THE ROLE OF CORPORATE SOCIAL INVESTMENT IN MANAGING HIV & AIDS IN RURAL SCHOOLS: A CASE OF KUMBA RESOURCES CORPORATE SOCIAL INVESTMENT IN MUTALE MUNICIPALITY

by

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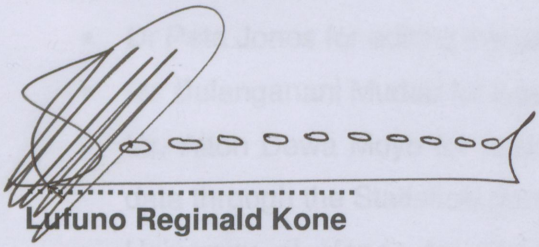
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DECLARATION

I, Lufuno Reginald Kone hereby declare that all the sources that were consulted for THE ROLE OF CORPORATE SOCIAL INVESTMENT IN MANAGING HIV & AIDS IN RURAL SCHOOLS: A CASE OF KUMBA RESOURCES CORPORATE SOCIAL INVESTMENT IN MUTALE MUNICIPALITY are included in the reference list and that this study is my original work and has not been submitted before for any other degree or examination at any other university.



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ABSTRACT

This dissertation examines the role of corporate social investment in managing HIV & AIDS in rural schools: A case of Kumba resources corporate social investment (CSI) in Mutale municipality.

This study uses both qualitative and quantitative designs to examine the role played by CSI in the management of HIV & AIDS in rural schools. Rural schools demand special attention by virtue of their low levels of social capital which is evidenced in a broad range of variables, including high poverty levels, disadvantaged under-resourced geographical location, difficulty in acquiring basic social services, the low participation rate of such communities in education, lack of basic literacy in general, absence of social welfare staff and other such related concerns.

Data were collected through the following strategies: questionnaires which were completed by 59 participants, individual interviews of 1-2 hours each where five school principals, five HIV & AIDS coordinators and ten teachers participated, and focus group interview with two school principals, two HIV & AIDS coordinators and six teachers.

Quantitative data from the questionnaires was analysed through the Statistical package (SPSS) version 16 and qualitative data from individual and focus group interviews were analysed through thematic and the case study type analysis. The following four major themes emerged:

1. *The impact of HIV & AIDS is felt by both teachers and learners*
2. *Involvement of CSI in the education sector in Mutale Municipality is a powerful move towards managing the HIV & AIDS pandemic.*
3. *Direct support to the affected and infected is desired*
4. *School leadership and effective monitoring of sponsored funds.*

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It is acknowledged that case study methods have their own shortcomings regarding subjectivity, internal validity or trustworthiness, and external validity or generalizability. The shortcomings of this study were addressed and triangulated through the use of both qualitative and quantitative methodologies, and through the use of multiple data collection tools, i.e., questionnaires, individual and focus group interviews, as well as use of different types of participants, i.e., school principals, HIV & AIDS coordinators and teachers.

As well, ethical issues such as consent from subjects, protecting subjects from harm, and the right to have privacy were addressed. Several recommendations were suggested based on the major findings of the study.

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LIST OF ABBREVIATIONS

AIDS- Acquired immunodeficiency syndrome
ANC - African National Congress
CSI- Corporate Social Investment
HIV- Human Immuno Virus
IDP- Integrated Development Plans
ILO - International Labour Organisation
MEC- Member of Executive Committee
OBE- Outcome-Based Education
SABC- South African Broadcasting Corporation
SADTU- South Africa Democratic Teachers' Union
SED- Socio-Economic Development
SMT- School Management Teams
TB - Tuberculosis

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CHAPTER ONE

ORIENTATION TO THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Many South African organisations are involved in some form of Corporate Social Investment (CSI). The main concern, which forms the main thrust of this study, is with regard to Kumba Resource's role and contribution to CSI in poverty, social challenges and health issues. The business sector, because of its vantage point to the accessibility of resources both human and capital can lead the address social challenges. This sector, which in the past was viewed with suspicion and disdain, is now called upon to join force and lead the battle to fight poverty, ignorance, and diseases such as HIV & AIDS. According to Marais (2001), South Africa has the fastest-growing HIV & AIDS epidemic in the world: over ten percent of those infected worldwide live in South Africa. In May 2001, at least 4.7 million South Africans were reported to be HIV positive, 56% of them women (Centre for the Study of AIDS, University of Pretoria). By the year 2020 life expectancy will have dropped from a high of 68 years to less than 40 years.

Acquired Immunodeficiency Syndrome - AIDS - has a profound impact on everyone: workers and their families, enterprises and national economies. It is a national issue and a development challenge. The dynamic nature of the human immunodeficiency virus - HIV & AIDS - epidemic is felt in waves as HIV infections, AIDS cases, deaths and consequences. It is well known that, so far, a cure for HIV & AIDS has yet to be discovered; hence prevention remains the only way to reduce its impact. Education or human capital development is critical for economic growth and development. Consequently, education has many other positive development effects.

Education raises awareness of the economic and social impact of AIDS in the world of work. Also, it may serve to fight the discrimination and stigma related to the HIV status. In the long run the spread of HIV & AIDS will compromise any potential to reconstruct

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our economy, to redress the past inequalities and provide equality for all. The HIV & AIDS pandemic could easily reverse the hard-won gains made in South Africa's capacity to deliver a high quality of life for all.

Various social, cultural and economic factors greatly influence the individual's risk to acquiring HIV infection in addition to accelerating the progression from infection to full blown AIDS. These factors, which cumulatively drive the epidemic to its present state in Sub-Saharan Africa, include; ignorance, fear, stigma, culture and poverty. The forces, which are mutually synergistic, usually affect the same individual or populations in different ways. Ignorance could be of two types; 'real' and 'informed'. 'Real ignorance' refers to the lack of information on some or all aspects of the HIV & AIDS infection which may include information on the transmission, spread and preventative measures. 'Informed Ignorance', or partial ignorance, refers to the attitude of those that are fully aware of the infection, including its transmission and control, but somehow and for some reason refuse to believe some aspect of the infection (such as its causative agent) or who believe that the condition can be cured either through local herbs or some other method. Fear and stigma play a significant role in the spread and transmission of this disease. Thus, cultural factors and poverty appear to be the core drivers of HIV & AIDS of infection, especially in the rural communities of South Africa (Bennell, Hyde & Swainson, 2002).

According to the International Labour Organisation (ILO), (2001) document on "Code of practice on HIV & AIDS" poverty drives the HIV & AIDS phenomenon in two broad ways: firstly by increasing the population of people at risk, and secondly by limiting the management of those already infected. Poor people are more prone to engage in high risk behaviour such as commercial sex work and drug use. They are also more likely to become migrant workers (being un- or semi-skilled), a group that has been identified as being among those at the greatest risk of acquiring and spreading the infection. Rural communities are not immune to poverty nor are they immune to migrating, hence the duality of the impact.

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It is important that we prevent the spread of HIV and manage it in the workplace by means of education about safer sex and by providing treatment. Another strategy is to create jobs and fight poverty in the society. Putting these two strategies together, it can be seen that we must manage and defeat poverty by creating quality jobs in safe environments. The main steps in the campaign to fight AIDS are listed by COSATU (2002) as:

- Mobilise people to stop the spread of HIV
- Fight discrimination against people with HIV
- Improve health care for all our people
- End poverty and ensure healthy living conditions, especially by creating jobs and improving housing.

Sadly, discrimination against people with HIV is still rife in our communities and constitutes a major source of retardation in our efforts to fight the pandemic. If left unaddressed, it will destroy the efforts nation is making the fight to decrease the spread and impact of HIV (Bennell, *et al* 2002). For instance, if people who are HIV-positive (or think they may be) are afraid of being discriminated against, they will probably conceal their HIV status. They will not be willing to be tested or be able to get treatment. They may then pass the infection on to others. In this context, education and information about HIV & AIDS play pivotal roles in the campaign to fight AIDS. In addition, resources to ensure prevention are crucial. While voluntary counselling and testing (VCT) should be encouraged, most significant should be the provision of treatment and support. Support is not necessarily the sole responsibility of government and schools, but the private sector also has a major role to play.

For a mining company to acquire a mining licence, a social and labour plan must be obtained and submitted to the Department of Minerals and Energy Affairs. Furthermore, the mining charter also compels the mining industries actually to invest in the communities where they are sourcing labour, this investment to be aimed at improving the communities standard of living. The effectiveness and success with which business can lead this new struggle will prove very important to the success of new democracy.

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Corporate social responsibility, the topic of this research, has been identified as one of the strategies that could be used to redress the imbalances created by Apartheid and its policies. Optimistic commentators see investment by private business organizations in community development projects (popularly known as RDP) as a way to overcome such a legacy (COSATU, 2002; Coombe, 2001b). However, more sceptical analysts refer to social responsibility and investment programmes as a mere "rearranging of deck chairs on the Titanic", or at worst as "business propaganda" (Bezuidenhout & Slabbert, 1998:16). Some theorists like the economist Milton Friedman are of the opinion that Corporate Social Investment – CSI - is not necessary. According to Bezuidenhout & Slabbert, 1998, a corporation's primary purpose is to maximize profits for its shareholders, not to play Mother Teresa.

1.2 STATEMENT OF THE PROBLEM

The HIV & AIDS virus has been with in Southern Africa since the late 1970s, and the response to it has been mostly biomedical. The understanding of the universality of the HIV & AIDS pandemic, on the other hand, is more recent: it is only starting to define the character and ferocity of this social, economic and cultural disaster. (Bennell, *et al* 2002). It has taken more than twenty years to grapple with the complexity of what we call HIV & AIDS. The reaction so far has been hesitant and largely ineffective. Subsequently, the health-focused response has been inadequate, as rising prevalence rates show (Bennell, *et al* 2002; ABT Associates, 2001).

The education sector has a special responsibility and role to play in addressing this pandemic. First, it must help in containing the spread of the virus through life skills teaching, care and counselling. Second, it must also take responsibility for protecting the system of education itself, helping educators to live with the virus now that it is transformed into a rolling pandemic, so that the sector can continue to provide education and training of a suitable quality.

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Thus, it becomes significant to investigate the role played by CSI in support of schools, especially in the areas in which they operate. Kumba resources, has been involved with all the five schools in the Mutale Municipality, i.e., two secondary and three primary schools. It is therefore imperative to understand the support lend by Kumba Resource to local education in general, however, for this study, it is imperative to understand its role in managing HIV & AIDS, given the seriousness of the epidemic in South Africa and in rural areas in particular.

Managing the pandemic in the education sector involves stabilising education provision and mitigating the impact of the pandemic on learners and educators; developing policies and strategic plans and implementing them; research, information and data collection and dissemination; mobilising and allocating resources in the sector and most significant, establishing strong partnerships with corporate partners like Kumba Resources.

This study seeks to investigate the role played by Kumba Resource as a corporate social investment in managing HIV & AIDS in rural schools, in particular schools in the Mutale Municipality.The study uses both qualitative and quantitative designs to examine the role played by CSI in the managing HIV & AIDS in the five rural schools. Rural schools demand special attention by virtue of their low levels of social capital which is evidenced in a broad range of variables, including high poverty levels, disadvantaged under-resourced geographical location, difficulty in acquiring basic social services, the low participation rate of such communities in education, lack of basic literacy in general, absence of social welfare staff and other such related concerns (Sonenthal, 2006).

1.3 INITIAL ASSUMPTIONS

In my role as a manager of Corporate Social Investment (CSI) at Kumba Resources for the past fourteen years, I observed educators coping with children who are traumatised: those who are abused, harassed or victims of incest, who are vulnerable and at risk, who are orphaned, who are heading

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households, or are caregivers; adolescent sexuality, customary and imported sexual behaviours, HIV & AIDS-related sexual behaviour; hungry children where school feeding schemes are inefficient; and where the school's links with community's response to HIV & AIDS are not well defined.

I have observed reluctance in the utilization of HIV workplace policies for learning institutions; poor or the altogether absent support for educators infected or affected by HIV; absence of appropriate codes of conduct; and supportive culture of care and respect in learning institutions. My assumptions are also based on experience from corporate institutions where there are policies which address issues such as rights of employees; management of infected employees; testing, confidentiality and disclosure of information; and employee assistance programmes (Kumba Resources, HIV & AIDS Policy, 2006)

The fourteen years experience as a manager of CSI at Kumba Resources has taught me that schools are unsafe places for children, especially for a girl child. Thus, girls can be helped by linking gender and HIV programmes where attitudes to violence, abuse and rape in learning institutions are addressed. Hence I start with certain assumptions about barriers to the long-term development/interventions route to assist learners and educators:

- The prevalence of HIV & AIDS is greatly impacted by the abject poverty in rural areas.
- Changing the behaviours among young and old people will reduce the spread of HIV & AIDS.
- School principals and teachers require basic training to run pilot care and counselling projects to assist with the promotion and awareness campaigns.

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- CSI's can play a major role to promote care and support to educators and learners infected and affected by HIV & AIDS.

- The elimination of stigma and discrimination on the basis of real or perceived HIV status is still high in the rural sectors.

There are actions that can be taken immediately by agencies, governments, communities and individuals working together with determination, competence, determination and commitment to tackle the challenges to education posed by HIV & AIDS.

1.4 CRITICAL QUESTIONS

The main question of this study is 'What role does Kumba Resources as a Corporate Social Investment (CSI) play in combating and managing HIV & AIDS in rural schools in the Mutale municipality?

Given this question, my sub-questions include:

1. What has been the impact of HIV & AIDS to date on educational provision in primary and secondary schools in the Mutale region?

2. What are organisations with CSI and similar programmes doing to prevent further HIV infection among learners and teaching staff?

3. What support is being given to learners and staff who are directly affected by HIV & AIDS?

4. What should school leaders do to minimise the spread of HIV among school children in the future?

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5. What should CSI, the DoE and schools do to support both learners and teaching staff who are affected by the epidemic?

1.5 CONCEPTUAL FRAMEWORK

The literature review draws from the conceptual frameworks of corporate social investment/responsibility, HIV & AIDS in education and school leadership and management in order to understand what is perceived to be the role of CSI in the management of HIV & AIDS in South Africa. Since the study examines Kumba Resources' Corporate Social Investment (CSI) role in support of education in general and in the management of HIV & AIDS in rural selected schools in Mutale in particular, therefore, the imperative role played by the school principals should not be undermined. The kind of leadership provided by the school leader has a great influence on the pandemic. The validity of this study rests on the understanding of CSI and leadership skills as applied in the management of HIV & AIDS in rural schools in democratic South Africa.

Subsequently, the main concepts under study are corporate social investment, HIV & AIDS in education and school management and leadership.

1.5.1 Corporate Social Investment

The question of defining social responsibility is a difficult one. Corporate Social Investment (CSI) can be defined as the value the corporate sector adds in supporting Government's social development obligations to ensure that the democratic process continues without being derailed by perpetual economic and social inequality. The idea that business is obliged to be a responsible citizen is almost a truism in today's society (Marcus, 1996:94).

According to David and Blomstrom (1975:6) the idea of social responsibility is that decision-makers, especially corporate decision-makers, are obliged to take actions that

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protect and improve the welfare of the society as a whole along with their own interest. The net effect is supposed to enhance the quality of life. In this way harmony is to be achieved between the wants and needs of business and those of society as a whole.

It is for this reason that the literature review draws on the various conceptual frameworks of corporate social investment, managing HIV & AIDS, and school management and leadership in rural schools.

1.5.2 Background on Corporate Social Responsibility

Prior to 1994, investing in the community was regarded as a waste of money, time and energy. Almost 45 million people in South Africa were living in poverty, yet the few advantaged white communities were enjoying the wealth of the country. However, even before 1994, mostly after the uprising in Soweto of 1976, a few companies established foundations to help black communities to improve their standard of living. This was a result of individual will and decision, and was not a general policy, let alone statutory Trialogue, 2008a)

The companies concerned did not have well-defined Corporate Social Responsibilities such as are in place today. Companies were only concerned with reaping and exploiting the South African natural resources without giving back to the local communities. Corporate sector should add value to local people's lives and support Government's social development to eradicate poverty, perpetual economic and social inequality. It was largely US companies that instituted these assistance measures to the poor, focusing mainly on education service delivery. These companies were not compelled since there were no legislative requirements such as the Social and Labour Plans required today, which mining industries should submit to the Department of Mineral Resources (DMR) before obtaining an operating license (Trialogue, 2008a).

Kumba Resources regards HIV & AIDS as undoubtedly the biggest single threat facing South Africa and the world at large, yet the greatest challenge is with our learners, who

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are the leaders of tomorrow. Some people argue that businesses should concentrate on profit-making and not engage in social activities (Trialogue, 2008b). On the other hand, many leading companies, including Kumba Resources, believe that to fulfil their role, they should achieve a sustainable balance between their own interest and those of society by embracing social responsibilities. For Kumba Resources, corporate social responsibility has both practical and ethical dimensions, and it also has costs and rewards. As a focus of this responsibility, the scourge of HIV & AIDS pandemic in schools became a strategic priority at Kumba Resources.

Kumba Resources has its focus areas as per its standards and guidelines and these are:

- Formal education
- Health and Welfare (specifically HIV & AIDS)
- Skills development
- Environment
- Infrastructure
- Agriculture
- Tourism
- Sports and recreation

The research undertaken here focuses on formal education, but look specifically at HIV & AIDS in schools, as this is the company's focus and crucial area.

Prior to 1994, there were no empowerment programs such as Capacity Building, Women's Empowerment, Black Economic Empowerment, Electrification, Youth Development, Children and the Disabled empowerment, Job creation, HIV & AIDS and other programs that can encourage human development. However, from the world's developed nations, South Africa had examples of how social responsibility could be exercised (Trialogue, 2008b). The Kumba Foundation, for example, has been established to channel funds for corporate social responsibility. Since HIV & AIDS is regarded as a social challenge which poses a great threat on social and economic

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development, it is therefore important to understand the impact of HIV & AIDS on education sector.

1.5.3 HIV & AIDS and Education

Moving from a narrow health- and life skills curriculum approach towards a new perception of 'HIV and education' in its broadest sense requires a clearer understanding of what that entails. Individual researchers, policy makers and analysts, planners and funders each confront the problem from a different perspective, based on experience and training. Some are social workers concerned about orphans and other vulnerable children in our classrooms; some are concerned about violence against women and girls which spills into learning institutions and on which the disease thrives; some are concerned about controlling and managing the impact on educators and children of high levels of morbidity and mortality, and keeping education quality at acceptably high levels; others concentrate on the potential consequences of the pandemic for educational sub-sectors like higher education, schools, or early childhood development; still others are curriculum and materials specialists (Coombe, 2002a; Coombe, 2001a).

A broad multidisciplinary approach is clearly essential if the complexity of the HIV & AIDS pandemic is to be understood and respond to it across a broad range of concerns. This study concentrates on several issues, as follows (Coombe, 2002a; Coombe, 2001a):

- **General issues:** The impact of HIV & AIDS in the classroom and on the system of education; the nature and extent of education's responsibility for fighting HIV & AIDS and caring for those affected; at what point educators should transfer responsibility for learners in difficulty to social services; the extent to which schools and other educational institutions are (or should be) seen as part of a community response.

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- **Pedagogical issues**: Curriculum development, materials development and evaluation (HIV-related topics in the curriculum; materials for teachers and children; teacher knowledge and skills; evaluating content, implementation and outcomes of life skills curriculum).

- **Psycho-social and care issues**: Education and child wellbeing (coping with children of trauma -- those who are abused, harassed or victims of incest, who are vulnerable and at-risk, who are orphaned, who are heading households, or are caregivers; adolescent sexuality, customary and imported sexual behaviours, homosexuality, HIV & AIDS-related sexual behaviour; understanding 'orphanhood' and responding to it) and school feeding schemes; defining the school's links with community's response to HIV & AIDS.

- **Gender concerns**: The girl-child at risk; schools as unsafe places for girls; linking gender and HIV programmes; attitudes to violence, abuse and rape in learning institutions.

1.5.4 School Leadership and Management

School leaders play a fundamental role in the provision of quality education in a healthy environment. Over the past years, the national attention that focused on educational leadership has intensified, and leadership is now in the limelight (Peterson & Young 2002; Buchel, 2006). Like many issues confronting South Africa today, the challenges facing educational leadership are complex and interconnected (Peterson &Young 2002:13). The rapidly changing educational landscape, globally and in South Africa in particular, also contributes to the complexity of the position of principals in the schools.

The current emphasis on school reform makes many extra demands on principals. In order to meet the needs of the twenty-first century, public schools are under pressure to change. To address the demands currently placed on schools, principals are frequently involved in collaboration with other stakeholder in leading the efforts to bring about

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change (Buchel, 2006; Zimmerman 2005). In this context, HIV & AIDS continues to challenge the education sector, requiring some change in leadership styles and the willingness to accept change. While CSI's have a responsibility to add support to developmental needs, school principals as agents of change are expected to provide leadership and manage programmes of change.

Principals as change agents must be prepared to overcome some barriers to collaboration and professional development in their schools (Buchel 2006; Zimmerman 2005). If principals want to encourage teacher risk-taking and innovation in instruction, they should provide support (Zimmerman 2005:35). Because HIV & AIDS challenges both the educator and learner, it is important for school principal to create an environment conducive to change.

Today's principals are charged with daunting responsibility to lead from a central vision so as to build a community of learners (Copland 2000:529-530 cited in Zimmerman 2005:36). Such leaders have a responsibility to invest in the development of organizational members, to take the chance that they will learn and to create environment where people will take risks, tackle difficult problems and be supported in this endeavour (Fullan 2003:67). HIV & AIDS, as a difficult problem, deserves the support of the school principals as well as other stakeholders.

1.6 RESEARCH DESIGN AND METHODOLOGY

McMillan & Schumacher (2001:166) regard research design as a "plan for selection of subjects, research sites and data collection procedure to answer the research question(s). The design shows which individuals will be studied, where and when, and under which circumstances they will be studied. Most literature distinguishes between two broad categories of research design: qualitative and quantitative (Brink 1996:12). For the purpose of this study both qualitative and quantitative approaches were used in order to address triangulation issues.

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1.6.1 Quantitative Approach

From the quantitative (non-experimental) perspective, the mode of enquiry was descriptive and comparative because it allowed the assessment of the nature of existing conditions in order to categorise and compare factors (McMillan & Schumacher 2001:33).

When collecting quantitative data I used a questionnaire, which was also used when collecting qualitative data through the open-ended questions on the same questionnaire. This was intended to form the basis and initial data source so that further data collection by means of interviews with respondents and focus group interviews could be based on data gathered from the responses to the questionnaire.

1.6.2 Qualitative Approach

Qualitative research is a term that denotes the type of inquiry in which qualities, characteristics or properties of a phenomenon are examined for better understanding and explanation (Henning *et al.* 2005:5). Except for purposes of encoding, no numerical value can be given to qualitative information.

Since qualitative research describes and analyzes people and collective social actions, beliefs, thoughts and perceptions, this will help me to interpret the role Kumba Resources as a Corporate Social Investment (CSI) player in combating and managing HIV & AIDS in rural schools in the Mutale municipality. Qualitative methodologies will enable me to understand how the school communities perceive the roles played by Kumba, and what meaning people bring into their perception of support or lack thereof (McMillan & Schumacher 2001). The purpose is to give a clear, detailed account of actions and presentation of actions to gain a better understanding of the world in which school culture is negotiated.

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According to Henning *et al* (2005), through qualitative study it is possible to capture the freedom and natural development of people's actions and presentations. I want to use such a technique to develop and explain the argument by using evidence from data and from literature, describing what changes the impact of HIV & AIDS has created in a normal teaching and learning environments.

In qualitative study, participants are allowed an open-ended way of giving their views and demonstrating their actions. In qualitative study, the researcher becomes the main instrument of research and constructs meaning from engagement in the project (Henning *et al* 2005). The researcher becomes 'immersed' in the situation and phenomenon studied, arising from the way in which people influence others (McMillan & Schumacher 2005), in this case, as they challenge the deadly virus in their schools and communities.

1.6.3 Population

A population is a collection of objects, events or individuals having some common characteristics that the researcher is interested in studying, one example being principals of schools (Roscoe, as cited by Mouton, 1996; De Vos *et a*, 1998). White (2003) maintains that a population is the sum total of all the cases that meet our definition of the unit of analysis. These individuals (or cases or units) should share characteristics. In this research, the common characteristic of the population of principals is that they were all principals of rural schools in the Mutale region which are/were recipients of Kumba Resources' support since 1999. Therefore, my population which meet the unit of analysis were teachers and principals of primary and secondary schools in Mutale.

1.6.4 Sampling Method

The study has used the purposive sampling approach, in that it aims to select 'information- rich' examples for in-depth study. 'Information-rich selection' should be

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used when one wants to understand something about the cases without needing or desiring to generalise to all such cases (Patton 1990:169 cited in McMillan and Schumacher, 2001). Purposeful sampling is done to increase utility of information obtained from small samples. The researcher searches for information- rich key informants, because they are likely to be knowledgeable and informative about the phenomena the researcher is researching, (McMillan and Schumacher, 2001). The power and logic of purposeful sampling is that few cases studied in-depth yield many insights about the topic. The five identified schools at Mutale region thus provided and yielded insight about the management of HIV & AIDS, as practised in those schools.

1.7 DATA COLLECTION STRATEGIES

The researcher used the following instruments to gather the data necessary for investigation:

1.7.1 Questionnaires

As this research is essentially a survey, the questionnaire is an appropriate instrument for collecting data. This method was used because it is economical, contains standard questions and uses uniform procedures (McMillan & Schumacher, 2001; 257,276). It is easy to score for frequency of response because it has the same questions for all subjects. In addition, a questionnaire not completed before a researcher can ensure anonymity (McMillan & Schumacher, 2000). Both of these are advantages in research. Questionnaires were distributed randomly among educators at two secondary and three primary schools under investigation. Only 59 participants responded and returned the questionnaires. The participants were comprised as follows: all five school principals, five HIV & AIDS coordinators from each school and 49 teachers.

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1.7.2 Interview Schedule

The study also used semi-structured interviews to gain a detailed picture of participants' perception of the meaning of effective management of HIV & AIDS and the role played by Corporate Social Investment (CSI) (Devos *et al* 2005), in particular Kumba Resources. I interviewed five school principals, five HIV & AIDS coordinators and ten teachers to obtain meaningful information, and to find out what is on the minds of these participants, since this cannot be directly observed or measured except by face-to-face interaction. According to Merriam (1998 cited in Varley 2004), interviews bring new discoveries, broaden experiences and confirm previous knowledge.

The semi-structured interview gives both the researcher and participants much more flexibility because I prepared an interview schedule to guide the interview and open-ended questions were asked to allow the participants to express themselves freely (De Vos & Fouche 2000).

I tape-recorded the interviews because the tape recorder allows for a fuller record than taking notes and enabled me to concentrate on the proceedings of the interview including non-verbal communication (De Vos & Fouche 2000).).

Wallen & Fraenkel (1991) view interview as a strategy for collecting research data in which individuals are questioned orally. This method was used because

(i) It serves as the principal means of gathering information having direct bearing on the research objectives.

(ii) It may be used in conjunction with other research instruments. In this instance, it can be used to follow up unexpected results or to validate methods, or to go deeper into the motivations of respondents and their reasons for responding as they do.

An unstructured interview was used, as it is provides an open situation, greater flexibility and freedom (Leedy & Ormod, 2001). In this study, the school

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managers and HIV & AIDS coordinators were interviewed to collect information about the support they have received from Kumba as a Corporate Social Investment (CSI) to assist them in the management of the HIV & AIDS pandemic.

1.7.3 Focus Group Interviews

Hoberg (1999) defines a focus group interview as a group discussion in which a small number of participants - typically six to twelve - talk, under the guidance of a moderator, about topics of special relevance to a study. The group should be small enough for all the participants to have an opportunity to share insights, and big enough to provide diversity of perceptions. I have chosen this method because the investigation has to do with school managers, HIV & AIDS coordinators and educators. The method is appropriate in this situation because the members selected share common characteristics in that they all belong to peers schools in Kumba Resource's operational area. Since the research was conducted in three primary schools and two secondary schools, 11 participants in the focus group included the follows:

- Two school principals: one from primary and one from secondary schools.
- Two coordinators: one from primary and one from secondary schools.
- Six teachers: three from primary and three from a secondary school.

This strategy is chosen because of the formal group situation and the largely unstructured nature of the questions; these encourage participants to disclose behaviour and attitudes they might not disclose during individual interviews. This may happen because participants tend to feel more comfortable and secure in the company of people who share similar opinions, views and behaviour in contrast to the constraints experienced in an individual interview (Hoberg, 1999). In light of the topic of HIV & AIDS which is characterised by secrecy and stigma, the focus group interview yielded in depth information because participants were at ease during the sharing and discussion of the information.

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1.8 DATA ANALYSIS AND INTERPRETATION

Data analysis refers to the organizing, analyzing and interpretation of data, (McMillan & Schumacher 2001). Qualitative data analysis is a process of selecting, categorizing, comparing, synthesizing and interpreting unquantifiable data to provide explanations of a single phenomenon of interest (McMillan & Schumacher 2001:462).

I analysed qualitative data through coding, categorizing, and comparing and contrasting each category, looking for patterns and themes among categories, as described by McMillan and Schumacher (2001). In this study data was also analysed quantitatively through the use of the SPSS version 16 package. Furthermore, descriptive statistics reflected measures such as frequency and percentages for each population which were then presented in tables and interpreted.

I ensured credibility by taking the transcripts back to the participants for accuracy check.

1.9 DELIMITATION OF THE STUDY

The focus was on school managers, HIV & AIDS coordinators and educators at schools in Mutale region.

1.10 ETHICAL CONSIDERATIONS

Ethics provide the researcher and field workers with guidelines and rules of behaviour that enable them to conduct research in a morally acceptable manner (Struwig & Stead, 2001:89).

In this study, I adhered to the following research ethics.

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1 Permission to Conduct Research

For research conducted at an institution, such as a university or school, approval for conducting the research should be obtained before any data collected (McMillan & Schumacher 1993:195). In this study, the researcher sought permission from Vhembe District Department of Education to conduct research in the area under its jurisdiction

2 Informed Consent

According to Schulze (2002:17), participants should be given enough information pertaining to the study before data collection. In this study, the participants were given adequate information on the aims of the research, the procedures that will be followed, possible advantages and disadvantages for the participants, the credibility of the researcher and how the results will be used so that they may make an informant decision on whether they want to participate in the research.

3 Confidentiality and Anonymity

McMillan and Schumacher (1997:195) state that information on subjects should be regarded as confidential unless otherwise agreed on through informed consent. Only the researcher has access to names and data. In this study the researcher will presents the results anonymously and using a system to link names to data that would be destroyed once the research would be completed (Gay, 1996:85).

4 Informing Subjects about the Finding

Schulze (2002:19) indicates that as a mark of the researcher's gratitude for their participation, subjects should be informed on the findings of the study. This should be done objectively. Unnecessary details should not be supplied and the principle of confidentiality should not be violated. A copy of the report will also be made available at schools where the research was conducted.

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1.11 SIGNIFICANCE OF THE STUDY

This study is important in that it seeks to examine and understand the role played by Kumba Resources in its attempt to address HIV & AIDS in rural school in Mutale. A study of this nature, which examines the effectiveness of private sector interventions, may establish the relevance of such interventions. Results from this study are expected to lay bare the problems, challenges, limitations, strengths and victories in the arena of CSI's intervention. Therefore, the significance of this study lies in the following:

- To provide insight into the impact of HIV & AIDS to date on educational provision in primary and secondary schools in the Mutale region.
- To investigate what the Corporate Social Investment (CSI) DoE and other organisations are doing or should be doing in order to prevent further HIV infection among learners and teaching staff.
- To examine the support or lack thereof given to learners and staff who are directly affected by the pandemic and what schools do to minimise the spread of HIV among schoolchildren in the future.

Although this research builds on previous studies, which examined the management of HIV & AIDS in schools in South Africa, it focuses uniquely on the role played by the private sector in addressing social challenges in rural schools.

The findings of this research may have relevance for other school managers, educators, governments and possibly other practitioners. It will also raise questions which could stimulate further research for school managers and educators in different settings and contexts such as private sectors Corporate Social Investment (CSI). The results of this study will also add to the growing body of knowledge about managing HIV & AIDS in the education sector.

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1.12 STRUCTURE OF THE REPORT

The research will be reported in six chapters which will be presented as follows:

Chapter 1

This chapter contains an exposition of the background to the research problem, statement of the problem, research objectives, research approach, methods and structure of the research.

Chapter 2

Chapter 2 pays special attention to perspectives on corporate social investment in general and HIV & AIDS in education. A deep theoretical understanding of the study is provided.

Chapter 3

In Chapter 3 Kumba's role, as Corporate Social Investment (CSI) in Mutale Municipality schools is discussed and the school principals' leadership in managing HIV & AIDS is highlighted.

Chapter 4

In Chapter 4 there a discussion and rationale for the research design and methodology is given.

Chapter 5

Chapter 5 presents the findings and statistical analyses of the results.

Chapter 6

Chapter 6 provides a discussion of the research, conclusions to be drawn and make general recommendations and recommendations for further research.

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CHAPTER TWO

2.1 PERSPECTIVES ON CORPORATE SOCIAL INVESTMENT AND RESPONSIBILITY

Statements on Social Responsibility abound, but there is still no generally-accepted definition of social responsibility. To compound the problem further, there are also differences in terms of the reasons why businesses have to engage in social responsibility activities (Visagie, 1993; Marcus, 1996; Trialogue 2002; 2008a; 2008b).

Marcus (1996) raises a number of questions about social responsibility:

- Are the social responsibility obligations voluntary?
  Do managers volunteer to assume obligations because they are devoted to various principles - e.g. religious, democratic, humanistic etc - or do they undertake them because of laws and the threat of punishment?

- What do these obligations consist of?
  Do they involve philanthropy, or do they consist of an obligation to use the corporation's skills and resources to solve social problems?

- Why should managers be socially responsible?
  Do they try to achieve broad public acceptance out of concern over government encroachment over private decision making? Do they have a desire to be good citizens in their communities? Or do they fear violence and social disruption?

These questions are all relevant and provide the fundamental basic definitions of private business's social responsibility. In my opinion every institution has its own strategic vision and may use these questions as per need at hand, hence they should be perceived as contingent to the situation and used as such.

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2.1.1 The Unitarist Approach

This approach holds that managers should serve the interest of the shareholders. The basis for this approach is that 'the business of business is business' that is the maximization of shareholders' profits and their long-term interests. Profit is the bottom line and the managers should not risk profitability. Business management should use the resources of the enterprise and engage in activities designed to increase its profits. This classical economic doctrine of profit maximization was introduced by Adam Smith in 1776 and has influenced economic thinking since then (Davis and Blostrom, 1975: 30). Milton Friedman, an eminent economist and Nobel Prize winner, is one of the better known people who are the exponents of this perspective. In Friedman's perspective, social responsibility has no place in business as business fulfills its moral role by providing the society with quality goods and services, offering employment and showing a return on shareholders' money. Social responsibility is seen as an act of theft that is stealing, stealing from the shareholders. The use of shareholders' money is seen as an "abuse" and is even characterized as "amoral" (Bibb & Bendix 1991: 52).

> *"In a free enterprise, private property system, a corporate executive is an employee of the owners of the business. That responsibility is to conduct business in accordance with their desires, which generally will be to make as much money as possible while conforming to the basic rules of the society".* (Friedman in Davis & Blomstrom, 1975: 31)

Marcus (1996:95), in analyzing the status of social responsibility in the United States of America, observes that there has been emergence of a new style of leadership in US corporations. He gives the example of Ed Arzt, former CEO of Procter and Gamble (P&G), at the helm 1990-1994. Arzt was described as tough, demanding and wanting results. Coupled with this, Arzt also shifted the focus of P&G management training from teamwork and trust to individual accountability. In order to beat competition he wanted quantum leaps in quality and speed of execution. He pushed so hard that some employees felt abused and left. Treated in this way, employees often feel like replaceable cogs in a machine In July 1993, some 13000 employees were laid off.

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Because of this emphasis on short-term financial results, in 1993 P&G sales exceeded $30 billion.

Responding to concerns and questions on whether he was a socially responsible leader, Marcus asserts, Art might say: "I am taking frustrated, unproductive workers and challenging them to work as a happy, efficient unit. My responsibility to the shareholders is to make a profit and survive well into the future. If some employees think that I have created a white-collar sweatshop, that is their problem" The main thrust of this approach is that business's function is economic and not social, and economic values should be the only criteria used to measure success. However, this position is problematic given that the social aspect plays a major role in the business as well as in the community the business serves. The social value added by a CSI, however small, may create endless opportunities for deserving local people.

2.1.2 The Pluralist Approach

This approach holds that the institutions of business exist only because it satisfies valuable needs of the society. According to Davis and Blomstom (1975) it is 'Society' that gives business its charter to exist, and that charter can be amended or revoked at any time that business fails to respond to society's needs. This is the approach which underlines my study, where Kumba Resource's voice comes out.

2.1.3 Kumba Resources' Roles and Plans Concerning Education

As described in Chapter One, the HIV & AIDS pandemic is one of the foremost issues threatening South Africa's socio-economic stability. There is an urgent need to halt this scourge so that the country can move on to other developmental priorities. Trialogue (2008a:6) says: "Maintaining a healthy population is of a priority in every country, and particularly so in developing nations where poverty levels are high. Corporate support for health related CSI initiatives reflects this imperative". Because of South Africa's HIV

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& AIDS pandemic, our health challenges are more urgent than others, and need immediate intervention.

In this context, Kumba Resources has taken a positive step towards maintaining a healthy nation by funding HIV & AIDS programs through the education sector. The organization aims to improve the health of the individuals and communities in the Mutale Municipality by focusing on major health issues such as HIV & AIDS and tuberculosis (TB). Programmes and services include HIV prevention, HIV care and a global TB research programme.

Kumba Resources has long been involved in corporate social responsibilities aimed at improving the standard of living of the communities where it is operating. The organization had started with these programs of social responsibilities before the introduction of Social and Labour Plans 'License to Operate' by the Department of Mineral and Resources by which companies are today expected to report in terms of a triple bottom line with regard to financial performance.

From 1996 Kumba Resources introduced bursary schemes for needy students until 2006, when intervention on HIV & AIDS at schools started (Kumba Resources Policy documents, 2005).

2.1.4 Corporate Social Investment and Responsibility

Corporate Social Investment (CSI) refers to a company's contributions to community upliftment and socio-economic development (Trialogue, 2007). In other words, Corporate Social Investment (CSI) can mean a company's contribution (cash and in kind) to people or communities that are external to the business, and focuses predominantly on disadvantaged sectors of the society. The Corporate Social Investment (CSI) programme is often the primary vehicle through which companies engage with communities, and an area where a company can proactively add value to local communities. Given the endemic poverty caused by the HIV & AIDS pandemic,

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among other things, Corporate Social Investment (CSI) should be an imperative for every company doing business in South Africa, especially when it can help in managing the pandemic.

The social responsibility of an organizations involves engaging in principled manner, that is, behaviour based on standards, guidelines or rules of conduct that are recognized as being moral and right, usually in the context of specific situations (ISO, 2007). This behaviour should be within the context of an over-arching goal of contributing to sustainable development and the welfare of society. Although there is no comprehensive list of principles for social responsibility, there is widespread agreement that there are principles that should be applied. In addition, organizations should consider the principles specific to each core objective.

An effective way for a corporation to identify its social responsibility is for it to become familiar with the issues concerning social responsibility in core subjects such as organizational governance, human rights, labour practices, the environment, fair operating practices, consumer issues, and community involvement and development (ISO, 2007). These core subjects cover the most likely economic, environmental and social impacts that should be addressed by Corporate Social Investment (CSI).

The importance of Corporate Social Investment (CSI) to business lies in the mutual value that it can create for both business and the community, if used strategically (Trialogue, 2008b). In order to use Corporate Social Investment (CSI) strategically, practitioners must understand that social investment remains an investment, from which a return is expected, even though in the form of a social dividend.

The challenge for business is to discover how to use Corporate Social Investment (CSI) as means for social inclusion and economic participation. This requires (Trialogue, 2008) a business to think about:

- How to link social programmes to core business imperatives or to strategic business partners in order to improve impact,

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- What the challenges of alignment and longer-term investment are, and what benefits might flow from this,
- How one ensures that communities are engaged and have bought into to what can appear to be a corporate one-directional stance,
- How one engages with the learning points towards refining project development and long-term sustainability.

In line with South African's government protocol, a company's Socio-Economic Development (SED) strategies in rural areas should be aligned with the Integrated Development Plans (IDP) of municipalities in their areas of operation. Corporate Social Investment (CSI) through Kumba Resources in the Mutale Municipality of the Limpopo Province in South Africa has identified through the department of Education to manage HIV & AIDS in schools.

2.1.5 Recognizing Social Responsibility and Engaging Stakeholders

There are two aspects to recognizing social responsibility. One aspect is that Corporate Social Investment (CSI) should understand how its decisions and activities impact on others and the community. The other aspect is that CSI should understand the society's expectations of responsible behavior concerning these impacts (Trialogue, 2008c). The recognition of responsibility involves identifying the issues raised by the corporation's decisions and actions as well as the way these issues should be addressed so as to contribute to sustainable development and the welfare of society. A basic principle of social responsibility is that CSI should respect and consider the interests of its stakeholders.

2.1.6 The Extent of Social Responsibility

The social responsibility of an organization is not necessarily limited to its own activities. There may also be situations where an organization more broadly has the ability to influence the decisions or behaviour of other actors within its web of activities and

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relationships (ISO 2007). Such situations are considered to fall within an organization's sphere of influence and an organization should assume some measure of responsibility commensurate with its ability to exert influence. However, an organization cannot be held responsible for the social impacts of every entity over which it may have some influence.

2.1.7 Stakeholder Engagement

Stakeholder engagement involves dialogue between CSI and one or more of its stakeholders. The main aim of stakeholder engagement should be to better address an organization's social responsibility (Trialogue, 2002). Although it is important for an organization to know who its stakeholders are, it may not be possible for an organization to engage with all of its stakeholders, so that in most situations it will not be necessary to engage specific stakeholders in order to understand the expectations concerning an organization's responsibility for its impacts on society. These expectations will already be known or can be learned by the organization itself.

2.1.8 Actions and/or Expectations of CSI

Trialogue (2002:33), discusses CSI and maintains that it should periodically review its decision-making processes and structures to enhance its ability to -

- create and nurture an environment where principles of transparency, ethical conduct, accountability, legal compliance and consideration of stakeholders' interests are practiced;

- efficiently use financial, natural and human resources, while ensuring fair representation of historically under-represented groups (including women and racial and ethnic groups) in senior positions in the organization;

- balance the needs of the corporation and its stakeholders, including immediate needs and those of future generations;

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- establish a permanent two-way communication process between the corporation and its stakeholders that takes into account the interests of stakeholders;
- encourage greater participation by its employees in the corporation's decision-making on social responsibility issues;

- delegate authority proportionately to the responsibilities assumed by each corporate member or employee;

- keep track of decisions to ensure they are followed through;

- determine responsibilities for the results of corporate activities, either positive or negative.

2.1.9 Kumba Resource's involvement in Mutale's schools

At a Making CSI Matters Conference, in her presentation, Masuku asserted that to fully understand how corporate can make a meaningful and sustainable developmental contribution requires an understanding of South Africa's operational environment. This is particularly important in the sense that, for business, the 'return on investment' gained from practicing CSI depends partly on business' ability to create opportunities for the grassroot at the 'bottom of the pyramid' (Trialogue, 2008c, p.8). She maintained that South Africa's challenge goes beyond poverty and includes different dimensions of social exclusion that continue to define South African society, namely:

- Relativity: where social exclusion is manifest in social relations and not in individual circumstances,
- Agency: where social exclusion is the result of actions taken by others,
- Dynamics: where social exclusion is the result of experience over time and can be transmitted across generations.

Masuku (Trialogue, 2008c) went on to state that while South African society resembles a combination of all three, the challenges posed by them do not outweigh the

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importance and benefit of businesses aiming to operate in this previously excluded market. Ultimately, inclusion in market participation remains the most viable option for both business' involvement in the development sector and the most sustainable means towards upliftment for the underprivileged.

It is from this background that the Kumba Resources took the leading role to assist the education sector to educate, inform and campaign the dangers that come with AIDS as a disease and the ways people can partake on to reduce this scourge particularly by school children. Children should always remember that a free HIV & AIDS generation can only begin with them.

During 2006 Kumba Resources took a comprehensive business approach that was approved by both the Board of Trustees and the Foundation of Kumba Resources, to respond to the spread of HIV & AIDS at schools. The aim has been to tackle the HIV & AIDS challenge also to the employees of Kumba Resources.

This approach defined the role of Kumba Resource's 'Human Resources Sustainability Index of Schools' in the area where the company is operating and sourcing its labour and the programmes included both primary and secondary schools.

The role breaks down into various programmes, as follows:

- Funding of HIV & AIDS programs at schools.
- Facilitating HIV & AIDS campaigns at schools.
- Creating public private partnership on fighting HIV & AIDS at schools.
- Operating within the Department of Education policy framework.
- Operating with learners, educators and social management teams.
- Embarking on HIV & AIDS awareness at schools in an integrated approach strategy.
- Influencing voluntary testing and counselling at identified schools.
- Advising on prevention, managing and treating of HIV & AIDS.
- Combating HIV & AIDS through education training at schools.

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2.2 The Role of Education in Fighting HIV & AIDS

The education sector plays an important role in campaigning for the reduction of the spread of HIV & AIDS in South African society (AFT 2009; Bennell; Buchel 2006; Govender 2009; Mavunda 2006). General agreement (USAID, 2001; Coombe & Kelly, 2001; Inter-Agency Working Group, 2001) has emerged that there are three primary tasks for education partners. These are:

1. **Prevention**: helping prevent the spread of HIV & AIDS;
2. **Social Support**: working with others to provide basic care and support for learners and educators affected by HIV & AIDS;
3. **Protection:** protecting school's capacity to provide adequate levels of quality education, principally by stabilising the quality of education provision.

2.2.1 Prevention: Current Responses in to the HIV & AIDS and Best Practices

Ministries of Education in the Southern African Development Community (SADC) region were surveyed early in 2001 about their action on HIV & AIDS. Although HIV & AIDS has been present in the region for over twenty years, Ministries of Education reported little concerted action. This and other evaluations of current responses to HIV & AIDS suggest that" Education is not living up to the demands that the HIV & AIDS crisis imposes" (Kelly, 2000).

Is it possible to identify a set of principles that constitute 'best practice'? A study of presumed HIV prevention success in Senegal, Thailand and Uganda (UNAIDS 2001) suggests that successful national HIV & AIDS strategies share some common features:

- political commitment;
- early intervention;
- intensive multicultural approaches at national, provincial and community levels;
- large-scale implementation;
- effective monitoring and dissemination of findings; and

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- combined prevention and care.

Especially in the Education sector, HIV strategic plans must be based on sound policy and a realistic assessment of available capacity (Hunter & Williamson, 2000). Current understanding of the principles that should guide strategic planning and action in education should be seen against the following background:

- Governments cannot by themselves provide the appropriate education services, but must work with all other stakeholders in the education community as well as with other social sector departments at national, provincial and community levels.

- Effective responses are those devised to meet local conditions.

- Local responses must be complemented by vigorous, extensive and intensive national programmes to reach as many vulnerable people as possible, relating for example to condom use and STD prevention, life skills curricula in schools, orphan feeding and subsidy schemes,.

- Interventions must be within the managerial competence of the system to deliver, and contribute to building the capacity to manage more challenging interventions later (Marais, 2000).

- Educators are often not the best people to deliver vital messages about death and sex, behaviour change and risk. Young people, on the other hand, have often been at the forefront of successful change (Devanney, 2001).

Perhaps the most important strategic assumption is that the education sector has responsibility for saving lives and protecting and socializing young children and adults, and that the time to act is now. South Africa's former President, Nelson Mandela, has stressed that "we have to rise above our differences and combine our

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efforts to save our people. History will judge us harshly if we fail to do so now and right now".

2.2.2 Prevention: Education Responses to HIV & AIDS

Governments in countries where there is a high prevalence of HIV & AIDS have accepted responsibility for delivering mass prevention campaigns through learning institutions and non-governmental partners, although their achievements are poorly described in the literature. Interventions have not generally been creative (Kruger, 2002) and have focussed primarily on developing life skills curricula and distributing learning and teaching materials from a central unit. HIV & AIDS education is supposed to communicate relevant knowledge, engender appropriate values, and encourage learners to adopt behaviour that will minimise the risk of infection. Curriculum programmes are often supplemented by mass media campaigns aimed at disseminating information, such as 'Love Life' and 'Soul City' in Botswana, Namibia and South Africa, the media campaign of the Johns Hopkins University unit in Rwanda, the '*Sara'* programme in Tanzania, and the Red Cross AIDS Network for Youth in West Africa (Adu-Aryee, 2001).

The issue of providing guidance on the distribution and use of condoms for youth is a persistent cause of conflict between ministers and their constituencies, between parents and teachers, and between teachers and students. There is no evidence that guidance on condom availability, accessibility and use has been given to teachers or to school heads in any country from which information has been obtained.

An analysis of case studies from Ethiopia, Kenya, Malawi, Rwanda, South Africa, Tanzania, Uganda and Zimbabwe for the United Nations Economic Commission for Africa (Kelly, 2000a) highlights the shortcomings of current prevention programmes as follows:

- Most programmes start too late for children age nine and up;

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- They are developed with little consultation with parents, teachers and young people, and are more concerned with the biology of human reproduction;
- Delivery is almost exclusively in the hands of teachers who are poorly prepared;
- The discredited 'cascade model' used to train them (if they receive training at all) often dilutes or even misrepresents content;
- Many teachers are poor role models and feel uncomfortable talking about sexuality;
- Cultural beliefs, expectations, traditions and taboos related to behaviour receive little attention, and materials generally portray sexuality as heterosexual and consensual - thus ignoring problematic issues of rape and harassment and rising levels of incest, homosexuality and child abuse;
- Programmes are driven by Ministries of Education, with little except *ad hoc* unofficial support from partners in the sector or other social sectors;
- There has been no effective evaluation of life skills programme content, implementation and outcomes, so that the extent to which such programmes reduce HIV transmission, STDs, rape or coerced sex is not known.

2.2.3 Prevention: Best Practices

An individual can eliminate or reduce their risk of becoming infected with HIV during sex by choosing to:

- Abstain from sex, or delay first sex;
- Be faithful to one partner, or have fewer partners;
- Condomise, which means using male or female condoms consistently and correctly (Gonsalves & Clayden 2006).

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There are a number of effective ways to encourage people to adopt safer sexual behaviour, including the use of media campaigns, social marketing, peer education and small group counselling. These activities should be carefully tailored to the needs and circumstances of the people they intend to help. Specific programmes need to target key groups such as young people, women, men who have sex with men, injecting drug users and sex workers (UNAIDS, 2006).

Comprehensive sex education for young people is an essential part of HIV prevention. This should include training in life skills such as negotiating healthy sexual relationships, as well as accurate and explicit information about how to practise safer sex (Hosegood *et al.* 2004). Studies have shown that this kind of comprehensive sex education is more effective at preventing sexually transmitted infections than education that focuses solely on teaching abstinence until marriage.

Subbarao *et al* (2001) make a strong argument for education subsidies for orphans not in school on a number of grounds. Malawi, Tanzania and Uganda waive fees at primary level. In countries that have 'implemented fee waivers, primary gross enrolment ratios have dramatically increased'.

- **Retaining Learners: Education as Vaccine**

School could be seen as a vaccine for children at risk. Children who drop out of school are more vulnerable to HIV infection, are more likely to engage in early sexual activity with larger numbers of partners, and to use alcohol earlier than children who remain in school. Simply put, the more education, the less HIV. Thus, ensuring that children remain in school is the single most certain step that any government can take to counteract HIV & AIDS among the young (Coombe and Kelly, 2001; Vandemoortele, 2001).

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- **Teaching Safe Sex: The Life Skills Approach**

It is argued that Education's responsibility is to educate learners on life skills before they become sexually active (Larson & Narain, 2001: 32). Mainstreaming Life Skills programmes effectively is seen as essential (Carr-Hill *et al*, 2001). Where it is taboo to teach life orientation programmes because of cultural, religious or customary perceptions, alternatives to conventional Life Skills curricula can include value-based approaches being used, such as in Pakistan's '*Aware for Life'* curriculum (Save the Children UK, 2001b).

It is generally believed that the life orientation approach can only take root where

- it is implemented rigorously, intensively and extensively, and
- where there is a climate in learning institutions that affirms the principles of respect, responsibility, rights and transparency, and which projects an image of good sanitation, safe water, and good health.

The main social problems experienced by people infected with HIV & AIDS are stigmatisation, discrimination and isolation from the community they live in. This is something that young people of school going age need to recognize as one of the reasons to engage in safe sex. "Already vulnerable sectors of society, such as women, adolescents, the rural poor and unemployed migrants to urban areas, lack the information and the power to insist on safe sexual practices with their partners and are therefore more susceptible to infection" (Trialogue, 2008). So knowledge about how sex can be safely practised must first be instilled, before the HIV & AIDS scourge can be reduced.

- **Educator Awareness: Educating the Teachers**

It is assumed that teachers will be at the battlefront of HIV & AIDS awareness and prevention, but they are generally ill equipped for this purpose (UK Working Group 2003). In-service and pre-service programmes need to take account of classroom

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trauma resulting from the occurrence of the disease in the community, but in the developing world In-service structures are not very robust, and they are currently able to do little to support educators - despite reported successes in Karnataka State in India, and the Western Cape Province in South Africa, for example.

Teaching and learning materials are needed to guide teachers, heads of institutions, and parents on dealing with HIV & AIDS issues with children in their care. In South Africa, the Department of Education's '*HIV and AIDS Emergency Guidelines for Educators'* sets out HIV & AIDS facts and eight key messages for all educators (South Africa Department of Education, 2001b). In addition, '*HIV and AIDS: Care and Support of Affected and Infected Learners: A Guide for Educators'* (Unicef East Asia, 2001; South Africa Department of Health, 2001; see also Rwanda Christian Counselling and Training Centre, 2001) is a resource for those in South Africa working with children in trauma. More than this, Zimbabwe has created a collection of teaching and learning materials, and has created a website (UNESCO, 2007).

Finally, educator upgrading must take place within the context of suitably sensitive workplace policies, workplace prevention programmes, and impact management programmes. On this aspect, the International Labour Office's '*Code of Practice on HIV & AIDS and the World of Work'* has been tabled and is suitable for adaptation to local circumstances (International Labour Organisation, 2001).

- **Youth Awareness: Using the Energy of Young People**

Children and adolescents are part of the solution to HIV & AIDS. They need to be involved in the design and delivery of prevention programmes through peer-group school health teams, local and international NGO programmes, and anti-AIDS clubs. UNAIDS reports that where HIV prevention has been successful, young people have been at the forefront of change. Peer educators from Samoa, Tonga, Kiribati, Marshall Islands, Solomon Islands and Nauru have been trained in outreach work, interpersonal

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skills, and HIV & AIDS issues and help to train other peer educators. They are known for their commitment and dedication.

- **Women and Girls: Putting Them First**

Girls who are learners and women who are educators are at greater risk of infection than their male counterparts, both inside and outside the classroom or lecture theatre. The United Nations General Assembly Special Session on HIV & AIDS made special reference to their vulnerability. Women must be empowered to make decisions and take control over their lives and sexuality, and measures need to be put in place to protect them from, and eliminate further, sexual violence and abuse (United Nations, 2001).

According to a World Bank report (2002), in many parts of Africa, as elsewhere in the world, the HIV & AIDS epidemic is aggravated by social and economic inequalities between men and women. Women and girls commonly face discrimination in terms of access to education, employment, credit, health care, land and inheritance. These factors can all put women in a position where they are particularly vulnerable to HIV infection. In sub-Saharan Africa, around 59% of those living with HIV are female (World Bank 2002).

In many African countries, sexual relationships are dominated by men, meaning that women cannot always practice safe sex even when they know the risks involved. Attempts are currently being made to develop a micro biocide – a cream or gel that can be applied to the vagina, preventing HIV infection – which could be a significant breakthrough in protecting women against HIV. Women could apply such a micro biocide without their partner even knowing.

However, it is likely to be some time before such a micro biocide is ready for use, though, and even when it is, women will only use it if they have an awareness and understanding of HIV/ AIDS. To promote the use of such a preventive measure, a

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greater emphasis needs to be placed on educating women and girls about HIV & AIDS, and adapting education systems - which are currently male-dominated to their needs.

• Creating a Safe Social Environment

Young people move between the competing value contexts of school, home, and the streets. New ways are being sought to bring the three into greater accord by developing programmes to address immorality, driven by poverty and deculturation, which undermine school-based behaviour change programmes. In Myanmar, for example, risk behaviours among adolescents are being addressed by involving young people in cultural analysis, helping them to understand why they might be at increasing risk of contracting HIV & AIDS, but also making it easier to identify ways in which they can achieve positive behaviour change (Save the Children UK, 2001b).

HIV-related stigma and discrimination remain enormous barriers in the fight against HIV & AIDS. Fear of discrimination "often prevents people from getting tested, seeking treatment and admitting their HIV status publicly. Since laws and policies alone cannot reverse the stigma that surrounds HIV infection, more and better HIV & AIDS education is needed in Africa to combat the ignorance that causes people to discriminate" (Boler & Jellema, 2005). The fear and prejudice that lies at the core of HIV & AIDS discrimination needs to be tackled at both community and national levels. So school children are the tool to send the message to their fellow colleagues and society at large.

Communities must be aware of, condone and actively promote life skills messages. They can do this only if local and religious leaders, teachers and parents, CBOs, NGOs, PLWHAs and young people are linked creatively. Attempts to achieve this are being made elsewhere. For instance, the Ministry of Education in Botswana is looking for ways to work at local level, through the District Multisectoral AIDS Committees (DMSAC), with communities and other social sectors. The recent draft assessment of the impact of HIV & AIDS on education in Botswana sets out graphically the kinds of relationships envisaged (Abt Associates, 2001).

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- **Learning What Works: Monitoring and Evaluation**

Little evaluation of life skills content, implementation and outcomes has been carried out thus far. Evidence from many sources makes it clear that unless life orientation curricula are being taught - in all schools, to all learners, before children become sexually active, by teachers who have been adequately prepared, with suitable resource materials, and within the context of the local culture and community - a great deal of money will be wasted on half-baked prevention interventions.

2.2.4 Social Support: Care and Counselling for Learners and Educators Affected by HIV & AIDS

There is significant literature on orphan care but little is known in practice about how children and their families are coping with HIV & AIDS-related trauma (Berry & Pembrey 2009), and the impact it has in the classroom (Ebersohn & Eloff, 2001). Most countries are at an early stage in their orphan epidemics, and it appears difficult for them to anticipate how educators will cope with very large numbers of distressed children (Abt Associates, 2001). There is substantial evidence from principals and teachers that nongovernmental agencies are providing support to schools through peer group programmes, teacher advice and counselling, and training. Such programmes are generally *ad hoc*, under-funded, and officially unrecognized although they carry out work which governments might have been expected to undertake (Subbarao, 2001).

- **Children in Trauma: Meeting their Needs**

Schools cannot meet all the material, intellectual, emotional and social needs of children who are distressed. But governments can concentrate on keeping disadvantaged and challenged children in school or other suitable learning programmes, and creating acceptably healthy, secure and compassionate learning environments for them (Morrell et al, 2001; Hepburn, 2001; Williamson, 2000a). Schools are already overloaded but there are things that should be fundamental to every learning environment.

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- Schools must provide a healthy environment for learners and educators including toilets, potable water and school feeding where necessary (Coombe, 2001c);
- Schools must be safe places, where there is zero tolerance for sexual abuse, harassment or abrogation of civil rights of any kind;
- Schools must be places where the human rights of all are guaranteed;
- Schools must be able to move beyond conventional teaching programmes and provide life and survival skills to children at relatively early ages;
- Educators must be able to identify children in trauma, handle them sensitively, provide basic counselling, and then know when to hand over to health or social services, home-based care or the police;
- Schools must have a youth peer group health team professionally trained by local health and social workers; they must have ways of referring learners in confidence to accessible voluntary testing and counselling sites, and must make informed decisions about condom provision, accessibility and guidance on use;
- Schools must work vigorously with community authorities, parents, NGOs and FBOs (South Africa Department of Health, 2001); and
- Schools must have a rolling HIV & AIDS-response plan, with resources to implement it linked with the plans of health and community workers, and the home-based care system.

A common reason that HIV & AIDS-affected children drop out of school, or perform poorly, is lack of material resources to meet basic needs. If short-term crises can be avoided or managed, many orphans and other vulnerable children would be able to continue successfully with their schooling (South Africa Department of Health, 2001). In

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Botswana, for instance, teachers and schools have developed a range of responses to vulnerable children's needs, including recognition and referral of such children for grants and other support, providing supplies, monitoring orphan well-being, interacting with households and home-based care teams to reduce stress on children, helping with psychological needs and behaviour disturbance, and developing school HIV & AIDS plans. Government may have reduced the potential adverse affects of orphaning on learners by creating three complementary support programmes which together seem to keep many children in school, and help them perform adequately. The package is not a technically difficult one and includes (1) school feeding, (2) home based care, and (3) orphan registration and subsidy (Abt Associates, 2001).

- **Teachers without Support: Meeting their Needs**

Many teachers work in dire conditions with little or no support (UK Working Group 1993). Teachers in high prevalence settings are caught between a rock and a hard place. They may be HIV-positive themselves, and they may be ignorant about HIV & AIDS. Yet they are required to reach out to learners with compassion, advice and counselling.

Given this situation, it is essential that every teacher understands the aetiology of HIV & AIDS, and information on this should be provided, starting with a book in an accessible language, graphically illustrated. This can be augmented by an upgrading of the Life Skills curricula, and improved access to teaching materials. Teachers should have access to testing and counselling with regard to their own health, and to help them cope with the trauma of working those in difficulty. Heads of schools and teaching service managers are prepared to manage HIV & AIDS-related crisis and the educators in high prevalence areas have access to anti-retroviral therapy.

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2.2.5 Taking Advice from the Private Sector

Businesses that want to protect their profitability and viability recognise that HIV & AIDS is likely to claim some of the best leaders, managers and workers at all levels. The pandemic will create high levels of absenteeism, loss of productivity and high costs incurred in the training of replacement workers. All these threaten the survival and quality of businesses.

They estimate indirect costs to business to include increased costs of recruiting and training, extra deaths and disabilities, additional sick and compassionate leave, poor staff morale, extra costs to ensure occupational health and adequate safety standards , staff tensions where some employees are HIV-positive, the need to maintain confidentiality for HIV-affected employees, management and labour meetings to discuss the HIV & AIDS crisis as it unfolds, the loss of profits due to the impact of the pandemic on clients/service users, and the diversion of management attention from strategic and operational issues.

Managers of large businesses assume that it is essential to invest in on-going damage-limitation programmes immediately, to save on both direct and indirect costs. "The danger is that, a company waits until the impact of HIV & AIDS becomes noticeable in their financial statements, and then implements an HIV & AIDS intervention programme" (Moore & Kramer, 1999).

For big business, a holistic approach to HIV & AIDS would cover the following:

- Projections of the impact of HIV & AIDS on the company (demographic profile and risk profile) by an experienced expert;
- An actuarial analysis to quantify the direct costs of HIV & AIDS on current employee benefits, and to suggest more cost-effective benefit structures that meet the real needs of members;

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- Customised managed care products for medical schemes which offer affordable treatment and access to medical practitioners, discounted suppliers and sound protocols;
- Effective HIV & AIDS intervention programmes that meet legal and confidentiality requirements, from experts in epidemiology, clinical medicine and human resources;
- HIV & AIDS education programmes specifically tailored to convey the message about HIV & AIDS in a medium and using language that is culturally acceptable to the target audience;
- Effective treatment of sexually transmitted diseases; human resource planning to manage the impact of HIV & AIDS on productivity, skills training and disability;
- An effective communication strategy to gain the commitment of all significant role players;
- An understanding of how HIV/ AIDS will impact on consumer markets, and the need to respond to meet the needs of people who are affected by HIV/ AIDS;
- Counselling for employees who are HIV positive;
- Outreach programmes to assist in education communities in which the company works (Moore & Kramer, 1999).

So far, these fundamentals have proved to be beyond the capacity of teaching service management in most countries – as well as of many businesses. In order to stabilise education systems, it is essential now to ensure at the very least that the potential consequences of HIV & AIDS are factored into every education plan by national

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ministries and their partners as accurately and with as much integrity and attention to detail as possible.

Ultimately, by combining analysis with action, it should be possible to provide the following in the education sector:

- Enough teachers to replace those leaving the service, especially those with scarce skills in university departments, teacher education, maths, science and technology;
- Supply teachers to cover for those regularly ill and absent;
- Enough new teachers to keep up expansion and quality;
- INSET support for those coping with trauma in the classroom;
- Replacement of management skills lost to the system.

HIV & AIDS is having a widespread impact on many parts of African society. The points below describe some of the major effects of the HIV & AIDS epidemic. According to the Bureau for Economic Research at Stellenbosch University (2006), most of the impact of HIV & AIDS in Africa can be seen in the following:

- In many countries of sub-Saharan Africa, HIV & AIDS is erasing decades of progress made in extending life expectancy. Millions of adults are dying from AIDS while they are still young, or in early middle age. Average life expectancy in Sub-Saharan Africa is now 47 years, when it could have been 62 without HIV & AIDS.

- The effect of the HIV & AIDS epidemic on households can be very severe. Many families are losing their income earners. In other cases, income earners are forced to stay at home to care for relatives who are ill from AIDS. Many of those dying from AIDS have surviving partners who are themselves infected and in need of care. They leave behind orphans, grieving and struggling to survive without a parent's care.

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- In all affected countries, the HIV & AIDS epidemic is putting strain on the health sector. As the epidemic develops, the demand for care for those living with AIDS rises, as does the number of health workers affected.

- Schools are heavily affected by HIV & AIDS. This is a major concern, because schools can play a vital role in reducing the impact of the epidemic, through education and support.

- HIV & AIDS dramatically affects labour, setting back economic activity and social progress. The vast majority of people living with HIV & AIDS in Africa are between the ages of 15 and 49 - in the prime of their working lives. Employers, schools, factories and hospitals have to train other staff to replace those at the workplace who become too ill to work.

In summary, through its impacts on the labour force, households and enterprises, HIV & AIDS can act as a significant brake on economic growth and development. HIV & AIDS is already having a major affect on Africa's economic development, and this in turn affects Africa's ability to cope with the epidemic.

2.2.6 Cultural Practices that Aggravate HIV & AIDS among the Communities and Societies.

In as much as the propagation of HIV & AIDS has a cultural dimension, an approach must be made through culture. To begin with, schoolchildren must have an idea of the role of culture in any society. According to Ayisis (1997:1) "culture is the complex whole which includes knowledge, beliefs, art, law, morals, customs and all other capabilities and habits acquired by man as a member of the society". Culture is a way of life, the way of living and the way we do thing.

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In this section, I will discuss the literature related to cultural practices that aggravate HIV & AIDS among the communities and the societies. I will then discuss the role of schools in fighting HIV & AIDS. Cultural practices which have a bearing are:

- Polygyny
- Wife Inheritance
- Bodily mutilation and alterations
- Witchcraft and HIV & AIDS

- **Polygyny (often called 'Polygamy', which refers only to Marriage)**

According to Jackson (2002), cultural practices fulfilled important functions in the past may today carry serious health and welfare risks. The Encyclopaedia of AIDS (2001) asserts that polygyny continues to be widely practised. It is 'legal' in many African countries. Most African men grow up in the belief that polygyny is their birthright to have sex with any women or girl they wish, by any means including violence. Simple arithmetic indicates that this puts more women at a risk of HIV & AIDS infection than it does men.

According to Schott and Henley (2001), polygamy is common in African countries including some Christian ones, and in the Muslim religion men are allowed to take up to four wives under certain conditions. In certain areas, especially rural areas, polygamy continues to be widely practiced, which is based on very old traditions, and "A MAN IS A REAL MAN when he has several wives and many children" (ZIMTA 2002). In South Africa, polygamy is protected by the Constitution and the Bill of Rights. Moreover, the current president of South Africa has four wives and is about to marry the fifth one (Sunday Times, 2009, 2010)

Dyke (2001) argues that polygamy often helps to prevent unfaithfulness, prostitution, STDs, HIV & AIDS. Mbiti (1969) is also of the opinion that polygamy is particularly valuable in modern times, when African men are forced to seek employment in cities and towns. If a husband has several wives, he can afford to take one at a time to live

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with him in the town while the other wives remain behind to care for children and family property. Dyke (2001) makes the point however, that polygamy is of course only safe if all the partners in the relationship are HIV negative. Jackson (2002) is of the opinion that polygamy, which is common in many African countries, perpetuates the spread of HIV & AIDS. It is particularly risky if condoms are not used or if wives seek extra marital affairs. The practice of polygamy is familiar in Mutale, hence it poses further challenge with the spreading of the HIV virus.

- **Bodily Mutilations and Alterations**

According to Helman (1998), many forms of body mutilation practised worldwide can involve risks to health. Examples of such forms of mutilation that may help spread the HIV virus are tattooing, scarification, ear lip piercing, circumcision and the sharing of blood in ceremonies leading to membership of a cult or blood 'brotherhood'. Venda-speaking people found in the northern part of South Africa and the southern part of Zimbabwe are one of the cultural groups which practise scarification, or making marks on a person's face.

More and more South Africans are going back to their cultural heritage and use traditional doctors for healing and counselling. Traditional doctors use razors to insert herbs and medicines. However, the razor blades used are not sterilised. Although traditional doctors are encouraged to use new razors for each patient or request patients to bring their own razors, at times it become impossible to comply, given the socio-economic conditions in the rural areas. Razors which are not sterilised, unfortunately promote the spread of HIV & AIDS. According to Dorkemo (1994:358) "female genital mutilation (removal of the clitoral hook) is deeply embedded in certain African cultures". This practice is hazardous as it spreads the HIV virus from one person to the other, but is generally confined to African societies influenced by Islam, and is not common in the Southern part of Africa.

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- **Wife Inheritance**

Ayisis (1994) states that "widow inheritance is when a man is obliged to marry his brother's widow or the sororate [and this gives rise to risk]. A woman obliged to marry her deceased sister's husband may also be more at risk of the spread of HIV & AIDS". Separation, divorce and remarriage just by themselves increase the risk of the HIV virus spreading in a community because they all involve a change or potential change of sexual partner.

Jackson (2003) asserts that wife inheritance is practised in Zimbabwe and Zambia regardless of the HIV & AIDS status of the woman. The woman is supposed to become the brother's wife even if her husband may have died of AIDS and she is HIV positive. However, this kind of marriage does not necessarily imply sexual activity, and has more to do with the inheritance of property. It is the new husband's choice to take the risk. Although not common in South Africa, it is still and silently practiced in remote areas such as Mutale Municipality.

- **Witchcraft and HIV & AIDS**

According to Saw (1980) traditional Africans will ask the questions 'why?' and 'who?' as they attempt to understand the illness. Dyke (2001) asserts that traditional Africans believe every illness has been directed by an intention and has a specific cause related to this intention. In order to fight the illness, it is necessary to identify, uproot, punish and neutralise the cause.

According to Yamba (1997), in many African countries, especially among the rural poor or people with least education, witchcraft is widely believed to be the causal agent of HIV transmission, AIDS and death. Felhaber (1997) states that people in Africa often use the services of witches and sorcerers to send illness, misfortune, bad luck and suffering to their enemies. Hammond-Tooke (1989) compared the perceived causes of illness in a conservative rural area of the Ciskei in South Africa with the causes of

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illness in an urban area, and he found a strong belief in witchcraft as causal agent in both rural and urban areas.

- **Traditional Birth Attendants**

According to Kitzinger (1982), an estimated 80% of women in Africa and in rural India are assisted during birth by traditional birth attendants rather than qualified midwives. It has been estimated by the World Health Organisation (WHO) that, worldwide, about 60-80% of babies are delivered by traditional birth attendants. The traditional birth attendants also supervise antenatal and post-natal care, perform important rituals during pregnancy and birth, and sometimes carry out female circumcision. The equipment they use in cutting the umbilical cord is shared from one person to another, and constitutes a high risk in spreading HIV & AIDS.

2.3 CONCLUSION

HIV & AIDS lurks in communities and families, in the most intimate, private moments of human relationships. It is a creature of culture and circumstances, local perceptions and behaviours, custom and religious belief. That means it is virtually impossible to generalise about good practice: what works to break the power of HIV & AIDS in one place may not work in another.

There are at least three ways to categorise good practice in the education sector, according to whether the intervention is aimed at

- containing the virus
- providing social support for affected educators and learners
- protecting education quality.

Radical, humanitarian interventions in these areas – tackling STDs, providing condoms, establishing home based care and school feeding schemes, and training peer-group

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health teams for all institutions for starters – can save lives in the short-term. In the meantime, pilot programmes can be tried, governments can mobilize and allocate resources, the capacity of NGOs can be strengthened, planning can kick in, and behaviour change programme can start up.

Global experience suggests that there are a number of longer-term generic tools that can make a difference with regard to HIV and education, save lives, and protect education quality.

- The first tool is *honesty*. It is essential to stop pretending that progress is being made against HIV & AIDS. This is an overwhelming disaster and so far little has been done to confront it effectively. It is essential to analyse, diagnose, and then manage properly. It is absolutely essential to enhance crisis management capacity in and out of government, with appropriate senior executives, resources and mandates, and to design interventions appropriate to the management capacity of the sector. That probably means keeping them simple while strengthening the capacity of sector nongovernment partners.

- Second, *working together*, making use of all available resources – and especially the skills of girls and women – is the best route to take. There are thousands of examples of good, very good and potentially good practice at community level, but these are generally on a small scale, ad hoc and underfunded. In theory governments are committed to cooperating with NGOs, but this needs to be more apparent and pro-active.

- Governments clearly have a role to play in *coordinating and strengthening local responses*, creating policy and establishing a regulatory framework, delivering health and social welfare services appropriate to community requirements (e.g. Kalipa, 2002), as well as shifting school and clinic programmes to cope with changing demands, and ensuring that sufficient funds are mobilised and channelled to those who can make best use of them. Ultimately however,

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governments must work *in support* of communities, and national management strategies must reflect this balance. All poverty reduction plans must factor HIV & AIDS into their schema so that HIV & AIDS can be addressed within the context of poverty that drives it. Governments, although increasingly well-intentioned, are largely characterised by inertia.

Finally, it is possible that HIV & AIDS is, for many countries, the most significant issue in education today, and probably the biggest challenge to development. The need to confront the pandemic responsibly will require a fundamental re-think of development principles and procedures, and the relationships between governments and their funding partners. HIV & AIDS is rooted in poverty, and until poverty is reduced, little progress will be made in limiting its transmission or coping with its consequences.

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CHAPTER THREE

THE SCHOOL PRINCIPAL'S LEADERSHIP STYLE IN MANAGING HIV & AIDS

3.1 INTRODUCTION

Dealing with the HIV & AIDS pandemic which is ravaging many countries in sub-Saharan Africa, including South Africa, needs leadership both from schools and organizations that can work cooperatively in overcoming the pandemic. Schools in particular are greatly affected by the impact of HIV & AIDS pandemic, and need school leaders who can manage it. HIV & AIDS-related illnesses are now common in schools and need to be managed. The rapid changing educational landscape globally and in South Africa contributes to the complexity of the principals' position.

Over the past few years, national attention has focused on educational leadership, as leadership generally is in the limelight (Peterson & Young 2002). Like many issues confronting our nation today, the challenges facing educational leadership are complex and interconnected (Peterson & Young 2002).

The current emphasis on school reform makes many demands on principals. If only to meet the needs of the twenty-first century, public schools are already under pressure to change. To address the demands currently placed on schools, principals are frequently involved in collaboration with others in leading efforts to change (Zimmerman 2005). Principals as change agents need to be prepared to overcome some of the barriers to collaboration and professional development in their buildings. If principals want to encourage teacher risk-taking and innovation in instruction, they should provide support (Zimmerman, 2005).

The principal is the key leader at school level and the primary liaison between different stakeholder groups of the school: learners, parents, staff, school governing body, district

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officials and the Provincial Department of Education (Smith, Sparkes & Thurlow, 2006). This role description reflects policy and practice around the world, especially in the context of the increased autonomy of schools in various forms of site-based management (Smith *et al* 2006).

3.2 PRINCIPALS AS TRANSFORMATIONAL LEADERS

Given that leaders are individuals who appeal to higher ideas and moral values such as justice and equality, 'transactional leadership' is characterised by the interaction between a leader and followers, while 'transformational leadership' is characterised by the engagement between leaders and followers bound by a common purpose (Burns 1978).

Burns (1978) focuses on the relationship between leader and followers. A transformational leader plays a pivotal role in precipitating changes, so that followers and leaders are bound together in the transformational process (Marks & Printy 2003). Transformational leaders articulate a vision, use lateral or non-traditional thinking, encourage individual development, give regular feedback, use participative decision-making and promote a cooperative and trusting work environment (Carless 1998, cited in van Engen 2001).

Both democratic and transformational leaders emphasise active participation and intellectual stimulation of employees and encourage their enrolment in decision-making (van Engen 2001). Transformational leaders motivate their followers by raising their consciousness about the importance of the organizational goals and inspiring them to transcend their own self-interest for the sake of the organization (Marks & Printy 2003). In their relationship with followers, this theory posits, transformational leaders exhibit at least one of these leadership factors: idealized influence, inspirational motivation, intellectual stimulation and individualized consideration (Marks & Printy 2007).

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Zimmerman (2005) maintains that the effects of transformational leadership in an organization are to -

- stimulate others to view their work from new perspectives;
- create awareness of the organization's mission and vision;
- develop others' abilities to achieve higher levels of performance;

A transformational leader motivates others beyond self-interest towards the benefit of the group or organization (Bass and Avalio, 1994 cited in Zimmerman 2005).

Burke and Collins (2001) further contend that transformational leaders develop positive relationships with subordinates in order to strengthen such things as employee and organizational performance. These leaders encourage subordinates to focus on the interests of the whole group, which increases the followers' level of commitment (Kawana 2004). Transformational leadership thus provides intellectual direction and aims at innovatiion within an organization, while empowering and supporting partners in decision-making (Conley & Goldman, 1994; Leithwood, 1994 in Marks and Printy 2007:371). Consequently, this kind of leadership seems to be more desirable for school principals in Mutale, since it focuses on problem-finding, problem-solving and collaboration with stakeholders such as Kumba Resources.

To develop the collective capacity of an organization and its members to achieve these results, transformational leaders seek to raise the level of commitment of all participants (Burns 1978 in Marks & Printy 2007). In the case of schools, this type of leadership affirms the centrality of the principals' reform role, particularly in introducing innovation and shaping organizational culture (Leithwood 1994 in Marks & Printy 2003:373). HIV & AIDS pandemic provides a unique problem which requires innovative leadership.

Leithwood and colleagues in Marks and Printy (2003) describe and assess the effectiveness of transformational leadership in school, and distinguished nine functions of transformational leadership clustering them in three areas, namely hose that are:

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- Mission-centered (developing a widely shared vision for the school, building consensus about school goals and priorities);
- Performance-centered (holding high performance expectations, providing individualized support, supply intellectual stimulation);
- Culture-centered (modelling organizational values, strengthening productive school culture, building collaborative school cultures, and creating structures for participating in school decisions).

Principals as transformational leaders attempt to shape a positive school culture and contribute to organizational effectiveness (Fullan 2001; Leithwood 1996 in Marks & Printy 2003). Such a principal seeks to elicit higher levels of commitment from all school personnel and to develop organizational capacity for school improvement (Marks & Printy 2003). Therefore, schools and rural schools in particular, need transformational leaders of this calibre, principals who "seeks to elicit higher levels of commitment" from everyone including CSI such as Kumba Resources.

3.3 PRINCIPAL AS MORAL LEADERS

Leaders have a responsibility to invest in the development of the people they lead, to take the chance that they will learn, and to create an environment where people will take risk, tackle difficult problems and be supported in this endeavour (Fullan 2003). Traditionally, leadership has meant having power, influence and control over subordinates (Gardiner *et al* 2000:29). In the more modern context, what makes a good leader is not so much what they accomplish but how they make people feel (Beaudoin & Taylor 2004).

Sergiovanni (1992) states that moral leadership is the highest form of transformational leadership, where followers use informed professional judgment, and leaders take responsibility for delivering on their commitments.

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According to Fullan (2003), in the context of schools, the criteria for moral purpose are that -

- All students and teachers benefit in terms of identified desirable goals;
- The gap between high and low performers becomes less as the bar for all is raised;
- Ever deeper educational goals are pursued, and
- The culture of the school becomes so transformed that continuous improvement relevant to the previous three components becomes built in.

To this end, school principals need to model collaboration and risk-taking among educators (Lambert 2002; Short & Greer 2002). Today's principals are charged with a 'big picture' responsibility to strike a vision lead from the centre and build a community of learners (Copland, 2000 cited in Zimmerman, 2005). Beaudoin & Taylor (2004) regard the following actions on the part of principals as contributing to a positive, supportive environment:

- **Communicate constructively**
  Give positive feedback. Encourage frequently, listen, understand, and acknowledge misunderstandings.

- **Be a proactive ally**
  Provide guidance. Support teachers regarding parent and district office issues, and maintain order at school.

- **Be supportive administrator**
  Provide material that teachers and students need. Encourage professional growth, show interest in teachers and students as humans, be flexible on how to achieve goals, take necessary action to support staff, value staff and students' inputs and handle changes cautiously.

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- **Be available and visible**

  This means the principal is interested in students, interacts with teachers and students, and is there when needed for advice.

- **Lead with integrity**

  Principals should be persons of their word, returning calls promptly, following through with agreements, being accountable and taking necessary actions.

It is useful for principals to ask themselves what method should be used to keep them in check. How are they being accountable to others, and are they using power in an appropriate way? When there is an imbalance of power, there is always a misuse of power somewhere somehow, inadvertent or not (Beaudoin & Taylor 2004).

3.4 PRINCIPAL AS INSTRUCTIONAL LEADERS

The principal is the head of the school and the guide for students and teachers. He/she should be a person with high moral standards, very polite in his/her dealings, an optimist and influential. The principal should be a good administrator and must have professional knowledge. Above all, the principal should have an interest in human beings. The principal's personality, ideals and thoughts affect all the individuals and all the activities of the school. The social prestige of the school depends on his/her policy.

According to the literature on school leadership, the duties of a principal are wide-ranging (Sergiovanni, 1992; Glickman, Gordon & Ross-Gordon, 1998; Ajibade, 1993). He or she is responsible for the administration, organization and work processes at school. A principal is expected to play an important role in integrating and coordinating the efforts of teachers, students, personnel and parents to achieve the desired objectives of education and facilitate the over-all aspects of the teaching-learning process. It can be seen, therefore, that the tasks of a school principal are many and varied. Society expects a lot from principals.

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Principals are expected to be general managers, administrators, agents of change, school marketers and instructional managers. The principal's function is both extensive and intensive. Expressed in military terms, a principal must serve both as a line officer and as a staff officer. At the local school, final responsibility rests upon the principal as a line officer. As a staff officer, the principal takes primary responsibility as helper, simulator, expeditor and supervisor.

All the same, the main responsibility of the principal is to create conditions in the school in which the pupils receive quality instruction both inside and outside the classroom (Ajibade 1993, Glickman, Gordon & Ross-Gordon 1998). All other responsibilities are subordinate to this.

Running effective teaching and learning could be said to be a school's primary responsibility. It follows from this that the excellence of a school should be measured against the quality of the teaching and learning done in a school. Equally, the effect a teacher has on the learning experiences of pupils is the most important dimension of a school's existence. Clearly, then, a school's organization should be geared mainly to making effective teaching and learning possible, while creating conducive environment for effective teaching and supporting healthy school culture.

It seems as if the HIV & AIDS challenge will be with us for a long time since no effective cure is insight. Thus, the role of the CSI's and school principals will continue to be significant in our effort to manage the epidemic.

3.4.1 Aspects of Instructional Leadership

Successful principals provide instructional leadership. Such principals spend more of their time working with teachers and students and less of their time in the office. They observe what is going on in the classrooms, hold high expectations for teacher performance and student achievement, and provide the necessary resources, including

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their own skills and knowledge. They are active and involved. As a result, they create schools that make a positive difference in the lives of students.

Above all, a principal must aspire to excellence in education. This requires knowledge of what is to be expected from an excellent teacher. Any teacher is required to carry out the following activities (Glickman, Gordon & Ross-Gordon 1998).

- Give appropriate help and support to pupils';
- Plan ahead of time;
- Give instruction;
- Manage classroom;
- Continuously evaluate pupils' progress; Serve the interests of pupils sincerely.

As instructional leader, a principal must ensure that these activities are performed, and that any other appropriate properties of the teaching-learning situation are also available to the whole school. A principal is in the position of needing to know more about teaching and learning than anyone else in the school.

This is so that a principal can know what should be taught, how to make the teaching most effective, when to evaluate the results, and the best way to interpret them to students and parents. In other words, a principal must continue as a master teacher and stay one step ahead of the instructional staff. In essence, a principal is expected to be a 'teacher of teachers'.

3.4.2 Characteristics of Principals who are Good Instructional Leaders (Glickman, Gordon & Ross-Gordon 1998:115)

- They are dedicated to the aims of the school.
- They have insight into the instructional programme of the school.
- They have positive relationships with teachers and pupils.
- They show consideration
- They support staff and pupils.

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- They practice participative management, which includes teachers, pupils and the community.
- They practise strong and visible leadership.
- They mobilize available aid in the attainment of the school's objectives.
- They have high expectations.
- They place a premium on the orderly running of the school's instructional programme and show this by not interrupting it unnecessarily.

The major tasks of the principal as an instructional leader are (Glickman, Gordon & Ross-Gordon 1998: 122):

- Determing objectives;
- coordinating programmes;
- being didactic leader;
- organizing enrichment programmes;
- undertaking evaluation and examinations;
- taking remedial steps when necessary;
- creating a school climate that is conducive.

Because of the extensiveness of the instructional programme of a school, some elements of the necessary programmes may be delegated to vice principals or heads of departments. While coordination of programmes and projects on HIV & AIDS can be effectively delegated, however, leadership of the school cannot be delegated to anyone. It is the responsibility of the school principal as a result, school principals are expected to take charge in this regard.

3.5 KUMBA RESOURCE'S INVOLVEMENT AND ROLE IN ADDRESSING HIV & AIDS AT MUTALE MUNICIPALITY SCHOOLS

Corporate social investment is fundamentally about corporate commitment in external communities surrounding area of operation, in the case of Kumba Resources, it is about

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the Mutale rural communities in Limpopo. It has been argued that CSI strives to complement government interventions to improve the overall economic and social climate. Beyond the social value to beneficiaries, successful CSI is possible through the application, in a systematic way, of distinctive capabilities to address social challenges that can directly affect the ability of business to compete in the future. Kumba Resources has put its CSI effort into attempting to combat HIV & AIDS in the rural schools of Mutale Municipality.

3.5.1 Kumba Resources' Plans for Managing HIV & AIDS in Schools

In my opinion, and given that I am CSI manager at Kumba Resources, to manage the challenges that we expected to face, Kumba Resources practitioners embarked on collaborative planning that set clear guidelines governing partnerships, detailing the 'house rules', and what could and could not be done. Together with the school leaders, we set roles and responsibilities, detailing who was responsible for what- an area fraught with tension. The Kumba Resources management incorporated a partnership model flexible enough to allow other interested stakeholders to achieve their individual goals, as if they had initiated the programme alone.

Government co-ordination of the project was prioritized, to prevent corporate egos from undermining the effectiveness of the government-initiated projects. Research was undertaken for Kumba Resources by its Department of Social Investment to define the problems faced by the schools and suggest how the schools needed to be assisted. Rescuing the schools was seen as also rescuing Kumba Resources, which operates in the same Municipality of Mutale as do future active young employees.

Masuku (Trialogue, 2008c) proposed that the importance of CSI to business lies in the mutual value that it can create for both business and the community, if used strategically. In order to use CSI strategically, practitioners must understand that social investment remains an investment from which a return is expected, be it in the form of a social dividend (Trialogue, 2008c: 8).

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3.5.2 Challenges Faced by Kumba Resources as a Corporate Social Investment in Schools

Bringing my own experiences as Kumba Resources CSI manager in Mutale schools, my main frustration was working in a context in which so little information was available about what other companies were doing in schools in the Mutale Municipality. As well, the school leaders had conflicting ideas on how they could be assisted by the Corporation. The company had some funds to assist schools to meet some of their day-to-day challenges.

However, obtaining an overview of where and how the money could actually be spent was a problem, as the information obtained from school leaders was not adequate or satisfactory. Full information would have helped organizations avoid a scenario of undesirable duplication and interventions which did not tackle the root causes of problems. For instance, there are many examples of education interventions which address teacher quality or infrastructure which do not consider whether the children are starving or being abused.

Ultimately, while collective CSI efforts undoubtedly have an impact, the current void in adequate real-time information has created a situation where companies are simply plugging holes in a dyke wall. If they stood back, they would see that the dyke wall is still crumbling. This situation of myopia inhibits collaboration, policy-change lobbying and the opportunity to professionalize their role as organizations. However, Kumba Resources set aside the various deficiencies of school principals, and went ahead to work with them in combating the HIV & AIDS pandemic in the Mutale Municipality.

In his presentation, Mr. Sam Mensah (Trialogue, 2008c: 9) suggests that to manage these challenges, CSI practitioners embarking on collaborative CSI projects must:

- Set clear guidelines governing partnerships, detailing the 'house rules' and what can and cannot be done,

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- Set roles and responsibilities, detailing who is responsible for what (an area fraught with tension),
- Incorporate a partnership model flexible enough to allow companies to achieve their individual goals, as if they had initiated the programme alone,
- Share the glory,
- Prioritise government co-ordination of the project, to avoid corporate egos from undermining the effectiveness of the project.

3.5.3 Benefits Obtained by Schools from Kumba Resources

The programme's principal goals were to prevent HIV infection, to extend the lives of those affected, and to manage the impact of the disease in schools where it was established. Kumba also extended its assistance to the families of the affected children. It can be pointed out that a school may benefit a lot from a corporation's intervention to manage HIV & AIDS. Of paramount importance is social inclusion between the schools and CSI. The two work together for the betterment of their area and participate in area particular focus of interest – in this case, reducing the pandemic in schools and offering a helping hand to affected and infected learners and teachers.

The schools now enjoy the following benefits which they would not have done if the current problem had been left in the hands of the government alone (Kumba Resources, Policy documents, 2007):

- Training has been provided for HIV & AIDS coordinators so that they may offer counseling to affected learner and teachers in schools;
- The schools now enjoy dissemination of information on HIV & AIDS through activities such as dramas, debates and essay-writing sponsored by the company;
- Self-help projects have been introduced in schools with the aim of equipping learners with survival skills. The projects are mainly garden-based, where

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learners are taught to grow vegetables that will boost nutrition in the schools and be given to learners affected and infected by the pandemic;

- The establishment of voluntary HIV & AIDS testing and counselling, which will go a long way in assisting learners and educators to deal with their HIV status. The problem of social exclusion can be alleviated as HIV & AIDS-affected and infected learners can receive counselling from their members of their peer groups who have been trained as counsellors. In other words, social discrimination and stigmatization can be dealt with, hence reducing the stress among those affected. Effective counselling is not only essential to mitigate the emotional trauma faced by AIDS/ victims, but is the key to shaping the way individuals respond to news of a positive HIV & AIDS status;

- Some orphan pupils are seeing the light at the end of the tunnel, as they are being assisted with their school fees and school-related materials;

- Both learners educators accept that communication about HIV & AIDS is not propaganda designed to instil moral behaviour, but helps them to understand the deadly consequences of contracting the disease, so that they themselves can decide to change their behaviour accordingly;

- Since voluntary HIV & AIDS testing and counselling centres are in schools, available to the communities in the surrounding catchment area, counselling is being extended to family members who may wish to be tested or counselled;

- A wellness programme in schools that provides emotional support, medical aid and access to nutritional supplements;

- The distribution of condoms and femidoms in schools (to pupils who are at Grade 10-12)

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Matlock maintains (Trialogue, 2008c: 10) that "The greatest advances come not from incremental improvements in efficiency but from new and better approaches. The most powerful way to create social value, therefore, is by developing new means to address social problems and putting them into widespread practice". – The Harvard Business Review.

In his presentation, Mangcu asserts that the role of civil society in development is also important. Civil society is not only a receiver of funding, but should be an active partner in development. African culture is, in many ways, defined by the concept of Ubuntu and this needs to continue playing an important role to secure the upliftment of South Africa's impoverished citizens. (Trialogue, 2008c: 13). He continues to state that partnership between all sectors of society is the most effective means of achieving holistic outcomes in development. It requires that:

- CSI practitioners and development workers are aware of how the landscape is configured in terms of corporate and government activity,
- Dialogue between government, business and civil society is actively pursued,
- Companies identify their strengths and weaknesses within the development context and how these dovetail with their peers and government,
- Complementary solutions are developed.

As a practitioner and CSI manager at Kumba Resources, it is my opinion that we followed almost all of the above stated requirements. With the support of the local chiefs, civic committee and the community at large, Kumba is making a great impact in the contribution towards education in general and the management of HIV & AIDS in particular.

3.6 Conclusion

Acknowledging the responsibility that stems from using other people's money, and the effect that CSI programmes have on the lives of those affected and infected by the HIV & AIDS pandemic, and also acknowledging that the most effective

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investment requires the best information, need not be further emphasized . The schools which benefited from the Kumba Resources' intervention have kick-started the management of the HIV & AIDS pandemic. It provides an example of the lesson that the challenge for business is to discover how to use CSI as means for social inclusion and economic participation. This requires one to think about:

- How to link social programmes to core business imperatives or to strategic business partners in order to ameliorate an impact that is felt by the education sector;

- What the challenges of alignment and longer-term investment are, and what benefits might flow from such investment;

- How one ensures that communities are engaged and have bought into what can appear to be a corporate-one-directional stance;

- How one engages with the learning points in order to refine project development and long-term sustainability

Change is a constant feature of education systems and organization. Therefore, leadership in times of change is an emotionally-charged activity. People working in leadership positions are challenged by the emotional demands placed on them by the government, their staff, students and community. Teachers and administrators are expected to cope with multiple demands created by external pressures to be more efficient, effective and economic in how they go about their work. According to Sachs and Blackmore (1998:124), the reform and restructuring characteristics of systems are not without cost, at the professional or personal level, to workers in all education sectors from school education to higher education. Professionally, the changes already made have had significant consequences on the nature and scope of the work of administrators and teachers.

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In this era where HIV & AIDS are a serious threat and continue to be a scourge, the major and desirable changes should be in our effort to change learners' behaviour towards habits and practices which compromise their health. Behaviours towards sex in particular, where learners are encouraged to abstain from sex, or delay first sex; be faithful to one partner, or have fewer partners; and condomise, which means using male or female condoms consistently and correctly. Change which saves people's lives is a desirable change.

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CHAPTER FOUR

RESEARCH DESIGN AND METHODOLOGY

4.1 INTRODUCTION

This chapter focuses on the methodology adopted for the study in general, and more specifically on the methods adopted to investigate the role played by CSI through Kumba Resources in managing the impact of HIV & AIDS in schools in Mutale. Thus the chapter focuses on the study's research design including the selection of a sample, and methods for collecting and analysing the data.

4.2 RESEARCH APPROACHES

The study used both quantitative and qualitative designs to investigate the role of corporate social investment in managing HIV & AIDS in rural schools. The two designed were used in order to triangulate the data and provide deep insight into the problem.

4.2.1 The Quantitative Research Paradigm

According to Creswell (1994:04) the quantitative approach models data mathematically in terms of numbers, and so is termed a traditional, positivist, experimental or empiricist paradigm. The quantitative paradigm is based on positivism which takes scientific explanation to be nomothetic. Its main aims are objectively to measure the social world, to test the hypotheses and to predict and to control human behaviour (Schurink, 1998: 241). The quantitative approach involves the collection of numerical data in order to explain, predict, and/or control phenomena of interest; data analysis is mainly statistical (Gay, 1996:11-12). Questionnaires were distributed to 59 participants comprised as follows: five school principals, five HIV & AIDS coordinators and 49 educators.

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4.2.2 The Qualitative Research Paradigm

For the purposes of this study, the qualitative research approach was used. This involved intensive data collection, in the form of extensive narrative data on many variables over an extended period of time, in a naturalistic setting. This research design is appropriate because, in this study of the role played by Kumba Resources' CSI in combating and managing HIV & AIDS in rural schools in the Mutale municipality. The study dealt with the behaviour of people in a specific context; hence a greater understanding of human behaviour requires an understanding of the context in which it occurs (Finch, 1986: 164; Gay, 1996: 13 & 208).

The qualitative approach is sometimes termed a 'constructivist' or 'naturalist' approach (Creswell, 1994:04). It may also be thought of as a paradigm, since it models data in a way that more closely approximates reality. According to Schurink (1998: 241), the qualitative paradigm stems from an ant positivistic, interpretative approach, is idiographic, thus holistic in nature, and its main aim is to understand social life and the meaning that people attach to everyday life. To this end, the qualitative approach involves the collection of extensive narrative data in order to gain insights into phenomena of interest (Gay, 1996: 11)

4.2.3 The Interpretive Tradition

The interpretive tradition refers to the fact that the main aim of qualitative research is not to explain human behaviour in terms of universally valid laws or generalizations, but rather to understand and interpret the meaning and intentions that underlie everyday human actions (Schurink, 1998, p.247). According to (Schumacher & McMillan, 2001, p.398-399), the interpretivist tradition is the tradition in which we find researchers making sense of the participants' actions by describing the participants' behaviour and endeavouring to make sense of this behaviour in terms of what the participants believed and how they construct the various contexts in which they find themselves. Intepretivist tradition, thus, is mainly interested in the subjective world of the research participants:

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their achievement of meaning, hopes and aspirations - and trying to understand these by emphatically interpreting the meaning of what they say (Terre Blanche & Dunheim, 1999, p.6-7). According to Schurink (1998, p.247) by means of the interpretivist tradition, reality can be understood and interpreted but not predicted or controlled.

4.3 THE CASE STUDY APPROACH

Different authors explain case study design differently. Gay (1996: 219) defines a case study as an in-depth investigation of one 'unit', e.g., school, classroom, program, individual or a group. According to Bell (1999: 10), a case study is an umbrella term for a family of research methods having in common the decision to focus on enquiry.

Creswell (1994:12) defines a case study as a type of qualitative research in which a researcher explores a single entity or phenomenon ('the case') in terms of time and activity. This can apply to a program, event, process, institution or social group. Detailed information is collected by using a variety of data collection procedures over a sustained period of time.

Gall *et al* (1996:549) cited in (Ramolefe 2004:34) contend that researchers generally use case studies for one of the following three purposes:

- To provide a detailed description of a phenomenon;
- To develop possible explanations of a phenomenon;
- To evaluate a phenomenon.

According to Yin (1989, cited in Phendla 1995:34) a case study is "an empirical inquiry that investigates a contemporary phenomenon within its real life context when the boundaries between phenomenon and context are not clearly evident and for which multiple sources of evidence are used." Yin (1989) further indicates that a case study is used because it -

- Can explain the causal links in real life.

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- gives meaning to researches into contemporary phenomena that are too complex for a survey or experimental strategies;
- is able to describe or even predict contemporary phenomena in the real-life context in which an intervention has occurred;
- Illustrates the intervention itself.
- Is used to explore the situations and outcomes.

Using the case study approach necessitates in-depth investigation. Further contexts in using the approach is that it should be unique and dynamic, as it investigates and reports the complex dynamic and unfolding interaction of events, human relationships and other factors in a unique instance (Cohen 2005: 181). The focus was on human action in an effort to understand their perception of their realities.

A case study is particularly appropriate for this study as the researcher seeks to provide a significant amount of descriptive information about a single subject through detailed in-depth data collection methods involving multiple sources such as interviews, observation and document analysis (McMillan & Schumacher 2001:36; Brink 1996:116).

4.3.1 Disadvantages of the Case Study Approach

The case study approach does have advantages, even though, Yin (1989 cited in Phendla, 1995:35) specifies the four main traditional prejudices against using a case study as a strategy for conducting research:

- Case studies lack rigour. They are sloppy and allow equivocal evidence or biased views to influence the direction of findings and conclusions.
- They provide very little basis for scientific generalisation - for example, from a single case to a larger population or universe - but they are often generalised to a theoretical proposition.

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- Case studies are time - consuming and often result in immense, unreadable documents.

- Good case studies are very difficult to do, as skills for doing good case studies have not been defined yet.

It is true that case studies are time consuming and may be costly; subjects may drop out if the study is carried out over an extended period (Brink 1996:116). Certainly, results may not be generalized except where other researchers see their applicability, and they are not easily open to cross–checking, hence they may be selective, biased, personal and subjective, they are prone to problems of observer bias, despite attempts made to address reflexivity (Nisbet & Watt 1984) as cited in Cohen et al 2005:184).

4.3.2 Advantages of a Case Study Approach

Nisbet and Watt (in Cohen 2005: 184) mentioned the following advantages of a case study:

- The results are more easily understood by a wide audience (including non-academics), as they are frequently written in everyday, non-professional language.
- They are immediately intelligible; that is, they speak for themselves.
- They catch unique features that may otherwise be lost in larger scale data (e.g. surveys); these unique features might hold the key to understanding the situation.
- They are strong on reality.
- They provide an insight into other, similar situations and cases, thereby assisting interpretation of other similar cases.
- A case study can be undertaken by a single researcher, without needing a full research team.
- The research is confined to a small number of subjects (Brink 1996:116).

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Due to the complexity of the topic under investigation, i.e. the role of Kumba Resource managing HIV & AIDS in rural schools, and the richness of the data collected in this study, used the case study design, where five schools were studied.

4.4 SAMPLING

Sampling involves decisions about which people, settings, events, behaviours/or social processes to observe so as to be able to draw conclusions about a larger number of people, settings, events, behaviours or social processes. The main concern in sampling is representativeness, so the main aim of sampling is to select a sample that will be representative of the population about which the researcher aims to draw conclusions (Dunheim, 1999: 44), or, to put it another way, sampling is the process of selecting a number of individuals for a study in such a way that the individuals represent the larger group from which they were selected (Gay, 1996:111).

According to Mouton (1996:110), sampling is about obtaining a sample that is as representative as possible of the target population, so that sampling means taking any portion of a population as representative of that population.

In this study I used non-probability, purposeful sampling because it is less costly and time consuming, easy to administer, usually assures a high participation rate of participants while it also assures receipt of needed material-rich information (Schumacher & McMillan, 2001:178).

4.4.1 Purposive Sampling

Purposive sampling is done to increase the utility of information obtained from small samples (Patton 1990, cited in Leedy, 1997: 162). According to Gay (1996: 127) purposive sampling, which is also referred to as judgemental sampling, involves selecting a sample which is believed to be representative of a given population. In other words, the researcher uses judgement rather than statistical techniques to select a

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representative sample, e.g a number of schools in a given system may be selected to obtain a representative cross-section of schools in that system. In purposive sampling the researcher selects particular elements from a population that can be described as a unit having particular characteristics in common. On the basis of the researcher's knowledge of the population, a judgement is made about which elements of the population should be selected to provide the best information to address the purpose of research (Schumacher & McMillan, 2001:175).

4.4.2 Population and Sample Size

The study involved particular schools in the Mutale Municipality in the Limpopo Province as a case study. It thus involved three primary schools and two secondary schools from rural settings in the Limpopo Province in South Africa. Mutale Municipality is Kumba Resources' area of operation where its integrated development plan should unfold.

The population of this study is composed of fifty nine participants: five school principals, five coordinators and 49 teachers in five schools. In addition, the participating schools were selected on the following criteria:

- They were in the peer groups in the HIV & AIDS awareness campaign conducted by Kumba Resources in 2006;
- They fully participated on the prevention strategy of HIV & AIDS recommended by Kumba Resources;
- They are characterised by health hazards such as malaria;
- They have a high poverty index.

4.5 DATA COLLECTING INSTRUMENTS

The following three data collecting methods were used in this case study, namely:

- Questionnaires which were completed by all the sampled participants
- Individual interviews for school managers and HIV & AIDS coordinators,

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- Focus group interviews for educators and document analysis.

4.5.1 Questionnaires

McMillan & Schumacher (1997:252) assert that a questionnaire is the most widely used technique for obtaining information from subjects, although that can vary from research to research. Leedy and Ormord (2001:197) assert that the respondents can respond to questions with assurance that their responses will be anonymous, and so they become more truthful than they would be in a personal interview.

I opted to use this data collecting strategy because it is relatively economical, has the same questions for all subjects, can ensure anonymity and can contain questions (or statements) written for specific purposes.

The questionnaire was designed for 59 participants at the five schools in Mutale. Only one category of questions was used, namely, *scaled response questions*. The five school principals, five HIV & AIDS coordinators and forty nine teachers were requested to responds to the questions by selecting:

Y = Yes, action is taken
S/P = Some action is being taken or is planned
N = No action is being taken

All the questions in this questionnaire were related to the following three themes:

1. Creating a foundation for action
2. Helping to limit the spread of AIDS
3. Mitigating the impact of HIV & AIDS on the education

At least eight questions were asked in each theme. To validate the questionnaire, one school was piloted, where the school principal and two teachers were requested to respond the question. As a result, the findings were used to revise the research tool.

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4.5.2 Individual Interviews

A structured interview is one where the questions are determined in advance, and follow a schedule which does not vary between interviews with different respondents. This study used a semi-structured interview which allows for a carefully-worded interview with much more latitude. According to May (1993:93), the advantage of using semi-structured interviews is that "although the questions are normally specified, the interviewer is freer to 'probe' beyond the answers given by the interviewee".

According to Fontana and Frey (2000: 645), with a semi-structured interview the investigator also usually has an interview schedule with a set of questions to be asked, so a semi-structured interview is still guided by a schedule. Thus, for this study, for each question on the schedule, initial, pre-determined question were followed by probes. As a result, I was able to record notes (Wragg, 2002: 149).

Semi-structured open-ended probing interviews were used for this study. This method was used because it allows respondents to express themselves at length, while at the same time it offers enough shape to prevent aimless rambling; it establishes rapport, allows greater flexibility of coverage, and it produces richer data (Wragg, 2002:149; Fontana & Frey, 2000:645). Individual interviews enabled me to establish rapport with potential participants and therefore gain their cooperation. As a result, the interviews yielded the highest response rates in the survey research in general. These interviews allowed me to clarify ambiguous answers and, where appropriate, to seek follow-up information. The main disadvantage was that it was time-consuming.

Aspects of the Interview Method

A tape recorder was used to collect data, subsequently; it became a useful way of getting large amounts of data quickly. As indicated in the ethical consideration, permission was sought from participants to enable them to feel comfortable when being

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tape-recorded. Furthermore, as stated in their letter of consent, an assurance was given for them to withdraw at any time without fear.

Moreover, I was able to observe non-verbal behaviour and is able to access the validity of the respondents. Interviewer makes sure that all questions are answered and has control over the order of questions and make sure that the respondent does not answer questions out of context (White, 2003:76). Cohen et al (2005:269) maintains that interviews have a higher response rate and that the researcher has an opportunity to probe.

4.5.3 Focus-Group Interviews

Powell (cited in Gibbs 1997:2) defines focus groups as "a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of research". Focus groups are an advantage in that they can be used as a forum for change, an advantage highlighted by Race (cited in Gibbs 1997:3). According to Morgan (1997:3), focus groups can be used in a multi-method study to enrich the data gathered through other qualitative methods and, once individuals are put together, researchers are confronted with a new set of data.

In addition, focus group interviews should be conducted as an open conversation in which each participant may comment, ask questions of other participants, or respond to comments by others, including the other interviewees (Ferreira & Puth 1998:167). Hoberg (1999:136) further defines a focus group interview as a group discussion in which a small number of participants, typically six to twelve, talk about topics of special relevance to a study, under the guidance of a moderator.

In this study, the group was small enough for all the participants to have the opportunity to share insights, and big enough to provide variations of perceptions. Moreover, a total of ten people participated in the focus group interviews: five coordinators: three from primary and two from secondary schools and six teachers: three from primary and three

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from secondary schools.

Advantages and Disadvantages of Focus Group Interviews

Like any other research method, focus group interviewing has strengths and limitations, advantages and disadvantages. Hoberg (1999:145) outlines the following advantages and disadvantages:

Advantages

The following are the advantages of focus group interview:

- Focus groups can be conducted at a relatively modest cost and within a relatively brief span of time.
- Focus groups expose the researcher to the participants' worldview.
- Focus group discussions shed light on phenomena and social processes that we know very little about.
- Focus groups provide a socially oriented research procedure, i.e. they facilitate interaction between subjects and uniquely capture the dynamics of group interaction.
- Focus group discussions provide a format that allows the moderator to probe. This makes flexibility possible, which is so important for exploring unanticipated issues.
- Focus groups have high face validity. Not only are they 'comfortable', they also seem credible to those using the information. Results are not presented in percentages and complicated statistical tables for charts, but rather in lay terminology embellished with quotations from 'real' people.

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- Focus groups can provide speedy results, i.e. they can be conducted, their results analysed and the report written in a very short space of time.

Disadvantages

- The moderator of focus group interviews has less control than the interviewer who conducts individual interviews. The focus group interview allows the participants to influence and interact with each other, and, as a result, group members are able to influence the course of the discussion.

- Data generated by focus groups are relatively difficult to analyse since participants' comments must be interpreted within the constructed social setting. i.e. it is based and subjective.

- Material acquired by using focus groups is not general sable because the groups contain only a small sample of people and hence the data are not capable of producing typical of project able information for the whole universe under study. (Ferreira & Puth 1988:2001).

- Tactics and techniques necessary for conducting such interviews are not readily available and as such focus groups require carefully trained interviewers.

- Focus groups are often difficult to assemble, since the participants have to spend time to go to a designated place at a stipulated time to share their views with others for a few hours.

- The interview must be conducted in an environment, which optimally facilitates conversation.
- Focus groups can vary considerably i.e. one group can be lethargic, boring and dull while the next group selected can be active and vibrant.

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It was decided to use a Focus Group in this study because a study that asks participants to talk about a topic as sensitive as HIV & AIDS demands sensitivity as well as some forethought and preparation from the participants. The focus group interview provides a secure environment where a small group has an opportunity to share their perspectives. As Bless and Higson-Smith (1995:113) specify: "It is very useful to allow participants to share their thoughts with others and. in this way, they speak of new ideas or views before answering the researcher's questions".

As this study is essentially a case study, it was suitable and advantageous to this study to use focus group discussions to provide the moderator with a format to probe some of the issues that needed clarity.

4.6 DATA ANALYSIS

Data analysis is the process of systematically searching and arranging the interview scripts, field notes and all other material that the researcher has collected (Mouton 1996). Qualitative analysis of data assembled in interviews is usually done through the coding and summarising of the interview transcripts.

Inductive data analysis means that categories and patterns emerge from the data, rather than being imposed on data prior to data collection as is done in deductive data analysis (Schumacher & McMillan, 2001:402).

In this study the method used was to systematically select, categorize, compare, synthesize and interpret the data in order to facilitate a coherent synthesis. To this end, I coded the data by classifying it into definable parts. I divided the data into units of content called themes (Schumacher and MacMillan, 2001:467; Gay, 1996:227-230). This allowed a certain amount of quantification by providing frequencies which recorded

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how often different themes and categories arose, thus allowing some rudimentary numerical analysis.

4.7 DELIMITATIONS OF THE STUDY

This study focuses on rural primary and secondary schools in the Mutale Municipality a predominantly rural area in the Limpopo Province in South Africa.

4.8 LIMITATION OF THE STUDY

This section considers the constraints beyond the control of the researcher but known to influence the objects of the enquiry (Murrey & Laurence 2000:48). Since the research design used the case study approach, one limitation is that any findings cannot be widely or reliably generalized.

In using a focus group, some respondents may influence one another in answering the questions, which is problematic, verging on unethical. This also impacts negatively on the interpretation of the data.

Another limitation was that access to the case study schools was limited to one day per week, as dictated by the school activities and my job. This meant that there was not enough time available to pursue many issues in the depth that they deserved.

4.9 ETHICAL CONSIDERATIONS

A study based on the incidence of HIV is naturally sensitive in nature, taking into account the need for confidentiality, risk of stigma, and fear of disclosure of one's status. This means that ensuring the ethical treatment of subjects is of high priority. The study conformed to accepted codes of practice, and care was taken to ensure that all

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participants were protected. In this study participants were not harmed emotionally. In addition, this was stated on the consent forms all the participants signed at the beginning of the study.

Fontana and Frey (1994: 372) indicate that it is important for researchers to receive consent from a subject after he or she has been carefully and truthfully informed about the research. Also, subjects must be protected from harm. In this study, participants were informed of the purpose of the study, and regarding their right to informed consent.

The participants were also informed about the methods of data collection and the right not to answer any particular questions and to ask that the tape recorder be turned off at any time. Furthermore, I promised that all data and tape recordings would be kept confidential and that their identity would not be disclosed in the final report. Participants' right to withdraw and to not participate at any time without penalty was emphasized.

Anonymity was assured. Schools and respondents, and even knowledgeable informants, would not be identified unless they had explicitly given their permission. The anonymity was made transparent, i.e. it was made apparent to the respondents that views and statements would not be able to be traced back to individuals.

The focus on social symptoms rather than direct symptoms of disease helped to lower anxiety among respondents and focus attention on factors that could be observed and tracked at the school level. For example, a school administrator would find it difficult to assess the level of HIV prevalence in the school's catchments' area. However, keeping track of the number of students who had lost their parents is relatively straightforward, while still giving a direct measure of the factor administrators are ultimately interested in that is the proportion of their student body that might need material or emotional assistance.

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4.10 CONCLUSION

In this chapter I presented the methodology used in my research. I did this through discussion the overall research approach, the research design, the methods used for data collection. I then concluded by focussing on the authentication of my findings and endeavoured to show that I followed an ethical course of action.

In the next chapter I will present the results of the study and interpretation of the results.

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CHAPTER FIVE

DATA ANALYSIS AND INTERPRETATION

5.1 INTRODUCTION

Chapter four focused on the research design. This chapter focuses on the results of the empirical investigation with regard to the role of Corporate Social Investment in managing HIV & AIDS in rural schools. The chapter is divided into three sections:

- Section A dealing with data obtained from the questionnaires, analysed quantitatively,
- Section B dealing with interviews and recordings examined qualitatively,
- Section C dealing with focus group interviews.

The findings are based on the experiences of both the educators and HIV & AIDS coordinators. The data is subjected to detailed analysis as per qualitative and quantitative methodologies described in chapter 3. A detailed description and interpretation is given of the problems associated with CSI intervention into the HIV & AIDS in rural schools in Mutale Municipality in the Limpopo Province (South Africa). This includes the loss of educators and learners due to the AIDS pandemic, care and counselling for those affected and infected, protection of human rights, educating and training communities on HIV & AIDS among others.

The data obtained enabled me to conclude that these tasks require other stakeholders such as Non-Governmental Organizations (NGOs), self-help organizations, religious and civil organizations to reinforce the work already started by the CSIs, as also suggested by Winter (2003).

Using responses to the questionnaire and also information from the recorded interviews, an analysis was conducted on the perception and feelings of participants about the role

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of the CSI in dealing with HIV & AIDS in schools. This information allowed me to give an in-depth description of the problems that will eventually have a bearing when other stakeholders intervene in combating the HIV & AIDS pandemic.

5.2 RESULTS AND DISCUSSION

The data was collected in order to investigate the role of corporate social investment in managing HIV & AIDS in rural schools, a case of Kumba Resources in the Mutale Municipality.

5.2.1 Section A: Data Obtained Through Questionnaires

The following categories of information were identified for the purpose of organizing the questionnaire, to make the analysis of the data more systematic:

- The role being played by CSI in prevention of the spread of HIV & AIDS
- Reducing the anticipated impact of the pandemic on education
- Commitment of political leaders and other senior officials
- Commitment of unions and the teaching services
- Factors that make educators and learners vulnerable to infection
- Steps being taken to replace teachers and managers lost
- Whether or not children affected and infected by the pandemic are receiving counselling and care
- The culture of care in schools
- Protection of human rights in learning institutions
- System providing meaningful, relevant education services to learners affected
- Plans under way to respond to the special needs of increasing numbers

After administering the questionnaire to educators and HIV & AIDS coordinators, the following analysis was made:

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Item A1: the role being played by CSI in prevention of the spread of HIV & AIDS

For the results in table 5.1, respondents were asked whether they thought the Department of Education was taking some action to prevent the disease, being asked to choose between no action, or action involving teaching, or the distribution of condoms.

Table 5.1: Frequency Distribution of Respondents' Perceptions of the Role of CSI in Preventing HIV & AIDS

Actions being Taken to Educate the Learners in Schools on:	Frequency	Percentage
Teaching of safe sex and abstinence	47	79.7
Dissemination of condoms	9	15.3
Nothing is being done	3	5.1
Total	**59**	**100.0**

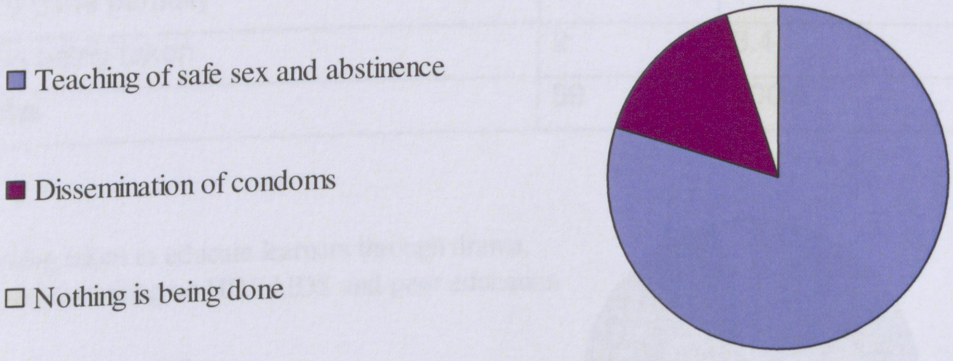


Figure 5.1: Frequency Distribution of Respondents' Perceptions of the Role of CSI in Preventing HIV & AIDS

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The majority of the respondents considered that the program of teaching about safe sex and abstinence is the one most used. However, a small proportion had no knowledge about what is being done to prevent the spread of the disease.

Item A2: reducing the anticipated impact of the pandemic on education

Table 5.2 shows what respondents feel is being done to reduce the anticipated impact of the pandemic on the education sector.

Table 5.2: Frequency Distribution of Perceptions about what is being Done to Reduce the Anticipated Impact of the Pandemic in Education

	Frequency	Percentage (%)
Action being taken to educate learners through drama, debates, essay writing on HIV & AIDS and peer education	38	64.4
Actions are done partially	19	32.2
No action is being taken	2	3.4
Total	**59**	**100.0**

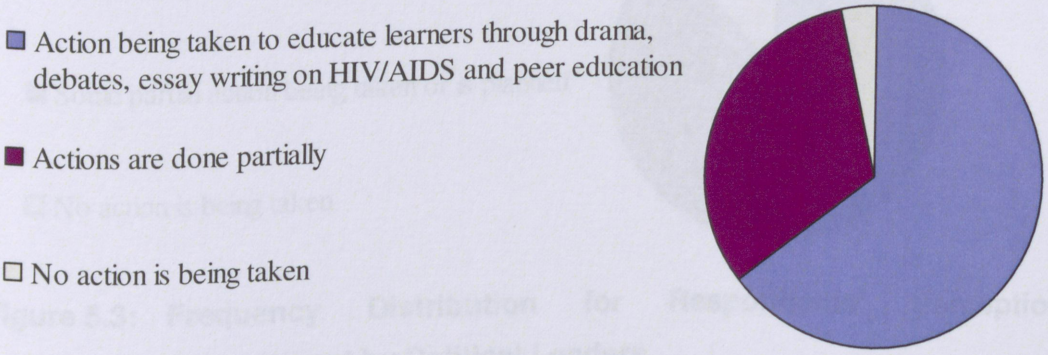


Figure 5.2: Frequency Distribution of Perceptions about what is being Done to Reduce the Anticipated Impact of the Pandemic in Education

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The majority felt that some action was being taken to reduce the HIV & AIDS scourge, whereas only a few felt that no action was being taken to reduce the pandemic in the education sector. Generally the results suggested that an effort is being made to reduce the impact of the pandemic in the education sector

Item A3: the commitment of political leaders and senior officials in reducing HIV & AIDS

Table 5.3: Frequency Distribution for Respondents' Perceptions on Commitment by Political Leaders

	Frequency	Percentage
Action is being taken to reduce the pandemic	29	49.2
Some partial action being taken or is planned	23	39.0
No action is being taken	7	11.9
Total	**59**	**100.0**

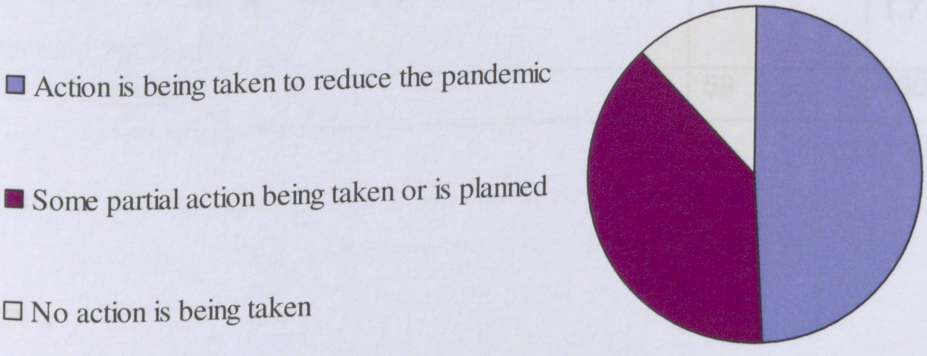


Figure 5.3: Frequency Distribution for Respondents' Perceptions on Commitment by Political Leaders

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Table 5.3 shows that respondents feel that some action is being taken by political leaders and some senior officials in trying to reduce the spread of HIV & AIDS in schools. All the same, a substantial proportion of the respondents felt this is not being done fully, while a minority felt that no action at all was being taken.

These results indicate that the Corporate Social Investment is seen to be making funds available to assist schools to combat the scourge of HIV & AIDS in the communities, but possibly at a reduced pace.

Item A4: commitment of unions and the teaching services in combating the spread of HIV & AIDS in schools

Table 5.4: Frequency Distribution of Respondents' Perception of Unions and Teaching Services

	Frequency	Percentage
Actions are being taken by unions and teaching services to reduce the pandemic in schools	42	71.2
Action by the unions and teaching services is slow	16	27.1
No action is being taken by the unions and teaching services	1	1.7
Total	**59**	**100**

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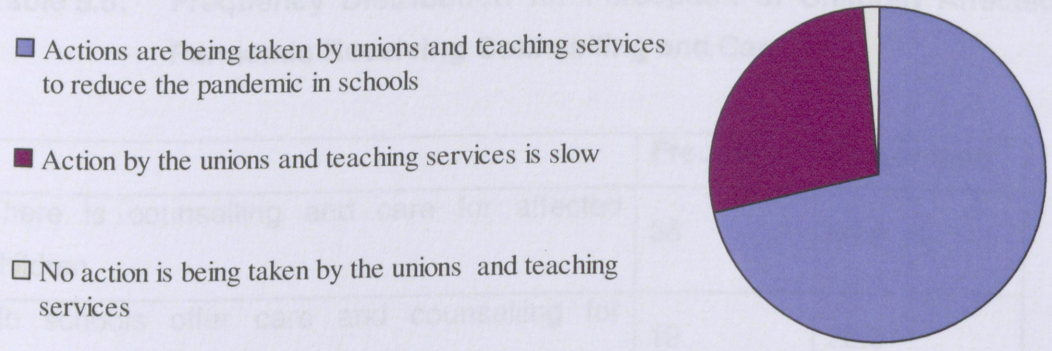


Figure 5.4: Frequency Distribution of Respondents' Perception of Unions and Teaching Services

From the results in Table 5.4, one can observe that the respondents' perceive that the unions and teaching services are involving themselves in dealing with the HIV & AIDS pandemic in schools. This suggests that the majority of respondents think these bodies are committed to combating the spread of the HIV & AIDS pandemic. A very small proportion of the respondents felt the unions and teaching services are doing nothing. This suggests that the unions are taking some actions to reduce the pandemic. This is actually being done through conducting workshops and peer education on HIV & AIDS in schools in Mutale Municipality.

Item A5: counselling and caring for children affected and infected by the pandemic

Table 5.5 reflects what respondents feel is being done for children affected and infected by the pandemic, according to whether they receive counselling and care or not.

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Table 5.5: Frequency Distribution for Perception of Children Affected by the Pandemic Receiving Counselling and Care

	Frequency	Percentage
There is counselling and care for affected children	38	64.4
No schools offer care and counselling for affected children	12	20.3
No action is being taken	9	15.3
Total	**59**	**100**

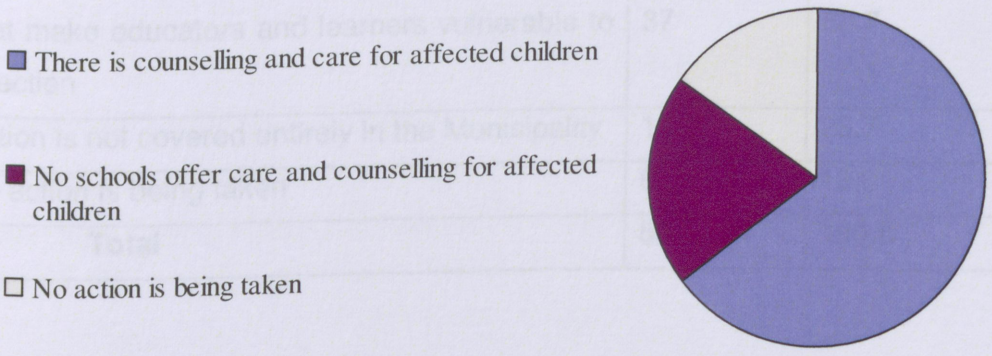


Figure 5.5: Frequency Distribution for Perception of Children Affected by the Pandemic Receiving Counselling and Care

The majority considered that some action is being taken for children affected by the pandemic to receive counselling and care. However, a substantial proportion felt that, although some action is being taken, not all schools in the municipality offer counselling and care centres.

These results support the substantial evidence from teachers and HIV & AIDS coordinators that non-government agencies are providing support to schools through

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peer group programmes, teacher advice and counselling, and training. Such programmes are generally ad hoc, underfunded, and officially unrecognized although they carry out work which governments might have been expected to undertake.

Item A6: the factors that make educators and learners vulnerable to infection

The results in Table 5.6 indicate that the respondents have some understanding of the factors that make educators and learners vulnerable to infection.

Table 5.6: Frequency Distribution of Factors that Make Educators and Learners Vulnerable to Infection

	Frequency	Percentage
Some actions are taken to understand factors that make educators and learners vulnerable to infection	37	62.7
Action is not covered entirely in the Municipality	14	23.7
No action is being taken	8	13.6
Total	**59**	**100.0**

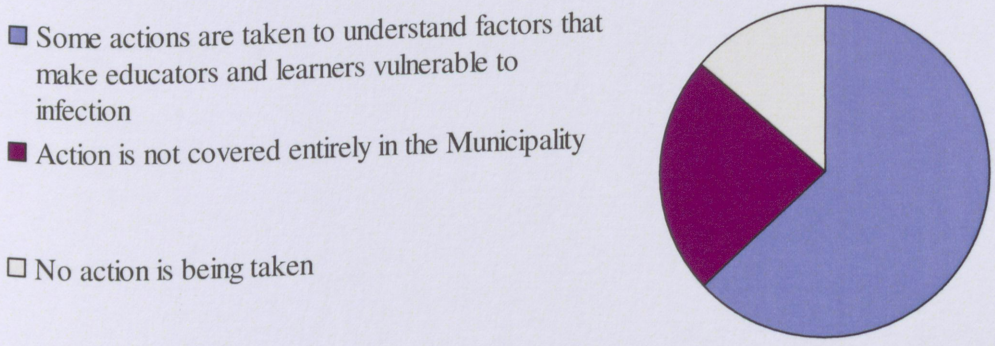


Figure 5.6: Frequency Distribution of Factors that Make Educators and Learners Vulnerable to Infection

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The majority seem to feel there is action taken to provide information about the causes that lead to the infection by the AIDS pandemic. Nonetheless, nearly a quarter of the respondents felt some action still needs to be taken to make educators and learners understand the factors that lead to the spread of HIV infection. A minority felt no action is being taken to make educators and learners to understand the factors that spread the infection to the vulnerable.

Item A7: steps being taken to sustain the equality of education provision and to replace lost teachers and managers

Table 5.7: Frequency Distribution of the Perception of the Respondents about Measures being Taken for Sustaining Education Provision and to Regain Lost Teachers and Managers.

	Frequency	Percentage
Actions are being taken to replace lost teachers and managers	17	59.3
Some action being taken or is planned	17	28.8
No action is being taken	7	11.9
Total	**59**	**100.0**

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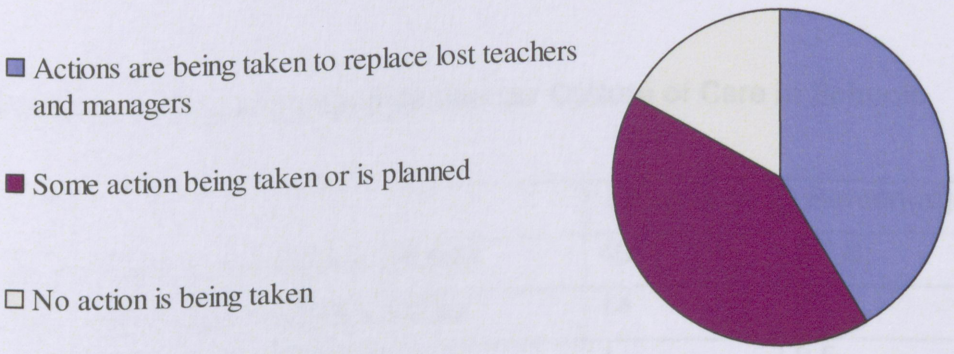


Figure 5.7: Frequency of Perception Concerning Steps being Taken to Sustain the Equality of Education Provision and to Replace Lost Teachers and Managers.

It is evident that some measures are being taken to sustain the equality of education provision and also to replace teachers that are lost; although the low majority of respondents that perceive this suggest that it may be happening at a slow pace, especially as an equal number feel that the effort is only partial or planned. Quite a large minority feel that no action at all is being taken.

This suggests that the government, possibly in collaboration with the Corporate Social Investment, must speed up their intervention to keep the provision of education equally and hastily replace the lost teachers and managers.

Item A8: culture of Care in Schools

Information from Table 4.8 indicates perceptions of the level of 'culture of care' in the schools

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Table 5.8: Frequency Distribution for Culture of Care in Schools

.	Frequency	Percentage
Culture of care is practised in schools	40	67. 8
Not all the schools have this culture	14	23.7
There is no culture of care in schools	4	8.5
Total	**59**	**100.0**

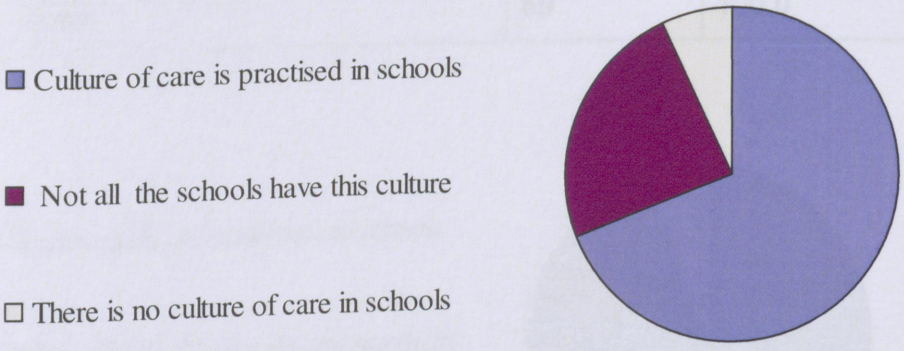


Figure 5.8: Frequency Distribution for Culture of Care in Schools

A good majority of the respondents felt that the culture of care in schools is indeed offered to affected learners and educators, but a number felt that this programme did not fully cover the whole Municipality of Mutale. However it is a positive finding that there is such assistance for those affected by the pandemic, which presumably also serves to warn those who are not affected to be alert to the dangers of the HIV & AIDS pandemic.

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Item A9: human rights protection in learning institutions

Table 5.9: Frequency Distribution for Human Rights in Learning Institutions

	Frequency	Percentage
Human rights are protected in schools	46	78.0
Some schools do observe human rights	10	16.9
No schools practice human rights	3	5.1
Total	**59**	**100.0**

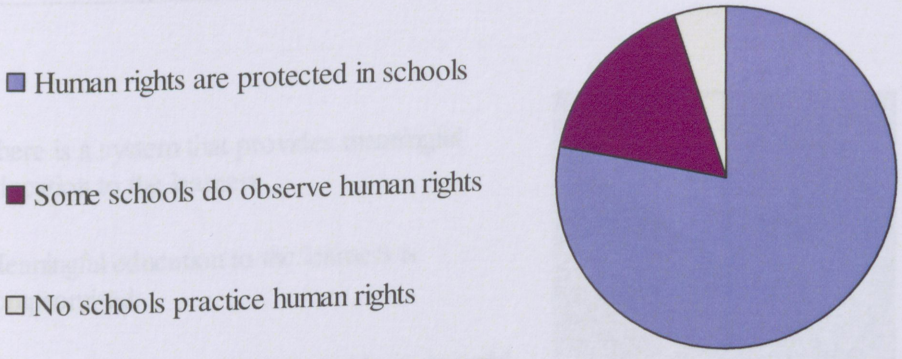


Figure 5.9: Frequency Distribution for Human Rights in Learning Institutions

Table 5.9 indicates that a good majority of the respondents feel that human rights are protected in the learning institutions especially in Mutale Municipality. At the same time, a sizeable number of respondents feel that not all schools observe human rights, and there is a small minority that feel that human rights are not observed in the schools at all.

Item A10: the provision of meaningful, relevant education to learners

Table 5.10 reflects the respondents' perception about the system that provides meaningful, relevant education services to the learners.

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Table 5.10: Frequency of Perception on Education Services to the Learners

	Frequency	Percentage
There is a system that provides meaningful education to the learners	31	52.5
Meaningful education to the learners is compromised	19	32.2
No action is being taken to provide meaningful education to the learners	9	15.3
Total	**59**	**100.0**

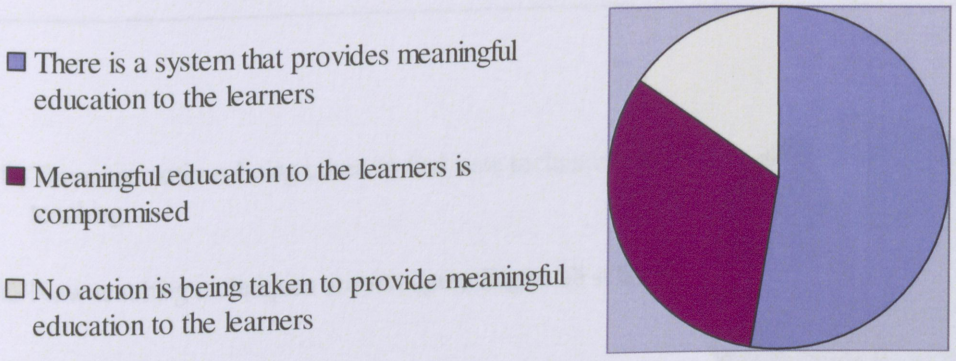


Figure 5.10: Frequency of Perception on Education Services to the Learners

A majority of the respondents felt that the system of education is still doing well, so they presumably feel that it has not been affected by the HIV & AIDS pandemic. However, a sizable number seemed to feel that the system trying to provide meaningful and relevant education services to the learners is partly affected. Moreover, the minority is fairly large that perceived the system which provides meaningful education to the learners as being absent; suggesting that they feel it has broken down.

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Item A11: Efforts to find new techniques for teaching

Table 5.11: Frequency of Perception about Systems for Finding New for Teaching

	Frequency	Percentage
There are actions being taken to find new techniques in teaching	27	45.8
New teaching techniques are not spreading to all schools	28	47.5
No action is being taken to find new teaching techniques	4	6.8
Total	**59**	**100.0**

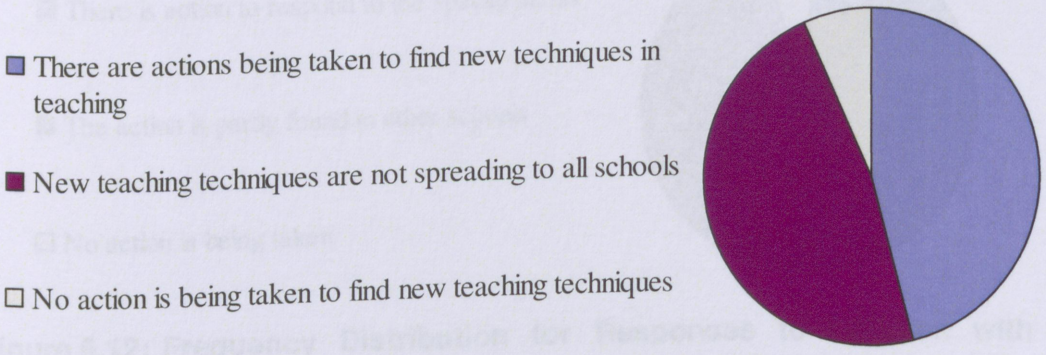


Figure 5.11: Frequency of Perception about Systems for Finding New for Teaching

Table 5.11 shows that less than half of the respondents considered that there are measures being taken in schools to encourage a new system for teaching. Slightly more of the respondents feel that new teaching techniques are not spreading to other schools. This suggests that a system for finding new teaching techniques is not widely found in other schools.

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Item A12: planning to respond to special needs

Table 5.12: Frequency Distribution for Responses to Children with Special Needs

	Frequency	Percentage
There is action to respond to the special needs	25	42.4
The action is partly found in other schools	31	52.5
No action is being taken	3	5.1
Total	**59**	**100.0**

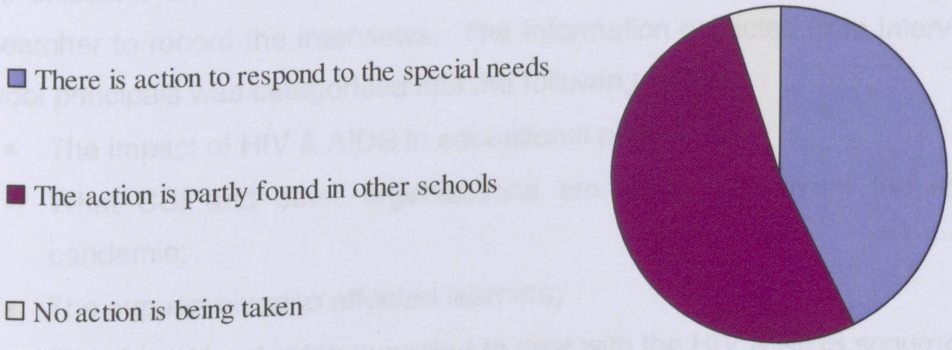


Figure 5.12: Frequency Distribution for Responses to Children with Special Needs

Table 5.12 reflects that less than half of the respondents feel that action to respond to special needs is present. A small minority indicated that there are no such programs. However, a bar majority of the respondents confirmed that there is such a program, but only partly, in other schools.

These results suggest that there is a great need to improve the programs to cater for children with special needs.

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5.2.2 Section B: Data Obtained through Interviews

The following were the respondents to the interviews:

- The principals of three primary and two secondary schools, five HIV & AIDS coordinators and ten educators at school level at secondary and primary schools in the Mutale Municipality in the Limpopo Province of South Africa

The information obtained from the interviews was treated as follows.

Information obtained through interviews with the School principals

Given the status and the responsibilities of the school principals, an appointment was made with each one of them so that the researcher could talk to them in the comfort of their offices. They were subsequently interviewed in their offices and they allowed the researcher to record the interviews. The information collected from interviews with the school principals was categorised into the following topics:

- The impact of HIV & AIDS in educational provision;
- What CSI and other organisations are doing to prevent the spread of the pandemic;
- The support given to affected learners;
- The kind of leadership expected to deal with the HIV & AIDS scourge;
- The role of CSI and DoE in supporting teachers and learners affected by the pandemic;
- The advice and education given to adolescents not in schools;
- Assistance that can be given by CSI;
- Keeping the record of affected learners
- Problems faced by managers which inhibit the CSI in responding quickly to the pandemic;

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The responses to each of these are discussed hereunder.

Item B1: the impact of HIV & AIDS on educational provision in schools

Although all sectors of society have been affected, one sector in particular has been the focus of attention: students and teachers. The principals indicated that the impact of HIV & AIDS has hit the schools hard, as it has reduced school enrolment and teachers infected and affected are often absent from the school as they spend most of their time seeking medical attention from the nearest clinics or hospitals.

Experience has shown, for example in South Africa, that trained teachers are concentrated in the urban areas. This is nothing new, but the HIV & AIDS pandemic enhances this trend. There has been a steady increase in the number of teachers who, on medical grounds, must be posted near hospitals, properly staffed clinics or medical centres. Providing qualified teaching staff for rural areas thus becomes even more difficult than it used to be.

The principals considered that the coming of HIV & AIDS to Mutale Municipality has given rise to more orphans than existed before. It is concluded that the drop in learner enrolment results from the increase in orphans who cannot manage to raise school fees and other schooling demands. Moreover these orphaned children have had to replace their parents, as they look after family members at home and have to provide food and shelter, to mention just two.

The principals also indicated that there is now an attitude of social discrimination to be found among both teachers and the learners. This in turn means that children and teachers who are isolated experience trauma, which affects their concentration, and hence the schools produce poor results at the end of year. In addition, school heads cannot execute their daily plans efficiently, as they are often interrupted to give care to those infected and affected by the pandemic.

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Item B2: role of CSI and other organizations doing to prevent the scourge among learners and teachers

The information gathered from the school principals indicated that Corporate Social Investment (CSI) is taking some action towards the prevention of further HIV & AIDS infection among learners and the teaching staff, although at a slow pace. According to the interviewees, this indicates that CSI has injected some funds to train HIV & AIDS in some schools in the Mutale Municipality.

One of the school principals benefited from this program and ended up being the HIV & AIDS school coordinator of his school. He was given this position after he was voluntarily tested and counselled about his HIV status, after which he went open about his status in the community where he lives.

The CSI through Kumba Resources provides vegetable seeds and fertilizers to the schools. This implies that the corporate world is teaching the HIV & AIDS affected educators and learners to be self sufficient and not to depend on handouts always. Furthermore it teaches the educators and pupils that HIV & AIDS patients need a special diet which is very nutritious and which boost their body immune system.

The interviewees also noted that the DoE is sponsoring some HIV & AIDS workshops in and outside the Municipality area. School HIV & AIDS coordinators are trained to deal with people affected and infected by the pandemic, which also includes the proper counselling and care for HIV & AIDS patients. Both CSI and DoE work together in campaigning for the further prevention of the pandemic.

The CSI sponsor the inter-schools competition on HIV & AIDS prevention through dramas and debates. The school that does well is given some prizes that boost further campaigns on the spread of the disease. Equipped with resources, school children, together with their HIV & AIDS coordinators, organize HIV/AID workshops in the

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communities where they leave teaching, and go about the community teaching ways to prevent the spread of the pandemic and urging that safe sex to be practised.

Item B3: support given to learners and staff directly affected by the scourge

The principals agreed that some support is given through Kumba Resources to the learners and the staff directly affected by the scourge. This support takes the form of funding schools to have HIV & AIDS school coordinators that offer free counselling and HIV testing. The HIV & AIDS coordinators are also funded to attend AIDS workshops which may be as far away as Johannesburg. The Department of Social Welfare also has a role, as it helps affected learners by paying their school fees and providing them with school uniforms. In some schools the Kumba Resource has also funded some building blocks that can be used as HIV testing centres.

Item B4: kind of school leadership expected to minimize the spread of HIV among school children in the region

The school principals agreed that there is a great need to have leaders who can lead by example. To elaborate this point, the interviewees emphasized that the leaders should be seen to be taking part in campaigning for prevention of the scourge. Moreover managers must be seen going for voluntary counselling and testing for their HIV & AIDS status so that the people he/she will be leading will also have the courage to go for HIV & AIDS testing. Pupils should be encouraged to abstain from sex until they get married, while educators should be encouraged to use condoms and to be faithful to their partners.

The interviewees considered that managers must see that there are established centres for testing and counselling in their schools. These centres can be of service to pupils, educators and the community at large. The records kept in these centres can be used by HIV & AIDS coordinators to visit the homes of the infected pupils and educators. In addition the managers must always implement, monitor and evaluate HIV & AIDS

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programs in their schools. This means that they will be ready with any HIV & AIDS information whenever is required.

Item B5: adolescents, children and young people not in school

The principals expressed their mixed feelings about the inclusion of the young people who are outside their programs. However a number of them advocated the establishment of Youth Advice Centres in the communities, while others felt that they should use the facilities that already exist in their schools. In general, the principals felt that the adolescents and young people outside the schools should go for HIV & AIDS testing and counselling in centres manned by HIV & AIDS coordinators.

The school principals agreed about holding HIV & AIDS workshops in the communities where there are coordinators to distribute fliers and other HIV & AIDS learning materials, especially in liquor outlets. It is by means of these materials that the youth can be encouraged to abstain, be faithful and condomise.

Item B5: HIV directed activities that CSI can assist

All the principals spoke with one voice about HIV & AIDS-based activities that can be used to change the sexual behaviour of pupils and members of staff. They felt that the support by CSI in school debates and dramas on the HIV & AIDS theme must be extended to young people outside school, and the funding of the self-help programs - such as gardening, carpentry and poultry-keeping - should be encouraged to keep young people occupied.

A vegetable garden at school can also boost the food reserves that can be given to the children affected and infected by the pandemic. Furthermore, some vegetable products can be sold to the local communities so that schools can raise the money to sponsor attendance by HIV & AIDS coordinators at workshops within and outside the Mutale Municipality.

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The interviewees considered that CSI can also assist in building HIV & AIDS voluntary testing and counselling centres in all the schools in the Mutale Municipality. These centres can be used by both the pupils and educators and include the surrounding communities.

Item B6: reducing the number of people affected and infected by HIV & AIDS pandemic

The principals responded with positive concern about the methods to reduce the number of people affected and infected by the pandemic very low. All cited issues like abstinence to be practised by pupils until they marry, young men outside school to be educated on how to practice safe sex and voluntary testing and counselling about their HIV & AIDS status.

Carrying out these suggestions would mean that pupils and young people around the community would have been taught the safe methods of having sex. One principal put it in this way:

> *"by seeing HIV & AIDS victims addressing pupils, teachers together with their communities may have a great impact in reducing the spread of the pandemic in our society".*

The principals also said that the introduction of HIV & AIDS in school essays and debates can educate pupils while they are still young, and make them aware that the AIDS-free generation begins with them. Many school principals favoured the method of distributing pamphlets as one of the best methods to disseminate the information to people in the communities, compared to electronic and print media, as not all people can access these.

Some school principals proposed the establishment of an Education Management and Information System (EMIS) that consists of annual school census data and also

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contains questions on in-service educator mortality. The main advantage of this method is that it offers an easier way than using personnel records of quantifying levels of teacher mortality.

Item B7: assistance to orphans whose parents died of AIDS related diseases

To a large extent there is a program that assists orphans whose parents died of the HIV & AIDS related in all the schools in the Mutale Municipality. Principals reported that they have names of the orphans in the registers in their respective schools, which they use to visit the affected homes and give counselling and food hampers. Moreover, through the Department of the Social Welfare, the pupils are given school uniforms and other learning materials and their school fees are paid. This is what one principal reported one Social Welfare official as saying:

> *"All principals, you must compile the names of pupils affected by the HIV pandemic so that we can offer assistance in time".*

Interviewees acknowledged that CSI through the Kumba Resources is giving out vegetable seeds and fertilizers to schools so that pupils may do extensive gardening to support orphans with nutritious green vegetables. Pupils are also encouraged, and assisted by HIV & AIDS coordinators in their respective schools, to form Youth AIDS Clubs in schools so as to campaign about the dangers of HIV & AIDS and ways to reduce it.

Item B8: Managerial and logistic problems which inhibit the CSI response

The five principals indicated lack of commitment among the school heads in the Mutale Municipality in not showing total commitment in supplying in time to the CSI the statistics of those affected and infected by the pandemic. One of the principals blamed the HIV & AIDS coordinators in schools and asked,

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"Surely what information can you supply if the coordinators themselves do not have anything?"

This inhibits CSI from chipping in with financial assistance in time to assist in HIV & AIDS awareness.

It appears from this that the Department of Education is not fully committed, as they are the ones to give CSI and other organisations the statistics showing the need to reduce the HIV pandemic. In other words, the DoE is not carrying out its mandate to supervise the schools closely, because the school authorities know that no one will need it, or the DoE is reluctant to reveal the statistics.

The following are the conclusions drawn from the interviews with school principals at the case study schools

As indicated by the school principals, the following are of concern to them:

- The high number of school dropouts because of the impact of the pandemic;
- Absenteeism from school by the members of the staff who are affected and infected by HIV & AIDS, who spend the time seeking medication in clinics and hospitals;
- There is a need for other stakeholders to come in to help stamp out this pandemic, even though the intervention by CSI is much welcomed;
- More HIV voluntary testing and counselling centres must be set up in schools and must be well funded by CSI as well as other stakeholders, including the government;
- There is an urgent need for leaders in schools who can work towards reducing the spread of HIV & AIDS pandemic;

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- AIDS education should be included in the South African education curriculum as it is in Zimbabwe;
- Updated information should be kept ready for whenever there is need of it by other interested parties;
- There should be full commitment by school principals, the Department of Education and the CSI.

The following section gives a description of the view of the deputy principals of the same schools on the issue of HIV & AIDS situation, also responding to the questions posed to the school principals.

SECTION C: Data Collected through Focus Group Interviews with Coordinators of HIV & AIDS at the Case Study Schools

Since the research was conducted in three primary schools and two secondary schools, 11 participants in the focus group included the follows:

- five coordinators: three from a primary and two a from secondary school.
- six teachers: three from a primary and three from a secondary school.

The data obtained was subjected to qualitative analysis. The following categories were identified:

- The impact of HIV & AIDS on education provision in schools
- Role of CSI and other organizations doing to prevent the scourge among learners and teachers
- HIV directed activities that CSI can assist

The discussions could thus be summarized as follows:

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Item C1: the impact of HIV & AIDS on educational provision in schools

The interviewees indicated that the impact of HIV & AIDS has mostly affected school enrolment, and teachers infected and affected are often absent from the school as they spend most of their time seeking medical attention from the nearest clinics or hospitals.

Like the principals, these interviewees also indicated that there is now an attitude social discrimination among both teachers and the learners. This means that children and teachers who are isolated experience trauma which affects their performance in their work, and hence the schools produce poor results at the end of year. It was agreed that the school heads could not execute their daily plans efficiently as they are often interrupted to give care to those infected and affected by the pandemic.

Item C2: role of CSI and other organizations doing to prevent the scourge among learners and teachers

The HIV & AIDS coordinators indicated that Corporate Social Investment (CSI) is doing something towards the prevention of the HIV & AIDS infection among learners and the teaching staff. According to these respondents, CSI has injected some funds to train HIV & AIDS coordinators in some selected schools in the Mutale Municipality. One of the school coordinators benefited from this program and ended up being the HIV & AIDS school coordinator of his school. This is how he commented:

> *"I am very thankful of CSI through Kumba Resource in supporting the HIV & AIDS programs in this municipality. I am now an HIV & AIDS coordinator of my school. It also organises workshops in and around Mutale Municipality which we attend always".*

It was also acknowledged that Kumba Resources provides vegetable seeds and fertilisers to the schools. In this way the corporate world is teaching the HIV & AIDS affected educators and learners to be self-sufficient and not to depend always on hand-

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outs. Furthermore it teaches the educators and pupils that HIV & AIDS patients need a special diet which is very nutritious and which boost their bodies' immune system.

Item C3: HIV directed activities that CSI can assist

In consensus with the principals, the coordinators said there is direct support from CSI in schools, because it sponsors competition activities like debates and dramas on the HIV & AIDS theme among schools. Respondents again mentioned that it also provides vegetable seeds in schools to help pupils produce food that is required to boost the immune system of an HIV & AIDS victim. Furthermore, some vegetable products can be sold to the local communities so that schools can raise the money to sponsor HIV & AIDS coordinators to attend workshops in and outside the Mutale Municipality.

The interviewees also felt that CSI can assist in building HIV & AIDS voluntary testing and counselling centres in all the schools in the Mutale Municipality. These centres can be used by both learners and educators and include the surrounding communities.

The following conclusions to be drawn from the interviews with the HIV & AIDS co-ordinators of the case study schools:

From this information as supplied by the HIV & AIDS coordinators of the case study schools in the Mutale Municipality, it is obvious that:

- There is evident impact of HIV & AIDS in their schools, as there is a huge decrease in learner enrolment at the schools.

- CSI is assisting to stamp out the pandemic, as one of the deputy school principals confirms that he is now the HIV & AIDS coordinator in his school because of assistance from the Kumba Resources

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- Kumba Resources directly sponsors activities meant to reduce the pandemic, these activities taking form of debates, essay writing and dramas on the HIV & AIDS theme.

5.3 INTERPRETATION OF RESULTS OF THE ROLE OF CORPORATE SOCIAL INVESTMENT IN MANAGING HIV & AIDS IN RURAL SCHOOLS

The following may be deduced from the information obtained from both the questionnaires and the interviews:

5.3.1 Information Obtained from the School Principals

As indicated above in the enumeration of results, all principals of the schools in the Mutale Municipality reported that the HIV & AIDS is causing havoc rather than justice. Principals reported that schools enrolments have gone down, teachers are lost due to the pandemic, affecting the learners, who may be without a teacher for a long period of time.

This suggests that it takes an unacceptable amount of time for the DoE to replace teachers who are lost because of the pandemic. Also noted from the principals' views is fact that HIV & AIDS issues in schools disturb their day-to-day business, as they often need to leave what they are doing to attend to HIV & AIDS issues among their pupils and the teaching staff.

It is pleasing to note that some assistance is received from CSI, DoE and Department of Social Welfare in the form of supporting orphans with uniforms and paying their school fees, but it was agreed that there is a need for other stakeholders to come in, to fight this scourge. The HIV & AIDS coordinators in schools thus need some funding to enable them to go around schools to conduct workshops that campaign against the pandemic, so it cannot be left in the hands of CSI and the DoE only to fund people to do

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this. It should be remembered that by fighting the enemy together, rather than fighting separately, chances are increased that it can be defeated.

As reported above, principals believe CSI is doing better than government concerning HIV-directed activities, as it sponsors some competitions on HIV & AIDS themes in the form of dramas, debates and essay writings. However, this is just one method of information dissemination. A person can change his/her sexual behaviour because of what he/she has seen, heard or read, so other media may be equally important. The principals themselves recommended the following involvement for CSI:

- Funding HIV & AIDS programs such as the training and support of coordinators, provision of seeds for vegetables and direct sponsoring HIV & AIDS-related programs in schools;
- Setting up of HIV & AIDS voluntary testing and counselling centres in schools;
- Direct involvement in sponsoring HIV & AIDS related programs in schools;
- Sponsoring of HIV & AIDS workshops in schools that are in Mutale Municipality;
- Incorporating HIV & AIDS education into the curriculum, with a view to imparting the knowledge, attitudes and skills that may help to promote safer sexual behaviour;
- Developing life skills in school education which would equip pupils with positive social behaviour and help them cope with negative pressures

5.3.2 Information Obtained from Educators and HIV & AIDS Coordinators

All the educators and HIV & AIDS coordinators of educational institutions emphasised that the support being extended by CSI in managing the spread of HIV & AIDS in Mutale Municipality is welcomed, but more stakeholders must come in, so that they may fight the pandemic together. They further said the DoE should play a leading role in this. They agreed that curricula must be changed to meet the people's needs. This suggests that they think that information about HIV & AIDS must be included in the school education curriculum because it is such a large problem in our country if not in the whole world.

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In consensus with the principals, the Educators and HIV & AIDS coordinators agreed that there is direct support from the CSI in schools, because they sponsor competition activities like debates and dramas among schools on the HIV & AIDS theme. CSI also provides vegetable seeds in schools to help pupils produce food that is required to boost the immune system of HIV & AIDS victims. Moreover, it supports local young people in the community with recreational sporting activities such as soccer, netball and volley ball, to mention but a few.

This group recommended the following:

- More interested stakeholders must come in to manage the spread of HIV & AIDS in schools in Mutale Municipality;
- The DoE should be fully committed to fighting the pandemic in schools;
- More sponsorship is needed, both in schools and in the community, to conduct workshops to campaign against the pandemic;
- Apart from direct involvement in HIV & AIDS related activities, CSI through Kumba Resources should monitor its HIV & AIDS support programs closely so as to determine the strengths to be duplicated and the weaknesses to be addressed.

5.3.3 Summary of Overall Findings

There is a strong desire from the principals, educators and HIV coordinators that schools should be fully supported by the government, CSI, churches, civic societies and other stakeholders interested in preventing at grass roots level the spread of the HIV & AIDS pandemic. There seems to be a need to train more HIV & AIDS coordinators in schools who will also move around the communities teaching adolescents, children and young people who are not at school.

Support received from CSI, DoE and Department of Social Welfare is not adequate, as there are a number of children seated at home instead of being in school. This suggests that more assistance is needed to enable children who are at home to go to school.

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Furthermore, the assistance must not be limited to schools, but should extend to the community, where HIV & AIDS pressure groups can be formed, educating each other on good safe sex practice and measures that combat the spread of the scourge. Support will be ineffective if it is restricted to schools only, because the pandemic will be in the communities where they exist. However, teaching pupils about HIV & AIDS when they are still young should have a positive impact on their sexual behaviour.

Generally, all the respondents showed great appreciation of the role played by Kumba Resources as corporate social investment in managing HIV & AIDS in their schools, however, they are still concerned about the impact of HIV & AIDS in schools. Both learners and the educators are affected.

To begin with the learners; there are now orphans in schools because of the pandemic. Their parents died of the HIV & AIDS. A number of children are not going to school because they cannot raise school fees and buy required learning materials. There is a lot of discrimination in schools because of the pandemic. The infected pupils are isolated by other learners, creating a lot of trauma to those affected resulting the lack of concentration in the class, hence poor performance at the end of the day.

Learners affected by the pandemic are acting as parents at their homes. Those who are a little older have the mammoth task of feeding their younger sisters and brothers, providing clothes and their education. Figure 5.1 summarises the impact of HIV & AIDS on pupils in education.

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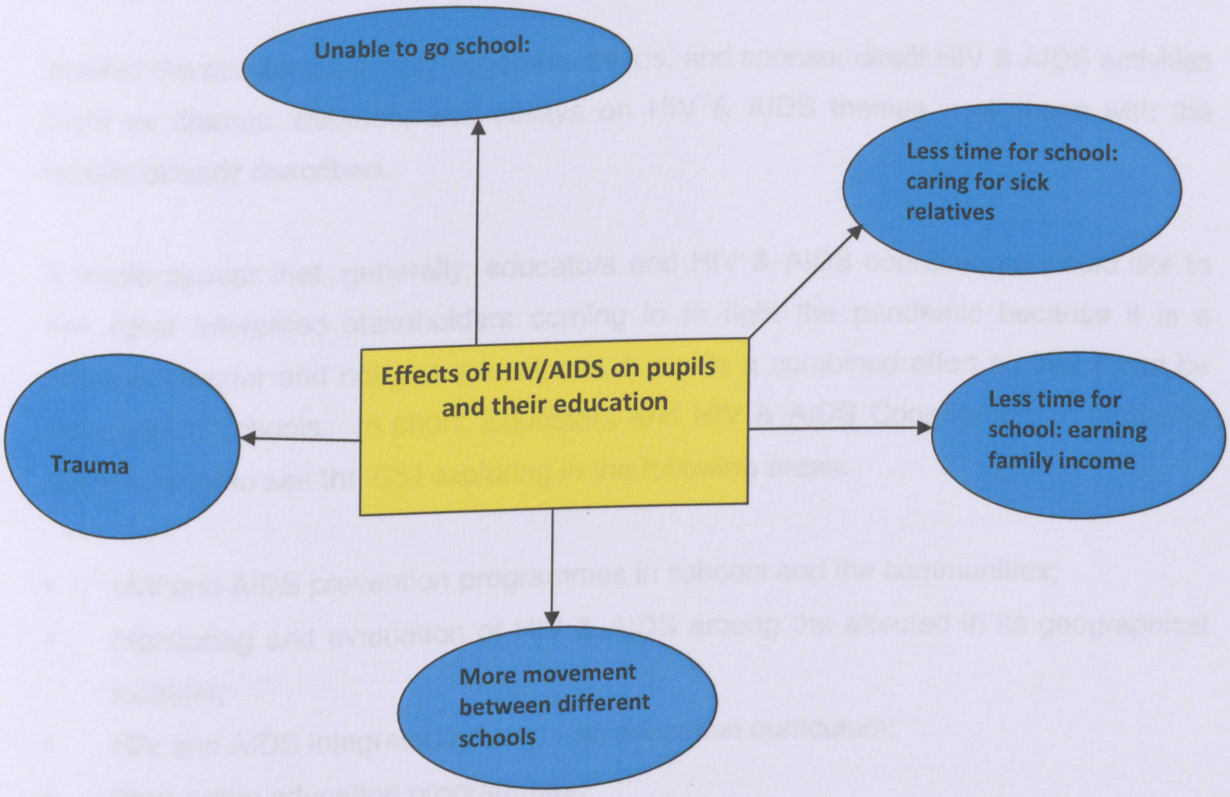


Figure 5.13: Impact of HIV & AIDS on Learners

The educators are not spared the effects of the pandemic. A lot of them cannot attend to their lessons as regularly as required, but instead spend most of the time seeking medication from the doctors in the local hospitals. Furthermore, at their workstations there is a lot of social stigmatization and discrimination. Affected teachers are seen as people dangerous to those not infected. They are isolated, causing a lot of stress to them, affecting their execution of their day-to-day work. It can be deduced that this is often done shoddily as a result.

However the intervention of CSI through Kumba Resources can be interpreted as bringing relief both to the learners and educators, as it managed to set up voluntary testing and counselling centres, where those affected are taught how to look after themselves in the face of the pandemic. CSI from this source is also providing funds for the coordinators, who are also educators, to attend workshops meant to campaign

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against the pandemic, supply vegetable seeds, and sponsor direct HIV & AIDS activities such as dramas, debates, and essays on HIV & AIDS themes – all these with the results already described.

It would appear that, generally, educators and HIV & AIDS coordinators would like to see other interested stakeholders coming in to fight the pandemic because it is a national disaster and not just a local one. It needs a combined effort so that it can be managed in schools. In short, Educators and HIV & AIDS Coordinators in particular seem to want to see the CSI exploring in the following areas:

- HIV and AIDS prevention programmes in schools and the communities;
- Monitoring and evaluation of HIV & AIDS among the affected in its geographical location;
- HIV and AIDS integrated/infused into education curriculum;
- Peer group education programmes;
- Support for students who are doing HIV & AIDS related research at universities;
- Training e for staff and students on HIV & AIDS;
- Provision of policies and guidelines related to HIV & AIDS;
- Care and support of HIV infected staff and learners.

It is envisaged that if the schools in the Mutale municipality get such support from the corporate community, will provide guidance in developing a unique model for managing HIV & AIDS to benefit both the staff and students and the community at large.

5.4 PROBLEMS ENCOUNTERED DURING INVESTIGATION

It was difficult to secure appointments with the school principals and deputy principals because of their tight schedules. Some interviewees wanted to be given the questions beforehand so that they could prepare their responses. In some cases, even though appointments had been made with a supposed interviewee, staff could not be interviewed because a member was not there.

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In some cases, educators and HIV & AIDS coordinators thought that filling in the questionnaire reflected on their intelligence, and they were therefore not so keen to give reliable information.

Although the issue of confidentiality was stated in the letters of consent which all the participants signed at the beginning of the study and again emphasised during the interviews, some of the interviewees who are HIV positive and had disclosed their status were not confident that their status would not be made known to others by the researcher. Moreover, the educators thought that I was taking the statistics of those who were HIV affected to unknown people, and as a result they were hesitant to answer the questionnaire.

5.5 CONCLUSION

In this chapter the responses of both the principals and educators (HIV & AIDS coordinators) generally agreed that there is a major HIV & AIDS impact on school education. However, it was also agreed that there is a need for other stakeholders - like the Kumba Resources social investment department as an example of CSI - to help manage the pandemic in schools.

Various findings of the study may be highlighted, such as lessons learned from the Kumba Resources corporate social investment intervention to combat HIV & AIDS in Mutale.

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CHAPTER SIX

DISCUSSIONS OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

The aim of the study was to investigate the role of Corporate Social Investment (CSI) in managing HIV & AIDS in rural schools by considering as a case study Kumba Resources' corporate social investment in Mutale Municipality. It can properly be said that CSI is involved in managing the pandemic in this group of rural schools through Kumba Resource Corporate Social Investment Department. However, there are obstacles that prevent this project from running smoothly, and it requires more stakeholders to participate in suppressing the pandemic in school education. As a start, the rationale of combating the HIV & AIDS scourge was established.

It was also indicated that DoE needs to play a leading role in reducing the pandemic in schools by working closer with CSI. The government's position on eradicating the pandemic was addressed. However, to achieve success, pupils need to be taught about HIV & AIDS when they are still young.

A study of the literature covering the role of Corporate Social Investment (CSI) in combating HIV & AIDS in schools was undertaken. This formed the basis for the research questions. The research design described in chapter three aimed to follow quantitative and qualitative approaches, by which the presentation of data was both quantitative and qualitative. The sample of research participants was purposefully chosen because of their involvement in the HIV & AIDS programs in the Mutale Municipality Schools, but for ethical reasons their identities were kept anonymous.

In Chapter Four the results were presented and discussed. The findings took the following form:

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- Data obtained through questionnaires administered to educators (co-ordinators) of HIV & AIDS at these schools;
- Data collected through interviews with the principals of schools;
- Data collected through interviews with the educators (co-ordinators) in the same schools.

The activities undertaken in schools to address the HIV & AIDS problem were revealed in the course of this study. This led to generalised discussion of the role of CSI in Mutale Municipality Schools.

6.2 RESPONDING TO THE QUESTIONS OF THE STUDY

In order to achieve the objectives and expectations of this study, the following research question was taken into consideration:

'What role does Kumba Resources as a Corporate Social Investor Corporate Social Investment (CSI) play in combating and managing HIV & AIDS in rural schools in the Mutale municipality?

The research question was sub-divided into the following sub- questions:

1. What has been the impact of HIV & AIDS to date on educational provision in primary and secondary schools in the Mutale region?

2. What are organisations with CSI and similar programmes doing to prevent further HIV infection among learners and teaching staff?

3. What support is being given to learners and staff who are directly affected by HIV & AIDS?

4. What should school leaders do to minimise the spread of HIV among school children in the future?

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5. What should Corporate Social Investment (CSI) CSI, the DoE and schools do to support both learners and teaching staff who are affected by the epidemic?

The following general answers to the research questions raised in Chapter 1 emerged from the questionnaires responses from 59 participants, interviews with five school principals of three primary and two secondary schools, focus group interviews with five HIV & AIDS co-ordinators and six teachers as reported in Chapter 5:

Question 1: What has been the impact of HIV & AIDS to date on educational provision in primary and secondary schools in the Mutale region?

The findings indicate that the impact of HIV & AIDS has hit the schools hard, as it has reduced school enrolment and teachers infected and affected are often absent from their schools. There is significant literature on orphan care but little is known in practice about how children and their families are coping with HIV & AIDS-related trauma (Berry & Pembrey 2009), and the impact it has in the classroom (Ebersohn & Eloff, 2001).

HIV & AIDS in Mutale Municipality has given rise to more orphans than existed before. There is substantial evidence from principals and teachers that nongovernmental agencies are providing support to schools through peer group programmes, teacher advice and counselling, and training. Such programmes are generally *ad hoc*, under-funded, and officially unrecognized although they carry out work which governments might have been expected to undertake (Subbarao, 2001).

An attitude of social discrimination is now found among both teachers and the learners, isolating and traumatizing its victims. Scholars indicate that schools cannot meet all the material, intellectual, emotional and social needs of children who are distressed. However, governments can concentrate on keeping disadvantaged and challenged children in school or other suitable learning programmes, and creating acceptably healthy, secure and compassionate learning environments for them (Morrell et al, 2001; Hepburn, 2001; Williamson, 2000a). It seems that schools are already overloaded, while

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there are things that should be fundamental to every learning environment, healthy environments are as well significant.

The work of school heads is also being disrupted by having to deal with AIDS-related problems. According to the literature on school leadership, the duties of a principal are wide-ranging. He or she is responsible for the administration, organization and work processes at school. With the HIV pandemic, the work of the school head is doubled if not multiplied.

They are expected to be general managers, administrators, agents of change, school marketers and instructional managers. The principal's function is both extensive and intensive. Expressed in military terms, a principal must serve both as a line officer and as a staff officer. At the local school, final responsibility rests upon the principal as a line officer. As a staff officer, the principal takes primary responsibility as helper, simulator, expeditor and supervisor.

Question 2: What are organisations with CSI and similar programmes doing to prevent further HIV infection among learners and teaching staff?

Corporate Social Investment (CSI) is doing something towards the prevention of further HIV & AIDS infection among learners and the teaching staff. The DoE is sponsoring some HIV & AIDS workshops in and outside the Municipality. Both CSI and DoE work together in campaigning for the further prevention of the pandemic, although progress is slow. Some support is given through Kumba Resources to the learners and the staff directly affected by the scourge. The vegetable gardens instituted by Kumba Resources are useful provide a useful activity for learners, as well as improved nutrition and a source of income.

Two fundamental approaches were discussed in this study, namely the 'Unitarist' and "Pluralist". The 'Unitarist' approach holds that managers should serve the interest of the shareholders. On the contrary, the 'Pluralist' approach holds that the institutions of business exist only because it satisfies valuable needs of the society. According to

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Davis and Blomstom (1975) it is 'Society' that gives business its charter to exist, and that charter can be amended or revoked at any time that business fails to respond to society's needs.

This is the approach, i.e., the 'Pluralist' which has been adopted by Kumba Resource in its CSI, wherein it provides access to quality education in terms of the support it avails to the poor and rural communities of the Mutale region. Self-help projects have been introduced in schools with the aim of equipping learners with survival skills (Blomstom, 1975; Trialogue, 2008a). The projects are mainly garden-based, where learners are taught to grow vegetables that will boost nutrition in the schools and be given to learners affected and infected by the pandemic.

In this context, Kumba Resources has taken a positive step towards maintaining a healthy nation by funding HIV & AIDS programs through the education sector. The organization aims to improve the health of the individuals and communities in the Mutale Municipality by focusing on major health issues such as HIV & AIDS and tuberculosis (TB). Programmes and services include HIV prevention, HIV care and a global TB research programme.

During the Trialogue "Making CSI Matter Conference", Ramesh affirms that for sustainable socio-economic development in the rural environment, a number of critical practices in the project set-up phase should be identified (Trialogue, 2008c: 12), namely

- To develop and use a recognised stakeholder engagement and management plan (e.g. AA1000SES),
- To understand key government objectives for growth and development in the region, and the importance of studying both national and provincial objectives,
- To engage and serve on district and local LED structures and forums to formulate a joint approach, requiring a dedicated LED manager responsible for drawing up the plan,

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- To be geared towards capacity-building and knowledge transfer.

Kumba Resources has long been involved in corporate social responsibilities aimed at improving the standard of living of the communities where it is operating. The organization had started with these programs of social responsibilities before the introduction of Social and Labour Plans 'License to Operate' by the Department of Mineral and Energy Affairs by which companies are today expected to report in terms of a triple bottom line with regard to financial performance.

Question 3: What support is being given to learners and staff who are directly affected by HIV & AIDS?

Training has been provided for HIV & AIDS coordinators so that they may offer counselling to affected learner and teachers in schools. The schools now enjoy dissemination of information on HIV & AIDS through activities such as dramas, debates and essay-writing sponsored by the company. While there is an urgent need to halt this scourge so that the country can move on to other developmental priorities, it is important to acknowledge companies can assist in this sense.

It is stated in Trialogue (2008a: 23) that "Maintaining a healthy population is of a priority in every country, and particularly so in developing nations where poverty levels are high. Corporate support for health related CSI initiatives reflects this imperative". Because of South Africa's HIV & AIDS pandemic, our health challenges are more urgent than others, and need immediate intervention.

The establishment of voluntary HIV & AIDS testing and counselling in assisting learners and educators to deal with their HIV status. The problem of social exclusion can be alleviated as HIV & AIDS-affected and infected learners can receive counselling from their members of their peer groups who have been trained as counsellors. In other words, social discrimination and stigmatization can be dealt with, hence reducing the stress among those affected. Effective counselling is not only essential to mitigate the

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emotional trauma faced by AIDS victims, but is the key to shaping the way individuals respond to news of a positive HIV & AIDS status.

Question 4: What should school leaders do to minimise the spread of HIV among school children in the future?

School could be seen as a vaccine for children at risk. Thus, ensuring that children remain in school is the single most certain step that any government can take to counteract HIV & AIDS among the young (Coombe and Kelly, 2001; Vandemoortele, 2001).

Schools should be teaching Life Orientation Skills where safe sex is emphasised. It is argued that Education's responsibility is to educate learners on life skills before they become sexually active (Larson & Narain, 2001: 32). Mainstreaming Life Skills programmes effectively should be seen as essential (Carr-Hill *et al*, 2001). Where it is taboo to teach life orientation programmes because of cultural, religious or customary perceptions, alternatives to conventional Life Skills curricula can include value-based based approaches being used, such as in Pakistan's '*Aware for Life'* curriculum (Save the Children UK, 2001b).

It is generally believed that the life orientation approach can only take root where

- it is implemented rigorously, intensively and extensively, and
- where there is a climate in learning institutions that affirms the principles of respect, responsibility, rights and transparency, and which projects an image of good sanitation, safe water, and good health.

The main social problems experienced by people infected with HIV & AIDS are stigmatisation, discrimination and isolation from the community they live in. This is something that young people of school going age need to recognize as one of the reasons to engage in safe sex. "Already vulnerable sectors of society, such as women,

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adolescents, the rural poor and unemployed migrants to urban areas, lack the information and the power to insist on safe sexual practices with their partners and are therefore more susceptible to infection" (Coombe, 2002a; Kelly, 2000a, 2001b). So knowledge about how sex can be safely practised must first be instilled, before the HIV & AIDS scourge can be reduced.

Schools should emphasis educator awareness, where teachers are trained as well. It is assumed that teachers will be at the battlefront of HIV & AIDS awareness and prevention, but they are generally ill equipped for this purpose (UK Working Group 2003).

Teaching and learning materials are needed to guide educators, managers of schools and parents on dealing with HIV & AIDS issues with children in their care. In South Africa, the Department of Education's *'HIV and AIDS Emergency Guidelines for Educators'* sets out HIV & AIDS facts and eight key messages for all educators (South Africa Department of Education, 2001b). In addition, *'HIV and AIDS: Care and Support of Affected and Infected Learners: A Guide for Educators'* (Unicef East Asia, 2001; South Africa Department of Health, 2001).

As well, educator upgrading must take place within the context of suitably sensitive workplace policies, workplace prevention programmes, and impact management programmes. On this aspect, the International Labour Office's *'Code of Practice on HIV & AIDS and the World of Work'* have been tabled and are suitable for adaptation to local circumstances (International Labour Organisation, 2001).

Children and adolescents are part of the solution to HIV & AIDS. They need to be involved in the design and delivery of prevention programmes through peer-group school health teams, local and international NGO programmes, and anti-AIDS clubs. UNAIDS reports that where HIV prevention has been successful, young people have been at the forefront of change.

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School should put women and girls first. Girls who are learners and women who are educators are at greater risk of infection than their male counterparts, both inside and outside the classroom or lecture theatre. Women must be empowered to make decisions and take control over their lives and sexuality, and measures need to be put in place to protect them from, and eliminate further, sexual violence and abuse (United Nations, 2001).

According to a World Bank report (2002), in many parts of Africa and in South Africa in particular, the HIV & AIDS epidemic is aggravated by social and economic inequalities between men and women. Women and girls in rural areas like Mutale commonly face discrimination in terms of access to education, employment, polygamy, witchcraft, health care, land and inheritance. These factors can all put women in a position where they are particularly vulnerable to HIV infection. In sub-Saharan Africa, around 59% of those living with HIV are female (World Bank 2002).

School should create safe social environment. Young people move between the competing value contexts of school, home, and the streets. New ways are being sought to bring the three into greater accord by developing programmes to address anomie and amorality, driven by poverty and enculturation, which undermine school-based behaviour change programmes.

In Myanmar, for example, risk behaviours among adolescents are being addressed by involving young people in cultural analysis, helping them to understand why they might be at increasing risk of contracting HIV & AIDS, but also making it easier to identify ways in which they can achieve positive behaviour change (Save the Children UK, 2001b).

HIV-related stigma and discrimination remain enormous barriers in the fight against HIV & AIDS. Fear of discrimination "often prevents people from getting tested, seeking treatment and admitting their HIV status publicly. Since laws and policies alone cannot reverse the stigma that surrounds HIV infection, more and better HIV & AIDS education

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is needed in Africa to combat the ignorance that causes people to discriminate" (Boler & Jellema, 2005). The fear and prejudice that lies at the core of HIV & AIDS discrimination needs to be tackled at both community and national levels. So school children are the tool to send the message to their fellow colleagues and society at large.

Communities must be aware of, condone and actively promote life skills messages. They can do this only if local and religious leaders, teachers and parents, CBOs, NGOs, PLWHAs and young people are linked creatively

Evidence from the findings of this study and many sources makes it clear that unless life orientation curricula are being taught - in all schools, to all learners, before children become sexually active, by teachers who have been adequately prepared, with suitable resource materials, and within the context of the local culture and community - a great deal of money will be wasted on half-baked prevention interventions.

Coombe (2001c) attest that schools must provide a healthy environment for learners and educators including toilets, potable water and school feeding where necessary; and that

- Schools must be safe places, where there is zero tolerance for sexual abuse, harassment or abrogation of civil rights of any kind;
- Schools must be places where the human rights of all are guaranteed;
- Schools must be able to move beyond conventional teaching programmes and provide life and survival skills to children at relatively early ages;
- Educators must be able to identify children in trauma, handle them sensitively, provide basic counselling, and then know when to hand over to health or social services, home-based care or the police;

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- Schools must have a youth peer group health team professionally trained by local health and social workers; they must have ways of referring learners in confidence to accessible voluntary testing and counselling sites, and must make informed decisions about condom provision, accessibility and guidance on use;

- Schools must work vigorously with community authorities, parents, NGOs and FBOs (South Africa Department of Health, 2001); and

- Schools must have a rolling HIV & AIDS-response plan, with resources to implement it linked with the plans of health and community workers, and the home-based care system.

The study revealed that a common reason that HIV & AIDS-affected children drop out of school, or perform poorly, is lack of material resources to meet basic needs. If short-term crises can be avoided or managed, many orphans and other vulnerable children would be able to continue successfully with their schooling (South Africa Department of Health, 2001).

In Botswana, for instance, teachers and schools have developed a range of responses to vulnerable children's needs, including recognition and referral of such children for grants and other support, providing supplies, monitoring orphan well-being, interacting with households and home-based care teams to reduce stress on children, helping with psychological needs and behaviour disturbance, and developing school HIV & AIDS plans. Government may have reduced the potential adverse affects of orphaning on learners by creating three complementary support programmes which together seem to keep many children in school, and help them perform adequately. The package is not a technically difficult one and includes (1) school feeding, (2) home based care, and (3) orphan registration and subsidy (Abt Associates, 2001).

Better planning and management of the impact of HIV & AIDS on education is significant. Managing the impact of HIV & AIDS involves better planning and effective

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management. We can create a window of opportunity for an AIDS free generation by better planning, management and designing strategic programmes in prevention education that are simple and standardized, yet comprehensive and sensitive to the unique nature of the rural schools and their communities, where individuals are protected from the epidemic.

While it is significant to deliverer social financial resources in the Mutale region, as well, Kumba Resources' initiatives on HIV & AIDS prevention education program are essential to develop the awareness, knowledge, skills, attitudes and values that will reduce infections and impacts of HIV.

Institutions and businesses that want to protect their profitability and viability recognise that HIV & AIDS is likely to claim some of the best leaders, managers and workers at all levels. The pandemic creates high levels of absenteeism, loss of productivity and high costs incurred in the training of replacement workers. All these threaten the survival and quality of businesses.

They estimate indirect costs to business to include increased costs of recruiting and training, extra deaths and disabilities, additional sick and compassionate leave, poor staff morale, extra costs to ensure occupational health and adequate safety standards , staff tensions where some employees are HIV-positive, the need to maintain confidentiality for HIV-affected employees, management and labour meetings to discuss the HIV & AIDS crisis as it unfolds, the loss of profits due to the impact of the pandemic on clients/service users, and the diversion of management attention from strategic and operational issues.

Managers of large businesses assume that it is essential to invest in on-going damage-limitation programmes immediately, to save on both direct and indirect costs. "The danger is that, a company waits until the impact of HIV & AIDS becomes noticeable in

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their financial statements, and then implements an HIV & AIDS intervention programme" (Moore & Kramer, 1999).

Question 5: What should CSI, the DoE and schools do to support both learners and teaching staff who are affected by the epidemic?

The research findings suggests that funding HIV & AIDS programs such as the training and support of coordinators, provision of seeds for vegetable gardens, and direct sponsoring HIV & AIDS-related programs in schools is done by Kumba Resources. Furthermore, setting of HIV & AIDS voluntary testing and counselling centres in schools is promoted. In addition, Kumba, through its CSI, sponsors HIV & AIDS workshops in schools that are in Mutale Municipality.

The findings suggest that incorporating HIV & AIDS education into the curriculum, with a view to imparting the knowledge, attitudes and skills that may help to promote safer sexual behaviour is imperative. Developing life skills in school education which would equip pupils with positive social behaviour and help them cope with negative pressures is essential. In this regard, literature advices that the education sector must plays an important role in campaigning for the reduction of the spread of HIV & AIDS in South African society (AFT 2009; Bennell; Buchel 2006; Govender 2009; Mavunda 2006).

Although the research findings are silent on the issue of the cultural dimension, literature is clear on the propagation of HIV & AIDS and the cultural dimension. Thus, an approach must be made through culture. To begin with, schoolchildren must have an idea of the role of culture in any society. According to Ayisis (1997:1) "culture is the complex whole which includes knowledge, beliefs, art, law, morals, customs and all other capabilities and habits acquired by man as a member of the society". Culture is a way of life, the way the way of living and the way we do things. Subsequently, this should be the way we engage in sexual and other relationships.

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The findings are silent on the issue of polygamy, which, in my opinion is rather surprising, given that, Mutale is a remote rural area which may be categorised as very traditional with polygamy as the centre of marital arrangements. The Encyclopaedia of AIDS (2001) asserts that polygamy continues to be widely practised. It is 'legal' in many African countries and is in the South African Constitution and the Bill of Rights.

Literature informs us that most African men grow up in the belief that polygamy is their birthright to have sex with any women or girl they wish, by any means including violence. Simple arithmetic indicates that this puts more women at a risk of HIV & AIDS infection than it does men. Dyke (2001) makes the point; however, that polygamy is of course only safe if all the partners in the relationship are HIV negative. Jackson (2002) is of the opinion that polygamy, which is common in many South African, perpetuates the spread of HIV & AIDS. It is particularly risky if condoms are not used or if wives seek extra marital affairs.

According to Yamba (1997), in many African countries, especially among the rural poor or people with least education, witchcraft is widely believed to be the causal agent of HIV transmission, AIDS and death. Felhaber (1997) states that people in Africa often use the services of witches and sorcerers to send illness, misfortune, bad luck and suffering to their enemies.

A study of presumed HIV prevention success in Senegal, Thailand and Uganda (UNAIDS 2001) suggests that successful national HIV & AIDS strategies share some common features:

- political commitment;
- early intervention;
- intensive multisectoral approaches at national, provincial and community levels;
- large-scale implementation;
- effective monitoring and dissemination of findings; and
- combined prevention and care.

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Especially in the Education sector, HIV strategic plans must be based on sound policy and a realistic assessment of available capacity (Hunter & Williamson, 2000). Current understanding of the principles that should guide strategic planning and action in education should be seen against the following background:

- Governments cannot by themselves provide the appropriate education services, but must work with all other stakeholders in the education community as well as with other social sector departments at national, provincial and community levels.

- Effective responses are those devised to meet local conditions.

- Local responses must be complemented by vigorous, extensive and intensive national programmes to reach as many vulnerable people as possible, relating for example to condom use and STD prevention, life skills curricula in schools, orphan feeding and subsidy schemes.

- Interventions must be within the managerial competence of the system to deliver, and contribute to building the capacity to manage more challenging interventions later (Marais, 2000).

- Educators are often not the best people to deliver vital messages about death and sex, behaviour change and risk. Young people, on the other hand, have often been at the forefront of successful change (Devanney, 2001).

Perhaps the most important strategic assumption is that the education sector has responsibility for saving lives and protecting and socializing young children and adults, and that the time to act is now. South Africa's former President, Nelson Mandela, has stressed that "we have to rise above our differences and combine our efforts to save our people. History will judge us harshly if we fail to do so now and right now".

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6.3 CONCLUSIONS

The following were identified as the major themes that emerged from this study:

1. *The impact of HIV & AIDS is felt by both teachers and learners*

Teachers are frequently absent from school because of ill health. As a result, they become over-concerned about their health and therefore become nervous and depressed, leading to frequent absenteeism. Teachers that are lost due to the HIV & AIDS pandemic are not immediately replaced in schools, meaning that pupils are often left without schooling due to inadequate teacher replacement. The quality of learning outcomes in education is likely to be affected, as the HIV & AIDS pandemic takes a deeper hold on the municipality. There will be fewer qualified teaching staff, as trained and experienced teachers are replaced with younger and less well-trained teachers.

Pupils are dropping out of school in order to nurse sick parents or siblings, and this may also involve them in income-generating activities so that they may keep the family economy going. Thus, children dropping out from school for these reasons has led to a significant decline in school enrolment. There is social stigmatisation and discrimination against those affected and infected by HIV & AIDS both among learners and educators in schools.

2. *Involvement of CSI in the education sector in Mutale Municipality is a powerful move towards managing the HIV & AIDS pandemic.*

While Kumba is playing a significant role as CSI in Mutale Municipality, there is a need for other stakeholders to intervene to fight the pandemic in schools. In addition, there should be continued funding of HIV & AIDS programs such as sponsoring the training of coordinators, providing seeds for vegetable gardens, and direct sponsoring of other HIV & AIDS-related programs in schools. The CSI through Kumba Resources Social Investments Department, sponsors direct HIV & AIDS activities in schools in the form of

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dramas, essays and debates. Further sponsoring is needed to provide HIV & AIDS workshops in Mutale Municipality schools.

3. Direct support to the affected and infected is desired

There are voluntary testing and counselling centres in some schools, and these need to be extended to other schools so to counsel affected and infected learners and educators. There is a need to set up more HIV & AIDS voluntary testing and counselling centres in schools.

4. School leadership and effective monitoring of sponsored funds.

Leader with high moral values are required. Leaders who are concerned about the well-being of others provide instructional leadership which see to it that programmes are controlled and managed effectively. Direct involvement in the sponsoring of HIV & AIDS-related programs in schools should be closely monitored and evaluated. There is a need to incorporate HIV & AIDS education into the school curricula, with a view to imparting the knowledge, attitudes and skills that may help to promote safer sexual behaviour.

6.4 GENERAL RECOMMENDATIONS

The interviewees of the sample also recommended particular activities:

- Setting up of HIV & AIDS voluntary testing and counselling centres in schools;
- Sponsoring of HIV & AIDS workshops in schools in Mutale Municipality;
- Incorporating HIV & AIDS education into the curriculum, with a view to imparting the knowledge, attitudes and skills that may help to promote safer sexual behaviour;
- Developing life skills in school education which would equip pupils with positive social behaviour and help them cope with negative pressures HIV and AIDS prevention programmes in schools and the communities;
- Provision of policies and guidelines related to HIV & AIDS;

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- Care and support of HIV infected staff and students.
- Monitoring of HIV & AIDS support programs closely so as to determine the strengths to be duplicated and the weaknesses to be addressed.
- Monitoring and evaluation of HIV & AIDS among the affected in the geographical location of the CSI programme;
- Peer group education programmes;
- Support for students who are doing HIV & AIDS related research at universities;

It is envisaged that if the schools in the Mutale municipality get such support from the corporate community, this will provide guidance in developing a unique model for managing HIV & AIDS to benefit both educators and learners and the community at large.

As a result, the following specific recommendations may be made:

- Corporate Social Investment, through Kumba Resources should pay the school fees of AIDS orphans and fully integrate them into the education system without segregating, labelling and stigmatization.

- HIV & AIDS education should be brought into the school curricula. The DoE should begin a school-based HIV & AIDS and Life Skills Education Programme in schools from Grade 3 to Grade 12, right up to teacher education training institutions. Such a program should help reduce the spread of HIV & AIDS in the country and particularly in schools. As a result, both learners and educators could change their sexual attitudes and behaviour and so reduce the risk of HIV infection.

- Funds received from CSI should be used to provide training in life-enhancing skills such as problem-solving, informed decision-making, and avoiding risky behaviour. This training should use participatory methods and experimental learning processes.

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- Counselling should be provided within the school system for pupils who have been orphaned. CSI tasks with other stakeholders should provide counselling centres where pupils will be free to talk about their emotional needs and their physical needs. This counselling especially should take place in an environment that learners are accustomed to.

- There should also be training centres for HIV & AIDS counselling. If teachers are to provide AIDS-awareness and counselling for pupils, they will need specific training. Training on both these aspects should also be introduced into teacher training courses at all levels. Courses are also required as on-the-job training for teachers. This can be done by the DoE.

- Various systems require to be strengthened in a number of resource-poor districts of South Africa, to improve the capacity to monitor and respond to changes in the education sector. For instance, well-functioning personnel systems and an Education Management and Information System (EMIS) offer consistent, sustainable and simple ways to examine teacher mortality. EMIS human resource-related data could be integrated with personnel systems such as payrolls, to allow for a more rigorous assessment of quality and completeness of data in understanding the impact of HIV & AIDS at district level.

- Large scale and representative studies should be undertaken, since they are an important way to quantify the actual and likely impact of HIV & AIDS on teachers and learners. This type of study should be encouraged in schools,

- Testing should ideally also include a CD4 count so that virus progression can be monitored. Although testing needs to be anonymous, it is vital that Voluntary Counselling and Testing (VCT) services are available for learners and teachers and that testing should, more broadly, be part of an initiative to respond to the needs of infected learners and teaching staff.

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- Every vulnerable primary school should be provided with a feeding scheme for learners, irrespective of their socio-economic condition. Ideally, feeding schemes should be linked to home-based care, and orphan supplementation schemes. This can make a difference, as in other African countries.

- The Ministry of Health should guarantee every secondary and upper primary schools a visit by a health worker each month, to treat learners with sexually transmitted infections (STIs), provide medication and assist with medical advice.

- CSI should provide every primary and secondary school with condoms for learners and educators, in sufficient numbers to meet demand, in easily accessible places. Information on their use should be given by a health worker who visits the school and by student and staff health volunteers.

- CSI should find ways to provide schools with an enabling environment for learners and teachers affected by HIV, including work policies make sure they may easily access ARVs and they are always available.

- Teachers should be used as counsellors in schools, exerting pressure on their work. The Department of Education through the assistance of CSI should recruit people who would work as counsellors on a full time basis.

- CSI should fund the training of a voluntary para-professional peer-group educator health team in every learning institution, with support from local health and social workers. The focus should be on the aetiology of HIV, safer sex practices, STI symptoms and treatment, physical care for the sick, counselling for those affected, and the use of condoms. Learners should be empowered to protect and care for other young people.

- CSI should ensure every school has potable water by means of a borehole, well or piped water. A safe water supply is essential to good health.

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- Every school should have sufficient well-maintained toilets, for boys and girls, as these are also essential to learner health.

- For every learner in every school there should be a guarantee of basic human rights and particularly freedom from abuse, violence, sexual harassment and discrimination.

Water, toilets and a safe school environment are basics, and should have been guaranteed by government years ago. Their presence symbolizes an environment in which good health and respect for the individual is guaranteed, and health messages can prevail.

6.5 RECOMMENDATIONS FOR FURTHER STUDIES

The following were identified as some areas that require attention

- *Bridging the gap between the Government and the CSI.* The government requires to interpret the needs of the community and to the company needs to interpret and communicate the company's resources and the limits of those resources. Companies should understand the background, psychology and culture of each school they intend to assist in managing HIV & AIDS pandemic because companies should not go to the schools to change the way they think and the way they do things; they are there to work with them and not to solve their problems.

- *Challenges faced by CSI,* such as overwhelming humanitarian requirements that are accompanied by diseases. CSI must decide on their intervention in such cases.

- *Breaking the stigma associated with the HIV & AIDS.* This is proving extremely difficult, and the associated secrecy favours HIV & AIDS proliferation. The people affected by the pandemic are refusing to tell their family members or their mates of their status. Teachers are a poignant example because of their role in the

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community; they go to great lengths to hide their status and illness, making quantifying difficult. CSI therefore has a mammoth task ahead to look at ways of publicly making teacher status known to other members in the community and schools.

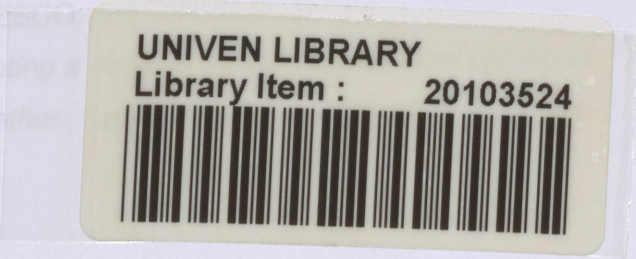
6.6 CONCLUDING REMARKS

This study has clearly shown the help being extended to schools in the Mutale municipality by CSI through Kumba Resources to manage the impact of HIV & AIDS. However, it was discovered that more stakeholders should be invited to assist the school leaders and the community at large to combat this scourge.

This study also revealed that the effectiveness of managing the pandemic schools needs full commitment by both the Department of Education and CSI, including other interested parties. In other words, the business community has a critical role to play in the fight against the HIV & AIDS pandemic in schools. A proactive response is required that will serve not only the needs of business, but will also assist South African schools' overall battle to contain the impact of the pandemic by defining and introducing a widely-communicated HIV & AIDS policy and action plan.

The recommendations made in this study will serve as a starting point for companies to increasingly understand that HIV & AIDS poses a substantial risk to schools and the communities in which they are established, and will require them to find comprehensive solutions. It is my wish that the study will provide a basis for further investigation into the role of CSI in the in managing HIV & AIDS in schools.

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APPENDIX A

LETTER OF INTRODUCTION (PRINCIPAL)

CONSENT FORM (PRINCIPAL AND STAFF MEMBER)

UNIVERSITY OF VENDA

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LETTER OF INTRODUCTION (Principals/HIV & AIDS Coordinators/Teachers)

Mr Lufuno Reginald Kone
P.O. Box 2497
Thohoyandou
0950
reginald.kone@exxaro.co.za

11 July 2009

Dear Principals/HIV & AIDS Coordinators/Teachers

Thank you for agreeing to hear more about my current research interest. My study examines the role played by CSI in the management of HIV & AIDS in rural schools. Rural schools demands special attention by virtue of their minuscule social capital which is demonstrated through a broad range of concerns, including: high poverty levels, disadvantaged under-resourced geographical location, difficulty in acquiring basic social services, low participation rate of communities in education, lack of basic literacy in general, absence of social welfare staff and other such related concerns.

The information provided through this process will be used as part of completion of my DE.d. in the School of Education at the University of Venda. Your cooperation through a questionnaire, interviews, focus group interview and sharing of materials will be confidential; no individual nor will school system be identified with your responses.

I am including the consent form that briefly summarizes the intention of this research project, the voluntary participant status, the intention to retain your anonymity and confidentiality of all data, and your time commitment to this project. Please sign and return the form to me in the attached self-addressed envelope. I will contact you in the next two weeks to discuss this further and answer any question you may have. If you

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wish to speak to me before that time, please do so. I will be happy to respond to any questions. In case you need to know more about the research process, feel free to contact Professor Thidziambi Tshivhase-Phendla and Dr HN Mutshaeni at the addresses below. I look forward to talking with you soon.

Prof. Thidziambi Tshivhase-Phendla
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University of Venda
Email: thidziambi.phendla@univen.ac.za

Dr HN Mutshaeni
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Educationally yours,

Lufuno Reginald Kone

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CONSENT FORM (Principals/HIV & AIDS Coordinators/Teachers)

You are invited to participate in the research project: " The Role of Corporate Social Investment in Managing HIV & AIDS in Rural Schools: A Case of Kumba Resources Corporate Social Investment in Mutale Municipality" conducted by Mr. Lufuno R Kone, Ed.D. Candidate Department of Teacher Education, School of Human and Social Sciences, University of Venda, Thohoyandou.

The study examines the role played by CSI in the management of HIV & AIDS in rural schools. Rural schools demands special attention by virtue of their minuscule social capital which is demonstrated through a broad range of concerns, including: high poverty levels disadvantaged under-resourced geographical location, difficulty in acquiring basic social services, low participation rate of communities in education, lack of basic literacy in general, absence of social welfare staff and other such related concerns.

If you agree to participate, you will be requested to complete a questionnaire, be interviewed once for one to two hours. The interviews will be tape-recorded and you have the right not to answer any particular questions and to ask that the tape recorder be turned off at any time. All written or documents that you share will be returned to you. One focus group interview will be conducted and tape-recorded.

Your identity will be protected to the best of the investigator's ability. All data and tape recordings will be kept confidential, and your identity will not be disclosed in the final report. Your participation in this project is completely voluntary and the information recorded during this study will be kept in a locked file. You may choose to withdraw and not to participate at any time without penalty. For more information about the research process, feel free to contact Professor Thidziambi Tshivhase-Phendla and Dr HN Mutshaeni at the addresses below.

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Prof. Thidziambi Tshivhase-Phendla
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Dr HN Mutshaeni
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I have read the consent form and volunteer to participate in this study.

Signature

Date

Print Name

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APPENDIX B

QUESTIONNAIRE

QUESTIONNAIRE FOR PRINCIPALS AND EDUCATORS (Adapted from Coombe, 2002a)

EDUCATORS' RESPONSES TO HIV & AIDS 2001 Y Yes, action is being taken S/P Some action is being taken or is planned N No action is being taken			
	Y	S/P	N
CREATING A FOUNDATION FOR ACTION			
Combined approach: Is equal consideration given to (1) preventing spread of the disease and to (2) reducing the anticipated impact of the pandemic on education?			
Leadership: Are political leaders, senior officials, unions, the teaching service, and school governing bodies knowledgeable and committed to action?			
Collective dedication: Are partners outside government involved in the fight against HIV & AIDS? Do mechanisms exist for partnerships?			
Research agenda: Is information about HIV & AIDS being collected, analysed, stored and spread? Is there an HIV & AIDS and education research agenda for the education sector?			
Effective management: Has a full-time senior manager been appointed? Does a standing structure exists which includes partners in and out of government?			

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Policy and regulations: Are HIV & AIDS sector policies and regulations in place? Are there appropriate codes of conduct for teachers and learners, and are they applied rigorously?			
Strategic plan: Is there an education sector HIV & AIDS strategic plan which covers all levels of the whole education sector, and is it funded?			
Resource allocation: Are plans being funded adequately? Are funds being channelled to various levels of the system, and to partners outside government who can use them?			
HELPING TO LIMIT THE SPREAD OF AIDS			
Appropriate curriculum in all learning institutions: Are learners being guided through the curriculum on safe sex and appropriate behaviours and attitudes?			
Materials developed and distributed: Have materials suitable for learners in schools and post-school institutions been development and distributed to institutions? Are they up to date?			
Serving educators prepared: Are school teachers adequately prepared through preservice and inservice to teach life skills curricula? Have they accepted this responsibility?			
Teacher educators prepared: Have university, teacher training college and local teacher support staff been trained in HIV & AIDS issues and curriculum implementation?			
Evaluation of curriculum and materials: Have materials and courses been evaluated in terms of content, implementation and outcomes?			
Counselling for learners: Can pupils and students who are affected by AIDS find help from their teachers? Or from someone else?			
Counselling for educators: Are teachers affected by AIDS, and those who are dealing with the trauma of children affected by AIDS getting help to cope?			

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Partnerships: Are other partners helping with prevention programmes?			
MITIGATING THE IMPACT OF HIV AND AIDS ON THE EDUCATION SECTOR			
Assessment: Has an assessment been done of the likely impact of HIV & AIDS on the education sector in future?			
Risk profile: Is there some understanding of the factors that make educators and learners vulnerable to infection?			
Stabilising: Are steps being taken to sustain the quality of education provision and to replace teachers and managers lost to the system?			
Projecting: Have relatively accurate projections been made of likely enrolments and teacher requirements at various levels of the system over the next five to ten years?			
Social support: Are children affected and infected by the pandemic receiving counselling and care? Is there a culture of care in schools and institutions? Are human rights protected in learning institutions and education workplaces?			
Responding creatively: Is the system trying to provide meaningful, relevant educational services to learners affected by HIV & AIDS, finding new times, places and techniques for learning and teaching?			
Orphan needs: Is planning underway to understand and respond to the special needs of increasing numbers of orphaned and other vulnerable children?			
All subsectors: Is attention being paid to the planning requirements of all education subsectors – from early childhood development through to university?			

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APPENDIX C

INTERVIEW PROTOCOLS

Questions for Individual and Focus group interviews:

1. What has been the impact of HIV & AIDS to date on educational provision in primary and secondary schools in the Mutale region? Elaborate.
2. What are CSI and other organisations doing in order to prevent further HIV infection among learners and teaching staff? Elaborate and give examples.
3. What support is being given to learners and staff who are directly affected by the scourge? Give examples
4. Given current and projected rates of HIV prevalence, (the researcher to provide statistics) what are the likely impacts on education supply and demand over the next 10-15 years? In other words, do you think there will be a need for more educators, if so why?
5. What should schools leaders do to minimise the spread of HIV among schoolchildren in the future? Give examples of actions to be taken by school leaders.
6. What should the CSI, DoE and schools do to support both learners and teaching staff who are directly affected by the epidemic?
7. What about adolescents and children and young people who are not in school?
8. What HIV-directed activities might be best suited to your school's conditions?
9. What are your needs in order for CSI to assist?
10. How can current low levels of prevalence be kept low?
11. Are special strategies required from CSI's to assist?
12. What are some of the managerial and logistical problems which inhibit the agency's current response to the pandemic?

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APPENDIX D

FOCUS GROUP INTERVIEWS (Adapted from Coombe, 2002b)

General issues: The impact of HIV & AIDS in the classroom and on the system of education; the nature and extent of education's responsibility for fighting HIV & AIDS and caring for those affected; at what point educators should transfer responsibility for learners in difficulty to social services; the extent to which schools and other educational institutions are (or should be) part of communities' response.

Education and training subsectors: HIV and higher education (protecting learners and staff, and protecting the institution; the potential impact of the pandemic on national and community life, and revising taught curricula appropriately; creating an HIV knowledge bank serving national development.

Management, policy and planning: HIV's implications for education management and development; managing the pandemic in the education sector - stabilising education provision and mitigating the impact of the pandemic on learners and educators; developing policies and strategic plans and implementing them; research, information and data collection and dissemination; establishing partnerships for action; mobilising and allocating resources in the sector.

Training, manpower and economic implications of HIV: Impact on the teaching service (teacher attrition, replacement and deployment; developing teacher competence to cope with complex cohorts of learners); impact on manpower and the economy and mitigating HIV's consequences for economic growth.

Pedagogical issues: Curriculum development, materials development and evaluation (HIV-related topics in the curriculum; materials for teachers and children; teacher knowledge and skills; evaluating content, implementation and outcomes of life skills curriculum).

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Psycho-social and care issues: Education and child wellbeing (coping with children of trauma -- those who are abused, harassed or victims of incest, who are vulnerable and at-risk, who are orphaned, who are heading households, or are caregivers; adolescent sexuality, customary and imported sexual behaviours, homosexuality, HIV & AIDS-related sexual behaviour; understanding 'orphanhood' and responding to it) and school feeding schemes; defining the school's links with community's response to HIV & AIDS.

Educator development and support: HIV workplace policies for learning institutions; support for educators infected or affected by HIV; creating and applying appropriate codes of conduct; teachers as mentors, care-givers and guides; reconstituting a culture of care and respect in learning institutions.

Gender concerns: The girl-child at risk; schools as unsafe places for girls; linking gender and HIV programmes; attitudes to violence, abuse and rape in learning institutions

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LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Private Bag X2250
SIBASA
0970
Tel:(015) 962 1313
962 1331
Fax (015) 962 6039
(015) 962 3674

University of Venda
Creating Future Leaders

DEPARTMENT OF EDUCATION

Ref: 18/R

13/05/2008

Enq: Muthambi M.J.

DEPARTMENT OF EDUCATION
REGIONAL OFFICE
2008 -05- 13
LIMPOPO PROVINCE

To: Kone L.R.
P.O.Box 2497
THOHOYANDOU
0959

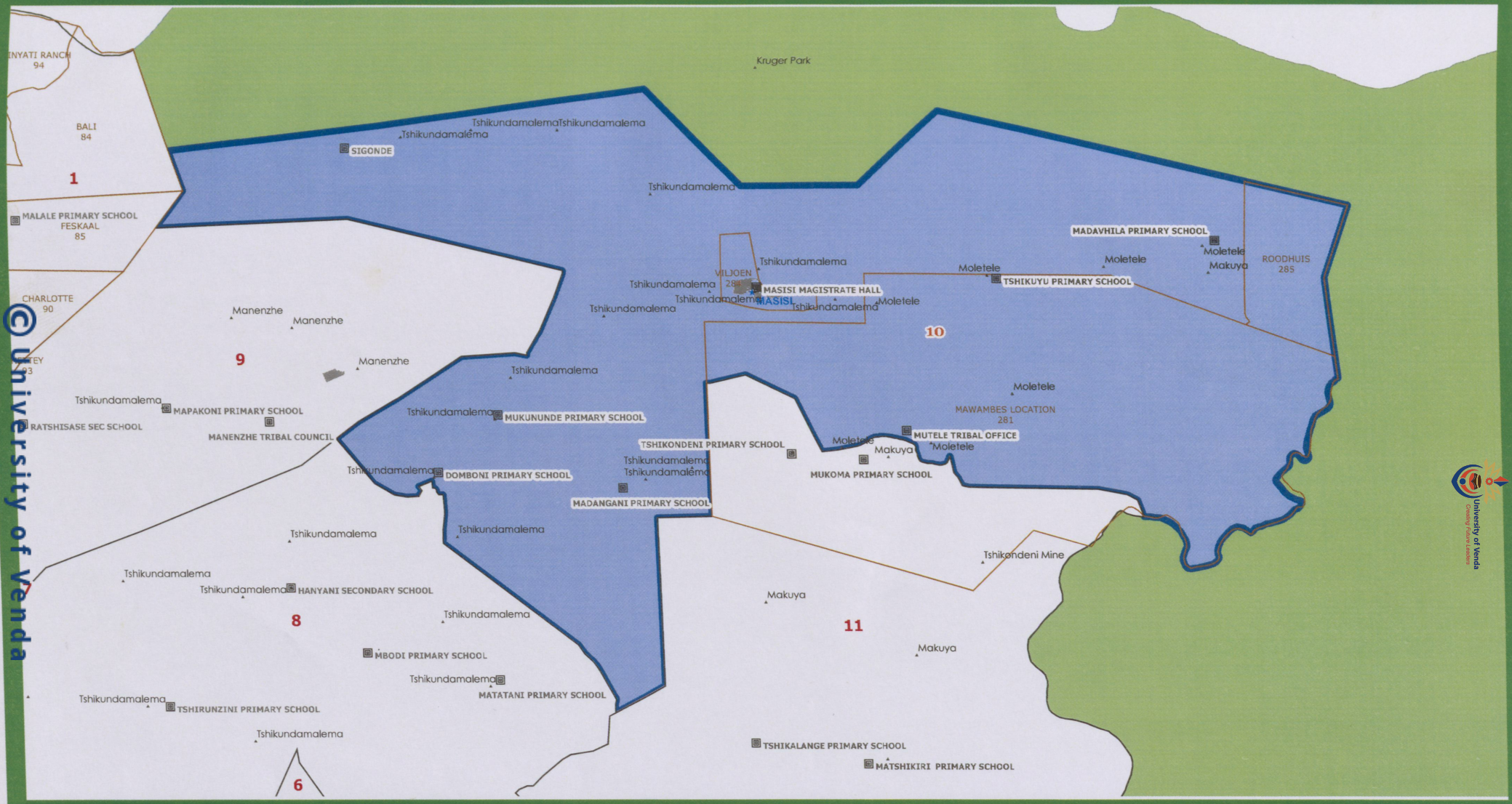
PERMISSION TO CONDUCT RESEARCH

1. The above matter has reference.
2. Your application to conduct research in schools under Sambandou and Niani Circuits has been granted.
3. Please note the permission is granted on condition that your research is done outside contact time to avoid class disruptions.
3. You are therefore required to contact the circuit Manager of Sambandou and Niani Circuits before you visit any school. Please take this letter along with you when you meet with the Circuit Managers.
4. Wishing a successful academic year.

.....
District Senior Manager : Vhembe

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MUTALE (NP342) MAP SET IV WARD: 10



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Placenames
Places of Interest
Places of Worship
Police Stations
Voting Stations

Parent Farm
Erf
DMA
Ward

Total Voters :	35994
Min :	2781
Norm :	3272
Max :	3763

LOCAL ELECTIONS 2005 / 2006 WARDS



MUNICIPAL DEMARCATION BOARD

23 AUGUST 2005