Department of Basic Education

Draft Integrated Strategy on HIV and AIDS

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Summary Report

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Any inputs, comments or suggestions maybe forwarded to the Director-General: Basic Education for the attention of the Health Promotion Directorate; Private Bag X895; Pretoria; 0001.

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
DBE	Department of Basic Education
DoE	Department of Education
EAP	Employee Assistance Programme
EFA	Education for All
HCT	HIV Counselling and Testing
HEDCOM	Heads of Education Departments Committee
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
ILO	International Labour Organisation
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
NCS	National Curriculum Statement
NGOs	Non-Governmental Organisations
NSP	HIV and AIDS and STI National Strategic Plan 2007-2011
OVC	Orphans and Vulnerable Children
SADC	Southern African Development Community
SANAC	South African National AIDS Council
SGBs	School Governing Bodies
STIs	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS

NOTE ON TERMINOLOGY

There is often confusion regarding the terms HIV prevalence and HIV incidence. Both terms are central to understanding the HIV epidemic. As such, they are explained here as taken from the Joint United Nations Programme on HIV/AIDS (UNAIDS) publication, *Understanding HIV-1 incidence and prevalence in eastern and southern Africa*.[1]

HIV prevalence

HIV prevalence is a measure of the proportion of people who are living with HIV in a given population at a particular point in time. Prevalence is typically measured in cross-sectional surveys. It is a useful measure for understanding the total burden of disease and for planning care and treatment needs.

HIV incidence

HIV incidence is the number of new HIV infections that occur in a given population over a given period of time. Incidence is usually expressed as a number or percentage of infections that occur in a given population over a given period of time. Knowing the current incidence of HIV in a population provides information on how fast the virus is spreading.

[1] UNAIDS. Understanding HIV-1 incidence in eastern and southern Africa: a guidance note for policy makers, HIV programmers and HIV monitoring and evaluation practitioners. Geneva: UNAIDS; 2009.

SUMMARY OF THE DRAFT INTEGRATED STRATEGY ON HIV AND AIDS 2012-2016

Modern societies face complex challenges. The temptation to respond to these challenges in an ad-hoc and fragmented way can be quite strong. And yet there can be enormous risks and dangers in ad-hoc solutions that are not thought through.[2]

Purpose of this document

While there are some positive signs in South Africa's national response to HIV and AIDS, a turning point has not yet been reached where the country can safely say that it is rolling back the epidemic. Renewed commitments have been made by government, civil society and the private sector to focus and intensify implementation of the *HIV and AIDS and STI National Strategic Plan (NSP) 2007-2011.*[3]

Within the Department of Basic Education (DBE) this integrated strategy is currently being developed in accordance with the NSP and with new thinking globally on rolling back HIV and AIDS. The strategy relies on the framework of the NSP with prevention, treatment, care and support and research/monitoring arms together with efforts to mainstream and strengthen a systemic response to HIV and AIDS. It will also define interventions beyond the Life Skills Programme to respond more comprehensively to the epidemic.

This substantially widened focus implies that this strategy, once adopted, will guide the national Department in consultation with provinces and constituencies towards a new national policy. Policy, in turn, will be carefully thought through by provinces and implemented in such a manner as to integrate with other provincial priorities and plans.

Given this move towards new policy, the target audience for the final strategy will include senior management within the DBE, Heads of Education Departments Committee (HEDCOM) members, senior provincial managers, provincial HIV and AIDS coordinators, educator unions and learner organisations, supporting Non-Governmental Organisations (NGOs), senior members at the South African National AIDS Council (SANAC), and selected experts from UNESCO and other development partners.

The first draft of the DBE's thinking on a new strategy has been enhanced through consultation with senior management in the DBE, HEDCOM and provincial HIV and AIDS coordinators to produce the current version of the draft strategy (this document). It will be presented for wider consultation with relevant constituents in the sector. The final strategy will form the basis of a planning process involving provinces, districts and schools.

Imperatives for a new national strategy

There are eight key imperatives that underpin the need for a revised and integrated strategy within basic education:

Imperative one : HIV and AIDS as a developmental challenge

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[2] The Presidency, Republic of South Africa. Green paper: national strategic planning. Pretoria: The Presidency; 2009.

[3] South African National AIDS Council. HIV & AIDS and STI Strategic Plan for South Africa 2007 – 2011. Pretoria: SANAC; 2007.

Imperative two	: The impact of HIV on the education sector and educational outcomes
Imperative three	: Lessons from available evidence on effective responses
Imperative four	: Schooling as a protective factor – the role of prevention
Imperative five	: A duty of care in schooling
Imperative six	: Alignment with the NSP
Imperative seven	: Alignment with government's outcomes focus
Imperative eight	: A sustainable, integrated response

The Department of Education's (DoE) response to HIV and AIDS over the past 10 years has been governed by the *National Policy on HIV/AIDS for Learners and Educators in Public Schools, and Students and Educators in Further Education and Training Institutions*, developed in 1999.[4] The primary intervention instituted by the then DoE in response to the policy has been the HIV and AIDS Life Skills Education Programme funded by National Treasury through a conditional grant. The focus of the life skills programme has been on the prevention of HIV and AIDS among learners through knowledge and skills building, mainly through the Life Orientation Learning Area, and subsequently integrated into other Learning Areas.

A number of pressing factors dictate the need to craft a new integrated strategy for basic education:

Imperative one: HIV and AIDS as a developmental challenge

Two of the key markers of the state of development in a country are life expectancy at birth and the under-five mortality rate. In a period of rapid development post-apartheid, South Africa has regressed on these key indicators. In 1998 the life expectancy for men and women in South Africa was 59 years and 68 years respectively. By 2008 this had dropped to 52 and 55 years[5] respectively. Similarly, in 1990 the under-five mortality rate was 56 deaths per 1000 live births. [6] By 2000, the figure had risen to 73 deaths per 1000 live births. This was followed by a very slow decline to 67 deaths per 1000 live births in 2008. There is little dissention that HIV and AIDS has played a significant role in this regression in human development terms. In fact, more than 40 countries with adult HIV prevalence above 4% have regressed on child mortality gains achieved in the 1980s.[7]

South Africa has signed up to and is a global supporter of the Millennium Development Goals (MDGs). There is now global recognition that the AIDS epidemic "continues to pose serious challenges, undermining broad progress in development and in poverty reduction, threatening basic human rights and seriously affecting the prospects of attaining the MDGs and the

[4] Department of Education. Government Gazette No. 20372: The national policy on HIV/AIDS for learners and educators in public schools and students and educators in further education and training institutions. Pretoria: Department of Education; 1999.

[5] World Health Organisation. World health statistics. Geneva: World Health Organisation; 2010.

[6] Kibel M, Lake L, Pendlebury S, Smith C (eds). South African child gauge 2009/2010. Executive summary. Cape Town: Children's Institute, University of Cape Town; 2010.

[7] UNICEF Innocenti Research Centre. AIDS, public policy and child well-being. Italy: UNICEF Innocenti Research Centre; 2007.

Education for All (EFA) goals".[8] Given the long duration of the epidemic and that individual-focused, biomedical interventions have had limited impact on the epidemic, sustainable, population-level plans are required that involve every sector of society.

The United Nations General Assembly[9] also recognises that interventions to address HIV, given its strong social and structural underpinning, are inextricably linked to the development agenda. For example, while interventions to address HIV will make a direct contribution to MDG 6, *To reduce the burden of HIV*, instituting a comprehensive package of HIV-related interventions will have positive impacts on many of the other goals. Conversely, failure to prevent and mitigate the impact of HIV and AIDS will compromise the ability of countries to achieve the MDGs.

The link between the achievement of the MDGs and HIV interventions are outlined below:[9]

- Goal 1 – to eradicate extreme poverty and hunger (addressing structural drivers of the HIV epidemic such as inequality, unemployment and poverty will reduce risk for HIV);
- Goal 2 – access to universal primary education (instituting care and support programmes for orphans and other children made vulnerable by HIV such as school feeding and no fee schools will improve enrolment and retention);
- Goal 3 – empowerment of women and promotion of gender equality (unequal gender power relations is considered as one of the fundamental factors promoting the feminisation of the epidemic; hence changing social norms on gender equality and equity will lower the risk of infection amongst women);
- Goal 4 – reduction of child mortality (expansion of access to prevention of mother-to-child transmission and paediatric HIV treatment will have a positive impact on infant and child mortality rates); and
- Goal 8 – innovation and global partnerships (given the scale of the HIV epidemic, a number of sectors of the global community including governments, civil society and development partners have come together to mount a unified and large scale response to HIV).

Education, as one of the fundamental and critical levers for overall development, must institute a comprehensive response to HIV and AIDS. Unless HIV is addressed in a fundamental way in planning and implementing an accelerated approach to achieving quality education, it has the potential to undermine all our efforts with significant consequences for schooling, and the country.

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[8] UNAIDS. A strategic approach: HIV & AIDS and education. Geneva: UNAIDS, May 2009.

[9] United Nations. High-level meeting on the comprehensive review of the progress achieved in realising the declaration of commitment on HIV/AIDS and the political declaration on HIV/AIDS. New York: United Nations, General Assembly; June 2008.

Imperative two: The impact of HIV on the education sector and educational outcomes

The DBE has recently crafted a new sector plan to improve basic education entitled *Schooling 2025*.[10] The plan has two broad strategic areas: The improvement of learning outcomes and improved access to education. The plan recognises the centrality of teacher and learner well-being to the achievement of educational outcomes.

In the 1980s and the 1990s, gross enrolment rates in 22 of 41 sub-Saharan African countries for which data is available, either declined or stagnated. [11] The greatest declines were observed in countries with high HIV prevalence rates. While at the aggregate level, the effect of HIV on education is hard to disentangle from other factors such as poverty, rising unemployment etc, at the individual level, the link between HIV and enrolment is much more distinct. Three examples cited below demonstrate the relationship between HIV and AIDS and educational outcomes:

- Many children in South Africa live in poverty, but the arrival of HIV and AIDS in the family creates an even greater financial burden. The financial burden of HIV- and AIDS-related illnesses or death on households is an estimated 30% greater than the burden created by deaths from other causes.[12] The increase in poverty makes the payment of school and related fees increasingly difficult and is a significant cause of lower enrolments and retention of children affected by HIV and AIDS. [13]
- Children affected by HIV and AIDS experience high levels of grief and trauma as a result of the (often multiple) illnesses and deaths in the family. The cumulative effect of loss, grief and trauma is expressed in declining school enrolments, delayed enrolments, erratic attendance, poor attention and performance, and higher drop-out rates.[14]
- Children infected with HIV and AIDS or children whose family members are infected experience discrimination and stigma which takes various forms, including emotional, verbal and physical abuse as well as social exclusion and isolation.[15] *The National Policy on HIV and AIDs for Learners and Educators in Public Schools*[16] recognises the harmful impact of this on enrolment, continued attendance and performance.

While the examples cited above demonstrate some of the immediate and short-term impacts of HIV and AIDS on educational outcomes, the true and full impact of HIV and AIDS on the

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[10] Department of Basic Education. Towards a Basic Education Sector Plan (working document). Pretoria: Department of Education; 2010

[11] UNICEF Innocenti Research Centre. AIDS, public policy and child well-being. Italy: UNICEF Innocenti Research Centre; 2007.

[12] Coombe C. Mitigating the impact of HIV/AIDS on education supply, demand and quality. In Cornia GA, editor. AIDS, public policy and child well-being. Italy: UNICEF; 2002.

[13] UNAIDS Inter Agency Task Team on Education. HIV and AIDS and education: the role of education in the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS. UNICEF.

[14] Coombe C. HIV/AIDS, poverty and education: The circle of hope and despair. Pretoria: Faculty of Education, University of Pretoria; 2003.

[15] Strode A, Barrett Grant K. The role of stigma and discrimination in increasing vulnerability of children and youth infected with and affected by HIV/AIDS- research report. Arcadia: Save the Children UK and South Africa; 2001.

[16] Department of Education. National policy on HIV/AIDs for learners and educators in public schools, and students and educators for further education and training institutions. Pretoria: Department of Education; 1999.

education system may never be precisely measured and attributed, and will probably not be felt for many years to come. HIV and AIDS has a long-term impact in which the first wave of infection is followed over time by the second wave of death and third wave of impacts. For example, HIV infection peaked in Uganda in 1989, but the number of AIDS orphans peaked 14 years later in 2003.[17] Similarly, in South Africa, where HIV infection may not have peaked, the number of orphans may well continue to rise until 2020. This will pose a new challenge to the education system, having to confront a whole generation of educationally disenfranchised children that the system has previously not been able to integrate optimally.[18] So while dire predictions of national collapse, rising levels of crime and economic stagnation may not come to pass, the impact will be differentiated and borne most profoundly by the poorest and most vulnerable sectors of society.[19]

The sector and the Department shall not wait for these impacts before they act decisively, this being in line with Government's commitment to act now and to act forcefully to avoid negative futures. Ill health, absenteeism or any other increased stress or vulnerability on the part of school-age children and youth, educators, school support staff and officials constitutes a threat to the attainment of teaching and learning education outcomes, as defined by Government and the Minister of Basic Education.

Imperative three: Lessons from available evidence on effective responses

Globally and regionally we have learned a great deal about what works and what does not work in responding to HIV and AIDS. With regard to prevention, UNAIDS and its partners acknowledge that traditional prevention efforts placed the individual at the heart of the response and failed to acknowledge the societal factors that must be in place in order to facilitate individual behaviour change. In addition, there is widespread acknowledgement that knowledge by itself does not lead to behaviour change. This latter learning has enormous implications for school responses that have traditionally relied exclusively on knowledge of HIV and AIDS transmission only via the curriculum as taught in the classrooms.

In fact a recent Lancet series advocates three important targets for HIV prevention:[20]

(1) ***Comprehensive prevention*** - countries that have experienced downturns in HIV incidence have combined multiple risk reduction strategies with strong political leadership and active community engagement.

(2) ***Combination prevention*** - the strengths of biomedical interventions must be combined with access to treatment, behaviour change strategies and structural approaches to change social and economic conditions that predispose people to engage in unsafe behaviour.

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[17] Whiteside A. HIV/AIDS. A very short introduction. Oxford: Oxford University Press; 2008.

[18] UNICEF Innocenti Research Centre. AIDS, public policy and child well-being. Italy: UNICEF Innocenti Research Centre; 2007.

[19] Whiteside A. HIV/AIDS. A very short introduction. Oxford: Oxford University Press; 2008.

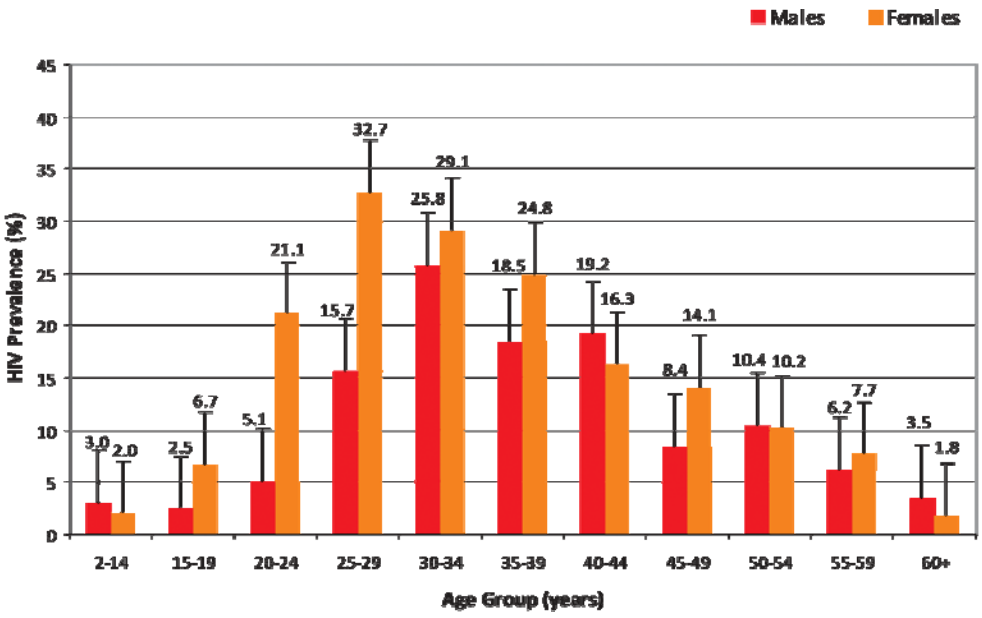
[20] Coates TJ, Richter L, Caceres C. Behavioural strategies to reduce HIV transmission: How to make them work better. The Lancet, 2008 Aug; 372(9639): 669-684.

(3) Countries with generalised epidemics like South Africa require **large-scale interventions** that can produce generational shifts in behaviour amongst new and emerging categories of risk groups.

In terms of **support**, increasing evidence from a range of sources[21] suggests that, as in prevention, structural factors have been under-emphasised. Societal norms and aspects of culture have exacerbated stigma and discrimination and programmes need to make significant inroads into addressing these issues.

Gender inequity and the substantially higher prevalence rates amongst girls and young women have been clearly documented in national surveys undertaken in past years. Human Science Research Council (HSRC) surveys conducted in 2002[22], 2005[23], and 2008[24] indicate that females between 15 and 39 years of age continue to have a higher HIV prevalence than males emphasising a need for targeted intervention responses both for young girls in school and women working in the education sector.

Figure 1: HIV prevalence by gender and age, South Africa, 2008[25]



[21] Inter alia the Cape Area Panel Study managed by UCT; the carer-child wellbeing project of the Department of Social Development and partners; and the mid-term review of the NSP.

[22] Shisana O, Simbayi L, editors. Nelson Mandela HSRC study of HIV/AIDS: full report. South African national HIV prevalence, behavioural risks and mass media. Household survey 2002. Pretoria: Human Sciences research Council, 2002.

[23] Shisana O, Rehle T, Simbayi L, Parker W, Zuma K, Bhana A et al. South African national HIV prevalence, HIV incidence, behaviour and communication survey, 2005. Cape Town: Human Sciences Research Council, 2005.

[24] Shisana O, Rehle T, Simbayi LC, Zuma K, Jooste S, Pillay-van-Wyk V et al. South African national HIV prevalence, incidence, behaviour and communication survey, 2008: A turning tide among teenagers? Pretoria: Human Sciences Research Council; 2008.

[25] Ibid.

Also of concern for basic education is the **high HIV prevalence rates for adults aged 25 – 39** who make up the majority of the teaching cadre. Of these, the highest rates are for those aged 25 – 29 which would reflect young teachers just entering careers in teaching. The implications for human resource management and for mitigation and care in the Department are significant.

A lesson only slowly being acknowledged is the need for **focused use of resources** according to detailed knowledge of the epidemic. For the DBE, while programmes require universal implementation in the school setting, they will also need to adopt **targeted approaches** such as focusing on most at risk groups and particular geographic areas in which risk is concentrated.

Imperative four: Schooling as a protective factor – the role of prevention

Despite global progress in responding to HIV, such progress has been uneven and the expansion in the epidemic is far outstripping the pace at which services can be taken to scale. In 2007, it was estimated that for every new cohort of a million people receiving antiretroviral treatment, 2.5 million people were newly infected.[26] There is now consensus that countries will not be able to treat their way out of the epidemic. **Prevention represents the turn-around strategy for the HIV epidemic**. The Mid-Term Review of the NSP conducted in 2009 recommended the critical need for the country to strengthen prevention.

In this regard, young people account for 45% of all new HIV infections globally, with almost 90% of this number occurring in sub-Saharan Africa.[27] While youth are considered the drivers of the epidemic, they also represent the most viable opportunity to halt the spread of AIDS and to prevent new infections. Countries that have reported down-turns in the HIV epidemic have attributed this to behaviour change among young people. In fact, the first declines in HIV incidence in South Africa have been reported among young people aged 15-19 years.[28] Given the focus on young people, the education sector in South Africa has therefore been assigned a lead role on prevention in the NSP.

The past 10 years have increasingly made clear the centrality of education provision in combating the impact of HIV and AIDS. If schools are able to increase attendance by learners and retain learners in the system, then, provided that the schools themselves are maintained as safe environments, **schools are protective against negative reproductive health outcomes** such as teenage pregnancy and HIV and AIDS.

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[26] United Nations. High-level meeting on the comprehensive review of the progress achieved in realising the declaration of commitment on HIV/AIDS and the political declaration on HIV/AIDS. New York: United Nations, General Assembly; June 2008.

[27] UNAIDS. 2008 Report on the global AIDS epidemic. Geneva: UNAIDS; 2008.

[28] Shisana O, Rehle T, Simbayi LC, Zuma K, Jooste S, Pillay-van-Wyk V et al. South African national HIV prevalence, incidence, behaviour and communication survey, 2008: A turning tide among teenagers? Pretoria: Human Sciences Research Council; 2008.

UNAIDS in *A Strategic Approach: HIV & AIDS and Education*[29] lays this out as follows:

> "We now have evidence of the important role that education plays in offering protection against HIV. School-going children and young people are less likely to become infected than those who do not attend school, even if HIV and AIDS are not included in the curriculum. Education reduces the vulnerability of girls, and each year of schooling offers greater protective benefits. Where offered, well-planned and well-implemented education on life skills or sex and HIV has increased knowledge, developed skills, generated positive attitudes and reduced or modified sexual behaviour. The first line of the response should therefore be to provide more and better schooling. A second and complementary line of response can then be to introduce specifications tailored to the epidemic, such as providing HIV and sexuality education. In highly-affected settings, educating parents and learners about HIV treatment, care and support should also be prioritised."

UNAIDS has recognised that education has the following impact on HIV and AIDS:

- Access to quality education protects against HIV;
- Education can reach large numbers of children and young people;
- Education reduces the vulnerability of girls;
- Education can reach those who are not in school;
- HIV and AIDS education impacts on HIV-related knowledge, skills and behaviour;
- The higher the level of education, the greater the protection against HIV infection;
- Education can reduce stigma and discrimination; and
- Education provides a cost-effective means of HIV prevention.

The proviso made at the beginning of this section is that schools are only a protective factor with regard to HIV and AIDS if they are safe spaces for all youth and adults, who work and learn within them. But the scope of school safety must be expanded beyond infrastructure concerns such as fencing and gates to include psychological and emotional safety. So how might a safe school be defined?

> "A safe school may be defined as one that is free of danger and where there is an absence of possible harm; a place in which non-educators, educators and learners may work, teach and learn without fear of ridicule, intimidation, harassment, humiliation, or violence. A safe school is therefore a healthy school in that it is physically and psychologically safe. Indicators of safe schools include the presence of certain physical features such as secure walls, fencing and gates; buildings that are in a good state of repair; and well-maintained school grounds. Safe schools are further characterised by good discipline, a culture conducive to teaching and learning,

[29] UNAIDS. A strategic approach: HIV & AIDS and education. Geneva: UNAIDS, May 2009.

professional educator conduct, good governance and management practices, and an absence (or low level) of crime and violence." [30]

Imperative five: A duty of care in schooling

The entire country has a duty of care towards its children, and at a time of recognised crisis that duty becomes more focused. While the DBE has a primary responsibility for educating young minds, with a strong focus over the coming years on improving the quality and outcomes of that education, it also has a duty to protect children and youth in its system and to prepare them for their role as citizens of the future.

This duty of care, especially to orphans and vulnerable children (OVC), is well entrenched in a number of international and regional frameworks (such as the Convention on the Rights of the Child) to which South Africa is a signatory. These frameworks also stipulate that the duty of care must be fulfilled in a holistic manner through a comprehensive and integrated package of services, care and support.

Prevailing over all government action and policies is the Constitution of the Republic of South Africa and its Bill of Rights, which delineate a host of rights specifically for children, including the right to education - the guarantee of which is unhindered by any reference to 'progressive realisation'. But the right to education is dependent on the prior fulfilment of a number of other rights, the attainment of which is dependent on prevailing circumstances such as poverty, HIV and AIDS and other such factors. In terms of the role of the DBE in the realisation of these rights, there are a number of frameworks and policies that call for schools to become centres through which care and support is facilitated. The list of obligations imposed on DBE by its own and other government policies is extensive.

South Africa, in accordance with Southern African Development Community (SADC), has committed to providing care and support for teaching and learning. This commitment emanates from the strong policy mandate and the wide recognition that education systems have several comparative advantages over other services when it comes to the care and support of children. In addition, there are a number of factors that make schools a strategic place for children to access a range of services.[31]

- Schools are relatively accessible and they often provide a physical infrastructure in communities where other crucial infrastructure is absent. The education system has an existing infrastructure of around 28 000 schools (25 850 public schools in 2010).[32] The space and grounds at schools have the potential for expanded use.
- Schools represent an existing network of many components, including school staff, learners, their caregivers, school governing bodies (SGBs) and the broader school community. Each component is a potentially valuable resource for care and support.

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[30] Squelch J. Do school governing bodies have a duty to create safe schools? Perspectives in Education. 2001; 19:137-149.

[31] Giese S, Meintjes H, Monson J. Schools as nodes of care and support for children affected by HIV, AIDS and poverty. Cape Town: Children's Institute, UCT; 2005.

[32] Department of Education. 2010 School realities report. Pretoria: Department of Education; 2010.

- The way schools are currently clustered creates opportunities for further collaboration and provides educators and middle management with more support.
- The school environment is an inclusive environment, which focuses on children and is committed to children's development. The education system reaches approximately 11 809 355 children (12 260 099 in all schools in 2010),[33] including those most affected and most at risk of HIV infection. Children spend a large amount of their time at school over many years. It is also an environment where all kinds of vulnerabilities are exposed and it therefore has the potential to work against stigma associated with HIV and AIDS. If children feel supported within the school, they will come to school and they will remain within the school.
- The school can also reach the younger and most vulnerable age group through school-going children and their families, for example, through child-to-child programmes.
- Educators see children every day for five days of the week and are therefore ideally placed to track their well-being, to recognise change in children's lives, and to identify vulnerable children.
- In communities with inadequate service provision, schools take on an ever-increasing burden of support.

Imperative six: Alignment with the NSP

The education sector's response to HIV and AIDS has historically not been sufficiently aligned to the national framework on HIV and AIDS – namely, *The HIV and AIDS and STI National Strategic Plan for South Africa 2007-2011*.[34] Despite the fact that the DBE is recognised as a lead Department on a number of interventions, non-alignment to the strategy has significantly hampered the Department from fulfilling this national mandate and being able to report to SANAC on key indicators.

The NSP highlights the increased vulnerability of certain groups in South Africa to HIV infection. Two of these groups that are at an increased risk of HIV infection are adolescents and young adults between the ages of 15 and 24 years and children between the ages of 0 and 14 years. The heightened vulnerability of these age groups to HIV infection underscores the important role of the education sector in the fight against HIV and AIDS.

In particular, the DoE has been identified as a lead agency in implementing a number of interventions crucial roles in helping achieve the goals associated with (1) HIV prevention, (2) treatment, care and support, and to some extent (3) human rights and access to justice. Many of the objectives and interventions outlined by the NSP for the Department of (Basic) Education to undertake are consistent with empirical evidence and literature regarding the individual and structural drivers of HIV infection in youth.

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[33] Ibid.

[34] South African National AIDS Council. HIV & AIDS and STI Strategic Plan for South Africa 2007 – 2011. Pretoria: South African National AIDS Council; 2007.

In terms of augmenting HIV prevention efforts, the NSP assigns responsibility to the DoE for developing and implementing strategies to address gender-based violence that can effectively address cultural norms and attitudes that promote gender-power stereotypes and condone coercive sexual practices. Furthermore, the NSP recommends the Department undertakes efforts that will reduce infection in young people with a special focus on young women that centres upon policies and legislation to keep youth in school, strengthening school-based life skills programmes and enhancing teacher training and ability to deliver quality life skills programmes to youth.

The NSP also assigns responsibility to the Department for developing and implementing targeted HIV prevention activities that will reach high risk out-of-school youth as well as developing guidelines for schools to become places of care and safety for children and young people. Other prevention efforts relevant to schools, according to the NSP guidelines, include encouraging pregnant teenagers to take HIV tests and establishing close referral links to facilitate access of HIV positive pregnant youth into prevention of mother to child transmission (PMTCT) programmes.

The education system also plays a significant role in achieving the objectives within the second pillar of the NSP, *Treatment, Care and Support.* Accordingly, the education system needs to increase care and support for OVC through strengthening the implementation of OVC policy and programmes. Not only will such efforts serve to augment the care and support OVC's receive, but such efforts may also succeed in reducing their vulnerability to HIV infection.

In terms of priority area four of the NSP, *Human Rights and Access to Justice*, the DBE will ensure adherence to existing legislation and policy relating to HIV and AIDS in the education system. In order to achieve this, the Department is required to develop and distribute national guidelines on the rights of children in schools to access information, prevention, treatment, care and support. However, in order to facilitate access to useful HIV and AIDS information and services, the education system must attempt to forge effective referral networks and relationships that can assist youth in accessing prevention, treatment, care and support services.

Imperative seven: Alignment with government's outcomes focus

South Africa is in the process of developing a 'South Africa Vision 2025' development plan and along with this a change in Government thinking from inputs and bureaucracy to outcomes for the nation. This is also articulated in the new sector plan for education, *Schooling 2025.*[35]

This strategy aligns itself with this new Government emphasis by focusing on four key outcomes that will fundamentally alter the relationship between schooling in South Africa and the country's response to HIV and AIDS. These outcomes are closely aligned with best international thinking and emerging recommendations of global agencies. It then recommends key outputs that will achieve these outcomes.

[35] Department of Basic Education. Towards a Basic Education Sector Plan (working document). Pretoria: Department of Education; 2010

Clearly, an outcomes focus requires that outcomes are measured. Thus monitoring and evaluating the strategy and the operational plans that will follow are key to ever-increasing success.

Imperative eight: A sustainable, integrated response

The HIV epidemic has run a long course of 25 years and it is likely to persist for several decades into the future. Until recently, the epidemic in most countries has been managed as an emergency. [36] Given its duration and that increasingly HIV and AIDS is being considered a chronic disease much like diabetes and cardiovascular disease, sustainable, long-term, population-level plans are required to curtail its spread as well as its intergenerational impact. This requires strong and durable leadership, planning, implementation, financing and human resources for HIV and AIDS.

To garner such a sustained response to HIV and AIDS within the education system, mainstreaming of an integrated and comprehensive response to the epidemic is required. First, this demands interventions for all role players within the education system – learners, educators, officials and support staff - who are both infected and affected by HIV and AIDS. Second, strategies must be developed at both prevention and at treatment, care and support levels, in line with the public health approach adopted by the NSP. And third, interventions must be mainstreamed across the education system. Although mainstreaming of HIV and AIDS is currently recognised as a goal, practical implementation at national and provincial levels has been very limited.

Key strategy principles

There are ten key principles that underpin the strategy:

1. All interventions focused on combating HIV and AIDS in support of the NSP will be designed to have simultaneous positive effects on the goals attached to the broad strategic areas of *Schooling 2025*[37]; namely, *The improvement of learning outcomes* and *Improved access to education*.
2. Comprehensiveness will ensure that the strategy constructs interventions to address the range of individual and structural key drivers of HIV and AIDS among school-going youth, educators, school support staff and DBE officials in South Africa.
3. An outcomes-based approach aligns the strategy with Government's new direction and operating paradigms and ensures that all efforts are focused on achieving measurable success.
4. Interventions will be evidence-based and will rigorously scale-up proven effective responses.

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[36] United Nations. High-level meeting on the comprehensive review of the progress achieved in realising the declaration of commitment on HIV/AIDS and the political declaration on HIV/AIDS. New York: United Nations, General Assembly; June 2008.

[37] Department of Basic Education. Towards a Basic Education Sector Plan (working document). Pretoria: Department of Education; 2010

5. A caring and supportive school environment will be developed, not just in response to HIV but as part of South Africa's commitment to SADC to enhance care and support for teaching and learning.
6. Schools will be utilised as centres for enhancing access of young people to services for sexual and reproductive health, including HIV.
7. Programmes and interventions aimed at supporting various constituencies will be constituency-focused and will include consultation with and participation by the constituency. For example, learner interventions will be child/youth-centred and will consult with and ensure participation by learners, while educator interventions will be educator-specific and will include consultations with and participation by educators.
8. Interventions will build on existing programmes and services and never duplicate or waste resources.
9. District offices and officials will play a critical support role to schools in developing and implementing HIV and AIDS programmes. Their capacity to do so will be enhanced.
10. Parents and communities will be involved and their support and resources will be harnessed.

Strategy intended impacts

There are four major intended impacts[38] of this strategy:

1. Improved learner and educator retention within the education system through HIV-related interventions.
2. A contribution toward decreased HIV incidence among 15-19 year olds and among educators, school support staff and officials[39].
3. Increased sexual and reproductive health among learners, educators, school support staff and officials.
4. Increased physical and psychological safety in all South African schools.

Strategy goals

There are three major strategy goals against which the strategy will be evaluated:

1. Enhanced protective factor of schools and the basic education sector with regard to HIV prevention, support and mitigation.
2. Increased knowledge, skills and confidence amongst learners, educators, school support staff and officials to take self-appropriate sexual and reproductive decisions.
3. Increased access to sexual and reproductive health services including HIV services by learners, educators, school support staff and officials.

[38] The impact of the interventions can be measured in national impact evaluation studies. However, the contribution of education-specific interventions to outcomes may be difficult to isolate given the range of interventions that are currently being implemented within and outside of schools to prevent and mitigate the impact of HIV and AIDS.

[39] Implementation of the strategy in its entirety is critical if it is to effectively contribute to the decrease in HIV incidence.

Strategy objectives

The strategy has four objectives, aligned to the NSP:

1. To support South Africa's HIV prevention strategy by increasing **sexual and reproductive knowledge, skills and appropriate decision-making** among learners, educators, school support staff and officials.
2. To mitigate the impact of HIV by providing a **caring, supportive and enabling environment** for learners, educators, school support staff and officials in all South African schools and in the country's education departments.
3. To **transparently monitor and evaluate** all goals, objectives and outcomes in line with Government's monitoring and evaluation (M&E) framework and to **research** all components of this strategy.
4. To ensure the provision of a **safe, rights-based environment in schools and in the country's education departments,** including zero tolerance of discrimination, stigma and any form of sexual harassment/abuse.

Strategy outcomes

In order to realise the objectives the following seven outcomes will need to be achieved over the strategy period. Each outcome is elaborated further below:

1. The DBE and all provinces have integrated all components of this HIV strategy and its subsequent policy into their core work, evaluation and reporting systems.
2. Sexual and reproductive health education, including HIV, is a mandatory, timetabled and assessed subject delivered in all South African schools.
3. Age appropriate sexual and reproductive health and HIV-related life skills are delivered through co-curricular means in all South African schools.
4. Educators receive pre-service and in-service training on sexual and reproductive health, including HIV.
5. Every South African school and Education Department has a communicated plan in place to increase access to sexual and reproductive health and HIV services for learners, educators, school support staff and officials. Service provision for educators, school support staff and officials must be integrated within employee assistance programmes (EAP).
6. Every South African school implements and monitors a communicated safety plan that includes components on physical safety and psychological/emotional safety, including zero tolerance of discrimination, stigma and any form of sexual harassment/abuse.
7. Barriers to retention and achievement in school for learners who are HIV affected or infected are mitigated by implementation of pro-poor policies.

Log frame: strategy outcomes, outputs and activities

The table below summarises the key performance measures and activities to achieve the strategy outputs:

STRATEGY OUTCOME	OUTPUTS	ACTIVITIES[40]
The DBE and all provinces have integrated all components of this HIV strategy and its subsequent policy into their core work, evaluation and reporting systems	A revised national policy on HIV and AIDS in the education system A comprehensive, integrated national plan for responding to HIV and AIDS in the school system Appropriate structures for coordinating the response at national and provincial levels Appropriate planning frameworks, including strategic and operational planning templates for guiding activity at provincial level Appropriate reporting frameworks, including quarterly and annual reporting templates for reporting to provincial and national oversight bodies Resources commensurate with the HIV and AIDS challenge at national and provincial levels, including guideline allocations in the equitable share formula Educator supply and demand planning that is responsive to HIV and AIDS impact Improved monitoring, analysis and modelling of enrolment and other system data Improved prevalence and incidence monitoring for the sector Improved M&E of strategy implementation	A series of consultations will be held with key players including branches within the DBE, provinces, unions, learners, academics and researchers, other countries which have acted successfully against HIV and AIDS and international agencies such as UNESCO and UNICEF Simultaneous consultation with SANAC will take place on setting targets for the objectives in line with both the current NSP and possible evolving thinking for a new 2012 - 2016 NSP period Further detailed activities for all outputs attached to this outcome will be put in place in a national implementation plan

[40] Activities in a national strategy can only be given at a high strategic level. More detailed activities will be elaborated in an implementation plan still to be to be finalised.

STRATEGY OUTCOME	OUTPUTS	ACTIVITIES
Sexual and reproductive health education, including HIV is a mandatory, timetabled and assessed subject delivered in all South African schools	Enhanced national curriculum statement (NCS) and supporting teaching modes and materials	A review task team will evaluate current life skills education curriculum against international good practice and recommend enhancements, where indicated, to the curriculum, to teaching practice and to support materials. This team will align with current processes in the DBE to review the curriculum Current weaknesses will be corrected; guidelines and materials for delivering the curriculum will be enhanced
Age appropriate sexual and reproductive health and HIV-related life skills are delivered through co-curricular means in all South African schools[41]	A database of evaluated support programmes including peer education is available Trained and evaluated 'life skills' support personnel attached to targeted schools and tested through pilot programmes	Create a database of evaluated support programmes, including peer education Pilot programme to attach 'life skills' support personnel to targeted schools
Educators receive pre-service and in-service training on sexual and reproductive health including HIV[42]	Enhanced curriculum for teacher training in personal, sexual and reproductive health decision-making and the teaching of sexual and reproductive health education to learners Systems of psychological support for educators will be investigated	Liaise with teacher-relevant development stakeholders (branch, DHET, HEIs, educators) to review current curriculum for the classroom (pre-service and in-service) Consult with the Department of Higher Education and the higher education institutions to improve educator training curriculum and materials

[41] Innovative ways of attaching support programmes to schools and thus providing learners with 'life coaches' will be investigated and recommendations, including budgetary considerations, will be made.

[42] For teaching and for own lives.

STRATEGY OUTCOME	OUTPUT	ACTIVITIES
Every South African school and education department has a communicated plan in place to increase access to sexual and reproductive health and HIV services for learners, educators, school support staff and officials. Service provision for educators, school support staff and officials must be integrated within EAP	✗ School HIV Counselling and Testing (HCT) campaign will be implemented ✗ Enhanced EAP plans across all departments to include socio-psychological support of teachers, school support staff and officials due to their dealing with HIV, other health-related matters as well as stressful issues in their careers ✗ Template and materials in support of school plans for access to sexual and reproductive health services ✗ Capacity plans for districts to support schools in developing 'Access to Reproductive Health and HIV Services' Plans ✗ School plans for enhancing access to sexual and reproductive health services	✗ Implementation of the school HCT campaign for learners, educators, school support staff and officials ✗ The DBE and provinces in consultation with stakeholders review current EAPs and benchmark against best practice global standards for workplace HIV- related EAP (International Labour Organisation (ILO)) ✗ Analyse current and emerging care and support initiatives impacting on the access of learners and educators to sexual and reproductive health services including HIV services for synergies supporting this intent ✗ Develop enhanced EAP programmes
Every South African school implements and monitors a communicated safety plan that includes components on physical safety and psychological/emotional safety, including zero tolerance of discrimination, stigma and any form of sexual harassment/abuse	✗ Component templates and support materials for issues of physical safety and zero tolerance of discrimination, stigma and any form of sexual harassment/abuse in school and workplace safety plans ✗ School safety plan per school dealing with physical safety and zero tolerance of discrimination, stigma and any form of sexual harassment/abuse in school	✗ Integrate issues of sexual and reproductive health and rights, HIV and stigma into the school safety policy process and programme ✗ Develop school safety plans in line with the policy and programmes ✗ Strengthen the elimination of stigma and discrimination in life skills education curriculum and co-curricular activities

STRATEGY OUTCOMES	OUTPUTS	ACTIVITIES
Barriers to retention and achievement in school for learners who are HIV affected or infected are mitigated by implementation of pro-poor policies.[43]	Mapping of pro-poor policies currently implemented in the schooling system and relationship with educational outcomes Inclusion of HIV and AIDS as a source of vulnerability that pro-poor policies aim to address and measurement of impact	Map pro-poor policies linked to HIV and AIDS responses implemented and assess their effect on strategy outputs and outcomes Take steps to integrate HIV responses, care and support and pro-poor policies

[43] Pro-poor policies have a positive impact on the ability of orphans and other children made vulnerable by HIV and AIDS amongst others, to access and stay in school. However, pro-poor policy interventions are currently running parallel to other interventions to prevent and mitigate the impact of HIV and AIDS. The range of interventions currently implemented to prevent HIV and AIDS will be integrated into a comprehensive package of care and support for learners.

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