources were well used. He was patient and open, ready to use local opportunities when they arose.
Place	He established a physical base in a school.
Time	He had long-term plans. In the short term he achieved improved sanitation, but in the long term he set up the infrastructure for a long-term project around youth sexual health.
Capacity	He was convinced that once the school leadership thought of the storeroom as a meeting place for vulnerable youth they could think about ways to develop capacity to use it to assist with applications for child support grants, referring children to professional or community organisations for food, clothing, shelter, counselling, and for other needs.

How Mr S decided on priorities and actions

The following interview with Mr S will help you to find out about the way he decides on the priorities and actions in his everyday work. Take note of the strategic principles he has relied on to translate national policies and plans into effective action on the ground.



Interviewer: Mr S, of all the possible projects, how did you decide that the school should build and furnish a youth room?

Mr S: I am very clear in my mind that our district responses must be sustainable.

Interviewer: What makes the youth room project sustainable?

Mr S: They must rely not only on my personal leadership, but be part of an organised and professional programme. This room is sustainable and I believe it will outlast me.

Interviewer: Oh, it is not sustainable yet! I still have some work to do!

Mr S: The service to the youth first has to become reliable and consistent. Something interesting must happen there all the time.

Mr S: The district health office will make it part of their mobile clinic programme. Once the department of social welfare starts using the room to get grants, people will create a demand for the service. This will keep it going for a long time.

Mr S: You see, I also believe the room is relevant to the needs of a poor and remote community. These young people have a constitutional right to access social security, but how many will make it to town?

Mr S: It is much easier to create a base so the service can come here. This makes the support for vulnerable children both cost-effective and extensive.

Interviewer: You are good at consulting and networking. That makes a difference, too.

Mr S: Oh yes. None of us can walk this road alone. It is not only about networking, though.

Interviewer: You have to think developmentally. This is what I always ask myself: Is this intervention 'growing' the people who are involved? Can the youth room strengthen the human and organisational capacity of the school?

Mr S: I believe it can.

Interviewer: A final question, Mr S – apart from school-based youth clinics and social service centres throughout your district, do you have any other dreams?

Mr S: Oh yes. I have a few more. For example, I have begun to encourage other schools to do what this school has done. The room creates a basis for doing many different kinds of things to help educators and learners in difficulty. It acts as a meeting room for specialists from other sectors, health and social development in particular.

Interviewer: I have also started to negotiate with the province to develop a set of workplace competencies with regard to HIV and AIDS. If I can provide training in the schools that is reward orientated and built into the professional development, our schools could become a critical resource for a community increasingly traumatised by illness, death and grief.

Interviewer: Are you thinking 'sustainable' again?

Mr S: Of course. I am also thinking systemic, systematised, extensive, reliable, consistent, cost-effective, appropriate, consultative, extensive and ...

- How would these strategic principles apply in your own situation?
- What steps would you follow to ensure that these principles become part of the way you plan?

4. *Develop a plan of action with mainstreaming*

The previous chapter showed you that responding to HIV and AIDS has to become one of the core functions of the education sector and the various sub-directorates and that you need to provide for this in your plans. You may want to develop a separate HIV/AIDS plan or include it in your general planning. Follow the steps below which take you on a journey to develop an HIV/AIDS plan. This will assist you to mainstream HIV/AIDS into your plans.

- What does this mean in practical terms?
- Where and how should HIV and AIDS feature in the concrete action plan?
- How does this relate to funding processes and the question of human resource planning?

In most cases, planning a specific action is like going on a journey, and by using the following steps, you can make sure you are also planning to respond to HIV and AIDS:

Step 1: Have you done a current context analysis?

Mainstreaming HIV and AIDS: Have you asked someone who works on HIV and AIDS research to link your analysis to the latest research on the impact on the education sector?



Where are we now?

Step 2: Ask yourself the following questions:

- Do you have an HIV and AIDS plan that caters for prevention, care and support, education quality and HIV management?
- Do you have priorities for action, which have been agreed to by partners in the coalition against HIV and AIDS?

Mainstreaming HIV and AIDS: Have you planned for an AIDS-free future for your province?



Where do we want to go?

Step 3: Who is on your planning team?

Mainstreaming HIV and AIDS: Do you have an HIV and AIDS expert or consultant on your planning team?



Who will drive?

Step 4: Do a SWOT analysis. Consider the strengths, weaknesses, opportunities and threats that the context presents to your plans.

Mainstreaming HIV and AIDS:

- Have you used EMIS to consider the impact of HIV and AIDS on your existing resources?
- Have you considered the health of your human resources and budgeted for unexpected illnesses, as well as for care and support?
- Have you worked out the cost and mobilised the human, material and financial resources required to reach your objective?

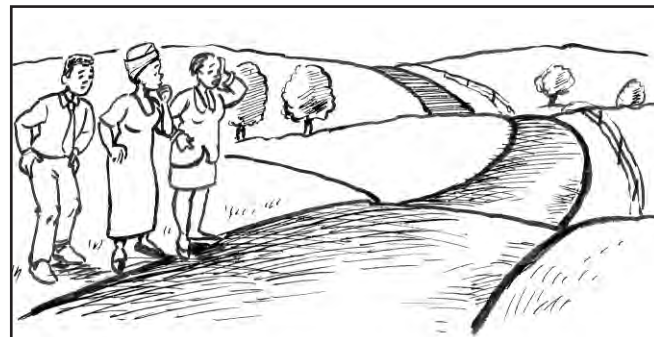


Will this car make it? Is everybody feeling OK? What is the road like? Who packed the food? Do we have money for unexpected delays and repairs?

Step 5: Have you made an effort to find out what other sectors and organisations are doing about the issue that concerns you? How could you work together on this?

Mainstreaming HIV and AIDS:

- Are you mobilising all possible resources to develop the capacity of the education sector?
- Do you need to assign a specific person to manage the networks and links around HIV and AIDS?
- How will you budget for that?



Is anybody else going our way? A convoy would make me feel more secure!

Step 6: Identify goals and objectives that are manageable, and plan for effective steps along the way.

Mainstreaming HIV and AIDS:

- Do the project objectives support the four critical priorities identified for an effective response?



Step 7: Do you have a plan of action that is practical enough and local enough to guide you on your way?

Mainstreaming HIV and AIDS:

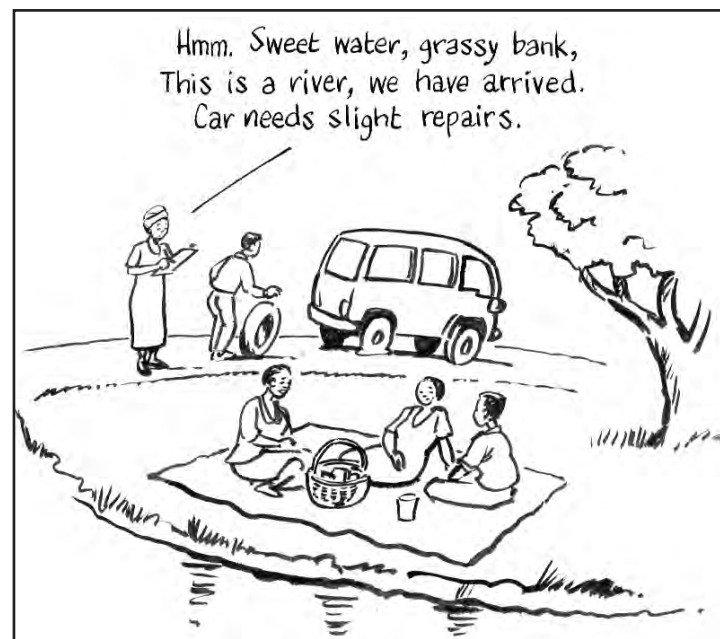
- Do you use clear strategic principles to choose goals that will make a difference to everyone who is infected and affected by HIV and AIDS?



Step 8: Do you have clear indicators that will help you keep track of your capacity and monitor your implementation?

Mainstreaming HIV and AIDS:

- Do your performance indicators include information that relates specifically to the impact of HIV and AIDS?



What follows is an example of a planning template that you could use to develop an action plan if you haven't already done so. This template shows one way for planning to address a specific priority. The idea is that a template like this could be used or adapted for different contexts depending on what the specific priorities are.

AN HIV AND AIDS STRATEGIC PLAN TEMPLATE										
Goal:										
Objective:										
#	Action step	Dates		Outcome/s	Implementers	Collaborators/ Partners	Costs	Funders (TA)		
		Start	Finish							
1										
2										
3										
4										
5										
6										
KEY: Start – When action step will START ✓ – When progress will be CHECKED Finish – When action step is to be COMPLETED TA – Technical Assistance										

5. How can information improve performance in the response to HIV and AIDS?

The above images have outlined some of the critical processes that will enable you to make your response to HIV and AIDS part of your mainstream plans. They have also highlighted how important it is to have good information for the planning process, and how it can enhance your capacity to respond. The planners gathered and used information in the following way:

- They did an accurate context analysis (step 1).
- They did a realistic capacity analysis, and budgeted for required resources and needs (step 4).
- They established effective resource networks and found partners in action (step 5).
- They established a measurable framework to keep track of developments and changes over time (steps 6 and 7).
- They evaluated the success of an action and assessed further developmental capacity needs (step 8).

In a similar way all provincial and district offices can use information that is already within the system to improve their capacity for action in response to HIV and AIDS. This data needs to be analysed in a critical and meaningful way. In this way emerging trends or threatening patterns can be picked up quickly, and warning signs can be seen.

An important challenge for planners is to find ways to improve the way information or data is collected and used. The development of HIV- and AIDS-specific databases will rely on better networking of information so that it improves people's capacity for action.



Think about this!

What kind of database is needed?

At the national conference on HIV and AIDS and the Education Sector in May 2002, the development of data collection together with an improved planning capacity were identified as key areas for action. The national action plan suggests that a strategic HIV and AIDS database for planning and management purposes should be created.

Provincial and district offices already collect a significant amount of information as part of their regular work. A strategic analysis of this data could already go a long way towards meeting the above goal. For example, the National Annual School Survey asks schools to report on mortality figures for educators and learners – by cause (illness, accident, suicide, and violence and homicide) and gender and age intervals.

This information is currently used at a national and provincial level to track teacher mortality, and it contributes to the teacher attrition study. An analysis of the deaths reported by illness is showing interesting trends, and could provide useful information for the planning of social care and support.

- Have you used this kind of data to assess the impact of HIV and AIDS on your area of work?
- What kind of data would be most useful at provincial level?
- What kind of data would be most useful at district level?
- Who could provide the research capacity?



The DEMIS can provide accurate up-to-date information

The District Education Management Information System (DEMIS) pilot that operates in some provinces and districts collects data on the following:

- Change in enrolment.
- Loss of contact time, and reason.
- Educator and learner loss, and reason.
- Data on support staff, school fee exemptions, increase in rates of orphans, and changes in SGBs.

This is prepared and submitted to the district office on a monthly basis. The data is then captured and analysed at the district office level, with feedback provided to district management and individual school principals. The district works electronically on a computer system, while the schools usually get a hard copy of the results.

With the DEMIS, the information is provided monthly. This means a time-series analysis can be conducted and it is possible to track what is happening at schools during the academic year. Previously this was not possible, since the school census collected information only once a year. District officials and principals can now see what changes occur at their schools from month to month as shown on the graph in Chapter 3 on page 49. They will always have systematic and up-to-date information about:

- learner enrolment figures.
- learner and educator attendance rates.
- educator leave figures.
- loss of contact time.



chapter 4

The information is now also being linked to the academic performance of the children and an analysis will be done. Critical HIV and AIDS indicators include pregnancy rates, an increase in the number of orphans, or reasons for dropping out of school.

Principals have reported that the monthly information helps them to maintain accurate records and has guided them in policies, which they are responsible for. For example, they have been able to make informed decisions about granting leave to educators, or admitting learners to the school. They also use the information to motivate for additional educators and programmes of assistance for the communities they serve.

In some provinces, district officials currently have fairly limited planning functions, since these functions are more centralised. District managers, however, have a critical management function and offer support to schools. They therefore use the data collected through the DEMIS in the following ways:

- To create an up-to-date, complete and detailed picture of the schools.
- To track changes occurring within the schools they manage.
- To target programmes of intervention.
- To negotiate partnerships with NGOs and other role players.

This information is also used at both provincial and district level to support all aspects of planning. It will be particularly useful in planning for the provision of educators, policies affecting learners and educators, and responding to the needs of orphans and vulnerable children in the schools.

- Does your province or district have the capacity for such a data-collection system?
- How can you develop the capacity, if it is not already there?



Case study

Mrs P is a provincial planner. Her job has changed dramatically since she first began working as a human resource planner in her province. In the past she was very much office-based and worked a lot with numbers. In the last year she has begun to see her role very differently from what it was in the past. She gets out of the office more these days, and talks a lot more to district planners and managers. This helps her to understand what she can do to ensure that schools in her province are able to provide quality education. It also helps her to think about ways to deal with teacher absenteeism.

One of the schools in her province is ZZ High School. The district manager who has visited the school contacted Mrs P to discuss the problems that the school faces and discuss possible solutions. Educators are ill, and there is a need to deal with stress, illness, absenteeism. It is her responsibility to think about issues such as teacher supply and demand, systems for relief teaching, counselling services, and setting up of Educator Assistance Programmes and Wellness Programmes. The numbers she sees from routine EMIS don't always show clearly what is happening at district and school level. This discussion with the district manager has highlighted for Mrs P some concrete examples of the issues affecting ZZ High School, but she is aware that many other schools in the province are facing similar problems.

Mrs P knows about the DEMIS pilot in this province and she and the district manager discuss how the information it provides could be used by both of them to support their human resource planning processes. As a human resource manager at provincial level, there are a number of possible strategic actions that Mrs P could take:



- Establish effective holistic HIV prevention strategies and programmes for education sector staff.
- In partnership with managers, employees and unions, develop workplace policies, practice standards and monitoring systems, and help develop appropriate HIV and AIDS workplace programmes for all levels in the system.
- Together with other stakeholders, ensure that leave provisions, ill-health retirement and medical aid systems really benefit employees. Make sure that these systems are sustainable and allow service delivery to be maintained.
- Develop in-service training and support systems to equip educators and managers to deal with new HIV- and AIDS-related impacts in schools and other workplaces.
- Ensure that policies and systems ensure flexible, speedy replacement of absent, retired and deceased staff.
- Consider strategy and policy for provision of educators in disadvantaged areas. These may include, for example, incentives to work in disadvantaged areas or compulsory community service following training.
- Refine performance management systems to help manage HIV and AIDS impacts on performance.
- Fast-track efforts to stop sexual relations between learners and educators.

Think about which of the above actions would be possible for you to take in your specific work context.

 **Rewind**

The same planning template that can be found on page 65 earlier in this chapter can be used by provincial planners and managers to develop an action plan based on any of the priorities that are identified for action.

6. How can action plans be monitored in a flexible and consistent way?

The second challenge for planners in all levels of the education sector is to find ways of monitoring action plans and processes so that the monitoring process acknowledges the specific context of implementation. Monitoring should be about the action, not about the plan.

In the images on page 64, for example, the monitor in step 8 was concerned with investigating the actual landscape. She did not try to prescribe what the landscape should look like because of a general reference to a river in her plan. By doing an honest comparison between what is and what was intended she could evaluate whether the group was indeed at the place they had aimed for. She could also assess the capacity and resources the group needed in order to proceed.

Accurate, honest and context-specific monitoring and evaluation has the following advantages:

- It can help to develop a coherent understanding of the broader issues at stake.
- It can help planners and managers who rely on specific data to develop general ideas about what needs to be done.
- It is a meaning-making process and it can provide a powerful link between what people are actually doing and national priorities and goals.
- It can be a powerful tool in creating coherence, consistency and focus to confront the challenge of HIV and AIDS. The following process illustrates one way in which this can be done.

Activity 14 - Monitoring development plans

Imagine a situation where you are working at district level and are in charge of monitoring the development plans of schools in your area. Here are examples of several issues and activities (these come from a selection of actual, real school plans).

- Underline with a red pen, **all activities that help to prevent** the spread of HIV and AIDS. You can look back to page 11 for more information about priority 1.
- Underline all activities that **provide social support for learners and educators** and build a caring network within the school. Use a green pen. You will find information about priority 2 on page 20.
- Underline all activities that give you the impression that the school has **developed a coherent response to HIV and AIDS**. Use a black pen. Information about priority 3 and 4 working together can be found on page 31.

*For example***SCHOOL DEVELOPMENT PLAN***Develop resources*

- To acquire a fax machine.
- To raise funds.
- To purchase a computer and printer.
- To buy library books.

Human resource development

- Hold a workshop on motivation.
- Do a workshop on conflict management.
- Develop a code of conduct for educators.
- Do a workshop on leadership.
- Improve classroom management skills.
- Improve teaching methods.

Improve security

- Start self-defence courses.
- Set up a school safety committee.
- Make sure the school is used more often and not left empty too long.
- Improve security, e.g. security fence, night lights and burglar bars.

How could you monitor and evaluate these items so that the plans help you assess the effectiveness of the response of provinces, districts and schools, according to national HIV and AIDS policy and priorities?

- Now take another look at the plans. How would you assess the school's response to HIV and AIDS?

- Meeting priority 1
- Meeting priority 2
- Meeting priority 3
- Meeting priority 4
- Overall assessment of the school's response

The school might be meeting the goals of your HIV and AIDS programme without realising it or saying clearly that they are doing so. They might not have the broader vision that you draw on in order to make these links.

- How could you give the school feedback on your appraisal in a way that makes them more aware of the underlying HIV and AIDS issues, but also lets them know they are already doing a good job?



chapter 4

Use this effective monitoring tool. Once you develop a more analytical approach to action planning, it will become easier to anticipate problems during implementation and to monitor their success. Such an analysis does not have to be complicated. You can use the following simple but effective local monitoring tool.



Think about this!

How do we know we are succeeding?

Identify the indicators for success with partners such as:

- representatives of non-governmental organisations.
- community-based organisations.
- faith-based organisations.
- school governing bodies.
- parents.

By completing the following sentences you will have a helpful set of local monitoring tools, established by people in each community:

An HIV/AIDS strategic plan is effective if ...

The implementation of a strategic plan is effective if ...



Summary

This chapter has helped you to:

1. Think about a starting point for your response.
2. Understand how strategic principles can focus your response.
3. Mainstream HIV and AIDS into existing district and provincial plans.
4. Develop a plan of action that can be adapted for use in different contexts.
5. Look at how information can improve performance in the response to HIV and AIDS.
6. Consider some important questions about the monitoring and evaluation of your plans.



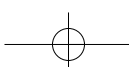
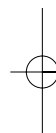
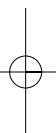
Conclusion

Throughout this guide you have looked at and worked with processes that can help you to make powerful links between the national priorities around HIV and AIDS and the everyday work you do at provincial, district or institutional levels.

This book has tried to open up the complex reality of HIV and AIDS and education. It has tried to help you to look carefully, soberly and fearlessly at the landscape of the epidemic. When you worked your way through the chapters you not only considered the impact HIV and AIDS has on the education sector, but also explored the four critical priorities that you need to act on. You have thought about resourcing the system and planning a response. You have looked at principles for prioritising your plans and explored ways in which information can be used to help you know how to act.

And so, after this intense journey, enjoy this brief story about those who are practical and persistent to the end:

Two frogs fell into a bucket of cream. The first frog, seeing that there was no way to get any footing in the white liquid, accepted his fate and drowned. The second frog didn't like this approach. He thrashed about and did whatever he could to stay afloat. Soon his churning turned the cream to butter, and he was able to jump out.¹⁷





References

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- iii Badcock-Walters, P. (ed.) (2000). AIDS Brief for Sectoral Planners and Managers – Education Sector. Health Economics and HIV/AIDS Research Division, University of Natal, Durban: South Africa. (p4)
- iv Department of Education (2002). Conference on HIV/AIDS and the Education Sector: Report and Sector plan of Action. Department of Education: Pretoria. (p6, p32)
- v The World Bank (2002) Education and HIV/AIDS: A Window of Hope: Washington. (p7)
- vi Coombe, C. (2002) Mitigating the Impact of HIV/AIDS on Education Supply, Demand and Quality: A Global Review, Report prepared for Unicef's Innocenti Research Institute, Florence, Italy, May 2002. (p8)
- vii Steinberg, M., Johnson, S., Schierhout, G., and Ndegwa, D. (2002). Hitting Home: How Households cope with the Impact of the HIV/AIDS epidemic. The Henry J. Kaiser Family Foundation. (p21)
- viii The HIV/AIDS and STD Directorate (2001). HIV/AIDS: Care and Support for Affected and Infected Learners. Department of Health: Pretoria. (p22)
- ix Day, C., Harris, A., Hadfield, M., Tolley, H. and Beresford, J. (2000). Leading Schools in Times of Change. Buckingham: Open University Press. (p31)
- x Winkler, G. (March 2003). Personal communication with educators in Western Cape. (p37)
- xi Kelly, M.J. for Mobile Task Team on HIV and Education (2003). What is Strategic Planning (for HIV/AIDS)? (monograph). Lusaka: University of Pretoria/MTT. (p39)
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- xiii Coombe, C. (2002). Capacity-Building for Education Development: Some Strategic Planning Principles. Maputo: Ireland Aid. (p43)
- xiv Adapted from Coombe, C. (2002) Checklist for stabilising the teaching service. (p44)
- xv KwaZulu-Natal Department of Education and Culture, EMIS unit (Ladysmith Region) and DfID District Managers HIV/AIDS Resource Kit (Basic Education). (p46)
- xvi Methula, P. (March 2003). Personal Communication with the Author. (p60)
- xvii Roger von Oech, Creative Whack Pack, U.S. Games Systems, (1992). (p73)



Lists of contacts and resources

1 AIDS IN EDUCATION

The Department of Education HIV and AIDS Unit.....	012 312 5178
Conference on HIV and AIDS and the Education Sector	012 312 5911
http://education.pwv.gov.za	
The HIV and AIDS Emergency Guidelines	012 312 5410
http://education.pwv.gov.za	
South African Education and Training System	
http://education.pwv.gov.za	
Guidelines for Educators Mitigating the Impact of HIV/AIDS on Education, Supply, Demand and Quality	
http://www.unicef-icdc.org/research/ESP/aids/aids_index.html	
Aspects of children affected by HIV/AIDS	
http://www.unaid.gov/pop/health/caba/archive	
International Institute of Educational Planning (IIEP) catalogue	
information@iiep.unesco.org	

2 WORKPLACE AND HR ISSUES

Education Management Information Systems Database for effective management of education systems	012 312 5239
http://www.education.pwv.gov.za	
Voluntary Counselling and Testing (VCT) sites in South Africa	0860 222 777
http://www.aids helpline.org.za/_sites_list.htm	
Thethajunction – loveLife’s Toll-Free Sexual Information and Counselling line	0800 121 900
www.lovelife.org.za	
Policy support – Planning and monitoring branch	012 312 5244
Integrated Quality Management System (IQMS) http://www.education.pwv.gov.za	
National and Provincial HR or HRD Directors –	
National	012 312 5466/7
Gauteng	011 355 0281
Eastern Cape	040 608 4253
Free State	051 404 4291/2
Kwa-Zulu Natal	035 879 3690



Mpumalanga	013 766 5505
Limpopo	015 290 7933
Northern Cape.....	053 839 6500
North West.....	018 387 3424/5
Western Cape.....	021 467 2557/8

3 CARE AND SUPPORT

AIDS Helpline & Department of Education (DoE) Websites.....	012 312 0000
http://www.education.pwv.gov.za	
Hospice Association of the Witwatersrand	011 483 1068
Mofolo (Soweto)	011 982 5332
South Coast Hospice	039 682 3031
Wide Horizon Hospice	016 428 1410

South African Red Cross Society

Western Cape	021 797 5360
Eastern Cape	041 585 6745
Free State	051 448 1259
KwaZulu-Natal	031 337 6522
Gauteng	011 873 5595
Department of Health	012 321 0000
Planned Parenthood Association of SA	011 880 1182
Society for Family Health	011 482 1427

AIDS Training, Information and Counselling Centre (ATICC)

Western Cape	021 797 3327
Gauteng	011 988 1064/5
Limpopo	015 290 2363
KwaZulu-Natal – Durban	031 300 3104/3020
Pietermaritzburg	033 395 1612
Mpumalanga – Nelspruit.....	013 759 2167
Witbank	013 690 6204
Eastern Cape – East London	043 705 2968
Port Elizabeth	041 506 1249



Queenstown	045 838 2233
Umtata	047 531 2763
Free State	051 405 8544

National Association of People Living with AIDS (NAPWA) 011 872 0975
napnat@sn.apc.org

Woz'obana
 An organisation dedicated to creating an AIDS-safe environment 011 832 2490
wozajhb@sn.apc.org for their manual

Treatment

Visit the AIDS Helpline website for a complete national list 0800-012-322
http://www.aidshelpline.org.za/vct_sites_list.htm

Treatment Action Campaign National Office 021 788 3507

Treatment Action Campaign Regional Offices

Western Cape 021 364 5489

Gauteng 011 403 2293

KwaZulu-Natal 031 304 3673

Eastern Cape 043 760 0050

Medecins sans Frontieres 021 364 5490
www.msf.org

4 CHILDREN AND AIDS

Circles of Support (DoE) Hotline 0860 222 777
<http://www.education.pwv.gov.za>

The South Africa National Council for Child and Family Welfare

National Office 011 339 5741

Regional Offices

Eastern Cape 041 586 0468

Western Cape 021 592 2862

Mpumalanga/Limpopo 015 291 5944

Gauteng 011 484 0963/1



KwaZulu-Natal	031 368 5455
Northern Cape	053 831 6400
North West	018 290 7376
Free State	051 430 7510/07
Alliance for Street Children	011 484 5454

5 GENDER ISSUES

Woman's Health Project	011 489 9917
Health Wise Women's Centre (Centre for HIV positive women)	011 720 0503

6 AIDS AND THE LAW

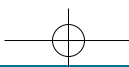
South African Human Rights Commission	011 484 8300
AIDS Law Project (The Centre for Applied Legal Studi.....)	011 717 8600
The Health Professions Council of SA	012 338 9300
www.hpcs.co.za	
Commision on Gender Equality	011 403 7182

AIDS CAMPAIGNS

Soul City	011 643 5852
www.soulcity.org.za	
loveLife campaign	011 771 6800
www.lovelife.org.za	

WEBSITES

AIDS Education Global Information System (AEGIS)
www.aegis.org
South African Aids Information Dissemination Service
www.saf aids.org
AIDS Foundation of South Africa
www.aids.org.za



Health Systems Trust
www.hst.org.za

Lawyers for Human Rights
<http://lhrpmb.org.za>

Kaiser Daily HIV/AIDS Reports
<http://report.kff.org/hivaids/>

Health-e News Agency
www.health-e.org.za

Centres for Disease Control and Prevention
<http://www.cdc.gov/>

The Body
<http://www.thebody.com>

7 GENERAL INFORMATION

Helplines

AIDS toll-free Helpline 0800 012 322
www.aidshelpline.org.za

Thethajunction – Lovelife’s Toll-Free Sexual Information and Counselling line 0800 121 900
Hours: 1 - 9 pm Monday - Friday; 12 - 5pm Weekends

Other information

Free Brochures and Information

Red Ribbon Resource Centre 011 880 0405
<http://www.aidsinfo.co.za>

Soul City 011 643 5852
www.soulcity.org.za

Other

Joint United National programme on HIV/AIDS (UNAIDS) 012 338 5294/5304
www.unaids.org

Medical Research Council 021 938 0911

