EASTERN CAPE DEPARTMENT OF EDUCATION

COMPREHENSIVE LONGITUDINAL EVALUATION

HIV & AIDS PROGRAMME BASELINE STUDY

FINAL REPORT

2004/2005

This Programme was made possible through support provided by the Imbewu II Programme with funds from DFID

COMPREHENSIVE EVALUATION PROGRAMME
HIV/AIDS BASELINE STUDY 2004/5

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COMPREHENSIVE EVALUATION PROGRAMME
HIV & AIDS BASELINE STUDY
2004/5
PREFACE

WHAT IS THE COMPREHENSIVE LONGITUDINAL EVALUATION PROGRAMME?

A comprehensive evaluation programme has been set up by the Quality Assurance Directorate. Complimentary budget and technical support is provided by the IMBEWU II Programme with funds from DFID.

This formative evaluation process has taken on the form of a series of longitudinal studies, starting in 2003 and continuing through to 2008. The process makes use of both qualitative and quantitative methods and will produce a series of “snapshot” studies and surveys, which will be re-visited according to a cyclic time-frame, over the 6 year duration of the programme.

The qualitative studies (action research) have taken on the form of case studies, testimonies, interviews, self-evaluation questionnaires and surveys with a sample of chosen “change agents” from Province, through to the District, the Schools, the Community and the Social Partners of the Department. The quantitative studies are based on available data within the system and are conducted in partnership with the EMIS Directorate. Photographic and video recorded evidences also form part of the data collection process and are used to support the reports which are published in both an abridged and unabridged format.

PURPOSE OF THE STUDY

The aim of the evaluation programme is to produce a series of relevant studies and surveys, identified from across the Department’s service delivery system as being key results areas. These studies and surveys are designed to provide recent scientific evidence on the “wellness” of the system and provide ongoing direction upon which a

more cost effective, efficient and economic delivery system can be built, as well as reveal certain important trends in the system over time.

The process will also provide an indication of the strategic gaps within the system, which would need to be more fully researched and developed.

The model makes provision for an external summative evaluation in 2005 and 2008.

WHO ARE THE PARTICIPANTS?

The quantitative sample

The quantitative sample consists of all schools in the Province. The annual comprehensive whole school quantitative study, based on the Department's Annual Returns data, the quarterly learner and educator attendance data, the annual post provisioning data, the 10th day returns data, the promotion data and the most recent census data, forms the backdrop for all other studies.

The qualitative sample

The Districts of Greater East London, Libode and Grahamstown were selected as the sample Districts. Consideration was given, during the selection process to the rural, deep-rural, urban, peri-urban and farm school mix of schools in these districts, as well as the high poverty index in certain of the areas within each of the districts.

24 GET schools and 20 FET schools were chosen across the 3 sample districts. Sample schools are characteristic of urban, rural and farm school types. Further consideration was given as to whether the schools had received ongoing programmatic training and support provided by the various funded partners or not. Schools were not chosen for their level of performance. 3 former model-C schools were added to the sample in 2004, since it was felt that this school type displayed particular characteristics that would be useful for comparative purposes.

The Provincial Office sample consists of all the Executive Managers of the Department and a selection of 15 middle managers from both back office support and education provisioning, who are responsible for key results areas.

The District Office sample consists of the District Managers and a cohort of both back office support and education provisioning officials, who are responsible for the key delivery areas.

WHAT FORM WILL IT TAKE?

The evaluation programme is based on a cyclic model, whereby the quantitative survey is re-visited annually and the qualitative studies are re-visited within a two or three year cycle.

WHAT MODE OF DELIVERY WILL BE USED?

Delivery is based on a partnership model, whereby studies are commissioned to local tertiary institutions and consortiums of independent specialists, who have to work closely with identified change champions within the Department to develop, test and administer the instruments and to sort and analyse the data. The process is managed and administered by the Directorate of Quality Assurance and all studies and surveys are quality assured by an appointed Reference Group made up of specialists from within and outside the Department.

The Programme is managed by an officially appointed Steering Committee consisting of relevant stakeholders.

PROFILE OF BASELINE STUDIES

Twenty five studies, which form the baseline, will be conducted between July 2003 and March 2005.

Qualitative Studies

1. ECDE Strategic Trends
2. Imbewu II Technical Advisor Support and Funded Projects
3. Provincial Middle Management

4. District Middle Management
5. School Middle Management
6. District Directors
7. School Principals
8. School Governing Body
9. Training of Trainers (ToT) Baseline Study
10. Training of Trainers Model
11. HIV & AIDS Baseline Study
12. School Community Integrated Pilot Project Model

Qualitative and Quantitative Studies

13. Dropout and Repetition Rate – Grade 1
14. Dropout and Repetition Rate – Grade 8
15. Attendance Survey – Learners and Educators
16. Grade 3 Learner Performance
17. Grade 3 Educator Performance
18. Grade 6 Learner Performance
19. Grade 6 Educator Performance
20. Grade 9 Learner Performance
21. Grade 9 Educator Performance
22. Grade 10-12 Learner Preparedness for FET
23. Grade 10-12 Educator Preparedness for FET
24. Public Perception Survey

Quantitative Survey

25. Annual Quantitative School and Learner Survey

These studies will be clustered as the evaluation moves above the baseline to form comprehensive self evaluation units for each level in the system.

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SAMPLE SCHOOLS

Libode/Umtata District

GET Schools
Nonesi Junior Secondary
Nyandeni Junior Secondary
Mdeni Junior Primary

FET Schools
Tutor Ndamase Senior Secondary
Sehushe Commercial
St Patricks Senior Secondary

Roman Catholic
Gxulu Junior Secondary
Qaka Primary
Port St Johns Junior Secondary
Transkei Primary

Port St Johns Senior Secondary
Mtweni Senior Secondary
Umtata High

East London District

GET Schools
Elitheni Senior Primary
Khanyisa Junior Primary
Equleni Junior Primary
Langelitsha Senior Primary
Nqonqweni Primary
Gcobani Intermediate
Masakhe Primary
Lilyfontein Farm
Clarendon Primary

FET Schools
Kusile Comprehensive
Vulamazibuko High
Sikhulule Senior Secondary
Silimela Senior Secondary
Unathi Senior Secondary
Beaconhurst Combined
Byletts Secondary

Grahamstown District

GET Schools
C M Vellem Primary
Samuel Ntsiko Primary
Clumber Farm
DD Siwisa Primary
Samuels Ntlebi Primary
Victoria Primary
Shaw Park Combined
Qhayiya School

FET Schools
Benjamin Mahlasela Senior
Hendrik Kanise Combined
Khutliso Daniels Senior Secondary
Mary Waters Secondary
T E M Mrwetyana Secondary
PJ Olivier

INTEGRATING THE COMPREHENSIVE EVALUATION INTO THE DEPARTMENT OF EDUCATION QUALITY ASSURANCE DIRECTORATE

At the outset of the comprehensive evaluation programme in the 2003/4 financial year, the process was managed and administered by the Imbewu 11 Programme. However, in order to ensure sustainability of the programme and the transfer of knowledge and skills, the entire comprehensive evaluation programme has been integrated into the Quality Assurance Directorate during the 2004/5 financial year. The Directorate will ensure that a model for continuous comprehensive evaluation of the Department is put in place based on the lessons learnt during the two year baseline process.

FOCUS OF THIS REPORT

The HIV & AIDS Baseline report strives to measure the effectiveness, efficiency and functionality of the Directorate of HIV & AIDS with regards to Administration and Management, Advocacy programmes and Educator, Learner and Community empowerment, as well as the provision of learner and educator support materials, monitoring and evaluation at school level and aftercare systems and procedures in addressing the HIV & AIDS epidemic and in order to receive quality education about HIV & AIDS life-skills.

COMPREHENSIVE EVALUATION PROGRAMME
HIV & AIDS BASELINE STUDY

ACRONYMS AND ABBREVIATIONS

CBO	Community-based organisation
DFID	Department for International Development (United Kingdom)
DM	District Management for the HIV & AIDS Programme
ECDE	Eastern Cape Department of Education
GET	General Education and Training Band (Grades R -9)
FET	Further Education and Training Band (Grades 10-12)
FHISER	Fort Hare Institute of Social and Economic Research
HAC	Health Advisory Committee
NDoE	National Department of Education
NGO	Non - Governmental Organisation
QA	Quality Assurance
SPW	Student Partnership Worldwide (NGO)
UFHIG	University of Fort Hare Institute of Government
VCT	Voluntary Counselling and Testing
Fundi	an expert
'Gooi'	quick (in and out) deposit
Inkciyo	*v*irginity testing

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EXECUTIVE SUMMARY

1.1 INTRODUCTION

At the heart of the Eastern Cape Department of Education (ECDE) objectives, which are supported by the Quality Assurance Directorate, lies the goal to increase significantly the achievement of learners in the Eastern Cape. To ensure relevance of programme interventions, the ECDE, supported by the Imbewu II programme with funding from DFID, is committed to following a rigorous approach to ongoing evaluation of the impact of these programmes at all levels in the system over a seven-year period. The HIV & Aids Baseline Study is one of 25 studies comprising the comprehensive evaluation framework.

1.1.1 Rationale

The HIV & Aids programme emerges in the context of the recognised HIV & Aids pandemic in the country and the province, where it is seen as one of the greatest threats to the supply, demand and quality of education in the province. The Strategic Plan developed by the HIV & Aids Steering Committee of the ECDE in December 2004 identifies the following goals:

- reduce the number of new HIV infections (especially among children and youth)
- provide care and support for those infected
- reduce the impact of the pandemic and the stigma and discrimination on individuals, families and school communities
- mainstream HIV & Aids into all policies, programmes and procedures of the department

- strengthen co-ordination and partnerships within the department and with government, social partners and civil society

These recently developed goals provide the overall rationale for the baseline study, indicating the issues that must be addressed in order to achieve the stated goals, particularly in relation to the situation at schools.

In addition, the district middle manager cohort are seen as the engine for district delivery of HIV & Aids programmes, as it is from this level that HIV & Aids strategies for policy implementation and goals are filtered down to school level in a systematic and orderly manner, and that monitoring and support systems are implemented.

These interventions are integral to the ECDE and Imbewu II programme purpose "to develop an effective, efficient and affordable decentralised education system".

1.1.2 Purpose of the study

The purpose of the study is to establish what programmes and interventions have been adopted in schools in the Eastern Cape in relation to HIV & Aids and lifeskills programmes, what strategies are being pursued and what the most pressing challenges for educators, learners and management are.

Importantly, it is to provide key baseline qualitative data for understanding and measuring the efficiency, effectiveness and functioning of the HIV & Aids programme in the province. The study seeks to measure this efficiency, effectiveness and functioning at school, related community and district manager and co-ordinator levels.

1.2 OVERALL KEY FINDINGS

It is important to briefly contextualise the findings of the study within regard to HIV & Aids data both nationally and provincially. The HIV & Aids pandemic in South Africa is spreading at an alarming rate. In 2000, it was estimated that 24.5% of the population was infected with the virus and by 2003 this had increased to 27.9% (AVERT, 2004).

“Though the epidemic does not discriminate – affecting teachers, doctors, mineworkers and politicians alike – it does disproportionately affect the young and the poor, especially if they are women.” (EQUITY Project 2003).

By 2004, it was estimated that over five million people in South Africa were living with Aids, the majority of them women (2.5 million) in the age category 15 to 29; and that approximately two million males, in the same age group, were infected (Dorrington et al 2004). In the Eastern Cape, the virus has spread more rapidly than in the rest of the country, with the province registering a 7% increase in infections over the period 2000 to 2003 (20.2% infected in 2000 and 27.1% in 2003). This figure could be higher as there is considerable controversy over the accuracy and underreporting of figures, largely because the information is gathered from death certificates, which do not necessarily indicate Aids as the cause of death.

However: “Of particular concern here is that it is among the youth that the pandemic is growing the fastest. The NM/HSRC study, the antenatal survey and the loveLife surveys all show that that HIV prevalence among the youth is disproportionately high in the Eastern Cape in comparison to the adult HIV prevalence in the province and in comparison to trends among youth in other provinces.” (Kelly 2005).

It is clear that increasing numbers of children are contracting HIV & Aids at a younger age and that this presents enormous challenges for the schooling system in the country and in the province in particular.

One of the reasons for the rapid spread of the disease in the Eastern Cape is the very high prevalence of chronic poverty in the province, where nearly 63% of the population of approximately seven million people live in rural areas, where there is little or no employment and where they find themselves dependent on welfare grants and small-scale sub-subsistence farming. In the urban areas, there is also evidence that rates of employment have decreased over the past five years as a result of the closure of factories in a number of sectors and that levels of poverty and desperation are increasing here as well.

Poverty provides a crucial context for the understanding of the HIV & Aids pandemic. Lack of adequate nutrition accelerates vulnerability to the disease and the desperation of many households has undermined household stability, family morality and social coherence. It is estimated that in southern Africa as a whole, as the HIV & Aids pandemic has increased, more than half of the orphans live with their grandparents; with households headed by older women twice as likely to include orphans as those headed by older men. Older people already making up a significant portion of the poorest and the increased burden they face compromises their ability to adequately care for orphans (Ageing and Development, 16 June 2004).

These factors have intersected with increasing generational conflict, which has placed youth at a greater distance from parental intervention and control and increased their desire for independence and autonomy earlier. They have also impacted on the youth's understanding and experience of sexuality and morality.

A number of studies have found that present-day teenagers are having sex at an earlier age and sexual activity is also noted among pre-teenagers. It is estimated that about half of all teenagers have sex before they leave school. In the Eastern Cape, it has also been noted that higher levels of sexual frequency are found in rural and informal areas than in formal housing areas and also among adolescents living in poorer socio-economic circumstances (Kelly 2005).

In this context, there are considerable challenges which face the education sector for developing more effective strategies and programmes for the management of the pandemic in schools. One of the main findings of the research project is that while there is widespread awareness of the existence and impact of the pandemic, few effective policies and interventions have filtered down to the level of individual schools in both rural and urban areas in the Eastern Cape. This is further exacerbated by the lack of a dedicated directorate within schools for the monitoring and management of HIV & Aids, which has historically been dealt with under already over-extended and diverse Lifeskills Education programmes. In addition, the annual reports from the ECDE from 2001/2002 to 2003/2004 indicated major under-spends, on a year-on-year basis, in the HIV Conditional Grant budget allocations due mainly to problematic administrative and tendering hurdles within the department.

In attempting to develop an effective set of policies and programmes to address HIV & Aids issues in education, it should be recognised that HIV & Aids is a problem that affects communities at multiple levels and that it is certainly not an issue that can be effectively addressed in schools alone. A major challenge in relation to creating more effective interventions in this field therefore depends on how well schools and school-related bodies are able to intersect with other community structures and organisations.

The state can play a constructive role here by facilitating more intersectoral communication where the ideal would be that all programmes in schools are twinned or associated with programmes and initiatives in the community at large. “Whether through abstinence, condom promotion or through VCT, one clear lesson emerges: HIV prevention efforts led by the people themselves go the furthest to change behaviour. If communities do not own and lead the fight themselves, too often, no one else will.” (EQUITY Project 2003).

The concept of “community”, however, is a problematic one in the South African context. It is too often assumed that communities are easy to define and that development action within rural and urban areas can easily be mediated through these structures. In reality the definition of communities is often highly contested.

In some situations, traditional leaders are defining “their community” in certain kinds of ways, while state and development agencies might be drawing the boundaries around “community” in other ways. This can often lead to confusion and misunderstanding. When projects are designed to target communities, it is important that participants and stakeholders develop a shared understanding of the notion of community they are using for these projects

1.2.1 KEY FINDINGS: SCHOOLS

This report is structured, firstly, from the point of view of the learners, who are the focus of the HIV & Aids study in this instance and secondly of the adults within this context, mainly the parents, educators, principals, school governing bodies (SGBs) and district managers, co-ordinators and social clusters, among others.

The schools’ data in the study is organised according to the concept of competence widely used in the National Curriculum (2002) for South African schools. Relevant knowledge, skills and values (behaviours and attitudes) are identified as the cornerstones of competence in any field of endeavour.

The following are the key findings within the definition of competence from the viewpoint of learners and adults within schools:

(a) Socio-economic conditions

- All of the schools, except one of the ex-model C schools, identified unemployment and poverty as major problems in their communities. Linked to unemployment were the high crime rate, poor nutrition, drug and alcohol abuse, and lack of education. In addition, with regard to the impact of HIV & Aids, the increasing numbers of children running the home, alone, was a major concern.

(b) Knowledge and skills

- The majority of the learners (sample) and adults (SGB, educators, principals and DMs) demonstrated the relevant biological, medical and social behavioural knowledge on the issue of HIV & Aids transmission, social and behavioural factors and outcomes of infection. However, there were some instances where learners were misinformed about HIV & Aids and in some cases, indicated a lack of medical knowledge.

- All DM respondents expressed the view that the impact of HIV & Aids was increasingly being felt in the community at large, as well as in schools. This can be seen in the number of learners "dropping out" of school, the increase in the number of orphans at schools, as well as the large number of educators that are applying for sick leave.

- The perception exists with the DMs that the Department of Education's policy on HIV & Aids is achieving its objectives as they apply to heightening HIV & Aids awareness among educators and learners.

- However, the management and implementation of HIV & Aids programmes at school level remains problematic. The main focus of ECDE's implementation strategy has been the establishment of a series of workshops for districts and schools in order to capacitate educators and learners to deal with the HIV & Aids pandemic within the schools. The research indicates that key difficulties with this approach include:

  a) Only one or two educators per school have attended workshops on HIV & Aids. It is felt that this increased responsibility and pressure on educators, who are already over-extended in their workload, has affected commitment

levels and very little of the implementation skills learned in workshops have been carried out in schools.

b) Knowledge is therefore not disseminated to the whole school by the workshop participants: “workshop” knowledge continues to reside with one or two educators within a school.
c) There are cases of resistance to educator-counsellors chosen by the schools – they are not necessarily the educators that learners would choose to consult.
d) There is an over-reliance by schools on the individual educators who have attended workshops for developing policy, planning learning programmes and counselling learners. The schools which appear to be more engaged in HIV & Aids education generally have individual educators who are committed to driving the process.
e) There is little evidence of an integrated approach to HIV & Aids either within the school community or within the school curriculum.

The learners and adult respondents expressed the desire for more community involvement – there is a need for learners, parents, principals, educators and DMs to all become involved with the HIV & Aids training and programme implementation: Sharing the load and widening and reinforcing the impact of training programmes is essential.

(c) Workshops

- All respondents recommended that workshops be extended to include all stakeholders (learners, SGB members and parents, principals and educators).

- Support and follow-up to assist with the implementation of workshop content is essential in ensuring continuity and the development of those policies and programmes in all schools.

> *The workshop we had at school had a lot (of impact) but as the time goes it loses the impact so it needs to be done more often but here at school it is only done once a year. So I need continuity because it does have an impact. I also wish the community can be involved too because we would not tell the community the way we have been told here so the community needs to be invited too.*

- Educators and principals supported the claims that training has been infrequent and that there has been a lack of opportunity to report back on information gained at workshops to staff.
- Parents also expressed their wish to become involved in the workshops in some way.

(d) Attitudes

There were varying attitudes toward HIV & Aids from the principals, educators, parents, community members and learners. The central themes that emerged from the questions about learner, educator, parent and DM attitudes were disclosure, discrimination, abuse, peer pressure, fear, education, and denial.

(i) Disclosure and discrimination

Learners, principals and educators were predominantly in favour of disclosure, as it was felt that learner and parent status impacted on the education process. This was, however, seen as a double-edged sword in that strong evidence showed that disclosure goes hand in hand with

high levels of discrimination, labelling, stigma and emotional trauma.

> *Fear of revealing HIV that you will be laughed at. People reveal their status (12 years) living with Aids at school. You can tell a teacher, a friend of mine was embarrassed by the teachers: My friend had to leave school. The learners labelled her in the classrooms. It is a pain to reveal your status.*

While the *National Policy on HIV & Aids for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions* (Government Gazette 1999) states that learners and educators with HIV & Aids should live fulfilling lives free from discrimination, it is a concern that in reality this is not always the case despite all of the schools acknowledging the human rights aspect of HIV & Aids.

(ii) Abuse

High levels of sexual abuse appear to be occurring in some communities, including schools. This is a matter of considerable alarm, with some claims of widespread abuse involving teachers at schools. Intimidation in these circumstances was also reported, with learners feeling an overwhelming sense of disempowered in this environment.

> *It is common for teachers to have sex with girls, in so many schools even here at school it happens. There are many teachers who are doing this.*

(iii) Peer pressure

Peer pressure was cited by all respondents as influencing learner behaviour. It was interesting to learn that peer

pressure from both boys on girls and girls on boys was occurring.

(iv) Gender

A number of issues on gender emerged from the study, which suggests that mixed-gender groups are possibly one of the most important tools to use when addressing HIV & Aids education among children:

- Both boys and girls had the same types of questions and comments regarding issues dealing with sexuality, lifestyle and HIV & Aids infection.
- They both spoke equally about the subject of sexual aggression emanating equally from both sexes (point (iii) above).
- Both boys and girls appeared to speak very openly within the groups to and about each gender.

(v) Cultural constraints

Cultural constraints and stigmas appear to have impacted on HIV & Aids education in most schools visited. There also appear to be myths around the belief that HIV & Aids education will lead to promiscuous behaviour.

> *Parents do not tell children about HIV & Aids because they think if they do that they are actually telling their children to have sex. The parents must tell their children so that they can know about the consequences of HIV & Aids.*

(vi) Denial

The research found that some communities believe that HIV & Aids only affects the “poorer communities” and that it affects girls and boys in different ways.

(e) Policy and committees

While the National Policy on HIV & Aids recommends that "major roleplayers in the wider school or institutional community (for example, religious and traditional leaders, representatives of the medical and health care professions or traditional healers) should be involved in developing an implementation plan on HIV & Aids for the school or institution", it appears that many schools have limited the development of their policies to school governing bodies, educators and in some instances, principals and learners.

In most schools no learners were included in the development of the school policy and educators indicated that they had been told by the department not to include learners of primary school age in the development of the school HIV & Aids policy.

> *We were told (at the workshop) not to use learners in the forming of the policy, so learners were not part. They are too young: Their level of understanding is still very low for them.*

All but one of the schools indicated that they had copies of the National Policy on HIV & Aids – although these were not always accessible to the educators, SGB members and learners. However, understanding of the content of the National Policy varied considerably and no school communities were aware of, or had seen, a Provincial Policy.

While schools were aware that they needed to develop a School Policy on HIV & Aids, a copy of such a School Policy was only available in one of the schools in a handwritten poster format.

The majority of schools in this study did not have a Health Advisory Committee care team or peer group in place either.

(f) Programmes offered at the school

Learners were nearly all in agreement that very little was done about offering HIV & Aids awareness programmes at school. Most of the learners made suggestions on what they would wish to have.

> *A lot of the time the teachers read from the pamphlets. What is the use of reading us stuff? We can also read. We want the teachers to be creative and open up HIV & Aids. We should do projects and research. The teachers should get involved. They need to show us HIV & Aids is alive.*

The nature and extent of the HIV & Aids and lifeskills programmes offered at the various schools differed:

- At some of the schools, there was very little education about HIV & Aids and many of the schools seem to rely on "outsiders" to assist them in educating the learners.
- In the majority of schools lifeskills education, including HIV & Aids education, occurred during the Lifeskills and Life Orientation lessons and this was not included in the Further Education and Training Band (FET) curriculum.
- HIV & Aids education was not successfully integrated across the curriculum and across all learning areas in schools. It appears that the term integration is not fully understood by many educators and that what is viewed as integration is frequently superficial and forced.
- Very few extra-mural and community-based programmes were offered at schools that concerned HIV & Aids education and none of the schools participated in National Aids Day.
- In line with the National Policy on HIV & Aids for learners and educators in public schools and students and educators in FET institutions (Government Gazette 1999), most of the schools favoured the teaching of abstinence. Few schools were prepared to issue condoms and those that did regulated the

issuing of condoms, which made it embarrassing for students to try and access them.

(g) Support from the ECDE

- Although there appears to be some support from the ECDE, this is seen as being sporadic and insufficient and the vast majority of schools communicated the need for increased support from both the ECDE and the National Department of Education (NDoE) with regards to HIV & Aids and lifeskills education. Support given by the ECDE included circulars, flyers, booklets and pamphlets, First Aid kits and workshops.
- The various schools received support from health-related organisations, the NDoE (support materials), the chief; as well as from various outside organisations including NGOs and CBOs.
- All the schools surveyed had First Aid kits but were experiencing difficulties in restocking them. The number of kits per school (one per school) was also inadequate and hardly able to meet the needs of hundreds of learners.

(h) Grants

- Learners in many schools indicated that the extremely poor members of their communities were attempting to access grants as the only short-term way of ensuring some sort of economic stability.
- Most of the educators interviewed in this study held the view that the availability of the Child Support Grant was increasing teenage pregnancy rates and that the perceived alleviation of poverty takes precedence over any potential consequences of unprotected sex.
- While it appears that parents are accessing grants from Social Development, the nature and extent of grants for orphans

urgently needs to be examined because the number of orphans at schools is increasing as the impact of HIV & Aids is increasingly felt in communities.

- There was a widespread belief that grants were available for anyone with HIV & Aids.

(i) Nutrition

- Among the educators and principals at most schools, good nutrition was seen as instrumental in assisting those infected with HIV & Aids.
- Suggestions for government support for schools included the introduction of a “serious feeding scheme” and “food gardens” in schools.
- SGB respondents prioritised government-supported feeding schemes, implements (tractors, irrigation) for making food gardens and for farming, as well as medicines at clinics, when asked what they most needed to assist with the scourge of HIV & Aids.

(j) Proximity

The schools that were situated within a community appeared to have more access to the parents, but indicated a greater need for community involvement.

(k) Values

A concern with the lack of morals and values in their societies was mentioned by a number of respondents in the schools in this study.

1.2.2 KEY FINDINGS – DISTRICT MANAGEMENT

The section below details the findings elicited from interviews with district directors and managers from the ECDE, as well as social cluster partners and provincial leaders.

The information presented provides a brief overview of views relating to the impact of HIV & Aids and the ECDE's policy that responds to the pandemic.

HIV & Aids programmes have been implemented in all districts (although not uniformly), and are seen to have relative levels of success in training educators and raising the level of awareness among, and "empowering", learners. Most of the programmes are implemented by means of educator workshops, which are run by service providers.

The programmes include:

- HIV & Aids Policy Programme (aimed at developing a School HIV & Aids Policy)
- Lay Counselling Programme
- First Aid and Safety in Schools
- No Apologies/Focus on the Family
- Peer Education
- Moempie Puppet

However, the ECDE's HIV & Aids policy is not seen to be meeting its aims and objectives for the following reasons:

- The HIV & Aids School Policy training has taken place, but very few schools appear to have developed their own policies.
- There is a severe shortage of staff and physical resources, which limits the effectiveness of HIV & Aids policy planning and implementation.
- A major constraint in HIV & Aids policy planning and implementation is seen to be the centralised control of financial resources.
- In some districts, the centralised appointment of service providers is also seen to be problematic, as it encourages the appointment of "fly-by-night" operators.

- Currently, there appear to be no mechanisms in place to assess the extent to which HIV & Aids issues and education are being integrated into the broader curriculum.
- There are very limited processes in place to monitor how information disseminated at workshops is fed back to the schools and the broader community.
- The NdoE's emphasis on abstinence, although "an ideal" and a message that needs to continue, appears at the same time to be unrealistic and "not working". This view is supported by reference to the number of female learners falling pregnant and the need to focus on younger learners in the abstinence drive.
- There is also general agreement that although attitudes and values surrounding HIV & Aids may be changing, behaviour is not.
- Concern was expressed that the NdoE's policy does not address the possibility that behavioural changes are not a response to education and awareness drives.
- Most respondents agreed with the view that issues of power between men and women, particularly in sexual relations, are not addressed in HIV & Aids prevention strategies and that masculine and feminine stereotypes serve to undermine such strategies.

1.3 RECOMMENDATIONS

One of the major issues emerging from this report is that HIV & Aids is the domain of every single government department, school community and individual. HIV & Aids requires wide-scale integrated strategic intervention with all relevant stakeholders. A single non-integrated attempt by one department will not meet its objectives.

While basic awareness of most aspects of HIV & Aids appeared to be adequate in schools, with many of the respondents knowing all the competences required to prevent infection, and indeed to live with HIV & Aids, the implementation of this knowledge into skills, behaviours and attitudes, which are practised daily by all, is extremely far from being realised.

The following is a summary of recommendations relating to schools, which emanated from the study:

1.3.1 Recommendations relating to schools

(a) Workshops

Extensive discussion concerning the value of workshops needs to occur within the ECDE: If workshops are deemed to be the most efficient and effective means of dissemination of HIV & Aids information at schools then the current workshop programme needs to be revised:

- Consideration needs to be given to increasing the number and extent of workshops, as well as to extending the workshops to all stakeholders, to include, for example, educators, learners and communities. The frequency of workshops and feedback to the participants are also clearly areas of concern.
- Additional resources need to be allocated to employing additional educators dedicated to implementing HIV & Aids programmes in schools. The over-reliance on already overburdened educators for HIV & Aids education in schools needs to be re-examined. Essentially, too much responsibility has unfairly been placed on these individuals and this has resulted in poor commitment levels by already overburdened educators, the non-dissemination of workshop outcomes and materials across the curriculum and into schools' activities; an over-reliance on the educators by the schools themselves to develop all their HIV & Aids policies and programmes; resistance from learners in the choice of educators chosen and the vacuum left in schools when their educators responsible for HIV & Aids education are transferred or resign.

(b) School community policies and programmes

Given that HIV & Aids programmes will not succeed if implemented in isolation, it is vital that the state play a constructive role by facilitating more

intersectoral communication – all HIV & Aids programmes in schools need to be twinned or associated with programmes and initiatives in the community at large.

To ensure maximum effectiveness, support also needs to occur across all the different education channels: at local school community level, at circuit cluster and district level and at ECDE level to ensure:

- More participation and collective co-ordination of school programmes in which the activities of other government departments, NGOs and CBOs would support those undertaken by the ECDE.
- In line with the National Policy of HIV & Aids that "Lifeskills and HIV & Aids education should not be presented as an isolated learning content, but should be integrated into the whole curriculum" (GG 1999:3), the implementation of a fully integrated HIV & Aids programme within the school curriculum is essential. The present system of the inclusion of HIV & Aids education within the Lifeskills and Life Orientation education is too limited and needs to be broadened across the entire curriculum and, importantly, at all levels of schooling.
- Ongoing training programmes, for example workshops, need to occur throughout the year so as to maximise their impact, provide necessary feedback to educators and learners and to ensure continuity.
- The content of the HIV & Aids education training material itself needs to be examined to include policies and issues on disclosure and discrimination.
- Gender is an issue worthy of urgent attention. There is evidence to suggest from this study that gender and gender-related issues need to feature centrally in all HIV & Aids policy planning, development and implementation. The complex nature of gender power relations and the interplay of masculine and feminine stereotypes require dedicated resources if they are to be understood and addressed in any meaningful way.

- Consideration of mixed-gender groups when dealing with HIV & Aids education among learners may facilitate the formation of serious “consultative forums” between boys and girls of all ages, where views on custom, practice and norms are opened up and debated. It is also recommended that further baseline studies should explore the prevalence of “open discussion” forums as opposed to the prevalence of “teach and tell” types of gatherings, mainly used by educators in existing lifeskills and HIV & Aids education.
- There is a great need for district and circuit (cluster) development of resource databases.
- The ECDE and/or partners need to implement ongoing evaluation of the impact of behaviour changes within schools, for example, pregnancy, illness and sexual abuse patterns.

(c) Issues requiring further debate and discussion at local, district and provincial levels include:

- Discussion forums on cultural practices.
- Responsibility for sexuality and sex education.
- Responsibility for HIV & Aids education.

(d) Promoting a safe and supportive learning environment

It is vital that the NDoE, and in turn, the ECDE, promote a safe and supportive learning environment in which the rights of the learners are recognised:

- There need to be clear channels for reporting abuse and for dealing with it. It is important that learners are involved in the selection of adult counsellors, so as to facilitate and build relationships of openness and trust, in which their feelings of disempowerment over abuse and the stigma of HIV & Aids disclosure is broken.
- As the need for support for orphans and other vulnerable children increases, it is imperative that policy makers establish who the home- and community-based carers for orphaned children are and

what resources they have. Provision then needs to include adequate financial, social and emotional support, including direct income in the form of social protection and access to foster care grants (Ageing and Development, 16 June 2004).

- In the current climate of extreme poverty in the Eastern Cape, the expansion of nutrition programmes for learners at all schooling levels is recommended, in order to reduce the vulnerability of learners, both through improved concentration levels at school, as well as helping to build the immunity systems of those living with HIV & Aids.
- The provision and continuous restocking of First Aid kits, as well as stronger links with primary health care centres, will assist in providing a safer environment for learners.
- The development of recreational facilities are seen as essential to providing learners with alternative entertainment options.

(e) Learner and educator support materials

- The development of appropriate materials by the ECDE needs to be made in consultation with educators, so as to ensure the appropriateness and effectiveness of the material.

1.3.2 Recommendations relating to management

In terms of support and planning for the future, the district manager, district co-ordinator and social cluster respondents raised a number of issues, many similar to those raised by the learners, with regard to HIV & Aids education policies and practices in schools. These included the need:

- for a shift in the emphasis on advocacy to one of implementation, monitoring and support;
- for greater collaboration between all government departments on HIV & Aids and lifeskills education in schools;
- to mainstream HIV & Aids into all programmes and processes in order to monitor the integration of HIV & Aids into the curriculum;

- to target learners more directly, and re-evaluate policies regarding abstinence and safe sex, as well as implications for behavioural change. Kelly advocates that rather than concentrating only on "changing behaviour" which tends to place importance only on the sexual aspects of HIV prevention, "it is useful to think of appropriate and useful behaviours and practices as including many aspects of response to the disease including prevention, treatment, care, support and rights". For example, "a strong response to caring for people with Aids may influence people when it comes to their own attitudes and practices" (Kelly 2005);
- the need for additional resources at schools, including human resources, for example, school nurses; physical infrastructure in the form of sick bays and rooms which allow for counselling and privacy at schools; support in the form of efficient feeding schemes, as well as resources to establish and maintain food gardens and importantly, support for orphans;
- the implementation of processes to evaluate the effectiveness of training workshops on an ongoing basis – continuous re-evaluation and modification is necessary;
- re-evaluation of centralised financial controls and procurement procedures. The year-on-year underspends in the ECDE's HIV & Aids Conditional Grant budget due to administrative difficulties further supports this recommendation;
- scrutiny of the current practice in the appointing of service providers, so as to reduce the risk of appointing unreliable contractors who undermine the efficiency of the programmes.

Fig 1: Learners at one of the schools visited in this study. (Photo: C Carter)

SECTION 2
THE EVALUATION METHODOLOGY

2.1 BACKGROUND AND CONTEXT

At the heart of the Quality Assurance Directorate lies the goal to increase significantly the achievement of learners in the Eastern Cape. To ensure relevance of programme interventions the directorate is committed to following a rigorous approach to ongoing and continuous evaluation at all levels in the system. This HIV & Aids Baseline Study is one of 25 studies which make up the comprehensive evaluation framework.

2.1.1 Rationale

The HIV & Aids programme emerges in the context of the recognised HIV & Aids pandemic in the country and the province, where it is seen as one of the greatest threats to the supply, demand and quality of education in the province. The Strategic Plan developed by the HIV & Aids Steering Committee of the ECDE identifies the following goals:

- reduce the number of new HIV infections (especially among children and youth);
- provide care and support for those infected;
- reduce the impact of the pandemic and of stigma and discrimination on individuals, families and school communities;
- mainstream HIV & Aids into all policies, programmes and procedures of the department;
- strengthen co-ordination and partnerships within the department and with government, social partners and civil society.

These recently developed goals provide the overall rationale for the baseline study, indicating the state of affairs that need to be addressed in

order to achieve the stated goals, particularly in relation to the situation at schools.

In addition, the district middle manager cohort are seen as the engine for district delivery of the HIV & Aids programmes, as it is from this level that HIV & Aids strategies for policy implementation and goals are filtered down to school level in a systematic and orderly manner, and that monitoring and support systems are implemented.

These interventions are integral to the Imbewu programme purpose “to develop an effective, efficient and affordable decentralised education system”.

2.1.2 Purpose of the study

The purpose of the study is to establish what programmes and interventions have been adopted in relation to HIV & Aids, what strategies are being pursued and what the most pressing challenges for educators, learners and school managers are.

This assessment also needs to be seen in the context of the activities of the ECDE in the area of HIV & Aids, which have been:

(a) to enhance integration of HIV & Aids into and across the school curriculum;
(b) advocacy work for supporting the HIV & Aids programme and strengthening intersectoral forums;
(c) celebrating Aids calendar days;
(d) providing a safe learning environment;
(e) establishing a peer education programme;
(f) initiating additional preventive activities;
(g) commencing a range of care and support activities;
(h) participating in and supporting provincial and local level responses to HIV & Aids;

(i) managing the impact of HIV & Aids;
(j) conducting workplace HIV & Aids activities.

These provide key contexts for understanding and measuring the efficiency, effectiveness and functioning of the HIV & Aids programme in the baseline study. The study then seeks to measure this efficiency, effectiveness and functioning at the school, related community and district manager and co-ordinator levels.

2.1.3 Literature search

A literature search was conducted to familiarise the researchers with the relevant policy and educational contexts. The following documents were reviewed:

- Department of Education Eastern Cape. Strategic Plan 2004-2007: Incorporating Operational Plan and Budget.
- Department of Education Eastern Cape. 2004. Umdibanisi - One that brings together, 1,11: 1-12.
- Department of Education Eastern Cape. 2004. Umdibanisi – One that brings together, 1,12: 1-12.
- Department of Education Eastern Cape. 2004. Umdibanisi – One that brings together, 1,13: 1-12.
- Department of Education Eastern Cape. 2004. Umdibanisi – One that brings together, 1,14: 1-12.
- Department of Education Policy and Budget speech 2004/2005.
- Department of Social Development. Delivery Grants for Children (www.socdev.ecprov.gov.za).
- Government Gazette 1999. National Policy on HIV & Aids for Learners and Educators in Public Schools and students and educators in Further Education and Training Institutions, 3.
- National Policy on HIV & Aids, for Learners and Educators in Public Schools, and Students and Educators in Further Education and Training Institutions (Booklet).

- Province of the Eastern Cape Department of Education. Department of Education Annual Report 2001/2002.
- Province of the Eastern Cape Department of Education. Department of Education Annual Report 2002/2003.
- Province of the Eastern Cape Department of Education. Department of Education Annual Report 2003/2004.
- Republic of South Africa Department of Education. National Curriculum Statement: Grade R-9.
- International Institute for Educational Planning Newsletter. 2004, XX11, 4: 1-16.
- Province of the Eastern Cape Department of Education. Comprehensive Longitudinal Evaluation: School Middle Management Case Studies. Baseline Report 2003/4.
- Department of Education Eastern Cape. Comprehensive Evaluation Programme: Training of trainers model Baseline Study 2004, Abridged Report.
- HIV & Aids Steering Committee. 2004 HIV & Aids Strategic Plan 2005-2009.
- Provincial Growth and Development Plan, Section 2, Socio-Economic Profile, Eastern Cape 2004-2014.
- Noble R, Berry S & Fredriksson J. *South Africa HIV & Aids Statistics*, AVERT, 21 March 2005. (*AVERT is an international Aids charity (www.avert.org/safricastats.htm)).
- Ageing and Development: *HIV & Aids: Who cares?* and *Grandparents' growing role as carers*, Issue 16, June 2004 (www.helpage.org).
- University of Fort Hare 2003. Institutional Operating Plan, first draft.
- EduAction. *The Eastern Cape School's Field Guide*, Version 1: June 2002.
- The EQUITY Project: Successes: Stories: *Community Leadership in HIV & Aids: Successes in the Eastern Cape*, 2003.
- Province of the Eastern Cape Department of Education. *Imbewu II Comprehensive Longitudinal Evaluation – District Office Middle Managers Study*. Baseline Report 2003.

- Dorrington R, Bradshaw D & Budlender D. 2002. *HIV & Aids Profile in the Provinces of South Africa: Indicators for 2002*. Cape Town Centre for Actuarial Research, University of Cape Town.
- Handley G, Gabelana B, & Goosen P. Longitudinal Comprehensive Evaluation – Grade 1-7 Dropout and Repetition Rate Study. Grade 2 Interview Survey 2004.
- Kelly K. 2005. *The epidemiology of HIV & Aids in the Eastern Cape*, CADRE, Rhodes University.
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2.2 PROCEDURES USED IN THIS STUDY

2.2.1 Method

The data gathering methods consisted of:

- school case-study interviews and focus groups
- school case-study observation and analysis
- manager, district manager and co-ordinator testimonies and interviews
- social cluster interviews
- background information profiles and data collection
- video-recorded interviews
- photographic recordings

2.2.2 Instrument design process: structure, development and testing

Instruments for the school-based study were designed and developed collaboratively within the University of Fort Hare team, with assistance and input from a statistic and data management specialist, as well as from the Reference Group members.

It was decided that there should be four interview schedules/instruments developed, as the various stakeholders within the schools would have

different insights concerning HIV & Aids. The interview schedules designed were for the following:

- The principal (see Attachment 6.2.1)
- Five teachers (educators), to be interviewed in a Focus Group (see Attachment 6.2.2)
- Eight learners, to be interviewed in a Focus Group (see Attachment 6.2.3)
- Two SGB members, who would be interviewed together (see Attachment 6.2.4)

The SGB and learner interview schedules were translated into isiXhosa, so as to facilitate maximum input and response, whereas the principal and educator interviews were conducted in English. All the interviews were taped, with the permission of the participants, to enable interviewees (principals and educators) to express themselves in isiXhosa where necessary. In addition, observations were also conducted at all the schools in order to more fully inform the study with regard to the facilities and other particulars of the individual schools (see Observation schedule Attachment 6.2.7).

The instruments were circulated for comment to all the Focus Group and Reference Group members and input received was included in the final revised documents. The instruments were trialled at a high school in Mdantsane, hereafter in fieldwork transcriptions referred to as EL1 (East London – first school). During the trialling process, each interview was conducted by two researchers from the Department of Education (University of Fort Hare). In addition a representative from Quality Assurance observed the interviews. This provided an opportunity for critical reflection in order to refine the instruments. After the trailing process it was decided:

- The SGB members would be interviewed separately as the two members interviewed during the trailing process had contradictory

opinions. It was felt that in this way the SGB members would be able to express their views more openly during an individual interview, rather than in a group.

- The interview schedules for both the principal and educators were repetitive. The questions that promoted a repetitive response were subsumed and became probe questions.

The results of the trial were reported to the Focus Group at a meeting held on 6 December 2004, in the ECDE Curriculum Boardroom in Zwelitsha.

The research process for the interviewing of the district managers, district co-ordinators, social cluster partners and provincial managers and directors followed a similar process. The interview schedules were developed by the team and trialled in the East London area by researchers from Sociology and FHISER and from this, separate schedules were developed for the different categories, mainly district managers and co-ordinators (see Attachment 6.2.5) and social clusters (See Attachment 6.2.6). The social cluster interview schedule was used as a basis for the interviews conducted with the two provincial leaders. Far greater flexibility and conversation was, however, considered desirable in these two interviews and the schedule was not, therefore, followed systematically. The interview schedule was also referred to the Focus Group and Reference Groups for comment and revision (See Attachment 6.3).

2.2.3 Scope of the study

The sample group for the school-based component of this research included 15 schools in three districts: Libode, East London and Grahamstown. (See Attachment 7.4 which reflects basic EMIS data on the schools in this study.) Five schools were chosen in each district from a select group identified by the Department of Education and an additional former model C school in Mthatha added to the Libode district research.

Within each school, the principal, two members of the SGB, five educators and eight learners were interviewed. The intention was that the educator Focus Group should consist of educators who fulfilled one or more of the following criteria:

- had attended HIV & Aids training programmes;
- worked with the peer groups or care teams;
- served on the Health Advisory Committee or co-ordinated health and safety within the school;
- taught life orientation; and
- had not received any training on HIV & Aids and were not directly involved in organising any of the schools' HIV & Aids programmes.

The aim was to ensure that the educators interviewed represented staff involved with HIV & Aids training or school-based programmes and staff who were not involved.

The intention was that the Focus Group for the learners should consist of a mix of trained peer educators and classroom learners who had not received any formal training in HIV & Aids programmes.

The research context included urban, peri-urban and rural schools in the districts of East London, Grahamstown and Libode. Two ex-model C schools were added to the initial list of schools that participated in this research study.

The related parallel section of the research entailed interviewing district directors, district co-ordinators, social cluster partners, and provincial managers and directors. All interviews were conducted individually with interviewees, except for one district co-ordinator interview in which two interviewees participated. Interviewees at the levels of district directors, district co-ordinators and social cluster partners were selected from East London, Mthatha/Libode and Grahamstown. Interviewers travelled to each district to conduct the substantial indepth interviews, based on a

standardised questionnaire. Additional questions, for purposes of clarity and elaboration, were however asked when necessary. The interviews sought to elicit information and views regarding HIV & Aids, the Department of Education's policy on HIV & Aids and lifeskills education, the implementation of related training programmes, attitudes and broader social issues, as well as support and planning for the future. In effect, the necessary focus on effectiveness, efficiency and functionality of the middle managers were comprehensively captured, and the views from the relevant social cluster and provincial leader participants were also collected.

2.2.4 Data collection process and methods

During the interviews written notes were made by each of the interviewers. To support the written notes, each interview was taped so that the interviewers could refer to these during the analysis of the data. In addition, five of the learner interviews were captured on video and photographs of the school environment were also taken at each school.

The middle management and social cluster interviews were tape-recorded and the data collected, transcribed and coded. The preliminary analysis involved coding the district director and district co-ordinator data, with the aim of identifying common and contradictory themes. Further levels of analysis compared data gathered from each of the three districts, as well as the data collected from the social cluster partners and the provincial managers and directors.

2.2.5 Data analysis and reporting process

(a) Background and context

A study of this nature, relying primarily on qualitative depth and Focus Group interviewing and observational methods, the data analysis process following on from the thematising, designing and interviewing stages, entailed processes of analysing (determining

the meaning of the gathered materials in relation to the purpose of investigating the effectiveness, efficiency and functioning of the HIV & Aids programme) and further processes of verification, leading to reporting.

Attention is given to detailed description of the cases and their settings leading to naturalistic generalisations.

(b) Partnerships

A combined team of researchers and specialists from the University of Fort Hare, East London campus including the Education Department, the Sociology Department and the Fort Hare Institute of Social and Economic Research (FHISER), conducted this study.

(c) Key area/baseline indicators/topics

Key areas and baseline indicators structuring the data analysis process for the **schools' data** are centred round:

- knowledge;
- workshops (counselling, policy development, HIV & Aids classroom, sporadic training, self-education, community involvement);
- policy and committees (national policies, development of school policies, committees);
- attitudes (disclosure, discrimination, abuse, peer pressure, fear, education, denial);
- programmes offered at schools (lifeskills, life orientation, integration, abstinence);
- support (ECDE, community, Health Department, district, social clusters/NGOs);
- social grants;
- nutrition programmes;
- proximity and locality;

- values; and
- gender and HIV.

Key areas and baseline indicators structuring the data analysis process for the **district directors/managers and co-ordinators, social cluster partners and provincial leaders** are centred on:

- the impact of HIV & Aids;
- the impact of the ECDE's HIV & Aids Policy;
- policy implementation;
- workshops and training programmes;
- limitations of the ECDE's policy and training interventions (schools' policies, shortage of human and physical resources, centralised control of financial services, service providers, integration of HIV & Aids into broader curricula, feedback from workshops, emphasis on abstinence, attitudes and values, behavioural changes, issues of gender and power).

(d) Information coding

Interview and transcript-based analysis was used. The interview notes were written up and taped interviews were transcribed in the form of narratives by the interviewers in order to support their written notes. Themes that emerged from the transcriptions were highlighted and categorised, drawing on analysis processes of categorical aggregation and the establishment of patterns and categories.

(e) Codes used in the report

In order to ensure the anonymity of the various interviewees, the responses for the principal, educator and learner interviews were coded in the interview transcriptions according to categories detailed. For the purposes of anonymity in the report, however, specific coding references have not been given.

- The **district**
    - EL – East London
    - G – Grahamstown
    - L – Libode
- A number was allocated by the interviewers to each **school**. There were five schools that participated in the research in Libode and Grahamstown, and six in East London (the trial school has been included in this report)
- The position of the **interviewee**
    - Principal – P
    - In schools where the deputy principal or head of department was interviewed, this has been indicated with the initials DP and HOD
    - SGB members – SGB
    - As there were two SGB members at most schools, they are referred to as SGBa and SGBb
    - Educators – E
    - Learners – L

The learner interviews consisted of Focus Groups. Each learner has been allocated a letter to assist with the identification of learner voices. For example, Ld.

EL4 – P means the principal at school four in the East London district. In the case of the SGB and learner interviews, a letter has been allocated to identify a specific SGB member or learner. For example, EL4 – SGBa stands for school governing body member numbered “a” in the transcripts at school four in the East London district.

A similar process of coding was followed for the responses from district directors/managers and co-ordinators, social cluster partners and provincial leaders in an attempt to ensure anonymity. Interviews have thus been coded according to:

- **The district**
    - EL – East London
    - G – Grahamstown
    - L – Libode
    - EC – Eastern Cape

- The **number allocated by the interviewers to each interviewee**. Thirteen individuals were interviewed in total and trial interviews have been included in the report. Unsuccessful attempts were made to set up interviews with a further five individuals. Of the 13 individuals interviewed, three were DoE district directors/managers, four were DoE district co-ordinators, three were social cluster partners and two were provincial leaders.

(f) Information interpretation

This has been undertaken in various stages. Initial interpretation was undertaken by the researchers responsible for the interviews. Thereafter the interviews were analysed and interpreted comparatively and across sections and schedules, jointly, by the research team as a whole. A series of internal evaluative workshops and meetings collected, reviewed and revised findings and interpretations, which also assisted in accounting for the reliability and validity of the findings. A draft interpretive report was then prepared and subjected to the same interpretive review process.

(g) Report finalisation process

- A presentation on the findings of the study were presented, in PowerPoint format, to the Focus Group meeting on Friday, 18 February 2005 in the ECDE Resource Centre Boardroom in Zwelitsha.

- A summary of the report was also prepared in an abridged report format and submitted to the project co-ordinators, together with photographic and video material.
- Draft reports were submitted to the project co-ordinators and this opened the report to critique and comments from the Focus and Reference Groups (who had already commented on research design, methods and techniques used).
- The main findings of the study were presented, in PowerPoint format, at a stakeholder meeting.
- The critiques from the Focus and Reference Group members, as well as from the stakeholder meeting on reporting techniques, content of the report and how the report could be improved, were then incorporated into the final report.
- The final report was then submitted to the project co-ordinators, who circulated it to the Directorate of Quality Assurance and the Reference Group members for comment.
- Final revisions in accordance with the comments from the Directorate of Quality Assurance and the Reference Group members were made (Refer: Attachment 6.3.3).

2.2.6 Constraints and limitations

Where possible, the appointments for the interviews were made with the principals, except in two cases where the appointments were made with the deputy principals. Following the selection criteria of the study, the principals were asked to ensure that two members of the school governing body, five teachers and eight learners (Grade 6 or Grade 10 depending on the type of school) were available for interviews. Despite communicating with the principals at the respective schools, very few principals were available when the interviewers arrived for the appointments at the schools. For example, at one school the deputy principal was interviewed, and at another three a head of department was interviewed. In Libode, despite prior communication with the principals about the nature of the research, the schools, particularly the principals, were under the

impression that the researchers were going to conduct HIV tests. Apparently, in 2004, random testing of learners by researchers (not related to the Imbewu II programmes) had occurred at the beginning of the year and again in June in many of the schools in Libode and this had created suspicion.

At a further four of the schools, SGB members were not available for interviews. The reasons given by the schools were that the SGB members worked, or it was too difficult to organise for the SGB members to come to the school.

Many of the schools indicated that having to continuously give of their time for Imbewu-related research was disruptive, time-consuming and not beneficial to the school. One educator stated: *"Evaluation is good. We have all the reports but when it comes to implementation there is nothing from them."* Another educator explained: *"We have hope that something good is going to happen* ***but nothing ever does****."* Two schools that were contacted for this study refused to participate and alternative schools were used. Many of the principals and educators were initially reluctant to participate and expressed their dissatisfaction at continuously being disrupted by the needs of the department.

There were a number of constraints with regard to the educator interviews, including:

- The group varied in size (from groups of two to eight).
- At some of the schools, the interview cohort consisted of educators who either had been "punished" for arriving late or were selected because they were new teachers.
- In all of the districts, the Life Orientation teacher at a number of the schools was unavailable. Workshops conducted by the ECDE on Life Orientation and HIV & Aids were also being conducted at the time of the interviews. In a number of the schools where the research was conducted, the principals and educators commented

that they wished the LO teacher or “special person” was there to tell us about what was happening in the school. In many of the schools, this person was not available as there was a two-week course on Life Orientation and HIV & Aids Awareness and Counselling being facilitated in the various districts. Although this could be perceived to be a limitation of this research, it is our opinion that the presence of these educators may well have skewed the results of this research.

- The interview cohort did not always fulfil the selection criteria of the study. In many of the schools care teams, peer groups, and Health Advisory Committees had not been established.

SECTION 3
KEY FINDINGS

In addition to structuring the report from firstly the point of view of the learners and organising the schools' data according to the concept of competence widely used in the National Curriculum (2002) for South African schools, the following guiding principles were also adopted and used in the evaluation process.

3.1 GUIDING PRINCIPLES

The evaluation design and process would be **comprehensive**:

- It would cover all aspects of the ECDE delivery and will take cognisance of the context at the various levels.
- It would take into account both Provincial and National Policy imperatives.
- It would make provision for both summative and formative evaluation.
- It would make provision for both qualitative and quantitative evaluation methods – the latter, mainly through the analysis of EMIS data.
- It would make use of different methodological approaches.
- It would be a complementary baseline study designed to enhance the other 25 longitudinal qualitative and quantitative studies, by providing data and evidence on a priority issue namely the ECDE HIV & Aids and Lifeskills Programme.
- It would form partnership agreements with local tertiary institutions.

The evaluation process and design would be **embedded and rooted in the ECDE and it would be**:

- Co-ordinated through the Quality Assurance Directorate;
- Inclusive of all relevant stakeholders in education;
- Supported by EMIS data;

- Managed, developed and designed to build research capacity and practice-based enquiry methodology at all levels;
- Seen as the first steps towards the establishment of a Policy, Planning and Evaluation Unit within the department;
- The first steps towards recognition of research studies, through publication and presentation of articles and studies, both inhouse, provincially and nationally.

The evaluation procedure and design would be **relevant, useful, sustainable, replicable and reliable, and it would**:

- Make use of existing data sources, for example, EMIS, the School Register of Needs and University and Technikon publications etc;
- Make use of existing ECDE structures;
- Have buy-in from the executive and senior management structures;
- Have clear control, accountability and reporting mechanisms in place from the outset;
- Consist of a representative sample;
- Contain capacity-building components (self-evaluation formats);
- Contain a flexible component where emerging policy gaps can be included (Single Action Research Studies);
- Be presented in a format that can be used for policy development and planning;
- Quality Assured at the development phase by relevant experts (Focus and Reference Group members);
- Quality Assured and reviewed for relevance, usefulness, sustainability, replicability and reliability;
- Make use of all available resources synergistically.

3.2 STRUCTURE OF THE REPORT

The voices of the **learners** are placed first in this baseline study. They are the focus of attention of the HIV & Aids Awareness Campaign, learning and teaching programmes and all intervention programmes promoted by the ECDE. It is

important therefore to hear what these voices are telling the adults and the schooling system.

Fig 2: Learners at break in one of the respondent schools. (Photo: C Carter)

The report is structured secondly in terms of the **voices of the adults** within this context: firstly the SGB members who represent the primary caregivers[1] of the learners and who are, with the learners, the primary recipients of the education system. Thereafter the voices of the educators, principals and DMs are presented. In the final section, the voices of the district directors, co-ordinators, social cluster partners and provincial leaders are presented.

Fig 3: Parents of learners in a rural community. (Photo: C Carter)

[1] Note that the term 'parent' is extended to describe family members and neighbours who perform that role within individual households. These adults may include grandparents, extended family, and oldest child in child-headed households.

Data in the study is organised according to the concept of "competence" widely used in the National Curriculum (2002) for South African schools. Relevant knowledge, skills and values (behaviours and attitudes) are identified as the cornerstones of "competence" in any field of endeavour.

3.3 SCHOOLS' FINDINGS

The following are the key findings with regard to schools within this definition of competence:

3.3.1 Knowledge and skills

All learner focus groups that participated in this study demonstrated the relevant biological, medical and social behavioural knowledge on the issue of HIV & Aids transmission, social and behavioural factors and outcomes of infection.

In general, the knowledge that each learner had about HIV & Aids was accurate:

> *It's sexually transmitted with blood, semen.*
> *It kills.*
> *We know all the stuff about how you get HIV & Aids.*
> *It weakens your immune system.*
> *It's infectious.*
>
> *You can be infected if you are in contact with someone's blood and you have not used gloves, also when you have unprotected sex with an infected person.*
> *Using a condom when having sex is important.*
> *The virus multiplies in your body and weakens the immune system and the system cannot fight disease.*
>
> *Boys believe that HIV & Aids can't (as) easily infect them[2] as much as it does the girls because of their physical structure. Girls receive semen. Boys give it. We just gooi.*

[2] This factor is borne out by the most recent statistics on death rates of men and women in South Africa which were that 149 men died for every 100 women earlier, and is now (2004) 72 men compared to 100 women.

There were a few learners who spoke about myths that they believed could be true. In each case they prefaced it with the words *"It is said …".*

Myths included the following:

> *Don't kiss people with HA, because once your tongue touches their lips you might get infected.*
>
> *Don't use the same glass.*
>
> *If somebody kisses you and is HIV & Aids positive, put a stone in your mouth and you'll be safe.*
>
> *Girls claim that they are virgins and no condom is therefore necessary.*
>
> *What I do not know is whether the witch doctors that they go to really cure the HIV Aids. I would say she has been cured because she does not have HIV & Aids. Now she is fat.*

Myths were also reported among adults by adults as in:

> *When a learner died the principal said that she is bewitched because people do not want him as principal.*
>
> *People do not talk about this because of the principal's attitude.*
>
> *There is a myth that if you are infected have sex with a virgin and you will be cured. Babies are not safe. Let's protect them.*

When asked what they would do if they were responsible for the HIV & Aids and Lifeskills programmes in schools, learners responded very positively that they would (generally speaking):

- conduct programmes according to the ABC formula (schools in Libode);
- give information about HIV & Aids (Grahamstown schools);
- organise support groups, treatment and food for learners, workshops and posters (all schools);
- Continue with the HIV & Aids prevention and amelioration campaign in an integrated way all the time and bring in outside groups to assist (all schools).

> *I would organise grants.*
> *I would organise treatment and remind them about it.*

I would organise healthy foods.
We have loveLife and SCA.
And lifeskills and LO.

Start HIV & Aids awareness clubs.
Increase awareness assemblies.
Make posters.
Get youth involved.
Visit HIV & Aids homes.
Help pregnant mothers and HIV & Aids children.
Involve the learners – take them to the HIV & Aids sufferers.
I would do research and do talks around the school.
I think I would invite people with HIV & Aids and ask them to come and talk to us.
I also would invite the community.
We would use Biology as an entry into HIV & Aids.
I would get the nurses and so on to get the necessary information.
There is a programme in Grade 9, (but) I would even include Grade 6 learners into the programme.
The programmes address the whole.

Fig 4: One of the Learner Focus Groups. (Photo: C Carter)

SGB members interviewed throughout the three districts were generally well informed about HIV & Aids. They made recommendations with regard to strategies for government on dealing with the pandemic:

It kills but the government shows it as fun. There are choirs, dancers. Whenever the media (television) talk about HIV & Aids it is as if it is entertainment.

HIV & Aids kills; people infected do not come out, they are afraid that they will be rejected and insulted. Aids is being transmitted by unsafe sex. We must use condoms. Let's not touch the victim's blood or share needles. A person becomes weak with red mouth, TB.

People must use condoms – there are male and female condoms.

Do not have sex before marriage.

Aids kills youth. They do not care.

Accept those infected. Many people are being rejected by their families and the community. A person with Aids needs to be loved and helped.

Wear gloves when washing him/her. Give her/him fresh vegetables and treatment.

Do not touch his/her blood.

On National Aids Day people who are very sick must visit the communities for the people to see them – not dance as if Aids is fun.

In addition, all SGBs pledged their support for the promotion of a safe lifestyle for their children:

Yes, we would have a say because we proposed a vegetable garden and that was agreed by everybody.

Volunteers and SPW are working very hard. Most of learners and youth in the community are now afraid of Aids.

Yes, as a traditional healer there is nothing that I proposed (that) was rejected by the principal, SGBs and educators.

Yes, there is one SGB member who is well trained about HIV & Aids. She is also involved in feeding scheme here at school. She is a bread cutter. She helps people with Aids and those affected in the community. She will help us at school as well.

It is vital that SGB members must have a say and be actively involved in programmes. They must go to Aids workshops.

I think we will be involved as we are involved in everything here.

However, most members stated that others should do the work of educating and mentoring their children:

> *Qualified people like nurses and social workers must visit schools and communities at least monthly to educate people about Aids and train people to help those infected.*
>
> *Qualified people from the government must tell educators about programmes they need to run in schools.*
>
> *No, the school is not doing enough. The school should work with social workers, nurses. There must be programmes about HIV & Aids.*
>
> *Schools must have the policies you asked me about. We do not have them here.*
>
> *There should be well-trained HIV & Aids specialists in each school. Learners in all grades must learn about HIV & Aids, ie Grade R-12.*
>
> *Educators, SGBs, nurses, social workers must work together and fight the disease.*
>
> *We want our children to hear about HIV & Aids from strangers not us because they do not trust us.*

It should be noted they predominantly spoke about what should happen in the future, rather than speaking about what they were currently doing:

> *We want projects and we will support anybody who is prepared to help us. We will talk to our children about sex.*
>
> *We will promote use of condoms although we feel that that is against our culture*.
>
> *SGBs must talk to learners about discipline, encourage them to attend workshops.*

Learners thought that their parents were not open about sex and HIV & Aids. They had the following to say about this issue:

> *They are afraid to talk to us about HIV & Aids issues.*
>
> *They need to sit down with us and talk about HIV & Aids issues.*
>
> *They must not dwell much on the fact that people must abstain from sex: they must talk about all the issues.*
>
> *They need to address pregnancy issues with us.*

Boys should also be told about pregnancy issues: In most cases parents exempt them from these talks.

I don't want my parents to talk about this with me. It's embarrassing.

I want truth from my parents.

I wish our parents would talk to us instead of just shouting. Especially us coloureds.

.

We only get information from our friends and boyfriends.

My parents avoid the topic. They talk about news and statistics, not about us.

My parents' approach is biblical.

My parents talk about consequences to me.

My parents (should) not shout and scream.

My parents (should) be willing to answer all questions.

At our house I always approach my mother about it and she just laughs and goes to the bedroom laughing and says I must not talk to her about those things, but I have a cousin that I speak with.

They do not talk they reject us.

We wish we can share our status with parents.

Some parents do not say anything.

Children must talk about HIV & Aids.

Some parents will ask you where you get this information from.

Only three learners in total said that their parents were willing to communicate about sex and HIV & Aids with them.

… me and my mother we are open about sex so it would help other parents to be open to their children and talk about sex.

Some parents' communication is bad. But my mother talked about treatment when I raised the subject of HIV.

My parent talks to me – knows that I am committed to church. I don't drink and smoke and I am not influenced by friends.

Knowledge and skills have been “taught” or “passed on” through workshops presented by the ECDE or related service providers. The intention is that this knowledge be “cascaded” into the school community.

Learners were generally interested in having workshops or “lessons” on an ongoing basis:

> *(The workshop we had at school) had a lot (of impact) but as the time goes it loses the impact so it needs to be done more often but here at school it is only done once a year. So I need continuity because it does have an impact. I also wish the community can be involved too because we would not tell the community the way we have been told here so the community needs to be invited too.*
>
> *… sit down with the learners and tell them about Aids.*

They complained, however, about the lack of such programmes in their schools:

> *… no programmes in the school.*
>
> *… must talk about it with learners.*
>
> *… must tell us that it is dangerous.*
>
> *Teachers must tell us about support and must not discriminate against positive people.*
>
> *There is no communication between the school and the learners. It is very rare to get the learners on their own talking about HIV and yet if we can do that it would be easier for us to talk about this. Even our parents do not talk to us about it.*
>
> *Even here at school there is no information about HIV & Aids prevention. There are condoms for school children to protect themselves.*
>
> *Learners send small children to go and fetch them. They are afraid, because the teachers normally ask what are you going to do with the condoms when you are this young. No one gets condoms, they sometimes expire and they throw them away.*

3.3.2 Attitudes and behaviours

A number of educators and principals argued that there was currently a lack of morals and values in society.

> *I would like to have more programmes to convince the children to stay away from sex than the Aids thing because the Aids thing is in the background. There should not be so much condom awareness as the children are getting the wrong idea. Learners have to be aware but we need to teach the "right" morals and values. Not to say it's fine to have sex as long as you have a condom.*
>
> *We should start with the parents because they also live in a world where they don't have any morals. We have got to start somewhere to get everyone back to "where they should be". Society as a whole, influenced by TV etc, is lacking in morals and values. Films they have made about Aids are more about the caring than the consequences and actually the horror of the disease.*
>
> *The challenges in the high school are to show learners what the consequences are. They are going to have sex anyway. We need to change the learners' morals and values. We need to do this early before they get to Grade 8 and 9.*

There was a range of attitudes expressed by the respondents. Learners' attitudes ranged from compassion and empathy to strict imposition of healthy living (no sex, no smoking, no drinking) as demonstrated below:

> *Tell the learners about the use of the condom or abstinence.*
>
> *No sex.*
>
> *Exercise.*
>
> *To have safe sex and look after their wellbeing.*
>
> *To use condom when having sex so that they do not get Aids.*
>
> *Tell people to eat good food, no sex, it's a sin. No alcohol and no smoking, especially if already infected.*
>
> *Don't laugh at people who are HIV positive.*
>
> *I think I would invite people with HIV & Aids and ask them to come and talk to us.*
>
> *To first determine who is HIV positive and who is not. I would set up a support group and in that group we will talk about eating*

healthy and how people who are sick are supposed to look after their health.

I would organise grants.

… and pictures of suffering. And stuff on videos.
I would call the school children and tell them that they must not have sex and if they have sex they must use condoms.

Call school – tell about HIV; tell HIV-positive people that they are still human beings/people even though they have this disease, motivate them to feel good.

SGB members' attitudes, in turn, ranged: Some believed that government and schools were responsible for HIV & Aids education; some stated that parents should provide house and garden work to support people with HIV & Aids; while others suggested doing away with the "fun" of HIV & Aids campaigns, as illustrated previously.

Community members must be involved in projects. We want to sew, bake, grow vegetables etc. Each school must have an HIV & Aids policy.

People must form projects like growing vegetables to support those infected and affected.

Three Libode SGBs promoted the traditional idea of virginity testing for girls:

Practice "Inkciyo".

We will support the government by monitoring our children's virginity – "Inkciyo". This was done before and it is safe. Men will teach the boys about how to have sex before marriage.

Principal, educators and SGB members are for "Inkciyo".

Monitoring the girl's virginity is the best solution. It will help girls not to become pregnant. Churches must tell people not to have sex before marriage. Men must educate the boys in initiation schools to use condoms or not to have sex at all.

Within each community, principals, SGB members and educators said there were parents who were: supportive; denied its existence; or preferred

not to talk about it. Principals and educators regarded parents who did not want to discuss HIV & Aids or sex with their children as “conservative”. One principal stated:

> *HIV & Aids is not a school problem, it is a community problem. We can’t leave the solution to the schools.*

Many educators were described by the principals as being very supportive and caring:

> *Teachers are very sympathetic, very positive, provide something, clothes, to learners, if we think a child is sick we send them to the clinic, try to get help from clinic, teachers provide vegetables and send it to those homes where (there’s a) need.*

However, there were educators who found it difficult to discuss HIV & Aids with their learners, and some indicated that they were not well prepared to deal with the issue of HIV & Aids in their classrooms.

One principal stated that the district office, during one of the workshops, had advised the school “to have a classroom to assist learners”. For many schools, as the principal indicated, all the classrooms are already in use for general teaching purposes. Many of the principals and educators emphasised the need for a special HIV & Aids classroom. Other educators stated “there should be a special class for the children infected (so that they can) be loved, cared for, positive and accepting of themselves as they are”.

In addition, the educators said they had a room that they planned to turn into a Health Centre. According one educator they “wrote a letter to the hospital asking for a health centre at school and a qualified nurse”.

Fig 4: The identified HIV & Aids room (building on the right of picture).

(Photo: C Carter)

Generally the learners were described as caring. However, principals and educators argued that in some cases the stigma of HIV & Aids was still entrenched among learners; that despite HIV & Aids workshops and lessons at school, and the attitudes that learners displayed in their speech, learners' behaviours had not changed; and that peer pressure was always a strong factor influencing learner behaviours.

The central themes that emerged from the questions about educator, parent and learner attitudes were:

(a) Disclosure
(b) Discrimination
(c) Sexual abuse
(d) Peer pressure
(e) Fear
(f) Beliefs and stigmas

(g) Denial

(h) Gender and sex

Each of these is discussed below.

(a) Disclosure

All of the learners and SGB members were in favour of disclosure. However, they realised that there were difficulties with disclosing one's status.

> *Involve the learners – take them to the sufferers.*
>
> *Teachers must tell us about support and must not discriminate (against) positive people.*
>
> *At school there was a programme of Active Youth, but students did not participate well. We were trying to teach people how to take care of people who are HIV, giving people knowledge. We were trying to socialise HIV people and to let them know they are not alone, so as to avoid assumptions.*
>
> *I am not sure because people do not come out. No learner died because of HIV & Aids. In that community they die but it said that it is because of other diseases like TB, pneumonia, fever etc.*
>
> *Youth are not afraid (to disclose). They want money from the government*[3]*.*
>
> *It is a stigma at school.*

The principals and educators were also in favour of disclosure. They articulated that once people felt free to disclose their status, there would be greater awareness. However, despite calls from teacher unions for teachers to disclose their status, principals at only four of the schools expressed that some of their educators had disclosed their status.

> *I can't understand why the students can't come to us voluntarily and disclose themselves.*
>
> *Out of 25 educators, I would say there are three with HIV.*

[3] It appears that many of the learners and adults interviewed, especially in Libode, believe that government grants are freely available for people with HIV & Aids. This is not entirely accurate.

At (this school) the educators said that they were aware of one teacher and one Grade 1 learner with HIV, but that most of the deaths were a result of HIV & Aids.

Parents who were open to discussion and disclosure of their status were regarded as "enlightened" by the educators. According to educators:

At this stage, I think the stigma attached to Aids in general is so in society today that very little is said, very little is open, let's hope more will be done and said about it in this community. We just find that people, as I said earlier, tend to go to funerals most weekends.

We don't think all parents are declaring their status. We are lucky that some came to teachers and declared their status.

Regarding the learners, educators and principals said:

There's a mixture between the senior students who have a got a far more realistic approach but, even amongst them, I find they ridicule the whole thing and often will say so-and-so has got Aids, we think because he/she is thin and laugh about it … so it is a total lack of education I think in the main.

The learners don't tease anyone, they witness, see the sick people, read from the media, know from (those who have) disclosed. But they don't want to know their own status. They die every day; like flies.

When a child is sick there's a lot of speculation and this leads to division amongst the learners.

Disclosure is problematic because it is associated with sex and the person is going to die, also the person has not behaved well. Parents therefore tell their children not to disclose because they fear it will reflect negatively on them.

A number of parents of Foundation Phase learners had disclosed their children's status. One Grade R educator said that she had "10 infected" learners in her class, and the other Grade R educator knew of "three infected" learners in her class.

Educators want parents and learners to disclose their status for a different reason:

Nobody talks about it as a community. A learner developed behavioural problems at school. We didn't know why the learner's behaviour had changed because the mother had not told us that she was HIV positive. There was much resentment and anger towards school in the community because the school had not supported the learner initially. We thought this was unfair because

we were not aware of the reasons for the learner's sudden behavioural change.

We are often unaware of problems because parents don't communicate their problems. As a teacher you don't always know the problems and this impacts on the education process.

There was no discussion by educators around the issue of self-disclosure to learners or to anyone within the school community.

(b) Discrimination

While the *National Policy on HIV & Aids for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions* (Government Gazette 1999) states that learners and educators with HIV & Aids should live fulfilling lives free of discrimination, it is a concern that this is not always the case despite all of the schools recognising the human rights aspect of HIV & Aids.

As indicated above, learners, principals and educators were predominantly in favour of disclosure as it was felt that learner and parent status impacted on the education process. This was, however, seen as a double-edged sword, in that strong evidence showed that disclosure went hand in hand with discrimination.

Fear of revealing HIV that you will be laughed at. People reveal their status (12 years) living with Aids at school. You can tell a teacher, a friend of mine was embarrassed by the teachers: My friend had to leave school. The learners labelled her in the classrooms. It is a pain to reveal your status.

HIV & Aids people are ill treated by us. They are different and separated from us even in the toilets. They drink a lot.

However, in Libode, all of the SGB members that we interviewed argued that virginity testing (Inkciyo) would assist in the prevention of the spread of HIV & Aids. "From Grade R upward, girls should have their virginity monitored." One SGB member said: "Let's go back to our culture (and) monitor the girls' virginity from Grade R" and another SGB member said "we must practice Inkciyo". The focus for the SGB member is on

promoting abstinence among girls, but boys should be taught either how to use condoms or abstain.

Criticisms with regard to discrimination were levelled at the state. One principal said that educators with HIV & Aids were discriminated against by the state. He explained that two of his educators were boarded because they had Aids. It took six months for these teachers to receive their pensions and their medical aid stopped payment. As a result, these two educators could not afford the medication. They both died before getting their money that the state owed them.

(c) Sexual abuse

When asked about a statement made about high levels of sexual abuse in the community a principal commented that parents "have that belief that if they abuse learners sexually they are going to be free of that disease". At another two schools, principals and educators said that parents and older siblings "have sex in front of the children" because the parents are "often drunk" and they live in shacks, where there is very little room. This was supported by many of the schools in the study.

High levels of sexual abuse appear to be occurring in some communities, including schools.

> *It is common for teachers to have sex with girls; in so many schools even here at school it happens. There are many teachers who are doing this.*
>
> *The girls get HIV & Aids from the shebeens.*
>
> *Girls are being abused by men who pick them up and then have sex.*
>
> *Girls tend to say yes to men for sex because they are afraid of being beaten.*
>
> *Girls also force men when they want to have sex.*

Sexual abuse by family members was referred to during workshops conducted by some NGOs for the learners.

> *There were also people who came in September to give us stories about HIV & Aids and they were coming from Johannesburg. They told us that you could be raped by your father. They told us not to trust our fathers. You need to tell your parents when something has been done to you. Try and be careful of fathers who get drunk. They gave us a number to use when something wrong has happened to us (080055555). They told us that girls should not wash in front of their fathers.*
>
> *I want to say even our parents rape us, so HIV-related issues should only be addressed by mothers. Fathers must not be allowed in case they think of raping you.*
>
> *Fathers are abusers now.*

(d) Peer pressure

Many educators cited peer pressure as influencing learner behaviour, especially with regards to "sexual promiscuity". There's a "problem with teenagers because they want to explore even though they know the dangers they want to explore that thing. You do tell them they mustn't have intercourse but the peer pressure is strong".

Although each group of learners cited peer pressure from boys, the boys cited the same pressure from girls:

> *What I can say is that even girls can initiate sex, there are also sex books and they show you those books and then the girl throws herself at you. That time you are not thinking about having sex, (but) because you are man you must protect your dignity you end up having sex with the girl. If you do not do that at that moment the girl will ask you: "You are not wanting to have sex?"*
>
> *We boys have problems with girls though. Because girls think that it is a fashion statement not to use a condom. They discuss you and it is a disgrace for boys to wear a condom.*
>
> *The girls also follow you around because they want to have sex!*
>
> *Girls come in a group and harass you. I have never had sex, but groups of girls come and harass me.*

What I say is that even if girls could have many boys, it is them who believe that HIV is here, but boys do not believe it, it seems to me they do not believe it is around. They do not believe (in) Aids – they want "flesh to flesh" or skin to skin.

(e) Fear

Many of the adult respondents cited the adolescent lack of fear of dying as an attitude mitigating against constructive behaviour.

Although parents know that they have infected their children, they're poor and don't accept that they, their children, are lagging behind.

Learners take HIV & Aids as a joke because they say we are all going to die anyway.

Learners want to be educated because they know it kills, but they are still becoming pregnant.

The youth are now afraid of HIV & Aids because volunteer groups and SPW are working very hard, educating young people.

Youth does not fear Aids.

(f) Beliefs and stigmas

All school-based educators and some SGB members raised the issue of cultural constraints and beliefs amongst parents as a barrier to learning about HIV & Aids:

The principal thought that the two learners that died were bewitched because the community did not want him as principal. The community knows that the two learners died of Aids.

Parents are "uneducated". When the school confronts them about their children, they say: "It's not Aids."

In our culture it was bad to speak about Aids to our parents; now that the SGB was also taken to the workshop they were also enlightened.

Parents think "some ritual has been done" if their children contract HIV & Aids and most parents here believe in witchcraft.

Most of the parents are illiterate and semi-literate … they don't talk about it (sex and HIV & Aids) with learners … (because of) the

> *cultural background; they're not used to talking about life issues (supported by SGB member and the principals).*
>
> *Some parents, even their children, don't know they are HIV because there are still myths ... some people have bewitched them, they don't think they have contracted HIV. (They) go to sangomas.*

In addition to cultural constraints, there appear to be many myths among parents that education about HIV & Aids will lead to promiscuous behaviour.

> *The attitudes of the parents differ. We could not focus solely on HIV & Aids as we realised that some parents would object. The learners therefore had to choose (between) HIV & Aids or TB for the poster project. Some parents don't want their Grade 6 children researching HIV & Aids so they encouraged their children to make TB posters while other parents helped their children with the HIV & Aids posters, even giving them condoms to stick on.*
>
> *Some parents are very conservative; others not as much.*
>
> *Parents here are supportive and sympathetic to such cases (meaning people infected with HIV).*
>
> *Parents shift responsibility onto the school.*
>
> *Parents are passive. The learners are now becoming more educated than their parents and this poses a number of problems, especially with regard to discipline at home.*

While a deputy principal stated that his teachers "probably have a basic knowledge" of HIV & Aids, another principal indicated that his teachers were proactive and organised their own training with the clinic. All teachers see HIV & Aids as an important issue and they give condoms to the learners. Teachers also expressed concern and said they would also like to have more knowledge and accessibility to professional help on the matter. They are aware of what HIV & Aids is, but "that is about as far as it goes". The deputy principal thought that the educators were probably hesitant to discuss it with the learners because it's "not easy to discuss, especially in mixed classes".

The principal argued that during HIV & Aids workshops, the learners are "attentive" and "participative". Learners want to be educated because they know it kills. However, they hear stories about their learners' behaviour in

the community which indicate that “they are just very careless” and “don’t take the whole thing seriously” because pregnancy levels are high.

(g) Denial

The educators were critical of some of their parents’ and colleagues’ attitudes.

> *The community think they are above the issue of Aids and that it only affects the “poorer communities”.*
>
> *It is far from us. (We) don’t expect to find it here. We are saying (it’s) not a problem but we don’t really know.*
>
> *Our colleagues are perhaps … a little bit “head in the sand” about it, semi-denying there is a problem and not terribly fired up about it. It is because people are not “out” about it, (it’s) not something you talk about, so (it’s) difficult to say. We have no idea about the parents’ attitudes because we’ve never had a conversation with any parent about HIV & Aids. The learners in the high school don’t think it is going to happen to them.*
>
> *HIV & Aids is not an issue in our community. Parents of the learners at high school are very blasé … “(it’s) not going to happen to my child’. We have had a few pregnancies, but HIV is not a big issue for the parents. The learners think they know everything. They don’t think it will touch them.*
>
> *In the primary school, the subject of sex is very exciting for the learners. We (the teachers) feel that they don’t maybe understand the consequences of the whole thing.*
>
> *Our teachers pretend it does not exist. They read about it, but don’t think that it has affected them.*

(h) Gender and sex

At EL6, the principal explored issues related to gender. He said they had a “culture of men” that is emphasised and “everyone panders to this, including the girls”.

The learners were specifically asked to comment on whether girls and boys have different attitudes to HIV & Aids. The opinions on this issue

differ from those who say there is no difference and those who say there are. The opinions expressed are as follows:

> *It's just that boys cheat on us. They want to have sex so they tell us they love us. Then they expect us to sleep with them, and we think we can trust them with only one partner.*
>
> *Boys live longer so it doesn't matter: It's the girls who die quickly.*
>
> *Boys infect girls.*
>
> *Girls infect boys because they are prostitutes.*
>
> *Boys go around asking for love.*
>
> *Boys getting revenge want to spread it.*
>
> *Girls think about it more.*
>
> *It's no good generalising. Each person is unique.*
>
> *Girls want to use the condom, want to protect themselves, but boys say you don't trust them. They joke about it.*
>
> *Boys do not like to use condoms.*
>
> *Girls want babies so that they can get the grant so they want to have sex.*
>
> *Some girls say they are virgins so they don't need to have a condom.*
>
> *Some girls can be reckless.*
>
> *It's no big deal for black men. They don't want to use a condom (a girl).*
>
> *if you ask for a condom as a girl, you are a whore, you know much more about sex than you're supposed to know.*
>
> *Girls don't want to have sex. Boys do.*
>
> *Boys don't care about HIV & Aids and all they want to do is have sex.*

Some educators mentioned that the HIV & Aids committee consisted of woman educators and implied that women were more likely to volunteer and support HIV & Aids interventions and programmes within the school.

3.4 NATIONAL POLICY AND WORKSHOPS FOR HIV & AIDS

Following on from this summary description of the competences (knowledge, skills, attitudes and behaviours) that learners, their parents and educators state that they require, it is useful to scrutinise the policies for provision of HIV & Aids awareness education in schools before continuing to a description of educator and principal responses to policy within this study.

The principals in all but one of the schools indicated that they had copies of the National Policy on HIV & Aids. The school that did not have a policy stated that although the ECDE had promised them a copy, it had not been given to them yet. None of the schools were aware of, or had seen, a Provincial Policy on HIV & Aids. The ECDE *HIV & Aids Strategic Plan* (2005-2009) states: "An Eastern Cape HIV & Aids policy was developed by the Office of the Premier for adaptation and application by all Government Departments" (ECDE 2004:9). It has been suggested in the National Policy (GG:8) that "a Provincial Policy for HIV & Aids, based on the National Policy, can serve as a guideline for governing bodies when compiling an implementation plan".

In some schools the educators indicated that "the policies were in the cupboard … we've seen the cover, but don't know what's inside", or "we think the National Policy is in the office but we don't have a policy. The policy is only in the office and not really used by teachers".

With regard to the understanding of National Policy, educators and SGB members stated:

> *We are familiar with National Policy and that it provides guidelines for the school.*
>
> *We know that you are not allowed to exclude, or discriminate against, somebody that has HIV & Aids and that it is not compulsory to disclose your status and that one needs to be careful about blood and all that. The First Aid part of it, like having gloves behind our classroom door.*

We have no knowledge or understanding of policies.

We know nothing about a National Policy.

We are aware but we have not seen the policy as yet.

We have an understanding of the contents of the policy.

Yes, it warns the youth not to be careless. Not to have sex at all or to use condoms. To accept learners with Aids. To join youth groups.

Yes, it encourages school-based support teams in schools. There should be Aids forums in communities. Educator support teams must be formed. Health safety teams must visit schools. Learners must join youth health teams in their communities.

The report deals with issues of policy and its implementation in the following sections:

- Provincial and District Workshops
- Sporadic Training and Lack of Report Back
- Self-Education
- Counselling
- Learner Training
- Community Involvement
- Recommendations for Workshops

3.4.1 Policy disseminated through district workshops

According to the *National Policy on HIV & Aids for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions* (Government Gazette 1999:4): “In the primary grades, the regular teacher should provide education about HIV & Aids, while in the secondary grades, the guidance counsellor would ideally be the appropriate educator.” The reason given for the selection of the guidance educator in the secondary grades is that the educator needs to be trained to deal with the sensitive nature of the learning content.

The central means of knowledge dissemination on HIV & Aids appears to be workshops. Although the strengths and limitations of workshops are highlighted in this report, it is necessary to state that, at most, one or two educators per school

have been involved in HIV & Aids-related workshops. This has implications for the rollout of HIV & Aids policies and programmes. In some schools there was no evidence of teachers attending any workshops at all. The principal at G1 stated there is “ongoing workshopping of educators … (but) we missed it …(the district officials are) not communicating with us very well. They need to do things properly”.

Where most schools indicated that they had been represented at the HIV & Aids workshops, it is only one or two educators, usually the LO educators, who actually attended the workshops provided by the Department of Education or a contracted service provider.

Schools appear to rely on these educators for developing policy, planning learning programmes and counselling learners. At one school, educators kept referring to the “special person” who was responsible for HIV & Aids education, but they did not know her name.

The dilemma with this is that the specialised knowledge resides with one or two educators within the school. The implications of this have repercussions for the nature and extent of HIV & Aids co-ordination and impact in the schools. From interviews with the principals and educators it is evident that knowledge gained from ECDE workshops was not always shared with the rest of the staff.

> *The educator who was initially involved with HIV & Aids and who had attended the DoE workshops is not organised and so the information did not filter into the school.*
>
> *There should be integration into the whole curriculum: Every teacher ought to be an HIV & Aids fundi. They are not. The subject occasionally surfaces in classes where individual teachers are particularly concerned. We should have a Health Advisory Committee, but we have only some interested individuals. This is the same as for the care teams. We work as individuals with learners who are needy and in a crisis situation. Peer group work occurs only when the YFC group comes annually to stage a performance presentation and to discuss the issue. As far as I know, there are no community support groups. The Department of Health deals only with primary health care. They are extremely busy. Social Development, yes, the offices are close by and we have close relationships with the social workers. They are quite reliable.*

There are no classes yet. I think they do have informal activities though to talk about sexual life (abuse and abstinence).

They do learn hygienic skills – how to clean themselves and about combing hair. Their own combs are used.

The National Policy on HIV & Aids (Government Gazette: 4) states that all educators should be trained and given guidance on HIV & Aids. In this research study, there is little evidence that this has occurred. As noted above, very few teachers were given the opportunity to attend workshops and little information from the workshops is disseminated. If the expectation, as indicated in the HIV & Aids policy and in the ECDE *HIV & Aids Strategic Plan* (2005-2009), is that all teachers should be trained and are responsible for HIV & Aids, then it is not sufficient to have one or two educators per school attending the relevant workshops.

Schools where there are individual educators committed to driving the process appear to be more engaged in HIV & Aids education. The educators at L3 were proactive and had organised their own training with the clinic. There is a general acknowledgement that there needs to be someone who is "in charge". It may be beneficial to encourage principals to get involved in HIV & Aids. From our interviews, the schools which had established a school policy and HIV & Aids programmes had principals who identified this as an important issue.

It seems imperative, and is a desire expressed by principals and educators, that all educators become involved with HIV & Aids training and programme implementation. However, the educators stressed that their roles and responsibilities had increased and suggested that "outside experts" be utilised in the schools to deal with HIV & Aids. This was corroborated by the SGB respondents, who asked that outside organisations and "experts" deal with the issue as well as the educators (see above).

While many schools stated that they had attended workshops, some indicated that they had attended no workshops at all. All of the schools, except one, indicated that they would like to attend more workshops.

When the principals and educators were probed as to the content of the workshops, many of the responses given were vague. Although policy, care, support and awareness were emphasised, there was very little explanation on each of these aspects given during the interviews.

While principals and educators would like to attend workshops on HIV & Aids on a regular basis, there is little evidence from this small-scale research to support the promotion of ongoing workshopping for educators. In many instances, information has remained with the few educators who have attended workshops and most schools do not have their policy or HIV & Aids programmes in place. Workshops seem to encourage rhetoric as opposed to action. The "cascade" model has not resulted in a flow of activities and information to the target group (the learners).

3.4.2 Sporadic training and lack of report back

Some educators indicated that they had only attended a one-day workshop on preventions and dangers. The brief and sporadic nature of some of the training does not appear to have made a significant difference in terms of HIV & Aids education in schools. At one school, the educators said: "We don't think it makes a difference because students still become pregnant and therefore behaviour has not changed."

The majority of schools indicated that educators attending workshops were not being given the time and opportunity to report back and disseminate information to the rest of the staff members at their schools. The redeployment process was cited as a contributing factor in the lack of feedback and dissemination of information. One of the principals interviewed indicated the deluge of "projects" emanating from government policies that most schools found themselves swept away in, and which partly prevented the "cascade" model from working:

> *But I want to make a comment. Whose job is it to provide everything for the learners? We don't have time if we are to get matric results up. The clinics are too busy. School community members are too busy getting a*

living. It is too big a problem for us. We are stretched. We have many projects we are urged to do by the government.

We have to budget for anything we do on this issue from school funds only. It is difficult to say what is HIV & Aids directed, but we do support 25 families a month while we have school funds to do so.

3.4.3 Self-education

Many teachers indicated that they were completing, or had completed, their own degrees that helped with information pertaining to HIV & Aids education. Two educators at one of the schools stated that they had completed a two-year Boston College HIV diploma in 2004 that covered HIV counselling, management and basic nutrition. They said they found this diploma to be beneficial and that they had been effective in implementing their new knowledge in their school. They said:

We have even joined a support group in our community and we have requested members of this support group to join our committee.

I have obtained information from my sister who is doing research and completing a First Aid course but we need more, (because) some teachers are fearful of handling children with injuries.

3.4.4 Counselling

All learner focus groups noted in their responses the need for discussion and counselling by their educators:

They (the teachers) say Aids kills and they do not explain much.

They say we must not play with sharp objects as you can get infected easily because our bloods are not the same. They advise the older ones to use the condom but not the young ones.

Teachers just read the pamphlets with no special effort.

They make jokes.

They read out posters.

Teachers here only talk about it in Grade 9, and then they just read from the pamphlets.

There is no communication between the school and the learners. It is very rare to get the learners on their own talking about HIV and yet if we can do that it would be easier for us to talk about this.

Teachers should start taking HIV & Aids (seriously) and not just something that the government has asked them to talk about.

A lot of the time the teachers read from the pamphlets.

What is the use of reading us stuff? We can also read.

We want the teachers to be creative and open up.

We should do projects and research.

The teachers should get involved. They need to show us that HIV & Aids is alive.

Various schools, however, stated that they had sent educators to attend counselling workshops: normally at least one educator and sometimes the principal and a few learners.

3.4.5 Learner training

Some schools indicated that the learners had received training through Active Youth. Educators thought that the learners may have received training through loveLife and Career Guidance but some were unsure of this.

3.4.6 Community involvement

Community involvement in workshops and the benefits for those schools whose SGB members had attended workshops was emphasised. Some learners, educators and SGB members were interested in opening HIV & Aids workshops to parents and the school community in general:

I also would invite the community.

Help pregnant mothers and HIV & Aids-infected and -affected children.

Community members need to be trained on how to deal with and support Aids victims, for example those infected and affected.

Educators, SGBs, nurses, social workers must work together and fight the disease.

There must be a day set aside each month for HIV & Aids. In churches, schools, shops, clinics, hospitals, people must talk about Aids. At pay points old people must be told about Aids because they become rape victims like babies.

Training can make a difference as it is easier to get the community involved when the SGB are involved.

3.4.7 Recommendations for workshops

The learners suggested that workshops should encourage educators to talk about HIV & Aids with the learners. Alternatively HIV & Aids-related organisations could be utilised:

Call loveLife to teach about the disease.

Ask (teachers) to sit down with the learners and tell them about Aids.

(They) must talk about it with learners.

(They) must tell us that it is dangerous.

Teachers must tell us about support and must not discriminate against positive people.

I would ask the teachers to implement this as part of the curriculum. It wouldn't stop at Grade 9 but would continue up to matric.

SGB respondents stated that they would like to be more involved in the ECDE workshops on HIV & Aids. However, they did emphasise that HIV & Aids education should be the responsibility of the school.

It is vital that SGB members must have a say and be actively involved in programmes. They must go to HIV & Aids workshops.

HIV & Aids must be in the curriculum for all the learners. Community projects must be formed.

SGBs must talk to learners about discipline, encourage them to attend workshops. Teachers need to teach learners about HIV & Aids.

Principals and educators reiterated the belief that learners and parents should be involved in ECDE workshops. They called for regular workshops with continual feedback and monitoring by district officials.

Workshops should include all of the educators; occur frequently and regularly and should result in certification.

Learners should be included.

A workshop was conducted which included approximately 10 learners. We cannot tell you anything about the workshop.

More education on awareness and control, and materials to build on in the classrooms.

Facilitators of the workshops should follow up to see if the information has "cascaded down" to the rest of the school.

3.5 SCHOOL POLICIES AND COMMITTEES

All schools are required to have a school policy developed by all the formal roleplayers in the school, and to have Health Advisory Committees.

3.5.1 Policy development

All of the educators at one school interviewed attended a workshop on policy development. This was prior to redeployment when they were at different schools. From this particular school three educators attended. "The workshop was for four days and the focus was on policy making; we did talk about HIV & Aids but the bottom line was policy making." At another school, an SGB member indicated that she too had attended a number of workshops, including one on policy development.

Although all of the schools, except one, were aware they needed to develop a school policy on HIV & Aids, only four of the schools stated they had formulated their school policy and two schools indicated that they were in the process of developing a policy. There appear to be some discrepancies with regard to school policies. For example educators (and SGB members) at one school said they don't have a policy "but are thinking about what should go into the policy" whereas the principal stated there was a school policy. At another school, the educators indicated that although the policy development process had started, none of the

educators interviewed had been involved in the development of the policy, and the SGB members stated: “There is no policy at the school.”

A copy of the school policy was only available in one of the schools. At this school, the policy was displayed in the principal’s office. The principal indicated: “There is a teacher who is deeply involved. We are waiting for him to add his things then each classroom will have a copy of the policy; at the back.” The school policy at this school focused on:

- Partnering with the Department of Education;
- HIV & Aids education and the curriculum; and
- Care and support.

At another school, the principal indicated they did have a school policy, but stated: “We haven’t selected a committee, but we are doing, we are trying by all means.” The policy at this school was developed by the “SGB, principal and some of the staff”, and included:

- Identification of learners with infected parents;
- Provision of support and love;
- Confidentiality of learners or parents who have disclosed their status;
- Provision of food by planning a vegetable garden;
- First Aid kit; and
- Educating learners about their responsibilities if someone is bleeding.

Another principal stated that the “teachers, learners and SGB” formulated the policy. He explained that everyone has access to the policy and it was shared with the parents at a parent meeting. Yet at another school, there was confusion about the school policy: The educators indicated that there was a policy, but it would appear from the principal’s interview that the school has a document containing

guidelines for treatment of class and sport injuries rather than a comprehensive policy document. One of the educators at another school said: “Yes we have a policy but I tried to get hold of it. It is not that prominent – there was a sheet that said but it has more to do with how to treat learners. The management team sat down and formulated it. They handed out a sheet to all of us – can’t remember if learners were given it.” And at another, the principal and SGB members stated that there was a policy but the principal said “the teacher involved still has to type it up and provide everyone with a copy”.

Reasons for not having developed the school policies included:

- “We need material, correspondences and National Policy and any Acts.”
- The HIV & Aids specialist teacher (usually used to refer to the Life Orientation educator or the educator that has attended the Department of Education workshops) is in charge and “we’re starting with feedback”.
- Still thinking about what should be contained in the policy.
- An indication of where school is at rather than attitude – all acknowledge it is an issue – “but we are not a school where all kinds of policies are in place. Don’t have policies on just about everything”.
- Have discussed policy informally in staff meeting (once) – some of responses of teachers quite negative.
- Policy was drafted by one of the teachers who left the school because of redeployment. “Don’t know where it is.”

While the National Policy on HIV & Aids recommends that “major roleplayers in the wider school or institutional community (for example, religious and traditional leaders, representatives of the medical and health care professions or traditional healers) should be involved in developing an implementation plan on HIV & Aids for the school or institution”, it appears that many schools have limited the development

of their policies to school governing bodies, educators and in some instances, principals and learners.

At the majority of schools where this research was conducted no learners were included in the development of the school policy. The educators indicated that they had been told by the department not to include learners of primary school age in the development of the school HIV & Aids policy. One educator claimed: “We were told (at the workshop) not to use learners in the forming of the policy so learners were not part. They are too young: their level of understanding is still very low for them.”

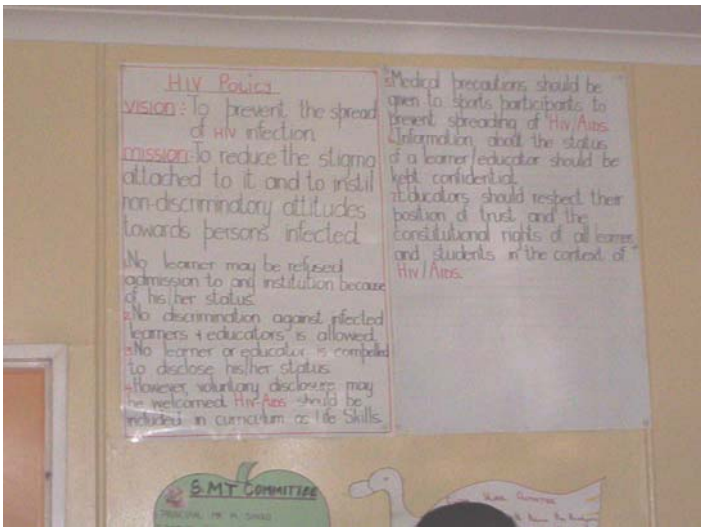

Fig 5: The only school HIV & Aids policy seen in this study. (Photo: C Carter)

3.5.2 Health Advisory Committees

The ECDE indicated that it had established Health Advisory Committees (HACs) in 400 schools (HIV & Aids Strategic Planning (2005-2009): 2004). However, most schools in this study did not have HACs or a fully functional HAC, care team or peer group in place.

One could attribute this to the lack of policy development in schools and lack of exposure to the national requirements as indicated in the HIV &

Aids policy document (Government Gazette). A number of schools indicated that the HIV & Aids Committee or the Safety and Security Committee performed the role of the HAC.

Some educators indicated that they had not heard of peer groups or care teams and were not aware of the necessity for them. However, one teacher stated that the learners do talk about HIV & Aids to each other in class. She said she had heard about peer groups but that they were mainly for high schools and therefore were not necessary for their school.

Few schools had peer groups, facilitated by Active Youth, in place. The ECDE stated that 2 304 secondary school peer educators had been trained at schools (HIV & Aids Strategic Planning (2005-2009: 2004). This small-scale study does not appear to support this claim.

Where there was an HAC, these committees were predominantly groups of educators and many of them did not include learners, SGB members or representatives from the medical and health care professions. Educators stated that they had an "HAC, which consists of a witchdoctor, pastor, sister, SGB members, police, health workers and two teachers".

At another school, the principal said that they had an HAC and it had an important role in the school.

Another SGB member at one of the schools is a member of the school-based support team, Aids forum and educator support team. She stated that there was an HAC, a health and safety team and a youth health team at the school. She said that the HAC consisted of five teachers, principal, two SGB members, one district health official and two learners per grade.

Few schools have developed school polices and have the various committees in place. For most schools there seems to be a lack of awareness of a National Policy and the accompanying requirements.

Despite attendance at workshops on policy development, the requirements have not been acted upon.

3.6 PROGRAMMES OFFERED AT SCHOOLS

While there appears to be very little taking place in the schools regarding school policy formulation, the nature and extent of the HIV & Aids and Lifeskills programmes offered at the various schools differed in the same way.

At some of the schools, there was very little education about HIV & Aids. The educators stated: “There is very little teaching about HIV & Aids” in their school, but they did realise the importance of it now. An SGB member at another school confirmed this and said that there were no programmes at the school. The learners at this school said that the school did not have any programmes dealing with HIV & Aids. Two of the learners interviewed stated that they had learned about HIV & Aids last year when they attended another school.

Many of the schools seem to rely on “outsiders” to assist them in educating the learners. At one school, educators argued that they “don’t have anything (meaning set programmes). It’s not in your face, we don’t have to deal with it in the classroom. On the odd occasion … a memorial service. It’s not something that happens regularly”. At another, the principal articulated that they “called people from the ‘outside’, NGOs and Health to give teachers and learners lectures”. Two schools were deeply involved with HIV & Aids education, not only at school level, but also within the community.

3.6.1 The National Policy guidelines for Lifeskills and Life Orientation[4] (LO)

The *National Policy on HIV & Aids for Learners and Educators in Public Schools and students and educators in Further Education and Training*

[4] Note that LO is not offered until 2006, when the National Curriculum Statement is introduced into the FET Band.

Institutions (Government Gazette 1999: 3) specifies that all learners need to "receive education about HIV & Aids and abstinence in the context of Lifeskills education on an ongoing basis. Lifeskills and HIV & Aids education should not be presented as isolated learning content, but should be integrated in the whole curriculum". There are three issues in the above quote that need to be addressed within the context of this research:

3.6.1.1 The relationship between Lifeskills and LO

All of the schools had a Lifeskills programme, although this programme appeared to be limited to Life Orientation. At one school, the principal confirmed that Lifeskills usually occurred in the Life Orientation programme. He stated: "There are no separate programmes at all." At another, the principal stated that "Grade 8 and 9 are doing Life Orientation, (but) Lifeskills is not in Grade 10, 11, 12. It's not in the curriculum for the Further Education and Training Band". At another, the educators mentioned research projects that the learners were given. The Life Orientation teacher "had to give choice as some parents would object to research topic – but some chose HIV & Aids". In all schools, Lifeskills is equated with Life Orientation, and thus the responsibility of the Life Orientation educator rather than all the educators in the school.

3.6.1.2 HIV & Aids should be integrated into the curriculum

At one school, the principal stated that HIV & Aids was included in the Lifeskills and Life Orientation programme, but that the school also used opportunities to discuss it whenever possible. The principal at another stated that only when every teacher was an "HIV & Aids fundi" would it be successfully integrated into the curriculum. The ECDE *HIV & Aids Strategic Plan* (2005-2009) (2004: 9) stated that

there has been an “enhanced integration of HIV & Aids into and across the school curriculum” through the training of two educators per school in Lifeskills in 1997 and 2000/2001; Grade 8 and 9 educator training on Lifeskills materials; and Grade 4 to 7 educator training on an “abstinence-based Lifeskills programme”.

At most of the schools there were isolated examples of integration such as where one of the educators said that she got the learners to write a composition in isiXhosa called “Ugawulayo” (The Chop).

At another, the principal explained that he taught learners about abstinence in his English classes. Lifeskills is taught in the Foundation Phase at most of the primary schools. The National Policy on HIV & Aids states that: “Lifeskills and HIV & Aids education should not be presented as isolated learning content, but should be integrated into the whole curriculum.” (GG 1999: 3). When asked the extent to which HIV & Aids education was integrated into the curriculum evidence of integration was minimal. It appears that the term integration is not fully understood by many educators and that what is viewed as integration is frequently superficial and forced.

The ECDE *(HIV & Aids Strategic Planning (2005-2009)* 2004: 14) proposed that to integrate HIV & Aids across the curriculum they need to “identify and then train all educators who have not been trained in HIV & Aids and Lifeskills”.

The SGB members at a number of schools did not appear to be involved or aware of any HIV & Aids programmes within the school. At another, the SGB member explained that the learners were taught about HIV & Aids in Life

Orientation. One of the objectives for the ECDE (*HIV & Aids Strategic Planning* (2005-2009) (2004: 15) is to train parents in HIV & Aids.

3.6.1.3 The ABC policy in Lifeskills and LO

Most of the schools (educators and principals) favoured the teaching of abstinence, which is in line with the *National Policy on HIV & Aids for Learners and Educators in Public Schools and students and educators in Further Education and Training Institutions* (Government Gazette: 1999). However, the policy does state that in the case of sexually active persons, safe sex practices, such as the use of condoms, should be encouraged. When schools are given condoms, most of the schools refuse to have them accessible to the learners as it promotes promiscuity or they are placed in an office where the learner has to ask for them (note comments of learners earlier in this report).

> *Abstinence is right. We do say that the learners must abstain. But since the area or the environment here … we can't be sure of that. We also, another, I'm not sure the people, who the people were from; they gave us a box of condoms here in the office. The learners can come and take. So that's another way of preventing it, but we don't encourage it.*
>
> *I got into trouble for issuing condoms to the learners.*
>
> *The state should provide more condoms and posters. Condoms should be made available because you can't stop learners having sex.*
>
> *Giving condoms to the learners is not appropriate. The learners use the condoms as balloons and water bombs. We were meant to have a meeting to discuss the issuing of condoms, but it was cancelled.*
>
> *Condoms should be distributed with the free stationery that the learners receive.*

Both schools have extensive HIV & Aids programmes within the school run by educators and “outsiders”, and are involved in the community. Another school encourages “outside” assistance with regards to the teaching of Lifeskills. The principal stated that NGOs (Nicro and Famsa), clinic nurses, Department of Health (DoH) and a nursing sister from the hospital provided one-day workshops. At one school, the principal pointed out that Lifeskills education occurred during the morning prayers and in the classrooms. This principal said that “no matter if you’re not teaching Lifeskills, you can take five minutes of your lesson” to teach important lifeskills. The content of the Lifeskills or HIV & Aids programmes focuses predominantly on HIV & Aids awareness and care. Broader implications, such as the socio-economic impact of HIV & Aids, are not addressed.

At another, the principal indicated that “they talk in assemblies; organise meetings especially for unemployed youth; create opportunities to keep them busy in the school eg painting and tiling”. This principal stressed the importance of ensuring that HIV & Aids is included in the curriculum. The educators at another school explained that integration occurred in language through the use of Bongani Books and that they once planned lessons around Aids in all of the learning areas. At another, the SGB said that community members were told to join the school projects.

The content of the majority of workshops on HIV & Aids conducted at schools included:

- How one gets infected
- Prevention
- Support
- Care
- Understand everybody can contract HIV

- “How a person should carry on”; “Tolerance … not death sentence … need a calm attitude.”
- What HIV & Aids is
- Nutrition
- Attitudes
- Sexually transmitted diseases

The content of Lifeskills workshops in schools included:

- Taking care of yourself
- Hygiene
- Sexual relationships (senior secondary schools)
- “They mustn’t go to strangers, men, … mustn’t take sweets.”
- Health
- The body – body-awareness; awareness of diseases; infection; and behaviour
- Self-confidence
- Respect others

With regard to extra-mural programmes offered at schools that are concerned with HIV & Aids, one principal and educators at another school mentioned a club, the Interact Club, who collect money and work with HIV & Aids issues. The Interact Club works with the children at House on the Rock (a home for children living with Aids).

None of the schools participated in National Aids Day. The reason given at all the schools was that the learners were not all at school because of exams on 1 December. At L5, the educators said “we all know about Aids … National Days don’t do the fundamental job, which is about changing attitudes. We watch it on TV … sick of it, but doesn’t change attitudes.” No one interviewed mentioned the Provincial Youth Conference (held every August), Candlelight Ceremonies (throughout the month of May), Abstinence Week

(February) and School Aids Month (September) as highlighted in the ECDE *HIV & Aids Strategic Plan* (2005-2009) (2004:10).

The SGB members were asked to respond to the extent to which they are involved in the decisions that schools take with regard to the implementation of HIV & Aids programmes. Although the majority of SGB members initially stated that there were no HIV & Aids programmes in the schools, they did confirm that they were involved in deciding what programmes should be run. At one school, both SGB members stated that they had proposed the development of a vegetable garden although that decision had not been implemented, as the school is going to be moving to a new site. At another, the SGB explained that one of the SGB members is the "bread cutter" for the feeding scheme, and she supports people with Aids in the community.

The SGB members at two others both emphasised the need for training of SGB members on HIV & Aids. Although there appears to be inconsistencies in the SGB responses to HIV & Aids programmes in the school, it is clear from their responses that they feel that the schools are not doing enough to educate the learners about HIV & Aids (six schools). Reasons given to support this statement include:

- Teachers are not sufficiently knowledgeable
- Need more workshops
- Government must get involved and "tell educators about the programmes they need to run in schools"
- Teachers do not want to talk about HIV & Aids with the learners – "teachers ask learners to ask their parents at home and a child who does not come with information is punished"

3.7 SUPPORT PROVIDED

3.7.1 Government's message that the HIV & Aids campaign is 'fun'

At one school, the principal was particularly critical of the message that the government is promoting on HIV & Aids. "The government has made it into a show. Everytime we see it on TV it's the same thing … it's almost a case of joining a group, they dance and it looks like fun. They're making it into something fun, positive, and not showing the reality."

He suggested South Africans be exposed to the "negative side to make people change behaviour". In relating why he felt this way, he referred back to a "No smoking" campaign that was initiated at schools when he was there.

"I've never tried to smoke because at school we saw someone with a tracheotomy trying to blow out a candle."

In addition, this participant argued that the posters supplied by the government were largely inappropriate as "some of them are a little explicit".

An SGB member stated that: "People do not want to come out. People who are sick must visit the communities for the people to see them – not dancers as if Aids is fun." In other words she was concerned that the image portrayed on HIV & Aids was one of fun.

3.7.2 Pamphlets, posters and First Aid kits

Support given by the ECDE included "circulars sent out"; "First Aid kits"; "flyers and booklets … pamphlets"; and workshops. With regard to the pamphlets sent to the parents on HIV & Aids, the principals and educators

at one school argued that they were irrelevant “because they were in English and required a high level of literacy”.

One of the schools found the pamphlets sent by the DoE for schools most useful, as they had used them in their language classes. Another principal argued that the booklets received were not suitable because they were “quite thick and not readable”.

The ECDE issued First Aid kits to schools. All of the schools that participated in this study had First Aid kits. At all of the schools except one, the DoE had provided the kit. A few schools indicated that they do have a “fully equipped” First Aid kit although it was “only to treat minor injuries”.

However, the vast majority of the schools indicated that they had used the materials provided and were not able to restock the existing kits. Three schools indicated that they budgeted to buy “some of the essentials” for their First Aid kits.

One school indicated that they wrote to the hospital requesting a First Aid kit with medicine “as two learners died of Aids”. The fact that many schools have a lack of finances to buy the essentials is of concern because it places learners and educators at risk in the event of an educator or learner being injured. However, one principal stated that “Standard Bank assist with the replenishing of the First Aid kit and the teacher who is responsible for NS (Natural Sciences) checks the kit”.

Further comments with regard to the First Aid kit included:

> *We have got a First Aid kit … but haven’t got a box – in plastic – it is only the container we don’t have. We will make one in Technology.*
>
> *The First Aid kit was with the secretaries but it got stolen.*
>
> *There is a kit but it is empty – one teacher has one in her classroom for own class use.*

In order to promote a “safe learning environment” the ECDE *HIV & Aids Strategic Plan* (2005-2009) (2004:15) states that “Educators and learners in every school are trained in the use of First Aid kits”, and that the First Aid kits should be restocked. As many schools do not have the finance to restock their own kits, the ECDE will need to explore ways in which finance can be provided for this.

3.7.3 Perceptions of lack of further support

While there appears to be some support from the ECDE, even though this is seen as being sporadic and insufficient, the vast majority of schools communicated that there was a lack of support from the ECDE with regard to HIV & Aids education. For example, one school felt they never received support from the department, and that workshops were contracted to service providers, while another “would like to see national government coming to talk to the learners about Aids”.

One school, where the educators indicated that they “were not aware of any support” and that they had received no support previously, articulated that they would not want any support from government as they do not want to be “lectured”. They felt that an “internal” process (ie school-driven) would be more effective. An educator at this school stated: “One of the subject advisors is HIV positive and teachers from this school assisted her, rather than the other way around.”

Educators stated that although they had been to workshops, they had received no support from the ECDE. At another school it was felt that: “The ECDE needs to monitor and support schools, organise workshops and provide equipment – gloves, condoms etc.”

Educators at another school stated that they had never seen any district officials “and when we questioned them about this they said they are understaffed”. Lack of departmental infrastructure and capacity and the

"province being too remote" were cited as difficulties pertaining to the ECDE providing adequate support.

3.7.4 Perceptions of community support

Many of the principals and educators were not aware of support groups within the community. It appears that educators are not necessarily involved with the communities in which they work. This may relate to the fact that many educators do not live in the communities where they teach.

However, community support was seen as a high priority in some schools. The educators at one school felt that one of the reasons why their learners were so aware of HIV & Aids and had extensive knowledge on the subject was because they had attended meetings where members of the community had "openly" disclosed their HIV-positive status. "Aids is no more a secret. It is open in the community, it is all around them." Other interviewees, including another principal, stated that it would be beneficial to invite "infected people to speak about the disease".

3.7.5 Support from the Department of Health

Many schools indicated that they received support in some form or another from health-related organisations. The following was stated in this regard:

- That they receive support from the Health Centre "who comes to speak to the kids".
- That they received some support from the Department of Health and that "the clinic is very good at helping us, they call the learners for workshops".

- One educator said that they used to have visitors from the Health Department and another principal stated that they have nurses from the clinic who visit the school every Wednesday to educate learners and the community.
- Another stated that “there is a clinic nearby and one of the sisters is a parent and some learners go there for information”.
- Another principal and educators stated they work with the clinic and parents when learners are sick. In addition, further support came from the NDoE (support materials), a psychologist from the ECDE who came to educate the learners, and the Child-to-child programme run by ECDE. They also have a room dedicated to the Child-to-child programme and a sick bay.
- Other educators stated that the Department of Health has open days especially for Grade 7 learners and that there are health days organised for the community. They also stated they have had support from nurses via a community group meeting that took place at a neighbouring school.

Through these various initiatives, the educators felt that “at least our children know about Aids”. However, others felt that support was not adequate and felt that people from the Health Department needed to visit the schools at least monthly to talk about Aids. Others felt that: “We should have regular visits from the Department of Health: they should run regular workshops in the school, even if it is once a quarter” and “More health people should be involved.”

Other schools mentioned that because the function of school nurses had been taken away from the Department of Health this service had “died” and other educators mentioned that they had not been visited by nurses for “more than 10 years”.

SGB members in the Libode district talked about community members who had received support and training at “the Great Place” (the chief’s home).

"There are no programmes at school but people with knowledge about Aids once visited the Great Place and they were sent to our location to talk about Aids."

3.7.6 Support from NGOs, CBOs and FBOs

It was argued that NGOs should provide further support for the ECDE, run workshops and support the community. Various outside organisations and NGOs that provide support to the schools and/or learners included:

- loveLife has a presence in most schools
- Drama groups and programmes eg Theatre for Life (RAP)
- Churches (not sure of activities)
- SAMORA group, a local group, teach in the presence of the teachers
- SCIPP are useful in reaching out to the community
- SPW Student Partnership Worldwide: seven members from each village are trained to look after the infected and teach the learners ABC (Abstinence, Be Faithful and Condomise)
- Spoornet once came to work with the learners
- Community support groups – consisting of nurses, social workers, people from TAC, infected people and "there are support groups but I feel that is not enough because there are few"
- Part of a Health Promoting Schools Programme
- Community workshops: conducted by trained members in the community. "People from Themba who came to educate learners at school and in the community hall about Aids" and "Vuka mtomsha", a group that educates the community about Aids
- Youth groups that educate people about Aids but "youth is so corrupt"

Fig 8: loveLife
(Photo: C Carter)

3.7.8 Grants

Most of the educators interviewed in this study indicated that access to child support grants was increasing teenage pregnancy rates and that perceived elevation of poverty took precedence over any potential consequences of unprotected sex.

An educator stated: “Giving birth and having children is seen as wealth – the more children the more grants for the family.” Educators at another school felt it there was a “Pregnancy Club”. “It is the fashion and there is competition to become pregnant. Even two friends become pregnant at the same time.”

In relation to teenage pregnancy, discriminatory practices with regard to gender and policy were identified. For example educators stated that:

> *A girl that had the baby… the father was in the same class. Nothing happened to the boy but the girl was expelled for three weeks and then they allowed her back. Boys get away with it.*

It was stated that parents got child support grants from Social Development but the nature and extent of grants for orphans needed to be examined. One principal stated that of the eight orphans in his school none had grants yet.

A further difficulty pertaining to grants was identified in that: “People in communities – they die before they are given the grant – grants should be given beforehand.”

Some educators were not in favour of grants, saying: “Stop the grant, because it is not going to the right place: They use it for alcohol.”

Another felt that “the grant is abusing our taxes”. In most schools, although problems surrounding grants were identified, the need for grants to alleviate poverty was seen as important. Educators also identified the need for more social grants because there were still so many people who could not access grants because they did not have birth certificates.

There was an erroneous belief throughout each of the districts that there was a grant available for anyone with HIV & Aids.

3.7.9 Orphans

All of the educators and principals interviewed stated that the number of orphans at schools was increasing. The educators said:

> *Lots of parents have died because of HIV & Aids. Faced with the orphans at school … more or less 20 with no parents at all because of HIV & Aids. Loss of parents, (so learners are) fending for themselves.*

At this particular school one of the educators adopted a child, from the community, whose parents had died of Aids, and who was HIV positive. In Grahamstown, a principal indicated that 65 percent of his learners were

not living with a parent. The reasons given were poverty, parents finding employment elsewhere and HIV & Aids. At another school it was stated by the educators that approximately 80 percent of learners were affected by HIV & Aids in some form – this included "lots of orphans – most staying with their grannies, some learners living on their own, sick learners and parents". Elsewhere, it was estimated that about 50 percent of learners were orphans.

3.7.10 Nutrition

Among the educators and principals at most schools, good nutrition was seen as instrumental in assisting those infected with HIV. Suggestions were made that government should support schools with a "serious feeding scheme" and "food gardens in schools". The educators at one school emphasised the need for a "soup kitchen with utensils and stoves" in each school. They explained that the feeding scheme was not reliable, as the learners did not get food every day and the "milkshake they get has no nutritional content". At another, the principal complained that the feeding scheme was only for the younger learners, and that most of his learners "are coming (to school) with an empty stomach". Educators stated that at some schools the learners were:

> *"… hungry and don't have anything to eat. Others do come to school because they are going to get bread. The feeding scheme has stopped for the last three months, we think because the department didn't pay the people who were coming".*

One SGB mentioned a feeding scheme and that the orphans got one meal a day. This SGB member also mentioned a vegetable garden and that:

> *"We need seed to grow, herbs, garlic etc. We need to show other community members how to cook." The SGB member felt that: "People shouldn't just rely on what they get from the clinics … people should use herbs."*

Some schools felt that an "infrastructure" was necessary for the community:

"Where people can go and get help, where there are trained care-givers, gardens to plough veg, where food will be cooked and people can get something to eat. They must be given food and medication because if they are given money they will buy alcohol with it. Even the food they sell it. People need ready-made food like soup for lunch. They should be given lunch and supper at the infrastructure otherwise they will sell it (if they take the food away). They have lost hope those people. People must also use their strengths; they must not be given everything for free."

Educators at many schools, including G2, linked the need to "plant gardens" and establish structures to creating "projects for employment".

Fig 9: Young learners
(Photo: C Carter)

3.7.11 Proximity

The schools that were part of a community (that is, obviously situated within a community) had more access to the parents. For example, one school had very little interaction with the community because the school was built far from the homesteads. As the principal stated, the parents "are not very supportive of our school … Not much interaction with the community". This was reinforced by the comments made by the educators in relation to their lack of contact with, and support from, parents. In contrast, educators in schools that were a part of the

community had close contact with parents and community members. Some educators mentioned the difficulties and problems of living outside of the community.

Fig 10: The children – who will survive?
(Photo: C Carter)

3.8 FINDINGS: DISTRICT DIRECTORS, MANAGERS, SOCIAL CLUSTER PARTNERS AND PROVINCIAL LEADERS

This section details the findings elicited from interviews with district directors and managers from the ECDE, as well as social cluster partners and provincial leaders. The information presented provides a brief overview of views relating to the impact of HIV & Aids and the ECDE's policy that responds to the pandemic. Issues of concern relating to the department's policy and implementation thereof are reported upon and discussed. These include, among others, the shortage of human and physical resources, the centralised control of financial resources and issues of gender and power.

3.12.1 The impact of HIV & Aids

All interviewees expressed the view that the impact of HIV & Aids was increasingly being felt at school level, as well as in the community at large; in schools, HIV & Aids is evident among educators and learners as indicated in the following responses:

> *"Obviously we have a large number of educators applying for sick leave. I'm speaking generally because we don't have figures. But this is a general impression. We have a large number of educators that are applying for sick leave and therefore these increased costs to the department because of the substitutes we have to appoint. In other words there is greater disruption of education within the schools. Also there are increasing incidences of learners that have no parents, orphans, HIV orphans and child-headed families. We are becoming increasingly aware that this is happening within our district especially in the rural areas and it's tragic because these learners are very often starving. And the communities themselves are poor and there are some examples even at, for example, Mooiplaas, where the communities are not actually able to assist these children to get food and very often the teachers themselves are supplying the children with food. So it is a tragic situation and it's happening on an increasing basis."*

> *"It used to be only teachers and the community but now it's children as well. You know children don't just die unless there is an accident or whatever. School kids don't just die, you know."*

As this response indicates, there is the perception of a growing problem, but quantifying the problem is difficult. This concern is also evident in the following responses:

> *"The real numbers you will never know" and "You find that a lot of the schools are not even aware of how many Aids children there might be."*

This response also alludes to the implications of the HIV & Aids pandemic on the ECDE. More specifically, the response refers to the increased costs to the department as a result of the "large number of educators that are applying for sick leave". A similar concern was expressed:

> *"When an educator is suffering from the pandemic, the learners are not taught. This really has a negative impact, because one educator is dealing with no less than 50 learners."*

Apart from these immediate implications of the perceived impact of HIV & Aids, the longer-term implications are also highlighted in the following extract:

> *"I think that the impact is significant and probably will manifest itself more directly in a year or two, two or three years' time. And the impact is across a whole range of fronts. There's obviously impact on demand for education and in the Eastern Cape that would manifest itself in the form of a reduced demand and that's very clear in schools at the moment where there's a significant decline in enrolment, particularly in Grade 1. I think it has declined by around 20 percent average over the last three or four years. Now that's the general population levelling off anyway but there's also the HIV & Aids impact in that. The other key impact will be on supply of education in the form of educators particularly. And there we are in speculation still at the moment until this new national study is completed in terms of actual impact. The intuitive sense one has and from looking at the figures in the department is that there certainly has been a rapid increase in attrition rates. The extent to which you can apportion that to HIV & Aids remains doubtful but you certainly have much higher levels of resignation, increased levels of retirement. In particular, early retirement on the grounds of ill health has increased significantly in number. The resignations are also increasing. Where HIV & Aids impacts on society in general and the rest of society and people start losing staff, private sector as well as other government sectors tend to recruit from the education sector to make up staff shortages and what you see are increases in people resigning from service and then taking up jobs elsewhere. We're beginning to see that. Obviously there's an*

impact on the quality of education and again there would be lots of manifestations of that."

Despite the lack of quantifiable data, then, the perception exists that HIV & Aids is having, and will continue to have, a significant impact on the South African education system and society more broadly.

3.12.2 The impact of the ECDE's HIV & Aids policy

Responses elicited from employees of the ECDE (directors/managers and co-ordinators) would suggest familiarity with the department's HIV & Aids policy regarding advocacy, awareness and its attempt to "be proactive in preventing HIV infection and making learners aware of the causes of HIV infection and how to treat or to handle children with HIV in our schools".

However, some respondents in the social cluster and one provincial leader were not familiar with the ECDE's policy concerning HIV & Aids and were not, therefore, able to comment on the extent to which it was meeting its aims and objectives.

Employees of the department expressed mixed feelings with regards to the success of the department in meeting its HIV & Aids policy aims and objectives. On a more optimistic note, respondents indicated the following:

"I think everyone is fully aware of what HIV & Aids is about, the impact, you know, that type of thing."

"Educators have a pretty good idea. There's not many things they don't know. It's just now and again you'll get a question that pops up, you know something new."

"I think they are effective to a certain extent in that there is a greater awareness of HIV & Aids causes and so on."

"I would say we have reached 80 percent of the schools targeted in relation to each and every programme."

As indicated above, not all interviewees shared this optimism and these responses will be discussed in greater detail in the section below, which makes reference to the limitations of the department's policy.

3.12.3 Policy implementation

The ECDE's HIV & Aids policy translates into a number of training and awareness programmes that are largely aimed at educators. A number of the department's district employees indicated familiarity with these programmes and their underlying philosophy.

Non-ECDE employees, in other words those respondents in the social cluster and provincial leaders, were, however, less familiar with the implementation of the department's HIV & Aids policy.

3.12.4 Workshops and training programmes

Collectively, ECDE district employees indicated that the following workshops and training programmes were operational in their districts:

- HIV & Aids Policy Programme (aimed at developing a School HIV & Aids Policy)
- Lay Counselling Programme
- First Aid and Safety in Schools
- No Apologies
- Focus on the Family
- Peer education
- Moempie Puppet

3.12.5 Limitations of the DoE's HIV & Aids policy and training interventions

Respondents in this study expressed a number of concerns regarding the ECDE's HIV & Aids policy and its related training interventions, which are discussed below.

3.12.5.1 Schools' policies

One of the main strategies of the ECDE's policy on HIV & Aids, as reported in the interviews, is to ensure the development of an indigenous HIV & Aids policy within each school. To this end, training programmes have been implemented to equip educators with skills and knowledge necessary to the advancement of a school-specific policy. While the training programmes appear to have been fairly successful, the implementation at the level of the school is evidently not as successful. Three district co-ordinators indicated that school-specific HIV & Aids policies had been implemented, but these were reported as few and far between.

Problems associated with the follow-up process were identified by a number of respondents, as reflected on below:

> *"We have these workshops but the struggle we have is to get the policies back from these schools. There must be some other way we can handle that. Again we had a workshop and two policies back. So we've got to look at that. Maybe it should be smaller workshops and more help to the individual to help them. We are planning a meeting now with at least one different member of each school to actually see what's the problem; to monitor what is actually happening."*

3.12.5.2 Shortage of human and physical resources

One of the factors that are seen to contribute to the questionable success of the school-specific policies is a "critical shortage of staff". The shortage of staff is, however, seen to impact on all aspects of the department's activities concerning HIV & Aids and beyond, as indicated below:

> *"I think they can provide us with more people in terms of human resources. Grahamstown is one of the districts that's so critically under-staffed you would never believe it. I mean not only in respect of Aids, right across the board."*

The lack of human resources was also identified as a problem in the East London and Libode Districts. In East London it was reported that:

"The staff visiting the schools are only the two ladies. And this district is too broad. So manpower is needed so that people can get to the schools."

Apart from the lack of human resources the effective use of staff employed in the district offices is also seen to be in need of attention. District officials in Grahamstown and Libode, for example, found the need to travel through to Zwelitsha to carry "heavy boxes" of distribution material – an imposition on the extremely limited human resource capacities of the district offices.

The lack of physical resources was also a commonly cited problem which ranged from the lack of "sick bays at school" to the lack of "fencing and storage facilities for school gardens". Vehicles to travel to the schools were also identified as an inhibiting factor in the Libode district office. The lack of basic office equipment such as a fax and photocopier, telephone and printer were also identified by one district co-ordinator as essential physical resources currently lacking.

3.12.5.3 Centralised control of financial resources

One of the problems that elicited the most animated responses concerned the centralised control of financial resources and the cumbersome procurement procedure associated with such centralised control. The following explanation of the problems associated with the centralised control of financial resources was given:

"You see sometimes you have a situation where the funds are controlled centrally and you draw up programmes that would be peculiar to your district. But then there's a whole bureaucratic procedure of accessing the funds, you know. And what we find is that when they cannot spend the funds at a provincial level and it is nearing the end of the financial year suddenly those funds now become decentralised to the districts. And then you are under pressure to spend these funds as quickly as possible because in terms of the Public Finance Management Act, you'll be asked to explain, you know, for under-expenditure. But they don't realise they

sent it to you one month before the end of the financial year."

In response to a question which asked interviewees to identify changes they would make to any of the ECDE's HIV & Aids strategies, policies and/or practices, the following reference was made to the centralised control of financial resources:

"Phew! The funds that are used by the district are at head office. The needs are at the district. Now it takes time to get the funds, but if the funds were here at the district they'd be available for somebody to organise the needs of the school. And if you have got the funds with you here, it's easy to get the needs of the school and address the needs of the school. Now you get funds now and they are limited. When the needs of the schools come, you don't have the funds."

In a similar fashion, gaining access to centrally controlled funds was considered a problem in the Libode district. The perception exists that the funding is available but gaining access to it and paying service providers for training they have completed is considered a major problem.

As these responses indicate, the centralised control of financial resources is perceived to be one of the major constraints in planning and implementing a policy at district level. At provincial level, there are seen to be "arguments for and against" the centralised control of financial resources, which are not confined to the HIV & Aids function of the department. It is evident from this research that the de-centralisation of financial resources is a matter for further consideration and debate.

3.12.5.4 Service providers

The district officers interviewed during this research reported an extensive reliance upon service providers in the implementation of training interventions. Although they provide the bulk of training to the educators in the schools, their services are not seen to be without problems. As explained:

> *"I think to a large extent what we have been doing is paying service providers who have taken the easy way out really, producing material for workshops that I don't believe is all that effective. I think we need to be more selective in the interventions that we make."*

This view is strongly supported by another DM who refers to "fly-by-night" service providers being paid for services they are either not qualified to perform, or perform the services in a less than satisfactory manner. The perceived prevalence of "fly-by-nights" led, in the case of one training intervention, to a special meeting arranged by the district office, as L8 explains:

> *"After the selection of the service provider we called them to a meeting and we briefed them on our expectations of them and we encouraged them to try and work together so that they do a uniform thing, you know."*

The suggestion of "corruption" in the appointment of service providers was a further issue raised in the course of the interviews.

3.12.5.5 Integration of HIV & Aids into the broader curriculum

The current ECDE strategy for HIV & Aids policy implementation is aimed at introducing HIV & Aids and related issues across the curriculum. One major finding in this regard appears to be the lack of processes and procedures to assess the extent to which this is taking place. Despite respondents not being familiar with any mechanisms in place to assess cross-curriculum integration, there was speculation that this was happening, as reported:

> *"Yes, I do believe that there are many cross-curricula activities, you know, that are taking place in the schools. We have certain periods of the year when HIV & Aids becomes a priority, you know, it focuses on HIV & Aids and within that period schools then introduce cross-curricula activities that emphasise HIV & Aids. So I would say 'yes' it is taking place in our schools."*

At the same time, however, it was indicated that HIV & Aids integration across the curriculum remains in need of some attention. As reported:

"We are trying for it to be integrated but as long as they still think it is 'your thing', they'll not integrate. We have recently had a workshop on even further integration, you know. The workshop was on mainstreaming HIV & Aids. It was for that interdepartmental thing. You organised it for the interdepartmental forum, on integration of HIV & Aids. Not only in the other subjects in the school but also with development generally because you know if people are hungry then they get infected."

It was also reported that HIV & Aids "issues are currently confined to the Lifeskills or Life Orientation classes and in high school, the guidance period".

The perception from a non-department employee also suggests that more could be done by the ECDE to integrate HIV & Aids into the mainstream curriculum and in the process, involve more NGOs and other stakeholders. This view was also supported by a non-DoE provincial leader.

3.12.5.6 Feedback from workshops

One of the assumptions underlying the ECDE's strategy regarding HIV & Aids is that information disseminated at educator workshops will be fed back to the schools. This assumption is evident in the following response to this issue:

"I believe there is always evidence to make sure that the information has reached the learners. We don't have people who go around to confirm this, but we trust the educator to be responsible and to do the right thing."

An East London district official expressed a similar view. It was argued in this response that if information was being disseminated, its influence should be evident in the learners but, as reported:

"We do not get enough time to get to the learners."

The extent to which information is being fed back to the schools, then, is not entirely clear. This sentiment is expressed by another district official in East London in response to the same question:

"I'm not aware of that. You know, it is usually the responsibility of the people who have attended the workshops to go back. I'm not aware that our special needs people require these educators to send in a report. It would be a logical thing for them to be requested to report on say a monthly basis on what activities they have done and share that knowledge. But I can't confirm if that is actually happening."

So, although the department appears to be achieving its aims and objectives in terms of educator training interventions and the dissemination of information to educators, the attainment of effective feedback mechanisms, and their assessment, in the schools is questionable.

3.12.5.7 Emphasis on abstinence

In an attempt to address the rapid spread of HIV & Aids in South Africa, the DoE has placed emphasis, in its HIV & Aids policy, on abstinence. Interviewees in this research were asked to comment on whether this emphasis was realistic or not. Some respondents indicated that this was a difficult question to answer as indicated in the response below:

"How realistic is it? I don't know. I really find that a difficult question to answer, you know. I think it depends on the children that you are dealing with. The younger children that are more impressionable, you know, I think perhaps if you can get to the children when they are young and can constantly repeat this each year, I think with the younger children it could have an impact. I think that when you start with this abstinence at teenage level, I think it is too late and I very much doubt whether it will have an impact on 15-, 16-, 17-year-olds. Simply because most children have their first sexual experiences at a much younger age than that. So I think that we need to focus on the very young learners and then reinforce this as they grow older, you know, each year."

A similar response was received:

"Phew! I won't say it's realistic because even now, there are other programmes that we are sending to the schools to try and educate the learners. That's why we've decided to go to

> *these young learners, so that they grow up with this in them. Yes, because those older ones, the way pregnancy is taking place at our schools just indicates that really they are not practising safe sex. So why should we go there? Yes, it's useless to go to these old ones for abstinence. We are to go to them for safe sex. Yes, because of the rate of the pregnancy that is taking place in our schools."*

The two extracts above articulate sincere doubts about the ECDE's emphasis on abstinence and the impact it will make on older learners. Indeed the only hope it seemingly holds is in its implementation at the lower grades.

Not all the responses, however, view the strategy of abstinence in the same way. The following position on the matter was offered:

> *"I think that's the best way. I mean, you and I know that it's an ideal. So I think therefore while one needs to emphasise that, but failing which you know one would go to other methods of, besides abstinence, single partners, using, you know, contraception and that type of stuff. But I think that is a good starting point. You know you don't provide all the other alternatives first and then you say, you know, abstinence. You've got to start with abstinence and say: 'Look if you cannot abstain, then, you know these are the things you need to do'. So I think that is correct."*

When asked about the implementation of alternative prevention strategies, the respondent does insinuate the need for additional interventions, as the following response indicates:

> *"Besides abstinence? I think in some schools, condoms are there. But I think that is more the Department of Health, hey. Not Education. I think the clinics, nurses go out to schools and speak to learners and ask them to come to clinics for advice, and if they cannot abstain they need condoms, and whatever other contraceptive methods. And I suppose with the teenagers now and their hormones run haywire, you know, it's something you can't really control just by abstinence."*

As indicated above, there is involvement from the Department of Health. The co-ordination of HIV & Aids prevention strategies between these different government departments does, however, appear to be in need of some attention.

The following response, for example, received from a social cluster partner and employee of the Department of Health indicates the potential conflict that exists between the two departments' strategies in addressing HIV & Aids prevention:

> *"Whenever we go there (to the schools) we should, we are not, in fact, we are not allowed to educate the children on condoms and we are not even allowed to leave the condoms in school. We are instated to educate them on abstinence. But any other things we can educate them on, but not on condoms. (The interviewer asked if the interviewee was referring to the lower grades.) Even the other grades. We don't even leave our condoms and our condocans. They say if they want that they will go to the clinic. They really don't want them, the teachers. (The interviewer asked if the interviewer thought it was realistic for high school learners to be practising abstention.) It's not, because that is where they are experimenting. We talk about all other things at length. We say if you can't help yourself, use a condom. You will get it at the clinic but we are not supposed to leave it at the schools." (G3)*

The interview extract above points to the possible need for greater collaboration between the departments and other stakeholders in managing HIV & Aids and minimising its spread.

3.12.6 Attitudes and values

Respondents were asked to comment on their perceptions of changing values surrounding, and attitudes to, HIV & Aids. Some answers reflect uncertainty about this matter, while others reflect a degree of optimism concerning changing attitudes. Such changes are seen to manifest themselves in more open disclosure around one's HIV & Aids status, the fact that politically important and respected figures are talking more openly about HIV & Aids and their personal experiences of it, the acceptance of abstinence pledge cards in the schools, as well as easier access to anti-retroviral treatment. Two responses, however, make the distinction between attitudes in learners and those in educators. While the attitudes of

learners are seen to be changing, those of educators are seen to be problematic:

> *"The problem is with educators, because they will tell you that: 'Ah, I can have my HIV & Aids and you will die, you will get knocked by a car outside and you will die before me.' Some will say: 'I can't eat a sweet wrapped in plastic.' They still tell you those things."* (*Learner)*

A similar observation concerning educators is also made:

> *"I think with educators it's a bit of a problem because what I find, you know when educators are passing, and it's so obvious that the person has Aids, but when the death certificate comes, you know, it talks about pneumonia, you know, or something else. I think educators are a problem."*

It would appear from the two answers above that educators are seen to be resisting the "disclosure" and "ABC" (Abstain, Be Faithful and Condomise) movements and from this point of view are considered "problematic" in terms of their attitudes towards HIV & Aids. This finding might, however, suggest a lack of support for HIV-positive educators from the ECDE as an employer, or may be linked to broader issues such as the stigmatisation of Aids and subsequent social discrimination. Regardless of the cause, it is an area that is seemingly in need of attention from the department.

3.12.7 Behavioural changes

Although the perception exists that attitudes surrounding HIV & Aids are, in some instances, changing, the question of changes in behaviour appears to be more problematic. In response to this question, only two respondents suggested that behaviour was changing. The remaining interviewees were more circumspect in their responses as the following interview extract indicates:

> *"There, I'm not so sure that behaviour is changing. I think that the freely available condoms are to a certain extent making sexual activity, you know, more attractive, you know. Instead of us, I believe, concentrating on the moral regeneration of our learners and our employees and focusing on looking after yourself, respecting yourself and the department concentrating on restoring the moral fibre of our people, we are concentrating on HIV & Aids as an illness and although people are becoming more aware of*

symptoms, cause and that sort of thing, I don't believe we are changing people's behaviour."

The theme that knowledge, awareness and education do not necessarily translate into behaviour change is also evident in the following "confession" of one interviewee:

> *"Ja, that is so true. It is so true. I'm also a culprit unfortunately. I must admit it is so difficult. Only last year in December I went for my HIV & Aids test. I was so afraid. Very, very afraid because I thought: 'Oh, how can I go around preaching this gospel and yet I'm so stupid.' Basically I felt very stupid. But there I was and that was it. So, but I was given a second chance. But I know of HIV co-ordinators who have become HIV positive. And it's just very unfortunate and last year I had an opportunity to attend a workshop on HIV workplace strategies in Johannesburg. They, everybody there was saying that it doesn't matter how much, how many schools you have trained you can say you've trained <u>all</u> the schools, it just doesn't work. All that needs to be done is voluntary testing and counselling so that you know your status and then you start living with HIV & Aids or you live a life protected from HIV & Aids. Otherwise all those things will preach and preach and preach and it will not work and I agree with this because I know it from experience." (Interviewee identity withheld)*

The response above provides a very clear statement that HIV & Aids awareness and knowledge about prevention strategies do not necessarily lead to changes in behaviour and this perception is supported by other responses elicited from interviewees. This link between knowledge/ education and behaviour change, nonetheless, acts as an assumption underlying the ECDE's HIV & Aids policy planning and intervention. In light of the finding under discussion, however, it could be argued that this assumption is in need of critical reflection and debate.

3.12.8 Issues of power and gender

Respondents were asked to comment on issues relating to power relations between males and females as well as their perceptions of gender stereotypes that could arguably be seen to undermine HIV & Aids-prevention strategies. It was more specifically suggested that many HIV & Aids prevention strategies ignored issues of power between men and women, particularly in sexual relations.

The example that was used to illustrate this issue was that involving decisions around condom use. In some cases, it was suggested, males are in a position to decide on whether a condom is to be used during sexual intercourse with a female. The responses indicate a general recognition that power is an issue in need of attention in HIV & Aids prevention strategies. For example, one respondent indicated that: “Yes I do believe that power play comes into it and I know that between males and females certainly the female has to be very strong in order to demand that the male uses a condom. And very often she is not strong enough.”

This recognition is also supported by other respondents. One exception to this thinking was received by a respondent who stated the belief that no partner was in a position to force another one to have sexual intercourse without using a condom. It was argued that “this shows weakness of another partner. The other partner should be bold enough to say at least this is what we have to do, in order to prevent”.

This response was, however, the exception to the rule in this particular finding as a number of responses indicated the need to empower learners, as the following interview extracts indicate:

> *“We have that in mind, that’s why we also have some programmes in lifeskills, where we say you have to make your own decisions and nobody can change your decision. Yes, they must learn to say ‘no’ when they need to say ‘no’.”*

> *“Look you know, I’m sure with the training that takes place, the girls are empowered, you know, to say ‘no’. And the boy made to understand that ‘no’ means ‘no’. But I think in normal, I mean besides the policy the whole question of boys trying to, I can’t say intimidate, force the issue by saying ‘if you don’t have sex with me, it means that you don’t love me’, you know. ‘Prove your love to me by having sex with me, you know without a condom’. You know that sort of stuff I think as I say the girls need to be empowered to ensure that they don’t fall for that, you know, strategy. To be able to say ‘no, and sure look if that is how you feel, find yourself another girl’.”*

The point above alludes to two important and related issues. Firstly, it suggests that both males and females are gendered and in dealing with

any issue related to gender, attention must be focused on both males and females. Secondly, the response highlights the need to "empower" female learners. Although this is a noteworthy and necessary endeavour, sight must not be lost of the fact that females are only seen to be in need of "empowerment" precisely because the relations of power that exist between males and females, favour males. This unequal distribution of power, which exists at both micro and macro social levels, is evident in the response of one social cluster partner interview, in which the interviewee related her own situation (she was diagnosed as HIV positive in 1994):

> *"I see that. I see that because I have been infected because of my husband because he has got the power. I can't say 'no', you know. He was sleeping around, but I can't say 'no'. He said 'You're my wife. I have the right to have the sex with you.' Then if I don't want, he's going to beat me, you know. That's why I think it is happening."*

The response above suggests a need to critically review empowerment programmes, especially those that are isolated from a broader social context. The need possibly exists to adopt a broad collaborative approach to issues such as power relations between males and females.

This is certainly one conclusion that can be drawn from the question relating to masculine and feminine stereotypes. It was suggested, in this question, that the need to conform to socially defined masculine and feminine stereotypes and behaviour may undermine HIV & Aids prevention strategies. This issue was illustrated in some of the responses received.

For example, one respondent suggested that males who have a number of girlfriends are considered to be more masculine than other males and are seen to be even more masculine if they are able to have sexual intercourse with a female who is known to say "no".

Apart from suggesting possible implications for empowerment interventions, this response indicates a need to challenge socially defined notions of masculinity and femininity in light of the HIV & Aids pandemic. Obviously this is an issue that cannot be addressed by the department in

isolation from broader social structures, as it has strong links to agents of socialisation such as the media, the family and religion. These research findings would, however, suggest that it is an issue that the department needs to take into consideration in their HIV & Aids policy planning and implementation.

In summary, this section has presented findings elicited from interviews with district directors and managers from the ECDE, as well as social cluster partners and provincial leaders. In highlighting concerns associated with the department's HIV & Aids policy and its implementation, this section has reported on problems associated with the development of school-specific HIV & Aids policies, the shortage of human and physical resources relating to the department's HIV & Aids programme, the centralised control of financial resources, the appointment of service providers, the integration of HIV & Aids issues and education into the broader curriculum, the difficulties associated with assessing and evaluating feedback from workshops, and the emphasis on abstinence in the ECDE's HIV & Aids policy.

It has also discussed the concern raised by respondents that HIV & Aids awareness, education and knowledge do not necessarily translate into behavioural changes aimed at preventing the transmission of HIV.

Lastly, issues relevant to power relations between males and females were reported upon, as were masculine and feminine stereotypes which potentially serve to undermine HIV & Aids prevention strategies.

SECTION 4
ISSUES ARISING FROM THIS STUDY

4.1 ISSUES

The following issues emanating from this study could be used by decision makers as a starting point for further discussions. All issues of competence are ordered around the following:

4.1.1 Workshops

(a) Discussion around the value of workshops

Education stakeholders need to debate the value and efficacy of workshopping as a means to disseminate knowledge.

Innovative ways of disseminating information need to be explored. However, should workshops continue to be used as a vehicle for learning and teaching, clear quality assurance guidelines need to be in place to monitor the effectiveness of workshops conducted by the ECDE and service providers.

(b) Consideration of the number and extent of workshops

As many schools indicated that the training they received was insufficient and infrequent, the ECDE needs to carefully consider how they can ensure workshops result in authentic knowledge and implementation. Although the principals and educators in this study indicated the need for more workshops, the number and length of the workshops that educators attend is less important than the quality of the workshops and the extent to which follow-up occurs.

(c) Extending workshops to all stakeholders

If the expectation, as indicated in the HIV & Aids policy, is that the "regular teacher" in primary schools is responsible for HIV & Aids awareness and support, then it is not sufficient to have one or two educators per school attending the relevant workshops. The ECDE HIV

& Aids Strategic Plan (2005-2009) recommends that all educators should be trained in HIV & Aids. For HIV & Aids programmes and policies to have a significant impact in schools all educators, including principals, need to undergo regular training. In addition to this, it may be beneficial to encourage principals to get involved in HIV & Aids. From our interviews schools that had established school policies and HIV & Aids programmes had principals who identified this as an important issue. Furthermore SGB members and learners should attend workshops as both of these groups interface with the community daily.

Parents and primary caregivers should be involved in workshops on HIV & Aids:

- To assist in eradicating myths; and
- To support parents in the fulfilment of their roles and responsibilities with regard to HIV & Aids, and sex-education could be conducted.

4.1.2 Policies and programmes

Policy development and programme implementation should be a priority in schools. Committees and support groups will only be in place once policies are developed and implemented.

(a) More participation, support and monitoring within the development of school policies

- All schools need to be given the national and provincial policies on HIV & Aids.
- Guidelines need to provided with regard to the inclusion of all stakeholders in developing a school policy.
- Older primary school learners should be included in policy development.
- Educators' responsibilities have increased and support is needed in assisting them to deal with increasing demands.
- District officials should support schools in the development of HIV & Aids policies. This would assist in ensuring that

information gained at workshops translates into action within schools.

- ECDE needs to monitor the extent to which school policies have been developed, are in place and have permeated into the school community.

(b) More participation and collective co-ordination of school programmes

- All stakeholders (SGB, community members and learners) should be involved in the development and co-ordination of school programmes collectively.
- District officials should support schools in the development of HIV & Aids programmes. This would assist in ensuring that HIV & Aids programmes were implemented.
- Considering the significance placed on outside drama groups during the interviews, educators should be more exposed to drama in education, which should be included as a learning and teaching methodology in the classroom.

(c) More utilisation of school clusters

Opportunities should be created for educators to share their knowledge and experiences in school clusters. Providing opportunities for educators to share their ideas, and best practices, in school clusters could result in:

- The development of support groups among educators;
- The development of learner materials appropriate to the needs of their learners; and
- The enabling of educators to take responsibility for facilitation thus alleviating some of the demands placed on the ECDE and the district officials. In this study a number of educators commented that district officials say they are understaffed;

- Inclusion policies and issues of discrimination to be addressed:

- While many educators stressed the need for a special class or room for children with HIV & Aids, this is in direct contradiction with the inclusion policy and discriminates against learners with HIV & Aids. These issues need to be seriously addressed.
- Educators need to be taught how to cope with learners who have special requirements related to HIV & Aids within the classroom environment.

4.1.3 Issues related to disclosure

(a) ECDE support for disclosure

Although individuals have the right to choose not to disclose their status, ECDE officials should be proactive in supporting organisations who are encouraging disclosure in order to get rid of the stigma attached to HIV & Aids.

(b) Cluster databases

School clusters could create a database of people and organisations that could support HIV & Aids education and serve as role models.

4.1.4 Issues that need further debate and discussion

(a) Discussion forums on cultural practices

Widespread discussion, at a national, provincial and local level, on cultural practices in relation to human rights and HIV & Aids education, should be promoted. In this study the SGB members in Libode argued that virginity testing would assist in the prevention of HIV & Aids, but to what extent would this practice infringe on the rights of girl children?

(b) Sex education

Parents, learners and educators should be encouraged to speak openly and frankly about sex and sex-related issues.

(c) Responsibility for HIV & Aids education

The issue of who should be responsible for educating learners about sex and HIV & Aids needs to be addressed. Clear guidelines should be developed that reflect roles and responsibilities for all relevant stakeholders.

4.1.4 Promoting a safe and supportive learning environment

(a) Channels for reporting abuse

In this research, learners related stories of abuse at home and in the schools. The ECDE needs to develop and publicise ways in which learners can report abuse, particularly for those learners who may not have access to Childline and other related organisations. Anonymity needs to be guaranteed.

(b) Learner involvement in selection of counsellors

At present schools determine which teachers should receive the counselling training offered by the ECDE. These educators have a vital role to play in supporting and encouraging learners and therefore need to be educators who learners trust and can relate to. Learners should be involved in the process of choosing prospective counsellors.

(c) Support for orphans and other vulnerable children

According to the principals and educators interviewed the number of orphans and child-parented households is steadily increasing. Schools should be encouraged to determine how many of their learners are orphans or vulnerable.

4.1.6 Improved working relationships between schools and Department of Social Development

(a) Nutrition

Good nutrition was seen as instrumental in assisting those with HIV & Aids. Many of the learners come to school hungry and thus a

feeding scheme is essential. The feeding scheme should be extended to include all learners in primary and secondary schools.

The nutritional value of the feeding scheme needs to be examined. Schools need encouragement to continue their vegetable garden initiatives. This has financial implications that need to be addressed.

(b) Provision and equipping of First Aid kits

To promote a safe learning environment First Aid kits are essential. Many schools do not have the finance to adequately stock First Aid kits. While the ECDE has been instrumental in providing kits to schools, this responsibility needs to be extended to include the replenishment of stock.

(c) Recreational activities

The possibility of developing and extending after-school centres and recreational activities should be investigated in order to provide learners with a safe and secure environment.

4.1.7 Learner and educator support materials

(a) Development of appropriate materials

Lifeskills learning and teaching linked to the use of Lifeskills lessons to address such issuevb s as children's rights, abuse, health and HIV & Aids should form a part of the curriculum in the GET and FET bands.

Material reflecting the needs of educators and learners in the Eastern Cape needs to be developed.

The need for support materials for both learners and educators was expressed during the interview. Educators should be consulted about their needs and this should be reflected in the materials developed for educators.

Examples of lesson plans that reflect authentic integration could be developed in consultation with educators. Educators should be involved in the development of Learner Support Materials, which should include lesson plans, posters, booklets and statistical data relevant to the age and needs of the learners in this province.

4.1.7 Conducive environment for further research

In order to create a more conducive environment in which further research in schools should be undertaken, the following issues emanating from the study should be considered:

- In order to reduce the apparent research fatigue being felt by certain schools, the ECDE should make use of a variety of schools for research purposes and consider the needs of schools before conducting research.
- To avoid continuous disruption and to develop a more holistic sense of the 25 studies, research should be conducted simultaneously by a cohesive research consortium instead of independent groups of researchers.
- From this research study it is evident that there are some schools receiving more support from the ECDE and various NGOs and CBOs whereas other schools are receiving little to no support. The ECDE needs to evaluate which schools are being supported and by whom and create a systematic and inclusive approach to dealing with knowledge dissemination, support and monitoring of HIV & Aids programmes in schools. However, it must be noted that schools should also take responsibility to assist the ECDE.

SECTION 5
CONCLUDING REMARKS

5.1 CONCLUSION

We started this report by noting that infection rates for HIV & Aids are increasing rapidly in the Eastern Cape and that between 2000 and 2003 the number of infected people in the province increased by 7% from 20% to 27% of the total population of approximately seven million. We also noted that the youth have been identified as a particularly vulnerable category and that this places an enormous responsibility on the education sector to find appropriate and effective responses to the pandemic. We suggested that the introduction of a specific Directorate for HIV & Aids was a positive development and would allow for a much more effective and co-ordinated set of responses. We also noted that there had been a large number of interventions in schools since the late 1990s and that many of these had delivered some results, but that there was a lack of overall co-ordination and integration within the department in relation to HIV & Aids. The department's failure to spend its allocated budget in this area was identified as a matter of concern.

In order to more forward, it is imperative that the new directorate is able to establish clearly defined and measurable goals. There is need for strong leadership and a team that identifies with the strategic focus of the directorate and has confidence that the aims and objectives can be achieved. At the operational level, it is crucial that all stakeholders, including those who exist outside schools, are involved in the implementation process and that they feel part of the process.

Actions that are taken also need to be regularly monitored and measured to ensure that they are effective. Programmes and intervention need to operate on an evidence-based system, which allows decision makers to adjust strategies and actions in relation to evidence. Teachers, scholars and communities need to understand how the various programmes work and there should be no confusion

about the role they are expected to play and which elements are compulsory and voluntary. Every effort should be made to avoid confusion that reduces confidence.

At an organisation level, it is imperative that a mindset of continuous improvement becomes embedded. This needs to be part of any implementation process. It is important that appropriate measures be used to ensure that schools are on track in relation to desired goals and they receive regular feedback, training and information. It is necessary for those involved in such programmes to constantly grapple with complexities of how to influence learners on the issues involved and develop new strategies to minimise risk in schools and associated communities. A crucial aspect of this thinking is to move beyond a mindset which treats HIV & Aids simply as a question of sexuality. It needs to be conceptualised in a much more holistic way, as a problem and issue that affects individuals and communities at many different levels and needs to managed as a broader cycle of cause and effect relationships, which radiate out to include issues of care, orphans, and a host of other issues.

From this research study it is evident that the HIV & Aids pandemic is in need of vital human resources, as well as basic resources such as poverty alleviation. It is clear that the issue cannot ever be resolved by the intervention of only the ECDE, or by a disintegrated approach. The entire school community requires buy-in and to take responsibility for implementation of the relevant and best knowledge, skills and values (behaviours and attitudes) which are evident in this study.

From the evidence gathered in these interviews it would also appear that all respondents have knowledge about HIV & Aids and the knowledge of the attitudes towards sex, and the appropriate lifestyles and behaviours required to avoid infection with the HIV and to live with the virus. Little of this competence seems to have emanated from the ECDE workshop programmes, or through an integrated and focused curriculum programme. A large part seems to have come from the media, and particularly from discussion with the peer group. Few school activities appear to be in place. And few home discussions appear to be taking place. A large percentage of those school- and community-based activities that do take

place, appear to be presented by NGOs and CBOs, rather than via the education system.

Some schools are receiving relatively high levels of support from the ECDE and various NGOs and CBOs, whereas other schools are receiving little to no support. The ECDE needs to evaluate which schools are being supported and by whom and create a systematic and inclusive approach to dealing with knowledge dissemination, support and the monitoring of HIV & Aids and Lifeskills programmes in schools.

5.2 BUDGET

The overall ECDE HIV & Aids Conditional Grant allocations and expenditure for the financial reporting periods 2001/2002-2004/2005 are listed below. The main reasons cited for under-expenditure included internal problems and delays in processing payments at Head Office. This has resulted in pressure from commitments made in the previous financial year falling on the new budget. In addition, limited department delegations with regard to procurement (department limit of R100 000 and programme managers' limit of R7 000) resulted in any expenditure amounts above these limits going to tender, with a two- to three-month turnaround lead time. Tender problems also resulted in the disqualification of the training tender (ECDE Financial Report 2002/2003). Two delays in November 2003 and March 2004 resulted in under-expenditure of the HIV & Aids conditional grant. Prominent reasons cited for under-expenditure also include poor planning and delegation (ECDE Annual Report 2003/2004). The estimated expenditure figure in the financial period 2004/2005 is estimated at R20 million.

Financial Year	Conditional Grant	Allocation	Expenditure (million)	Transfer
2001/2002	HIV & Aids	11,149	7,376 (66.2%)	11,150
2002/2003	HIV & Aids	26,270	11,163	26,270
2003/2004	HIV & Aids	22,288	10,298 (46.2%)	16,716
2004/2005	HIV & Aids		20,000	*Estimate