Department of Basic Education Draft National Policy on HIV, STIs and TB 2015

26 May 2015

The Catholic Institute of Education welcomes the opportunity to comment on the DBE Draft National Policy on HIV, STIs and TB. This submission is offered jointly with other organisations of the Southern African Catholic Bishops' Conference (SACBC) which have as their reason for existence either education, health or policy concerns. These are:

- The Southern African Catholic Parliamentary Liaison Office
- The SACBC AIDS Office
- The Catholic Health Care Association of Southern Africa (see appendix for details)

We also realise that some of our comments on the first draft (May 2013) have been incorporated into this second draft. We will however repeat some of the comments we submitted on the first draft as we believe it is still important to highlight them.

Introduction

We welcome the development of this second draft of the policy and support the intention to improve the health of all those working and learning within the basic education sector. However, we believe that this policy should have been drawn up in conjunction with the Department of Health. This policy places the burden of care on the school, but treatment, care and support of anyone infected or affected by HIV, STIs and TB is the responsibility of the Department of Health. Therefore more clarity is needed on how these two departments will collaborate.

The 2015 draft policy is more succinct, well edited and much clearer in its intention than the previous draft. These changes make it more accessible. The tone of the document expresses the Department's concern about the spread of HIV, STIs and TB and the impact these have on children and adults within the Basic Education Sector.

The policy has been divided into clear sections as was recommended by our comments on the previous draft. While the latest draft of the policy takes into account the reality that nutrition is necessary for children and makes provision for this to be taken care of, it does not clearly articulate the role and responsibilities of DBE regarding this issue.

We are concerned about the *scope of application* of the 2015 draft policy as it appears to apply to independent schools as well as to all public schools. This has far reaching implications especially for low-fee independent schools, like the issue of providing nutrition, as an example – how are independent schools expected to fund this as the department's nutrition programme is only in public schools?

We welcome the emphasis on zero tolerance towards all forms of sexual abuse and harassment. We find that paragraph 6.5.6.1 is strongly worded and we agree with the emphasis. However we would like lesbian, gay, bisexual, transgender and intersex (LGBTI) children and adults to be mentioned as a group that is particularly vulnerable to hostility and attack.

We would like the policy to take into account the reality that sexual abuse frequently takes place in the home and in the community and not only at school. Parents, guardians and caregivers need information and training about keeping children safe from abuse and sexual violence.

We are concerned about the intention, as it appears in the policy, to make male and female condoms available at schools. The 2015 draft policy makes no mention of the *School Governing Body* having the right to decide whether or not condoms should be distributed at their school, neither does it make mention of parents becoming involved in the decision-making or being informed about concerns that might affect their children's welfare.

We welcome the mention of Continuing Professional Teacher Development for teachers who will be teaching *Sexuality, Adolescent and Reproductive Health* education. It needs to be noted that the teaching of sexuality education is a challenge for many teachers and all training needs to sensitively mitigate this barrier. The content should take into account cultural and religious diversity, be values based and include decision-making education. We would like information on LGBTI children to be included in the teaching modules as these children are at greater risk of being bullied or abused.

The policy is extremely ambitious in its intentions. We wonder if the idea that all schools should become health promoting schools where counselling services are offered *in an inclusive and supportive environment offering a holistic package of care and support, particularly for the most vulnerable learners* is practical. This needs to be clearly spelt out – are counsellors going to be appointed at each school - including independent schools? How is this going to be rolled out? We wonder if there is funding available for all that is proposed.

We will comment on the clauses which we believe need change or definition according to the numbering within the policy document.

Comments and Suggested Changes and Additions

1. Section 5. Guiding Principles, (pg. 15)

5.6 Mention should be made of LGBTI children as they are particularly vulnerable to abuse, bullying and discrimination because of their sexual orientation.

5.8. We fully support the idea that the learning needs of learners who might miss school for extended periods of time must be accommodated but we wonder if schools have the capacity to do this. There is a need for clear guidelines on how this will be done.

2. Section 6. Policy Themes, (pg. 16)

6.2.2.1 Information and materials on HIV, STIs and TB should also be made available to parents, guardians and caregivers.

6.2.2.4 The first draft of this policy made provision that access to condoms "**will be guided by discussions with the school community led by the SGB concerned".** In commenting on this clause we strongly suggested that the word **discussion** be replaced with **consultation**. We want to still strongly suggest this. The School Governing Body and parents must be allowed to have the final say on the distribution of condoms in their schools. We are fully aware that the present legislative framework does allow children to access contraception without the consent of parents. We however believe that the distribution of condoms at schools cannot be condoned as it is not based on sound educational principles. The department needs to implement a holistic educational approach that is based on the long term welfare of the child not just short-sighted solutions that may do more harm than good. The government needs to strengthen the primary health care clinics to continue with Voluntary Confidential Counselling and Testing with schools working hand in hand with such units. This is envisaged at 6.2.4.1 and we welcome it as a positive move but still believe that condoms should be distributed there.

6.2.4.3 The DBE has made a commitment to remove all health barriers to learning. We reiterate that over-crowding in classrooms puts children at risk of becoming infected with TB. The poor condition of toilets in schools has been well documented. Unhygienic conditions continue to pose health risks to children and adults. As part of strengthening the implementation of this policy the DBE will need to ensure that delivery of basic infrastructure to schools is accelerated in terms of the policy on Norms and Standards for School Infrastructure.

6.2.5.1 While we applaud the use of mobile health clinics at schools for the purpose of improving the health of learners through testing for HIV, screening for STIs and TB, and offering counselling services, we believe that the roles of such these clinics need to be clarified and parameters established. This can only work if these units work co-operatively with teachers at schools and not interfere with their core business of teaching and learning.

6.2.6.2 Information on sexuality and reproduction should be made available to learners through teaching modules which could be the opportunity for the DBE to strengthen the teaching Life Orientation. The content needs to be mindful that there is a lot of sensitivity and misinformation about sexuality among school children and teachers alike. We suggest that in developing this content, the DBE should partner with the Department of Health, faith-based organisations and other relevant stakeholders who can offer their valuable expertise.

6.2.6.3 The numbering here needs to be revised as there is no content for this subsection.

6.2.6.4 We reiterate that presentations and information on TB are commendable. Over-crowding and unhygienic conditions of many classrooms remain a huge challenge for many schools. Since TB is an air-borne disease learners are extremely vulnerable in over-crowded conditions.

6.3.3.1 We are cautious of the intention to ensure that schools become health promoting institutions and wonder how the DBE is going to ensure that this is done in independent schools. We want to express our concern that this will place a huge burden on all schools, both public and independent, as their core business is teaching and learning. It cannot be denied that schools have to support children and all in their care when it comes to issues of health as these impact on its core business. The burden of care placed on schools will have to be implemented jointly with the Departments of Health and Social development.

6.3.3.2 We welcome the intention to provide psychological services in schools. We however want to caution that the policy must not raise expectations that will never be met. In our experience schools have struggled to even access social workers in times of crisis. In many schools, especially in rural areas counselling is needed for a multitude of problems often unrelated to HIV and TB or even trauma. It is our opinion that all children needing counselling should be able to access it. We are however not convinced this is possible.

6.3.5.1 LGBTQI learners are once again not mentioned in this section on gender. This poses a serious problem as these learners are always discriminated against. In formulating a policy of this magnitude the DBE needs to keep in mind the realities that our society faces - discrimination against LGBTI is a painful reality and children need to be educated that it is unacceptable and not in line with the constitution.

6.3.5.1 The DBE Guidelines for Boarding Schools refers to these schools as ‘boarding’ schools not ‘hostels’. Hostels have a particularly negative connotation in South Africa.

6.3.5.4 It should be emphasised that abuse can take place in all relationships including lesbian and gay relationships. The abuse of power in relationships is not confined to male/female relationships. Sexual orientation should be taught in an open and sensitive manner. Educators may need to be specially trained to be able to do this in a sensitive and age-appropriate manner.

6.4.4.1 It is important that schools become more *flexible in the design and scheduling of classes* to accommodate *learners who are orphaned, infected or affected.* This should also be extended to learners who are pregnant and schools must request that they (pregnant learners) produce proof that they are attending to their pre-natal health care needs.

However the current state of schools and especially schools that are over-crowded will not allow this to happen. The DBE may need to consider employing teaching assistants to help with all vulnerable learners and also those with disabilities.

6.4.4.2 We suggest that feeding is extended to all learners made vulnerable by poverty, regardless of age, and that feeding also takes place over weekends and school holidays. The DBE needs to partner with the Department of Social Development and community based organisations to close this gap.

6.5.3.5 Providing condoms and information on their use to male and female teachers in the workplace is inappropriate and should be discouraged. Teachers may also find this offensive.

6.5.6.1 We welcome the attitude of zero tolerance to sexual abuse in the work environment. Zero tolerance should also apply to school staff who continue to use corporal punishment, since corporal punishment is known to give rise to psychological harm in children.

6.6.2.2 The meaning of this sentence is not clear. The sentence should perhaps read thus:

" The DBE will guide and coordinate planning and implementation of a new strategic framework for HIV, STIs and TB by the nine provincial Departments of Education down to the district and institutional level."

This is an enormous undertaking by the DBE and needs clarification as to how it will be effected.

6.6.4.2 The meaning of this point is not clear. What are the *units* that are referred to?

6.6.5.1 The Catholic Institute of Education has 30 years of experience working with schools and developing materials. We therefore welcome a partnership with the DBE and look forward to being an active partner in developing the curriculum and policy.

6.6.5.3 Peer education is an effective way of communicating information on HIV, STIs and TB and it also helps to develop confidence and self-esteem in peer educators. CIE has implemented peer education programmes in schools for five years successfully. We therefore welcome the intended inclusion of youth groups in the strategic partnerships.

Conclusion

While we understand the need to have one national policy which deals with HIV, STIs and TB in the Basic Education Sector – we question whether it wouldn't have been better to have a separate policy for learners and one for educators and other educational officials. The responses to children's health issues are governed to a large extent by a different set of principles and goals. On the other hand the responses to health issues pertaining to employees are governed by a whole set of labour laws which need to be cited in the policy. It would be more sensible to clarify what applies to which group to avoid confusion.

The policy does not mention School Based Support Teams (SBST) which is a structure which should already be set up in schools to deal with such issues. The role of the SBST will need to be clarified in light of this policy.

The policy is grounded in South African legislation, guidelines, and policies and international policies and conventions. It takes into account the:

goals, objectives and focus areas of the DBE Integrated Strategy on HIV, STIs and TB (2012-2016), which focuses on addressing the challenges of HIV, STIs and TB in support of the NSP.

This gives the 2015 *Draft National Policy on HIV and TB* legitimacy.

However the policy should take into account the ethos of faith-based schools and the opposition of the Catholic Church to condoms. It is an empty suggestion that faith-based organisations will become partners with the DBE in the design and implementation of the policy when the comments of faith-based organisations have not been heard or taken into account in the 2015 *Draft National Policy on HIV, STIs and TB*.

Appendix 1

The CIE

The Catholic Institute of Education was established in 1985 by the Southern African Catholic Bishops' Conference. There are currently 179 778 children in 347 Catholic schools nationally. Of these schools, 260 are public schools on private property, mostly located in rural and peri-urban areas of South Africa. 92% of the children in these schools are black and previously disadvantaged and only 24% are of the Catholic faith.

CIE's projects are aimed at facilitating quality education for children in impoverished communities by responding to their physical, emotional and spiritual needs. For many of these learners, a quality education is their only escape from the cycle of poverty into which they are born.

SACBC AIDS Office

The Southern African Catholic Bishop Conference's (SACBC) AIDS Office, which, opened in January 2000, helps to co-ordinate the Catholic Church's response to HIV and AIDS in South Africa, Swaziland and Botswana. The SACBC AIDS Office began its ARV treatment programme in 2003 with funding from CORDAID which laid the foundation for the PEPFAR funded programme in 2004. The PEPFAR grant ended in May 2013, with six sites having been given an extension to operate on PEPFAR funding for an additional year. Over 45,000 patients have been initiated on treatment, with most of them now having been absorbed by the clinics under the Department of Health.

CPLO

The Parliamentary Liaison Office (CPLO) of the Southern African Catholic Bishops' Conference (SACBC) is the official vehicle for contact and dialogue between the Catholic Church in South Africa on the one hand, and the country's Parliament and government on the other. It provides an avenue for the Church, as part of civil society, to contribute to debates on issues of public policy, to exert an influence for the common good in areas of political, economic and social concern, and to help shape legislative and policy developments.

CATHCA

The Catholic Health Care Association of Southern Africa (CATHCA). CATHCA's network complement consists of doctors, nurses, community health workers, or other health professionals and health care organisations, most of whom are based in rural and poor communities. Some are lay people doing voluntary work as home based caregivers, administrators, bookkeepers, or looking after orphans or the elderly in homes and care centres across the country. CATHCA works in all nine Provinces of South Africa, and in Botswana and Swaziland, in 38 clinics, two hospitals, many old age homes, hospices, orphanages, home-based care projects and many Diocesan and parish projects, tackling all health care issues, combating HIV/AIDS.