THE LIFE SKILLS EDUCATION PROGRAMME

Creating a Life Skills Programme

The life skills education programme envisioned by the National HIV/AIDS/STI Strategic Plan for South Africa: 2000-2005 has its roots in the mid to late 1990s. Life skills and HIV/AIDS education was the brainchild of the Department of Health, and was commenced in 1997 with funding from the European Union, the Department of Health and the Department of Education (Wildeman, 2001). As a result of limited funding, the decision was made to restrict the pre NSP life skills and HIV/AIDS education programme to secondary schools in South Africa. Further, it was decided that only two teachers from each secondary school in South Africa were to be trained in the provision of life skills education. Teacher training was based on the ‘Cascade Model’ with an agency contracted to train teachers in the provision of this programme. Subsequently, each of the two teachers trained per secondary school were to serve as master trainers responsible for the training of their colleagues in their respective schools. These teachers were assigned two responsibilities, namely: (i) to commence life skills and HIV/AIDS education according to the curriculum developed by the DOH in consultation with UNAIDS, and (ii) train their colleagues in the provision of life skills and HIV/AIDS education within their respective schools.

Commencing in 1997, teacher training was completed by the end of 1998. Accordingly, and in conjunction with the plan developed by the Department of Health, provincial departments of education began to implement the pre National HIV/AIDS/STI Strategic Plan for South Africa: 2000-2005 life skills education programme in their secondary schools. In this way, many provinces initiated rudimentary life skills education programmes in secondary schools prior to its legislation as a selected strategy of the NSP. Upon review of the pre NSP life skills education project, the Department of Education and Department of Health took the decision to develop a life skills and HIV/AIDS education curriculum for primary schools as well. Pilot testing for primary schools commenced in 1999 and involved 20 primary schools across the country. This process was significantly aided by the then Minister of Education’s (that is, minister Kader Asmal)
concern over the issue of HIV/AIDS. Asmal’s publication of the *Tirisano* document, which essentially covers the issue of HIV/AIDS, its impact on the education sector, and the education sector’s responsibility to respond to HIV/AIDS as an institution with the potential to make great strides against the scourge of this disease through the full implementation of life skills training and HIV/AIDS education represents a watershed for HIV/AIDS issues in education policy. Although the *Tirisano* document is not legislated, its main ideas are incorporated into subsequent education policy and the programmes of provincial departments of education.

Despite considerable progress in creating a national framework for the life skills programme, the formulation of a life skills and HIV/AIDS education curriculum for secondary and later primary schools, and the limited production of learner support materials, implementation of the pre National HIV/AIDS/STI Strategic Plan for South Africa: 2000-2005 life skills education programme was stalled by a number of complimentary factors. In the first instance, the three different sources of funding for this programme (namely, the EU, DOH and DOE) severely restricted access to available funds. These delays were primarily due to: (i) the different protocols and regulations for releasing funds demanded by each of the three donors, and (ii) the fact that provincial departments of education lacked the technical skills to develop sufficiently adequate plans to be granted access to funds. In the main, these restrictions drastically curtailed implementation of the early pre NSP life skills education programme in all secondary schools, and especially in so-called ‘weaker’ provinces (for instance, Eastern Cape and Limpopo). Further, the inability of all provinces to access funds resulted in the unequal distribution of these funds that did not reflect the geographical rate of infection. This problem was exacerbated by the unequal provincial (financial) contributions to this programme (Swart, 1998 and Wildeman, 2001). Finally, it is important to note the lack of technical, administrative and managerial support offered by the Department of Education to the ‘weaker’ provinces in formulating adequate business plans to access funding.

Recognising this problem, the seriousness of the situation and the fragmented nature of implementation within and across provinces, the national government endorsed the
National Integrated Plan for Children Affected by HIV/AIDS (NIP) in 1999. In the main, this legislated strategy aimed to increase funding for those provinces in which implementation was lagging due to a dearth of financial resources (given that the input of provincial departments of education varied by province), as well as technical, administrative and managerial capacity. The Departments of Health, Education and Social Development were to take the lead in this new strategy and life skills education was to be its primary initiative (Streak, 2001 in Wildeman, 2001). Building on earlier policy development achievements, the principal goal of the NIP was that all schools in South Africa (primary and secondary) implement a life skills education programme by 2003. Upon review of implementation progress, this deadline was expected by one year to 2004. With a primary level life skills education curriculum already developed, the National Integrated Plan for Children Infected and Affected by HIV/AIDS dictated that 3-7 teachers be trained per primary school in South Africa in addition to the 2 teachers trained in life skills education per secondary school (Wildeman, 2001).

Again, the preferred method for the bulk of teacher training was the ‘Cascade model’. As outlined in the NIP, funding for each of the provincial programmes was to be based on the education equitable share formula. This strategy was chosen to enable those provincial departments of education with the most potential and actual learners to receive the bulk of funding from the national conditional grant (for HIV/AIDS) contained within the NIP. Given the National Integrated Plan for Children Infected and Affected by HIV/AIDS’ aim to reach the maximum possible number of learners, this approach to funding was the most sensible strategy on offer. Unfortunately, funding for the implementation of the National Integrated Plan for Children Affected by HIV/AIDS was to be ceased in 2004, the year in which life skills education was to be available in all primary and secondary schools in South Africa. Post 2004, the National Integrated Plan for Children Infected and Affected by HIV/AIDS envisioned provincial departments of education absorbing costs for the maintenance of life skills education in all primary and secondary schools in the various provinces.
The National HIV/AIDS/STI Strategic Plan for South Africa: 2000-2005, incorporates the objectives and strategies of earlier legislation concerning life skills education. Thus, and although specific deadlines for implementation of a life skills education programme in all primary and secondary schools are not set out within the NSP, the strategy for teacher training and the production of appropriate learner support materials, the primary sources of funding and the timeline for implementation of this project are contained within the National Integrated Plan for Children Infected and Affected by HIV/AIDS. The early, pre-NIP and pre-NSP curriculum for life skills education was primarily developed by the Department of Health in consultation with UNAIDS. Similarly, early teacher training also excluded the Department of Education with the Department of Education managing all training and the DOE only serving in a minor consultative role (Swart, 1998). Given that problems in this approach and the delays it caused in the implementation of the post-NSP life skills education programme are discussed later in this report, I will refrain from further discussion of this issue for the present.

In summation, as outlined earlier failure to implement the National AIDS Plan resulted in the formulation of the National HIV/AIDS/STI Strategic Plan for South Africa: 2000-2005 in 2000. Given that life skills education, the youth and prevention are critical and vital components of the NSP, the National Integrated Plan for Children Infected and Affected by HIV/AIDS became the fundamental element guiding the national government’s plan for the implementation of the life skills component of the National HIV/AIDS/STI Strategic Plan for South Africa: 2000-2005. With this background into the origins of life skills education, I am ready to assess and evaluate the Gauteng government’s progress with regards to implementation of the said programme in all Gauteng schools.