

Final Report

**ASSESSMENT OF THE IMPLEMENTATION OF LIFE SKILLS-
HIV/AIDS PROGRAMME IN SECONDARY SCHOOLS**

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ACRONYMS

| | |
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| AIDS | Acquired Immune Deficiency Syndrome |
| CBO | Community Based Organisation |
| DO | District Office |
| DoE | Department of Education |
| DoH | Department of Health |
| DoW | Department of Welfare |
| EC | Eastern Cape Province |
| FGD | Focus Group Discussion |
| FS | Free State Province |
| HIV | Human Immuno-Deficiency Virus |
| IEC | Information Education and Communication |
| KZN | KwaZulu Natal Province |
| LS | Life Skills |
| MP | Mpumalanga Province |
| NC | Northern Cape Province |
| NGO | Non-Governmental Organisation |
| NP | Northern Province |
| NW | North West Province |
| OBE | Outcomes-Based Education |
| PME | Performance Monitoring and Evaluation |
| PPSA | Planned Parenthood Association of South Africa |
| PWA | Person (living) with AIDS |
| SGB | School Governing Body |
| STD | Sexually Transmitted Diseases |
| USAID | United States Agency for International Development |
| WC | Western Cape Province |

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TERMINOLOGY

In this report, the terms “learner” and “educator” are used rather than pupil/student and teacher/practitioner.

The word “significant” is used throughout the report in lieu of specifying the exact p-value for that finding, and indicates that the findings are statistically significant at the 95 percent confidence level (p-value<.05).

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other stakeholder organisations who agreed to be interviewed for the policy-maker study; the provincial and district programme managers who were interviewed.

Finally, and most importantly, Khulisa thanks the 101 secondary schools that were included in the sample for their co-operation and support.

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Fieldworkers

| Fieldworker | Province Responsibility | Qualifications |
|---------------------|--------------------------------|---|
| Lebang Gaobepe | North West Province | Batchelor of Arts Degree. Speaks Tswana, English and Afrikaans |
| Elizabeth Mokgata | Free State | Has Social Work Diploma, BD Communications, Business Management Development Programme, Certificate in Adult Basic Education and Teachers Diploma (STD) Speaks S. Sotho, Zulu, Xhosa, Ndebele, Pedi, Swazi and English |
| Teboho Maoka | Northern Cape | BA (ED) Speaks English, Tswana, Sotho, Zulu, Afrikaans and Xhosa |
| Enos Mndebele | Mpumalanga | Business Management Development Programme certificate. Speaks English, Afrikaans, Swazi, N. Sotho and Tsonga |
| Zoleka Lwana | Western Cape | Bachelors Degree. Special Education Educator. Speaks Xhosa, English, Afrikaans, and some Zulu. |
| Vusi Khumalo | KwaZulu Natal | BA. Speaks Zulu, English and Afrikaans |
| Phuti Mongalo | Northern Province | Senior Teachers Diploma. Speaks S. Sotho, Zulu, Xhosa, Ndebele, Pedi, Swazi, Afrikaans and English |
| Sikhumbuzo Williams | Eastern Cape | Diploma in Personnel and Training Management. Speaks Xhosa, English, Afrikaans, and Zulu. |

Executive Summary

Introduction

The *Assessment of the Implementation of the Life Skills – HIV/AIDS Programme in Secondary Schools* aims to establish the extent to which the Life Skills programme is being implemented throughout secondary schools in South Africa. The assessment also identifies the factors associated with better implementation and key constraints to implementation that require attention by programme managers.

The Life Skills-HIV/AIDS Programme is a joint effort by the National Task Team comprising the Departments of Health (DoH), Education (DoE) and key non-governmental organisations (NGOs) to address the HIV/AIDS epidemic. Commencing in 1995, the Task Team was commissioned to develop a Life Skills programme for primary and secondary schools.

The Life Skills-HIV/AIDS programme implementation actually commenced in 1997 with the initial training of Master trainers and educators during 1997-1998. A minimum of two educators per secondary school was supposed to be trained in all provinces across the country. The programme also planned to deliver educator and learner support materials needed to implement the programme. Large-scale implementation at the secondary school level was officially due to begin in 1999. However, by the end of 1998, several provinces had already begun to deliver the secondary school programme. A similar Life Skills programme for primary schools was piloted in 20 schools in the Northern Province and the Free State in 1999.

In November 1999, on behalf of the DoH and the DoE, Macro International (with funding from the United States Agency for International Development) contracted Khulisa Management Services to conduct this assessment of the *Implementation of Life Skills-HIV/AIDS Programme in Secondary Schools*. Two supplementary reports, completed in May 2000, are summarised here. The first report¹ details the findings resulting from interviews with key policy-makers. The second report², details provincial and district official attitudes towards the Life Skills-HIV/AIDS programme. This final report, *Consolidated Report of the Implementation of Life Skills-HIV/AIDS Programme in Secondary Schools*, presents the findings from school level data and briefly summarises the first two reports.

This executive summary briefly highlights the salient points of the first two reports in order to contextualise the findings of the school-level data.

Findings from the Policy-Maker Interviews

As a first step in this assessment, Khulisa conducted interviews with 14 key people from the DoE and the DoH responsible for (or familiar with) the Life Skills-HIV/AIDS programme's educational policies and broad management structure. Policy-makers reported both on achievements and obstacles to programme implementation. Some of the recounted successes include:

- ? Training 10,000 educators;

¹ Khulisa Management Services. *Report of Policy-Maker Interviews*. Submitted to MACRO International, May 2000, dated 8 August 2000.

² Khulisa Management Services. *Report of Interviews with Provincial and District Officials*. Submitted to MACRO International, May 2000, dated 8 August 2000.

- ? Marketing the programme with stakeholders, communities and higher education authorities; and
- ? Determining programme content and materials.

However, policy makers also noted obstacles to implementation that considerably tempered these successes:

- ? Not enough time for training;
- ? Lack of follow-up training;
- ? Dilution of messages due to cascade training;
- ? Problems with materials selection and distribution;
- ? Poor business planning skills (among provincial and district programme managers); and
- ? Poor financial management skills.

In addition, the lack of baseline data and agreed-upon success indicators were further cited as impeding programmatic progress and inhibiting programme managers' ability to monitor the programme.

In terms of national programmatic management, policy-makers felt that collaboration between the national DoH and DoE is excellent, and that the inclusion of the Department of Welfare enhanced technical and financial resources. However, this collaboration appears to diminish as it moves down the hierarchy: from national level to provincial level, to district level, and to the school level. In spite of collaboration at the national level, the "ownership" of the programme is perceived to exist largely within the DoH. Policy-makers cited the lack of an education budget line item, to which DoE officials argued that their investment in Life Skills is through curriculum adjustment. Furthermore, all policy-makers agree that the general dysfunctionality of schools is a factor reducing the programme's impact.

Findings from interviews with Provincial and District-Level Managers

The next stage of this assessment involved interviewing 56 Life Skills-HIV/AIDS programme managers at the provincial and district level. All but one respondent reported that they believe the programme is necessary, with one dissenting view claiming the programme *encourages sex and condom use*.

Nearly half the managers said that the programme is being implemented at least partially and that awareness of HIV/AIDS was being generated. However, managers tend to perceive implementation as being limited. Only a few respondents reported that the programme had moved beyond generating awareness of HIV/AIDS, while 40 percent of managers said that nothing was happening. Some LS managers also indicated that they did not know of any results of the programme – suggesting that they are too far removed from the implementation to articulate any results that have been achieved thus far or that implementation in their area has not been successful.

Programme managers most often cited the *commitment/dedication/motivation* of principals, educators, or schools as the main factor contributing to success. Training and support were mentioned less often. In contrast, when asked why schools are not implementing the programme, lack of commitment was not mentioned as a significant factor. Rather insufficient resources (such

as lack of trained staff, workload/time) and general ignorance of HIV/AIDS featured as explanations.

One notable finding was that 20 percent of programme managers simply did not know why certain schools were not implementing – a disturbing result given that these respondents are responsible for some aspect of programme implementation. Overall, provincial and district managers felt that the following were barriers to school implementation:

- ✍ Lack of time for implementation;
- ✍ Inadequate support for implementation;
- ✍ Poor parental interest in (or knowledge of) the programme;
- ✍ Insufficient initial educator training; and
- ✍ Lack of follow-up training and support.

Overall, district offices expressed willingness and motivation to undertake their responsibilities for this programme. In cases where there was a lack of willingness/motivation, most respondents stated that this is due to a lack of training. The majority of district officials acknowledged their responsibility to provide support visits to schools, but reported that visits are curtailed due to lack of manpower, time, or transport.

A variety of management factors and issues were examined to determine their role in facilitating or impeding implementation. Although the vision of the programme is believed by most managers to be clearly defined and shared, roles and responsibilities are not, and this may explain some of the deficiencies in implementation. Programme managers' recommendations include:

- ✍ Increase/improve support to educators responsible for implementation (including offering more training);
- ✍ Undertake wider initial consultation with community-based stakeholders to engender their ongoing support for the programme;
- ✍ Establish more and better support for the programme from all management levels;
- ✍ Adjust curriculum policy to ensure that the programme is taught; and
- ✍ Improve communication and overall programme public relations.

Findings from Schools

As the final stage in the *Assessment of the Implementation of Life Skills–HIV/AIDS Programme in Secondary Schools*, Khulisa completed a series of interviews with principals, educators and learners in 101 schools representatively selected in eight provinces³. This phase of the assessment aimed to determine the extent of implementation, determine the factors impeding and facilitating implementation, and make recommendations for enhancing implementation. For a complete list of Research Questions, see Table 3-1.

The sample of schools was based on a geographical stratification, with a minimum of 10 schools per province and larger samples for more populous provinces. The sampling frame was determined without consideration of the implementation status for the purpose of extrapolating the results to the overall education sector. Based on the findings, each school that was assessed was classified into six types, from “full implementation” to “no implementation”. Type 1 schools were

³ Gauteng was not a targeted province, as it had independently evaluated its Life Skills implementation in 1999.

fully implementing the programme, Types 2-5 schools were partially implementing, and Type 6 schools had no implementation.⁴

Extent of Implementation

Only 29 percent of schools are fully implementing the programme, 31 percent are partially implementing, and 41 percent are not implementing at all. This finding varies considerably by province and geographical location. The following table ranks the provinces according to percentages of schools implementing the LS programme.⁵

Programme Implementation by Province

| Province | Full Implementation | Partial Implementation | No Implementation |
|-------------------|---------------------|------------------------|-------------------|
| Western Cape | 61% | 31% | 8% |
| Free State | 55% | 18% | 27% |
| Northern Cape | 30% | 50% | 20% |
| Northern Province | 28% | 36% | 36% |
| Mpumalanga | 18% | 27% | 55% |
| Northwest | 17% | 50% | 33% |
| Eastern Cape | 13% | 34% | 53% |
| KwaZulu Natal | 13% | 0% | 87% |
| Total | 29% | 31% | 40% |

KwaZulu Natal (KZN) stands out with unexpected results: the province has the lowest implementation rate, which may be due to a general lack of initial training among KZN schools. Interestingly, two KZN schools are fully implementing the programme – but not because of programme inputs, but rather due to their own independent efforts. Given the high levels of HIV/AIDS prevalence in the province, a higher implementation rate would have been expected.

In terms of geographical location, as expected, more urban and peri-urban are fully implementing the programme compared to rural schools. However, many rural schools are partially implementing the programme and the percentage of schools *not* implementing the programme is approximately the same between rural and urban locations. This finding suggests that other factors outweigh the influence of geography on implementation status.

From the school-level data, several common patterns and factors that encourage successful implementation were identified:

- ✍ The existence of guidance classes on the timetable prior to the introduction of the DOE programme;
- ✍ Exposure to initial training;
- ✍ Immediately after training, affirmative educator's actions and/or positive response by the school to the programme was a strong predictor of whether the programme was

⁴ It is important to note that the classification measured the presence of main components of implementation, not the quality of actual delivery.

⁵ Rankings are based on the ratio of full and partial implementation to no implementation. For a precise breakdown of provincial percentages, see Table 6-2: Distribution of Schools by Classification Types.

implemented or not, and whether those educators continue to teach the programme today;
and

- ✍ Educator skills in OBE methodologies.

Conversely, principals, SGB members, and educators cited the following as factors that clearly impede implementation:

- ✍ Insufficient initial training of educators;
- ✍ Inadequate provision of programme materials;
- ✍ Lack of time on the timetable to accommodate the programme;
- ✍ Poor parental interest;
- ✍ Community resistance from school stakeholders (parents and educators); and
- ✍ Lack of support from both school management and the DoE.

Additionally, there are two factors that significantly affect programme implementation. First, the existence of an additional or alternative programme⁶ is strongly related to the existence of the DoE's programme. There was a direct correlation between strong implementation and supplementary HIV/AIDS related activities.

Secondly, performance expectations appear to be poorly defined or communicated to schools. Without clear expectations, schools have no means of assessing their own implementation or understanding what is expected of them. Considering that 28 percent of all schools are fully implementing the programme, it is disturbing that nearly all the educators in the sample stated that they were not aware of other schools that were successfully carrying out Life Skills-HIV/AIDS programme.

Principals' lack of knowledge about the prominent position given to HIV/AIDS in Tirisano paints a worrisome picture. Nearly half of the principals knew nothing about HIV/AIDS priorities in Tirisano. Of the remaining principals, 12% understood it as an *awareness campaign*, 8% knew that it came from the national DoE, seven mentioned that *all must work together to fight AIDS* and 5% said that *HIV is an illness that needs to be taken seriously*. This data suggest that Tirisano's emphasis on the importance of HIV/AIDS programmes and content has not been fully absorbed by school managers.

Training

Despite policy-makers' and programme managers' belief that initial training was universal, only 64 percent of schools report that their staff attended initial training. Moreover, the provision of DoE-sponsored training appears to be only loosely related to a school's implementation status. While many schools that received training are indeed attempting to implement the programme, there are schools that received no training but are fully implementing the programme. Indeed, of all the schools classified as fully implementing the programme, one-third have never received any formal training from the DOE in Life Skills-HIV/AIDS. This indicates that a significant portion of the success seen in schools cannot be directly attributed to direct investment made by the DoE itself. Rather, it is due to the unique initiatives of the schools themselves.

⁶ Alternative or additional programmes are activities, initiated either by the school or by outside agencies, which provide HIV/AIDS and Life Skills education and services.

Equally disturbing, approximately one-third of all educators who were trained and still at schools are reportedly *not* teaching the programme. This finding represents a waste of the programme's initial investment. Principals cite work overload, lack of human resources and lack of space on the timetable as obstacles.⁷ One explanation is the possibility that schools and districts did not adhere to the national criteria for selecting educators for Life Skills training. This may account for why some educators appeared to lack the motivation or interest to implement the programme on return from the training.

Cultural barriers are another possible explanation for the lack of programme implementation. Educators may consider that it is their prerogative to uphold cultural values – the term ‘gate-keeping’ was used by officials at the DoE and DoH. However, the focus group research reveals that on the contrary educators were reportedly perturbed by reported cultural resistance, and sought means to challenge the culture of silence around some of the HIV/AIDS and other issues. Educators reported that they did not confront the issues directly, but resorted to strategies such as rationalising the content of the curriculum for their appropriate contexts. This customisation shows considerable initiative and skill on the part of educators, rather than weakness, and is recommended methodological strategy within the interim Life Skills curriculum. Nevertheless, the data shows that culture can impede implementation of sections of the curriculum on sexuality and other sensitive topics (see Appendix F for more information). However, in general, the issue of culture appears to be much less of a concern for educators than are issues such as the lack of time for implementation, the lack of training for educators, and the lack of support for implementation (on-site support, materials provision, etc.).

Although 70 percent of trained educators indicated that the training received was sufficient to teach Life Skills with confidence, few educators are teaching the topics they were trained in. This suggests that initial training probably did not provide educators with the skills needed to teach these particular areas. Additionally, very few respondents report that any follow-up or refresher training has taken place. Only 16 percent of the educators who received training report that they had received follow-up or refresher training – usually from the DOE, but also from other organisations or master trainers.

Materials

The materials audit revealed extremely low coverage rates. With regard to the six different sets of materials that were intended for distribution to *all* schools throughout the country, distribution could only be verified in up to 16 percent of schools. Interestingly, a large proportion of schools have acquired a wide variety of publications through their own initiative. More than half the principals interviewed said their schools do not have enough materials. The problem of distribution is also area-specific, with peri-urban and rural school demonstrating the greatest need for materials.

Furthermore, more than half of educators have not made efforts to acquire materials. In fact, some educators were not even aware they could actively request materials. In some cases, requested materials were repeatedly not received.

⁷ Although on this last point we found that the presence (or lack thereof) of Guidance on the timetable is not related to whether the educators came back after training and taught Life Skills.

Support and Resistance

Approximately 60 percent of educators, School Governing Body (SGB) members, and principals stated that there are key people who aid the programme. Notably, principals, educators, and SGB members were more apt to cite the nurse or clinic as a major supporter, whereas provincial and district officials mentioned other governmental officials. Parents did not feature as a source of key support for the programme.

Only five percent of principals and SGB members reported resistance to the programme, although programme managers at district and provincial levels believed that 50 percent of these stakeholders resist the programme. In terms of desired support, principals and educators have markedly different priorities. Principals want materials, technical support, and generally more resources for the programme. Aside from also requesting more materials, educators' leading concerns are extra training and presentations by external organisations. When support is needed, requests are generally directed to district officials or to other colleagues in the school. Most principals feel that support received from Districts was insufficient. In fact, district-level managers concur with this finding – although they acknowledge their responsibility in supporting implementation of the programme in schools and their overall comfort in providing support, district managers themselves believe that the level (quantity) of support they presently provide to schools is insufficient.

Approximately 15 percent of all respondents stated that the district office does not support the LS programme at all. Data that shows low levels of contact between district officers responsible for Life Skills-HIV/AIDS programme and educators supports these findings. This indicates the overall general lack of contact between districts and schools, and the possibility that when contact occurs, it has little influence on whether a school implements the programme or not. This is contradictory to what the district-level managers say – nearly one-third report that their last support visits occurred 3-4 weeks ago. It is possible that the district officials are not meeting with the educators when they visit the school and address Life Skills issue.

Recommendations

Given that only 29 percent of all schools are successfully implementing the Life Skills-HIV/AIDS programme as a direct result of programme inputs, overall implementation is far from satisfactory.

Some senior officials argued during the dissemination workshop that all HIV/AIDS initiatives should be considered under a 'disaster management paradigm' given the seriousness of the South Africa HIV/AIDS epidemic. This paradigm circumvents bureaucratic processes and replaces it with crisis management. This possibility should be kept in mind when considering the following recommendations, as it indicates the urgency associated with this and other HIV/AIDS prevention programmes.

The following recommendations emanate from the analysis and interviews with stakeholders at each level of implementation.

- ? Institute a more coherent DoE institutional response, greater overt commitment and more visible 'ownership' from the DoE, reducing current programme reliance on individuals;
- ? Enforce the Tirisano campaign more vigorously to improve understanding of the HIV/AIDS priorities and facilitate stronger implementation among "resistant" schools, districts and provinces;

- ? Issue specific policy directives to the provinces to enforce implementation – for example, providing deadlines for implementing bodies to ensure programme elements such as learner support materials, training and district support are in place;
- ? Specify more clearly the curriculum elements of the programme to continue current emphasis on HIV/AIDS awareness, but also to more clearly emphasise the life skills learners need to stem the spread of the disease;
- ? Take a stronger stand on implementation, clearly specifying the actions provinces *could* take, versus what they *should* take and what they *must* take related to the programme;
- ? Conduct a policy audit to align all related extant and emerging policies and key conventions (such as Children’s Rights and Human Rights Conventions), country policy commitments and support initiatives, across all HIV/AIDS and Life Skills programmes;
- ? Harness potential resources for the programme, including scattered government and donor funds, and incorporating Life Skills-HIV/AIDS in existing national initiatives such as the Teacher Development Strategy and Education Management Development;
- ? Promote greater advocacy and better programme communications through the involvement of the DoE Communications Directorate to develop a co-ordinated media strategy;
- ? Investigate further the reasons for provincial implementation differences;
- ? Provide Life Skills-HIV/AIDS educator training to those schools that are not implementing or never received training;
- ? Select educators for training using the criteria set up by the HIV/AIDS task team and managing the selection through district offices;
- ? Continue Life Skills-HIV/AIDS educator development through newsletters, on-the-job training and district official follow-up support;
- ? Provide training for SGBs on Life Skills and HIV/AIDS issues;
- ? Supply district and provincial officials with training to strengthen their skills to effectively manage and support the programme;
- ? Clearly define roles, responsibilities, and expectations, particularly among programme managers at every level of the programme: educators, school managers and governors, district officials, provincial officials and national co-ordinators;
- ? Develop measurable performance management standards, outcomes and indicators at every level of the programme;
- ? Institute a performance management system that incorporates every programme element (including planning, provisioning, training, monitoring, supporting and evaluating);
- ? Provide greater feedback and incorporate sufficient incentives or rewards (which need not be monetary) for performance to stimulate greater implementation;
- ? Develop a checklist to assess programme needs at schools. Use of this system would allow differing levels of support in acknowledgment of differing schools’ abilities to implement the programme;
- ? Make available a standardised assessment rubric to use as a template for measuring programme performance at every level;

- ? Integrate monitoring and evaluation systems for the LS programme into the DoE's overall quality assurance activities and strategies;
- ? Encourage the provincial steering committee to more vigilantly address their assessment, monitoring and management responsibilities;
- ? Conduct a national epidemiological baseline study against which an annual impact study is conducted to assess the impact (infection rates, behavioural changes, attitudes, etc.) on the beneficiaries of the Life Skills/HIV/AIDS programme;
- ? Enhance the role of district officials by shifting their role from assessment of implementation and provision of information to 'on-the-job' training and skills development;
- ? Task district officials with:
 - o Enhancing educators' capacity to utilise learning support materials;
 - o Delivering more feedback to schools and educators on their overall performance in delivering Life Skills-HIV/AIDS sessions;
 - o Ensuring the development of coherent school level policies around learners and educators affected by and infected with HIV/AIDS;
 - o Forming school level Life Skills Co-ordinating Committees;
 - o Assisting schools to link with community-based support networks to enhance the sustainability of the programme (such as People with AIDS, community health initiatives, and peer education initiatives);
 - o Encouraging educators and school managers to integrate Life Skills-HIV/AIDS knowledge, skills and attitudes into other learning areas to maximise coverage to all grades and classes; and
 - o Assisting schools to develop greater parental and school commitment to the programme, to support the core programme messages at home and to raise supplemental funds for programme-related activities and the growing numbers of HIV/AIDS orphans.
- ? Ensure that all schools have the complete learning support materials needed for the programme;
- ? Develop a stronger programme learning support materials management information system;
- ? Review supplementary materials for content appropriateness; and
- ? Establish a regulatory mechanism (such as a clearinghouse) to maintain the quality and distribution of Life Skills-HIV/AIDS materials.

1. INTRODUCTION

The *Assessment of the Implementation of the Life Skills – HIV/AIDS Programme in Secondary Schools* aims to establish the extent to which the Life Skills programme is being implemented throughout secondary schools in South Africa. The assessment also identifies the factors associated with better implementation and key constraints to implementation that require attention by programme managers.

This assessment was commissioned by the national Department of Health (DoH) and the national Department of Education (DoE) and was financed through the Performance Monitoring and Evaluation (PME) Project with funds from the United States Agency for International Development (USAID). The assessment was conducted between January and July 2000 with 14 policy-makers and stakeholders at national level, 56 programme managers at provincial and district level, and 101 schools in eight provinces⁸.

As a first step in the assessment, to obtain perspectives on how implementation is proceeding as well as to contextualise the programme's performance on the lower levels, Khulisa consulted national level stakeholders and solicited their views on overall programme performance. Following this, provincial and district level managers of the programme were interviewed, with particular emphasis on the factors that impede and facilitate programme implementation. Lastly, 101 schools throughout the country were visited to interview principals, educators, and learners about their experiences in implementing the programme.

This report is the last of three reports submitted by Khulisa under this assessment. The first report, *Report of Policy-maker Interviews*, and the second report, *Report of Interviews with Provincial and District Officials*, contain detailed data on those parts of the assessment. This third and final report contains school level data as well as summaries of the first two reports on policy-maker perceptions and interviews with provincial and district programme managers.

2. STRUCTURE OF THE REPORT

The next two chapters contain information on the purpose of the assessment and the research questions to be answered by this report (Chapter 3), as well as the methodology used to collect and analyse data for all three reports and the response rates for each round of data collection (Chapter 4). Next are summaries of the findings from the two previous reports – “Report of Policy-Maker Interviews” and “Report of Interviews with Provincial and District Officials” (Chapter 5).

The findings from the schools are then examined (Chapter 6). Conclusions, recommendations and initiatives currently being implemented follow (Chapters 7, 8 and 9).

The Executive Summary for the National Integrated Plan for Children Infected and Affected with HIV/AIDS is found in Appendix A. School and respondent characteristics (for educators, School Governing Bodies (SGBs), principals, and learners) are summarised in Appendix B. A bibliography of relevant documents is attached in Appendix C. Appendix D contains a discussion on the relationship between the results of this study and the results from Gauteng Province.

⁸ Gauteng Province wasn't included in this assessment because it had earlier conducted its own assessment of the implementation of the programme. Nonetheless, many of Khulisa's findings are similar to those found in the GDE report. A separate discussion comparing the results of this study with the results of the Gauteng study can be found in Appendix D.

Appendix E outlines the provincial profiles. Appendix F is a report of the analysis of the role of culture in implementation, and the research instruments are found in Appendix G.

3. PURPOSE OF THE ASSESSMENT AND RESEARCH QUESTIONS

3.1. Purpose of the Assessment

The purpose of this assessment was to focus on issues of implementation, specifically:

- ✍ To determine the extent of implementation of the Life Skills-HIV/AIDS Programme in Secondary Schools
- ✍ To determine factors associated with successful or unsuccessful implementation
- ✍ To make recommendations for enhancing implementation This assessment was not commissioned to measure impact of the programme on learner behaviour or on the functioning of the school.

3.2. Research Questions

The table below provides short answers for each research question indicated in the tender document for this assessment. In the answers, the reader is referred to other sections of this report for more detail on each of the questions and answers.

Table 3-1: Research Questions and Short Answers

| Research Question | Answer |
|---|--|
| Section 4.1 of the Tender Document | |
| 1. Has the programme been implemented in the schools? If so, when was it implemented, i.e. how soon after training? | Twenty-nine percent of schools are fully implementing, 30 percent are partially implementing, and 41 percent are not implementing at all (Section 6.1.1). Some schools began implementation immediately after training, while in others only in the year after training was received (Section 6.2) |
| 2. How is the programme being implemented, i.e. how many hours per month? | 45-60 minutes to each class each week and mostly integrated into other subjects (Section 6.3) |
| 3. If the programme has not been implemented, what are/were the reasons? | Main reasons given are: no time on the timetable for implementation, educators overloaded with examinable subject responsibilities, resistance from parents, SGBs, nurses etc., lack of resources, lack of support from school management (Sections 6.2.2 and 6.2.3) |
| 4. How many teachers in the school received training in the Life Skills Programme and what is the subject responsibility of teachers? | Only 64 percent of the schools in our sample sent teachers for training (between 1 and 2 teachers per school =104 teachers trained in 60 schools in our sample). Most of the teachers were guidance or AIDS education teachers, as well as language teachers (Section 6.7.3.1) |
| 5. How many teachers at the schools who received the initial training are currently actively involved in the implementation of the programme? | Only 50 of 104 trained educators (48%) are still in the school and teaching Life Skills-HIV/AIDS. 19 teachers of 104 (18%) have left the school, and a further 35 teachers of 104 (34%) are still at the school but are not teaching life skills (Section 6.7.3.1) |

| Research Question | Answer |
|---|--|
| 6. If teachers who received the training are not implementing the programme, what are the reasons? | Either they have left the school or they have been allocated other subject responsibilities, lack space on the timetable, work overload, lack of human resources, poor support, lack of sufficient materials, or poor recruitment/ selection in the first place (Sections 6.2, 6.7.3.1) |
| 7. Are there any other teachers and personnel who did not receive training but are involved in implementing the programme? | Yes, there appear to be numerous educators working in the Life Skills programme who did not receive formal training (Section 6.7.3.1) |
| 8. What other role players, i.e. principal, staff, School Governing Body (SGB) are involved in facilitating the programme implementation? | While principals and educators are involved, respondents report very little parental or SGB involvement in the Life Skills programme at schools (Section 6.7.12). Principal involvement appears to be a factor in the success of implementation (Section 6.7.8) |
| 9. To what extent have programme skills and knowledge been disseminated among other teachers? By whom? | N/A -- this research question was omitted in the first two months of the project with the approval of the Survey Committee. |
| 10. To what extent has the programme been integrated into the existing teaching programme? Does it constitute part of the formal teaching programme? How much time is dedicated to the programme on the school timetable? | Guidance was indicated on the timetable in only 59 percent of the schools. Both the existence of timetables at the school and Guidance periods on those timetables appear to be related to more successful implementation. The time allocated is an average of 45-60 minutes to each class each week (Section 6.3) |
| 11. What infrastructure was in place to address life skills, health, or HIV/AIDS prior to the implementation of this programme? | Schools with better LS implementation generally had a pre-existing guidance programme that was then adapted with the new LS approach (section 6.2). HIV/AIDS education appears to have begun in most schools at approximately at the same time as the Department's LS programme (Section 6.3) |
| 12. Is an alternative programme ever used to address life skills and HIV/AIDS? | Slightly more than half the schools had an additional or alternative programme -- coming mostly from external organisations such as NGOs or the local health clinic (Section 6.1.2) |
| 13. What kinds of support, i.e. materials, further training, etc. do secondary schools need in order to address difficulties and overcome obstacles to implement the programme further? How can such support be provided? | Schools generally want better and more materials, more feedback and recognition/rewards for good performance, and better supervision / support (Section 7.5) as well as stronger leadership by the DoE (Section 7.6). |
| 14. Is guidance reflected on the school's timetable? If yes, is the period used to teach life skills? | Guidance is indicated on the timetable in only 59 percent of the schools. Educators indicate that that this schedule is not always strictly adhered to (Section 6.3). |
| 15. Who are the learner beneficiaries, i.e. what classes and age groups are receiving the programme? | Most schools report that the Life Skills programme is being taught to all grades (Section 6.3), but when it is offered only to selected grades, it is usually the older grades that are targeted. The average age of learners in each grade is outlined in Appendix B – School and Respondent Characteristics |
| 16. What, if any, changes and modifications have been made to the implementation strategy, and why? | In some provinces, the programme has been adjusted to respond more deeply to the actual HIV/AIDS needs and experiences of learners. (Report of Policy-Maker Interviews: Section 3.7). |

| Research Question | Answer |
|--|---|
| | In schools where the programme could not be formally incorporated in the curriculum, it was implemented through extra-curricular activities, and through integration with the content of other subjects (Section 6.2) |
| Section 4.2 of the Tender Document | |
| 1. What kind of support material did the schools receive? Did schools receive these materials in time to conduct the training? Did the teachers involved in the training actually receive the materials? If not why not? | Materials meant to be distributed are not always present at the school. It is unclear if initial distribution was sufficient. Sometimes materials were received but are kept at the home of a staff member because of the risk of theft. In other cases, the materials are not at the school because the teacher who was trained has kept the materials as personal property (Section 6.7.4) |
| 2. What other materials in addition to those being provided by the DoH are being used to support implementation of the programme? | Many schools have materials other than that officially distributed by the DoE. (Section 6.7.4). |
| 3. Are teachers receiving support from Master Trainers? What type of support? Are Master Trainers monitoring implementation of the programme? | Educators only indicated receiving support from district officials, some of who are also master trainers. Only 16% of principals and 38% of educators have ever requested support – and two-thirds of these report they indeed received it. Principals requested more materials, technical support and resources, while educators requested extra training, presentations done by external organisations and materials (Section 6.7.7). Only 16 percent of educators who received training report receiving follow-up or refresher training – (Section 6.7.3.2) |
| 4. Has there been any follow-up or refresher training? | Very little follow-up or refresher training is reported by educators (Section 6.7.3.2) |
| 5. What kinds of support are schools receiving from outside agencies such as health workers? | Only 45% of principals and 48% of educators reported other types of organisations providing support to schools (Section 6.7.9). The local clinic and NGOs are reported to be the main sources of material support (Section 6.7.4) |
| 6. Does the school principal support implementation of the programme? If so, how? | Principals appear to be providing moderate or strong support but mostly this is described as “passive” modes of support. Most educators and SGB members think the principal should be more “actively” supporting the programme. (Section 6.7.8) |
| 7. What kinds of managerial and technical support have the schools received from the DoE to implement the programme? | Few educators report having had a visit from the DoE regarding this programme. Principals say they have received support, but this has been generally limited. Consequently, both managerial and technical support was perceived as insufficient (Section 6.7.7). |
| 8. Is the guidance counsellor post paid by DoE or the SGB? | In the majority of schools, the Guidance counsellor post is paid by the DoE (Section 6.3) |
| 9. How are the teachers using, sharing, and storing the programme materials? | Coverage of materials is low as described above. Where materials exist at the school, they do not appear to be shared. Access is further hampered by the storage of the materials at homes due to high incidence of theft at schools. (Section 6.7.4) |

| Research Question | Answer |
|---|--|
| 10. How can pitfalls and obstacles be avoided for the primary school programme? | For general recommendations, see “Best Practices in Implementation of the Life Skills Programme” (Section 7.4) |
| Section 4.3 of the Tender Document | |
| 1. Are there any areas of difficulty in the school that hinder or prevent programme implementation? | Lack of support from both school management and the DoE, lack of trained educators, lack of resources and staff, no time on the timetable (Section 6.4.2) |
| 2. What factors in the community may be hindering or preventing programme implementation? | Reported resistance from parents but this was not substantiated through direct interviews with parents themselves. Fifty percent of district and provincial managers felt that resistance existed, mainly from principals, educators, or parents, due to concerns over increased promiscuity among learners and conflicts with moral/religious convictions. (Section 6.7.6). However, this could not be substantiated at the school level. |
| 3. What kind of implementation strategies and models did the schools follow? Who provided the training? | Strategies varied, depending on pre-existing guidance programmes and whether teachers went for training, and the extent to which the school was affected by rationalisation policies for educators. (Section 6.2) |
| 4. What are and have been the main difficulties encountered in implementing the programme? How can these obstacles be overcome? | Lack of support from both school management and the DoE, lack of trained educators, lack of resources and staff, no time on the timetable (Section 6.4.2) |
| 5. What are the lessons learned from successful programme implementation to be shared with other secondary schools and/or used to inform implementation of the primary schools programme? | Educators report that some primary reasons for success include integration of life skills into the school timetable; support from principals, SGB members, parents and learners; and the availability of resources (Section 6.4.1). Also see “Best Practices in Implementation of the Life Skills Programme” (Section 7.4) |
| 6. What type of external support would assist in programme implementation? Who could or should provide such support? | Educators want more presentations by external organisations agencies, more materials, more training. Principals want materials, technical support, human and other resources. (Section 6.7.7) |
| 7. Has the attitude of implementers changed with regard to HIV/AIDS since receiving training? | Yes, mostly positively (See Report of Interviews with Provincial and District Managers: Section 5.2 of this report) |

4. METHODOLOGY AND RESPONSE RATES

This chapter describes the methodologies used for each of the three phases of data collection – (1) policy-maker interviews, (2) interviews with provincial and district managers, and (3) interviews at school level.

4.1. Policy-Maker Interviews

4.1.1. Respondents

Khulisa conducted interviews with fourteen officials from the Departments of Health and Education, as well as other stakeholders in the programme, such as Planned Parenthood Association of South Africa, and the Gauteng Departments of Education and Health.

4.1.2. Data Collection

The policy-maker interviews were the first data collection effort of the assessment, conducted in January and early February 2000. The results from these interviews were used to inform the development of the data collection instruments at the provincial, district, and school levels. The focus of these interviews was to solicit their views on macro-level programme performance and overall trends. Interviews were recorded and notes were also taken. A structured interview guide with the following questions was used:

- ? What do you know about the Life Skills-HIV/AIDS programme?
- ? Do you believe there is a need for the programme?
- ? What do you think about the programme's performance thus far?
- ? What kind of problems, if any, is the programme experiencing?
- ? How should these be remedied?
- ? In your opinion, what kind of support do schools and educators need to successfully implement the programme?

4.1.3. Data Analysis

Each interview session was transcribed before analysis. Individual transcripts were then coded and analysed using a qualitative data analysis software package, ATLAS/ti. This allowed for the identification of key implementation themes across individual transcripts, as well for the comparison of perspectives by department. Interpretation was guided by the research questions, as well as informed by the resources orientation specified/adopted in the research framework.

4.2. Provincial and District Official Interviews

4.2.1. Respondents

Fifty-six officials at the provincial and district level in eight provinces and twenty districts were interviewed in the last week of March and the first week of April 2000. Nearly 61 percent of the respondents came from the district level and the vast majority of these (85 percent) were from the Department of Education. Thirty-nine percent of the respondents came from the provincial level

with 59 percent of these from the Department of Education and 41 percent from the Department of Health (Table 4-1).

Table 4-1: Provincial/District Interviews: Number of Respondents by Department, Level, and Province

| Province | Provincial Level | | District Level | | TOTAL |
|-------------------|------------------|----------|----------------|----------|-----------|
| | Education | Health | Education | Health | |
| Eastern Cape | 1 | 1 | 3 | 1 | 6 |
| Free State | 3 | 1 | 3 | 1 | 8 |
| KwaZulu Natal | 1 | 1 | 5 | 0 | 7 |
| Mpumalanga | 2 | 1 | 4 | 1 | 8 |
| Northern Cape | 2 | 1 | 4 | 0 | 7 |
| Northern Province | 1 | 1 | 3 | 2 | 7 |
| Northwest | 2 | 2 | 3 | 0 | 7 |
| Western Cape | 1 | 1 | 4 | 0 | 6 |
| TOTAL | 13 | 9 | 29 | 5 | 56 |

4.2.2. Data Collection

The provincial and district official interviews, the second data collection effort of the assessment, were conducted in late March 2000. The methodology for this portion of the evaluation consisted of seeking out (purposeful sampling) provincial and district-level officials with knowledge of (and to the extent possible, direct experience with) the programme.

At the provincial level, two Life Skills Coordinators – one for health and one for education – and an additional relevant individual as could be identified were interviewed. At the district level, fieldworkers visited at least two districts in each province to seek out individuals with knowledge and direct experience in managing and implementing the programme.

Thus, it was expected that at provincial level, fieldworkers would interview a minimum of two individuals (one from the health sector and one or more from education) and a minimum of two individuals at district level (one from the health sector and one or more from education).

Construction of the instruments was based on the specific research questions to be answered by this study as well as the results of the policy-maker interviews. The interview guides used for the provincial and district officials were structured and contained both closed- and open-ended questions. Data collection took place in each of the provincial capitals and in 20 districts throughout South Africa.

4.2.3. Data Analysis

Data from the provincial and district interview guide was analysed with statistical analysis software.

4.3. Schools

The school level assessments constituted the final data collection effort for this evaluation. Data collection in schools was conducted between early April and early May 2000.

4.3.1. Sampling

The sampling frame for schools was based on a random sample stratified on the basis of geography (rural/urban/peri-urban and province) with a minimum of 10 schools from each

province and larger samples selected for the more populous provinces. Using data from the 1996 South African census, we determined the relative rural/urban breakdown in each province and the relative rank of each province in terms of its total population to arrive at the final number of schools to be selected in each province. Selection was undertaken using the database of schools from the DoE's 1996 School Needs Survey.

Table 4-1: Intended Sample of Schools

| Province | Number of Secondary Schools | | |
|-------------------|-----------------------------|------------------|------------|
| | Rural | Urban/Peri-urban | Total |
| Northern Cape | 3 | 7 | 10 |
| Free State | 4 | 7 | 11 |
| Mpumalanga | 6 | 5 | 11 |
| Northwest | 8 | 4 | 12 |
| Western Cape | 2 | 11 | 13 |
| Northern Province | 12 | 2 | 14 |
| Eastern Cape | 10 | 5 | 15 |
| KwaZulu Natal | 9 | 6 | 15 |
| TOTAL | 54 | 47 | 101 |

The sampling was undertaken without reference to the implementation status of the programme at the school so that a final measure of the extent to which the Life Skills-HIV/AIDS programme is being implemented could be calculated for generalising to the overall education sector.

4.3.2. Data Collection

Data was collected between early April and early May 2000. A variety of qualitative and quantitative methods were used to determine the views of principals, educators, learners, and SGB members on programme implementation, and the presence of LS programme materials at the school. Table 4-1 below summarises the instruments used to obtain school level data, and the techniques used to collect the data.

When visiting the schools, the fieldworkers generally spent one full day at each site, starting with the administration of questionnaires to the principal, educators and learners, holding focus group discussion with educators and learners, interviewing an SGB member, and where possible, observing a life skills session (if one was to take place that day and the educator had consented).

Table 4-1: Instruments and Data Collection Techniques

| Data Collection Instrument | Data Collection Technique |
|--|---|
| School Profile Questionnaire | Closed- and Open-Ended Questionnaire for the principal or any other designated school manager |
| Educator's Questionnaire | Closed- and Open-Ended Questionnaire for 4 educators per school familiar with the programme |
| Educators Focus Group Discussion Guide | Structured Group Discussion with 4-6 educators per school |
| Learner's Questionnaire | Closed- and Open-Ended Questionnaire for 6 learners (Grades 8-12) |
| Learners Focus Group Discussion Guide | Structured Group Discussion with 6-8 learners (Grades 8-12) |
| SGB Interview Guide | Structured Interview with any 1 SGB representative |
| Materials Audit | Closed-Ended Questionnaire to determine presence of LS programme materials in school |
| Verification Sheet | Structured. Data management and Fieldworker |

| Data Collection Instrument | Data Collection Technique |
|----------------------------|--|
| | Verification sheet only |
| Case Study ⁹ | Voluntary. Semi-structured. Fieldworker Observation of a Life Skills session |

4.3.3. Respondents

The number of schools actually reached was consistent with the intended sample indicated in Table 4-1 above.

Table 4-1: Number of Schools Reached through Data Collection: by Province and Geographic Location

| | Urban | Peri-Urban | Rural | TOTAL |
|-------------------|-----------|------------|-----------|------------|
| Eastern Cape | 1 | 5 | 9 | 15 |
| Free State | 5 | 4 | 2 | 11 |
| KwaZulu Natal | 3 | 2 | 10 | 15 |
| Mpumalanga | 4 | 2 | 5 | 11 |
| Northern Cape | 4 | 4 | 2 | 10 |
| Northern Province | 1 | 3 | 10 | 14 |
| Northwest | 1 | 1 | 10 | 12 |
| Western Cape | 7 | 6 | 0 | 13 |
| TOTAL | 26 | 27 | 48 | 101 |

At each and every school, basic school-level information on programme implementation was received from the principal. However, at several schools either the educators or the principal refused to allow a focus group discussion to take place with educators or learners. Likewise, some educators were unwilling to complete the educator questionnaires¹⁰ or the materials audit, resulting in the lower than expected return rates for these items.

Table 4-2: Response Rates for Instruments Administered at School Level

| Instrument | Number Expected | Number Received | Rate of Return |
|------------------------|---------------------|-----------------|----------------|
| School Profile | 1 per school = 101 | 101 | 100.0% |
| Educator Questionnaire | 4 per school = 404 | 348 | 86.1% |
| Learner Questionnaire | 6 per school = 606 | 612 | 100.9% |
| SGB Interview | 1 per school = 101 | 82 | 81.1% |
| Educator FGD | 1 per school = 101 | 94 | 93.0% |
| Learner FGD | 1 per school = 101 | 95 | 94.0% |
| Case Study | 3 per province = 24 | 16 | 66.7% |
| Materials Audit | 1 per school = 101 | 99 | 98.1% |

4.3.4. Data Analysis

Qualitative data obtained from the two focus group discussions as well as from the case studies were transcribed before analysis. Individual transcripts were then coded and analysed using a

⁹ Observations of an actual LS session were not required at the schools. Rather, the schools were asked permission to allow a case study observation to be conducted if a LS session was being held at the school on the day of fieldwork. Thus, the sample of the case studies is biased toward those schools that agreed to allow the case study observation to take place.

¹⁰ In schools where there no implementation was taking place, fieldworkers found it difficult to persuade four educators to complete questionnaires. Thus in these schools generally only one educator completed the questionnaire.

qualitative data analysis package, ATLAS/ti. This allowed for the identification of key implementation themes across individual transcripts, as well for the comparison of perspectives between educators and learners. Interpretation was guided by the research questions.

Quantitative data from the remaining instruments was analysed with statistical analysis software. Significance in the distribution of data was examined through chi-square tests for ordinal data or analysis of variance (ANOVA) for nominal data. P-values were then calculated through these tests to determine if the distribution of scores were statistically significant.

Schools were classified according to their implementation status. This was done through examining the results of the two focus group discussions as well as key items on the school profile and the educator questionnaire. Six categories of implementation status were defined (these are described and analysed in section 6.1.1 below) and further analysis against these six categories was conducted to determine the extent to which factors could be related to implementation status.

5. SUMMARY OF FINDINGS FROM EARLIER REPORTS

5.1. Summary of Policy-maker Interviews

In February and March 2000, as a first step in this *Assessment of the Implementation of Life the Skills-HIV/AIDS Programme in Secondary Schools*, Khulisa Management Services completed a series of interviews with fourteen individuals -- ten senior officials from the Departments of Health and Education and four other respondents responsible for key HIV/AIDS education programmes. Most of these persons were responsible for (or were familiar with) the Life Skills-HIV/AIDS educational policies and broad management of the Life Skills-HIV/AIDS Programme in secondary schools.

The purpose of the interviews was to establish perceptions on how implementation is proceeding and to provide a context for the research on implementation in schools. The respondents provided valuable feedback on the processes involved in setting up the HIV/AIDS schools programme, insight on factors that are impeding implementation, and recommendations on how these impediments can be overcome.

Prior to the appointment of the current Minister of Education and Director General of the national Department of Education, respondents felt that the Education Department's political will to implement the programme was inadequate. In addition, it reportedly took longer than expected to set up key organisational structures at the national and provincial levels. Key factors affecting the set up of the programme were cited as overcoming historical curricular barriers (such as graphic representatives of the anatomy – previously illegal) and, more importantly, overcoming the strong but incorrect, perception that sex education promotes promiscuity.

Policy-makers recounted the successes of the programme, such as: training 10,000 educators, many of whom underwent “personal transformation” as a result of their association with the programme; marketing the programme with stakeholders, communities and higher education authorities; and determining programme content and materials.

However, policy-makers also noted problematic areas - not enough time for training and lack of follow-up to training, resulting in less than optimal educator skills; concern that the cascading has led to dilution of the programme's message; and issues with materials selection and distribution and poor financial management skills among provincial and district programme managers.

In terms of the national programmatic management, policy-makers feel that collaboration between the national Departments of Health and Education is excellent, and that the inclusion of the Department of Welfare has further increased technical and financial resources. However, this collaboration appears to diminish as it moves down the hierarchy: from national to province, to district, to schools. This lower level collaboration is reportedly due, at least in part, to the limited resources at the district and school levels. Respondents did not believe there were adequate feedback mechanisms for providing information back up the chain to the national Departments.

In spite of the collaboration at national level, the “ownership” of the programme is perceived to be with the Department of Health, thus, corroding the actual and potential impact of the programme. Policy-makers cited the lack of an Education budget line item and the fact that the programme has been merged with C2005 (thus delaying Life Skills implementation until C2005 is introduced in that grade level). However, Department of Education officials argue that the DoE's investment in the Life Skills-HIV/AIDS programme is through curriculum adjustment. Nevertheless, all policy-

makers agree that the general dysfunctionality of schools is a factor reducing the programme's impact.

Structured along Reconstruction and Development Programme (RDP) lines, the programme requires schools and districts to develop business plans in order to access funds. The lack of knowledge of this fact and poor business planning skills, particularly at the district level has inhibited the programme, although this is reportedly improving.

The lack of baseline data and agreed-upon success indicators has further impeded programmatic progress and inhibits programme managers' ability to monitor the programme. Inputs into this key managerial function would undoubtedly yield gains in terms of the programme's vision as defined by policy-makers namely, to provide learners with the skills to ensure their own personal safety.

5.2. Summary of Interviews with Provincial and District Managers

Interviews with LS programme managers at provincial and district level were conducted to obtain their views on how well the programme was being implemented, with particular emphasis on their perspectives on factors that impede and facilitate programme implementation. Only individuals with knowledge of (and to the extent possible, direct experience with) the programme were selected for interviews. At the provincial level, two provincial-level Life Skills Coordinators -- one for health and one for education - and additional relevant individuals were interviewed. At the district level, fieldworkers visited at least two districts in each province, to seek out similar individuals.

Fifty-six officials at provincial and district level were interviewed, and the sample was biased toward district level managers (61 percent of all respondents) from the education sector (85 percent of all respondents). Nearly all respondents (51 of 56 respondents) reported that they have direct responsibility for managing and overseeing the implementation of the LS programme, and nearly all (54 of 56 respondents) believe that the programme is necessary *to develop knowledge and attitudes* (35 percent), *because it's needed and the right thing to do* (30 percent), or *to develop skills* (21 percent). Only one individual stated that the programme is not necessary because *it encourages sex and condom use*.

Nearly half the managers (49 percent) said that the programme is being implemented in some way and that *awareness of HIV/AIDS was being generated*. However, managers tend to perceive implementation as being limited, with mixed success. Many district and provincial managers (like their national counterparts) view rural schools or dysfunctional schools as having far poorer implementation. Very few respondents reported that the programme had moved beyond generating awareness of HIV/AIDS – virtually no one mentioned “behaviour change among learners” as a key result of programme implementation thus far.

Forty percent of managers (mainly from district level) said that nothing was happening or that there were *no, poor, or unsatisfactory results*. Ten percent (mainly from provincial level) indicated that they didn't know of any results of the programme – suggesting that they are too far removed from implementation to articulate any results that have been achieved thus far, or that there is no implementation happening.

Nearly all managers offered views as to why some schools are successful or not in implementing the programme. They tended to view the *commitment/dedication/motivation* of principals, educators, or schools as the main factor associated with successful implementation. Training and support were mentioned least often. In contrast, when asked why schools are not implementing,

lack of commitment was not mentioned as frequently – rather insufficient resources (such as lack of trained staff, workload/time) and general ignorance of HIV/AIDS features as explanations. Indeed, most managers believe that a school’s willingness or motivation to implement the programme is hampered by a lack of support or commitment within the school or by a heavy workload. These data suggest that provincial and programme managers don’t fully acknowledge their role in facilitating successful implementation.

One of the notable findings was that 20 percent of programme managers simply did not know why certain schools were not implementing – a disturbing result given that nearly all of these respondents are responsible for some aspect of programme implementation. This indicates that a significant portion of those at provincial and district level responsible for implementation lack basic knowledge about, and management over, the programme.

Provincial and district managers view three areas as the most difficult or problematic for schools in their efforts to implement the programme: *lack of time for implementation, insufficient support for implementation, and poor parental interest in (or knowledge of) the programme.* In addition, most respondents felt that the initial training provided to educators was not sufficient and there is need for follow-up training and support.

In examining the districts’ willingness and capacity to support programme implementation, the data demonstrates wide acceptance that district offices are willing and motivated to undertake their responsibilities for this programme. Where there was a lack of willingness/motivation, most respondents state that this is due to a lack of training. However, despite the high levels of motivation and willingness among district personnel, most managers believe there is much less ability at the district level to undertake these responsibilities, particularly in writing business plans, providing follow-up to schools, and in overall implementation of the programme. In the view of 53 percent of provincial officials, districts have not been given enough training to support and deliver the Life Skills-HIV/AIDS programme in the schools – particularly in “how to integrate the Life Skills-HIV/AIDS programme into the current curriculum,” and in getting “more information about HIV/AIDS in general”.

In contrast, many managers do not consider schools to be willing or abled/skilled in implementing the programme, due to either a lack of skills or knowledge in how to implement the programme, less interest in the programme, or less belief in the programme.

Most district officials acknowledge their responsibilities to undertake support visits to schools for this programme, but visits are reportedly insufficient due to the lack of manpower, time, or transport. When visits do occur, they tend to focus on assessment of implementation and provision of information. This may not be enough. The perceived low levels of implementation suggest that educators are having difficulty applying what they learned in training, and more on-the-job training and skills development should be delivered during school support visits.

The data shows that perceived ownership of the programme diminishes as one moves from national to provincial to district and local levels – suggesting that lower levels of management do not embrace the programme as much as higher levels. Moreover, as was reported by policy-makers, the ownership of the LS programme is seen to exist mainly within the health sector at provincial and district level – indicating that most provincial and district level managers (like their national level counterparts) are not convinced that education has absorbed the programme as an education priority.

A variety of management factors and issues were examined to determine their role in facilitating or impeding implementation. The vision of the programme is believed by most managers to be

clearly defined and shared. Roles and responsibilities, however, are not clearly defined for each management level of the programme (provincial, district, local), and thus appear to be a constraint to effective implementation, especially the roles for education managers. Planning around programme implementation is occurring although more often among health officials at provincial level and somewhat inconsistently among education officials at district level. When plans and targets are established they are mostly focused on training and visits. Many managers believe that resistance to the programme exists at the local level, mainly from principals and parents. Respondents were also asked about motivators (or incentives) that would encourage more involvement in implementation of the programme. Although some of the most frequently mentioned factors are outside the control of the project (such as number of staff, more physical resources), “additional training” and “recognition of the efforts of individuals and groups” would reportedly motivate more individuals at all levels to become more involved.

Managers’ various suggestions for improving overall implementation revolve around five areas:

- ✍ Increase/improve support to educators responsible for implementation (including offering more training);
- ✍ Undertake wider initial consultation with community-based stakeholders to engender their ongoing support for the programme;
- ✍ Establish more and better support for the programme from all management levels;
- ✍ Adjust curriculum policy to ensure that the programme is taught; and
- ✍ Improve communication and overall programme public relations.

6. FINDINGS FROM SCHOOLS

This chapter of the report presents the key data on the programme's performance in schools. The socio-demographic characteristics of the respondents (educators, SGB members, learners) who were interviewed at the school level, as well as general profiles of the schools, are not included in the following discussion, but can be found in *Appendix B, School and Respondents Characteristics*.

6.1. Extent of Implementation Status

6.1.1. Classification of Schools

Each school in the sample was classified into one of six “types” that describe the extent to which the LS programme was being implemented in the school – from “full implementation” to “no implementation” at all (see Table 6-1). This classification was done through combining information provided by principals in the school profile, by educators in the educator focus group and questionnaires, and by learners in their focus group discussions.

Importantly, this classification only measures the extent to which the main components of implementation (i.e. regular delivery, appropriate content, and appropriate methodologies) are seen in the schools, and does not measure the overall quality of programme delivery¹¹.

Based on the classification, we find that overall 29 percent of schools are fully implementing the programme, 30 percent are partially implementing, and 41 percent are not implementing at all. However, this varies considerably by province (Table 6-2 and Figure 6-2). Western Cape and Free State have the greatest percentage of schools which are fully implementing the programme (61 and 54 percent respectively), although when classification Type 2 is also considered (because its definition is so close to Type 1 – full implementation) we find that Northern Cape and Northern Province also show high percentages of schools which are implementing the LS programme (80 and 64 percent respectively).

More urban and peri-urban schools are fully implementing the programme compared to rural schools, although rural schools are making an effort – many rural schools are partially implementing the programme (see Figure 6-3). Interestingly, the percent of schools not implementing the programme is approximately the same between rural and urban location – suggesting that factors other than geography influence the school's ability and willingness to implement the programme. Some of these factors are discussed in section 6.7 below.

We also find more ex-model C schools that are implementing the programme (70 percent for implementation Types 1 and 2) compared to non-model C schools (only 45 percent for Types 1 and 2), although this difference is not statistically significant.

The special characteristics (and typical histories) of implementation types are presented in section 6.2 below.

¹¹ We were able to collect limited data for measuring the quality of programme delivery (through the case study observations of Life Skills sessions), but because these were not obtained on random sample of schools their results cannot be used to generalise to the larger population (see Section 6.7.13 for the results of the case studies).

Table 6-1: CLASSIFICATION TYPOLOGY – Implementation Status in Schools

| | TYPE | CURRICULUM ACCOMMODATION | CONTENT | METHODOLOGY |
|------------------------|------|--|---|---|
| Full Implementation | 1 | <u>APPROPRIATE</u> <ul style="list-style-type: none"> ⌘ Indicated on the Timetable ⌘ Taught (either as a separate subject or through integration in the content) ⌘ Taught to ALL grades | <u>APPROPRIATE</u> <ul style="list-style-type: none"> ⌘ HIV/AIDS awareness and prevention in context of other relevant topics | <u>APPROPRIATE</u> <ul style="list-style-type: none"> ⌘ Participatory teaching methods (role play, discussion, dramatisation) ⌘ Use of learning support materials ⌘ Learner centred |
| Partial Implementation | 2 | <u>SLIGHTLY MODIFIED</u> <ul style="list-style-type: none"> ⌘ Taught (either separately or through content integration but ⌘ Not indicated on timetable or ⌘ Taught only to SELECTED grades | <u>APPROPRIATE</u> (same as 1 above) | <u>APPROPRIATE</u> (same as 1 above) |
| | 3 | <u>APPROPRIATE</u> OR <u>SLIGHTLY MODIFIED</u> (same as 2 above) | <u>APPROPRIATE</u> (same as 1 above) | <u>INAPPROPRIATE</u> <ul style="list-style-type: none"> ⌘ Non-Participatory style – mainly lectures ⌘ Limited use of learner support materials ⌘ Educator centred |
| | 4 | <u>APPROPRIATE</u> OR <u>SLIGHTLY MODIFIED</u> (Same as 2 above) | <u>INAPPROPRIATE</u> <ul style="list-style-type: none"> ⌘ Only Career or vocational guidance emphasized OR ⌘ Appropriate topics but no HIV/AIDS OR ⌘ Safe sex options represented in a biased fashion (only abstinence) OR ⌘ Appropriate topics but with a moral/ conservative bias OR ⌘ Overemphasis on biology /transmission of STDs and HIV/AIDS | <u>APPROPRIATE</u> (same as 1 above) |
| | 5 | <u>APPROPRIATE</u> OR <u>SLIGHTLY MODIFIED</u> (Same as 2 above) | <u>INAPPROPRIATE</u> (same as 4 above) | <u>INAPPROPRIATE</u> (same as 3 above) |
| No Implementation | 6 | <u>INAPPROPRIATE</u> <ul style="list-style-type: none"> ⌘ Not taught at all | N/A | N/A |

Table 6-2: Distribution of Schools by Classification Types¹²

| Province | Classification Types for Implementation of the LS Programme (percent of Schools) | | | | | |
|------------------------|--|--------------|-------------|-------------|-------------|--------------|
| | FULL | Partial | | | | None |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| EC | 13.3 | 6.7 | 20.0 | 0.0 | 6.7 | 53.3 |
| FS | 54.5 | 0.0 | 9.1 | 9.1 | 0.0 | 27.3 |
| KZN | 13.3 | 0.0 | 0.0 | 0.0 | 0.0 | 86.7 |
| MP | 18.2 | 18.2 | 0.0 | 0.0 | 9.1 | 54.5 |
| NC | 30.0 | 50.0 | 0.0 | 0.0 | 0.0 | 20.0 |
| NP | 28.6 | 35.7 | 0.0 | 0.0 | 0.0 | 35.7 |
| NW | 16.7 | 25.0 | 8.3 | 16.7 | 0.0 | 33.3 |
| WC | 61.5 | 15.4 | 7.7 | 7.7 | 0.0 | 7.7 |
| TOTAL (percent) | 28.7% | 17.8% | 5.9% | 4.0% | 2.0% | 41.6% |

Special Comment on Provincial Results: The results of two provinces stand out - KwaZulu Natal and Northern Cape.

KwaZulu Natal has the lowest implementation rate, and this appears to be due to a general lack of initial training among the schools in the KZN sample. Indeed, of the 15 schools in the KZN sample, only 2 schools reported sending educators for training (one educator from each school). Although these educators are still at the school, they are not teaching the Life Skills Programme and these schools are classified as Type 6 (no implementation). In contrast, the two other KZN schools classified as Type 1 (full implementation) never sent any educators for DoE training. Rather these two KZN schools are fully implementing, apparently because of their own independent efforts in getting a programme going in their school.

We know from a separate report¹³ that KZN trained educators in 1997 and 1998 but that many schools did not participate and that low attendance rates were experienced in the training courses. This appears to corroborate our low figures on the number of schools who reported that their educators did not attend training.

Another factor may be the sampling (see Figure 6-1). Although the schools were randomly sampled, the map clearly shows that the rural schools in the KZN sample were located mainly along the north and south coasts of the province and were not evenly distributed throughout the inland areas of the province. A final explanation may be the weighting of the KZN sample toward rural schools. Table 4-1 shows that 10 of the 15 schools in the KZN sample were “rural”. We know that implementation is generally poorer among rural schools, and this may have “pulled down” the overall provincial average.

¹² See Table 6-1 for definitions of classification types.

¹³ Markham, J. *Evaluation of Life Skills -- Teacher Training Project*. May 1998. Markham reported that between 600 and 850 educators were trained, but that this represents only 30 percent of the schools in the province if 2 educators were trained from each school (and 60 percent if one educator were trained from each school).

Figure 6-1: Location of KZN schools in the sample

With respect to the Northern Cape, a reported 80 percent of schools in the sample are implementing the programme. The remaining 20 percent of schools are not implementing at all. See Appendix E, provincial profiles, for the full report of implementation in the province. The majority of trained educators are still working at the schools (86 percent) and still teaching the LS programme to learners (92 percent). Whilst the fact that trained educators are still working at the schools, has positively impacted on overall implementation, 83% of educators who have not been trained are also implementing the programme. Thus, the initiative of educators in the province, has ensured implementation proceeds in the absence of departmental investment in training. Furthermore, 80 percent of schools in the province have alternative programme activities, which has further supported implementation through the curriculum. In addition, the support from district and provincial officials in the project is reported by educators to be high - in 75 percent of cases where support was requested, educators say that it was received. It would therefore seem

that the level of commitment to the programme by stakeholders at all levels of the system, as well as the coherence of the province’s response to the epidemic, has ensured implementation success.

Figure 6-2: Extent of LS Programme Implementation by Province

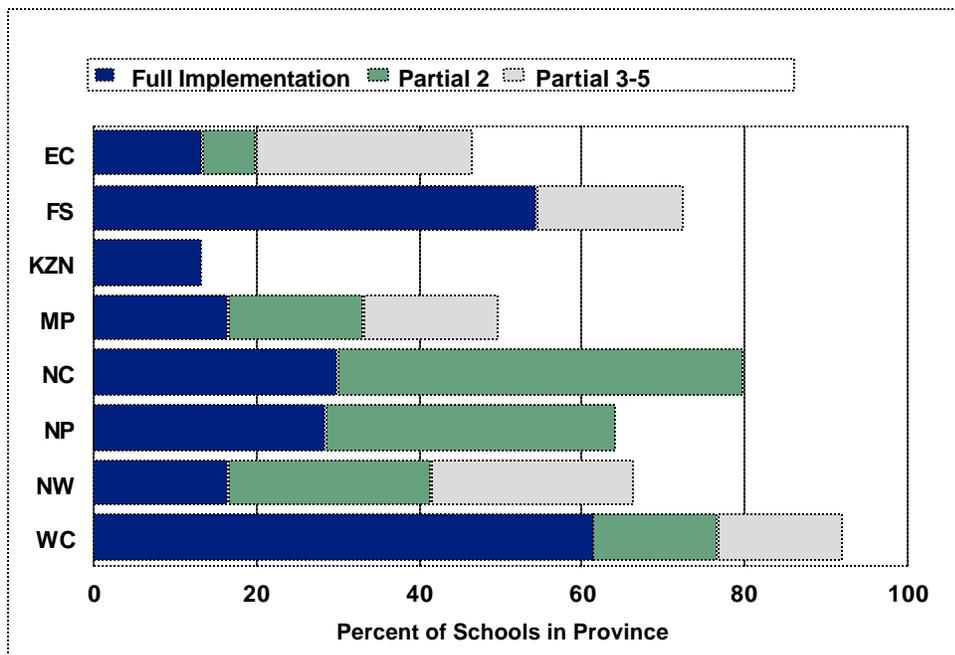
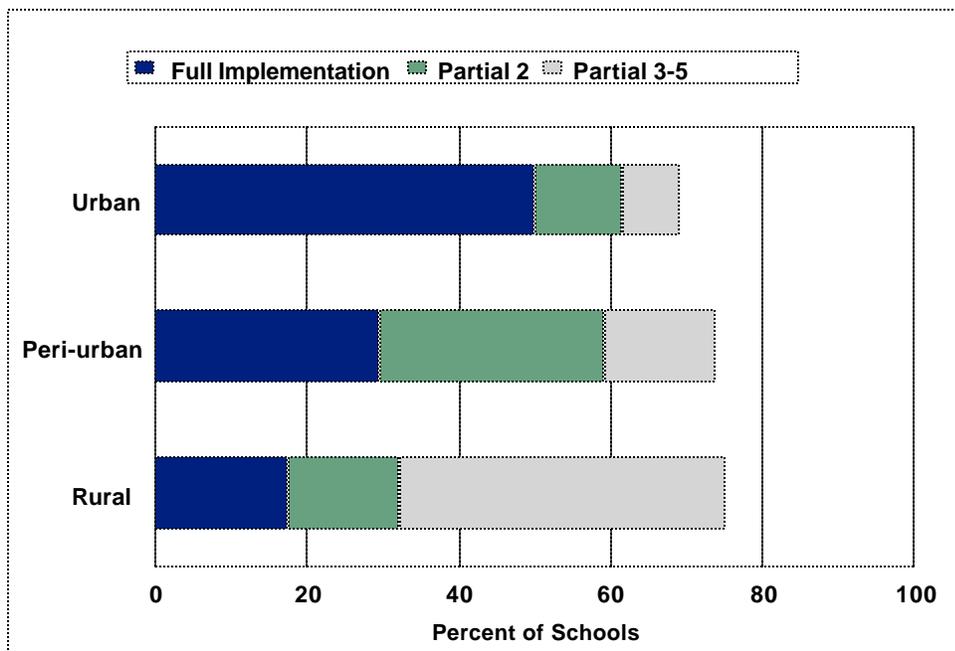


Figure 6-3: Extent of LS Programme Implementation by Geographic Location



6.1.2. Innovations in Implementation: “Alternative” or “Additional” Activities

Again, through looking at a combination of the qualitative and quantitative data, we examined whether the school had any additional activities or an “alternative” programme that addressed Life Skills and HIV/AIDS – either directed internally from the school (such as a peer education programme) and/or supported by external organisations. Each school was classified into one of five categories per the definitions in Figure 6-1.

Figure 6-1: Typology for Alternative or Additional Activities

| Type | Definition |
|------|--|
| A | Some alternative or additional programme activities exist, but their details are not specified. |
| B | Alternative or additional activities are of an extra-curricular nature, initiated by the school, including: <ul style="list-style-type: none"> ⌘ <i>Peer programmes</i>: these involve learner-directed activities that are co-ordinated by an educator (dramas, plays, individual peer counselling, presentations, etc.). ⌘ <i>Other awareness-raising activities</i>: educator-directed with less learner involvement (presentations during assemblies, morning devotions, free periods, study periods, during extra-mural periods). |
| C | Alternative or additional activities emanate from organisations outside the school, including: <ul style="list-style-type: none"> ⌘ <i>Support from clinical services</i>: counselling offered by psychological services, treatment for STDs, family planning, provision of contraceptives, visiting social workers. ⌘ <i>Support from NGOs and CBOs</i>: awareness campaigns in the areas of crime prevention, reproductive health, HIV/AIDS awareness and prevention, including visits from People with AIDS (PWAs). |
| D | Combination of Type B and Type C. |
| E | No alternative or additional programme. |

Slightly more than half of all schools (56 percent) had an additional or alternative programme – emanating mostly from external organisations such as NGOs or the local health clinic. The existence of an additional programme is strongly related to the existence of the DoE’s programme. As seen from Table 6-1, although all categories of schools have additional activities, there is a pattern of seeing additional activities more readily among full(er) implementers of the DoE’s Life Skills Programme (33 percent of all schools), or no additional activities where there is no DoE Life Skills programme (25 percent of all schools). This suggests that the existence of the LS programme in the school may facilitate a connection with additional resources in the community, or that the existence of additional activities may facilitate fuller implementation of the DoE programme.

In examining the existence of alternative/additional activities by province, we find that most schools in KwaZulu Natal (73 percent) and Northern Province (79 percent) had no additional activities, while activities were found in nearly all (84 percent) Western Cape schools.

All the ex-model C schools in the sample (100 percent) had some alternative programme compared to only 50 percent of other (non-ex-model C) schools.

Table 6-1: Distribution of Schools in Sample by Implementation Status and Existence of Alternative Programme (N=101)

| ALTERNATIVE PROGRAMME STATUS | IMPLEMENTATION STATUS | | | | | | |
|------------------------------|-----------------------|------------------|------------------|------------------|------------------|---------------|---------------|
| | Type 1 - Full | Type 2 - Partial | Type 3 - Partial | Type 4 - Partial | Type 5 - Partial | Type 6 - None | TOTAL (%) |
| A – Unspecified | 5.0 | 4.0 | 2.0 | 1.0 | 0.0 | 5.9 | 17.8% |
| B - School Initiated | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.0 | 1.0% |
| C - External Organisations | 11.9 | 5.0 | 2.0 | 1.0 | 1.0 | 9.9 | 30.7% |
| D - Combined B and C | 4.0 | 3.0 | 0.0 | 0.0 | 0.0 | 0.0 | 6.9% |
| E – None | 7.9 | 5.9 | 2.0 | 2.0 | 1.0 | 24.8 | 43.6% |
| TOTAL (%) | 28.7% | 17.8% | 5.9% | 4.0% | 2.0% | 41.6% | 100.0% |

Description of Alternative Programme Types

Very few schools appear to have initiated peer-counselling programmes, although peer education appears to be slightly more common. Indeed, principals, educators, and SGB members were asked whether “*learners initiate life skill activities outside of the classroom*”. While principals and SGB members agree that this is not the case, a notable 45 percent of the educators believe that learners are involved in peer education. This was particularly true of educators from Type 1 or 2 (fully or partially implementing) schools.

In partially implementing schools where Life Skills is not accommodated through the curriculum, there is generally greater reliance on alternative programmes to support learning in Life Skills. Several of these schools stated they could not implement the programme through the curriculum because there was no provision made for it on the timetable. In such cases, many educators attempt to implement through integrating HIV/AIDS topics with other content subjects; however, the extent of skills development in these cases is questionable, as it competes with the substantive content of the other subject –such as Geography. Generally, in many of these schools, time devoted to extra-curricular activities, free periods, or special events days, etc. is used to accommodate alternative LS programme activities (Type B). Where some fully implementing (Type 1) schools used this time to supplement their curricular implementation of Life Skills¹⁴, in partially implementing schools the use of extra-curricular time was the only means of implementation in the absence of a dedicated slot on the timetable. In addition to the concern about skills development in these schools, another concern relates to the limited potential for linking (or reinforcing) the alternative activities with the efforts made in integrating LS-HIV/AIDS into other subjects.

Schools that had *some* school-based alternative activities (Types B and D) stated that they preferred to group learners by grade - so that material could be dealt with in an age/grade appropriate fashion. A number of schools in the Free State, for example, indicated they had learners of twenty years and older, and that the approach to the material needed to be sensitive not to marginalise such (older) learners. Furthermore, learner behaviour and involvement could be better managed in smaller groups. Some schools stated they did not have the facilities (halls,

¹⁴ Some of these schools reported that they supplement the programme because the period allocated for Life Skills is too short to screen audio-visual materials (e.g. videos) in full.

powerful audio-visual equipment) to address large groups of learners at once. A few schools stated that they grouped their learners by sex, with girls being grouped separately from boys. This was mainly in the presentation of reproductive health and sexuality issues. As one learner from the Northern Province noted:

Learners: Sometimes you find social workers coming to address us. These people are from Health services.

Fieldworker: What do they do when they come?

Learners: They call only girls... but if they talk about teenage pregnancy or HIV/AIDS they call all of us. They also talk about how to use condoms and when to use them.

Learners: Ma'am (i.e. the educator) calls girls only...

Fieldworker: So what do you girls discuss with her?

Learners: Teenage pregnancy and rape.

It would appear that in this school rape is an issue reserved for discussion with girls.

Where the only exposure to Life Skills-HIV/AIDS was through outside organisations (Type C), this typically took the form of raising awareness and service provision. Schools which rely exclusively on the external programme for implementation are thus in a weaker position to effect skills development than are their counterparts – e.g. schools with some alternative programme control through their own activities, or through joint activities by the external programme organisers.

In terms of HIV/AIDS education, many schools with involvement from outside organisations indicated they had invited People with AIDS to visit the school. This appears to have had a positive impact on learner attitudes towards People with AIDS, as tolerance and acceptance of PWAs was named by learners as one of the key lessons they have learnt from the Life Skills programme. As such, the impact of personal contact with HIV-survivors has been great, as it has forced learners to deal with the reality of AIDS. In provinces such as the Eastern Cape, learners reported that there is a widely held belief amongst their peers that AIDS does not exist, and that if it does, it is an urban disease. As one Eastern Cape learner stated:

Fieldworker: Do people living with AIDS hold sessions with you?

Learner: Yes, but we never accepted them. We thought they were lying, because we never expected people with AIDS to be fat. We expected them to always have small bodies.

(Interpret 'be thin' – Khulisa)

Thus, both learners and educators interviewed advocated the increasing use of visuals to enhance programme messages, particularly in cases where PWAs have not reached the school. Many educators have also suggested that money be made available for learners to be taken on excursions to hospitals to see AIDS survivors. Thus, the alternative programme in some cases has served to reinforce programme messages that are communicated in the classroom.

Two schools in the Free State and North West also sent some learners to attend workshops on substance abuse. The North West school is not implementing the LS programme, whereas the Free State school is. Thus, the impact of outside organisations is considerably felt in both types of schools. Three schools in the Northern Province indicated their learners had participated in a competition organised jointly by the DoE and DoH, in which learners competed through the arts - drama, poetry, song and dance. This was used to expand programme activities beyond the school

and to communities within the circuit /area. Educators recounted how this motivated learners to become even more involved in the programme.

One learner stated the following:

Last year we used to do dramas about AIDS, we even got into a circuit competition. But from all that we gained so much that we could pass it on to fellow students and I think that was a very good thing (NP03).

One school regretted that so few learners could participate because of lack of funding to transport learners to the competition venue.

6.2. Characteristics and Typical Histories of LS Programme in Schools

This section describes some of the common characteristics of the implementation types as well as their typical histories. A typical history of the Life Skills programme in schools proceeded along a trajectory from *pre-training* to *training* to *immediate post-training implementation* and finally *sustained post-implementation / current implementation*. However, considerable variability is evident between the implementation categories at each stage of implementation.

This section discusses each implementation type category in the following order:

- ✍ Schools with full implementation (Type 1)
- ✍ Schools with partial implementation (mainly Type 2, and to a lesser extent Types 3-5 schools)
- ✍ Schools with no implementation (Type 6).

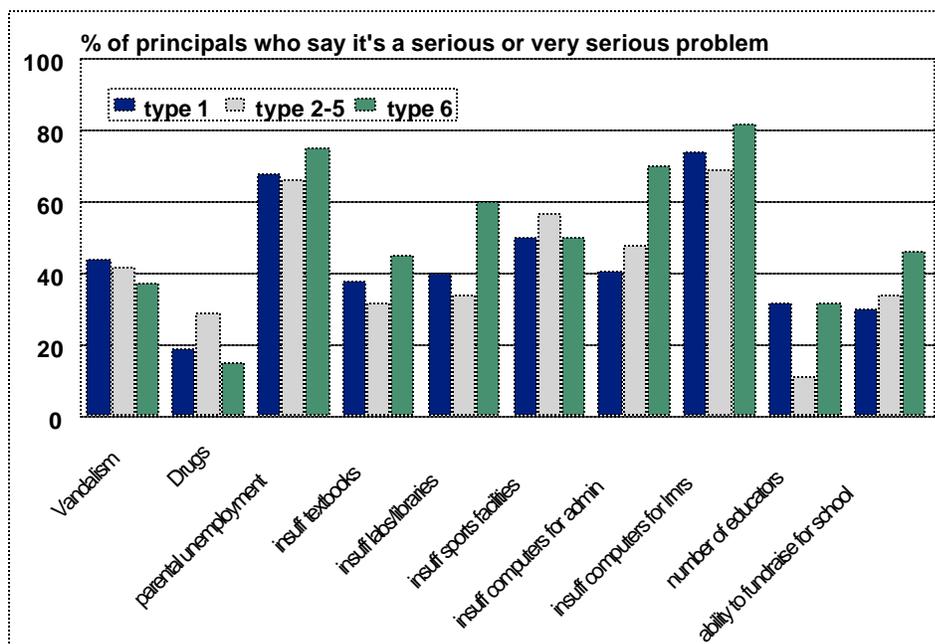
6.2.1. Schools with Full Implementation (Type 1)

6.2.1.1. Common Characteristics of Type 1 Schools

Twenty nine percent of all schools sampled are Type 1 schools. Type 1 schools are mostly found in urban (41 percent of Type 1 schools) or peri-urban areas (31 percent) although nearly 28 percent of all Type 1 schools are located in rural areas (most in the Northern and North West Provinces).

As a group, Type 1 schools are not privileged, although there are some more “privileged” ex-model C schools (15 percent of all Type 1 schools). Rather, they are much the same as other schools in South Africa, with problems related to resources, security, and poverty (see Figure 6-1). Their principals report having serious or very serious problems of vandalism (44 percent of Type 1 schools), drugs (19 percent), parental unemployment (68 percent), scarce textbooks and materials (38 percent), inadequate laboratories and libraries (40 percent), insufficient sports facilities (50 percent), insufficient computers for administration (41 percent) and no computers for learners (74 percent), lacking educators (32 percent), and limitations in ability to fundraise for the school (30 percent). Moreover, 50 percent of Type 1 rural schools report having serious or very serious problems with lack of water, electricity, and sanitation.

Figure 6-1: Self Reported “Problems” experienced by the Schools by Implementation Type



The average Type 1 school has 860 learners in 21 classes, resulting in an average of 41 learners per class. Nearly all Type 1 schools (28 of 29 schools) reportedly had a timetable for the current year, with guidance indicated on all of these timetables. In most of these schools (23 of 29 Type 1 schools), guidance was designated for all grades, rather than for only certain grades (2 schools).

Eighty-three percent of Type 1 schools report that they sent educators for training (an average of 1.5 educators per school received training). Most of these educators are still at the school and teaching Life Skills (63 percent of trained educators), but 16 percent are still at the school and not teaching. The remaining 21 percent of educators who were trained have left the school due to transfers or promotions, resignations, or redeployment.

Only 46 percent of educators from Type 1 schools indicate that their principal is a strong supporter of the LS programme.

Very few principals from Type 1 schools (only four percent) reported resistance to the implementation of the Life Skills programme.

6.2.1.2. Typical History of Type 1 Schools

Schools with full implementation generally exhibited the following pattern of implementation:

Pre-training programmes: Before the formal introduction of the DoE’s programme, many Type 1 schools were already teaching Guidance. Whilst in most of these schools the core curriculum for Guidance followed a traditional content and methodology, there were a variety of modifications made to the traditional Guidance programme, such as the inclusion of sexuality education encompassing STD and AIDS awareness and prevention, relationships, and self-awareness. Despite these modifications, however, the methodology tended to remain traditional – in lecture mode, and a very limited use of learner support materials dominating. Individual educators took it

upon themselves to address Life Skills-related issues informally in the course of their other subjects, as well as offer counselling to learners. The curriculum structure for Guidance was reportedly quite flexible – with schools adapting the content to the perceived needs of communities from which learners are drawn.

Training: The majority of schools (81 percent) of Type 1 Schools responded to the DoE’s call for educators to attend training in Life Skills– HIV/AIDS for an average of 1.6 educators per school attending training. However, 19 percent of the schools in this category did not receive or attend DoE training, but proceeded to implement the programme as a result of their own initiative. This required a great deal of resourcefulness on the part of educators who went to great lengths to access materials and guidelines for implementation - from the DoE, from local health care providers, commercial publishers, tertiary institutions such as colleges, etc.

There are cases where trained educators are no longer involved in the implementation either because they have left the school (as a result of the DoE’s rationalisation policies) or because they have been allocated other subject responsibilities. However, for this latter group the gains from training reportedly continued to be felt, despite their reduced involvement in implementation.

Although there are few references to cascading, there is evidence that educators who attended training shared the new information with their colleagues – where there were no formal Guidance sessions, the programme was still taught through integration into the content of other subjects.

Immediate post-training activities: In most cases, formal implementation following initial training was delayed until the next year, as most educators from schools in this category attended training in the third term, thus making it impossible to attempt formal accommodation in the curriculum (through timetabling, etc.) until the following year. Immediately following the training, educators generally undertook three activities: (i) a debriefing session with educators / the school manager about the training, (ii) an awareness campaign involving learners (central to which was the use of audio-visual materials), and (iii) invitations to relevant outside agencies and organisations to address learners.

Typical TYPE 1 Characteristics and History

- ✍ Pre-existing Guidance Programme with sexuality or other “life skills” content and participatory methods of teaching.
- ✍ 81% of schools sent educators to attend DOE Life Skills training (ave. 1.6 educators per school).
- ✍ Immediately following training, educators held debriefing sessions with colleagues, started HIV/AIDS awareness campaigns with learners, and invited outsiders to give presentations.
- ✍ Ensure that guidance on timetable if not already.
- ✍ Structured planning for incorporating new Life Skills content into curriculum and in extra-curricular activities.
- ✍ Existence (or establishment) of referral system between school and local clinics or psychological services.
- ✍ Of all the educators trained in LS, 63% are still at the school and teaching, but 16% are still at the school but not teaching.
- ✍ Nearly all type 1 schools (96%) presently have a timetable and guidance was indicated on all of these timetables. In nearly all these schools, guidance was designated for all grades.

There were exceptional cases, where schools implemented the programme immediately after training. In one such school, there was no Guidance on the timetable, but after educators lobbied the principal for Guidance to be accommodated, it was included in the timetable as well as taught through subject integration.

In at least two schools, the programme was co-ordinated by a team of educators who formed a Life Skills committee and advised other educators on matters relating to the implementation. In another school, the programme was spearheaded and delivered to

all grades and classes by a single educator. This was also the only educator who received training in Life Skills.

Although there were some schools where educators sought parental and SGB involvement during this phase, this was not the norm for schools in this category.

Sustained (post-training) implementation: The formal introduction of Life Skills in many schools began in the year following training. This way, Guidance could be formally accommodated, and educators could adopt a more coherent and structured approach to Life Skills and HIV/AIDS education. Such a strategy generally included year planning by topics (for the curricular programme) and by events (for the extra-curricular programme). Schools that had previously (prior to training) followed a traditional content and methodology model for Guidance, now modified the existing curriculum to greater reflect the new Life Skills content and methodological orientation. The most consistent modification was the incorporation of HIV/AIDS as a substantive component of the programme. In fact, in many schools in this category, this came to be the definitive characteristic of their Life Skills programmes.

Schools in this category appear more attuned to learner behaviour, and monitoring of programme impact appears to be more prominent and routine than schools in other categories.

All Life Skills programmes in Type 1 schools are supported by a referral system between educators and the local clinics, which offer a combination of counselling, treatment, and psychological services to learners.

Very little overt resistant to the programme was reported amongst schools in this category.

Schools also mentioned some factors that inhibit the efficiency and effectiveness of current implementation. It is interesting to note that there are schools in this category which have mentioned structural or systemic change (including redeployment, lack of materials, audio-visual materials, or lack of time available for Life Skills implementation) as an obstacle to full(er) implementation. These schools' response to such and other problems is described in greater detail in the discussion on Best Practices (Section 7.4) below.

6.2.2. Schools with Partial Implementation (mainly Type 2 schools)

6.2.2.1. Characteristics of Type 2 - 5 Schools

Thirty percent of schools in the sample are Type 2-5 or partially implementing the programme. Type 2-5 schools are mostly found in peri-urban (40 percent of Type 2-5 schools) or rural areas (43 percent) although nearly 17 percent of all Type 2-5 schools are located in urban area. Likewise, 17 percent of Type 2-5 schools are ex-model C schools.

Type 2-5 schools indicate similar levels of problems related to resources, security, and poverty as their Type 1 counterparts (see Figure 6-1). Principals in these schools report having serious or very serious problems of vandalism (42 percent of Type 2-5 schools), drugs (29 percent), parental unemployment (66 percent), scarce textbooks and materials (32 percent), inadequate laboratories and libraries (34 percent), lacking sports facilities (57.2 percent), insufficient computers for administration (48 percent) and computers for learners (69 percent), and limitations in ability to fundraise for the school (34 percent). Notably, more Type 2-5 schools reported drugs as a serious or very serious problem compared to Type 1 schools, reflecting the likelihood that drugs are a greater problem among peri-urban schools than other school types. Moreover, 67 percent of Type 2-5 rural schools report having serious or very serious problems with lack of water, electricity, and sanitation.

The average Type 2-5 school has 785 learners in 19 classes, resulting in an average of 41 learners per class. Nearly all Type 2-5 schools (29 of 30 schools) reportedly had a timetable for the current year, but guidance was indicated on only 17 of these timetables. In just over half these schools (9 schools), guidance was designated for all grades, rather than for only certain grades (8 schools).

Fifty-seven percent of Type 2-5 schools report that they sent educators for training (an average of 2 educators per school). Most of these educators are still at the school and teaching Life Skills (69 percent of trained educators), but 27 percent are still at the school and not teaching. The remaining four percent of trained educators have left the school due to promotion or retirement.

Compared to educators from Type 1 schools, slightly more educators from Type 2-5 schools (50 percent) report that their principals are strong supporters of the LS programme.

Compared to principals from Type 1 schools, slightly more principals from Type 2-5 schools (10 percent) reported the existence of resistance to the implementation of the Life Skills programme.

6.2.2.2. Typical History of Type 2 Schools¹⁵

Schools with partial implementation generally exhibited the following pattern of implementation:

Pre-training programmes: Most Type 2 schools had a traditional Guidance programme prior to the introduction of the DoE's Life Skills-HIV/AIDS programme. However, there were slight variations in the HIV/AIDS content of such sessions:

- ✍ Traditional Guidance including topics relevant to the current Life Skills curriculum, (relationships, self-awareness, etc.) but no HIV/AIDS component, also supplemented by an alternative programme (Type D), with a strong HIV/AIDS component.
- ✍ Traditional Guidance including topics relevant to the current Life Skills curriculum, (relationships, self-awareness, etc.), and an HIV/AIDS awareness component, also supplemented by an alternative programme (Type D), with a strong HIV/AIDS component.
- ✍ Traditional Guidance including topics relevant to the current Life Skills curriculum, (relationships, self-awareness, etc.), and including an HIV/AIDS awareness component. No alternative programme.

Other schools reported that although traditional Guidance had been taught, it was phased out because they had heard that it was going to be phased out or they thought the Guidance educator was ineffective, and so removed it from the timetable.

All schools that had Guidance on their timetables before the initiation of the DoE programme tended to include a counselling component as part of their programmes. In the Northern Province, individual counselling formed a key component of the schools' response to the criminal delinquency problems they experienced with learners, who were reportedly prone to substance abuse (dagga-smoking).

Training: Most schools (65 percent) reported that their educators attended initial training. The average number of educators sent was 1.8 per school. Most of these educators are still involved in

¹⁵ Note: Type 2 schools are mainly represented in this section, as this is the dominant type in the partially implementing category.

the teaching of Life Skills except in two cases, where one educator had left the school and another ceased teaching Guidance due to other subject responsibilities.

Immediate post-training activities: In most cases, only feedback workshops for other educators were undertaken. Generally, there was no further implementation or introduction of the programme to learners.

Sustained post-training implementation: Schools that had HIV/AIDS as a component in Guidance prior to the introduction of the DoE's Life Skills-HIV/AIDS programme indicated a shift toward subject integration as the primary mode of implementation, although in some cases it was also taught as a separate subject. This strategy was instituted in response to a shortage of educators and the increasing pattern of allocating Life Skills educators to teach content subjects. In such cases, Guidance was completely removed from the timetable and was never subsequently taught as a separate subject, except during free periods (thereby allowing for Life Skills-HIV/AIDS content to be addressed separately). However, reliance on teaching during free periods impacted on the consistency of the programme as Life Skills had to compete for time with examinable subjects. Furthermore, not all grades were reached through the free periods. Where Guidance was still taught as a separate subject, knowledge and materials gained from the training allowed for the expansion of the content parameters, and HIV/AIDS was fore grounded to a much greater extent.

Most Type 2 schools are incorporating Life Skills-HIV/AIDS into existing subjects, irrespective of whether the educators attended initial training or not. Even in schools where educators had no exposure to DoE training, there is evidence of considerable initiative in aligning their Life Skills programmes with recommended guidelines for implementation. The content and methodologies used in such cases reflects compliance with official programme guidelines.

Schools where Guidance had been phased out, but which had benefited from training, also began implementation mainly through content integration. Attempts at formally accommodating Life Skills by having it on the timetable failed due to the lack of a Guidance period on the timetable. At these schools generally only selected grades were reached. Because these schools named *lack of time* for implementation as a key impediment to the success of the programme, any implementation most likely occurred through utilising periods allocated for extra-curricular activities.

Schools that had no HIV/AIDS content in their prior Guidance offerings, almost always incorporated HIV/AIDS awareness into their extra-curricular activities after training. A number of schools designed extra-curricular activities in response to their assessment of community problems (e.g. in the Northern Province, the South

Typical TYPE 2-5 Characteristics and History

- ✍ Pre-existing Guidance programme prior to training, although variations in content structure were reported. Small portion of schools had removed Guidance from the timetable.
- ✍ 65% of schools sent educators to attend DOE Life Skills training. (ave. 1.8 educators per school)
- ✍ On return from training, only brief feedback sessions held with the rest of educators.
- ✍ Sustained implementation through the curriculum occurred mainly through:
 - Integration with the content of other subjects
 - Broadening scope of traditional Guidance content and re-orientating methodology.
- ✍ Most schools had strong alternative programme to supplement, or to substitute for reduced implementation through the curriculum.
- ✍ Nearly all type 2-5 schools (97%) had a timetable, but guidance was on indicated on the timetable in only 56% of these schools. Only half of these schools indicated that guidance was being taught for all grades.
- ✍ 69% of all trained educators are still at the school and teaching Life Skills. But 27% are still at the school but not teaching LS.

African Police Service was invited to address learners about substance abuse; in the Free State, the issue of teenage pregnancy was addressed more directly).

Exposure to Life Skills training often stimulated educators to address the appropriateness of the Guidance curriculum. Schools that previously had a traditional Guidance curriculum (e.g. confined to traditional career guidance) were subsequently able to broaden the scope of their existing Guidance programmes, as well as effect a re-orientation such that HIV/AIDS became a key feature of the programme, rather than have it relegated to an extra-curricular programme, as had previously been the case.

The strength of the implementation of the Life Skills-HIV/AIDS programme appears to depend more on the school's response to programme, than to preceding factors which would be expected to predispose better implementation.

Most Type 2 schools, whether or not they previously incorporated HIV/AIDS as a component in their Guidance programmes, were now supported in their current implementation by a strong alternative programme, with very established referral links from the school to the local clinic.

6.2.3. Non-implementing Schools (Type 6)

Overall, 42 percent of schools in our sample were not implementing the DoE Life Skills-HIV/AIDS programme. Unfortunately, because very few of these schools reported on their implementation *histories*, we have limited information on the sequence of events in these schools and their unique histories in implementation

6.2.3.1. Characteristics of Type 6 Schools

Type 6 schools are mostly found in rural areas (66 percent of Type 6 schools). Significantly fewer Type 6 schools are found in peri-urban areas (18 percent) or urban areas (16 percent). Only three percent of Type 6 schools are ex-model C schools.

Type 6 schools report having similar problems with resources as other schools in the sample – as a group, they were not any worse off than other schools which were implementing the programme more successfully (see Figure 6-1). Type 6 principals report having serious or very serious problems of vandalism (37.5 percent of Type 6 schools), parental unemployment (75 percent), insufficient textbook and materials (45 percent), insufficient laboratories and libraries (60 percent), insufficient classrooms (45 percent) and school buildings (30 percent), insufficient sports facilities (50 percent), insufficient computers for administration (70 percent) and computers for learners (82 percent), insufficient numbers of educators (32 percent), and limitations in ability to fundraise for the school (46 percent). Moreover, 61 percent of Type 6 rural schools report having serious or very serious problems with lack of water, electricity, and sanitation.

The average Type 6 school has 769 learners in 16 classes, resulting in an average of 48 learners per class -- slightly larger than that seen for Types 1-5 schools. Compared to other schools, approximately the same percentage of Type 6 schools (41 of 42 Type 6 schools) reportedly had a timetable for the current year, but significantly fewer had guidance indicated on these timetables (in only 20 schools). In most of these schools (18 of 20 schools), guidance was designated for all grades, rather than for only certain grades (2 schools).

Significantly, fewer Type 6 schools sent educators for training compared to schools that are implementing the programme. Only 49 percent of Type 6 schools report that they sent educators for training (an average of 1.7 educators per school received training). Most of these educators

are still at the school (70 percent of trained educators¹⁶), but only 10 percent of them are still teaching Life Skills. In other words, in Type 6 schools, seven percent of all the trained educators are teaching life skills, 30 percent are gone from the school, and 63 percent of the educators who were trained are still in the school but not teaching Life Skills!

As is seen with Type 2-5 schools, 45 percent of educators in Type 6 schools state that their principals are strong supporters of the programme.

As seen with Type 2-5 schools, approximately 11 percent of principals in this group reported the existence of resistance to the implementation of the Life Skills programme.

6.2.3.2. Typical History of Type 6 Schools

Pre-training programmes: Type 6 schools in general did not report having had a history of teaching Guidance prior to the DoE-initiated training.

Training: Most schools (50 percent) in this category that reported their histories also reported that educators had been sent for training. An average of 1.6 educators per school were sent for training.

Post-training activities: Non-implementing schools cited various reasons for not implementing the programme immediately after returning from training. These include that:

- ✍ the trained educators tried to implement the programme but no time was allocated on the timetable for Life Skills.
- ✍ the programme met with community resistance because of what they perceived as essentially 'sex education'.

In one school, the educators attended initial training presented in 1998, but stated that they could not implement the programme due to lack of provision on the timetable. The same educators attended training two years later, and after having lobbied the principal for time to be allocated on the timetable with no success, they proceeded with a vigorous extra-curricular programme.

Other schools introduced awareness campaigns using learning support materials that they obtained during the training.

Typical TYPE 6 Characteristics and History

- ✍ No history of Guidance taught prior to training.
- ✍ Most schools (50%) sent educators for DOE training. (ave. 1.6 educators per school)
- ✍ Attempts at implementation after training stopped in some schools stopped because:
 - Insufficient time for implementation (Life Skills not accommodated in the timetable).
 - Communities resisted programme messages.
- ✍ Some educators resorted to implementation through extra-curricular activities.
- ✍ In other schools, Life Skills implementation after training proceeded, until trained educator was redeployed, or time for implementing Life Skills was reduced.
- ✍ Ultimately no implementation due to structural factors, and resistance encountered from SGBs and parents.
- ✍ Nearly all type 6 schools (97%) had a timetable, but guidance was only indicated on the timetable in only 47% of type 6 schools – in most these schools guidance was reportedly being taught for all grades.
- ✍ 70% of all trained educators are still at the school, but hardly any teaching Life Skills -- 63% of all trained educators are still at the school but not teaching.

¹⁶ The remaining 30 percent of educators who were trained have left the school due to redeployment, promotion, transfers, retirement, or death.

In at least two schools, although some implementation occurred just after training, it stopped thereafter. In one schools, implementation began immediately, but was ceased due to redeployment of the trained educator. In another, implementation also began immediately, but was discontinued after two years because of the reported lack of time for implementation, and the fact that educators were overloaded with content subject responsibilities.

Sustained (post-training) implementation: Most Type 6 schools explained that they were not implementing because there was no time for implementation; that educators were overloaded with examinable subject responsibilities; resistance from parents (in one case); or resistance from SGBs to clinic staff, etc. (in another case). In these schools, there is little evidence of efforts to overcome these obstacles.

6.2.4. Summary

This discussion indicates several common patterns and factors related to implementation (or lack thereof). First, the existence of Guidance prior to the introduction of the DoE programme appears to dispose a school to more successful implementation. Second, exposure to initial training appears to have facilitated implementation – i.e. more Type 1 schools sent their educators for training, than Type 2-5 schools or Type 6 schools. Third, having guidance on the timetable (for all grades) also appears to be related to more successful implementation. Fourth, what educators did (or faced) upon return from training is a strong predictor of whether the programme was implemented or not, and whether those educators continue to teach the programme today. Lastly, there is a significant difference between level of principal support and implementation status. That is, schools with more supportive principals are more likely to be implementing than those without.

6.3. Status of Guidance – Life Skills

The extent to which Guidance/Life Orientation is formally accommodated in the curriculum (through timetable and staffing allocations, etc.) and the extent to which HIV/AIDS and Life Skills education is actually enforced during these sessions, is a key indicator of school implementation status. The following section reports on both these aspects.

Is HIV/AIDS Taught: Only 59 percent of the principals reported that HIV/AIDS awareness and prevention was being taught at the school, and this was more common in those schools that are implementing the Life Skills-HIV/AIDS programme. According to these principals, the teaching of HIV/AIDS began between 1997 and 1999 (70 percent) approximately the same time that the Department's Life Skills Programme was initiated.

SGB members provided somewhat mixed views on whether the schools are teaching HIV/AIDS awareness or prevention to the learners. Not surprisingly, the teaching of HIV/AIDS awareness and prevention was mentioned most often by SGB members from those schools implementing the LS programme. Again, these respondents noted that teaching of HIV/AIDS began between 1997 and 1999.

Timetable and Guidance on Timetable: Nearly all the principals (98 percent) reported that they have a school timetable for the current year, but this could only be verified in 77 percent of the schools, and Guidance was indicated on the timetable in only 59 percent of all schools. Both timetables and Guidance periods on timetables were more readily found in schools that were implementing or partially implementing the LS programme.

When is Guidance Taught, by Which Teachers, and to Which Grades: Most principals reported that Guidance sessions were mostly designated for all grades, but in all the schools where the

programme was being implemented, Guidance is only offered during normal class hours (as opposed to at the end of the school day or after school hours). In contrast, non-implementing schools, if they were doing anything at all in Guidance or Life Skills, they were mostly conducting these sessions at the end of the school day or after school hours (possibly as part of the alternative programme in that school).

Most educators (70 percent) and principals report that the school programme and schedule allows for Guidance/Life Skills to be taught on a weekly basis, and this was more commonly found among respondents from schools where the programme is being implemented¹⁷. The time allocated is an average of 45-60 minutes to each class each week. However, weekly sessions are reported only in 36 percent of the schools, with the remaining schools providing sessions on a twice per week, twice monthly, monthly, or other schedule. Indeed, data from learners confirms that Guidance/Life Skill is generally taught once per week, particularly among learners from schools that are implementing the programme.

However, other data from educators indicates that this schedule is not always strictly adhered to. Only 36 percent of educators reported teaching their last Life Skills-HIV/AIDS session within the last 5 days. When the same respondents were asked how many hours per month they conduct Life Skills-HIV/AIDS sessions, the most frequently cited response was “less than 2 hours per month” (40 percent). This suggests that despite the fact that Life Skills is on the timetable or a scheduled part of the school week, compliance with this schedule is irregular.

Sixty-four percent of learners confirmed that Guidance/Life Skills was being taught at their school, and this was significantly higher among learners from schools implementing the LS programme.

When Guidance is not taught at a school, most learners stated that it was because there was *no Guidance teacher to teach Guidance/Life Skills* (40 percent of all explanations), *no Guidance is offered in the school* (15 percent), *Guidance sessions are used for “something else”* (11 percent), or because educators are uncomfortable with the topic – *topic is too sensitive for educators to discuss* (10 percent).

Two-thirds of learners say that Guidance/Life Skills is taught by Guidance/Life Skills educators, and this is more common among respondents from implementing schools. Another 28 percent of learners indicated the Biology educator as the educator who teaches guidance/Life Skills, but this was significantly higher for schools only partially implementing the Life Skills-HIV/AIDS programme.

Most principals (63 percent) report that there is a person responsible at the schools for teaching and co-ordinating Guidance/Life Skills, and this was more often reported by principals from Type 1 and 2 schools. Generally, Guidance/Life Skills is taught by educators (51 percent of schools) from a wide range of subject areas, such as Guidance (45 percent) and Languages (37 percent) or by a Head of Department (37 percent). In only rare cases (7 percent of schools) is the Guidance/Life Skills taught by the Principal. The Guidance Counsellor post is generally paid for by the DoE (76 percent of all respondents).

A notable 43 percent of SGB members interviewed did not know if there was someone responsible for teaching and co-ordinating Guidance/Life Skills. However, among those respondents who said that there is a person responsible (37 percent), 70 percent confirmed that

¹⁷ If it is not taught weekly, it is then taught quarterly.

educators, particularly Guidance educators are the ones responsible. Again, they also confirmed that the Guidance Counsellor post is paid for by the DoE (78 percent).

Is LS Integrated or Taught Separately: Nearly half the principals (49 percent) indicated that the Life Skills-HIV/AIDS programme was being integrated into other subjects, rather than being taught as a separate subject (37 percent). The most common subject to incorporate Life Skills-HIV/AIDS is Biology (50 percent of all responses), followed by English (20 percent) and Science (12 percent). In these subjects, certain aspects of the content were considered relevant to the Life Skills themes, and are thus integrated as appropriate. Educators indicated that Biology, reproduction and cell biology in particular provide ideal opportunities for content integration. Fully implementing schools have, however, successfully used a combination of content integration and separate Life Skills instruction. In some schools, there are also educators who devote part of the period designated for other subjects to addressing HIV/AIDS and Life Skill issues.

6.4. Respondents Views on Success of Implementation

6.4.1. Respondents' Views on Why Some Schools are Successful

Educators were asked their opinion as to why some schools were successful in their implementation of the programme. Notably, nearly all the educators (92 percent) stated that they were not aware of other schools that were successful (and there were no significant differences in educators' responses and their school's implementation status)!!! Given that we know that 28 percent of the schools are indeed fully implementing the LS programme, we find this very revealing and disturbing. It shows that:

- ✍ Performance expectations have not been clearly defined or communicated to all schools. Schools (and programme managers at district/provincial level) need a clear “picture” of what a successful Life Skills-HIV/AIDS programme looks like when it is operational in a school;
- ✍ Feedback to the schools is desperately lacking – even when a school is getting it right, they don't know they are successful.

Those few remaining educators who were aware of other schools successfully implementing the programme, indicated that one of the primary reasons for their success is *integration of life skills into the school timetable* (33 percent of all responses). Other explanations included *support from principals, SGB members, parents and learners* (20 percent), and the *availability of resources* (14 percent of all responses). The data reflects significant differences between educator responses and implementation status. Most of these responses came from the better implementing schools (Types 1 and 2), showing that only when schools are in the midst of implementation are they able to reflect on what works and why.

6.4.2. Respondents' Views on Why Some Schools are Not Implementing

Educators were asked their opinion as to why some schools were not implementing the programme. While only 32 percent offered explanations, these were mainly cited as: *lack of support from both school management and the Department of Education, lack of trained educators, lack of resources and staff*, or simply *no time on the timetable for life skills*.

6.4.3. Respondents’ Scores on Implementation Success

Throughout this study, we asked respondents to score the success of programme implementation on a scale of 0-10 points (0 = not successful at all, 10 = highly successful). Provincial and district managers’ scores ranged from only 2.5 to 5 – indicating that they view the programme as having only average or below-average success in their province or district (Figure 6-1). What is notable about these scores is the consistency with our classifications (Figure 6-2) where we found that Western Cape, Northern Cape and Northern Province have the greatest percentage of schools classified as Types 1 and 2 (and where programme managers also gave the highest points). What is also notable is that no province rated itself above average.

Similarly, school principals, educators, and SGB members gave only average scores (albeit slightly higher than the programme managers’ scores). Principals tended to give lower scores than educators or SGB members. Encouragingly, where the programme implementation is better (in Type 1 and Type 2 schools), respondents’ average scores are higher than in schools where implementation is partial or non-existent (Figure 6-2).

The consistency in scores between district/provincial managers and the school members indicates a common recognition by all of the limits of the programme to date.

Figure 6-1: Programme Managers’ Mean Scores of Programme’s Success (by Province)

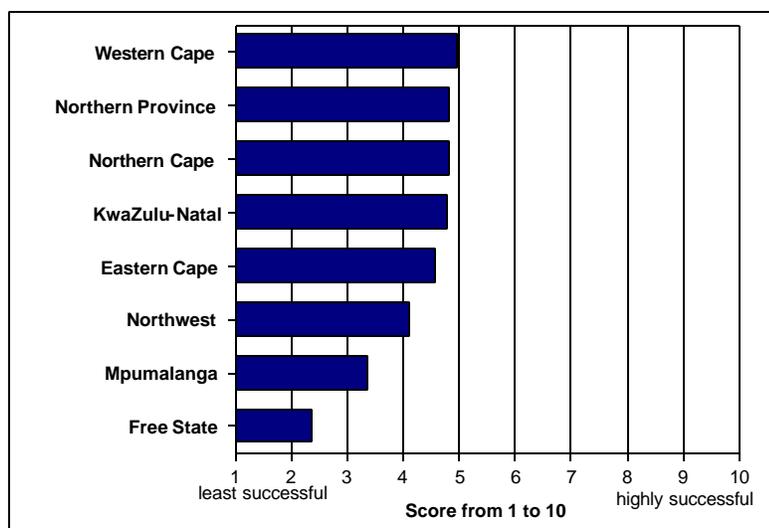
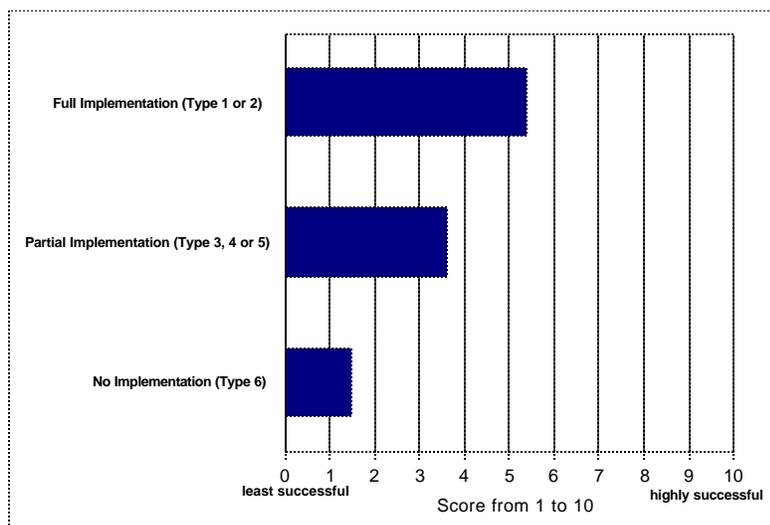


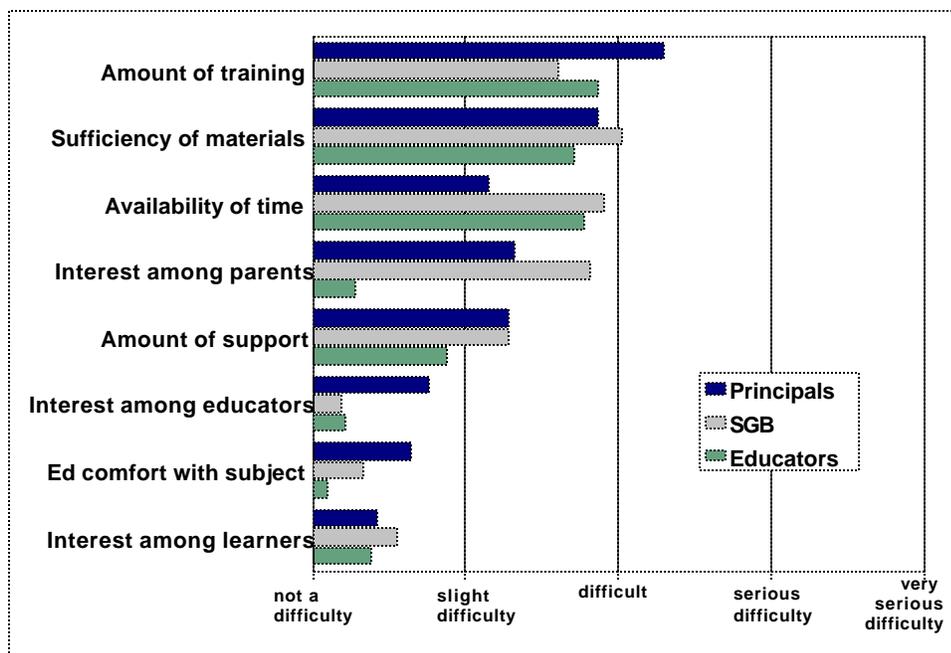
Figure 6-2: School Members' Mean Scores of Programme Success (by Implementation Type)



6.5. Difficulties for Educators in Implementation

Principals, SGB members, and educators themselves were asked what kinds of difficulties educators were having in implementing the programme. All three groups generally agree that *insufficient training, inadequate materials, lack of time and poor parental interest* are the most common obstacles facing educators (Figure 6-1). There were no significant differences in this list between respondents from Type 1 schools versus schools that are only partially implementing or not implementing at all.

Figure 6-1: Difficulties Faced by Educators in Implementing the LS Programme



6.6. Main Programme Messages

Both learners and educators at schools where the programme was being implemented were asked to state what the main messages of the Life Skills programme have been to date and for learners, what were their favourite Life Skills topics. Respondents from non-implementing schools were not required to answer these questions.

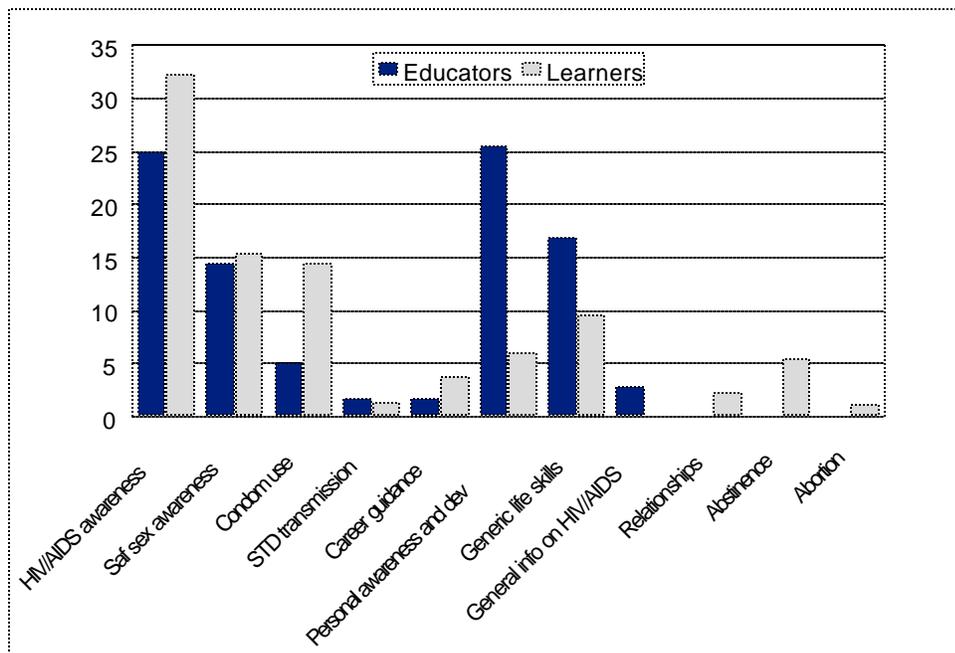
One Thing Learners Have Learned from the Programme: After all individual items were grouped by theme, *HIV/AIDS awareness* was named by one third (33 percent) of all learner respondents and 25 percent of all educator respondents as the main message being delivered by the LS programme. This was followed by *safe sex awareness* (approximately 15 percent of all learners and educators respectively), excluding condom-use.

However, more educators than learners mentioned *personal awareness and development* (26 percent of educators compared to six percent of learners), and *more generic life skills* like *decision-making, responsibility, communication, developing respect for self and others, coping skills, negotiation* and *self-awareness* as the main message of the programme. Similarly more learners than educators (14 percent of learners compared to five percent of educators) believed *condom use* to be a main message being delivered by the programme. (See Figure 6-1).

HIV/AIDS prevention and sexuality-related awareness issues appear to be the strongest component of the programmes of fully and partially implementing schools. Learners from fully implementing schools indicated the following topics as single areas which they have gained knowledge as a result of the programme – *condom-use as a form of safe(r) sex* (18 percent), *general information about HIV/AIDS* (5 percent), *how to use condoms* (4 percent), *how to say no* (14 percent), *how to practice safer sex* (9 percent) *the contraction of HIV/AIDS* (8 percent), and *HIV/AIDS prevention* (8 percent). However, it is evident from the data, there appears to be less of an emphasis on the supporting generic behavioural skills promoted by the programme.

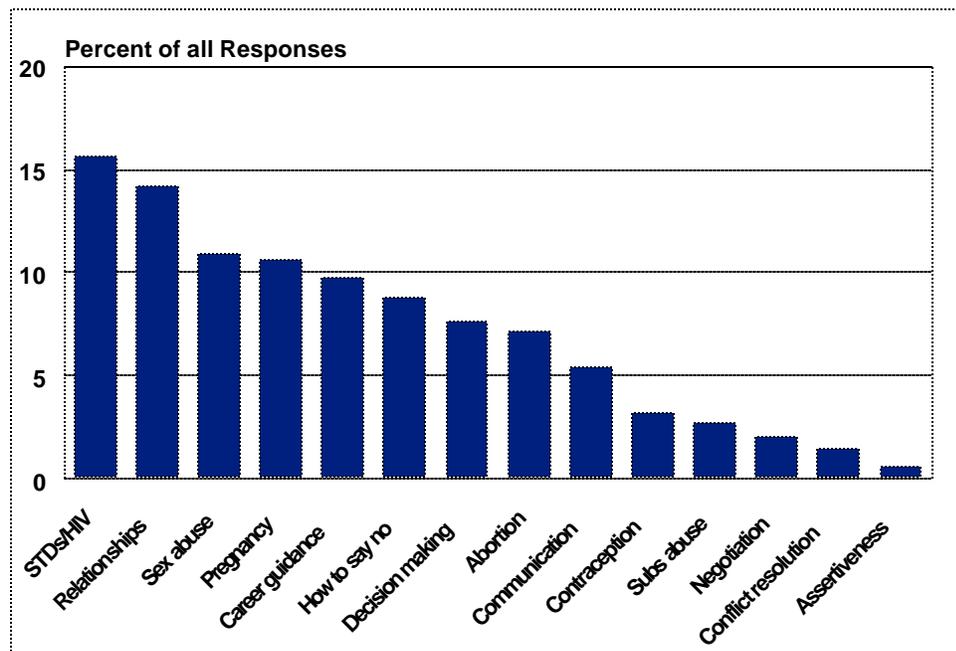
Partially implementing schools reflect a similar substantive focus. In fact, there is agreement on the two single most frequently themes raised by learners from both categories, namely *how to practice safe(r) sex* (9,3 percent and 8 percent) and *the contraction of HIV/AIDS* (8,3 percent and 11,4 percent).

Figure 6-1: What Learners and Educators Say Is the Main Message in the Life skills-HIV/AIDS Programme



Life Skills Topics Enjoyed Most by Learners: The topics learners enjoy most reflects the programme emphasis on HIV/AIDS. STDs and HIV/AIDS topics had the highest frequencies (15 percent), followed by relationships (14 percent), sexual abuse (11 percent) and pregnancy (11 percent). Conflict resolution and assertiveness received the lowest scores at 1.5 percent and 0.6 percent respectively.

Figure 6-2: Life Skills Topics Enjoyed most by Learners



Summary: These data show that to date the Life Skills programme has focused mainly as an HIV/AIDS awareness building programme rather than a Life Skills programme focused on building interpersonal and relationship skills.

6.7. Other Factors Associated with Implementation Status

A wide variety of factors (external to the programme, programme inputs, etc.) were examined to determine their relationship to the implementation of the programme in the school. The purpose was to determine if certain characteristics of the school were significantly impeding or facilitating the implementation of the LS programme. The aim is to give programme managers more direction on which factors require more attention for enhancing overall implementation and more success everywhere. These are examined below.

6.7.1. School Characteristics / Problems

Principals and SGB members were asked to indicate how problematic certain factors were in their school. A summary of these characteristics is found in Appendix B.

Only one of 21 factors was found to be significantly related to how well the LS programme was being implemented: “*educator knowledge in instructional methodologies*”. Where implementation was better, more principals viewed this as not a problem – indicating that educator skills in OBE methodologies are required to successfully implement the programme. Indeed, when we examine a typical Life Skills lesson in Type 1 and 2 schools, we find use of debates and discussions of topics proposed either by the educator or learners, and a balance of more *and* less participatory modes of presentation, depending on the nature of the topic being addressed. The use of learner support materials is much more prominent in Type 1 and 2 schools and this included both the use of print and audio-visual material to anchor the discussion and to solicit learner responses (or in the words of one educator ‘help them to open up’). There is also greater use of demonstration, role-play, debate, and discussion observed among educators in these schools.

Otherwise, there was no statistically significant relationship between the reported characteristics of the schools and their status (i.e. type) in implementing the LS programme.

This suggests that aside from educator skills in educational methodologies, personal factors (such as commitment of school management and educators) and/or external factors outside of the school environment (such as district level support) play an important role in facilitating programme implementation. These are further explored below.

6.7.2. HIV/AIDS Policy

Most schools (63.5 percent) do not have a copy of the national policy on HIV/AIDS: *DoE National HIV/AIDS Education Policy Act for Learners and Educators in Public Schools* (Government Gazette No. 20372 dated 10 August 1999). Among the 28 schools that claimed to have a copy, only four were able to show it to the fieldworker. While there is a slight correlation between the possession of the national policy document and implementation status of the LS programme, this is not statistically significant. It appears that most of those with a copy of the policy are indeed implementing the LS programme with appropriate content.

Principals' knowledge about the prominent position given to HIV/AIDS in Tirisano¹⁸ paints a worrisome picture. Nearly half of the principals (43 percent) know nothing about HIV/AIDS priorities in Tirisano. Of the remaining principals, 12 understood it as an *awareness campaign*, eight knew that it came from the national DoE, seven mentioned that *all must work together to fight HIV/AIDS*, and five said that *HIV/AIDS is an illness that needs to be taken seriously*. These data suggest that Tirisano's emphasis on the importance of HIV/AIDS programmes and content has not been well absorbed by school managers.

When asked about whether the school has its own written HIV/AIDS policy, only 4.3 percent (4 out of 94) of schools answered "yes". Based on this information given by principals, there is no statistically significant relationship between the existence of their own policy and the implementation status of the official DoE programme.

Among the four schools having their own HIV/AIDS policy, only one reported putting the policy in an accessible place for learners and educators to read. This policy was developed in 2000 as a result of the Life Skills-HIV/AIDS Programme. However, this school has not started implementing the DoE programme yet.

As to the factors inhibiting the schools from applying their own HIV/AIDS policy, educators from schools that have a policy but are not applying it thought it was due to *lack of time, lack of facilities, lack of intention, or lack of knowledge/training* on the educators' part.

6.7.3. Training

6.7.3.1. Initial training

Coverage of Initial Training: Figure 6-1 presents the information provided by principals on educators who received initial training in the Life Skills programme. The graph illustrates that despite policy-makers' and programme managers' beliefs that the initial training was universal – i.e. reaching every secondary school in South Africa – in fact, only 64 percent of schools report that their staff attended initial training. For the 36 percent of schools that had no training, principals cited the main reasons as: *not aware of the Life Skills-HIV/AIDS programme, no training programme was offered to them, or the school was not informed about the venue and date of training*.

Provision of DoE-sponsored training appears to be only loosely related to that school's implementation status (Figure 6-2). While many schools that received training are indeed attempting to implement, there are schools that received no training but which have full implementation of the programme! Indeed, of all the schools classified as fully implementing the programme (i.e. Types 1 and 2), one-third has never received any formal training from the DoE in Life Skills-HIV/AIDS!! This indicates that a significant portion of the success seen in schools cannot be directly attributed to direct investment made by the DoE itself. Rather, it is due to the unique initiatives of the schools themselves.

Moreover, there are a significant proportion of schools that sent educators for training (and those educators are still working at the school), but they are not teaching Life Skills (see Table 6-1). This represents a waste of the programme's initial investment.

¹⁸ Tirisano is Sotho for 'working together' and is the title of the Minister of Education's nine point call for action in the education sector, with point number one the fight against HIV/AIDS.

Table 6-1: Initial Training of Educators and Current Implementation

| | |
|--|--------------------------|
| Percentage of schools that sent educators for initial training | 64% |
| Percentage of schools where educators who did not receive training are implementing the Life Skills programme. | 55% |
| Percentage of all initially-trained educators still working at the school | 82% (N=84 out of 104) |
| Percentage of all initially-trained educators still working at the school and teaching Life Skills | 48% (N=50 out of 104) |
| Percentage of all initially-trained educators still working at the school but NOT teaching Life Skills | 34% (N=34 out of 104) |

Figure 6-1: Coverage of Training and Attrition among Educators who Received Initial Training

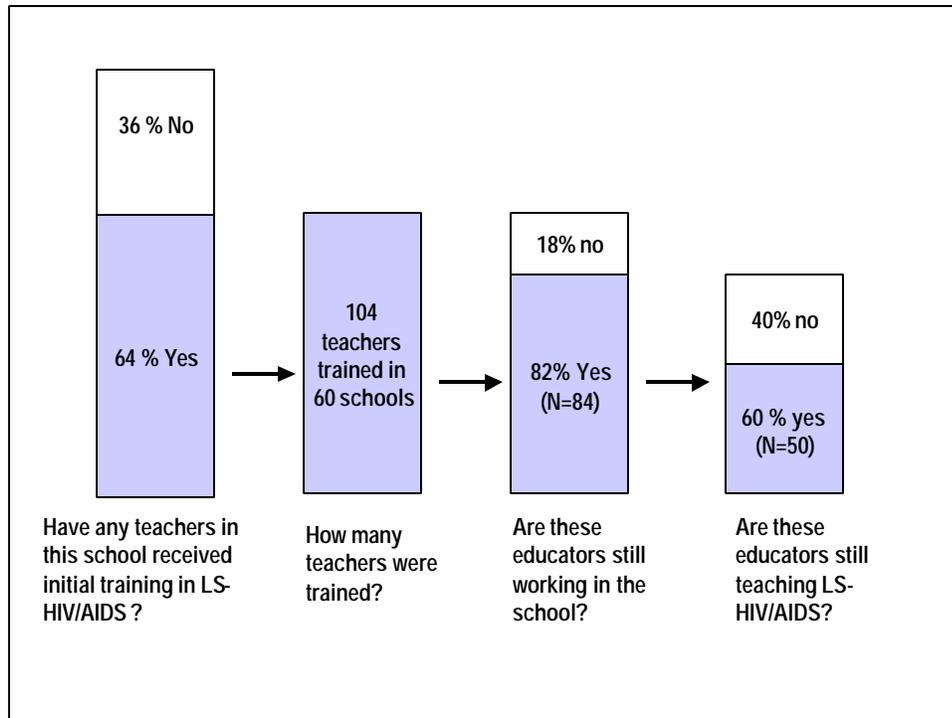
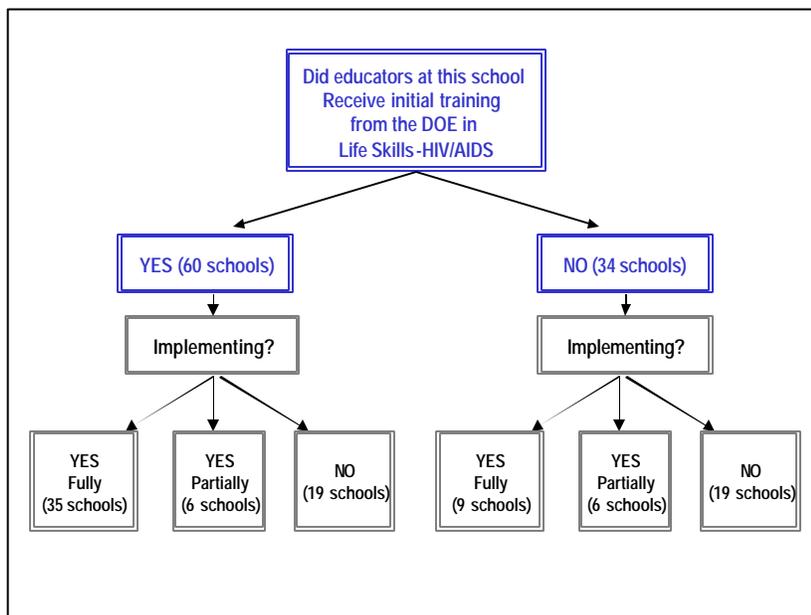


Figure 6-2: Relationship of Initial Training to Implementation Status



Redeployment: During the policymaker interviews, it was suggested that redeployment of educators in the late 1990's negatively impacted on the programme. Indeed, one study in the Western Cape¹⁹ found that approximately one-third of the educators who were trained as HIV/AIDS guidance counsellors have left the teaching service. However, as shown in Figure 6-1, we found lower levels of attrition – only 18 percent of the educators who were trained were no longer working at the school, mainly because they were *redeployed, promoted, or moved to another school*. Nor was Guidance the most commonly mentioned area for redeployment – other subject areas mentioned include English (27 percent of responses), Maths (13 percent) and Science (13 percent).

Trained and Still at the School, but Not Teaching LS: While the redeployment or transfer of trained educators does represent a loss of investment to the programme, what appears more disturbing is that about one-third of all the educators who were trained and who are still at the school are reportedly not teaching the programme.

Why are they not teaching Life Skills? Principals say it is because of *work overload* (26 percent), *lack of human resources* (26 percent), and *lack of space on the timetable* (13 percent) – although on this last point we found that the presence (or lack thereof) of Guidance on the timetable to be not related to whether the educators came back after training and taught Life Skills.

During discussions with members of the Survey Committee and their colleagues, the issue of cultural barriers was raised as a possible explanation. We looked again at the focus group data to discern whether this was indeed the case. The issue of culture was raised as a possible explanation as to why educators who had been trained (and reported they were comfortable teaching Life Skills), failed to teach the programme in their schools. Two suggestions were made:

Firstly, it was suggested that perhaps lack of adherence to the selection criteria for training of educators, which had been developed at national level, has led to many educators who were sent for training feeling coerced. This, it was thought, may account for why educators appeared to lack the motivation or interest to implement the programme on return from the training. Khulisa asked educators whether they were instructed to, or whether they volunteered to attend training. Whilst just more than half (52%) of all educators indicated that they were instructed to attend the training, Khulisa has no indication of the willingness of these educators to be trained in Life Skills-HIV/AIDS. Furthermore, from discussions with educators, it was ascertained that whilst there were isolated instances of educator resistance to the content of the programme (even *during* training), on the whole educators indicated they were comfortable with the topics. Although cascading at the school level was not part of the envisaged post-implementation plan at the school level, many educators also proceeded to share the knowledge gained during training with other interested educators at the school. This cascading led many educators who did not receive training, to actually implementing the programme by integrating HIV/AIDS and Life Skills-related topics into the content of subjects, which they teach.

Another suggestion as to why educators were not implementing the programme is that educators may consider it their prerogative to uphold cultural values – the term ‘gate-keeping’ was used. However, our research reveals that where cultural resistance was reported educators were reportedly perturbed by this, and sought means to challenge the culture of silence around some of the issues, which were prohibited for discussion because of cultural considerations. Educators, who did not confront the issues directly, resorted to strategies such as content rationalisation. Thus

¹⁹ Fredman, L., J.L. Engelbrecht, L. Ganie. *Evaluation on the Teacher Training Programme for Life Skills and HIV/AIDS Education in the Western Cape Province*. University of the Western Cape, Dept. of Educational Psychology. June 1998.

they adapted the curriculum for their appropriate contexts. This customisation is a recommended methodological strategy within the interim Life Skills-HIV/AIDS curriculum, and shows considerable initiative and skill on the part of educators, rather than weakness.

In general, the issue of culture appears to be much less of a concern for educators than are issues such as the lack of time for implementation, the lack of training for educators, and the lack of support for implementation (on-site support, materials provision, etc.). However, where overt resistance on the basis of culture *has* emerged, educators indicated that consultation had not been integral to the broader implementation strategy. Important provincial differences emerged both in the extent to which culture was cited as a constraint to implementation, as well as the schools' response to the 'culture' challenge. (Appendix F, *Special Analysis of the Role of Culture as a variable in Implementation*, details these differences)

In conclusion, it may be said that whilst the issue of culture is in some cases an inhibiting factor in effective delivery of the programme, where the determination of individual educators exists, (and more so when implementation is embraced as a whole-school initiative) implementation proceeds anyway, albeit in a rationalised form. It is also possible that some of these trained educators who are not teaching the programme were not selected according to the criteria set out by the Department and the training organisations (i.e. they were the "wrong" people to send for training in the first place). Another possible explanation is the lack of active support by school management for teaching the programme. Analyses indicate that schools with more supportive principals are more likely to be implementing than those without. Other organisational and management factors that may explain these situations are discussed in section 7.5 below.

Characteristics of Educators who Received Training: In our sample, 60 schools reported a total of 104 educators who were trained. One-quarter of these educators were Guidance educators and 12 percent were involved in AIDS education. Another 23 percent teach languages – English, Afrikaans, Swazi, Zulu, or Xhosa. Interestingly, only nine percent of the educators were science or biology educators and five percent were Geography educators.

We were able to obtain information directly from 93 educators who received training in Life Skills-HIV/AIDS. Approximately one-third of these individuals reported that they were trained by Planned Parenthood Association of South Africa (PPASA), another third by the DoE, and the remainder by other (unspecified) organisations. Very little training occurred prior to 1997 – most educators say they were trained in 1997 (30 percent) and 1998 (45 percent) with a small percentage trained in 1999. Some (40 percent) educators reported that they received 5 days of training, although 33 percent state that they received only 1-3 days of training.

When respondents were asked how they were selected for training, 52 percent stated that they were instructed to attend the training by school management, while the remainder, 48 percent volunteered or expressed their own interest.

Views on Adequacy of Training: Educator satisfaction with training was also explored. Seventy percent of all the respondents indicated that the training they received was sufficient for them to be able to begin teaching Life Skills-HIV/AIDS with confidence. Of those educators who were not satisfied, 63 percent indicated that it was because the "*training was too short*".

In general, the training appears to have incorporated experiential learning techniques as most educators state that they were given opportunities to practice training methods and techniques (78 percent of all respondents); opportunities to practice learning techniques such as role-plays, one-on-one counselling, etc. (74 percent of all respondents); opportunities to practice using different kinds of Life Skills-HIV/AIDS learning materials such as workbooks, videos, pamphlets and

booklets, etc. (74 percent of all respondents); and to a lesser extent, opportunities to plan a Life Skills-HIV/AIDS programme (59 percent of all respondents).

In examining topic areas specifically, it becomes clear that more educators report being trained in sexual and reproductive health areas than in behavioural skills (such as negotiation, communication, or handling change) or teaching methods (designing lesson plans, problem solving, different teaching methods). Moreover, in every topic, fewer educators say they are teaching a topic they were trained in (Figure 6-3 through Figure 6-5). This indicates that initial training was probably insufficient in providing educators with the skills needed to teach these particular areas. Indeed, a majority of educators (65 percent) state a strong need for training in *counselling skills* (in other words, coping with loss, relationships, empathy, etc.), *handling learner questions on sensitive topics and issues* (59 percent), *negotiation skills* (54 percent), *the referral process* (53 percent), and *problem-solving and decision-making skills* (52 percent).

Educators were also asked how comfortable they were in teaching certain subjects of the Life Skills-HIV/AIDS programme. With the exception of one topic, schools with better implementation generally had fewer educators say that they are uncomfortable with the topics. In non-implementing schools, more educators report being uncomfortable with more topics in the Life Skills-HIV/AIDS programme. The one area where all educators expressed the same amount of discomfort was in teaching about abortion – 30 percent of all educators (regardless of implementation status) say they are not comfortable with teaching this topic.

In explaining why they were comfortable with teaching the various Life Skills topics, educators offered the following views: *relevance of these issues to learners; educator's prior experience and knowledge in these areas*, and *personal interest in the subject*. Reasons for being less comfortable in a particular included: *lack of knowledge, lack of training, and learners don't respond well to the programme*.

From Figure 6-3 through Figure 6-5, it is clear that even though educators have received training in these areas, and appear comfortable with teaching these topics to learners, many educators are still not teaching many of the relevant subjects.

“Untrained” Educators involved in Implementation: There appear to be numerous educators working in the Life Skills-HIV/AIDS programme who did not receive formal training. More than half the principals reported that non-trained educators are involved in implementing the programme. Similarly, most educators (66 percent) reported that other untrained educators are involved in implementation. One-quarter of these educators teach languages – English, Afrikaans, Sotho, Swazi, Zulu or Xhosa. Another 17 percent teach Biology/Science. As expected, only six percent of these educators (who did not attend training) are Guidance educators.

Figure 6-3: Topics covered in training, whether the educator is currently teaching, and his/her comfort level (1 of 3)

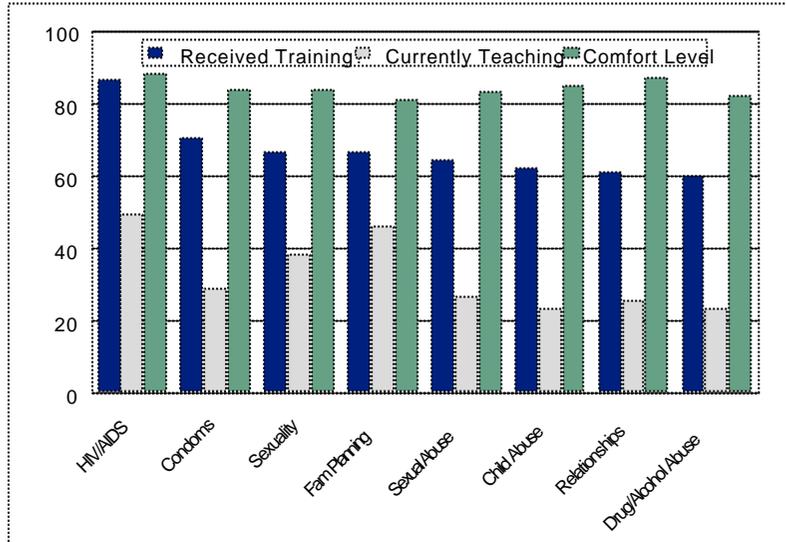


Figure 6-5: continued (slide 3 of 3)

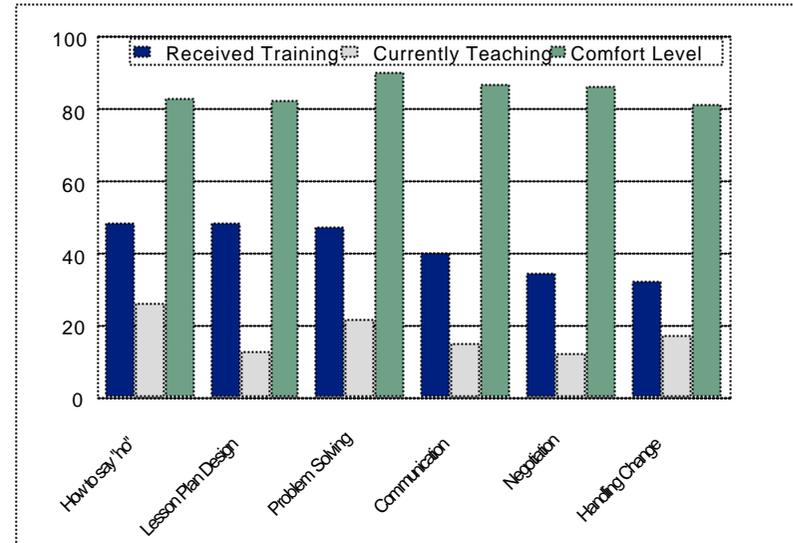
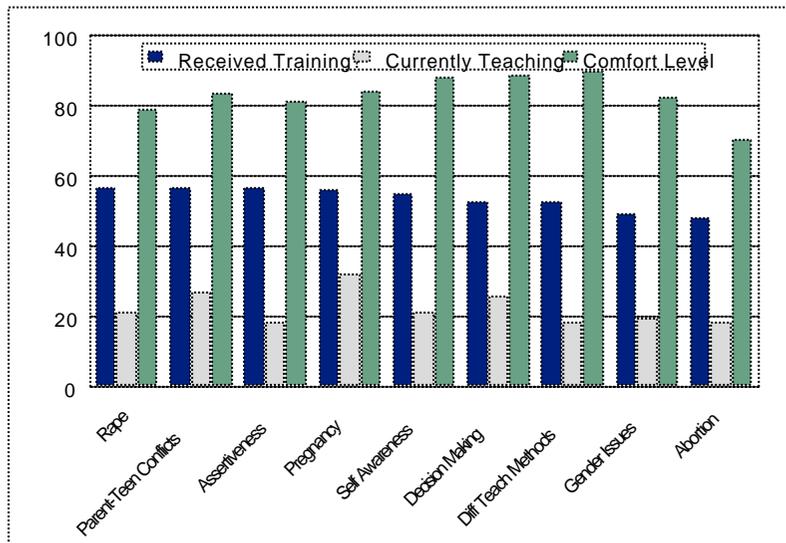


Figure 6-4: slide 2 of 3



6.7.3.2. Follow-up or refresher training

Very few respondents report that any follow-up or refresher training has taken place. Only 16 percent of the educators who received training report having received follow-up or refresher training – usually from the DoE (31 percent), but also from other organisations (61 percent) or master trainers (7 percent). For these, the training lasted for a maximum of 2 days.

6.7.4. Materials

Distribution of materials: Educators and principals were asked to indicate whether they had ever received any of the items listed on the materials audit. Table 6-1 and Table 6-2 depict the reported coverage of Life Skills-HIV/AIDS programme materials across the eight provinces.

According to the DoH and DoE, the titles listed in Table 6-1 were intended for distribution to all schools in the country. However, in our sample, distribution could only be verified in between 1 and 16 percent of schools. Likewise, Table 6-2 presents those titles that were only intended for distribution to schools in selected provinces. Again, not all of the targeted schools received the materials selected for them by the province (for example, *Living with AIDS in the Community* was apparently intended for distribution to all schools in KwaZulu Natal, Northern Cape and North West. However, these materials have only reached 18 percent of North West Schools and have not reached the other provinces at all).

Interestingly, Table 6-2 also indicates that a large proportion of schools in all provinces through their own initiative (or by default of distribution) have acquired a wide variety of publications which were not specifically distributed by the province. For example, 18 percent of schools in the Free State and a further eight percent of schools in the Northern Province report having the publication *Living with AIDS in the Community* that was not a publication purchased or distributed by the provincial department.

Table 6-1: Coverage of Materials Meant for Every School in South Africa

| Title | INTENDED percent of schools targeted for distribution | ACTUAL percent of schools that report receiving materials |
|--|---|---|
| Get Wise about AIDS: Lessons for a Safer Life style – Student Workbook | All schools (100%) | 4% |
| Get Wise about AIDS: Teacher's Guide | All schools (100%) | 16% |
| One-to-one (video) | All schools (100%) | 2% |
| One-to-one Booklet about You and Me | All schools (100%) | 1% |
| Body Wise (Educator Publication) | All schools (100%) | 16% |
| Life Skills: A Resource Book for Facilitators | All schools (100%) | 6% |

Coverage rates may be low because the material was distributed quite some time ago, and the respondents' memories may not have been entirely accurate when they completed the form – although the form was generally completed by a group of educators to minimise such memory lapses. The Khulisa fieldworkers noted two other possible reasons why schools report not receiving materials that they were supposed to have received:

Table 6-2: Coverage of Materials Meant for only Certain Provinces (percent of Schools)

| | Free State | | North West | | Eastern Cape | | KwaZulu Natal | | Western Cape | | Northern Province | | Mpumalanga | | Northern Cape | |
|--|------------|-----|------------|-----|--------------|-----|---------------|----|--------------|-----|-------------------|-----|------------|-----|---------------|-----|
| Loving in The Nineties | | | | | ALL | 0 | | | | | | | ALL | 0 | | |
| Love And Aids | - | 18% | | | ALL | 7% | - | 7% | | | | | | | | |
| Between Us-Talking About Love, Hurt, Anger And Fear | | | | | | | | | ALL | 0 | | | | | ALL | 0 |
| Living With Aids In The Community | - | 18% | ALL | 18% | | | ALL | 0 | | | - | 8% | | | ALL | 0 |
| Lovers Straight Talk | | | - | 9% | | | ALL | 0 | | | | | ALL | 0 | | |
| Learning For Life (Pupils Book 1, Pupils Book 2, Pupils Book 3, Tutors Guide | - | 9% | ALL | 18% | | | | | | | | | | | ALL | 0 |
| Laduma | - | 9% | - | 27% | | | | | ALL | 23% | - | 17% | | | - | 10% |
| Life Skills And HIV/Aids Education | - | 18% | | | - | 13% | | | ALL | 8% | - | 17% | - | 9% | - | 40% |
| Choice Game | | | - | 9% | | | ALL | 0 | ALL | 0 | | | | | | |
| HIV/Aids-Poster | - | 27% | - | 54% | - | 33% | - | 7% | - | 38% | ALL | 50% | | | - | 90% |
| Sexually Transmitted Diseases-Poster | - | 9% | - | 18% | - | 20% | | | - | 15% | ALL | 17% | | | - | 20% |
| The Risks Involved In A Sexual Relationship-Poster | - | 18% | - | 9% | - | 7% | | | - | 15% | ALL | 0 | | | - | 10% |
| Teenage Pregnancy-Poster | - | 18% | - | 27% | - | 7% | | | - | 15% | ALL | 50% | | | - | 10% |
| Teenagers Love Relationships-Poster | - | 18% | - | 18% | - | 7% | | | - | 8% | ALL | 33% | | | | |
| True Love-Poster | - | 9% | | | - | 7% | | | - | 8% | ALL | 0 | | | | |
| The Decision Is Yours-Poster | - | 9% | - | 9% | - | 7% | | | | | ALL | 25% | | | | |
| I Am Special-Poster | - | 9% | | | - | 7% | | | | | ALL | 0 | | | - | 10% |
| What Every Child Should Know-Poster | - | 9% | | | - | 7% | | | - | 8% | ALL | 0 | | | | |
| Child Sexual Abuse Posters | - | 18% | | | - | 7% | | | ALL | 8% | | | | | - | 10% |
| Anatomical Posters | - | 18% | ALL | 18% | - | 40% | ALL | 0 | ALL | 8% | - | 8% | - | 36% | - | 20% |
| Love Life-Video And Love Life-Facilitators Manual | ALL | 18% | | | | | | | | | | | | | | |
| Roxy | | | - | 9% | | | | | ALL | 8% | | | ALL | 0 | | |
| Heart To Heart | - | 9% | | | ALL | 20% | ALL | 0 | | | ALL | 42% | | | | |
| Open Talk | ALL | 18% | | | | | ALL | 0 | | | ALL | 0 | | | ALL | 10% |
| Demonstration Kits For Contraceptives | - | 9% | - | 9% | | | | | ALL | 15% | - | 8% | | | - | 10% |

- ✍ First, it appears that when some educators returned from training with materials, they believed that the materials belonged to them personally and not to the school. Therefore, they did not share those materials with the rest of the educators at the school and if they left the school (for any reason), they reportedly took the materials with them.
- ✍ Some principals (or educators) also reported that the materials are kept at their home due to the high incidence of theft within schools. So, while the school may in fact have the materials, other educators may not know about them or have access to them for the teaching of Life Skills-HIV/AIDS.

Sufficiency of materials: More than half the principals interviewed (59 percent) responded that their schools do not have enough materials for Life Skills–HIV/AIDS compared to 37 percent who said there were enough materials. However, when the sufficiency of materials is evaluated against implementation status, greatest absence of materials are reported by principals of schools where Life Skills-HIV/AIDS is not implemented.

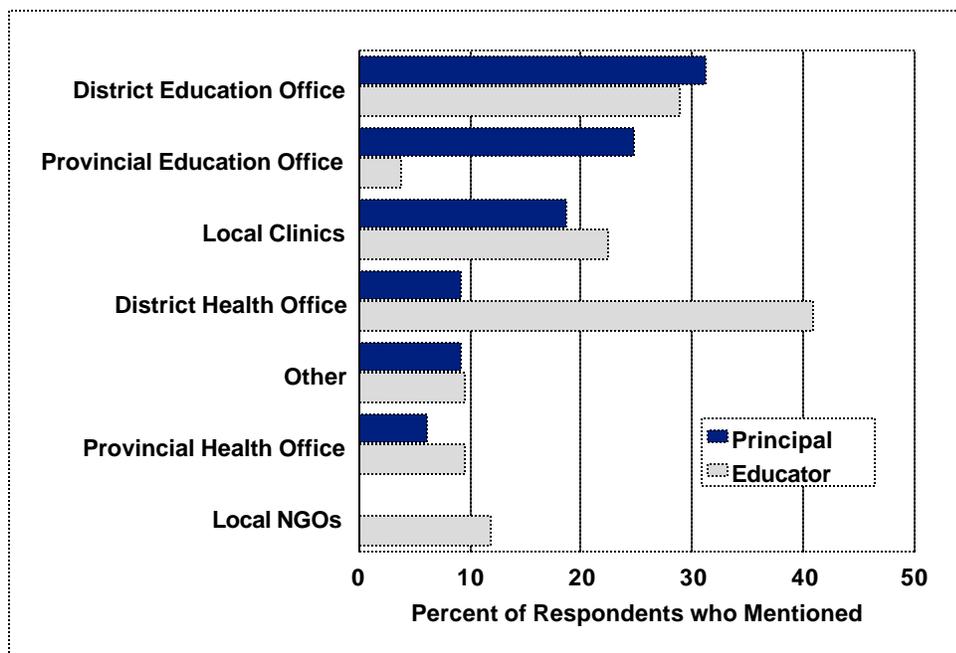
Educators were also asked about the adequacy of Life Skills-HIV/AIDS materials received. Forty-five percent of the educators stated that the materials were *just adequate* and 20 percent who stated that the materials were *more than adequate*, compared to 32 percent who stated the materials were *not adequate*.

There are also variations by area: schools in urban areas reportedly have more than adequate supplies of materials (53 percent) compared to rural and peri-urban areas (20 and 27 percent respectively). The greatest need for materials appears to be in peri-urban (42 percent) and rural areas (33 percent).

Requests for materials: Educators were asked if they have ever requested materials or teaching aids on Life Skills–HIV/AIDS for implementing the programme. More than half of the respondents (67 percent) have not made efforts to request materials or teaching aids from relevant sources, compared to only 25 percent who have (and seven percent did not know that they were supposed to actively request materials). Further analysis reflects that the majority of educators who requested materials are in schools where the Life Skills-HIV/AIDS Programme is being implemented. Most of the educators who made a request (81 percent) did not receive materials requested!!

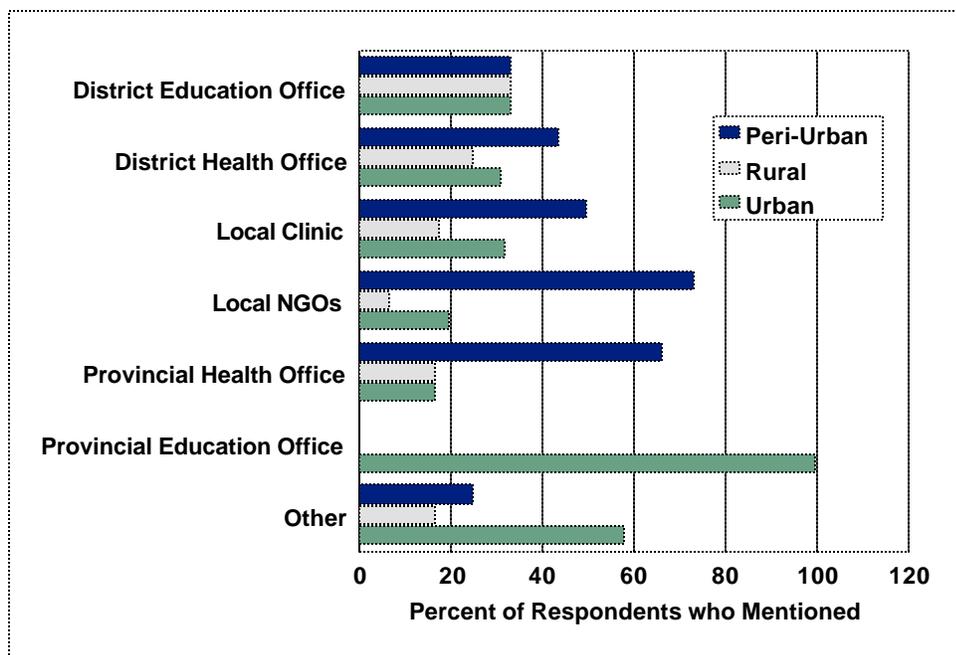
Source of Materials: A comparison of principals and educator’s knowledge on where to obtain Life Skills-HIV/AIDS materials reveals a high level of agreement between them that the district education offices are the primary source of materials acquisition, although more educators than principals mention the local clinic and the district health office as a source of materials. (See Figure 6-1) Other sources include commercial publishers, print media, etc.

Figure 6-1: Where Obtain Life Skills-HIV/AIDS materials (by Respondent)



The source of materials was found to vary by geographical area (Figure 6-2). Educators in peri-urban schools rely more on NGOs and the provincial health office for materials, while educators in urban schools access materials mostly from provincial education offices. This may be explained by the closer proximity of peri-urban and urban schools to the provincial offices. Rural schools depend most on the district education office for their materials. Other sources include commercial publishers, print media, etc.

Figure 6-2: Where do Schools Generally Get their Materials (by Geographic Location)



Distribution of materials to learners: Learners were asked if they ever received print materials like leaflets, pamphlets, etc. on Life Skills-HIV/AIDS. Only 33 percent stated that “yes,” they were given some materials compared to 59 percent who reported that they never received materials on Life Skills-HIV/AIDS from their schools. A small percentage stated they had no knowledge of materials distributed at their schools (7 percent).

An analysis of the distribution of print materials to learners by implementation status reveals that significantly more schools with full implementation have handed out print materials to their learners (50 percent) compared to schools with no implementation (23 percent) or partial implementation (between 18 and 2 percent).

Titles of Print Materials Given and Videos Shown to Learners: Most learners could not remember the specific titles of the print materials given (or videos shown) to date; however they were able to remember the subjects and topics contained in most of these materials (Figure 6-3 and

Figure 6-4). Results show that learners reported HIV/AIDS information as the most common topic in the materials, compared to topics around sex and sexual relations. *Safe Sex Practices* were mentioned by fewer than 10 percent of learners, while *STDs* were mentioned by five percent and *How to Say No* by four percent.

Figure 6-3: Most Commonly Mentioned Topics of Print Materials Received by Learners

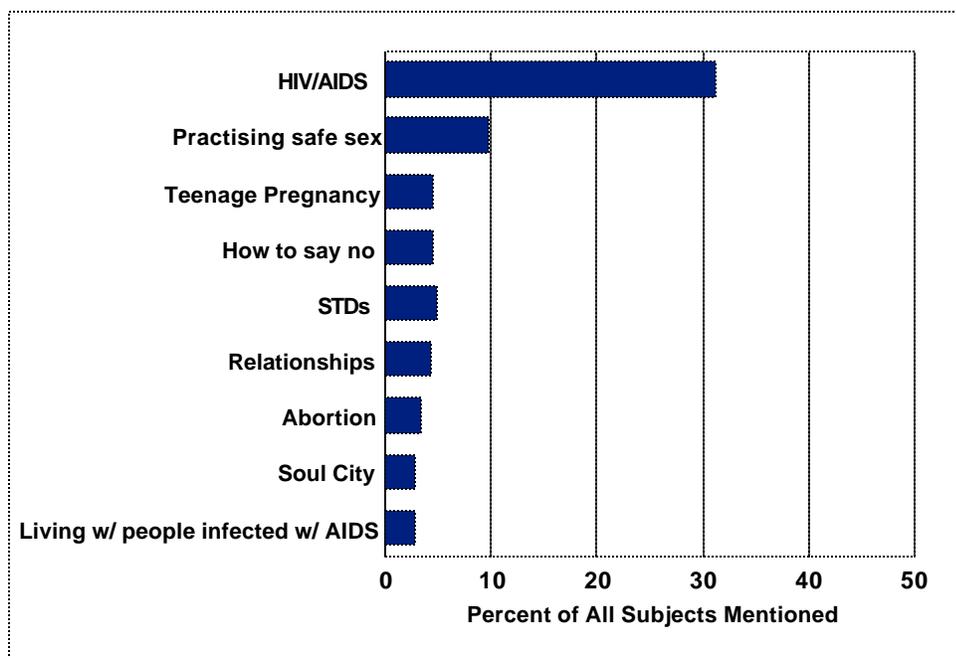
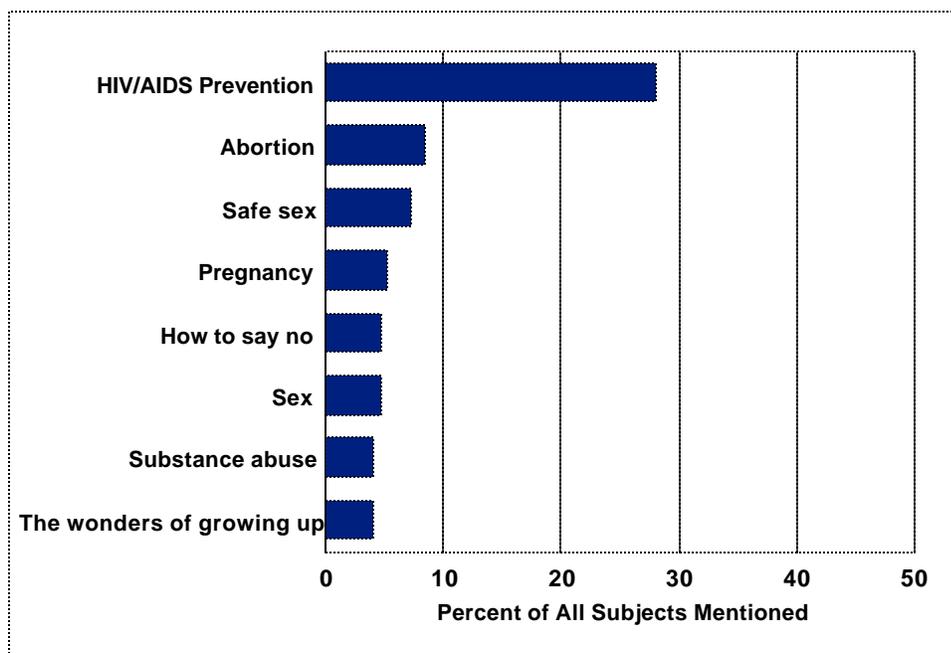


Figure 6-4: Most Commonly Mentioned Topics of Videos Seen by Learners

Summary: We infer from these results that the availability of Life Skills–HIV/AIDS materials in secondary schools has been inadequate, especially in rural and peri-urban areas. This underlines the need for educators to play a more active role in requesting (and using) materials from the relevant structures at district level. The content of print and video materials have centred mainly around HIV/AIDS and less on sexual relations and gender issues that influence decision-making on sexual behaviour. Along with other data presented in this report, this leads us to conclude that the Life Skills-HIV/AIDS programme is being delivered mainly as an HIV/AIDS programme (probably mostly focused on awareness building) rather than a Life Skills-HIV/AIDS programme (which would include a generic skills component) focused on building interpersonal and relationship skills.

6.7.5. Existence of Key Persons who Support the LS Programme

At the local level, the nurse or clinic is seen as a major supporter of the implementation of the LS programme.

Principals, educators, and SGB members were all asked whether they believed there were key people who supported the LS programme. Approximately 60 percent of educators, SGB members, and principals stated that “yes,” key persons exist who support the programme. Most of these respondents (especially educators) first mentioned the local clinic or a nurse. Fewer also mentioned other school staff, but this was more commonly mentioned by educators and principals. Virtually no respondents mentioned parents as a source of key support for the programme.

The nature of the support given was most frequently mentioned as *visits from outsiders, including presentations, seminars, workshops and awareness campaigns* (30 percent of all responses), *sharing information or giving advice* (14 percent), *distribution of condoms* (14 percent), and

supply of materials such as books, pamphlets, posters and other literature (12 percent). Most of this detail was provided by schools that are implementing the LS programme or that were supported by an alternative programme provided by external organisations/agencies.

This data is consistent with what was seen from the provincial and district interviews. Eighty-eight percent of all programme managers also agreed that there were key persons who support the programme, although other government officials were most often mentioned by these individuals.

6.7.6. Resistance to the LS Programme

Again, principals and SGB members were asked whether there was any resistance to the programme. Only a small minority of respondents (4-5 percent) stated that resistance to the programme did exist, emanating mostly from parents. There were no significant differences in the responses and the schools implementation status.

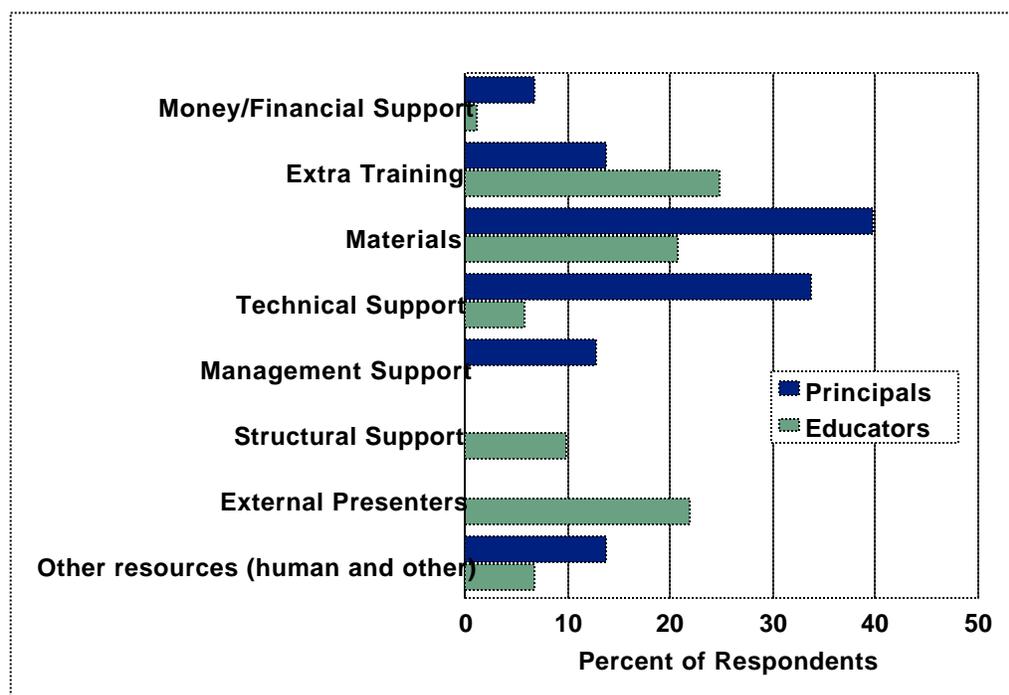
When asked about the nature of the resistance, most felt it was of *concern over increased promiscuity among learners*, or because of *personal conflicts with moral or religious convictions*.

These numbers are not consistent with the results seen among programme managers at district and provincial level – 50 percent of whom felt that resistance did exist – mainly from school stakeholders (parents and educators) and parents. Because we did not ask the question of educators, we are unable to verify whether they perceive resistance from principals. It is possible that principals are a source of resistance – yet, the converse is also true. Where there is strong principal support, there also appears to be fuller implementation (see section 6.7.8 below).

6.7.7. Support from District/Provincial offices

What Kind of Support do Schools Want: Figure 6-1 clearly shows that principals and educators have different priorities in the support they desire. Principals want *materials* (40 percent) and *technical support* (33 percent) and generally more resources (human resources as well as televisions, video machines). Educators, on the other hand, want *extra training*, *presentations by external organisations/agencies*, and more *materials*.

Figure 6-1: Kinds of Support Desired by Principals and Educators



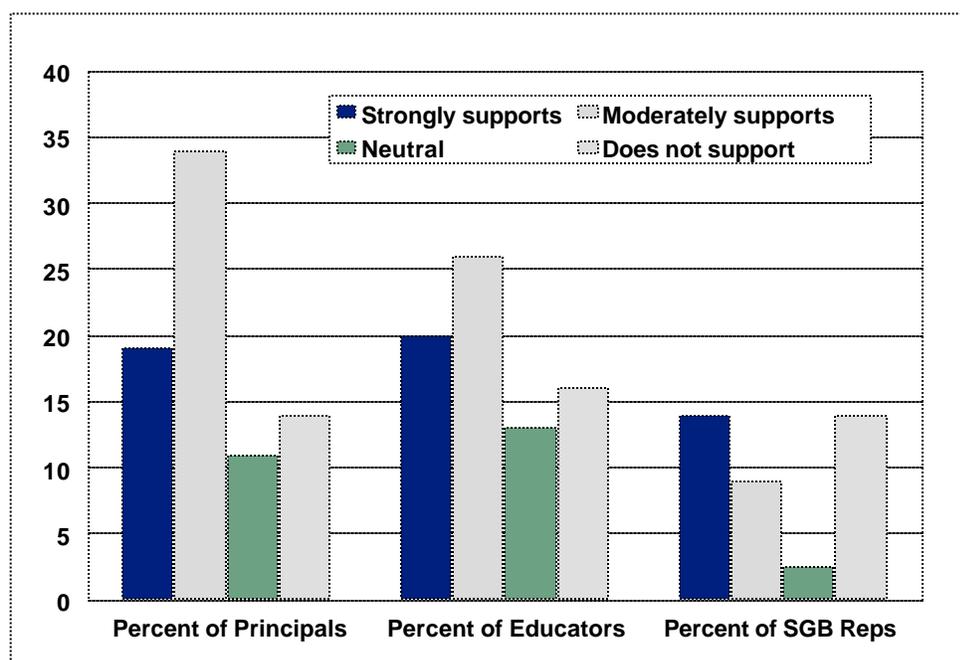
Support Ever Requested / Received: Although more educators than principals have ever requested support for the programme, very few of each have ever reached out and asked for help. Only 16 percent of principals have ever requested support for implementing the programme and most of these are from schools where the programme is being implemented. Slightly more educators (38 percent) have asked for support for teaching Life Skills-HIV/AIDS in their schools. When support is needed, requests are generally directed to district offices (either education or health) or to other colleagues in the school. The fact that so few respondents say they have ever asked for support is somewhat disconcerting, especially given that most schools are not fully implementing the programme. Perhaps it is only when the programme becomes a higher priority within the school that additional resources are sought out.

Of those who have ever requested support, approximately two-thirds say that they did receive the support requested. However, most of the principals feel that the support they received was insufficient. While the reasons given for this varied substantially, some common responses included: *“DoE claims that there are financial constraints and can therefore not provide sufficient support,”* *“district offices have promised to make support visits to the school, but have not come,”* *“provincial and district offices do not think that this is a serious matter,”* and *“inappropriate allocations of support have been made by the DoE”*.

In fact, district-level managers concur with this finding – although they acknowledge their responsibility in supporting implementation of the programme in schools and their overall comfort in providing support, district managers themselves believe that the level (quantity) of support they presently provide to schools is insufficient. They explain that this is mostly due to lack of people, time, transport, and/or training at the district level.

How Strongly does the District Office Support the LS Programme: Principals, educators, and SGB members were asked how strongly the district office supports the implementation of the Life Skills-HIV/AIDS programme in the school. Principals tended to be more positive about district support, perhaps because of their more frequent contact with district management. Approximately 15 percent of all respondents state that the district office does not support the LS programme at all.

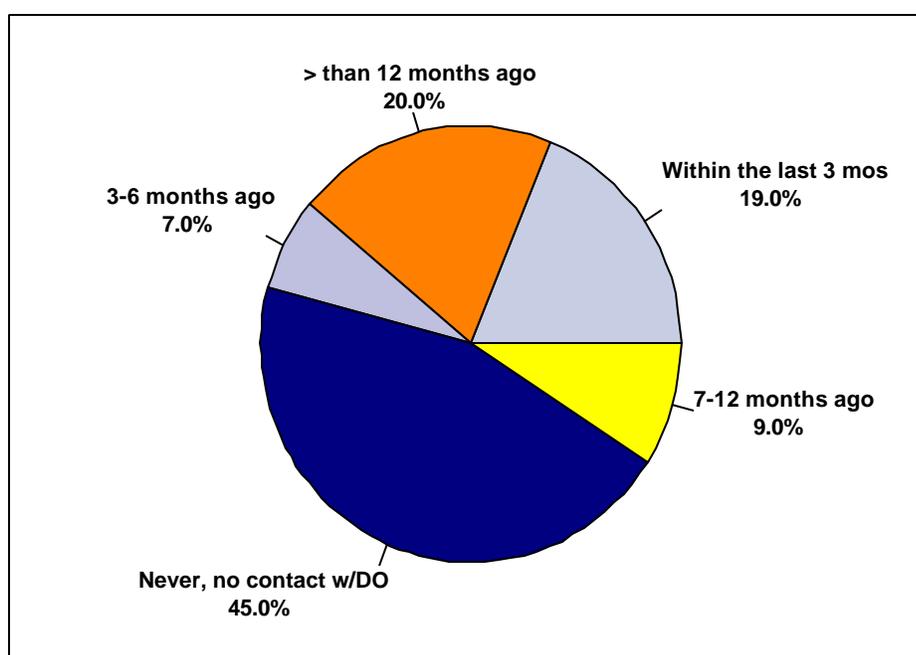
Figure 6-2: How Strongly Does the District Office Support the Implementation of LS in this school?



Frequency of contact with District Officials: Nearly half of all educators have had no contact/visits/meetings with a district officer responsible for Life Skills-HIV/AIDS programme (see Figure 6-3), and there is no statistically significant difference between implementing and non-implementing schools. This indicates the overall general lack of contact between districts and schools, and the possibility that when contact occurs, it has little influence on whether a school implements the programme or not. This is contradictory to what the district-level managers say – nearly one-third report that their last support visits occurred 3-4 weeks ago. It's possible that the district officials are not meeting with the educators when they visit the school and address Life Skills and HIV/AIDS issues.

Finally, educators were asked if district officials had any contact with parents on the Life Skills-HIV/AIDS Programme. Only 10 percent of educators reported that district offices had arranged information sessions on Life Skills-HIV/AIDS for parents.

Figure 6-3: When Educators Last Met with a District Official about the LS Programme



However, the principals confirm the general unavailability of specialised district-level support. Forty-four percent of principals indicated that there are no district/regional psychologists who can respond to their needs. When there is a psychologist available, only one-third of the principals say that s/he quickly responds to their needs.

District Support to Schools in Proposal Preparation: Despite the existence of additional funds for this programme, 97 percent of principals report that they have never submitted a funding proposal for the Life Skills-HIV/AIDS programme. Only three schools (two in the Eastern Cape and one in the Free State) report having submitted funding proposals, but none of them are classified as implementing the programme. They say they received no help from district/provincial offices in preparing these funding proposals, which were submitted in 1999, 1995, and 1998 respectively. Also, none of them received the funds requested in their proposals.

6.7.8. Support from Principals

SGB members and educators were asked about the principal's support for implementing the LS programme.

Many SGB respondents didn't know the answer to the question, but 48 percent believed that the principal provided moderate or strong support, simply because he *allowed the programme to be taught by educators* (26 percent of responses), or because he *personally addresses the learners in assembly and takes part in the teaching of the programme* (31 percent), *encourages learner and educator input into the teaching of the programme* (20 percent). Interestingly, these responses were significantly higher for SGB members from fully implementing schools and schools with externally run alternative programmes, than the rest of the schools.

Likewise, approximately 69 percent of educators felt that their school principal was a strong or moderate supporter of the Life Skills-HIV/AIDS programme, although these educators were significantly found in fully implementing schools and schools with an externally organised alternative programme. The main reasons given were that *the principal allows (and sometimes organises) outsiders to visit the school* (20 percent of responses), *encourages and motivates educators to persist with the programme* (13 percent), and even *allows and encourages educators to attend training or workshops on Life Skills and HIV/AIDS* (13 percent).

When asked whether this support was sufficient, 30 percent of SGB members and 42 percent of educators said that the support was not sufficient, mainly because *the principal had not appointed an exclusive Life Skills-HIV/AIDS teacher*, *the principal failed to encourage educators to teach Life Skills-HIV/AIDS*, or *did not make time available to educators to teach the programme*, *lack of recognition of the importance of the programme*, or *did not include Life Skills-HIV/AIDS on the school timetable*.

This data points to a wider recognition among educators of the importance of making Life Skills-HIV/AIDS a structured component of the school's activities – either through making a slot available on the timetable (and/or by appointing staff whose sole responsibility is to deliver Life Skills-HIV/AIDS) as part of the school's core curriculum.

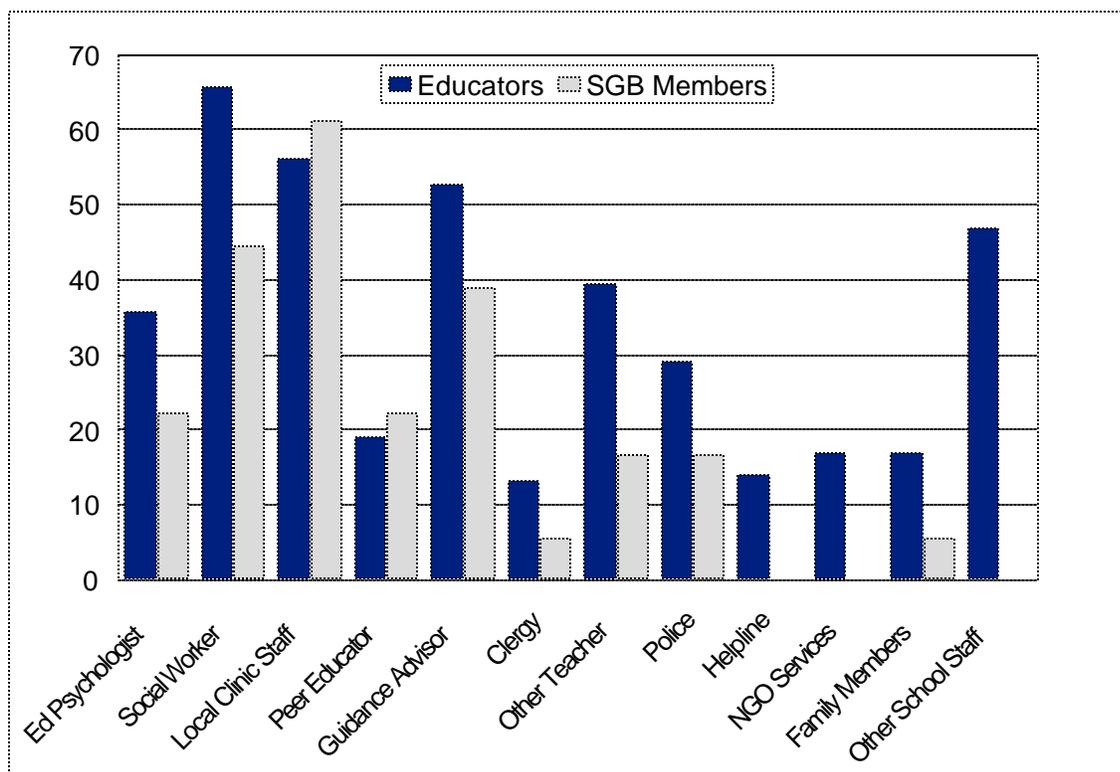
6.7.9. Support from Local Services (Referrals)

Educators and SGB members were asked their views on the referral processes in their schools, particularly for learners who have been impacted, in one way or another, by HIV/AIDS and/or who need more support or someone to talk to about their personal problems.

As is evident from

Figure 6-1, educators and SGB members tend to refer learners more often to social workers, local clinic staff, Guidance Advisors, or other school staff.

Figure 6-1: Where Educators and SGB members say they Refer Learners



This is fairly consistent with information provided by learners who indicated whether within the school, there are people who support them when they have problems. Nearly all learners (96-98 percent) indicate that there is *someone to listen to me when I need to talk, someone who understands my problems, someone to give me good advice about relationships and sex, and someone to contact in case on an emergency* at least some of the time.

Interestingly, there is a significant relationship between implementation status and the learners’ responses – in better implementing schools, more learners say “all” or “most” of the time for these areas. The opposite is also true – where implementation is weaker or non-existent, more learners indicated “none” of the time or only “a little” of the time.

Table 6-1: The Schools Internal Support System for Learners

| Within the school there is.... | % of learners stating "NONE of the time" | % of learners stating "A LITTLE of the time" | % of learners stating "SOME of the time" | % of learners stating "MOST of the time" | % of learners stating "ALL of the time" |
|--|--|--|--|--|---|
|someone to listen to me when I need to talk | 12.4 | 16.0 | 25.1 | 21.2 | 25.3 |
|someone to confide in or talk to about myself | 16.5 | 17.6 | 23.0 | 21.7 | 21.2 |
|someone to tell my secret worries and fears to | 19.4 | 19.6 | 21.9 | 18.0 | 21.1 |
|someone who understands my problems | 11.6 | 10.1 | 22.6 | 22.8 | 32.9 |
|someone to give me good advise about relationships and sex | 15.2 | 14.6 | 22.8 | 19.8 | 27.6 |
|someone to turn to for suggestions on how to deal with personal problems | 15.3 | 16.8 | 24.7 | 20.0 | 23.1 |
|someone to contact in case of an emergency | 16.7 | 15.1 | 20.2 | 18.1 | 29.9 |

6.7.10. Commitment and Motivation of Schools

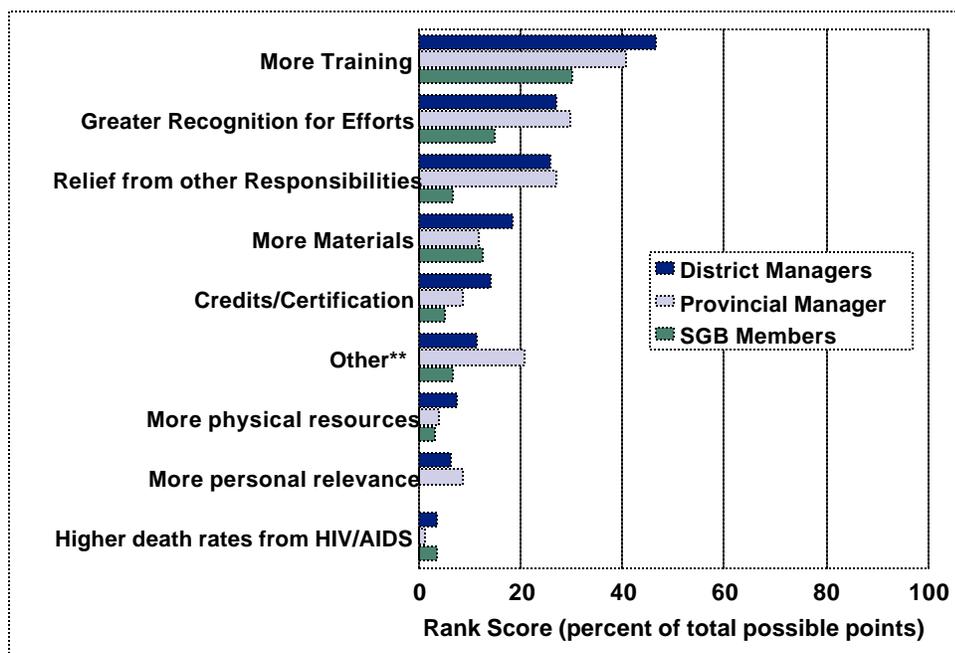
In the interviews with provincial and district programme managers, we asked if the managers thought the schools and educators liked teaching this programme. Most respondents (52 percent) said “yes” the schools and educators do enjoy teaching the programme because of the personal benefits the educators derive or because the educators find it improves their relationship with the learners. Twenty percent of managers said educators do not like teaching the programme, mainly because of discomfort with the subject or because the educators lack time and/or support to undertake the programme. Principals and SGB members largely confirm these views – 30 percent say “yes” the educators enjoy teaching the programme – although 30 percent didn’t answer the question or didn’t know. Notably, when a school was more successfully implementing the programme, principals and SGB members were more likely to report that the educators enjoy teaching the programme, because *the educators want to make a difference in the lives of learners, and they realise the importance of the subject*. In schools where there was less implementation, less enjoyment was reported, mainly attributed to resource constraints: *lack of time, lack of materials, or because of lack of knowledge about the extent of HIV/AIDS*.

This confirms the views expressed by policy-makers that the programme has a personal and transformational effect on educators once they begin to teach it. It also suggests that personal enjoyment or commitment is a strong factor in successful implementation.

We also asked provincial and district managers and SGB members what would motivate schools to become more involved in the implementation of the programme. There is strong agreement among all respondents that “more training” followed by “greater recognition for effort,” “more materials,” and “relief from other responsibilities” are the main factors that could encourage more individuals to become even more involved in implementing the programme. Other factors include “more support with classroom implementation”, “more financial support”, etc.

This confirms the importance of ensuring adequate preparation for implementation (i.e. training and materials), but also to acknowledge the personal aspects of implementation by acknowledging efforts and total responsibilities.

Figure 6-1: Comparative views on what would motivate Schools to become more involved in the Programme



6.7.11. Behaviour of Learners and Educators

Some educators and learners, during the focus group discussions, noted behavioural problems that they believe adversely impacted on the implementation of the programme.

Whilst a significant number of schools in the Northern Province are implementing the programme through the curriculum, the severity of learner behavioural problems experienced at schools left many educators feeling ill-equipped to deal with learners through the conventional school programme. The awareness-raising efforts of the SAPS in the Northern Province, as well as crime prevention organisations have played an important mediating role in dealing with the problem of substance abuse, particularly in these schools. Learners reported that educators had given them contact numbers for Lifeline when they were not able to assist themselves. So whilst there are reportedly strong referral links between the school and such organisations there are also cases where educators and peer facilitators felt threatened by these learners at the school, and so have steadily withdrawn from Life Skills- and HIV/AIDS- related extra-curricular activities. In the Northern Province, Eastern Cape, and KwaZulu Natal educators and learners both feel that the programme should be presented by outsiders rather than by the educators at the school. Learners at one Eastern Cape school elaborated at length in their descriptions of alternative programme activities, but seemed slightly jaded by what they perceived as the narrower approach of educators to the content. One learner stated in exasperation:

Learner: They just say to us: ‘Condomise, people! And blah, blah, blah...’

To this he later added the suggestion of how the programme could be improved:

'I think if we can have qualified Guidance teachers who can tell us everything.'

However, educator behaviour impacts as severely on the effectiveness of educators as learner behavioural problems. The Northern Province provided the highest indication of educator misconduct. Learners cited educators who socialise with learners, coming to school in a drunken state, even courting young girls, and instances of favouritism and victimisation in cases of romantic relationships gone wrong, as one of the primary reasons why educators are considered unsuitable to teach Life Skills-HIV/AIDS. This was cited more frequently than perceptions that educators lack knowledge to teach the subject. This mitigates against the central programme messages, and reduces the chances of success of curriculum implementation as well as implementation through the school-based alternative programme.

Learners at a school in the Northern Province also indicated why the referral links do not work as effectively as is envisaged:

Learner: They say we must use condoms, but most learners are shy to go to the clinics because they meet their relatives. It could be better if a certain organisation could distribute condoms in the schools in order to have easy access to them. (NP10)

Learner: They should bring condoms because it is very difficult to go to the clinic for condoms. (Interpret because of distance to nearest clinic – Khulisa) (NP13)

This suggests that there is a greater need for relevant, context-sensitive alternative programme initiatives, especially in rural provinces.

Even trained educators reportedly lack the confidence to address Life Skills-HIV/AIDS issues. Learners in KwaZulu Natal reported that there is a great degree of disregard for the authority of educators at the school, and learners generally are less likely to consult their educators with their personal problems. In the Northern Province, a similar view was expressed. This was in relation to instances of sexual misconduct of educators:

You find girls who are physically abused by boys, and when they go and report this to a teacher, she is accused of lying, and the (male) educator will start to propose, and if the girl does not agree, the teacher will ensure that she has a very hard life at school (NP12).

6.7.12. Involvement of SGBs, Parents, and Communities

Respondents were asked to report on how knowledgeable or involved SGB members and parents are in the implementation of the Life Skills-HIV/AIDS programme. It is clear that schools with knowledgeable SGB members and parent groups are more likely to implement the programme. However, within the category of implementing schools, there is not a relationship between the level of implementation and SGB/parent groups' knowledge level.

Parental Knowledge / Involvement: Generally, respondents report very little parental involvement in, or knowledge of, the Life Skills-HIV/AIDS programme at schools. Only 22 percent of principals and 14 percent of SGB members think parents are kept sufficiently informed about the programme or are knowledgeable about the programme. No statistically significant relationship is found between this perceived level of knowledge and the schools' implementation status. This may be related to the fact that many schools don't have systems in place to keep parents informed of Life Skills and HIV/AIDS issues. Thirty eight percent of educators say that such systems exist

at their school. Where systems exist, they are generally scheduled meetings, newsletters, notices, and/or bulletin boards.

Twelve percent of SGB members reported some level of parental involvement in Life Skills-HIV/AIDS –such as *encouraging and facilitating the programme, teaching their children at home (giving condoms, advice, etc.), informing schools when there are problems, communicating with SGBs on AIDS issues, or simply not objecting to the subject.*

SGB Knowledge / Involvement: As with parents, most respondents generally reported little SGB knowledge of, and involvement in, the LS programme. Only 19 percent of principals and 39 percent of educators think that SGB members are informed of the programme. There is no significant relationship between whether SGB members are informed or not and the implementation status of the school.

Indeed, when asked directly if they had heard about the LS programme, only half the SGB members themselves (52 percent) answered “yes”. They most often heard about the programme from their own school (via the principals, learners, or educators) or from other schools, or through the media, the DoH, DoE, from political parties, unions, NGOs, or churches. Based on their own self-reports, 50 percent of SGB members believe they are knowledgeable about the Life Skills-HIV/AIDS programme, while 33 percent do not know. The relationship between a school’s implementation status and the level of knowledge among SGB members is close to statistical significance – SGB members from the better implementing schools are more likely to say they know about the programme.

Actual involvement of SGBs and parent groups in implementation is not widely reported by principals. Thirty-eight percent of principals report the SGB and parent groups as being somewhat or very involved in the implementation of the programme, while over half (52 percent) thought they were not involved at all. According to principals, some SGB members and parent groups usually *assist the programme indirectly by attending courses/workshops, organising activities, or obtaining materials.* Others get involved directly by *teaching the programme or delivering lectures on various aspects.* Still others contribute to the programme implementation by *discussing the issue with learners, encouraging them to learn about it, and sharing ideas with them.*

However, most principals (75 percent) do not believe that the current level of SGB involvement is sufficient. To motivate for greater SGB involvement in the programme, most principals suggested building SGB capacity through training and workshops, or by inviting SGB members to take part in the education of their children, e.g. attending courses on Life Skills and HIV/AIDS. Some principals also recommended informing SGB members about the severity of the HIV/AIDS epidemic and thus emphasising the importance of the Life Skills-HIV/AIDS programme.

Although the vast majority (81 percent) of SGB members themselves believe that they *should* be involved in the Life Skills-HIV/AIDS programme, notably there are still 15 percent who do not know whether they themselves should be involved or not. As to why they *should* be involved, the most frequent answer given is that SGB is part of the school management team. SGB members also mention the importance of fighting this epidemic and thus the need to support as reasons to be involved. The SGB members themselves suggested the following ways they could be involved in the programme (in descending order of frequency): *providing information to learners and parents; liaison, outreach and fund-raising; facilitating and arranging activities; and directly supporting learners, including HIV positive learners (changing attitude, counselling, etc.).*

The few SGB members who oppose being involved in the programme implementation (4 percent) offered the following reasons: *SGB members are not directly involved with learners; educators should know better [about the topic]; and some members are not competent.*

In contrast to the views of principals, nearly two-thirds of SGB members believed they were somewhat or very involved in the programme. The SGB members say they are involved through the following ways (in the descending order of frequency): *encouraging teaching the Life Skills-HIV/AIDS programme at schools, taking part in as many aspects of the programme as possible and giving opinions, and assisting programme implementation indirectly by collecting materials, organising outside speakers, and attending workshops/seminars.* In some cases, SGB members are also educators.

Again in contrast to the views of principals, over half (59 percent) of the SGB members think their level of involvement is sufficient, while 29 percent think the opposite and another 12 percent do not know. This poses an interesting contrast with principals' opinion, where only 15 percent of which believe that SGB's level of involvement is sufficient. SGB themselves say that their motivation could be enhanced with more training, credits/certification, etc. Involvement of other organisations.

Principals, educators and SGB members were asked whether there are other organisations in the community (such as NGOs, CBOs, government organisations or private organisations) focusing on Life Skills-HIV/AIDS.

Only 45 percent of principals and 48 percent of educators reported other types of organisations, in their communities, and the most common organisation mentioned was a Government Department (such as the local health clinic or the district education office mentioned most frequently by principals), or NGOs (mentioned most frequently by educators).

Most SGB members, on the other hand, simply did not know if any organisations were focussing on Life Skills-HIV/AIDS in their communities. Again, among those who did know (40 percent of all SGB respondents), these were usually reported as Government Departments.

These data indicate that either there is a general lack of other support organisations or that there is a general lack of knowledge of other organisations, particularly NGOs or CBOs that could assist the school in its implementation efforts.

6.7.13. Quality of Delivery of LS sessions (Case Studies)

Although this assessment was not designed to measure the quality of LS sessions, we did take advantage of the opportunity to observe a LS session when given the chance and when given permission by the educator and the principal. Accordingly, the data collected from these observations represent "best case" scenarios rather than a true representative sample of the quality of the sessions.

6.7.13.1. Classroom Atmosphere

Positive Aspects

The effective delivery of Life Skills-HIV/AIDS depends in part on the ability of the educator to construct a safe, non-threatening environment in which learners engage and participate freely. Some positive aspects of the learning environment that were observed during these sessions include attempts by educators to mediate the beliefs, fears and concerns of learners.

The following discussion, which dealt with value clarification around the choice of options for HIV/AIDS and STD prevention, is illustrative:

One learner asked who should use a condom - himself or his partner? A whole class discussion ensued, with some learners not in favour of condom-use, whilst other were. Boys generally felt girls should use condoms, whilst girls thought it was better for boys to use condoms during sexual intercourse.

The educator suggested that partners should alternate in their use of condoms, such that both have a chance to take responsibility.

In this example, the educator also tried to establish the norm of shared male and female responsibility for what happens in a relationship.

Learners were also allowed to explore and deal with feelings and fears of direct personal relevance to them.

One learner said: 'You cannot eat a sweet with its wrapping' (i.e. cannot enjoy sex with a condom). Another girl said that asking her partner to use a condom would cause him not to trust her, suspect her of sleeping around.

The educator came in and tried to explain to the learners the necessity of using a condom for the prevention of the virus. She elaborated by saying that youngsters are also at risk by being sexually active and if they choose not to abstain from sex, they should use a condom.

In both of the observed cases cited above, the educator intervened in a timely manner, so as to reinforce positive programme messages.

In a Free State school learners were led through a discussion of differentiating between 'love' and 'lust'.

The educator went on asking a question: "Why do boys and girls have love relationships?" Most hands were raised, the educator chose a boy who was sitting quietly in a corner. He said: "because they like each other". Another learner, a girl, said that he should not say "like", it should be "love". One learner then asked what the difference between "like" and "love" is. The educator threw the question back to the learners. There was excitement in the classroom. The learners were talking among themselves. One stood up and said that love is only for married people, and that at their age they are still searching for the right person to love – that is why he thought they should say "like" instead of "love". The educator asked if there is a difference between "like" and "love," what things are appropriate for doing with people one 'likes', and what is appropriate for people one 'loves'.

A girl said that it is not right for those people who "like" to kiss, touch and have sex. All the learners in the classroom shouted "No!" Another learner went on to say kissing and touching leads to sex. He said it is not wrong for them to enjoy sex as long as they do not have children.

Another girl answered by saying: "How many boys will a girl have slept with before she gets married if she sleeps with all her lovers.

The educator then said that those who feel that they cannot wait until they are married or old enough to take responsibility for their actions must make sure that they are protected

when they have sex. At that point the period ended. The educator promised the learners that they would continue with the discussion the following week.

In one session observed, the educator fore-grounded the existence of sexuality-related facts and myths. This was made central to her whole approach in teaching HIV/AIDS content:

The educator introduced the topic by asking learners what they knew about AIDS.

Learner1: When a person has AIDS, that person cannot go to the toilet.

Learner2: People need to use condoms to protect themselves from getting AIDS.

Learner3: There is no cure for AIDS.

Learner 4: A person with AIDS loses weight.

The educator went to the board and wrote 'fact' and 'myth' on opposite sides. She then went around distributing pages to learners who were seated in groups. Each group was required to list what they knew about AIDS. After a while, she asked one learner from each group to read what they had written.

The first one read: Any sexual transmitted disease can kill.

The second one said: You can get AIDS from sleeping around.

After each group had read their group's points, learners had to classify these points under the heading 'fact' or 'myth'.

Another creative way of having learners engage with the facts and myths about AIDS, was observed in a class in which the educator, in her conclusion of the session, wrote a number of statements on the board. Learners had to answer true/false.

Educator: You can't get AIDS if you don't have sex often.

Learners immediately shouted 'false!'

Educator: You can contract AIDS from using a public toilet.

Again, learners said 'false' at once.

In one case, the educator asked learners to name STDS that they know about. They mentioned syphilis, gonorrhoea, etc. One boy said an STD is contracted 'when you sleep with a dead man's wife'. The educator began to explain how STDS are transmitted, and what the symptoms of infection are.

The good rapport between educators and learners was reportedly one of the most outstanding positive aspects of the sessions observed.

Negative Aspects

During the Life Skills-HIV/AIDS sessions that were observed, various aspects of the classroom-learning environment mitigated against this objective.

Imposition of the Educator's Personal Values:

A boy asked: What if you meet a person for the first time and they tell you that they are relocating to Mmabatho.

The educator asked the boy if he loved or lusted after the girl who is relocating to Mmabatho?

'I love her', the boy answered.

If you love somebody you must wait and remember that sex before marriage is a sin, the educator said.

The educator said, "Nowadays young children are out of order, they take drugs/substances and thereafter they tend to misbehave by raping. Or if it is a girl they wear mini skirts facing boys and they end up being victims of rape and that's when they catch up with this "Phamokote" (AIDS in Northern Sotho)

Tolerance of Unruly, Disruptive Behaviour: In Life Skills-HIV/AIDS education, there is a need to provide learners with voice and context to express their concerns and feelings about sexuality, HIV/AIDS and STDs. In some classes, popular views on appropriate behaviour, especially with regard to relationship and sexuality issues, became the dominant discourse, thereby marginalizing learners with more conservative views, and completely silencing others.

In one Eastern Cape class, the fieldworker reported that boys seated at the back of the class, starting mocking the educator and teasing the girls in the class who were participating. The discussion centred on practicing safe(r) sex. In a Northern Cape school in which the topics of relationships and substance abuse were addressed, 'female learners reportedly made some accusations to their male counterparts about their drinking behaviour'.

In yet another class in the North West, the educator introduced the topic – STDs. A boy answered from the back, 'sometimes they are called STIs'. She asked what STI stood for. The same boy answered 'Sexually Transmitted Intercourse' (all the boys seated at the back laughed uncontrollably).

Limited Duration of Life Skills-HIV/AIDS Sessions: Most sessions observed were conducted during single thirty-minute periods. This often did not allow for the lesson to be concluded in a meaningful way. This meant that there was very little time left for the outcomes of sessions to be reinforced, or for educators to determine the level of learning that had taken place. Although Type 1 schools had slightly longer sessions than schools of other types, indicating perhaps the degree of accommodation of Life Skills-HIV/AIDS in the school curriculum (timetable), the Type 1 schools also displayed a higher degree of initiative in terms of content adaptation in the face of time constraints. The educator in one such Free State school had designed the 'decision-making' module into an introductory session, which was observed by Khulisa, but indicated at the end of the session that they would address 'long and short-term decisions next time'. The shortest session observed lasted for 25 minutes.

Limited Classroom Space: The number of learners in classes observed tended to exceed the classroom space allocated. This greatly impacted on the extent to which activity-based work could be effectively incorporated as part of the sessions. In one Free State school (Type 1) at which the general instructional approach was quite exemplary, the small classroom overcrowded with 41 learners prohibited much activity. Learners remained in their traditional seating arrangement. However, in another Type 1 Free State school observed, in which the number of learners was slightly higher (44), learners re-arranged their desks into semi-circles for group-based activities. However, the class seemed visibly overcrowded and there was reportedly 'not enough space for demonstrations' (Khulisa fieldworker).

6.7.13.2. Methodology

Strengths

The Life Skills-HIV/AIDS and programme is premised on OBE principles for the delivery of instructional content. A range of appropriate techniques compliant with these techniques was also evidenced in many of the observed sessions. These include:

- ? Group-based activity;
- ? Question and answer format; and
- ? Panel/focus group discussion.

The Use of Multi-Dimensional Teaching Methods: The use of multi-dimensional teaching methods to reinforce content was most effectively used in one Free State school observed. On completion of the group activity on ‘myth’ vs. ‘fact’ about AIDS, the ‘fact’ of how virus transmission occurs was conveyed in the following creative manner. This exercise reportedly had a high degree of learner engagement.

The educator asked four volunteers to leave the classroom. Outside, she gave instructions of how the exercise is to proceed:

One of the learners would sit on a chair while the remaining three would stand around her. Their duty was to protect the learner who was seated. She would act as an AIDS virus.

Inside she tried to get through to the protected learner. The other three learners did not give her a chance to touch the seated learner.

She then changed the instructions, saying that three standing learners must choose names of diseases for themselves. One became cancer, the second became TB and the third pneumonia. She then instructed all three learners to attack the sitting learner.

She thus had easy access to the seated learner, representing an HIV-infected person.

The Use of Learning Support Materials (LSMs)

Formal Learning Support Materials: The most commonly used formal learning support materials observed were anatomical posters showing the symptoms of various STDs. These were more typically introduced as part of the lesson on STDs and AIDS.

Two such examples were observed in a Northern Province and a North West school. The educator said ‘Okay, today we are going to be discussing AIDS.’ The educator displayed a poster on a chalkboard reflecting people suffering from different diseases and she explained to the learners that the diseases depicted on the poster may lead one to suffer from AIDS.

However, whilst they were more readily observed in the fully implementing schools, a number of fully implementing schools reportedly did not use posters at all, nor were they on display in the classroom.

In only one case did the screening of audio-visual material form part of the lesson. The title of the video was ‘AIDS: What do we tell our children?’ Before beginning the video, the educator recapped some of the lessons they had learnt about HIV/AIDS previously.

She reminded the learners about an HIV positive person called Martin, who once addressed them. She asked them some general things about AIDS like how it is spread.

Before screening it she told them that it was taped two years ago. The video showed representatives from the World Health Organisation and other scientists predicting the future rate of AIDS infection for countries across the world (India, South Africa, etc.)

During the screening, she interrupted the video, turning it off for a while to explain terms like ‘homo- and hetero-sexual’.

Informal Learning Support Materials: An interesting observation is the extent to which educators improvised and used informal resources to support learning and reinforce concepts.

Informal LSMs were more frequently observed in lessons where the goal of instruction or topic was of a more general nature (rather than bio-medical) – such as in the development of generic skills. In the example below (Type 1 school), in which a love letter was used to anchor instruction, the educator guides learners through the theory and practice of decision-making:

The educator asked for two volunteers to read what she called ‘love letters’. The first ‘love letter’ spoke about Nancy meeting Peter at a party and Peter asking Nancy to go with him. The educator explained the first letter to the learners. She asked the learners what Nancy’s response should be regarding Peter’s request. The educator walked to the board and wrote Nancy’s decision-making. She then asked the learners the difference between decision-making and taking a decision.

Educator: ‘Is there something wrong with saying that you are still going to think about something?’

All the learners answered chorused, “No”.

“Why?” asked the educator. A female learner stood up said it is not wrong to say you are going to think about something, if you are not sure if you will be able to do that thing.

The educator told the learners that before they respond to any question, they need to weigh up their decisions. They must not just give a quick answer that they might regret later on. She went on to say that most teenagers are confused by peer pressure to do things that they do not want to do. They must learn to be assertive. She stopped to ask learners what the word assertive meant. One female learner answered that it means taking a stand and stick to it.

After the session, the educator asked: What have we learnt today? Learners responded: “You must learn to say no. You must always be assertive. The final decision must always be yours.”

The educator concluded by saying: “The next time we meet, we will look at short and long-term decisions.”

Weaknesses

The most pervasive weakness in the methodologies observed was the over-use of an educator-centred pedagogy. The ‘lecture’ method of instruction was most commonly observed where the emphasis was on the biomedical aspects of HIV/AIDS and STD transmission, as opposed to more generic skills like decision-making, negotiation, etc. In most cases where this was the dominant mode of instruction, however, formal learning support materials like charts and pamphlets *were* also used to support instruction. Such sessions were essentially ‘information sessions’, in which the premium appeared to be on relaying factual health-based messages from the educator to the

learner. To a large extent the emphasis of such sessions is thus on *raising awareness* of STDs and AIDS, rather than equipping learners with *skills* for living.

In a Type 1 school in Mpumalanga, the ‘chalk-and talk’ method was predominantly used because learners had very little baseline knowledge of the content of HIV/AIDS.

6.7.13.3. Content

The extent to which bio-medical terms are used varied between sessions. Sessions, which employed an educator-centred pedagogy, were more likely to use the actual bio-medical terms, with little additional information to make the content accessible to learners.

The following description of an actual lesson illustrates the close-ended nature of this approach:

The educator gave a lesson about STDs. She gave learners examples like drop, also named drip or clap, syphilis, thrush, clamidia, urethritis and candiditis. She highlighted that the last two diseases mostly affect women, and that STD's are curable, but that it needs the infected person to consult a doctor as soon as possible as it may cause infertility.

Learners just listened.

In one class, the educator to a large extent spoke euphemistically, without providing the bio-medical equivalent.

In yet another class, the educator wanted to know the difference between ‘disease’ and ‘infections’. As learners did not know, the educator explained to them that ‘diseases are those that you can see and infections are those that you cannot see’.

Although learners stated in the focus group discussions that they frequently suggested topics for sessions, in the sessions observed, the content structure appeared to have been largely pre-determined by educators. However, once topics were introduced, there was a considerable amount of flexibility in terms of the content parameters. Such an example is provided in the following Free State school:

The educator told the learners that they were going to talk about relationships. She asked a question about the word “relationship,” what it means to them. One learner raised her hand and waited for the educator to call on her. The learner said relationship is the interaction between human beings. She gave an example about a relationship between her and her parents, her friends – both boys and girls, her educators and her relatives. The educator praised her for her ‘good answer’.

The theme of self-awareness also created an atmosphere, which set the tone for knowledge of self and articulation of identity traits. This strategy was frequently used by educators as an icebreaker for the discussions.

The educator asked the learners to introduce themselves. At that point all the learners raised their hands. The educator chose William. He introduced himself and went on to say that he likes Physics; he likes to negotiate and to share ideas with different people. He would like to study electrical engineering. He hates being angry with people.

The second volunteer was Keneilwe. She enjoys working with people. She is a caring and a loving person. She would like to become a medical practitioner. She is also interested in languages and helping people.

The educator thanked the two learners.

6.7.13.4. References to Alternative Programme Activities

Many schools do not have the capacity (resources, time, trained educators, etc.) to adequately respond to the demand from learners for counselling and reproductive health services. As such, many schools have come to rely on alternative ‘out-of-school’ resources, which are community-based, youth-friendly and accessible to learners. Khulisa fieldworkers found that discussions about STD-prevention and family planning frequently included references to the clinic as a source of reproductive health products. In one Northern Cape school for example, the educator encouraged learners to get more information (about STDs and rape, which had been the topic areas) on their own from the local clinic. Some learners indicated (during the focus group discussion) that they would prefer the services to be located at the school, so that they need not fear confrontation with clinic staff, many of whom are relatives, family friends or acquaintances. Nevertheless, ensuring that learners know they can access these services establishes some continuity in the provision of HIV/AIDS and Life Skills education when the school-based programme is suspended/interrupted/ for some reason.

6.7.13.5. Assessment

Reinforcing learning outcomes is a key OBE principle. In only one case, a Type 2 school, was it observed that the previous instructional session’s lesson were recapped. Generally, there was no continuity between the observed session and the previous lesson. Learners were not invited to identify lessons from the previous session on substance abuse, which could be reinforced in the lesson on HIV/AIDS.

The educator recapped the previous lesson. It was about drugs and alcohol. She reminded the learners that ‘Enough is enough’ – which is apparently the slogan they had developed during the previous sessions to indicate their disdain for the detrimental effects of substance abuse. The educator probed learners on the most common causes of substance abuse. The learners answered in unison: ‘Peer pressure!’ The educator reminded learners about their discussion that they should be careful about accepting drinks from just anybody, and that they should preferably consume only drinks from which they have broken the seal themselves. During this time, learners listened attentively. Before the educator played a videocassette, she reminded learners about a PWA, she reminded learners about a PWA who had once visited the school and addressed them on HIV/AIDS.

In most cases, educators recapped with learners what was learnt during the session – either verbally or in writing. Group work sessions also provided opportunities for educators to observe whether the goals of instruction had indeed been achieved.

In at least two cases, the Life Skills-HIV/AIDS session was held in a special class – the typing or music room. These classes are usually larger and better equipped for use of audio-visual equipment. This makes them ideal for Life Skills-HIV/AIDS sessions in which role-play, demonstration and audio-visual material are such an integral part of the recommended classroom methodologies. (However, neither of these methodologies was used in the observed sessions, which used these special rooms). Furthermore, they are better equipped for storage of materials and equipment as they are most likely fitted with security bars.

6.7.13.6. Summary

In the teaching of physiological/bio-medical aspects, educators in general appear more amenable to less participatory methods of instruction. The more skilled educators appear to be able to

integrate this content with generic skills, thus combining more participatory methods in their instruction. This underscores the need for educator training to address the alignment of content and methodology. It further underlines the need for training in the use of LSMs, such that the value of the materials may be maximised. In too many classes it was observed that educators proceeded with very little or no materials, and where indeed these were found to exist, they were restricted to anatomical posters. The content coverage in these sessions still reflects a health-based orientation, with less attention to the critical supporting skills.

Educators also need support in creating a learning and teaching culture conducive to HIV/AIDS and Life Skills-HIV/AIDS education in the school. Whilst this may be more easily achieved in schools, which have a history of Guidance education, or of alternative programme activities, the willingness of motivated educators and supportive principals could be harnessed to change the ethos of these schools.

6.8. Respondents' Suggestions on How Implementation can be Improved

Nearly all educators (93 percent) offered some view as to whether or not the implementation of the Life Skills-HIV/AIDS programme can be improved. Not surprisingly, 85 percent were of the opinion that it could be improved, and remarkably half of these came from schools not implementing the LS programme.

Those few educators who believed that improvements were not possible, held this belief primarily because of *a general lack of resources and facilities*, *a shortage of educators*, or *a lack of trained educators* – indicating a certain fatalism over resource shortages among these respondents.

The remaining educators offered more than fifty suggestions as to how implementation can be improved. The most frequent was to *provide all educators with more training* and to *have training workshops on a regular basis within the schools* (18 percent of all responses). Others expressed the need for *more time to be allocated for the teaching of the programme by incorporating it into the school timetable and curriculum*, and *delivering the programme to all grades in the school* (15 percent), or *acquiring more teaching aids, materials, booklets and other information* for improving overall implementation (13 percent).

Principals also offered a variety of suggestions for improving implementation. Like educators, they also believed that *more training for educators* and *more workshops* are needed (31 percent of all responses). Some even suggested that *additional qualified Life Skill personnel should be employed to run the programme* in their schools (10 percent), or *use of external organisations or agencies to organise plays, talks, and guest speakers* for increasing awareness and encouraging participation among learners, educators, principals, parents, etc. (15 percent).

7. CONCLUSIONS

The following section summarises some of the more pertinent findings from all three reports as well as Khulisa's conclusions and recommendations.

7.1. *Extent of Implementation*

Overall, implementation is limited, and where it has occurred its extent is mixed – with some schools doing well while others struggle. The vast majority of all respondents report only average or below-average success for programme implementation.

The return on programme investment is also low –only 29 percent of all schools in South Africa are successful implementing the programme as a direct result of programme inputs (mainly training)²⁰. Added to this is the concern that in provinces where the HIV/AIDS infection rates are among the highest (especially in KwaZulu Natal and Eastern Cape), programme implementation is considerably weaker. Indeed, there may be a need to investigate more closely why these provinces are apparently resisting implementation.

To date, the programme appears not to have moved beyond generating awareness of HIV/AIDS. The most commonly cited result of the programme thus far is “increased awareness of HIV/AIDS”. Virtually no respondents mentioned behaviour change among learners as a result of the programme at this point in time. This is, however, expected as it has only been two-three years since the programme's introduction.

7.2. *Contextual Factors which Assist in Implementation*

The typical histories of the LS programme in schools point out several contextual or structural factors that appear to be related to easier implementation of the Life Skills-HIV/AIDS Programme:

- ✍ Pre-existing guidance programme;
- ✍ Existence of a timetable;
- ✍ Guidance on the timetable;
- ✍ Schools with a sufficient level of functionality – both basic infrastructure as well as supportive environment to sustain learning and teaching in HIV/AIDS and Life Skills, particularly sensitive areas;
- ✍ Willing educators given sufficient time and support to attend some form of LS training – and preferably more than one educator per school trained;
- ✍ Principal's belief that educators have strong skills in various instructional methodologies; and
- ✍ Principal supportive of Life Skills-HIV/AIDS programme generally.

Indeed, in the interviews with provincial and district programme managers, many of these factors were mentioned as supporting factors to implementation (or limiting factors in their absence).

²⁰ Although 46.5 percent of all schools are in Type 1 and 2, only two-thirds of these schools say they received DOE training. The other one-third is successfully implementing the programme in the absence of any DOE investment in initial training.

This is not to say that schools without these characteristics cannot successfully implement the programme; rather, if a school does not exhibit some or all of these factors, it will require more attention and effort on the part of the Department to ensure implementation is even initiated and occurs to the standard expected.

7.3. Performance Standards

One of our key findings from the school data is that most schools (and many district managers as well) appear to lack a clear understanding of what is expected of them in this programme. Related to this is the fact that many managers believe that the roles and responsibilities for education managers are less clearly defined than for health managers. These are serious management constraints that likely impede the overall performance of the programme.

The existence of official policies or statements of government support/commitment (e.g. Tirisano) has not guaranteed effective action. While most provincial and district managers agreed that the vision for the programme is clear, this has not ensured widespread implementation. For example, the reported resistance among selected principals and parents (and among some provincial and district managers) may be holding back the programme, although levels of resistance reported by school level stakeholders, is not that high. Moreover, national, provincial, and district officials who have not actively promoted Life Skills-HIV/AIDS at school level, are not stimulating schools and communities to seriously embark on implementation.

All schools (and district and provincial support offices) need a clear and measurable definition of what the Department expects of them (e.g. “x” hours of life Skills-HIV/AIDS / Guidance per week for Grades “x” to “x,” etc.). While the Department of Education may resist such a prescriptive approach, the data clearly indicates the need for better definition of expectations, as well as more feedback (and rewards) on when those expectations have been achieved. Performance Standards could be derived from some of the items listed in “Best Practices” below, but may also include other quality measures (which were not objectively examined in this study).

7.4. Best Practices at School Level

Based on the overall assessment results and discussion, we have identified several key practices that appear to be related to better programme implementation. Again, these are practices that appear to facilitate the implementation of the LS programme in the school, and do not reflect practices which necessary relate to improved impact or outcomes of the programme.

Table 7-1: Best Practices in Implementation of the Life Skills-HIV/AIDS Programme

| |
|---|
| <ol style="list-style-type: none"> 1) As soon as possible after training, hold feedback sessions with other untrained educators in school. 2) As soon as possible after training, hold stakeholder workshops with parents, SGB members, other community members to pre-empt and prevent community resistance and improve ongoing consultation. 3) Develop implementation plan for introducing LS into school (including need to consider practical aspects such as work-shopping legal implications of admitting certain visuals). 4) Conduct awareness campaigns among learners. 5) Form Life Skills Co-ordinating Committee at the school (comprised of trained educators and additional interested staff). 6) Modify existing Guidance curriculum (where it exists prior to training) to include HIV/AIDS where it has not been a component in Guidance programmes prior to training, or re-orient the programme to make HIV/AIDS a new focus. 7) Address the status of Guidance in the curriculum through ensuring that: <ul style="list-style-type: none"> ✍ Life Skills is accommodated on the timetable. ✍ Life Skills sessions are used for teaching Life Skills, and not used as free periods, or for addressing other subjects. ✍ Life Skills sessions are taught during school hours and not relegated to periods at the end of the day, on Fridays or after school. ✍ Life Skills is given same status as examinable subjects (i.e. make examinable). ✍ Life Skills is given the same amount of time on timetable as examinable subjects. 8) To maximise coverage to all grades and classes, work with other educators to integrate LS-HIV/AIDS content into other subjects. 9) Ensure adequate and suitable materials for teaching LS. 10) Establish additional activities that may facilitate more successful implementation (bringing external organisations and/or set up peer education programmes). |
|---|

7.5. Is More Training the Answer?

The majority of respondents at schools and within provincial and district management suggested training as the main suggestion for improving problems with implementation. Indeed, in-service training is seen as the remedy for most problems in any programme.

Before turning to training, however, we need to determine if the causes of poor programme performance lie with other factors that discourage educators and schools from applying their knowledge and skills effectively. Common obstacles to good performance include inadequate equipment and supplies, little supervisory support, few rewards, inappropriate evaluation, limited opportunities to practice skills, and flawed recruitment or job assignments. Aside from certain provinces where little initial training has begun (such as in KwaZulu Natal), we see indeed that 34 percent of educators who were trained are not teaching the LS programme (Figure 6-1 and Table 6-1). Clearly some of these organisational and management areas provide a partial explanation for this situation:

- ✍ Materials and Supplies have reportedly been inadequate for many schools, especially those schools that are only partially implementing the programme. Given the results of the materials audit, many schools do not have their basic package of materials available at the school – because they never arrived at the school, or because the materials may have been taken out of the school. However, policy-makers tend to believe that there are sufficient materials, indicating a gap in the programme’s management information system.
- ✍ Supervisory Support: Limited supervision and support to schools (from district and provincial education managers) has most likely constrained implementation. Without effective follow-up support, many educators appear to have been unable to apply what they have learned in training.
- ✍ Rewards / Penalties linked to Accountability: At all levels (provincial and district management and in schools) there is little feedback on the performance of the programme. Nor are there incentives or rewards for good performance, and negative consequences if the programme is not implemented. Based on the data from the interviews with district/provincial managers, “recognition of efforts” for a job well done could play a powerful role in stimulating greater support by these District Officials to schools. Likewise, some penalty or disincentive needs to be put into place for those entities not implementing the programme.
- ✍ Lack of Adherence to Recruitment Criteria: We find from all interviews the issue of the poor selection of educators to be sent for training as well as involuntary selection of educators. This may also explain why so many educators who received training, and are reportedly still at the schools, are not teaching Life Skills-HIV/AIDS.

However, even if these constraints exist at the school level, there still appears to be a need for more training for educators. We see a direct relationship between participation in the training programme and implementation status (see Table 7-1). Moreover, the data strongly indicates the need for refresher training in *Skills Development* as opposed to HIV/AIDS knowledge. Too many educators, even in fully implementing schools have focused their efforts on building awareness of HIV/AIDS among learners, as opposed to teaching negotiation skills, decision-making skills, and other skills that could help learners to protect themselves against infection or unwanted pregnancy.

Table 7-1: Percent of Schools Sending Educators for Training by Implementation Status

| Extent of Implementation | Percent of School which Sent Educators for Training |
|--------------------------|---|
| Full (Type 1) | 81 percent |
| Partial (Type 2 – 5) | 65 percent |
| None (Type 6) | 50 percent |

Yet the limits of training, especially off-site, formal training, are extensive. In the US, performance experts estimate that 10 percent or less of off-site employee training results in new skills. Alternative modes include “on-the-job” training, distance education, and whole site or school training (especially involving the supervisors who can then support the school).

Whatever training method used, performance expectations must be established and, most importantly, assessment criteria utilised to provide feedback on learning achieved during the training session (and on the participants understanding of the material). Certification is very

helpful in this regard and should perhaps be made mandatory given the HIV/AIDS crisis facing South Africa. Finally, follow-up support is essential to continue to support implementation.

7.6. Greater DoE Institutional Focus

While findings from the school data indicate that implementation may be hindered or impeded by structural-level factors (such as whether there is a timetable, etc.) the ultimate determinants of successful implementation appears to have depended more on the support and commitment of individuals than on a coherent institutional response which contains the elements described above – incentives and rewards, accountability, strong supervision and support, adequate materials, etc. To really establish this institutional response, there is need for the Department of Education to express even more “ownership” for the programme, especially at middle and lower levels of management. Too often we found the view that the programme was embraced more by health than education and more by national and provincial levels than district levels. Moreover, programme managers at the district and provincial level do not appear to acknowledge their role in facilitating implementation – the vast majority of them believe that success in implementation is due to the commitment of individuals at the school level, rather than a combination of support from outside combined with internal dedication and commitment.

The payoff in management improvements will not be realised without more expressed commitment by the entire education sector. Part of this commitment can be expressed in the form of curriculum priorities, such as specifying more clearly the *form* HIV/AIDS education should take in the curriculum (integration vs. separate subjects) and the *nature* of HIV/AIDS (extra-curricular and/or in the curriculum). Part of this can be achieved through more clearly defining and mandating the roles and responsibilities of DoE managers at provincial and district level.

In addition, top managers in the Education Departments must be actively involved in this programme to demonstrate overall institutional commitment. This will also help to overcome natural resistance to change among other staff and helps convince staff that the programme is important. In each province there needs to be a champion for the effort – that is, a respected person who is personally identified with, and dedicated to, the programme. Without strong leadership, schools and lower level managers are confused about what is expected of them, question what the top leaders really want, and put off action.

8. RECOMMENDATIONS

The following recommendations emanate from the analysis contained in this report and interviews with stakeholders at each level of implementation – from national level policy-makers, to provincial and district officials, to school managers, educators and learners – as well as senior officials who participated in the dissemination workshop.

Participants at the dissemination workshop asserted the need for a clear delineation of recommendations of a systemic nature from those that are programme-specific. They emphasised that in order to effect change, it was necessary to uphold this distinction so that programme-specific recommendations could be more readily accommodated within existing institutional arrangements - the formal structures, evolving policy developments and strategic initiatives – which are underway in health, education, and other sectors.

Participants also underlined the possibility of locating all HIV/AIDS initiatives (including this programme) within a ‘disaster management paradigm’ given the advanced stage of the HIV/AIDS epidemic in South Africa. This would allow conventional bureaucratic processes and procedures for implementation to be circumvented and substituted with crisis management measures for delivering “emergency” interventions for stemming the epidemic. While this would be laudable, it is unlikely given the maturity of the epidemic and insufficiency of resources for launching a disaster management response.

Given this, the recommendations are organised to reflect the programmes current approach to the programme, rather than a disaster-management approach. Nonetheless, it should be underlined that the recommendations specified in this chapter should be acted upon as soon as possible given the rapid spread of the HIV infection in South Africa.

8.1. DoE Institutional Response

The need for a coherent institutional response from the DoE is imperative if the programme is to reverse the trend of the HIV/AIDS epidemic. Greater DoE “ownership” of the programme is critical, especially at middle and lower levels of management. This will start to address the issue that the programme belongs more to national than to provincial, district and school levels. The success of the programme cannot be dependent on the efforts of individuals (educators as well as programme managers) alone. Furthermore, greater overt commitment of the Education sector will undoubtedly promote co-operation within the sector as well as with other stakeholders.

8.2. Enforce Tirisano

The Department of Education should take the Tirisano mandate and publicise and enforce it more vigorously. This should facilitate more implementation among “resistant” schools, districts and provinces that may not commit themselves in the absence of clearly defined mandates from the Department.

8.3. Issue Specific Policy Directives

There is a need for quick policy directives to be issued related to increasing the implementation reach of the programme. For example, all schools that have not sent educators for training should be sent within a specified time or LSMs should be provided to schools by a certain date.

8.4. Specify and Consolidate Core Design Elements

Stakeholders expressed the need for greater specification of the core design elements of the programme. Policy-makers have determined that the focus of the Life Skills-HIV/AIDS programme should be *expanded* beyond HIV/AIDS education, to incorporate a wider range of generic social skills that will better equip learners to deal with the challenges of HIV/AIDS. They have also specified that the programme emphasis should shift from raising awareness to actually developing skills amongst learners.

It was also recommended that an integrated approach to the programme be adopted which uses the specified content as the basis for other programme components. As such, the development of LSMs and the determination of the educator-training curriculum would reflect the core design elements, namely skills development to protect learners against infection, rather than only raising awareness about HIV/AIDS.

8.5. Ensure Implementation

There is also the need for provincial autonomy to be challenged against policy directives – what provinces *could* do, vs. what they *should* do and what they *must* do. As stated above, district level officials should be primarily responsible for enforcing compliance at the school level. For example, ensuring that all schools have Guidance/Life Orientation on the timetable, and that these sessions are actually enforced.

8.6. Align National Level Policy and Programmes

Stakeholders at the dissemination workshop indicated there was a need for an audit, and subsequent alignment of all extant and emerging policies and support initiatives, across all HIV/AIDS and Life Skills education partnerships (DoH, DoE, DoW, etc.). This includes the need to consider key conventions such as Children's Rights and Human Rights Conventions, and country policy commitments. The purpose of this would be to leverage funds from these existing initiatives, and to ensure that initiatives at the project level become institutionalised, rather than remain *ad hoc*.

8.7. Harness Potential Resources

There is also the need to harness scattered financial resources – align this project with the goals of existing initiatives, such that where financial resources are available, the political will to see this project succeed, facilitates the access to such resources.

There was a need expressed for educator training and development with regard to the Life Skills-HIV/AIDS programme to find its niche within existing national initiatives such as the Teacher Development Strategy, as well as Education Management Development, both of which incorporate training as key components.

8.8. Promote Greater Advocacy/Communication around the Programme

Stakeholders at the dissemination workshop perceive the need to improve the profile of, and involve, the DoE Communications Directorate as a key player of the Life Skills-HIV/AIDS management team. National policy-makers thought it important to ensure that the school-based programme is augmented and supported by holistic community-based strategies. To this end, a need was perceived for a co-ordinated media strategy, so as to ensure consistency of the

programme's core messages. There was also the expressed for the Life Skills-HIV/AIDS programme to be kept as a priority on the public agenda. This was considered necessary if the programme is to survive amongst other competing national priorities.

Officials at the national level further suggested that the educator unions must step in and assist in dealing with issues of educator loss and chronic absenteeism as a result of the HIV/AIDS epidemic.

Resistance to the programme was believed to exist mainly at local level, particularly amongst principals and parents. School level findings, however, do not corroborate this assertion strongly. However, the difference in provincial implementation status should be investigated more thoroughly to come up with recommendations to overcome any resistance to the programme.

However, our findings show strong overt support of the programme at the local level – with the programme being spearheaded by individuals at many districts and schools. There is thus the need for programme managers to enlist, to a greater extent, the support of such individuals and local community structures for the programme.

8.9. Improve Educator Training and Development

Initial training needs to be targeted at those schools, which due to various reasons were not reached by the training or are not implementing the programme. To ensure high participation rates, it is essential that educators are selected using the criteria set up by the HIV/AIDS task team, appropriate advanced notification of training is provided and that follow-up is also provided to ensure implementation.

Lack of adherence to the criteria for selection of educators to attend training has led to voluntary participation in the training being compromised, and less suitable educators were sent for training in some cases. This factor is thought to at least partially account for why so many educators who received training did not implement the programme on return to the school. (A more detailed exploration of this issue is addressed in section 6.7.3.1. This underlines the need for district officials to ensure that the criteria are both communicated to schools, and also that criteria are adhered to when educators are selected for training.

Stakeholders recommended that for educators who have already received initial training, strategies in lieu of further investments in re-training be devised, such as developing means for regularly updating educators on developments in HIV/AIDS-prevention initiatives through newsletters, on-the-job training and support during district official visits. There may be a need to bring unions on board with the educator training process, utilising their AIDS desk.

8.10. Other Training Needs

Training of SGBs for example, should include awareness and training in Life Skills and HIV/AIDS issues from a school governance perspective.

District and provincial level officials reported a willingness to implement the programme, but they are constrained by their own lack of skills / ability. There is thus a dire need for capacity building at these levels, for effective management of implementation to the school level.

8.11. Institute Performance Management

Programme management and implementation appears to be suffering from unclear definition of roles, responsibilities, and expectations, particularly among programme managers in education and within schools. The existence of official policies or statements of government support/commitment has not guaranteed effective action, despite the fact that most managers agreed that the vision for the programme is clear. The data show that there is greater clarity among health personnel than education, and at provincial level than district or school levels. Poor perceived “ownership” of the programme at lower management levels, particularly among education personnel, may be related to poor definition of roles and responsibilities.

Accordingly, the national department must issue all schools and provincial/district offices (for both health and education) with a clear and measurable definition of what is expected of them under this programme. For provincial and district managers, there is need for a clear description of their planning, provisioning, monitoring, and support responsibilities. Performance standards for schools could be derived from some of the items listed in “Best Practices”, but may also include other quality measures.

Likewise, when expectations have been achieved, there must be greater feedback (and rewards) for meeting expectations. The programme currently does not incorporate sufficient incentives or rewards for performance, and these could prove to be extremely valuable in stimulating greater implementation, particularly among schools where implementation is only partial or non-existent. Incentives or rewards need not be monetary, but could (should) also include recognition for efforts.

We propose a checklist be developed (for use by district and provincial managers) to serve as a needs assessment of conditions at the school. The final “score” on this checklist would assist the managers in determining how much help or support the school might need in order to successfully implement the programme. Khulisa further proposes that a standardised assessment rubric be developed for use as a template for measuring overall programme performance.

8.12. Improve Quality Assurance, Monitoring, and Evaluation

At the national level, policy-makers believe that monitoring and evaluation systems for the LS programme should be integrated into the DoE’s overall quality assurance activities and strategies. Performance indicators should be developed at national level, which are clear and based on the attainment of outcomes that are realisable once the programme is aligned with existing policy and initiatives.

These stakeholders also perceived the need for the provincial steering committee to become more vigilant so that it regularly assesses and monitors programme implementation status, circumstances and challenges and develop appropriate intervention strategies. Added to this is the concern that in provinces where the HIV/AIDS infection rates are among the highest (especially in KwaZulu Natal and Eastern Cape), programme implementation is considerably weaker. Indeed, there may be a need to investigate more closely why these provinces are apparently resisting implementation.

National policy-makers further suggested that schools’ compliance with official education policy on HIV/AIDS should be closely monitored at the district level as part of the quality assurance imperative.

Khulisa recommends that a national epidemiological baseline study be completed against which an annual impact study could be conducted to assess the impact (infection rates, behavioural changes, attitudes, etc.) on the beneficiaries of the Life Skills/HIV/AIDS programme.

8.13. Increase District-Level Support for School Level Implementation

School respondents, national policy-makers, and participants at the dissemination workshop all agreed that it is essential to enhance the role of district officials in delivering more and better support to schools for improved implementation.

While most district officials acknowledge their responsibilities to support schools, visits are generally insufficient, reportedly due to lack of manpower, time, or transport. And when visits do occur, they tend to focus on assessment of implementation and provision of information. This doesn't appear to be enough – particularly for schools that have not implemented, or that are having difficulty in implementing. More 'on-the-job' training and skills development should be delivered during school support visits, particularly for educators that are experiencing difficulty applying what they learned in training.

The data suggest that poor district-level support may be partly due to unclear role definition. Accordingly, officials at national level must more clearly define the exact roles and responsibilities for provincial and district level staff (in education and health) for enhancing support to schools. Where programme managers lack the skills to carry out these responsibilities, they should be given the necessary training to build their capacity to more effectively manage the programme and support schools.

Based on the contextual factors described in section 7.2, Khulisa proposes that a checklist be developed (for use by district and provincial managers) to serve as a needs assessment of conditions at the school. The final "score" on this checklist would assist the managers in determining how much help or support the school might need in order to successfully implement the programme.

Khulisa further proposes that a standardised assessment rubric be developed for use as a template for measuring overall programme performance.

Specifically, district officials should also be tasked with the following:

- ? *Enhancing educators' capacity in the utilisation of learning support materials.*
- ? *Delivering more feedback to schools and educators on their overall performance in delivery of the Life Skills-HIV/AIDS sessions.*
- ? *Ensuring the development of coherent school level policies around learners and educators affected by and infected with HIV/AIDS and form Life Skills Co-ordinating Committee at the school (comprised of trained educators and additional interested staff) who can actively address these issues.*
- ? *Assisting schools to extend beyond educators to link with the community-based support network to enhance the sustainability of the programme.* Whilst policy-makers and schools themselves reported that community-based clinics are a key resource in supporting the programme, there are cases where some nurses actively discourage adolescents from using certain forms of family planning, and this constitutes a barrier to implementation. Some provinces are addressing this issue creatively, for example, Gauteng reports that they are re-training nurses. In addition, schools should be actively encouraged to link with

external organisations, e.g. PWAs, and implement creative approaches within the community (e.g. set up peer education programmes).

- ? *Encouraging educators and school management to integrate LS-HIV/AIDS knowledge, skills and attitudes into other learning areas* to maximise coverage to all grades and classes.
- ? *Assisting schools to develop greater parental and school commitment* to the programme. The support of parents, SGBs, and school managers must be developed, so that as a school-based initiative, the core programme messages are supported at home. In addition, skills of parents should be harnessed to raise supplemental funds for the programme, as well as to offer support for programme-related activities and the growing numbers of HIV/AIDS orphans. International case studies, particularly the Zimbabwean case, clearly identify parent involvement as a key component of a successful programme. Finally, there appears to be definite need for parent workshops around the introduction of the programme in schools.

8.14. Improve the Supply and Management of Materials

Provincial and district officials, as well as school managers, state that the materials are insufficient, both in terms of quantity and variety. Many schools do not have even their basic package of materials available at the school – because they never arrived at the school, or because the materials may have been taken out of the school. However, policy-makers tend to believe that there are sufficient materials, indicating a gap in the programme's management information system. A stronger programme management information system should be developed.

At the dissemination workshop, participants also expressed the need for a mechanism (such as a clearinghouse) to maintain the quality and distribution of Life Skills-HIV/AIDS materials. Khulisa also recommends that additional supplementary materials which schools access through alternative sources (through NGOs, etc.) also be reviewed for content appropriateness. The Minister of Education has launched an initiative, and allocated R10 million, to assess the procurement and distribution of all curriculum materials, including Life Skills-HIV/AIDS materials. These funds could be utilised for establishing such a clearinghouse.

9. INITIATIVES CURRENTLY BEING IMPLEMENTED

Since the commencement of this assessment in November 1999 various initiatives have been undertaken by the Departments of Health, Welfare and Education. Foremost amongst these is the *National Integrated Strategy for Children Infected and Affected with HIV/AIDS* (see Executive Summary in Appendix A). In general, this plan is to ensure that children have access to integrated prevention and support services, which address their basic needs for food, shelter, health care, family or alternative care, information, education and protection from abuse and maltreatment. As such, it will include the following programmes:

- ✍ Community-based care and support;
- ✍ Voluntary counselling and testing;
- ✍ Life Skills and HIV/AIDS education in primary and secondary schools; and
- ✍ Community outreach.

These programmes will consist of the development of co-ordinating structures, income generation activities, specific prevention activities targeting children and youth, community-based care, capacity building, accessing grants and legal placements, training of educators, as well as voluntary counselling and testing. These initiatives will be underpinned by a community outreach programme aimed at increased HIV/AIDS awareness. An inter-sectoral approach will be followed to achieve this goal.

According to the DoH, tenders to address issues that have been raised in this report include:

- ✍ The design of a manual regarding care and support of the learner in an educational context, including sensitivity of disclosure and the process of the disease.
- ✍ A national *Youth Risk Behaviour Survey* that will be a baseline to measure impact for the primary school learners as well as the secondary school learners.
- ✍ The development of age appropriate Information Education and Communication (IEC) materials with a specific focus on HIV/AIDS (including a reproductive health care flipchart for adolescents).
- ✍ The development of a Grade 8 and Grade 9 teacher's guide and learner activity book on Life Skills and HIV/AIDS as a programme for educators to use lesson by lesson.

In addition, other initiatives include:

- ✍ Piloting the impact of training educators in lay counselling skills in a few schools to act as a contact person for learners needing assistance related to HIV/AIDS.
- ✍ Introducing peer education to accelerate existing implementation models, with a view to looking at the development of guidelines for peer models including indicators, and monitoring and evaluation tools for Master Trainers and educators.
- ✍ Developing standards and monitoring tools for the Life Skills-HIV/AIDS programme.

APPENDIX B

SCHOOL AND RESPONDENT CHARACTERISTICS

1. Characteristics of Schools

A total of 101 schools were reached through fieldwork.

Table 1: Number of Schools Reached by Province and Geographic Location

| | Urban | Peri-Urban | Rural | TOTAL |
|-------------------|-----------|------------|-----------|------------|
| Eastern Cape | 1 | 5 | 9 | 15 |
| Free State | 5 | 4 | 2 | 11 |
| KwaZulu Natal | 3 | 2 | 10 | 15 |
| Mpumalanga | 4 | 2 | 5 | 11 |
| Northern Cape | 4 | 4 | 2 | 10 |
| Northern Province | 1 | 3 | 10 | 14 |
| Northwest | 1 | 1 | 10 | 12 |
| Western Cape | 7 | 6 | 0 | 13 |
| TOTAL | 26 | 27 | 48 | 101 |

Only 10 schools in the sample were former-model C schools - Western Cape (4), Northern Cape (2), Free State (2), Northwest (1), and Mpumalanga (1).

As part of the evaluation, principals and SGB members were asked to indicate whether their schools were experiencing any problems related to infrastructure, resources, or services (conditions of buildings, water, electricity, sanitation); law and order (vandalism, gangsterism); management of the schools (collection of school fees, supplies of materials, etc.); educator skills and performance, as well as other variables¹. The purpose was to determine if certain characteristics of the school were significantly impeding or facilitating the implementation of the LS programme.

For every variable, urban schools indicated fewer problems than peri-urban or rural schools, which reported more serious resource constraints (*textbooks, computers, classrooms, auxiliary facilities, water/electricity/sanitation, etc.*) as well as more serious capacity issues (e.g. *educator knowledge of instructional methodologies, fundraising skills, how to become a section 21 school*) (see Figure 1 to Figure 3).

¹ See the last set of questions on the school profile instrument or the SGB instrument for a listing of the variables that were scored.

Figure 1: Problems Experienced by Schools (pt 1 of 3)

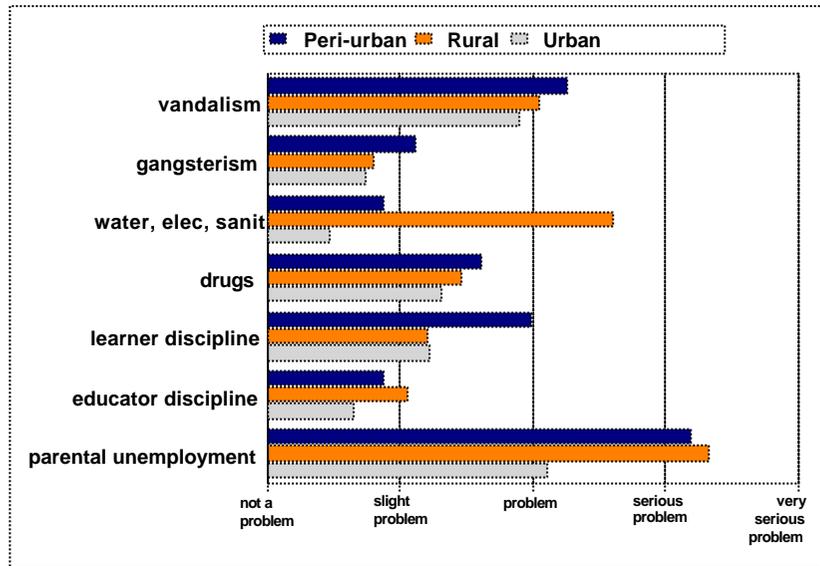


Figure 3: Problems Experienced by Schools (pt 3 of 3)

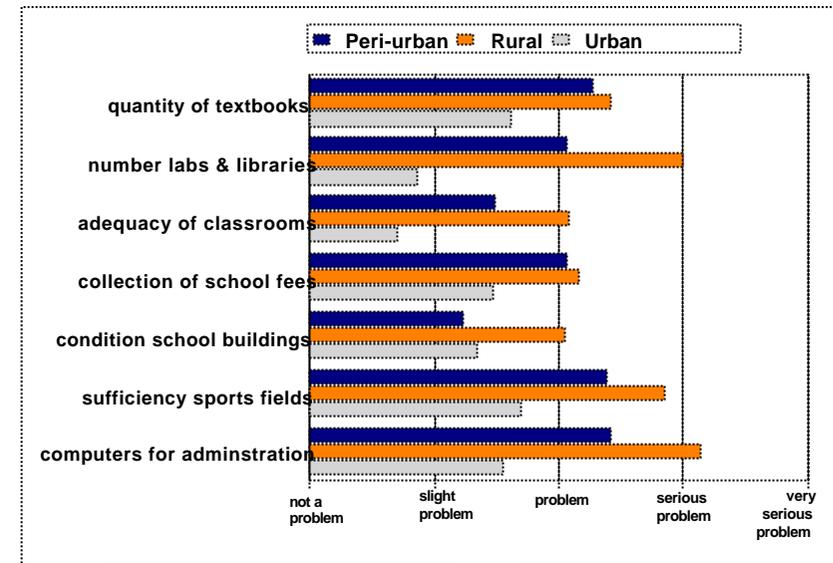
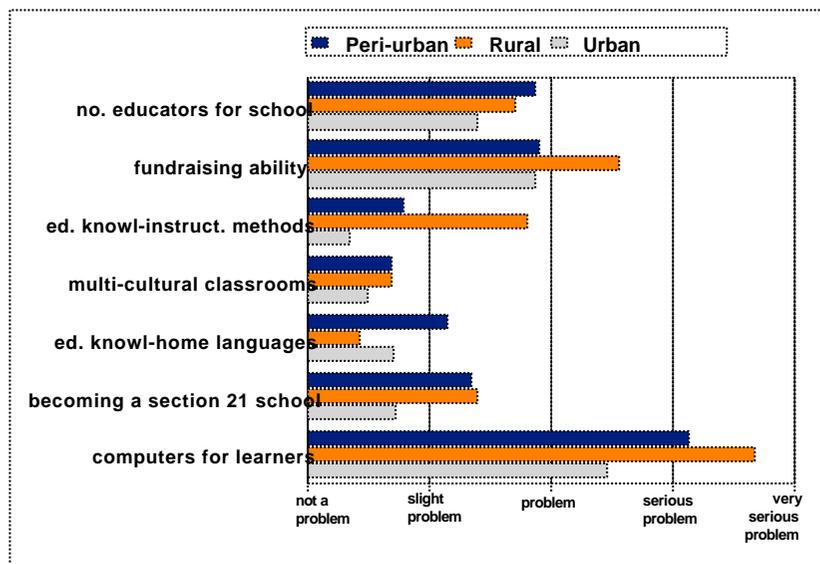


Figure 2: Problems Experienced by Schools (pt 2 of 3)



1.1. Audio-visual Equipment

Presence of television sets at the school: Educators were asked if their schools had a television set. Fifty percent of the educators stated that their schools have television sets. As is evident from Figure 4, significantly fewer rural schools (25 percent) compared to schools in urban and peri-urban areas (37 and 38 percent respectively) have television sets. However, this need should be weighed against the infra-structural disparities, which exist between rural and other areas, including the provision of electricity.

Condition and use of television sets: Of the schools, which have television sets, most were reported to be in good working condition (89 percent). Forty six percent of respondents reportedly used their television sets *a few times a year*; compared to 23 percent who used it *on a weekly basis*, 11 percent who used it *at least once a month* and 20 percent who have a television set, but *have never used it* (See Figure 5). This percentage is 20,8 percent of the 89 percent of schools who indicated they had television sets in working order. However the use of television sets for the Life Skills-HIV/AIDS Programme varies greatly by geographic area. More urban areas (40 percent) and peri-urban areas (37 percent) reported use of television sets compared to rural areas (22 percent). As suggested above, the absence of electricity in peri-urban and rural areas could be the main reason for the low frequency of use.

Figure 4: Presence of Television Sets by Geographical Area

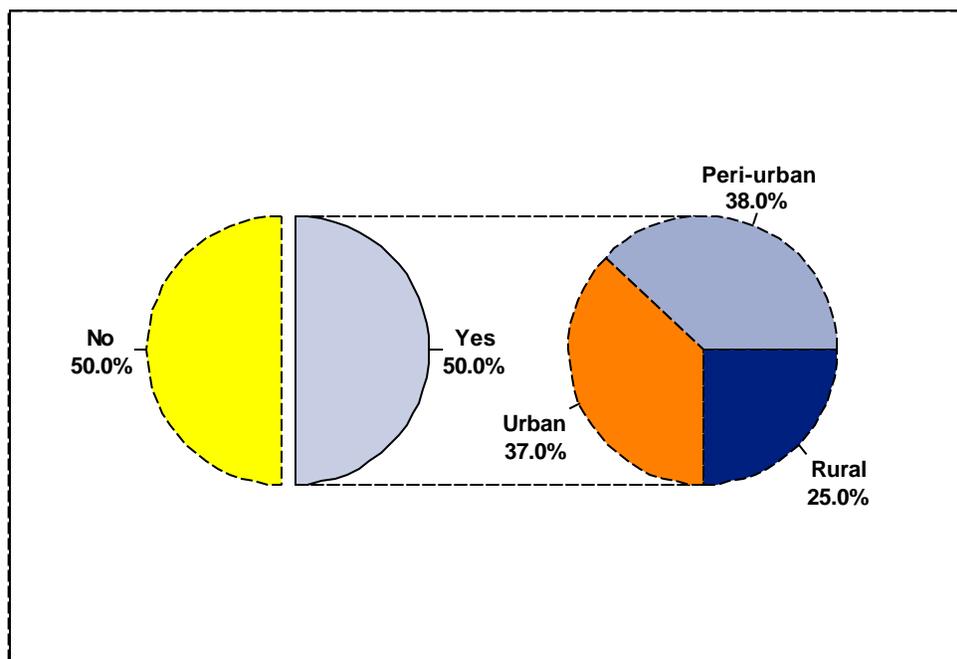
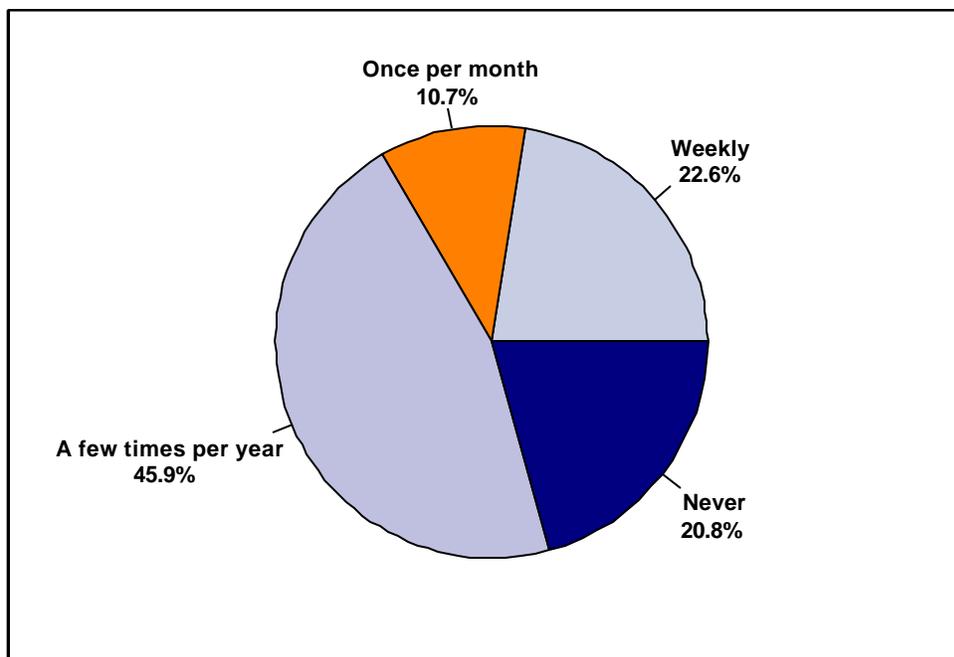


Figure 5: Frequency of Television Use



Presence of video machines at the school: Educators were also asked if their schools had video machines, and Figure 6 depicts that only 40 percent of these educators stated that their schools have video machines. The presence of video machines was significantly greater in peri-urban (38 percent) and urban (35 percent) schools compared to rural schools (27 percent).

Condition and use of video machines: Like television sets, the vast majority (89 percent) of video machines were reportedly in working order. Forty-two percent of the respondents reportedly use their video machines *a few times a year*; compared to 24 percent who use it *on a weekly basis*, 12 percent who use it *at least once a month*, and 22 percent who have a video machine but *have never used it* (See Figure 7). These percentages represent only the video machines which are reportedly in working order (89 percent). While no significant differences existed between frequency of use geographical location, significant differences did exist between frequency of use and implementation status. Learners from better implementing schools report significantly more opportunities to watch videos on Life Skills and HIV/AIDS than schools in the other implementation categories (45 percent and 27 percent for Types 1 and 2 respectively). However, we also found that 26 percent of learners from non-implementing schools (Type 6) that have also watched videos on Life Skills-HIV/AIDS. Topics of the videos are mainly on HIV/AIDS prevention.

Figure 6: Presence of Video Machines by Geographical Area

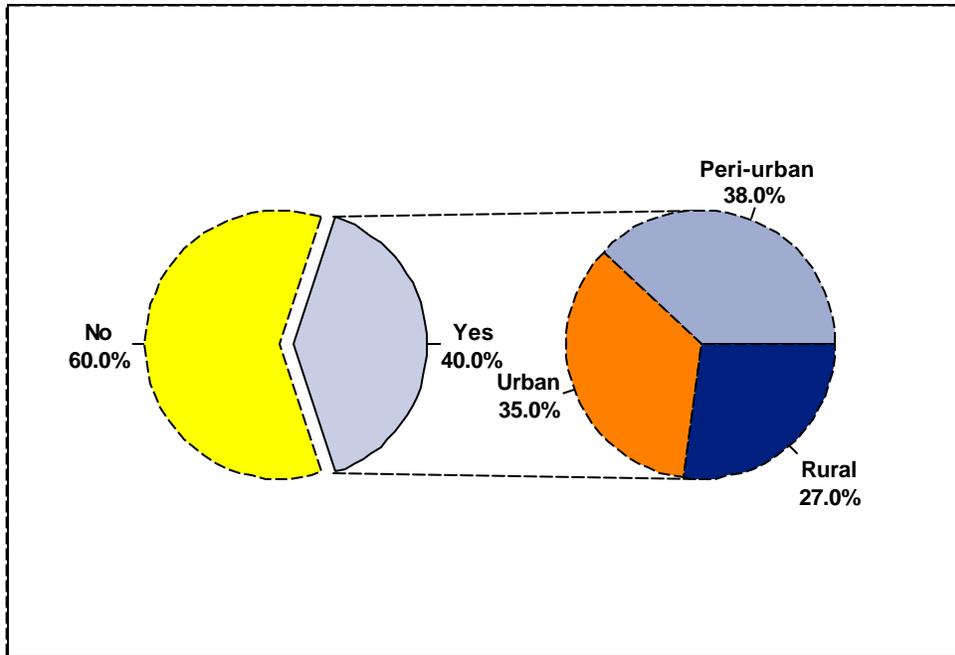
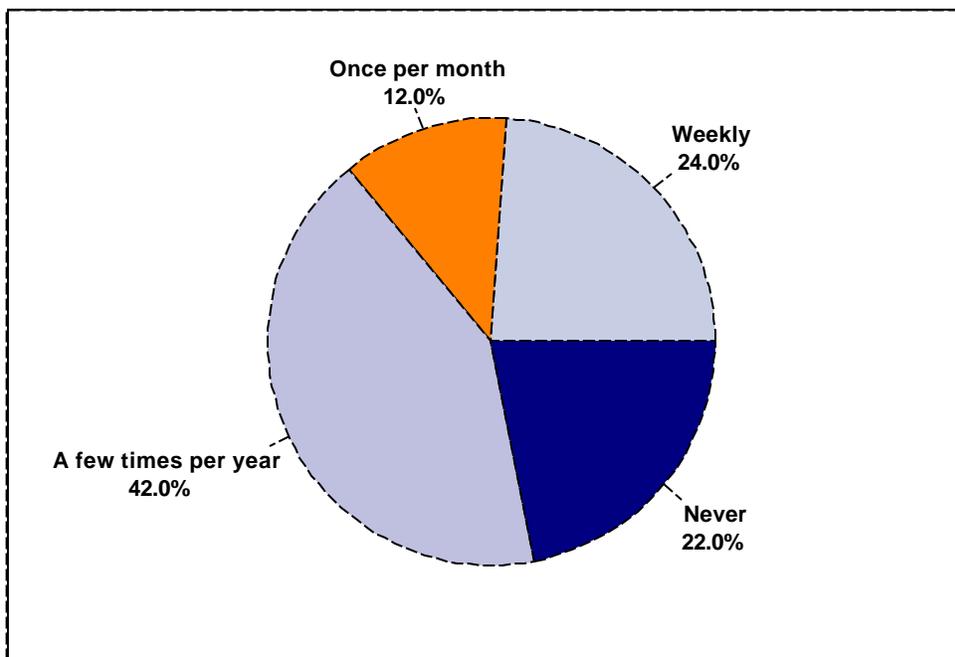


Figure 7: Frequency of Video Machine Use



1.2. Other School Characteristics

Respondents' Position: Of the 99 respondents who answered the school profile questionnaire, 72 percent were principals, 7 percent were acting principals, 11 percent were deputy principals and 9 percent were head of departments.

School type: Eleven percent of the respondents reported that their school had formerly been a model C school.

Average size of classes: The average size of Grade 8 to Grade 12 classes is provided in the Table 2 below.

Table 2: Size of classes in each grade

| | Number of learners per class |
|----------|------------------------------|
| Grade 8 | 48 |
| Grade 9 | 46 |
| Grade 10 | 45 |
| Grade 11 | 42 |
| Grade 12 | 37 |

There is, however, a significant difference between the average number of learners per class and the location of the school. Specifically, rural schools tend to have the largest classes (classes range from 39 to 56 learners) followed by schools in peri-urban areas (classes range from 37 to 49 learners). Schools in urban areas tend to be the smallest with classes ranging from 31 to 34 learners.

Age Range of Learners: The range of ages for all learners in the school in Grade 8 to Grade 12 is provided in the table below.

Table 3: Age range for learners at each grade

| | Minimum Age | Maximum Age |
|----------|-------------|-------------|
| Grade 8 | 11 | 25 |
| Grade 9 | 12 | 27 |
| Grade 10 | 13 | 26 |
| Grade 11 | 14 | 27 |
| Grade 12 | 14 | 32 |

2. Characteristics of Educators

Respondents' Age: Most of the educators in the sample were either between the ages of 25 and 34 (47 percent) or between the ages of 35 and 44 (43 percent).

Respondents' Gender: The sample of educators consists of 59 percent females and 41 percent males.

Respondents' Post level: Most educators (80 percent) reported that their post level was Level 1. Seventeen percent reported to be at Level 2, with 3 percent at Level 3.

Respondents' Highest qualification: Only one educator in the sample has an M+1 qualification. The remaining respondents have a M+2 (1 percent), a M+3 (32 percent), a M+4 (28 percent); a BSc or B.E.D qualification (30 percent), or a MA or Med degree (2 percent).

No significant differences were found between educator's highest level of qualification and implementation status. This suggests that educators at schools, which are fully implementing the Life Skills-HIV/AIDS programme, are as qualified (in terms of formal qualifications) as those at schools, which are only partially implementing or not implementing the programme at all.

Respondents' Total Years of Teaching Experience: Years of teaching experience ranged from 1 to 32, with a mean of 10.36.

Attended training offered by the Department of Education: Sixty-three percent of the sample of educators reported that they had attended training offered by the Department of Education in the last three years, for any topic or purpose. The types of courses attended ranged from subject-specific (such as English, Afrikaans, Maths, Science, Geography, Drama) to more

non-specific training (such as management training, OBE training for C2005 implementation, ABET, career development, teacher appraisal, trauma counselling and life skills).

Subjects taught at school: The subjects taught by the educators, and the relevant grade levels are provided on the table below.

Table 4: Subjects taught by educators and grade levels

| Subject | Taught at school (% of educators in sample) ² | Percentage of Grades Taught | |
|--------------------------|--|-----------------------------|------------|
| | | Grade | Percentage |
| Languages | 47 | Grade 8 | 42% |
| | | Grade 9 | 35% |
| | | Grade 10 | 41% |
| | | Grade 11 | 27% |
| | | Grade 12 | 16% |
| Guidance and Life Skills | 30 | Grade 8 | 40% |
| | | Grade 9 | 37% |
| | | Grade 10 | 48% |
| | | Grade 11 | 15% |
| | | Grade 12 | 26% |
| Biology | 16 | Grade 8 | 100% |
| | | Grade 9 | 18% |
| | | Grade 10 | 18% |
| | | Grade 11 | 2% |
| | | Grade 12 | 14% |
| Geography | 15 | Grade 8 | 47% |
| | | Grade 9 | 35% |
| | | Grade 10 | 47% |
| | | Grade 11 | 18% |
| | | Grade 12 | 18% |
| History | 15 | Grade 8 | 39% |
| | | Grade 9 | 33% |
| | | Grade 10 | 31% |
| | | Grade 11 | 27% |
| | | Grade 12 | 12% |
| Mathematics | 12 | Grade 8 | 44% |
| | | Grade 9 | 49% |
| | | Grade 10 | 34% |
| | | Grade 11 | 20% |
| | | Grade 12 | 10% |
| Physical Science | 9 | Grade 8 | 38% |
| | | Grade 9 | 38% |
| | | Grade 10 | 31% |
| | | Grade 11 | 16% |
| | | Grade 12 | 19% |
| Accounting | 7 | Grade levels not specified | |

3. Characteristics of Learners in sample

Learners’ Age: The average age of the learners in the sample was 16.8 years, with a minimum of 12 and a maximum of 24.

Learners’ Gender: Fifty-one percent of the learners were male and 49 percent were female.

² Percentages add up to more than 100% because many teachers are responsible for more than one subject area.

Learners’ Grades: Table 5 below depicts that the majority of learners in our sample were from Grade 11 (31 percent) or Grade 8 (26 percent) classes.

Table 5: Learners' Grades

| | Number of learners per class responding to study |
|----------|--|
| Grade 8 | 26 |
| Grade 9 | 8 |
| Grade 10 | 17 |
| Grade 11 | 31 |
| Grade 12 | 12 |

Learners’ Ages by gender: There is a relatively even distribution of males and females across the age range of 12 to 24 in the sample.

Learners’ Ages by grade: The range of ages for learners who participated in this study is provided in the table below.

Table 6: Age range for learners at each grade

| | Minimum Age | Maximum Age |
|----------|-------------|-------------|
| Grade 8 | 12 | 22 |
| Grade 9 | 13 | 19 |
| Grade 10 | 14 | 20 |
| Grade 11 | 15 | 24 |
| Grade 12 | 16 | 24 |

Learners’ Grade by gender: There is a relatively even distribution of males and females in the sample for Grades 8 to 12.

Table 7: Percentage female and male learners at each grade level

| | Female | Male |
|----------|--------|------|
| Grade 8 | 25% | 27% |
| Grade 9 | 8% | 9% |
| Grade 10 | 19% | 14% |
| Grade 11 | 30% | 31% |
| Grade 12 | 18% | 19% |

4. Characteristics of SGB Members

Age and Gender: The vast majority of SGB members interviewed (88 percent) were over 35 years of age, with nearly half (46 percent) in the 35-44 age group. Twenty-two percent of SGB members were 45-54 years of age, and 20 percent were 55 years or older.

Sixty percent of those interviewed were male, while 40 percent were female.

SGB Position: In only 43 percent of cases, were we able to interview a board member with position as Chair (18 percent), Secretary (18 percent) or Treasurer (7 percent). The remaining 57 percent of the SGB members interviewed were “other” board members.

Years of Service as SGB Member: Nearly half the SGB members interviewed (46 percent) had served for 1-2 years on the SGB. The remainder served for a wide variety of years ranging from 3 to 20. The mean number of years of SGB service was 3.6 years.

APPENDIX C

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APPENDIX D

Comparison of Khulisa Findings with Gauteng Study

This appendix compares the findings of this study (the “Khulisa” study) with a similar evaluation undertaken in Gauteng in 1999¹ (“Gauteng” study). The methodology used was similar to that used in the Khulisa study, but some of the major differences in the scopes of the two evaluations are that:

- (i) The Khulisa study was specifically charged with categorising schools as full, partial, or non-implementers and this was not required or undertaken in the Gauteng study,
- (ii) The Gauteng study looked at differences in implementation between suburban schools and township schools in the province, where the Khulisa study looked at differences between provinces and rural/peri-urban/urban status;
- (iii) A more detailed examination of training effectiveness (including recruitment of teachers and experience of master trainers) was conducted by the Gauteng study than the Khulisa study, and
- (iv) Data collection for the Gauteng study was conducted in April, May and June 1999 while data collection in the Khulisa study was conducted in March and April 2000.

Otherwise, the following presents the areas of overlap.

Implementation

Both studies found that there are schools that have been offering guidance for many years and the Khulisa study found that this appears to have been a major facilitating factor for successful introduction of the Life Skills programme in a school. Likewise, both studies found that there are other schools without a tradition of offering guidance and that this appears to have been a constraint to implementation (particularly when there was no accommodation of the “new” Life Skills programme on the timetable).

The Gauteng study found that trainers perceive AIDS and sexuality topics to be sensitive subjects for teachers, learners, and parents. The Khulisa study also found that provincial and district managers believe the subject is sensitive for schools. But the Khulisa study found that only very few respondents from the school level admitted that the subject was sensitive or that there were cultural barriers to implementation. This suggests that these perceptions on the part of trainers and programme managers do not accurately reflect reality at school level.

Perceived Implementation Success Rate

Both studies asked respondents to rate their overall success in implementation on a scale of 0-10 (from 0=no success to 10=high levels of success).

¹ Social Surveys. *Evaluation of the Implementation of the Life Skills Programme (in Gauteng Province)*. No date

Both studies found that while programme managers and school staff are generally positive about the implementation of the programme, success is viewed as only “average” (neither study had mean scores above 7). This signifies a recognition by key players that generally there is room for improving overall implementation.

Mean scores in Gauteng appear to be slightly higher than in other provinces, suggesting that programme managers and school staff in Gauteng are more satisfied with their performance than those in other provinces.

Training

Gauteng appears to have reached more schools with training than other provinces and more teachers were trained per school in Gauteng than in other provinces (3.6 per school in Gauteng compared to 1.5 per school in other provinces).

Both studies found that recruitment of educators for the initial training was not always carried out according to the criteria established by the master trainers. This appears to have negatively impacted on implementation in Gauteng and elsewhere, especially when less interested or less “appropriate” educators were selected and sent for training.

Both studies found wide variation in the delivery of training – some courses were condensed into a few days, while others were short sessions spread out over a longer time period.

Both studies found that educators’ response to training was positive, although the amount of time allocated to training was generally deemed to be insufficient to begin teaching Life Skills with confidence.

Content of Life Skills activities

Both studies found that HIV/AIDS awareness was the most common component of the Life Skills curriculum being taught in schools. Other aspects, such as abuse, family relationships, self awareness, decision making, etc. are far less commonly taught during Life Skills sessions.

The Gauteng study found that teachers reported that they did not implement the other parts of the Life Skills Curriculum because of time (and manpower) constraints or the fact that the programme is not allocated on the timetable.

Materials

Both studies found that the materials were generally acceptable (albeit with a few exceptions), but that the quantity of materials was inadequate. Indeed, Khulisa found that very few school could recall having received the materials meant for them and that materials are reportedly generally missing from the school itself.

Obstacles to Implementation

Both studies found that the main factor associated with implementation success was the absence of guidance or Life Skills on the timetable. Both studies also found that insufficient materials, lack of commitment or interest by school staff, and (to a much less extent) parental resistance or cultural barriers also constrained implementation.

Support and Monitoring

Both studies found that provision of support was inconsistent, but the Gauteng data suggests that support is slightly more accessible in that province – 35 percent of educators in Gauteng vs. 45 percent of educators elsewhere said that they had never received a support visit on this programme.

The Khulisa study also showed that delivery of support (or the lack thereof) had no relationship to the success of implementation efforts – that is, that even when support visits occur, they don't appear to enhance overall implementation in the schools. This suggests the need to strengthen the quality of support services being delivered by district and provincial education officers.

Both studies noted that district or provincial managers were conducting very little programme monitoring. The main reasons cited (in both studies) were the lack of time or people to do monitoring.

Project Management

The Gauteng study found that many coordinators expressed difficulty in managing the project, due to lack of capacity. The Khulisa Project also found that many programme managers expressed a lack of resources (time) due to other responsibilities, transport, and/or training, to conduct their responsibilities effectively.

Suggestions for Making the Programme more Successful

Both studies found similar responses to this question:

- ✍ More training;
- ✍ Enhancing the involvement of parents;
- ✍ Making Life Skills compulsory (formally accommodate it on the timetable);
- ✍ More materials and teaching aids;
- ✍ Increasing the level of support of principals; and
- ✍ More external presentations to learners.

APPENDIX E

PROVINCIAL PROFILES

Each school in the sample was classified into one of six “types” that describe the extent to which the LS programme was being implemented in the school – from “full implementation” to “no implementation” at all¹. This classification was done through combining information provided by principals in the school profile, by educators in the educator focus group and questionnaires, and by learners in their focus group discussions.

1. Eastern Cape

1.1. Sample

Table 1 summarises the sample of schools in the Eastern Cape.

Table 1: Sample of Schools for Eastern Cape

| | No. Schools |
|--------------|-------------|
| Urban | 1 |
| Peri-urban | 5 |
| Rural | 9 |
| TOTAL | 15 |

All educators (60 educators) completed the questionnaires that were administered to them.

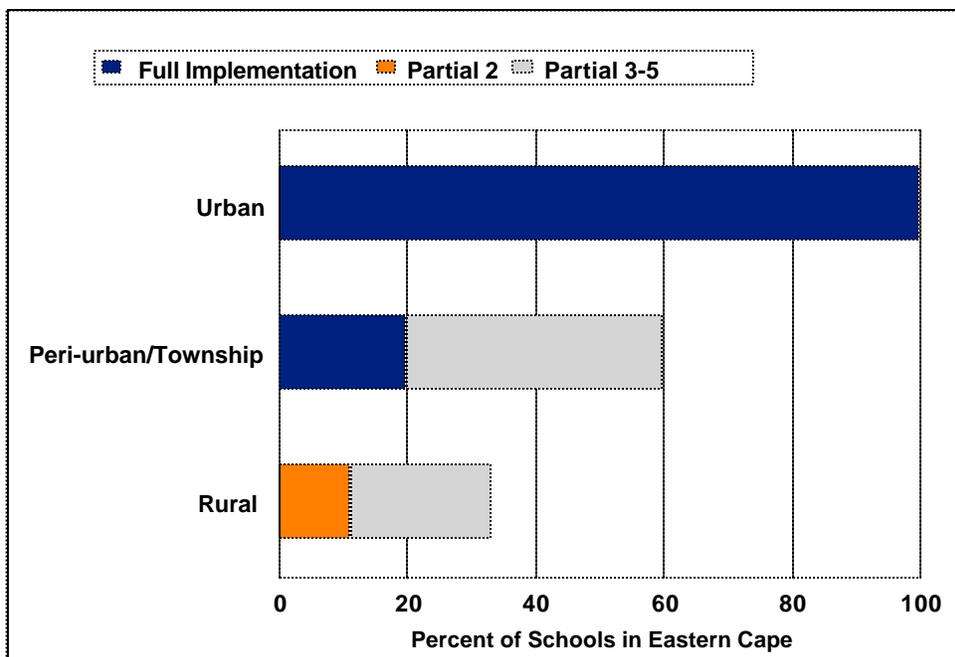
1.2. Extent of Implementation

In the Eastern Cape, more than half the schools (53 percent) are not implementing the LS programme at all, although 34 percent are partially implementing the programme (Types 2-5), and 13 percent are fully implementing (type 1). Figure 1 depicts the extent of LS programme implementation by geographic location. Only 1 school is an urban-based school and it is fully implementing the programme. One peri-urban school is also fully implementing the programme, while the remainder of peri-urban schools are either partially implementing or not implementing at all. No rural schools are fully implementing the programme, however, 33 percent of rural schools are at least partially implementing.

Sixty percent of schools have additional or alternative programmes mostly emanating from organisations outside the school. These are more frequently found in the peri-urban and rural schools.

¹ Refer to Table 6.1 in the main document for detailed descriptions of implementation types.

Figure 1: Extent of LS Programme Implementation by Geographic Location



1.3. Training

Table 2 presents a summary of the Khulisa data for the initial training of educators and current implementation.

Table 2: Initial Training of Educators and Current Implementation

| | |
|---|-------------------------|
| Percentage of <u>schools</u> that sent educators for initial training | 70% (N=9 out of 13) |
| Percentage of <u>schools</u> where educators who did not receive training are implementing the Life Skills programme. | 33% (N=2 out of 6) |
| Percentage of all <u>initially-trained educators</u> still working at the school | 90% (N=19 out of 21) |
| Percentage of all <u>initially-trained educators</u> still working at the school and teaching Life Skills | 57% (N=12 out of 21) |
| Percentage of all <u>initially-trained educators</u> still working at the school but NOT teaching Life Skills | 33% (N=7 out of 21) |

Note: Differences in denominators for “percentage of schools” is due to missing data for certain items

Coverage of Initial Training – More than half the schools in the Eastern Cape (54 percent) sent between 1 and 2 educators for training on Life Skills-HIV/AIDS. While some schools did send more (8 percent of schools sent 3 educators and another 8 percent sent 6 educators for training), 30 percent of schools sent no one for initial training. The primary reasons cited by principals for not having sent educators to initial training were: *school was not informed about the date and venue of training*, and *shortage of staff at the school*.

Educators who received training report having been trained by the DOE and PPASA mostly during 1998 (61 percent). While only 22 percent of educators actually volunteered to attend initial training, the vast majority of educators were instructed by school management to attend. Notably, only 50 percent of educators who were trained felt that the training seen as sufficient for them to begin teaching the programme with confidence.

Are Trained Educators still Teaching the LS Programme - Nearly all trained educators (90 percent) are still working at the schools, of which 57 percent are still teaching the LS programme. The relationship between still teaching LS and implementation status was found to be statistically significant. In other words, those educators still teaching the programme were predominantly from Type 3 implementing schools (67 percent), with a further 25 percent of schools fully implementing the programme.

Follow-up or Refresher Training – Seventy percent of principals report that no educators who received the initial training for the Life Skills-HIV/AIDS programme have ever received any follow-up or refresher training. Similarly, all the educator respondents, however, state that refresher courses have never been offered to them. When refresher training was provided, principals say it was usually provided by the *subject advisor*.

1.4. Materials

Requests for Materials – In the Eastern Cape, the majority of principals (79 percent) and educators (75 percent) have never requested materials for implementation. But among those who have requested materials, more than two-thirds of them state they received the materials.

Source of Materials – Thirty-three percent of principals say they access materials from the district health office. Another 33 percent obtain materials from the local clinics, and the remaining respondents from the provincial health office. While 29 percent of educators also go the local clinics to obtain materials for Life Skills-HIV/AIDS, the main sources of materials include the district education office (36 percent) as well as local NGOs/CBOs (14 percent).

Adequacy of materials – Educators in the Eastern Cape are less satisfied with materials than educators elsewhere. Sixty-seven percent of them indicate that the materials received are *just adequate*, while a further 25 percent report that materials are *not adequate*. A variety of materials were reportedly received, such as educator and learner publications, pamphlets, posters and videos.

1.5. Support

Support Ever Requested / Received – Eighty-six percent of schools in the Eastern Cape have not requested support from the province or district for the implementation of the LS programme. For the remaining schools, funding and materials were the most common types of support requested, but it was reportedly received in only 50 percent of cases. However, when support is received, it generally comes from the local clinics or the provincial education office (rather than from the district office).

As in the case of principals, the vast majority of educators (73 percent) also have never requested support for the teaching of the LS programme. Statistically significant differences were found between the request for support and implementation status in the Eastern Cape -- the few educators who have requested support come mostly from fully implementing schools. When support is needed, requests are usually directed to other school staff (44 percent of all responses), but also from the district health office (19 percent), the district education office (13 percent), or the provincial health office (13 percent).

How strongly does the District Office Support the LS Programme – Both principal and educator responses varied on how strongly the district offices support the LS programme. While 31 percent of principals and educators alike believe district support to be only moderate, slightly more principals (23 percent) than educators (15 percent) believe that the district offices are strong supporters of the implementation of the LS programme.

Frequency of Contact with District Officials – Actual contact/visits/meetings with district officials, within the last 3 months was indicated by only 12 percent of educator respondents. A notable 64 percent have never had support visits from those district officials responsible for the implementation of LS in schools. There is no statistically significant difference between frequency of contact and implementation status.

2. Free State

2.1. Sample

Table 3 summarises the sample of schools in the Free State.

Table 3: Sample of Schools for Free State

| | No. Schools |
|--------------|-------------|
| Urban | 5 |
| Peri-urban | 4 |
| Rural | 2 |
| TOTAL | 11 |

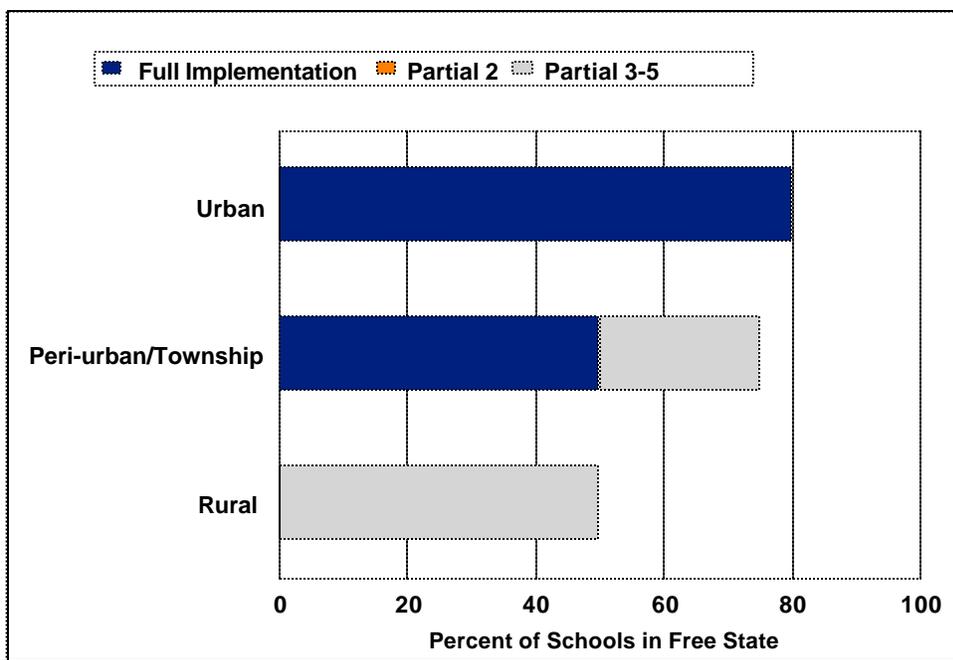
Only 23 out of 44 educators targeted, completed the questionnaires that were administered to them.

2.2. Extent of Implementation

Encouragingly, 55 percent of schools in the Free State are fully implementing the LS programme. However, a notable 27 percent are also not implementing the programme at all. As is evident from Figure 2, rural schools in the Free State are only partially implementing the Life Skills-HIV/AIDS programme, while 80 percent of urban schools and 50 percent of the peri-urban schools are fully implementing. In addition, 73 percent of schools in the Free State have additional or alternative programmes, ranging from Type A to Type D². These additional programmes appear in all the urban schools and in 75 percent of peri-urban schools. No rural schools indicated the existence of any additional programmes at their schools.

² Refer to Table 6.4 in the main document for a detailed description of alternative programme types.

Figure 2: Extent of LS Programme Implementation by Geographic Location



2.3. Training

Table 4 presents a summary of the Khulisa data for the initial training of educators and current implementation.

Table 4: Initial Training of Educators and Current Implementation

| | |
|---|------------------------|
| Percentage of <u>schools</u> that sent educators for initial training | 64% (N=7 out of 11) |
| Percentage of <u>schools</u> where educators who did not receive training are implementing the Life Skills programme. | 80% (N=4 out of 5) |
| Percentage of all <u>initially-trained educators</u> still working at the school | 50% (N=7 out of 14) |
| Percentage of all <u>initially-trained educators</u> still working at the school and teaching Life Skills | 36% (N=5 out of 14) |
| Percentage of all <u>initially-trained educators</u> still working at the school but NOT teaching Life Skills | 7% (N=1 out of 14) |

Note: Differences in denominators for “percentage of schools” is due to missing data for certain items

Coverage of Initial Training – Sixty-four percent of Free State schools report that their staff attended initial training (generally between 1 and 2 educators per school). There was no significant difference in the coverage of initial training between schools that were implementing the programme and those that weren’t. For the remaining 36 percent of schools who reported that no educators received initial training in Life Skills, the following reasons were cited: *no training programme was offered* and *due to redeployment*. This is interesting, since no principals cited redeployment as a major factor for educators who are no longer working at the school. Instead promotions and retirement were cited as the primary reasons.

Educators report that training was most often provided by PPASA (83 percent), and occurred in 1997 (67 percent of respondents) or 1998 (33 percent of respondents) for a maximum of 5 days. Educators were mostly instructed by school management to attend the training (67

percent of all respondents). Only 50 percent of trained educators say the training was sufficient for them to begin teaching the LS programme.

Are Trained Educators still Teaching the LS Programme – Only half the trained educators are still working at their schools (50 percent), and 36 percent of them are still teaching the Life Skills-HIV/AIDS programme. Interestingly, nearly all the schools in the sample (80 percent) state that other educators who did not receive training are also implementing the programme.

Follow-up or Refresher Training – Only 13 percent of principals and 17 percent of educators reported that educators who received initial training have been given follow-up or refresher training. This training was reportedly provided by (unspecified) organisations other than the DOE or PPASA.

2.4. Materials

Requests for Materials – Slightly more principals (73 percent) than educators (52 percent) in the Free State have requested materials for the implementation of the LS programme, and most of them report that the materials requested were received.

Source of Materials – According to school principals, materials and teaching-aids are more often received from district and provincial education offices. Similarly, educators also access materials from district education offices, and also from district health offices. No significant differences were found between source of materials and geographical location.

Adequacy of materials – A notable 57 percent of educators report that the materials they receive are not adequate for implementing the LS programme in their schools. In general, pamphlets and educator publications are received.

2.5. Support

Support Ever Requested / Received – Only 40 percent of schools in the Free State have ever requested support for the Life Skills-HIV/AIDS programme from the province or district, and three-quarters of these schools are fully implementing (Type 1) the programme. More often, the kind of support requested was *extra money* and *technical support* followed by *materials* and *management support*. In 75 percent of cases, this support was received, predominantly from either the district education office or the local clinics.

Similarly, only 48 percent of educators have ever asked for support for teaching Life Skills in their schools. In general, support was requested from NGOs/CBOs (46 percent), and from district health (39 percent) and district education (39 percent) offices. This support was received in 82 percent of cases and more often reported by educators of fully implementing schools.

How strongly does the District Office Support the LS Programme – More than half of the principals interviewed indicated that their district offices are *strong* supporters of the LS programme (57 percent), in contrast to only 24 percent of educators who saw the district offices as strong supporters of the programme. A further 29 percent of principals and 32 percent of educators reported that district offices were *moderate* supporters.

Frequency of Contact with District Officials – In the Free State, most educators in our sample have had contact with a district official on this programme -- only 10 percent of educators indicated that they have had no contact/visits/meetings with a district officer responsible for the Life Skills-HIV/AIDS programme. Forty percent reported support visits *within the last 3 months*. A further 30 percent of the respondents indicated support visits *more than 12 months ago*. The remaining 20 percent reported meetings with a district officer *3-6 months ago* or *7-*

12 months ago. Interestingly, visits that occurred within the last 3 months were reported mainly from schools with more successful implementation (Type 1).

3. KwaZulu Natal

3.1. Sample

Table 5 summarises the sample of schools in KwaZulu Natal.

Table 5: Sample of Schools for KwaZulu Natal

| | No. Schools |
|--------------|--------------------|
| Urban | 3 |
| Peri-urban | 2 |
| Rural | 10 |
| TOTAL | 15 |

All educators (60 educators) completed the questionnaires that were administered to them.

3.2. Extent of Implementation

KwaZulu Natal has discouraging results regarding the implementation of the programme. Eighty-seven percent of schools in the sample (13 of 15 schools) are not implementing the Life Skills-HIV/AIDS programme at all. Of the 2 schools that are implementing the programme, both are implementing successfully (Type 1). One school is urban-based while the other is a rural school. Peri-urban schools included in our sample were not implementing the programme at all. Additional or alternative programmes were seen in only 4 schools (27 percent of the sample). Again, these occur more commonly in the urban or rural schools.

We also find that all the schools reached in KwaZulu Natal are not model C schools and 92 percent of all the schools in our sample are not implementing the Life Skills-HIV/AIDS programme at all.

KwaZulu Natal has the lowest implementation rate, and this appears to be due to a general lack of initial training among the schools in the KZN sample. Indeed, of the 15 schools in the KZN sample, only 2 schools reported sending teachers for training (one teacher from each school). And although these teachers are still at the school, they are not teaching the Life Skills Programme and these schools are classified as Type 6 (no implementation). In contrast, the two other KZN schools classified as Type 1 (full implementation) never sent any teachers for DOE training. Rather these two KZN schools are fully implementing apparently because of their own independent efforts in getting a programme going in their school.

We know from a separate report³ that KZN trained teachers in 1997 and 1998 but that many schools did not participate and that low attendance rates were experienced in the training courses. This appears to corroborate our low figures on the number of schools who reported that their educators did not attend training.

Another factor may be the sampling. Although the schools were randomly sampled, the rural schools in the KZN sample were located mainly along the north and south coasts of the province and were not evenly distributed throughout the inland areas of the province. A final explanation may be the weighting of the KZN sample toward rural schools. Table 5 shows

³ Markham, J. *Evaluation of Life Skills -- Teacher Training Project*. May 1998. Markham reported that between 600 and 850 teachers were trained, but this represents only 30 percent of the schools in the province if 2 teachers were trained from each school (and 60 percent if one teacher was trained from each school).

that 10 of the 15 schools in the KZN sample were “rural”. We know that implementation is generally poorer among rural schools, and this may have “pulled down” the overall provincial average.

3.3. Training

Table 6 presents a summary of the Khulisa data for the initial training of educators and current implementation.

Table 6: Initial Training of Educators and Current Implementation

| | |
|---|------------------------|
| Percentage of <u>schools</u> that sent educators for initial training | 13% (N=2 out of 15) |
| Percentage of <u>schools</u> where educators who did not receive training are implementing the Life Skills programme. | 17% (N=1 out of 6) |
| Percentage of all <u>initially-trained educators</u> still working at the school | 100% (N=2 out of 2) |
| Percentage of all <u>initially-trained educators</u> still working at the school and teaching Life Skills | 0% (N=0 out of 2) |
| Percentage of all <u>initially-trained educators</u> still working at the school but <u>NOT</u> teaching Life Skills | 100% (N=2 out of 2) |

Note: Differences in denominators for “percentage of schools” is due to missing data for certain items

Coverage of Initial Training – Eighty-seven percent of schools in KwaZulu Natal have not sent any staff for training in Life Skills-HIV/AIDS, because most of them (64 percent) indicated that *no training programme was offered to them*. The remaining 13 percent of schools sent only 1 educator (1 educator was from the urban school and the other from a rural school).

Educators confirm the low coverage of initial training in KwaZulu Natal -- 90 percent of KZN educators reached through the survey have never received training in Life Skills-HIV/AIDS. When training was received, however, it was provided by some other, unspecified organisation, and educators were instructed to attend training (83 percent). Interestingly, in KwaZulu Natal, two-thirds of educators who did attend training did not believe the training to be sufficient enough for them to begin teaching the LS programme to learners, mainly because the information given to them during the training was inadequate.

Are Trained Educators still Teaching the LS Programme – In our sample, the two trained educators are still working at their schools. However, neither of them are teaching the LS programme. The primary reason for not teaching LS is that *no time is indicated on the school timetable for the programme*. Further analyses reported of one school where educators, who did not receive training, are implementing the LS programme.

Follow-up or Refresher Training – One educator received follow-up or refresher training in Life Skills-HIV/AIDS, and this was provided by the DOE.

3.4. Materials

Requests for Materials – No principals in KwaZulu Natal, and 90 percent of the educators in the sample, have ever requested materials for the implementation of the LS programme. The remaining educators simply did not know if there had been any requests for support.

3.5. Support

Support Ever Requested / Received – None of the 15 schools in the KwaZulu Natal sample have ever requested support from the province or district for the LS programme. When the educators were asked whether or not they have asked for support for teaching the LS programme, only 12 percent of the respondents indicated “yes”. Interestingly, only 1 of these educators was from a fully implementing school. The remainder of respondents were from schools not implementing the programme at all. When support was requested, this was usually directed to NGOs/CBOs (50 percent), the district health office (33 percent), or other school staff (17 percent). Interestingly, this support has generally been received (67 percent).

How strongly does the District Office Support the LS Programme – A notable 42 percent of principals and 43 percent of educators indicated that their district office does not support the implementation of the LS programme in schools. In addition, slightly more educators (41 percent) than principals (25 percent) simply did not know.

Frequency of Contact with District Officials – Fifty-four percent of educators have never had contact/visits/meetings with district officials responsible for the Life Skills-HIV/AIDS programme. If support visits did occur, these generally took place more than 12 months ago.

4. Mpumalanga

4.1. Sample

Table 7 summarises the sample of schools in Mpumalanga.

Table 7: Sample of Schools for Mpumalanga

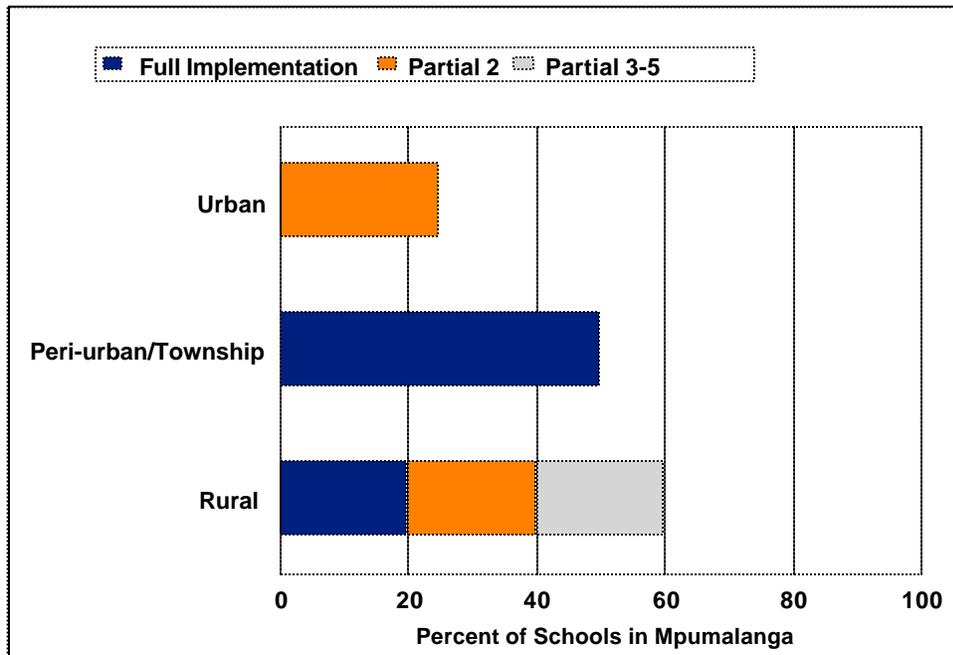
| | No. Schools |
|--------------|-------------|
| Urban | 4 |
| Peri-urban | 2 |
| Rural | 5 |
| TOTAL | 11 |

Forty-three (out of 44) educators completed the questionnaires that were administered to them.

4.2. Extent of Implementation

In Mpumalanga, a notable 55 percent of all schools are not implementing the programme, while only 45 percent are either fully or partially implementing the programme. Full implementation (type 1) is more readily seen in peri-urban and rural schools -- 50 percent of peri-urban schools and 20 percent of rural schools are fully implementing the programme (see Figure 3). More schools in rural areas than peri-urban or urban areas are attempting to implement the programme – in other words, non-implementation is more common in urban and peri-urban areas.

Figure 3: Extent of LS Programme Implementation by Geographic Location



Additional or alternative programmes exist in only 55 percent of schools in Mpumalanga. A great deal more rural schools (60 percent) report having additional or alternative programmes running in their schools (Type A or Type C).

4.3. Training

Table 8 presents a summary of the Khulisa data for the initial training of educators and current implementation.

Table 8: Initial Training of Educators and Current Implementation

| | |
|---|------------------------|
| Percentage of <u>schools</u> that sent educators for initial training | 70% (N=7 out of 10) |
| Percentage of <u>schools</u> where educators who did not receive training are implementing the Life Skills programme. | 67% (N=4 out of 6) |
| Percentage of all <u>initially-trained educators</u> still working at the school | 77% (N=7 out of 9) |
| Percentage of all <u>initially-trained educators</u> still working at the school and teaching Life Skills | 33% (N=3 out of 9) |
| Percentage of all <u>initially-trained educators</u> still working at the school but NOT teaching Life Skills | 44% (N=4 out of 9) |

Note: Differences in denominators for “percentage of schools” is due to missing data for certain items

Coverage of Initial Training –50 percent of schools sent 1 educator for initial training, and a further 20 percent sent 2 educators for initial training. For the 30 percent who had no training, principals cited the main reasons as: *no training programme was offered, the LS programme has not been introduced into the school, and educators simply did not want to attend a workshop on this issue.*

According to educators, training was usually provided by the DOE (54 percent) or PPASA (39 percent). Training predominantly took place in 1998 (53 percent of all respondents) and

lasted for a maximum of 5 days. Most educators who received training (75 percent) volunteered to attend the initial training, and in most (77 percent) they say that training was sufficient to begin teaching Life Skills with confidence.

Are Trained Educators still Teaching the LS Programme – Seventy-seven percent of trained educators are still working at the school. This was found to be statistically significant when analysed by implementation status. Interestingly, those educators still working at their schools are primarily from schools not implementing the LS programme at all (57 percent of all trained educators). Only 33 percent of trained educators are actually teaching the LS programme. Reasons for no longer teaching the LS programme included: *work overload, shortage of staff in schools, teachers have other subject priorities, and resistance from the community*. Sixty-seven percent of schools reported other educators who were not trained but who are implementing the programme.

Follow-up or Refresher Training – According to principals, only 17 percent of educators who received the initial training actually received follow-up or refresher training. Slightly less educators report having received refresher courses (10 percent). It was not specified who conducted the refresher training.

4.4. Materials

Requests for Materials – Very few principals (27 percent) and educators (26 percent) in Mpumalanga have ever requested materials for implementing the LS programme. When requests were made, they were usually made by principals and educators in more successfully implementing schools (Type 1 and Type 2 schools). Materials were received in just about all cases. The receipt of materials was found to be not significantly related to geographical location.

Source of Materials – An analysis of the acquisition of materials by principals and educators reveals that principals access materials from the district and provincial education offices, as well as from the local clinics. Likewise, educators access materials from the district education offices, but also from the provincial and district health offices. Where these individuals access the materials is not significantly related to their geographical area or implementation status.

Adequacy of materials – Educators were asked about the adequacy of Life Skills-HIV/AIDS materials received. Forty percent of the educators stated that materials were *more than adequate* and 30 percent who stated that the materials were *just adequate*. Various types of materials were received. These included: pamphlets, posters and videos, as well as learner publications.

4.5. Support

Support Ever Requested / Received – When asked whether the school had ever requested support for the Life Skills-HIV/AIDS programme from the province or district, 82 percent of principals report that they have not requested such support. Only 2 out of the 11 schools in the Mpumalanga sample asked for support -- one school was only partially implementing the programme (Type 2), while the other school was not implementing the programme at all. The only support requested from these schools was *materials* and this support was received by both schools from the district education offices and the local clinic.

Slightly more educators (47 percent) than principals have asked for support for teaching Life Skills in their schools. Their requests are generally directed to other school staff (58 percent),

district offices (either education or health) (37 percent), or NGOs/CBOs (32 percent). Support was received in only 59 percent of cases.

How strongly does the District Office Support the LS Programme – A notable 30 percent of schools simply did not know how strongly the district office supported the LS programme. However, of the 70 percent who did have an opinion on district support is, only 10 percent indicated, “strongly supports the programme”. A further 40 percent reported, “moderately supports the programme”. Ten percent of the respondents were neutral/indifferent about district support, and the remaining few believed that the district office does not support the programme at all (10 percent).

Similarly, 26 percent of educators did not know how strongly the district office supported the LS programme. Otherwise, 29 percent believed district support to be only moderate and another 26 percent reported strong support on the part of the district office.

Frequency of Contact with District Officials – Very few educators (28 percent) indicated that they have had contact/visits/meetings with a district officer responsible for Life Skills-HIV/AIDS within the last 3 months. Instead, 50 percent of the respondents report support visits having taken place more than 12 months ago.

5. North West

5.1. Sample

Table 9 summarises the sample of schools in the North West Province.

Table 9: Sample of Schools for North West

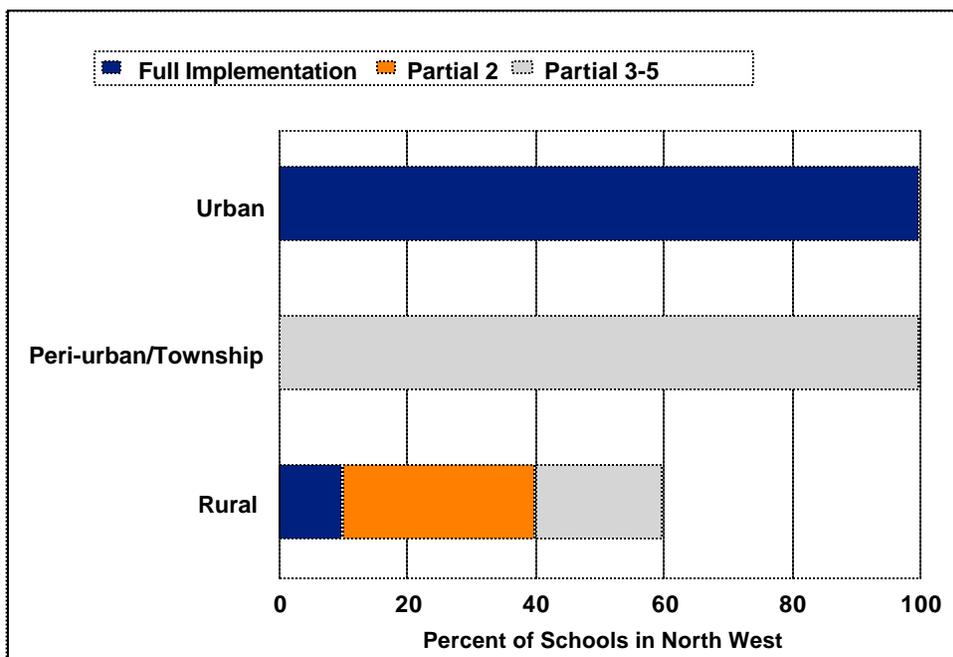
| | No. Schools |
|--------------|-------------|
| Urban | 1 |
| Peri-urban | 1 |
| Rural | 10 |
| TOTAL | 12 |

Forty-three (out of 48) educators completed the questionnaires that were administered to them.

5.2. Extent of Implementation

Only 17 percent of schools in the North West are fully implementing the programme. Another 50 percent are partially implementing the programme (of which half are Type 2 schools), and 33 percent are not implementing the programme at all. Figure 4 illustrates the extent of implementation by geographic location depicts that all urban schools in the North West are fully implementing the Life Skills-HIV/AIDS programme, while all peri-urban schools are only partially implementing the programme (implementation Type 4). Interestingly, we also find that 40 percent of the rural schools in the North West are mostly fully or partially implementing the programme (Type 1 and Type 2). Non-implementation was seen only in rural schools.

Figure 4: Extent of LS Programme Implementation by Geographic Location



Fifty-eight percent of schools in the North West have additional or alternative programmes (Types A-D). These were most commonly found in the rural schools (60 percent).

5.3. Training

Table 10 presents a summary of the Khulisa data for the initial training of educators and current implementation.

Table 10: Initial Training of Educators and Current Implementation

| | |
|---|-------------------------|
| Percentage of <u>schools</u> that sent educators for initial training | 90% (N=9 out of 10) |
| Percentage of <u>schools</u> where educators who did not receive training are implementing the Life Skills programme. | 50% (N=4 out of 8) |
| Percentage of all <u>initially-trained educators</u> still working at the school | 92% (N=13 out of 14) |
| Percentage of all <u>initially-trained educators</u> still working at the school and teaching Life Skills | 29% (N=4 out of 14) |
| Percentage of all <u>initially-trained educators</u> still working at the school but <u>NOT</u> teaching Life Skills | 36% (N=5 out of 14) |

Note: Differences in denominators for “percentage of schools” is due to missing data for certain items

Coverage of Initial Training – Ninety percent of the schools in the North West sent educators for initial training in Life Skills-HIV/AIDS. Of those who did not send educators, the main reason reported was because *training was during the exam period* and so educators could not be released to attend. Fifty-six percent of schools report that 2 educators received initial training, and a further 44 percent report 1 educator having received initial training. The provision of training by the DOE is not significantly related to implementation status. Only 40 percent of schools with educators who received training are Type 1 or Type 2 schools. A

notable 30 percent of schools that sent their staff for training are not implementing the programme at all.

Educators who attended training indicated that it was usually provided by the DOE (60 percent of all respondents) and in some instances Planned Parenthood Association of South Africa (PPASA). Training occurred in 1998 and 1999 and lasted for a maximum of 3 days. More than half these educators (54 percent) volunteered to attend the training, and 86 percent of them reported that the training was sufficient for them to be able to begin teaching Life Skills with confidence.

Are Trained Educators still Teaching the LS Programme - Approximately 92 percent of trained educators are still working at the school. Twenty-five percent of educators who are no longer at the school were redeployed. But only 29 percent of trained educators are still teaching Life Skills.

Follow-up or Refresher Training – According to the principals, no educators in the North West have been given follow-up or refresher training. However, when the educators were asked, 36 percent indicated that refresher training had been provided, usually by the DOE.

5.4. Materials

Requests for Materials – Less than half the principals have made efforts to request materials for implementing the LS programme in their schools (46 percent), compared to only 24 percent of educators who have requested such materials. Eighty percent of principals and educators alike, who made a request, did receive the materials requested.

Source of Materials – A comparison of principals and educator's knowledge on where to obtain Life Skills-HIV/AIDS materials reveals a high level of agreement that the district education office is the primary source of materials acquisition. However, more than half the educators (56 percent) also mention the local clinic as a further source of materials. Although not statistically significant, the source of materials was found to vary by geographical location. That is, the educators and principals in rural areas tend to rely more on the district education offices for materials.

Adequacy of materials – Seventy-one percent of educators report that materials received were “*just adequate*”. The remaining 29 percent state that the materials received were not adequate. According to principals, the types of materials generally received are more commonly posters and pamphlets, than educator and learner publications.

5.5. Support

Support Ever Requested / Received - Ninety-one percent of schools in the North West have not requested support for the Life Skills-HIV/AIDS programme from either the province or district. Half these schools are either fully (Type 1) or partially (Type 2) implementing the programme. The remaining respondents simply did not know whether support had been requested or not. In contrast, 53 percent of educators report that they have asked for support for teaching Life Skills in their schools. In general, this support is directed to the District Education Office (35 percent of all respondents), other school staff (29 percent), the District Health Office (12 percent), NGOs/CBOs (12 percent), and the remainder to other organisations. This support was reportedly received in only 50 percent of cases.

How strongly does the District Office Support the LS Programme - Sixty percent of principals indicated that their district offices *moderately* support the implementation of the programme, while a further 20 percent indicated *strong* support on the part of the district

offices (but interestingly, these two schools are not implementing the Life Skills-HIV/AIDS programme at all). In comparison, 21 percent of educators felt that district offices were moderate supporters of the programme and a further 35 percent indicated stronger support.

Frequency of Contact with District Officials - More than half of all educators have had no contact/visits/meetings with a district officer responsible for the Life Skills-HIV/AIDS programme (64 percent), and there is no statistically significant difference between implementing and non-implementing schools in the Province.

6. Northern Cape

6.1. Sample

Table 11 summarises the sample of schools in the Northern Cape.

Table 11: Sample of Schools for Northern Cape

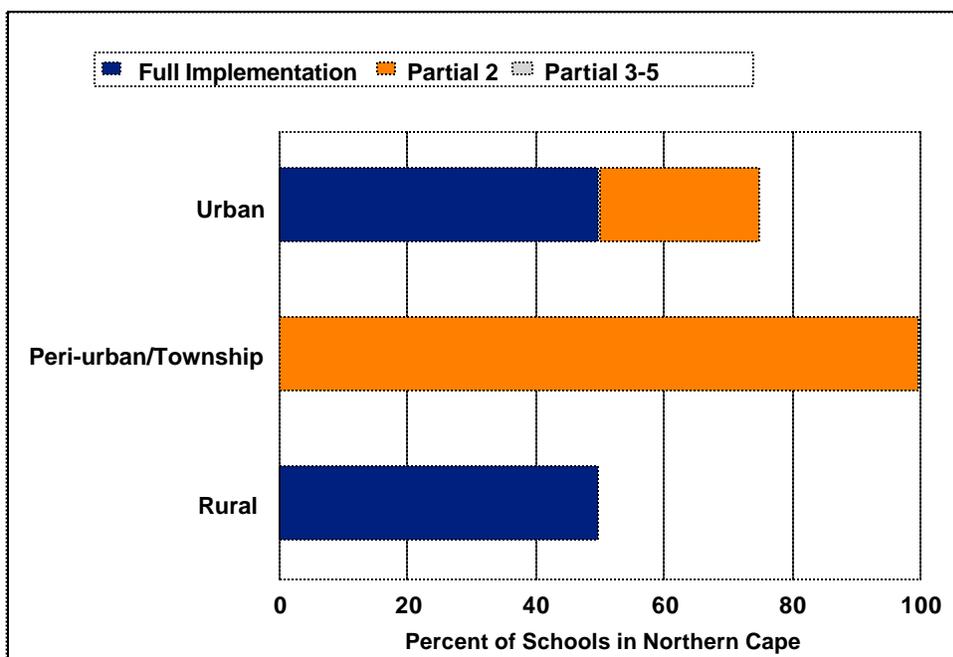
| | No. Schools |
|--------------|-------------|
| Urban | 4 |
| Peri-urban | 4 |
| Rural | 2 |
| TOTAL | 10 |

Thirty-one (out of 40) educators completed the questionnaires that were administered to them.

6.2. Extent of Implementation

The Northern Cape province has encouraging results -- 80 percent of schools are either fully or partially (exclusively Type 2) implementing the LS programme, while the remaining 20 percent are not implementing the programme at all. Figure 5 shows that 50 percent of urban schools and 50 percent of rural schools are fully implementing the programme (Type 1), while peri-urban schools are only partially implementing the programme (Type 2). Eighty percent of schools also have additional or alternative programmes (Type C or Type D) and these are only seen in urban and peri-urban schools. No rural school reported additional or alternative programmes.

Figure 5: Extent of LS Programme Implementation by Geographic Location



6.3. Training

Table 12 presents a summary of the Khulisa data for the initial training of educators and current implementation.

Table 12: Initial Training of Educators and Current Implementation

| | |
|---|------------------------|
| Percentage of <u>schools</u> that sent educators for initial training | 80% (N=8 out of 10) |
| Percentage of <u>schools</u> where educators who did not receive training are implementing the Life Skills programme. | 83% (N=5 out of 6) |
| Percentage of all <u>initially-trained educators</u> still working at the school | 82% (N=9 out of 11) |
| Percentage of all <u>initially-trained educators</u> still working at the school and teaching Life Skills | 27% (N=3 out of 11) |
| Percentage of all <u>initially-trained educators</u> still working at the school but <u>NOT</u> teaching Life Skills | 36% (N=4 out of 11) |

Note: Differences in denominators for “percentage of schools” is due to missing data for certain items

Coverage of Initial Training – In the Northern Cape, 80 percent of schools sent staff for initial training in Life Skills. Most of these schools (63 percent) sent only 1 educator for training, while 37 percent sent 2 educators.

Educators report training was delivered mostly from the PPASA (50 percent), and then the DOE (30 percent). The remaining 20 percent of educators received training from other, unspecified organisations. It was unclear from the data when training occurred, but generally it lasted for a maximum of 5 days. More than half the respondents (56 percent) indicated that they were instructed to attend the training. They reported that training was sufficient for them to begin teaching the Life Skills-HIV/AIDS programme with confidence.

Are Trained Educators still Teaching the LS Programme - Eighty-two percent of educators who received initial training are still working at the school. However, only 27 percent of these trained educators still working at the school are still teaching LS to learners. Reasons for not teaching included: *work overload*, *lack of training*, and *lack of materials*. Given the relatively low percentage of initially-trained educators still teaching the LS programme, the relatively high rates of implementation seen in the province could possibly be explained by cascading which occurred at school level -- 83 percent of schools report that other educators in their schools who did not receive training are also implementing the LS programme.

Follow-up or Refresher Training - Only 13 percent of principals reported that educators who received initial training have been given follow-up or refresher training, and this training has been provided by the provincial Life Skills co-ordinator. However, no educators in our sample report that refresher courses have been offered to them.

6.4. Materials

Requests for Materials – Principals were asked if they ever requested materials on Life Skills-HIV/AIDS for implementing the programme in their schools. Only 50 percent have made efforts to request materials, however, those that have made requests have all received the materials requested. Although not statistically significant, requests were made more frequently from principals of more successfully implementing schools (Type 1 and Type 2 schools).

In contrast, 60 percent of educators have never requested materials to implement the programme. The 37 percent who have requested materials are only from Type 1 and Type 2 schools only. Materials requested were reportedly received in 82 percent of cases.

Source of Materials – Principals and educators generally agree on where they obtain Life Skills-HIV/AIDS materials. Most principals (40 percent) and educators (55 percent) access materials from the local clinics. Principals also access materials from district education offices (20 percent) and provincial education offices (20 percent). Other sources of materials for educators include: provincial health office (36 percent), district education office (36 percent), and local NGOs/CBOs (27 percent).

Adequacy of materials – Almost half the educators (46 percent) responded that the materials they have received are “*just adequate*”. More frequently, the types of materials received are posters, pamphlets, videos, and educator and learner publications.

6.5. Support

Support Ever Requested / Received – Sixty percent of schools in the Northern Cape have never requested support for the Life Skills-HIV/AIDS programme from the province or district. These reports come mostly from Type 1 and Type 2 schools. Only twenty percent of school did request support (mainly requested *technical support* and *initial training*), but both schools report not receiving the support.

In contrast to the views of principals, more educators report that they have requested support for teaching Life Skills in their schools (57 percent of all educators). In general, support is requested from other school staff (59 percent), then the district health office (35 percent of all responses) and district education office (29 percent). In 75 percent of cases, the support was received.

How strongly does the District Office Support the LS Programme – When asked how strongly the district office supports the implementation of the Life Skills-HIV/AIDS

programme, 50 percent of principals and 30 percent of educators state that district support is *moderate*. Slightly more educators (33 percent) than principals (20 percent) say that district offices are *strong* supporters of the programme. No statistical significant differences were found between views on support and implementation status.

Frequency of Contact with District Officials – Forty-one percent of educators indicate that they have never had contact/visits/meetings with a district officer responsible for Life Skills-HIV/AIDS, and this was most commonly reported by schools only partially implementing the programme (71 percent of all respondents). Statistically, no significant differences were found between implementing and non-implementing schools.

7. Northern Province

7.1. Sample

Table 13 summarises the sample of schools in the Northern Province

Table 13: Sample of Schools for Northern Province

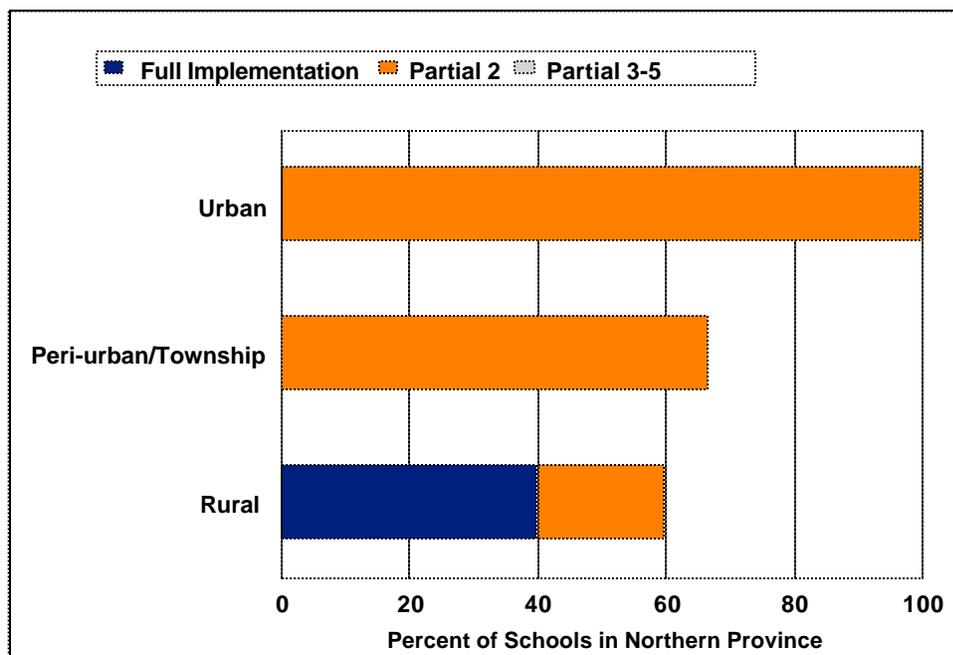
| | No. Schools |
|--------------|-------------|
| Urban | 1 |
| Peri-urban | 3 |
| Rural | 10 |
| TOTAL | 14 |

All educators (56 educators) completed the questionnaires that were administered to them.

7.2. Extent of Implementation

Implementation is very good in the Northern Province -- overall 28 percent of schools in the Northern province sample are fully implementing the programme (type 1) and 36 percent are partially implementing the programme (type 2!!), although 36 percent are not implementing the programme at all. In contrast to what is seen elsewhere in the country, the only schools that are fully implementing the programme are found in rural areas. Indeed, Northern Province has the best performance among rural schools of any provinces in South Africa -- 60 percent of rural schools are either fully or partially implementing the Life Skills-HIV/AIDS programme (Type 1 and Type 2). Partial implementation is seen among all the urban schools and 67 percent of the peri-urban schools (see Figure 6).

Figure 6: Extent of LS Programme Implementation by Geographic Location



Seventy-nine percent of schools in the province have no additional or alternative programmes running in their schools. However, when these additional or alternative programmes do occur (in 21 percent of schools), they occur only in the rural or peri-urban schools.

7.3. Training

Table 14 presents a summary of the Khulisa data for the initial training of educators and current implementation.

Table 14: Initial Training of Educators and Current Implementation

| | |
|---|-------------------------|
| Percentage of <u>schools</u> that sent educators for initial training | 69% (N=9 out of 13) |
| Percentage of <u>schools</u> where educators who did not receive training are implementing the Life Skills programme. | 14% (N=1 out of 7) |
| Percentage of all <u>initially-trained educators</u> still working at the school | 80% (N=12 out of 15) |
| Percentage of all <u>initially-trained educators</u> still working at the school and teaching Life Skills | 73% (N=11 out of 15) |
| Percentage of all <u>initially-trained educators</u> still working at the school but <u>NOT</u> teaching Life Skills | 6% (N=1 out of 15) |

Note: Differences in denominators for “percentage of schools” is due to missing data for certain items

Coverage of Initial Training – Sixty-nine percent of schools in the province sent staff for initial training in Life Skills-HIV/AIDS, of which 33 percent sent only 1 educator, and 67 percent sent the required 2 educators. When training was not received, the primary reason cited by principals was that *no training programme was offered to the school*.

Most educators (75 percent) report that they received initial training from PPASA, during 1997 or 1998, for an average of 5 days. Educators were often instructed by school

management to attend the training (67 percent of all respondents), and training was usually believed to be sufficient for educators to begin teaching the programme with confidence.

Are Trained Educators still Teaching the LS Programme - The majority of trained educators are still working at the schools (80 percent) and still teaching the LS programme to learners (73 percent). The fact that trained educators are still working at the schools, as well as still teaching the programme was found to be significantly related to implementation status. Significantly more educators were still working and teaching LS at schools that were either fully or partially implementing the LS programme (Type 1 and Type 2).

Follow-up or Refresher Training – Only 16 percent of principals and 25 percent of educators report that educators have received follow-up or refresher training. Refresher courses were usually provided by other organisations other than the DOE or PPASA.

7.4. Materials

Requests for Materials – A comparison of principal and educators requests for materials reveals that very few respondents (only 43 percent of principals and 28 percent of educators) have ever requested for materials to implement the LS programme in their schools. When materials were requested these were usually received.

Source of Materials – Where principals and educators access their materials tends to differ. Principals obtain materials from district education (40 percent), provincial education (20 percent), the local clinics (20 percent), or district health offices (20 percent). Educators, on the other hand, use local clinics as their primary source of materials (40 percent), followed by the district education office (33 percent) and the local NGOs/CBOs (20 percent).

Adequacy of materials – Thirty-three percent of educators report that materials are *more than adequate*. A further 34 percent report that materials received are *just adequate*, and 33 percent indicate that materials are *not adequate* enough to implement the LS programme. Pamphlets and posters are the most common types of materials received.

7.5. Support

Support Ever Requested / Received – Only 3 principals in the Northern Province sample (23 percent of principals) have ever requested support from the province or district for the implementation of the LS programme in schools. Two of these are from Type 1 or Type 2 implementing schools. *Materials* and *management support* are the two main areas of support requested, and these were received most of the time from the district education office, local clinics, and/or local government.

Slightly more educators (39 percent) than principals have asked for support for teaching the LS programme in their schools. Again, the educators were from the better implementing schools, namely Type 1 and Type 2 schools. The support was generally requested from the district education (38 percent) or health (33 percent) offices, as well as from other school staff (33 percent) or the provincial health office (24 percent).

How strongly does the District Office Support the LS Programme – One third of principals indicate that the support received from district offices is *moderate* (33 percent), while a further 9 percent are *strong* supports, or are neutral/indifferent (8 percent). The remaining principals either report that district offices do not support the programme (17 percent), or don't know whether or not they support the implementation of the LS programme in schools (33 percent).

When educators were asked about district office’s level of support, there appears to be a more common belief among educators that district support is moderate (42 percent) or strong (15 percent).

Frequency of Contact with District Officials – Interestingly, more than half of educators (56 percent) in the Northern province have never had contact/visits/support from district officials responsible for the LS programme. While not statistically significant, it is notable that 44 percent of the respondents are from school not implementing the programme at all. Of the remaining few respondents, 19 percent have had support visits within the last 3 months, while a further 13 percent more than 12 months ago.

8. Western Cape

8.1. Sample

Table 15 summarises the sample of schools in the Western Cape. We find that 54 percent of schools were urban schools and the remainder 46 percent were peri-urban schools.

Table 15: Sample of Schools for Western Cape

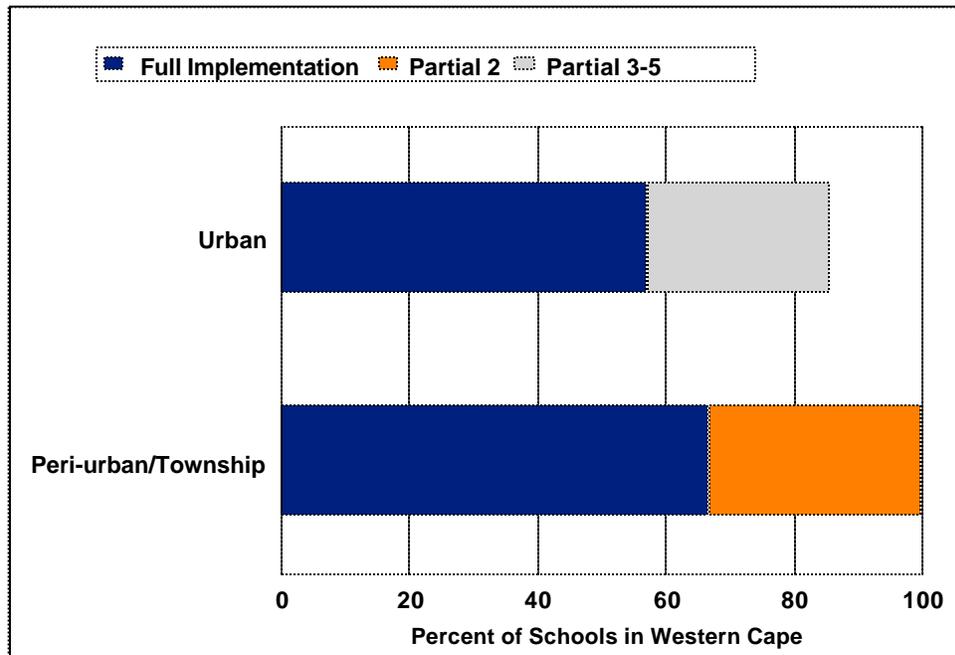
| | No. Schools |
|--------------|-------------|
| Urban | 7 |
| Peri-urban | 6 |
| Rural | 0 |
| TOTAL | 13 |

Only 27 out of 52 educators targeted, completed the questionnaires that were administered to them.

8.2. Extent of Implementation

The Western Cape shows very high levels of successful implementation. 61 percent of schools are fully implementing the LS programme. A further 31 percent are partially implementing the programme (more than half are Type 2 schools), and only 8 percent are not implementing the LS programme at all. As evident from Figure 6, all peri-urban schools are either fully or partially implementing the Life Skills-HIV/AIDS programme (Type 1 or Type 2), and 57 percent of urban schools are also fully implementing the programme (Type 1).

Figure 7: Extent of LS Programme Implementation by Geographic Location



Eighty-five percent of Western Cape schools also have additional or alternative programmes running at their schools.

8.3. Training

Table 16 presents a summary of the Khulisa data for the initial training of educators and current implementation.

Table 16: Initial Training of Educators and Current Implementation

| | |
|---|-------------------------|
| Percentage of <u>schools</u> that sent educators for initial training | 75% (N=9 out of 12) |
| Percentage of <u>schools</u> where educators who did not receive training are implementing the Life Skills programme. | 70% (N=7 out of 10) |
| Percentage of all <u>initially-trained educators</u> still working at the school | 83% (N=15 out of 18) |
| Percentage of all <u>initially-trained educators</u> still working at the school and teaching Life Skills | 44% (N=8 out of 18) |
| Percentage of all <u>initially-trained educators</u> still working at the school but <u>NOT</u> teaching Life Skills | 39% (N=7 out of 18) |

Note: Differences in denominators for “percentage of schools” is due to missing data for certain items

Coverage of Initial Training – The majority of schools in the Western Cape (59 percent) sent 2 educators for initial training in Life Skills-HIV/AIDS. Another 8 percent only sent 1 educator for training, 8 percent sent 3 educators for training, and 25 percent sent no staff for training in Life Skills-HIV/AIDS. The only reason cited for no educators receiving training was that *educators were not guidance teachers*.

Educators state that they received training from other organisations (50 percent) or from the DOE (42 percent). The training they attended mainly took place in 1997 and 1998. An equal

amount of educators volunteered to attend the training as were instructed by school management to attend the training. Eighty-two percent of educators believed the training to be sufficient to be able to begin teaching the LS programme with confidence.

Are Trained Educators still Teaching the LS Programme - As many as 83 percent of trained educators are still working at the school, and less than half of these educators (44 percent) are still teaching LS. *Work overload* was mentioned by 33 percent of trained educators not teaching the programme as the main reason. Other reasons mentioned were: *lack of interest from educators, no need for more than 1 LS educator, and administrative reasons.*

Follow-up or Refresher Training – Principals report that only 19 percent of educators trained also received follow-up or refresher training on Life Skills-HIV/AIDS. Refresher training was reportedly provided either by the school clinic (50 percent of cases) or the department of education (the remaining 50 percent).

Slightly more educators (30 percent) state that they received refresher courses for the LS Programme, and this was only provided by other (unspecified) organisations.

8.4. Materials

Requests for Materials – Some educators (42 percent) have requested materials for the Life Skills-HIV/AIDS programme. More requests appear to have come from educators of fully implementing schools (70 percent of educators who requested materials).

Generally, slightly more principals say they have requested materials (50 percent), and two-thirds of these principals are from fully implementing schools. However, 42 percent of principals have never asked for materials to implement the LS programme.

Source of Materials – When materials are needed, principals and educators tend to differ in terms of where they obtain materials for the LS programme. Principals say they access Life Skills materials from provincial education or health offices (33 percent and 17 percent respectively), as well as district education or health offices (17 percent respectively). On the contrary, educators' primary sources for materials are the district education office (40 percent), the local clinics (40 percent) or local NGOs/CBOs (40 percent).

Adequacy of materials – The majority of educators (67 percent) report that materials received are *just adequate*. Principals indicate that posters are more frequently received than educator publications, pamphlets or videos.

8.5. Support

Support Ever Requested / Received – Very few principals in the Western Cape (17 percent) have ever requested support for the LS programme. Although no statistically significant relationship was found between having requested support and implementation status, those schools that have requested support are generally schools with better implementation status (Type 1 and Type 2). The types of support requested typically included *materials* and *technical support*. Only material support was reportedly received and this occurred in only 50 percent of cases from the district offices (both education and health).

In comparison, more educators than principals have asked for support for teaching the LS programme (50 percent). They generally request this support from other school staff (33 percent), NGOs/CBOs (33 percent), district education and health offices (17 percent respectively), or the provincial health office (17 percent). By and large, this support is received 80 percent of the time.

How strongly does the District Office Support the LS Programme – No principals believed district support for the LS programme to be strong. Rather, 33 percent of respondents indicated that district support was only moderate, while a further 17 percent were neutral/indifferent about the level of district support. The remaining principals either reported a lack of support from district offices (17 percent), or simply did not know how strongly the district offices supported the programme (33 percent).

Similarly, 32 percent of educators did not know how strongly their district offices supported the implementation of the LS programme. The remaining responses from educators, however, were varied: 18 percent indicated “strong support”, 22 percent indicated “moderate support”, a further 14 percent were “neutral/indifferent”, and 14 percent indicated “does not support”.

Frequency of Contact with District Officials – In the Western Cape, a notable 43 percent of educators report having had contact/visits/meetings with district officials responsible for the LS programme within the last 3 months. Although not statistically significant, these respondents were more often from Type 1 and 2 schools. However, a further 36 percent of the respondents indicate having never had contact/visits/meetings with district officials.

APPENDIX F

Special Analysis of the Role of Culture as a Variable in Implementation

1. Introduction

During the dissemination seminar held with national level policy makers, the issue of culture was raised as a possible explanation as to why educators who had been trained (and reportedly they were comfortable teaching Life Skills), failed to teach the programme in their school. Focus group discussions held with educators suggested that such educators might to some extent be constrained by a lack of formal curriculum accommodation (Guidance/Life Skills on the timetable, offered to all grades, etc.) as well as added (examinable) subject responsibilities. In at least one case, untrained educators were implementing the programme because they were ‘appointed’ to teach Guidance by the Timetable Committee of the school. However, it also emerged that to some extent ‘cultural safety’ partly accounted for why some educators were reluctant to implement the programme, or chose to select only certain components, which they consider less threatening. The following discussion addresses this issue.

2. Cultural Silence

In virtually all provinces, the issue of cultural, and in some cases religious, prohibitions/restrictions in terms of the programme’s content were raised as constraints to the *scope of coverage*. In most cases where this emerged, educators reported that because it was considered “culturally inappropriate” to address some of the sexuality topics, these issues were marginalised in the delivery of Life Skills and HIV/AIDS education. Such marginalisation typically manifested through:

- ? Reduced time allocated to topics about sexuality, or
- ? Less appropriate methodologies for instructional delivery. These would generally be less participatory, and the messages tended to be strictly health-based (with an emphasis on knowledge/information transmission as opposed to skills development). Educators in the Free State indicated because there was a lack of attendance to Life Skills issues by untrained educators, subject integration is supplemented by separate Life Skills instruction.

One educator admitted that:

Educator: I want to be honest -- I never dwell on the issues when I’m explaining to them as how they came about. For example, how they were born. I do talk about sex in terms of penis and vagina, but I do not dwell on sexual intercourse.

Fieldworker: Now, what if they probe? What do you say?

Educator: I have never encountered such a situation.

Educators concede that they do not have all the knowledge about AIDS that they need and although they would like outside presenters to come and address learners, they still view the responsibility for teaching Life Skills as lying primarily with them:

Sometimes we talk about AIDS but since we are not well informed, we only answer learner questions and we tell them the little that we know. We had nurses from the clinic that came and explained issues to learners. The Department must supply us with materials, e.g. videocassettes to view, and answer questions that may arise from the cassette.’ Another suggestion was that ‘ people in higher authority (another educators said – influential people) should come and talk to the children about AIDS, so that they will know it is for real.

There is a need for a separate Guidance period, because HIV/AIDS content is not easily integrated into all subjects.

Another educator recommended that:

All teachers must have AIDS information on their fingertips because some will tell kids wrong things about AIDS, not the facts. Some teachers avoid sex topics and issues raised by learners altogether. They refer them to guidance teachers.

At one school, it was reported that a biology teacher was asked a question “*How does one get AIDS from semen?*” He angrily refused to answer.

In the Western Cape, although the issue of cultural silence was reportedly less pronounced, educators stated that it certainly does constitute a constraint to the extent of delivery. Educators indicated that many of the learners will have undergone initiation rites, according to which (in terms of their culture) they are considered adults. For such learners, initiation schools are the pre-eminent authority on matters pertaining to sexuality and relationships, and the authority of Life Skills educators as a source of knowledge is considerably undermined. Due to the influx of learners from rural areas as a result of rural-urban migration, mainly from the Eastern Cape, educators reported they have to adapt the programme to compensate for the lack of exposure to sexuality education through channels such as the media (print and electronic), and access to family planning and psychological services. However, none of the Western Cape schools in the sample cited cultural prohibitions as a reason for non-implementation.

In the Free State, the need for Life Skills and HIV/AIDS education is recognised as important because of the lack of a critical mass of adults to support learners in their personal development. According to educators, many of their learners are essentially left without effective parenting due to the fact that so many parents are migrant workers. As one educator explains:

Educator: In this area most learners live alone at home. There are too many visits among them. In cases the girls stay with their boyfriends, they come to school together and they share the same bed, hence the rate of pregnancy is high. This is a major problem but we are dealing with it.

Fieldworker: How do two students live together as man and wife, where are the parents?

Educator (male): It is a crisis, parents work about 100km from home, they come back say every two weeks and up to a month in some cases.

Fieldworker: And the children are left alone?

Educator: Yes, and they have to give parental guidance even to younger siblings in the family. The problem is that parents are migrant workers.

Whilst there is no overt resistance to the programme reported in this province, the social

conditions imposed by the pattern of migrancy mitigates against the core programme messages. The absence of guardians also reduces the feasibility of consultation with them.

Educator: We always discuss pregnancy with the learners. I did not involve parents and I realised that I should have included them, because every month there are a number of learners who leave school because of pregnancy. Our learners are very independent but unfortunately not responsible. Most learners are living alone. Their parents are working in the cities like Welkom, Pretoria, Johannesburg, and Vereeniging and visit home once in two months. And the kids are given the latitude of doing all they want to do.

Educators from Northern Province schools similarly indicated that:

...Their parents are working in urban areas like Johannesburg and Pretoria, so they are left alone and they are free to do anything they want. Even those who stay with their parents, you find that their parents are too old to take the necessary steps to avoid the problem.

It was also reported that female learners are involved in various forms of commercial sex work. Many learners are lured by men who take up employment on Free State mines. These learners, seduced by the material offerings of such men, and with limited resources of their own (due to parental absence) are left with few choices and fewer skills to address their needs. The Free State case is a poignant illustration of how social and economic factors construct cultural/social reality. Thus, cultural silence, as illustrated here, clearly takes on another hue to the conventional understandings that are assumed to be operational.

The issue of cultural silence in the home thus also emerged as a key facilitator of the socialising role of the school, and Life Skills educators in particular, with regard to sexuality matters. The school as a moral agent also emerged strongly in the following account of the problems experienced in the Eastern Cape:

Some children have single parents and even if they have a child or slept with you, they do not have an obligation to marry you. There is no strictness about it. This has to do with perceptions because some say when you address these issues, you are starting to be modernised.

At only one school was the difficulty of Life Skills implementation in relation to cultural integration at the school level addressed. A white educator stated that:

Educator: In the case of Indians, Coloureds and Whites it won't be a problem, but to blacks it could be a problem, because a child can come back and say 'the whites were talking about this'.

I think most of the questions come from them, and I try to answer but where I cannot, I am happy because 70% of black parents are doing nursing so (the black learners) understand.

Fieldworker: Does it make it easier?

Educator: Yes, it makes it easier

Educator (male): Most of the parents complain amongst themselves but they never come to the school to complain. Especially from that place which is full of Muslims.

They also stated that SGBs are supportive, and that the composition of the SGB has been a positive factor with regard to facilitating the programme:

Fieldworker: What about the church?

Educator (female): They do not have a problem because our SGB consists of people that are ministers of religion and also the church community supports the programme. The church people attend and watch the AIDS plays and in funerals, it is encouraged that people must be taught about HIV/AIDS.

Considering the great extent to which schools in the Eastern Cape reportedly met with community resistance, this may be an important consideration for schools with similar profiles in, and outside, the province.

In Mpumalanga, educators anticipated community resistance, but no incidents of overt resistance were cited. Educators at one Mpumalanga school indicated that:

The SGBs and communities are aware of AIDS and that people are dying of it, but we are not ready as a community to talk about it, but it does exist. I suppose they are going to accept it.

In another Mpumalanga school, educators attended the training. They said it was informative, but one teacher said she felt uncomfortable about the topics covered due to ‘her shyness’, therefore she is not interested in implementing the programme, even if required to do so. There was also some resistance from educators within the Northern province, all of who were reportedly not formally trained in the delivery of the Life Skills programme. Their resistance also appears to be partly due to the lack of consultation over the fact that they would be expected to deliver Life Skills education.

However, the issue of cultural prohibitions on the whole was most often also related to a lack of consultation with community-based stakeholders (SGBs and parents communities). For example, even rural schools reported successful introduction of Life Skills in their schools where consultation with parents comprised a key component of the overall implementation strategy. Educators from one Eastern Cape school described the strategy they had embarked on to get greater buy-in for the project, against religious and cultural odds.

When we returned (from training) we gave a report back to the teachers about the programme. We then called parents, so that they could recommend the teaching of the programme to their children. There were sensitive aspects such as abortions and legal matters in the programme. The parents came in their numbers and the support they gave to the programme was not expected. So they were very happy about the programme. As they were unable to speak to their children, we were given the task as teachers to teach their children.

Amongst most schools in Mpumalanga, educators expressed a preference for external presenters to mobilise parents. They indicated that parental resistance is an issue from time to time, for example at this school they indicated that they did have materials, but that ‘sometimes we are afraid to give the materials to the children’.

Another reason cited for the preference is lack of knowledge of methodologies. One educator indicated that ‘I do not think that condoms alone can do it, but if they can send some people from the Department because I tried to demonstrate how to use a condom but it was not successful’.

At least two schools indicated there was a total communication breakdown between themselves and the Department. In one school, they indicated they have trained educators, and Guidance is on the timetable, but they are still not comfortable teaching the programme – they get no support from the Department. Therefore, even in the absence of overt resistance to the programme, schools are still not assisted in facilitating the introduction of Life Skills and HIV/AIDS education. In the Northern Province, where support in terms of developing a

culture conducive to HIV/AIDS and Life Skills education is needed, it is also not forthcoming. Despite the lack of support, a number of schools have proceeded to implement the programme as a result of their own initiative:

Educator: The Department does not supply us with guidance material, and we do not know anything about the Life Skills programme.... We have a period we use for teaching Guidance, by using material that we bought at a nearby college and we would use that material as a guide.

The poor culture of learning and teaching in Northern Province was seen to greatly mitigate against effective delivery of Life Skills in some schools. It is reported that the authority of school management and staff is continually undermined. Learners as well as educators who promote positive messages are victimised. Furthermore, addressing Life Skills related issues are compounded by problems of gangsterism and substance abuse (dagga-smoking). During focus group discussions held with educators, educators stated the following:

Some learners approached me and informed me that their fellow learners had threatened them. Hence for the last two weeks, there were no learners that spoke during assembly.

Relationships: that is the theme whereby the learners came and complained about being threatened. And the theme that was dealing with respect – learners did not participate because they felt that they were going to be victimised.

We need a strategy of talking to boys, because they have a tendency of clubbing against good things that you intend telling them'. (dagga-smoking and gangsterism were cited as problems.)

Fieldworker: Do you experience gangsterism?

Educator: Yes, they carry weapons.

(How they deal with it) – normally learners are addressed individually, because if they are in group form they are often dangerous...If you could go to the principals office, you will see all the weapons we confiscated from learners.... We have a case where a learner was suspended from the school for pointing a weapon at an educator.'

In terms of disciplining learners involved in substance abuse:

As a teacher you cannot just go there. They will be smoking, hence there is nothing you can do. They are outside the school premises. They will look to see what your reaction is going to be. When you come to them, they will just smoke so that they find a way of attacking you.

Fieldworker: Does that mean that teachers are afraid of being victimised by learners?

Yes, we are victimised.

However, it was not reported that learners overtly resist messages relating to *sexuality and HIV/AIDS education* – people from the DOH come and address learners, the educators use Life Skills materials like pamphlets to introduce some of the topics, and the Life Skills committees organises debates in these schools. However, this absence of resistance to sexuality issues does not better position schools to address the issues that are most relevant to learners, such as substance abuse. Educators have also noted the silencing effect of cultural and religious beliefs, to the extent that it 'restricts learners from talking about sex'.

Therefore it was thought, it would be appropriate to involve parents, as ‘some children are afraid to talk about sex, menstruation, etc.’ Also, it was suggested that the SGBs be used as a mechanism through which to reach parents. In the final analysis, the culture issue does not emerge as a major impediment to implementation.

Essentially, the programme is offered during free periods and time allocated for assembly. Even time allotted to the extra-curricular programme is now used for examinable subjects.

Interestingly, educators cite pressure to perform, as a major reason why time allocated to Life Skills through the curriculum has been reduced. Even time traditionally allocated to extra-curricular activities, and through which Life Skills implementation frequently occurs in the absence of curriculum accommodation, has limited the extent to which implementation is possible at all.

There is pressure from the Department about academic work, especially since performance of the school is judged by grade 12 results. The results in our school last year were very bad, so we are doing whatever in our power to make sure that we do improve those results. Therefore other subjects are not as important as academic subjects. In the past we used to have extra-mural activities allocated throughout the week, but now we no longer have such things. So we give them more work so you can be seen to be working.

In addition, the teachers who have been trained are responsible for our learning areas that take most of their time. Thus, they spend most of their time on these learning areas rather than concentrating on Life Skills. So it is important to indicate that teachers who have been trained are not doing it, but teaching other subjects... the district or provincial officials were approached, but they said that at the moment they cannot provide more staff because the redeployment process is still underway and is likely to continue this year.

It was recommended that parents, principals and SGB members receive training as well, but no overt resistance was reported to emanate from any of these.

And when time is devoted to Life Skills issues, resistance from learners, and the fear of victimisation amongst educators and learners impacts negatively on the extent of delivery. Although resistance from parents was considered to be an inhibiting factor, this reportedly did not impact on overall implementation. However, it did impact on learner engagement and responsiveness during the sessions – learners were reportedly withdrawn during these sessions. There are also no cases where the attitudes of parents were reported as overtly disruptive to the programme.

3. Structural Obstacles to Implementation

Educators from KZN schools cited two primary reasons for their lack of implementation:

- ? *Intra-provincial* differences were attributed to geographical location – the fact that many schools of the schools in our sample are situated in rural areas.

Educator 1: I think our being in the rural province results in our not being considered by the Government when compared to urban schools'

Educator 2: - 'Yes, you will find that the schools that are in urban areas have already introduced the programme'.

- ? *Provincial differences* – there is a perception that KZN has been marginalised as a province - specifically in terms of programmatic inputs, but also in terms of general support for functionality from the DoE.

We would like to be the first group in KZN to implement the programme since you have heard that there is no school around here that has implemented the programme.

It is not only our school but also other schools have not yet started with the programme, therefore it is because of lack of communication in the whole KZN province.

The blame should be put on the government because it has isolated KwaZulu Natal since this programme has been implemented in other provinces, so we like out-cast.

Suggestions: More materials - the kind one sees in other provinces.

Need more classrooms and teachers 'in KZN'.

Although learners from KZN also indicated that their fellow-learners at the school resist the authority of educators in addressing Life Skills-related issues, the issues mentioned above were reported most consistently by educators as reasons for non-implementation. Learners reportedly claimed that ‘only our parents are in a position to tell us how to run our lives’. Some learners reported that when educators address learners on disciplinary problems, they show resentment at what they interpret as educators’ desire to ‘rule their lives’.

4. Sources of Resistance

4.1. School Management/Governance

Although resistance from principals does not appear to constitute a significant factor in determining the strength of implementation as does lack of overt/visible support, where this resistance is manifested, it leads to the marginalisation of Life Skills both through the curriculum, as well as through alternative programme activities. In one North West school where this was prevalent, the principal’s refusal to release educators for training further resulted in a lack of capacity in Life Skills methodology and content. In response to a question about why the programme was not being fully implemented, an educator at the school gave the following account.

I use my period for the teaching of drug abuse after school. I also invited people from the health department – nurses and social workers – to come and speak to the students about it. Unfortunately, due to lack of support from the principal, they stopped coming.

The principal also did not allow teachers to go to the training workshop. Their aim was to train the teachers so that they could teach the students.

The governing body does not support also. We give them our complaints about the learners’ misbehaviour but they never made any positive comments or do anything.

This is further compounded by a lack of support from the SGBs at the school.

4.2. Educators

Educators in general indicated a high level of comfort with the issues addressed through Life Skills and HIV/AIDS education. In general, where there are differences reported between the levels of involvement and commitment to the programme, male educators were reported to be less involved in the delivery of Life Skills, than were their female counterparts. However, this was not cited as an obstacle to implementation in these schools. There was also no consistent pattern in terms of implementation status, province, or geographical location.

5. Conclusion

In conclusion, whilst schools that involved parents as an integral part of the implementation strategy generally met with less resistance, it must be emphasised that formal consultation is not a panacea for the problem of resistance across all cases. Whilst rural schools were less likely to attempt this model, the one case where it was reportedly attempted, it met with fierce resistance, and was a complete non-starter:

One educator had expressed alarm and concern over the SGBs attitude towards the issue, as it comprised of some educated people. She (under guarantee of anonymity) stated that she had been trained to facilitate Life Skills but due to refusal by the SGB she could not. She was however more than willing to facilitate it. The educator further alleged that some local clinics and NGOs had, and always wished, to come and visit the school but weren't always welcome by both parents and SGBs. Because the Life Skills-HIV/AIDS topic was a very sensitive one, the SGB once threatened to get rid of any teacher teaching their children 'dirty stuff'.

The teacher said it was disturbing to hear parents talk like that, as their children were known to be most sexually active.

It may thus be important to utilise existing community-based channels and modes of communication to mobilise parents around this issue, rather than formal channels that may as yet have less legitimacy. The following history of implementation was reported by a school in the Northern Province, is exemplary in this regard:

The following account was provided by an educator from a school in the Northern Province, where the programme is being successfully implemented. The school began addressing some of the Life Skills topics prior to the introduction of the DoE's programme. Implementation began immediately after educators had been trained. Training was considered to be 'very good' – *'educators started teaching about HIV/AIDS and Life Skills and learners started changing some of their behaviour like dagga-smoking and disrespect towards educators, some really have changed, although not all learners are the same'*. After training, the Guidance department drafted a campaign programme whereby topics that were problematic to learners and the community at large were addressed. Amongst others, they were to deal with *'teenage pregnancy, drug and alcohol abuse, HIV/AIDS awareness and lastly crime awareness in the form of drug and alcohol abuse'*. Although *'they did not manage to cover everything, because of work overload, the teenage pregnancy campaign that was conducted led to a drastic drop in the rate of teenage pregnancy'*.

They attribute the success of their programme to the fact that *'since we began this campaign, we had involved all stakeholders starting from the parents, because if they are involved it is much easier since they are able to influence their children. This, according to them, is what forms the core of the success of this programme'*. At the

campaign level, there is a high degree of participation of parents and other community-based stakeholders. The school held an event in a public hall – people and parents attended in large numbers. Participants were given certificates.

The principal is supportive: two periods per grade allocated to Life Skills after training. He also allows time for practice, in which learners organise campaigns – planning the event activities and creating materials.

Parents and SGBs do not overtly oppose the programme. Parents are also supportive, *‘but because this area is rural, parents find it hard that their children could be taught about sex and how to use condoms. But we are working very hard to convince them about the consequences of not using condoms if their children sleep around’*.

‘Parents are not comfortable because according to our culture they are not supposed to talk about sexual matters to their children. But when we talk about other issues such as drug abuse and teenage pregnancies, they do appreciate it. They encourage us to continue to talk about such things to their children.’

Support from districts is lacking in the sense that they do not help in accommodating Life Skills in the school curriculum. They also tend to emphasise examinable subjects to a greater extent. After training, the school drafted a programme of action, which was then submitted to the Provincial Office - *mainly wanted youth clinics, but nothing has materialised since.*