


Department of Basic Education
Integrated Strategy
on HIV, STIs and TB
2012 – 2016



Summary version



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

ACKNOWLEDGEMENTS

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The *Department of Basic Education Integrated Strategy on HIV, STIs and TB 2012 – 2016* was developed by the Department of Basic Education with technical support from the Health Economics and HIV/AIDS Research Division (HEARD), University of KwaZulu-Natal, and financial support from the United States Agency for International Development (USAID). The Joint United Nations Programme on HIV/AIDS (UNAIDS) provided technical support to the Department for the development of the logic model and Monitoring & Evaluation Framework.

The Strategy was developed through an extensive consultative process with various directorates within the national and provincial departments of Basic Education and with a range of stakeholders working in the education sector, including teacher unions, school governing bodies, learner representative organisations, other government departments, research institutions, universities, development partners and non-governmental organisations.

The Department of Basic Education acknowledges every individual and organisation that participated in this consultation process, as well as those that submitted written inputs.

The Strategy will guide the implementation of HIV, STI and TB programmes within the Department of Basic Education and will provide guidance for the development of a new policy on HIV and TB in the sector. As such, comments and suggestions are welcomed and should be sent to the Director-General: Basic Education for the attention of the Health Promotion Directorate, Private Bag X895, Pretoria, 0001.

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FOREWORD

There is now global recognition that HIV and TB are not only a challenge for the health system alone, but also a challenge for the education, economic, social and cultural systems of our society. HIV has the potential to undermine our efforts to achieve improved quality basic education: Outcome 1 of government.



South Africa commemorated World AIDS Day on 1 December 2011 by unveiling the new National Strategic Plan (NSP) on HIV, STIs and TB 2012 – 2016. The twenty year vision of this plan is for the country to achieve zero new HIV, STI and TB infections; zero deaths associated with HIV and TB and zero discrimination. The plan builds on successes achieved over the past five years. Key amongst these has been the first decline in new infections amongst young people, largely attributed to school-based HIV and AIDS programmes, mass information campaigns and increasing condom use in this group.

Over the past two years, the Department of Basic Education has been crafting an *Integrated Strategy on HIV, STIs and TB* aligned to this country vision, and to new global thinking on the twin epidemics of HIV and TB. The Strategy presents a holistic response for learners, educators and officials in the schooling system. We have consulted extensively with education officials, educators, teacher unions, learners, school governing bodies, key government departments, development partners, non-governmental organisations, universities and academic institutions through various means, including consultation workshops in each province during the course of 2011. This final document has benefitted immeasurably from this process.

We are pleased with the overwhelming support received for the Strategy and its outcomes, affirming the correctness of our approach. We will once more depend on the continued co-operation and support of all our officials and various partners and stakeholders to ensure implementation of all components of the Strategy. Only in this way will we achieve the ambitious objectives we have set ourselves as Basic Education's contribution to the multi-sectoral country response.

A handwritten signature in black ink, appearing to read 'P. B. Soobrayan'. The signature is stylized and fluid, with a long horizontal stroke extending to the right.

MR PB SOOBRAYAN
DIRECTOR-GENERAL: DEPARTMENT OF BASIC EDUCATION
DATE: JANUARY 2013

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
APP	Annual Performance Plan
ART	Antiretroviral Therapy
ARV	Antiretroviral
CAPS	Curriculum and Assessment Policy Statement
CEM	Council of Education Ministers
CPTD	Continuing Professional Teacher Development
CSTL	Care and Support for Teaching and Learning Programme
DBE	Department of Basic Education
DBST	District Based Support Team
DoE	Department of Education
DoH	Department of Health
DoL	Department of Labour
DPSA	Department of Public Service and Administration
DSD	Department of Social Development
EHW	Employee Health and Wellness
EH&WSF	Employee Health and Wellness Strategic Framework for the Public Service
ELRC	Education Labour Relations Council
EMIS	Education Management Information System
GET	General Education and Training
GHS	General Household Survey
HCT	HIV Counselling and Testing
HEDCOM	Heads of Education Departments Committee
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
ICCD	Inter-departmental Coordinating Committee on Disability
ICT	Information and Communications Technology
LO	Life Orientation
LS	Life Skills
LURITS	Learner Unit Record Information Tracking System
M&E	Monitoring and Evaluation
MRC	Medical Research Council
NACCA	National Action Committee for Children and HIV/AIDS
NGO	Non-Governmental Organisation
NSNP	National School Nutrition Programme
NSP	National Strategic Plan on HIV, STIs and TB, 2012 – 2016
NTT	National Task Team
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PrEP	Pre-Exposure Prophylaxis
PTB	Pulmonary Tuberculosis

PTT	Provincial Task Team
RMC	Resource Mobilisation Committee (SANAC)
SACMEQ	Southern and Eastern African Consortium for Monitoring Educational Quality
SADC	Southern African Development Community
SANAC	South African National AIDS Council
SBST	School-Based Support Team
SGB	School Governing Body
SIAS	Screening, Identification, Assessment and Support
SMART	Specific, Measurable, Attainable, Relevant and Timebound (indicators)
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
WHO	World Health Organization

NOTE ON TERMINOLOGY

This document references the *UNAIDS Terminology Guidelines (January 2011)*.

There is often confusion in the case of a number of terms such as *HIV prevalence* and *HIV incidence*, and *TB infection* and *TB disease*. Below is a short explanation of selected terms found in the Strategy.

Adolescent

The World Health Organization defines an adolescent as a person aged between 10 and 19 years.

Child

The Bill of Rights, section 28(3), in the Constitution of the Republic of South Africa, 1996, defines a child as a person under the age of 18 years.

Young people

The United Nations, for statistical purposes, defines 'youth' as those persons between the ages of 15 and 24 years, without prejudice to other definitions by member states. This definition was made during preparations for the International Youth Year (1985), and endorsed by the General Assembly (see A/36/215 and resolution 36/28, 1981). All United Nations statistics on youth are based on this definition, as illustrated by the annual yearbooks of statistics published by the United Nations system on demography, education, employment and health.

HIV prevalence

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

HIV incidence

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

TB infection

TB infection occurs when someone breathes in TB bacteria (released when someone with infectious TB coughs or sneezes). The TB bacteria enter the lungs and in most cases lie dormant within the body's defence cells (macrophages) deep in the lung. This is called latent

TB. Latent TB is not infectious and causes no illness or disease. However, latent TB can progress to TB disease if the immune system is weakened by, for example, HIV, diabetes, smoking and cancer, or in cases when very young children are exposed to the bacteria. It is estimated up to 80% of the adult South African population is infected with latent TB.

TB disease

TB disease occurs when the body's immune system is unable to contain the TB bacilli and they multiply, causing tissue damage and development of the disease. The type of TB disease depends on where the TB bacilli are found and on the degree of immune suppression. The most common symptoms are a persistent cough (often bloody), fever, night sweats and weight loss.

Treatment adherence

Treatment adherence is defined as the degree to which a patient sticks to a treatment regimen and takes the correct dosage of a drug at the correct time as prescribed. Good treatment adherence enables medication to work effectively and prevents drug resistance.

Sexuality education

Sexuality education is defined as an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic and non-judgemental information. Sexuality education provides an individual with opportunities to explore their values and attitudes and to build decision-making, communication and risk reduction skills about many other aspects of sexuality.¹

Safe school

A safe school is one that is free of danger and where there is an absence of possible harm; a place in which officials, educators and learners can work, teach and learn without fear of ridicule, intimidation, harassment, humiliation, or violence. A safe school is therefore a healthy school that is physically and psychologically safe. Indicators of safe schools include the presence of certain physical features such as secure walls, fencing and gates; buildings that are in a good state of repair; and well-maintained school grounds. Safe schools are further characterised by good discipline, a culture conducive to teaching and learning, professional educator conduct, good governance and management practices, and an absence (or very low level) of crime and violence, as well as zero tolerance for bullying, sexism and all forms of psychological intimidation and violence.

¹ UNESCO. *International Technical Guidance on Sexuality Education*. Paris: UNESCO, 2010.

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I. PURPOSE OF THIS DOCUMENT

The Department of Basic Education (DBE) Integrated Strategy on HIV, STIs and TB 2012 – 2016 represents the DBE's vision for a five-year period and articulates the intentions of the Department as it responds to the HIV, STI and TB crises in South Africa and their impact on educational outcomes and the delivery of quality basic education.

The Strategy's focus and outcomes have been shaped by two of the DBE's seminal results-based guiding documents: i) The Delivery Agreement for Outcome 1 (improved quality of basic education) that forms part of a wider set of 12 key outcomes set by government to be achieved by 2014, and ii) the Action Plan to 2014: Towards the Realisation of Schooling 2025, which will ensure support for the core mandate of the DBE.

The purpose of this document is to integrate efforts to address the prevention, diagnosis and treatment of HIV and TB, including care and support, within its implementation in schools and the DBE work environment, thus responding to the renewed commitments that have been made by government, civil society and the private sector with the new *National Strategic Plan on HIV, STIs and TB 2012 – 2016 (NSP 2012 – 2016)*.²

The Strategy has been developed with close attention to the new *NSP 2012 – 2016*, incorporating new global and local thinking on how to roll back HIV, STIs and TB. The strategy articulates government's intention to provide school environments that are caring, safe, conducive to learning, and aligned to the education sector's duty of care in schooling. Furthermore, the Strategy seeks to support a coordinated, sustainable and comprehensive national response to South Africa's HIV, STI and TB crises; a response informed by current evidence on HIV prevalence, incidence and impact among youth, educators and officials, as well as the protective role that education can play in reducing young people's vulnerability to HIV and TB.

The Strategy is grounded upon a rights-based approach and draws on leading international education initiatives to which South Africa has already subscribed, such as the United Nation's Education for All.³ It aligns itself with the four strategic objectives of the NSP which are to: i) Address social and structural drivers of HIV, STI and TB prevention, care and impact; ii) Prevent new HIV, STI and TB infections; iii) Sustain health and wellness, and iv) Ensure protection of human rights and improve access to justice.

The Strategy is founded on seven key imperatives. These imperatives gave rise to the need for a revised and integrated strategy and have informed the focus and outcomes which the Strategy sets out to achieve.

² SANAC. *National Strategic Plan on HIV and AIDS, STIs and TB 2012 – 2016*. Pretoria: South African National AIDS Council, 2011.

³ Launched at the World Conference on Education for All in 1990 by UNESCO, UNDP, UNFPA, UNICEF and the World Bank, and reaffirmed in Dakar in 2000, *Dakar Framework for Action*, UNESCO, April 2000.

- Imperative one** : Alignment with government's outcomes focused plans
- Imperative two** : The impact of HIV and TB on the education sector and educational outcomes
- Imperative three** : Education as a protective factor – the role of prevention
- Imperative four** : The duty of care in schooling, for learners, educators and officials
- Imperative five** : Alignment with the *NSP 2012 – 2016*
- Imperative six** : Lessons from available evidence on effective responses
- Imperative seven** : A sustainable, comprehensive and measured response.

These seven imperatives have provided the basis for the development of the three key strategic outcomes of the strategy that will fundamentally shift the relationship between schooling in South Africa and the country's response to HIV, STIs and TB. These outcomes are themselves closely aligned with best international thinking and the current and emerging recommendations of global agencies.

These outcomes are:

1. Increased HIV, STIs and TB knowledge and skills among learners, educators and officials
2. Decrease in risky sexual behaviour among learners, educators and officials; and
3. Decreased barriers to retention in school, in particular for vulnerable learners.

The Strategy will thus guide the development and implementation of interventions beyond the *HIV and AIDS Life Skills Education Programme* (which was the primary intervention instituted by the Department in response to the *National Policy on HIV and AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions*) towards providing a more holistic response to the challenge of HIV and TB, ensuring safe and caring schooling and work environments, free from discrimination and stigma. It recognises the heightened vulnerability of girl children and adolescent girls, and the need to address the problems of gender inequality and gender-based violence that lie at the root of this. Support for HIV-positive and TB-infected learners, educators and officials will be paramount, as will support for those within the education system made vulnerable by HIV and TB, especially orphans and children with disabilities.

The Development of the Department of Basic Education *Integrated Strategy on HIV, STIs and TB 2012 – 2016*

During 2009 the DBE took a strategic decision to move the *HIV and AIDS Life Skills Education Programme* from the General Education and Training branch (GET Curriculum and Assessment Chief Directorate) to the then Social and School Enrichment branch (Health in Education Chief Directorate), which is now known as the Social Mobilisation and Support Services branch (Care and Support in Schools Chief Directorate). This decision was based on a desire to

strengthen the integration and alignment of the programme with the HIV and health-related programmes in the DBE. The Life Skills Programme had increasingly shifted to incorporate activities beyond curriculum concerns, including care and support-related activities, partly in response to the realities on the ground in schools and in education districts.

The DBE also began to align its work, including the Life Skills Conditional Grant Framework, to the *NSP 2007 – 2011* to facilitate improved focus and reporting against the NSP targets, and to enable the department to fulfil the requirements set by the South African National AIDS Council (SANAC). In December 2008 the pillars of this new integrated and comprehensive approach to HIV were presented to and accepted by the Heads of Education Departments Committee (HEDCOM).

In 2009 the then Chief Directorate: Health in Education began to conduct background research and to develop a well-reasoned rationale for the Strategy. This research took into account the 2006 evaluation study of the *HIV and AIDS Life Skills Education Programme*, and the gap between current programmes (informed by the conditional grant framework and provincial business plans and reports), and best practice education sector HIV programmes (from research and international evidence). It also recognised that many developments had taken place since the promulgation of the initial policy on HIV in 1999, which needed to be taken into account in developing the rationale for the Strategy. The department also recognised the new and more urgent mandate that came with the adoption of the *NSP 2007 – 2011*, and took note of the issues emerging from the mid-term review of the NSP. The renewed urgency given to the response to HIV and TB by the new administration that came into office in 2009 also had to be reflected in the education sector response.

Accordingly, the DBE embarked on a process aimed at developing an integrated strategy on HIV for the schooling system. It was decided that the work already undertaken in the process of developing the conditional grant proposal would be taken into account in developing a strategy. In 2010 work began on developing a draft strategy document as a basis for further consultation. Following a series of interviews and discussions with key staff members in the DBE across branches, and on the basis of a detailed review of documentation submitted as part of this process, a new draft strategy document was produced. It was presented to senior management, HEDCOM and the Committee of Education Ministers (CEM) in 2010 and approval for a wider consultation was granted.

The Strategy was then published in draft form for wide and inclusive public consultation in 2011. This process commenced in March 2011, with a national seminar at which the Deputy Minister of Basic Education announced the draft strategy and formally opened the consultation process. The consultation process was extensive and covered a wide range of stakeholders at a national level, within the DBE, and at a provincial level, with the nine provincial education departments and their local networks (see Annexure A).

This consultation took place while the new *NSP 2012 – 2016* was being developed and discussed through SANAC. The processes were aligned in order to provide an opportunity for the DBE

to ensure the Strategy's relevance in relation to the new focus of the NSP, including the dual epidemics of TB and HIV, and a better alignment of targets and progress-reporting indicators.

The Strategy will guide the national department in consultation with provinces and constituencies in the production of a new national policy on HIV in the schooling sector. The DBE strategy must be carefully examined by provinces and implemented in a manner that is integrated with other provincial priorities and plans.

The target audience for the DBE Strategy includes senior management within the DBE, HEDCOM members, CEM, senior provincial managers, provincial HIV coordinators, teacher unions and learner organisations, key government departments, supporting NGOs, senior members at SANAC, and development partners and agencies.

The success of the Strategy in achieving its key outcomes will be closely reviewed through a monitoring and evaluation (M&E) framework (Annexure B) that is designed to report on the contribution of the strategy to the core mandate of the DBE and the goals of the *NSP 2012 – 2016*, and to provide a management tool for provinces and districts to routinely review and strengthen Strategy implementation.

2. THE STRATEGY

Although the Department of Basic Education has been addressing the challenges of HIV through a number of programmes, such as the Life Skills Programme as part of the Life Orientation curricula, this is the first time that the department has attempted to harness the widest range of resources at its disposal in an integrated manner to provide a comprehensive response, and to specifically align the response to the *National Strategic Plan on HIV, STIs and TB 2012 – 2016*.

The Strategy lays the foundation for the subsequent development of detailed implementation plans at national, provincial and district levels, and provides a framework for monitoring and evaluation (M&E) and performance assessment.

2.1 Strategy Alignment

Alignment with DBE core mandate:

The Strategy, like all interventions in the DBE, will contribute towards the achievement of Quality Basic Education, which is government's Outcome 1. The Strategy will also make a contribution to achieving Outcome 2 of government: A long and healthy life for all South Africans, which is led by the Department of Health (DoH).

The Strategy's two impacts are designed to directly support the core mandate of the DBE, underpinned by the following principles:

- a. All interventions focused on addressing the challenges of HIV, STIs and TB in support of the NSP will be designed to have simultaneous positive effects on the goals attached to the Delivery Agreement for Outcome 1 – in particular increased learner and educator retention within the education system, and the broad strategic areas of the *Action Plan to 2014: Towards the Realisation of Schooling 2025*
- b. Implementation of this Strategy will support and make full use of the Care and Support for Teaching and Learning (CSTL) Programme, particularly with regard to the CSTL's holistic approach to addressing the intrinsic, systemic and societal barriers to teaching and learning
- c. The Strategy acknowledges the comparative advantage of the schooling sector in preventing new HIV, STI and TB infections through education of learners, educators and officials. However, given that many learners, educators and officials are infected and affected by HIV, STIs and TB, the Strategy makes provision for access to treatment, care and support programmes. In this regard, schools will be used as centres for enhancing access of young people to services for sexual and reproductive health, including HIV, as well as services for TB
- d. Comprehensiveness will ensure that the Strategy constructs interventions to address the range of individual and structural key drivers of HIV and AIDS, STIs and TB among learners, educators and officials in South Africa

- e. Interventions will be evidence-based and will rigorously scale-up proven effective responses. In addition, interventions will build on existing programmes and services and never duplicate or waste resources
- f. An outcomes-based approach aligns the Strategy with government's new direction and operating paradigms and ensures that all efforts are focused on achieving measurable success
- g. Partnerships with key stakeholders within the education, health and social sector fraternities are critical to the successful implementation and M&E of the Strategy. These include all directorates within national, provincial and district education departments; other government departments such as DoH and DSD; teachers' unions; school governing bodies and the parent community at large; learner organisations; non-governmental organisations including community-based and faith-based organisations; development partners; as well as academic and research institutions.

Strategy impact

The Strategy itself will be evaluated against the following **two impacts**:

1. Reduction in new HIV, STI and TB infections among learners, educators and officials.
2. Increased learner, educator and officials' retention within the education system supported.

INDICATORS

HIV prevalence amongst learners aged 15–19 years

- ▶ Baseline: Overall 4.4%, Males 2.5%, Females 6.7% (HSRC, 2008)
- ▶ Target: Overall 2.2%, Males 2%, Females 4.5%

HIV incidence among educators and officials

- ▶ Baseline: To be established 2012/13
- ▶ Target: 10% annual decrease

TB incidence

- ▶ Baseline: 981/100 000 population (WHO estimate)
- ▶ Target: 490/100 000 population

Percentage learner dropout rate from school

- ▶ Baseline: 10% (Grade 9–11) (NIDS, 2008)
- ▶ Target: 8% (Grade 9–11)

Number of school-based educators who are medically boarded in the previous academic year

- ▶ Baseline: 229/389 329 teachers (PERSAL, 2010)
- ▶ Target: <1%

Strategy outcomes

In order to realise the two impacts of the Strategy, the following three outcomes will need to be achieved over the period it covers. Each outcome is elaborated upon below:

1. Increased HIV, STI and TB knowledge and skills among learners, educators and officials

Sound knowledge of HIV is a pre-requisite for the adoption of behaviours that reduce the risk of HIV and TB transmission. The schooling sector plays a leading role in ensuring that young people, and sector employees, have access to accurate and adequate knowledge on HIV and TB transmission.

The Strategy will contribute to increasing the percentage of learners, educators and officials who correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission. The Strategy also aims to contribute to an increase in knowledge on TB prevention and management.

INDICATORS

Percentage of Grade 6 learners and educators who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

- ▶ Baseline: 35% Learners (Grade 6); 100% Educators
- ▶ Target: 10% annual increase among learners; 100% Educators

Percentage of Grade 6 learners and educators who demonstrate knowledge of TB

- ▶ Baseline: To be established 2012/13
- ▶ Target: 10% annual increase

2. Decrease in risky sexual behaviour among learners, educators and officials

The implementation of the Strategy will support the development of the positive attitudes and skills required to reduce risky sexual behaviour among learners, educators and officials, including delaying the age of sexual debut, increasing male and female condom use, reducing the number of sexual partners among those already sexually active, and increasing uptake of prevention and treatment services (health-seeking behaviour). This behavioural change is expected to result in a reduction in risk in HIV infection and pregnancies among learners.

INDICATORS

Percentage of learners who have had sexual intercourse before the age of 15 years

- ▶ Baseline: Overall 4.5%, Males 11.3%, Females 5.9% (HSRC, 2008)
- ▶ Target: Overall 2.5%, Males 9.3%, Females 3.9%

Number of female learners who fell pregnant during the previous academic year

- ▶ Baseline: 45 276 (EMIS DBE, 2010)
- ▶ Target: 42 000

Percentage of educators who used condoms consistently with one non-regular partner over the past 12 months

- ▶ Baseline: 56% (HSRC Educators Study, 2005)
- ▶ Target: 65%

Percentage of 15–19 year old learners who reported the use of a condom with their sexual partner at last sex

- ▶ Baseline: Overall 86.5%, Males 92.5%, Females 79.8% (HSRC, 2008)
- ▶ Target: Overall 95%, Males 95%, Females 90%

3. Decreased barriers to retention in schools, in particular for vulnerable learners

Apart from HIV-specific interventions, school retention has been proven to protect against negative reproductive health outcomes like early pregnancy and HIV infection. For this reason, the Strategy includes a comprehensive set of interventions aimed at providing care and support for all learners, particularly the most vulnerable, to enable them to attend school, stay in school and achieve optimally. Schools and education departments will offer safety and protection to learners and employees alike, and be free of stigma and discrimination as well as gender-based violence.

INDICATORS
Current school attendance among orphans and among non-orphans aged 10–14 ▶ Baseline: Orphans 98%, Non-orphans: 99% (HSRC, 2008, SA UNGASS Report, 2010) ▶ Target: 100% (NSP target)
Percentage of learners and educators who have experienced stigma and discrimination ▶ Baseline: TBC ▶ Target: TBC
Percentage of high school learners who reported being bullied in the past 30 days ▶ Baseline: Males 35.7%, Females 37% (YRBS MRC, 2008) ▶ Target: Males 30%, Females 30%

Alignment with NSP 2012 – 2016

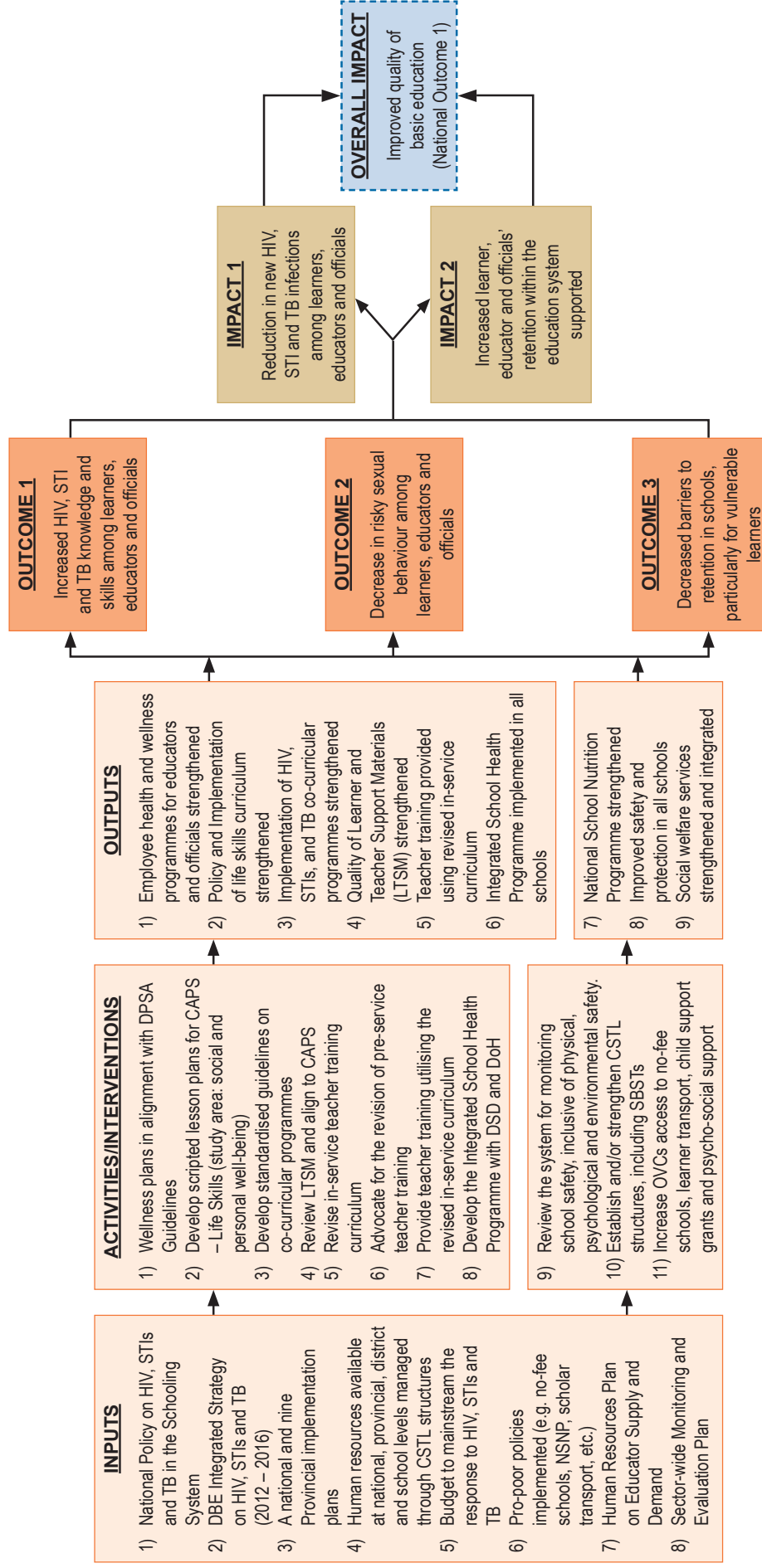
The Strategy's three outcomes have been designed to align as closely as possible with the four strategic objectives of the NSP 2012 – 2016, namely to:⁴

1. Address social and structural drivers of HIV and TB prevention, care and impact (Outcome 3)
2. Prevent new HIV, STI and TB infections (Outcomes 1 and 2)
3. Sustain health and wellness (Outcomes 1 and 3)
4. Ensure protection of human rights and increase access to justice (Outcomes 1 and 3).

It must be noted that while prevention, treatment, care and support programmes are not explicitly mentioned in the logic model below, they are mainstreamed in the outputs and outcomes, in particular Outputs 1 and 6 on educator, official and learner health and wellness.

⁴ SANAC. *National Strategic Plan on HIV and AIDS, STIs and TB 2012 – 2016*. Pretoria: South African National AIDS Council, 2011.

2.2 Logic Model/Results Framework



3. REQUIREMENTS FOR EFFECTIVE IMPLEMENTATION

In order to create ideal conditions for the successful implementation of the Strategy, a number of key requirements have been identified. If absent or inadequately addressed, these factors will have a negative effect on achieving the strategy's outcomes and goals. These include governance and institutional arrangements; mainstreaming the strategy; effective communication; funding; and monitoring and evaluation. They are explained in detail below.

3.1 Governance and Institutional Arrangements

Good governance and management are important factors in ensuring delivery of the *DBE Integrated Strategy on HIV, STIs and TB 2012 – 2016*. The Strategy speaks to governance in that:

- It offers direction in meeting the core mandates of the schooling system
- It provides a plan for meeting the expectations of the DBE in relation to the NSP and the roles and responsibilities envisaged for education
- It brings together various departmental functions in responding effectively and comprehensively to the impact of HIV, STIs and TB on the education system.

In line with the principles in the *NSP 2012 – 2016*, the governance and management of this Strategy will enable the DBE to coordinate and monitor its implementation. The DBE will further facilitate the development of implementation plans at all levels.

The Strategy will be implemented under the CSTL framework and programme. As such, the existing governance and management structures for CSTL, as defined in White Paper 6 and in the CSTL Conceptual Framework, will be used to link the HIV programme activities with other care and support programmes implemented in and through schools (see Section 5 – Imperative four: A duty of care in schooling – for learners and educators).

At the same time, internal DBE structures will participate in the new and redefined SANAC structures at various levels to ensure the inclusion of basic education in the multi-sectoral HIV and TB responses. The National Task Team (NTT) will therefore work closely with the national SANAC structures. Similarly, the Provincial Task Team (PTT) will participate in the Provincial AIDS Council, and the District-based Support Team (DBST) will participate in the District AIDS Council. In this way, local ownership, accountability and coordination will be strengthened and duplication of efforts and resources eliminated. It must be noted that other health and social services workers such as nurses, psychologists and social workers who will play a critical role in the implementation of the Strategy are not precluded by the CSTL structures, but will play a complementary role.

Care and support for teaching and learning in the basic education sector: structures and functions

National Task Team (NTT) – This committee will consist of personnel from the DBE and other key government departments. The team will provide strategic direction and guidance in the overall implementation of the DBE Strategy. This structure will facilitate communication, advocacy, implementation and reporting of HIV and TB programmes in the schooling sector nationally and report to SANAC. The NTT will provide information and guide the process of developing provincial implementation plans.

Provincial Task Teams (PTT) – PTTs will coordinate the implementation of HIV- and TB-related programmes across the provinces with guidance from the NTT. The PTT will guide and assist in the development of the district implementation plans. They will facilitate monitoring and reporting of programmes outlined in the Strategy. These teams will include provincial Department of Education personnel (i.e. specialist learner and teacher support personnel, governance and management experts, and administrative staff and representatives from the school districts in each province). Partners from other government departments and from civil society may be co-opted as required.

District-based Support Teams (DBST) – DBST committees comprise staff from provincial districts and schools. Their primary function is to support schools to develop and implement their implementation plans. DBSTs also have a mandate to develop and coordinate school-based support for educators, officials and learners in responding comprehensively to the twin epidemics by strengthening communication mechanisms and increasing access to information.

School-based Support Teams (SBST) – SBSTs or institution-based support teams operate at a school level to coordinate learner, educator and support staff needs. These teams comprise school governing bodies (SGBs), educators, parents/caregivers and learners, where relevant. They will source expertise from local communities in order to strengthen the school's response to HIV and TB and will be guided by the DBST.⁵

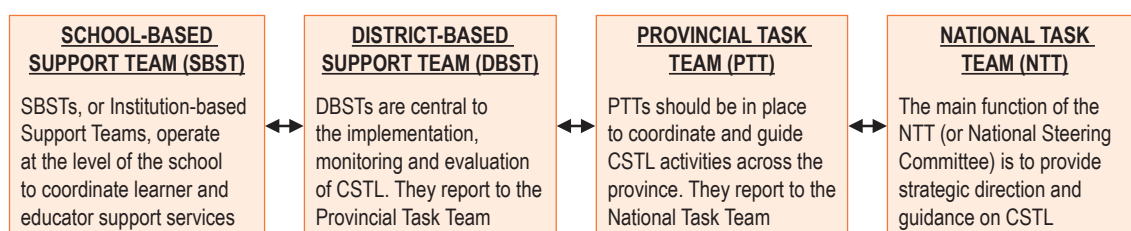


Figure 3: Care and support for teaching and learning in the basic education sector: structures and functions

⁵ DBE. CSTL: Action Step: National Model, DBE, 2011.

3.2 Mainstreaming the Strategy

Sub-Objective 1.1 of the NSP mandates all government departments and SANAC sectors to “Mainstream HIV and TB and its gender and rights-based dimensions” into their plans and systems. Components of the DBE’s Strategy should therefore be integrated into all national and provincial strategic plans and APPs, and into operational plans, and monitoring, reporting and evaluation systems.

While responses to HIV, STIs and TB have been mainstreamed into a few units of the DBE, others still regard the issues as being outside their immediate areas of responsibility. Even in some of the units where staff have been engaged in activities related to the response to HIV, STIs and TB, this work is generally viewed as assisting the Care and Support in Schools Chief Directorate with its work.

The successful implementation of the Strategy relies heavily on each branch and directorate, at national, provincial, district and school levels, understanding and accepting that the responsibility to respond effectively to HIV, STIs and TB is integral to their diverse portfolios.

Structures to manage the mainstreaming and coordination within the national and provincial departments

A departmental forum on HIV and AIDS has been in existence at the national level since 2008. A nominated representative from each branch sits on the forum. In 2010, the forum was subsumed under the Chief Directors’ Forum to strengthen high-level strategic leadership and coordination.

Since there is an emphasis in the new Strategy on mainstreaming, integrating and accelerating the response, it will become increasingly important to have a structure that is capable of aligning and coordinating policy, operational activities, budgetary priorities, staffing and other norms and standards between the DBE and the nine provincial departments of education. In this regard, the establishment of a Heads of Education Departments Committee (HEDCOM) sub-committee on HIV, STIs and TB in basic education will be explored.

3.3 Effective Communication

Each of the NSP strategic objectives will require sustained communication efforts at all levels within the DBE and with the key stakeholders and partners. Ensuring that learners, educators, officials, partners and stakeholders know and understand the key elements of the DBE Strategy is an important first step.

Communication activities should be integrated into all interventions and should be tailored to reach the most vulnerable. People with disabilities should receive focused attention with respect to communication methods to ensure that they can access information and services, paired with appropriate learner-teacher support material. Adequate funding is critical in order to enable this.

Communication must be strengthened between the national and provincial efforts and between sectors to ensure that all efforts are coordinated and focused on achieving the goals of the Strategy.

Beyond the mandate of the DBE and the scope of this Strategy, social and behaviour change communication should be strengthened, as it plays a critical role in shaping and changing risk behaviours and the social conditions that drive the HIV and TB epidemics. Social and behaviour change communication should encompass all levels – individual, community and socio-political – and should include advocacy, media, social/community mobilisation and campaigns, among others.

This necessitates the development of an effective communication plan with a threefold purpose:

1. To provide the departmental, constituency and broader partner environment with new information and knowledge, including information on the DBE's expanded focus
2. To advocate and encourage buy-in at levels which include senior management, provinces and districts to ensure acceptance and active ownership
3. To successfully manage and monitor the Strategy implementation.

Effective communication is an implicit imperative and enabler for the successful implementation, monitoring and evaluation of the DBE's Strategy. This was recognised early in the process of the Strategy's development and time and resources were allocated to communicating the strategy to a range of stakeholders, both within and external to the department. This took place through an extensive consultation process, and through the use of existing mechanisms such as senior management and branch meetings, meetings with SGB formations, and interactions with provincial, district and school structures.

Strategy implementation will also require effective partnerships between government departments and the DBE, most notably the departments of Health, Social Development, and Public Service and Administration. Routine liaison will also take place with other key cooperative governance structures such as the Inter-departmental Coordinating Committee on Disability (ICCD), the Inter-departmental Committee on HIV and AIDS, SANAC, and the National Action Committee for Children Affected by HIV and AIDS (NACCA), amongst others.⁶ Assessment is needed to determine whether or not established lines of interdepartmental communication are adequate at the four levels of Strategy implementation, i.e. national, provincial, district and school. The existing communication framework used for the NSP⁷ and the CSTL Programme might be sufficient for this purpose, although it might need to be refined to ensure alignment with the management and reporting requirements of the Strategy's monitoring and evaluation framework.

⁶ DBE. CSTL: Action Step: National Model, DBE, 2011.

⁷ SANAC. *National Strategic Plan on HIV and AIDS, STIs and TB 2012 – 2016*. Pretoria: South African National AIDS Council, 2011. pp. 54–56.

3.4 Financial Management

The financial implications of a comprehensive and holistic strategy for responding to HIV, STIs and TB in the school system can only be determined with some accuracy once the detailed operational plans have been elaborated on, at both national and provincial levels, and a costing of these has been performed.

Costing the implementation plans

One of the first tasks to be undertaken following approval of this Strategy is to cost the full implementation of all its components. It is foreseen that the amounts allocated from the conditional grant will not be sufficient to make a significant contribution to achieving the Strategy outcomes. The implication of this is that the DBE will have to consider expanding the existing conditional grant in terms of its priorities and activities, and its funding allocation, while sourcing alternative revenue streams (e.g. the equitable share) to finance the priority areas it has identified.

Once the Strategy has made preliminary recommendations on interventions, the priority-setting process, which takes place at a provincial level, will follow, using all the available evidence and best practice, and data from the costing. Monitoring and support at a national level will strive to stay abreast of provincial adaptations and implementation realities as they emerge.

The costing process will require external expertise, coupled with extensive training and support for provincial programme and financial managers in tracking progress against spending, which will ultimately inform future project planning.

Sustainable financing of the Strategy

Sustainable financing of this Strategy is imperative if the stated outcomes are to be achieved. This aspect becomes even more important as the programme is reshaped and expanded through new activities. The DBE needs to ensure that each province is able to plan and implement the key (non-negotiable) interventions necessary to achieve the outcomes and objectives of the country's *NSP 2012 – 2016*.

The conditional grant framework allows for consistent and uniform performance indicators for government to assess the (varied) effectiveness of programmes to inform further programme design and delivery. Sustained monitoring of, and accountability for, the HIV intervention is key to government's agenda and should be coordinated at a national level.

Additional funding will be needed for the increased number of activities, beyond life skills and LO, that are needed to successfully attain the outcomes of the Strategy. In particular, funding should be sought to increase safety and psycho-social support in schools for educators, officials and learners; expand the employee health and wellness programme; and develop strategies to reduce learner drop-out rates and to retain educators.

The alignment of donor aid to the Strategy outcomes is imperative. As set out in the NSP under the Aid Effectiveness Framework (AEF), the DBE will seek to align development partner assistance with education sector processes that will contribute to the achievement of the Strategy outcomes. This includes lobbying SANAC's Resource Mobilisation Committee (RMC) to mobilise funds for the activities specified in the NSP that lie beyond the biomedical components in the health sector, i.e. strengthened interventions to address the structural and behavioural drivers.

3.5 Monitoring and Evaluation

To serve as an effective guide to action, this Strategic Framework will need to be developed into a more detailed set of implementation plans by the divisions of the DBE, which will bear direct responsibility for the implementation of those plans, as well as by the corresponding units in the nine provincial departments of education. This process of elaboration should form part of the annual strategic and operational planning cycle, and should be scheduled to coincide with the preparation of the strategic and operational plans, beginning with the 2012/13 financial year.

Provinces will develop detailed implementation plans of their own within the framework of the national DBE Strategy. The DBE will provide a clear set of parameters for these processes. This process will be assisted by the development and articulation of clear objectives, guidelines on programme activities, SMART (Specific, Measurable, Attainable, Relevant and Timebound) indicators and targets, and the inclusion of these into the templates used for guiding the annual strategic and operational planning and reporting processes. This will require detailed coordination and planning at DBE level before liaison with National Treasury.

Monitoring and evaluation framework

The *DBE Integrated Strategy on HIV, STIs and TB 2012 – 2016* places a strong focus not only on responding comprehensively to HIV in the basic education sector, but also on monitoring and evaluating the effectiveness and efficiency with which this response is being implemented. Monitoring and evaluation (M&E) of the Strategy will help the DBE and its key partners to establish whether Strategy implementation is making a difference and for whom, and whether implementation is on target or if aspects of the Strategy need to be adjusted or replaced. Information gained from the M&E process will also contribute to better decisions about programme investments. The M&E framework will also assist the DBE in reporting periodically and meaningfully on the sector's contribution towards meeting its NSP obligations.

The M&E framework in Annexure A summarises the core set of indicators to be used to monitor and evaluate progress in implementing the Strategy. The DBE has many obligations with regard to monitoring the school environment, learner access, retention and achievement and for this reason has various systems in place to track these indicators (e.g. Education Management Information System [EMIS], Learner Unit Record Information Tracking System [LURITS] and Screening, Identification, Assessment and Support [SIAS]). Where possible, the core indicators

for monitoring the Strategy will be aligned with these existing reporting tools and mechanisms to ensure meaningful reporting and minimise any added burden.

The Strategy's M&E will also rely on other monitoring data collected by key government departments such as the departments of Health, Social Development, and Public Service and Administration, and on data collected by research and academic institutions. A comprehensive M&E plan will be developed, based on a series of baseline data from a variety of sources, with links to the results matrix to assist implementation and measurement and included in regular reporting (see Annexure A).

Finally, a mid-term and end-of-term evaluation of the Strategy will be conducted.

4. CONCLUSION

In responding comprehensively to HIV, STIs and TB in the basic education sector, this Strategy represents a change of pace and a widening of the scope in the response to HIV, STIs and TB, in the DBE and in the provincial departments of education. The Strategy is driven by key national strategic values, and an obligation to protect the nation's youth and its educators, and support its educators and officials.

The Strategy aims to mainstream, integrate, coordinate and accelerate schooling responses. It rests on key strategic components aligned to those of the *National Strategic Plan on HIV, STIs and TB 2012 – 2016* and addresses the context, the history of responses both broadly and specifically in the education sector, as well as the key drivers of the epidemic among youth and evidence on successful responses.

The Strategy builds on the policy adopted in 1999 and aims, in its successful implementation, to comprehensively address HIV-, STI- and TB-related schooling issues, thus contributing significantly to enhanced education outcomes. The Strategy will in turn lay the basis for a new and more comprehensive policy on HIV, STIs and TB for the schooling system.

ANNEXURE A: MONITORING AND EVALUATION FRAMEWORK

RESULT	NO.	INDICATOR	DISAGGREGATION	BASELINE	TARGET 2016	DATA SOURCE (MOV)	FREQUENCY OF MEASUREMENT	RESPONSIBLE	
IMPACT-LEVEL RESULT									
1	Reduction in new HIV, STI and TB infections among learners, educators and officials	1	HIV prevalence amongst learners 15–19 years	Province, sex, age	4.4% Males: 2.5% Females: 6.7% (HSRC 2008)	2.2% Males: 2% Females: 4.5%	Population-based survey	Every three years	Research organisation
		2	HIV incidence among educators and officials	Province, district, sex, age	To be determined (TBD)	10% annual decrease	Special study	Every three years	ELRC Research organisation DBE
		3	TB incidence	Province, district, HIV status	981/100 000 population (WHO estimate 2010)	490/100 000 population	WHO estimates	Annually	DOH STATS SA
2	Increased learner, educator and officials' retention within the education system	4	Percentage of learner dropout rate from school	Province, district, school grade, sex	Overall: 4% Grade 9–11: 10% (NIDS, 2008)	8% (G9–11)	EMIS General Household Survey (GHS)	Annually Every three years	DBE/EMIS Stats SA
		5	Number and percentage of school based educators who are medically boarded in the previous academic year	Province, district, sex	<1% (PERSAL, 2010) 229/389 329 teachers	<1%	PERSAL	Annually	DBE/EHRM
OUTCOME-LEVEL RESULTS									
1	Increased HIV, STI and TB knowledge & skills among learners, educators & officials	6	Percentage of Grade 6 learners who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Province, sex, age	Learners: 35% (SACMEQ, 2008)	10% annual increase	SACMEQ	Every three years	SADC, DBE National Assessment Directorate
		7	Percentage of Grade 6 educators who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Province, sex, age	Educators: 100% (SACMEQ 2008)	100%	SACMEQ	Every three years	SADC, DBE National Assessment Directorate

RESULT	NO.	INDICATOR	DISAGGREGATION	BASELINE	TARGET 2016	DATA SOURCE (MOV)	FREQUENCY OF MEASUREMENT	RESPONSIBLE	
OUTCOME-LEVEL RESULTS (CONTINUED)									
1	Increased HIV, STI and TB knowledge & skills among learners, educators & officials	8	Percentage of Grade 6 learners, who demonstrate knowledge of TB	Province, sex, age	TBD 2012/13	10% annual increase	SACMEQ	Every three years	SADC, DBE National Assessment Directorate
		9	Percentage of Grade 6 educators who demonstrate knowledge of TB	Province, district, sex	TBD 2012/13	10% annual increase	SACMEQ	Every three years	SADC, DBE National Assessment Directorate
2	Decrease in risky sexual behaviour among learners, educators and officials	10	Percentage of learners who have had sexual intercourse before the age of 15 years	Province, sex, age	4.5% Males: 11.3% Females: 5.9% (HSRC, 2008)	2.5% Males: 9.3% Females: 3.9%	Population-based HIV survey or any other survey	Every three years	Research organisation
		11	Percentage of female learners who fell pregnant during the past 24 months (15–19 years)	National, sex	25.7% HSRC, 2008	22.7%	Population-based survey	Every three years	Research organisation
		12	Number of female learners who fell pregnant during the previous academic year	Province, district, age	45 276 (EMIS, 2010)	42 000	EMIS Population-based survey	Annually Every three years	DBE Research organisation
		13	Percentage of educators who used condoms consistently with one non-regular partner over the past 12 months	Sex, marital status	54.8% (HSRC, 2005) TBD	65%	Special Study Population-based survey	Every three years Every three years	ELRC Research organisation
		14	Percentage of 15–19 year old learners who reported the use of a condom with their sexual partner at last sex	Province, sex, age	86.5% Male: 92.5% Females: 79.8% (HSRC, 2008)	95% Males: 95% Females: 90%	Population-based survey	Every three years	Research organisation
3	Decreased barriers to retention in schools, particularly for vulnerable learners	15	Current school attendance among orphans and among non-orphans aged 10–14	Province, district, sex, type of orphanhood	Orphans: 98% Non-orphans: 99% (HSRC, 2008)	100%	Population-based survey	Every three years	STATS SA, Research organisation
		16	Percentage of learners who have experienced stigma and discrimination	Province, district, sex	TBD	TBD	Stigma index survey	Every three to five years	SANAC
		17	Percentage of educators who have experienced stigma and discrimination	Province, district, sex	TBD	TBD	Stigma index survey	Every three to five years	SANAC

RESULT	NO.	INDICATOR	DISAGGREGATION	BASELINE	TARGET 2016	DATA SOURCE (MOV)	FREQUENCY OF MEASUREMENT	RESPONSIBLE	
OUTCOME-LEVEL RESULTS (CONTINUED)									
3	Decreased barriers to retention in schools, particularly for vulnerable learners	18	Percentage of Grade 6 learners who indicated a negative response to learners infected with HIV continuing to attend school	National, province, district, sex	21.7% (SACMEQ, 2010)	10.7%	SACMEQ	Every three years	SADC, DBE National Assessment Directorate
		19	Percentage of Grade 6 learners who indicated a negative response regarding their attitude toward a friend infected with HIV & AIDS	National, province, district, sex	8.9% (SACMEQ, 2010)	4.4%	SACMEQ	Every three years	SADC, DBE National Assessment Directorate
		20	Percentage of Grade 6 teachers who indicated a negative response to learners infected with HIV continuing to attend school	National, province, district, sex	1% (SACMEQ, 2010)	1%	SACMEQ	Every three years	SADC, DBE National Assessment Directorate
		21	Percentage of Grade 6 learners who indicated a negative response to learners diagnosed with TB continuing to attend school	National, province, district, sex	TBD (SACMEQ, 2014)	2% annual decrease	SACMEQ	Every three years	SADC, DBE National Assessment Directorate
		22	Percentage of Grade 6 learners who indicated a negative response regarding their attitude toward a friend diagnosed with TB	National, province, district, sex	TBD (SACMEQ, 2014)	2% annual decrease	SACMEQ	Every three years	SADC, DBE National Assessment Directorate
		23	Percentage of Grade 6 teachers who indicated a negative response to learners diagnosed with TB continuing to attend school	National, province, district, sex	TBD (SACMEQ, 2014)	2% annual decrease	SACMEQ	Every three years	SADC, DBE National Assessment Directorate
		24	Percentage of high school learners who reported being bullied in the past 30 days	Sex, grade, age, province	Males: 35.7 Female: 37% (YRBS, 2008)	Males: 30% Females: 30%	YRBS	Every three years	DoH Research organisation

RESULT	NO.	INDICATOR	DISAGGREGATION	BASELINE	TARGET 2016	DATA SOURCE (MOV)	FREQUENCY OF MEASUREMENT	RESPONSIBLE
OUTPUT-LEVEL RESULTS								
1	Policy and Implementation of life skills curriculum strengthened	25	Improved quality and implementation of life skills curriculum <i>proxy measures:</i> - Availability of scripted lesson plans - LO as a subject is examinable - LO as a subject is timetabled as per policy - LO curriculum is being covered as per policy (volume & topics)	Province, type of school (public, independent and special schools)	TBD	100%	Life Skills Quarterly Reports	Quarterly DBE Directorates: Curriculum and Health Promotion
2	Implementation of HIV, STI, and TB co-curricular programmes strengthened	26	Co-curricular programmes standardised	N/A	N/A	100%	HIV, STI and TB co-curricular programmes	N/A DBE: Health Promotion Directorate
3	Quality of Learner and Teacher Support Materials (LTSM) strengthened	27	Alignment of LTSM with CAPS and UNESCO TGSE standards	N/A	N/A	80% alignment	LTSM	N/A DBE Directorates: Curriculum and Health Promotion
4	Teacher training provided using revised in-service curriculum	28	Teacher training curriculum revised to include HIV and sexuality education	N/A	N/A	Revised teacher training curriculum	DBE	N/A DBE Directorates: Continuing Professional Teacher Development (CPTD) and Health Promotion
		29	Number and percentage of LO teachers who have received in-service training based on the revised curriculum	Provincial, district, sex	N/A	To be established	DBE life skills quarterly report	N/A DBE Directorates: Health Promotion and CPTD
5	Integrated School Health Programme (ISHP) implemented in all schools	30	Number and percentage of learners benefiting from the ISHP	Province, district, quintiles, school phases	To be established in 2012	100%	DHIS Health Promotion Directorate quarterly reports	Annually DoH

RESULT	NO.	INDICATOR	DISAGGREGATION	BASELINE	TARGET 2016	DATA SOURCE (MOV)	FREQUENCY OF MEASUREMENT	RESPONSIBLE	
OUTPUT-LEVEL RESULTS									
6	Employee health and wellness programmes for educators and officials strengthened	31	Number and percentage of employees who access the EHWP	Province, sex	To be established 2012	To be established 2012	To be established 2012	Annually	DBE ELRC Teacher Unions
7	National School Nutrition Programme strengthened	32	Number of learners from ordinary public schools that receive school meals through the National School Nutrition Programme	Province, district	8 979 002 (2011/12)	9 000 000 (75% of learners)	NSNP Directorate Database	Annually	DBE, NSNP Directorate
8	Improved safety and protection in schools	33	Number of public ordinary schools that have established and trained school safety committees	Province, district, school	34% (DBE, School Safety, 2011)	66%	Safety Directorate Database	Annually	DBE, School Safety Directorate
9	Social welfare services strengthened and integrated	34	Number and percentage of schools implementing the CSTL Programme	Province, district	225 (DBE, Health Promotion, 2012)	3 600	Database	Annually	DBE, Health Promotion Directorate
		35	Number and percentage of learners from ordinary public schools that attend no-fee schools	Province, district	60% (DBE, EMIS, 2011)	60%	DBE, EMIS	Annually	DBE, Financial Planning and Economic Analysis Directorate
		36	Number and percentage of learners in public ordinary schools that benefit from a Child Support Grant (CSG)	Province, district, sex	TBD	TBD	DBE, EMIS	Annually	DBE, EMIS

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