



THE HIV/AIDS EMERGENCY



DEPARTMENT OF EDUCATION

GUIDELINES for EDUCATORS



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MESSAGE FROM THE MINISTER OF EDUCATION

Dear Friends and Colleagues

This is an emergency

There is good evidence that well over 3 million people in South Africa have HIV right now. The disease affects men and women of all ages, occupations and races living in all provinces.

If the current rate of infection does not slow down, by the year 2010 one in every four people in the country will have HIV. In ten years the disease will have made orphans of three-quarters of a million South African children.

Why is this happening?

This booklet explains why. The HIV virus spreads from person to person in several ways, but the most common way is through sexual intercourse, when one partner is infected. The disease is spreading so fast mainly because many South Africans, especially men, are careless about their sexual behaviour.

Most people who are infected do not know that they are carrying the HIV virus, because it stays in the body a long time before it makes someone ill. Thus infected people infect others without being aware of what they are doing.

At present there is no medicine that can prevent us from being infected, and there is no cure for HIV/AIDS, which is a fatal disease. Some drugs seem to enable the body to defend itself against the disease, but these are expensive. They are not yet available to many people in our country. This means that the death rate from HIV/AIDS is still climbing rapidly among men and women of all ages, especially among sexually-active people.

The impact of HIV/AIDS

Many of us are scared by what is happening. Family members, relatives, friends and workmates are falling ill and dying, often when they are quite young. Husbands, wives and infants are being struck down. People do not like to talk about the cause of death. It seems mysterious and shameful.

The idea of one in four South Africans becoming sick with a fatal illness is too awful for us to grasp. We cannot imagine what this rising wave of illness and death will do to our families, our schools and other workplaces, and our communities. While our country is struggling to create jobs and overcome poverty, the epidemic is destroying the most productive members of our society.

HIV/AIDS in schools

Many schools are already experiencing the effects of the epidemic, as teachers, learners, and members of their families fall ill. Before the epidemic is brought under control, such effects will become harsher and more widespread. Almost every educator will eventually be teaching some learners who have HIV. In most staff rooms, one or more teachers will be infected. Other school employees will not be exempt.

Illness disrupts learning and teaching. Well teachers have to take on an extra load when sick teachers are absent. Learners who are ill fall behind with their studies. When family members get ill or die, teachers and learners carry the burden. When teachers and learners die, schools suffer disruption, loss and sorrow. Many schools will be crippled by the impact of the disease on staff, learners and their families.

What can South Africans do?

The problem seems overwhelming, but we can take the initiative. Working together we can resist the epidemic and deal with its consequences. Other countries in Africa, where the epidemic struck earlier, have harnessed the energies of all sectors of their society to fight the epidemic and prevent it from destroying their countries.

Here are some of the lessons we must learn from their experience:

- * Unless we take the necessary precautions any one of us may contract HIV. Understanding HIV and being careful and sensible about our sexual behaviour can prevent us becoming infected, and infecting others.
- * We must treat the epidemic as a national emergency and engage all organs of society in the struggle against it.
- * We must speak openly about HIV/AIDS, attacking ignorance and prejudice and wrong ideas about the disease.
- * We must enable infected and sick people to live with dignity and contribute to their communities for as long as they are able.
- * We must find ways to care for the sick and the helpless within the community, especially when the family unit has become overburdened or has disintegrated.

Educators can and must help curb the disease and deal with its effects

- * Educators must set an example of responsible sexual behaviour. In so doing, they will protect their families, colleagues, learners and themselves.
- * Because educators are well educated, they can grasp the facts about HIV/AIDS and help spread correct information about the disease and its effects.
- * Almost every young person attends school, so educators have a great opportunity to discuss the disease, and help the young to protect themselves from becoming infected, getting sick and dying.
- * Educators are in frequent touch with parents, and can therefore spread the message about HIV/AIDS deeply into the community.
- * Educators can help create an environment in the workplace where people can be open about their HIV status without fear of prejudice or discrimination.
- * Educators can find creative ways to support their ill colleagues and learners, and make the school a centre of hope and care in the community.

Male educators have a special responsibility

There must be an end to the practice of male teachers demanding sex with schoolgirls or female teachers. It shows selfish disrespect for the rights and dignity of women and young girls.

Having sex with learners betrays the trust of the community. It is also against the law. It is a disciplinary offense. Tragically, nowadays, it is spreading HIV/AIDS and bringing misery and grief to these precious young people and their families.

Conclusion

This booklet will help equip you to play your part in the struggle against HIV and secure a shining future for this and the next generation. Please read it and talk about it at home, with your colleagues at school, in your governing bodies, with your learners, in your places of worship, in your sports clubs, and wherever you socialise. If you need to change your own sexual behaviour, please have the courage and good sense to do so.

Your life is at stake. So are the lives of the members of your families, your colleagues and your learners. For their sake and the sake of the nation, please read this booklet and act on it.

With my very best wishes.

Yours sincerely



Professor Kader Asmal, MP
Minister of Education

1. HIV AND AIDS: FACTS AT YOUR FINGERTIPS

What is HIV?

- * HIV is a very small germ or organism, called a virus, which people become infected with. It cannot be seen with the naked eye, but only under a microscope.
- * HIV only survives and multiplies in body fluids such as sperm, vaginal fluids, breast milk, blood and saliva. We can only become infected through contact with infected body fluids.
- * The body's natural ability to fight illness is called the immune system. It is the body's defence against infection.
- * HIV attacks the immune system and reduces the body's resistance to all kinds of illness, including flu, diarrhoea, pneumonia, TB and certain cancers.
- * That is why HIV is called the Human Immunodeficiency Virus.
- * HIV eventually makes the body so weak that it cannot fight sickness and so causes death.
- * Usually people die between five and ten years after becoming infected, but some HIV-infected people live longer.

What is AIDS?

- * AIDS is the final stage of infection with HIV, and this is what causes a person to die.
- * People with AIDS usually have several different illnesses at the same time. These differ among different people.
- * The word syndrome means that several symptoms occur at the same time. It is used to emphasise that people with AIDS have many signs and symptoms, because they suffer from several illnesses at once. AIDS is not actually one disease.
- * AIDS stands for Acquired Immune Deficiency Syndrome.

How is HIV spread?

- * HIV is an infectious disease, but there are only certain situations in which people who have the virus can pass it to other people.
- * Sexual intercourse is the most common way through which people become infected, because the virus survives in sperm and vaginal fluids.
- * Babies born to mothers with HIV can also become infected just before and during birth, or during breast feeding.
- * Infected blood can spread the virus, for example if it splashes on broken skin, or by friends or family members sharing blades, razors or toothbrushes.
- * Drug addicts who share needles can infect each other.
- * Although blood used in transfusions is treated against the virus, errors sometimes happen and occasionally blood transfusions may be a cause of infection.

What does NOT spread the virus?

- * You cannot be infected with HIV by sharing a house, desk, chair, office, car, taxi, locker, telephone, cup, fork, plate, mug, toilet, towel, sheets or clothes with someone who is infected.
- * You cannot be infected with HIV by sharing food, sharing a bath, sharing a swimming pool, or shaking hands with someone who is infected.
- * If you hug or kiss someone with HIV on the lips you cannot get infected.
- * You cannot be infected with HIV by being bitten by a mosquito, bed bug, tick or flea that has bitten a person with HIV.
- * You cannot be infected with HIV in the course of any normal educational activities which take place in a learning environment.



What are the symptoms of HIV?

- * Most people with HIV have no symptoms for a long time. They look and feel just like you and me.
- * Most people with HIV feel well and remain productive in their families and work-places for between five and eight years after infection with HIV.
- * But some people start showing symptoms quite soon after they are infected.
- * When people with HIV start showing symptoms, it means the disease has progressed to AIDS.

So what do people with HIV/AIDS die from?

- * People with HIV/AIDS often die of illnesses such as TB or pneumonia, to which they have become more vulnerable because of the virus in their bodies.
- * People who do not have HIV also get these illnesses, but because of HIV the number of TB and pneumonia cases has greatly increased.
- * These days, because of HIV infection, TB and pneumonia are causing many deaths among young people.
- * Three quarters of people with TB now also have HIV.
- * People may also die from very severe diarrhoea and from certain types of cancer, especially blood cancers called lymphomas and a skin cancer called Kaposi's Sarcoma.
- * Some illnesses, particularly acute pneumonia, can be very quick and sometimes people can die before having the HIV infection confirmed.

How can we tell if someone has HIV?

- * The only certain way to tell if someone has HIV is through a blood test. If the test shows we have the virus, we are called "HIV positive".
- * But, for several weeks or months after a person is infected, the body does not show signs of the infection. This is called the "window period". If we take the test for HIV during the window period, the result will be negative, even if we are infected. The health authorities do not recommend routine HIV testing, because a negative result does not always mean an absence of infection.
- * We can only be certain about our HIV status if we have the test six months after the last occasion that we could have been exposed to the virus, for example through unsafe sex.
- * Most people who are sexually active do not know whether they are infected with HIV or not. We must behave as though we could become infected, or infect others, and so protect ourselves and others from harm.

What is an HIV test?

- * A small amount of blood is taken from your arm with a needle and syringe, or by pricking your finger and putting the blood on blotting paper. The blood sample is then scientifically examined.
- * The test does not show the virus itself, but it shows the presence of "antibodies" in the blood. Antibodies indicate that the body is reacting to the presence of the HIV virus, and trying to defend the body against it. These antibodies only appear in the blood between three and six months after the infection.
- * Before you have an HIV test you should speak with a counsellor about the test and what you will do when you hear the result.
- * The result of the test usually takes two weeks, but sometimes it is available much sooner, even the same day. The result is private (confidential). You do not have a legal obligation to tell anyone if you are HIV negative or HIV positive.
- * But, it is right and necessary to share this information with anyone you have had sex with. And it is best to tell a close family member or friend who can support you.



Can a person pass on the infection when he or she is not sick?

* Yes, a person can pass on the HIV infection to others at any time after he or she has become infected. This often happens before people realise they have HIV infection and even before an HIV test would show them to be "positive".

Isn't it best, all the same, to keep away from a person with HIV?

* No. HIV cannot be transmitted by casual contact. So there is no reason why a person should fear being infected by normal daily interactions with someone who has HIV.

* Many famous sportsmen and women, film actors, directors, academics and politicians have all worked effectively for a long time when they had HIV until they became ill. Many citizens who are not famous have done the same.

* It is cruel and unnecessary to add to people's suffering. It is hard enough facing premature death without being shunned by family, colleagues and friends.

* If we reject people who have HIV, they may be forced to try to hide it or pretend they do not have it. In doing so they put other people at risk. People who are infected must be encouraged to take the necessary precautions against passing on the infection, such as wearing condoms during sex or not breast-feeding their babies.

* Any of us could get the virus, especially if we are sexually active and act carelessly. We should not treat other people in ways we would not want to be treated ourselves.

Is there a cure for HIV or AIDS?

* There is no cure for HIV or AIDS.

* Medical researchers in many countries, including South Africa, are working urgently to develop vaccines to prevent HIV infection. But even when a vaccine is developed, it will take several years before it can be thoroughly tested, approved by the proper authorities, and made available on a large scale to the public.

* Medicines that delay the onset of AIDS-related illnesses can be given to people with HIV but these are not cures. Unfortunately they are very expensive. Drug companies are developing cheaper alternatives, but these are not yet generally available.

* When HIV weakens our immune systems, our bodies are unable to withstand infections like TB and pneumonia. TB can be cured provided the patient takes the right drugs for the right period of time. HIV positive people can take medication to prevent pneumonia. In such ways, people with HIV can be helped to live longer and fuller lives.

HIV and AIDS can be prevented

* Prevention is the only sure way to defeat HIV and AIDS.

* We can avoid becoming infected and infecting others by ensuring that we act carefully, considerately and responsibly at all times, especially in our sexual behaviour.

* The tragedy in our country is that so many people are dying from a disease which is entirely preventable.

Why don't we hear of many people dying from HIV/AIDS in our community?

* Because of the time lapse between infection and death, some areas of the country are only now beginning to experience substantial numbers of adult deaths due to HIV.



- * We may not know what is really going on around us.
- * Because HIV-infected people often die of familiar diseases, like TB or pneumonia, people may not be sure whether a fatal illness was AIDS-related. Often family members may not know or may be unwilling to admit the truth.
- * There is a lot of secrecy surrounding HIV/AIDS. Many people are ashamed or frightened to be HIV positive. They and their families will not talk about it.
- * Because of ignorance and fear, people with HIV/AIDS have faced discrimination in their communities, and some have been killed. Such actions have scared people and prevented them from disclosing their HIV infection.
- * Some people still deny that there is such a disease. Some claim that it is a plot against black people. In fact, HIV/AIDS is a world-wide epidemic that affects people of every race.

How do we know this HIV epidemic isn't exaggerated?

- * Research has shown that certain social conditions make it more likely that high rates of HIV infection and death from HIV/AIDS will occur. These include poverty, malnutrition, poor sanitation and hygiene, violence, including violent and abusive behaviour against women and girls, subordination of women, high youth unemployment, migrant labour and breakdown of family life, sexual promiscuity especially by men, sexual activity among teenagers, and high rates of sexually transmitted infections (STIs). All these factors are present in South Africa.
- * For several years the Department of Health has been undertaking anonymous testing of blood taken from pregnant women throughout the country. In 1998 these tests showed that 21% of pregnant teenagers, 26% of pregnant women aged 20-24, and 27% of women aged 25-29 were HIV positive. Since HIV is mostly spread through sex, it is highly likely that the male sexual partners of these women also have HIV.
- * Research undertaken in large South African companies shows high rates of infection among their workers, in all grades.
- * Having examined the available data, the United Nations AIDS programme (UN AIDS) estimates that one of every eight adults in South Africa now has HIV.
- * Research has shown that there is now a problem with HIV/AIDS in every community in the country.
- * Even without research, most of us know that the disease is claiming many lives, young and old. Many of us have lost family members and neighbours. Many of us are caring for sick relatives. Many of us know that we have HIV ourselves.

Living with hope

- * Most people with HIV are well and will continue to feel well for some years after they have become infected.
- * During this period, adults and children with HIV can live active and productive lives at school, work and home.
- * People with HIV need support and advice. People who test HIV positive must be counselled to look forward to several years of normal life.
- * The community around us and especially the school environment can be a source of love, care and support.
- * The challenge for us as educators, with or without HIV, is to enable the school to realise this potential.



2. EIGHT KEY MESSAGES ABOUT PREVENTING HIV

Educators have a unique opportunity to change the course of the epidemic

- * Since almost every child in the country attends school, educators have a unique opportunity to influence children's ideas about sex and relationships, even before these start.
- * By so doing educators can play a central role in changing the course of the HIV epidemic.
- * With few exceptions, children starting their school careers do not have HIV infection.
- * By the time they leave school, many children have acquired the virus. Many will become infected after leaving school, unless they have been helped to adopt safe sexual behaviour.

Leadership begins at home

- * Educators are expected to be role models and leaders in the community. By adopting safe and responsible sexual practices ourselves, we can protect ourselves from HIV and help countless others to do the same.
- * Here are eight key messages about preventing HIV.

1) Have safer sex

- * The majority of HIV infections occur during sex. To prevent HIV we must adopt safer sexual practices. There is no other way!
- * The safest sexual practice is to abstain from intercourse until marriage, and then to stay faithful to your partner.
- * If you have intercourse, assume that you and your partner may carry the HIV infection. Use a male or female condom.
- * Have one sexual partner, and practice safe sex each time.
- * When it is time to have children, both partners should have HIV tests and get the results before stopping the use of condoms and trying to conceive.

2) Love and trust

- * The man or woman who really loves you is the one who takes precautions to make sure you will not catch HIV from him or her by wearing a condom.
- * Having a partner you trust now is not enough to protect you from HIV. Your partner, or you yourself, may have become infected during a previous sexual relationship, even one that ended some time ago.

3) Saying "Yes", saying "No"

- * A man must ask a woman's permission before having sex with her.
- * Any man who forces a woman to have sex when she has said "No" is a rapist.
- * Rape is a very serious crime. The victim must be taken immediately to a district surgeon, or medical facility for examination, counselling and emergency contraception. The rape must be reported to the police, and the victim will be asked to make a statement. The police must provide support and counselling for the victim, and investigate every reported case.

4) Avoiding child abuse: run and tell!

- * Teachers have a special responsibility to respect and protect the children in their care. Abuse of a child by a teacher is particularly horrible, because it betrays a trust given to teachers by the child's parents.
- * It is untrue that if a man has sex with a virgin, especially a little girl, it will cure HIV. There is no cure for HIV. Instead, sex with a girl or boy child will cause that child untold pain and misery, and may infect them with the HIV virus and cut off their life.



* Children are taught to respect older people, but that does not mean that they must do everything older people tell them to do, especially if it is wrong and makes the child feel uncomfortable.

* Every child understands that there are nice kinds of physical touching, like a mother's caress or hug, or holding hands with a friend. There are other kinds of touching that make them feel uncomfortable.

* A child should never stay in a situation where they feel uncomfortable. They must be taught to shout for help, run away and ask an adult they trust for help.

* Children must be taught never to go to the home of a stranger, or walk in the street or the fields with a stranger, or get in the car of a stranger.

* They should not do any of these things with someone who makes them feel uncomfortable or is behaving strangely, even if that person is a relative or well known to them.

5) You don't have to have lots of boyfriends or girlfriends to get HIV

* People who have sex with many people are more likely to catch HIV, but HIV does not only affect people who have many partners.

* If only one partner was infected and did not use condoms, we could get infected.

* Many people have caught the virus after having sex just once with a person who was infected with HIV, and did not use a condom.

* People who are faithful to their wives or husbands can catch the virus if their spouse is not faithful to them.

* Each year, many children and women are infected with HIV when they are raped.

* Some children acquired HIV from their mothers. Some of these children have lived long enough to attend school.

* People also become infected through contact with infected blood, such as from contaminated needles, shared razors or blades.

6) Using a condom will also protect you from STDs, infertility and unwanted pregnancy

* Sexually transmitted diseases (STDs) cause a sore on the penis or vulva, or pus or pain when urinating. Untreated sexually transmitted diseases increase your chance of getting HIV. Do not have sex if you have an STD. Get treated!

* Condoms protect you against other sexually transmitted diseases as well as HIV.

* Sexually transmitted diseases are the most common cause of infertility.

* By using a condom you can avoid HIV and other STDs, and you can decide when you want to conceive a child.

7) Condoms can be fun

* Many people say that using a condom is like eating a sweet with its wrapper on. Do these 'experts' really know how to use them?

* Slipping the condom on can become an exciting part of sexual play.

* Using a condom is a skill like any other. The more often you do it, the better you get.

* The best sex is when you don't have to worry about catching a deadly disease.

8) Drugs and alcohol

* Drugs and alcohol use are also linked to many cases of HIV.

* Drunk people often forget about using condoms. Men often take advantage of drunk women to get sex, with or without using a condom. The same can happen with drugs.

* Some addictive drugs like heroin are taken by injection. Many people have caught HIV from sharing injection needles and syringes.

* Never share a syringe and needle with another person.



3. QUESTIONS EDUCATORS ASK ABOUT SEXUALITY EDUCATION

Talking about sex? It's against our culture!

- * We all have sex, but many of us have been taught to think of it as immoral, dirty or embarrassing, unless it is practiced within the bonds of marriage.
- * We are not used to talking openly about sex, hearing about sex or speaking words like penis or vagina or intercourse.
- * We are not used to talking with children about sexual matters.
- * These aspects of our culture, that have made us shy about sex, were developed in different times. We now have a completely new challenge with HIV. It is a new disease that was not there when our old customs were created.
- * The arrival of HIV means we have to make some changes to our culture because if we do not make these changes very large numbers of our young people will die and we may do so as well.
- * Changing the rules about discussing sex does not mean that our culture will be threatened. There is much more to our culture than codes and practices relating to sex.
- * In fact, culture changes all the time. That is how it survives. Think how many customs have changed in our lifetimes and our parents' and grandparents' lifetimes.
- * If we don't control HIV/AIDS, it will destroy our society and our cultures will be history.
- * We need to adapt our customary attitude toward sex and talking about sex, because the lives of our spouses and partners, our children, and those in our care, depend upon it.
- * It shows maturity to talk about sexuality in a straightforward and responsible way. Young people will appreciate our concern for their problems.

I won't encourage immorality!

- * Parents have the first responsibility for teaching children what is right and what is wrong, what is acceptable and what is not acceptable.
- * As educators, we have a very strong moral responsibility to help protect the health and lives of children we educate, and give the best possible advice to parents and learners alike.
- * Some of our religious beliefs about sexual morality may make it difficult for us to discuss sex with children, but we cannot expose young people in our care to life-threatening situations when we have information that could save them.
- * It is not true that teaching young people about sex and sexuality makes them promiscuous or immoral. In our society, and many other countries, young people are starting to have sex very early whether we like it or not. Sexuality education, that gives knowledge and teaches respect for themselves and others, will help them to make wiser decisions about whether or how to have sex, and keep safe.
- * The threat of HIV does not mean that we have to discard our moral code. A strong and clear moral code was never more necessary. But it should include the obligation to practice sexual self-restraint and respect for the rights of others, especially our sexual partners. It should include the obligation to teach young people the importance of doing the same.
- * A good starting point is to recognise that sexuality enhances life if it is properly directed. Good sexual relationships are not about power. They are not about demanding rights. They are about mutual enjoyment and respect.

Teaching in a country where human rights are protected

- * In South Africa human rights are protected and guaranteed by the Constitution.
- * Human rights belong to all people, learners as well as educators.



- * Rights come with responsibilities. For us all to enjoy our human rights we must all exercise our responsibilities.
- * The Constitution guarantees the right to freedom of access to information and freedom of conscience, thought, religion, belief and opinion. The Constitution gives special protection to children's rights. It puts a duty on everyone to act always in the best interests of a child.
- * Children have the right to information about sexual health and HIV prevention.
- * We may discourage learners from having sex, but learners must be given accurate information on safer sex as they will make their own decisions.
- * This is their constitutional right and our constitutional responsibility as educators.

Shouldn't we just tell young people not to have sex?

- * It is good to talk to young men and women about not having sex. We must also remember that many of them will ignore or not be able to follow this advice.
- * It is easy to forget how important boyfriends and girlfriends were to us when we were teenagers. These relationships are just as important for young people now. They are a source of development and growth, even when they involve difficult choices.
- * Research shows that if we give young people proper information about sex, about the risks associated with sexual activity, and how they can protect themselves, then they are more likely to decide for themselves to delay the start of sexual activity. If they have knowledge, and have discussed these questions openly and without fear, they are more likely to practice sex safely when they do begin a sexual relationship.
- * Whenever we consider the question of life skills and sexuality education, let us remember that tens of thousands of our young people have already begun sexual activity and become infected by the HIV virus out of ignorance. Many young people believe that they are safe because they are young. They may think it is macho to take risks. Taking risks with HIV is not manly or cool, it is stupid, and it involves extreme danger to others.
- * Some young men who know or suspect that they are infected, have made the cruel decision to infect others, by jack rolling or gang rape.
- * We must face up to what is happening in our society. Just telling young people not to have sex is not the answer, or at best it is only a part of the answer. The HIV/AIDS epidemic shows us that we are dealing with a moral crisis in human relations in our country. We must teach our children and our young people to respect themselves, to respect their fellows, to show special understanding for the rights of girls and women, to join together in human solidarity to save ourselves and each other. That should be the basis of our morality.
- * Discussion among young people themselves, facilitated by a knowledgeable young person, perhaps someone who is living with HIV, is a very effective form of education about the disease. NGOs doing this type of work should be welcomed in our schools and encouraged to help.

Aren't the children too young for this sort of information?

- * From the time they first start school, learners need to have information about HIV/AIDS presented to them in a way which is appropriate to their age, in the context of life skills education.
- * Learning programmes have been and are being developed for life skills education for all ages, and training is being provided to enable educators to do this.
- * We often forget that most children become aware of sex and want to know about it at a very young age. It is a difficult fact that many children are already sexually active by the age of 12.
- * Many children become aware of HIV/AIDS when they are quite young, since they know people, including parents or siblings, who are ill or have died. The media is full of stories about the epidemic. Children spread information about the epidemic among themselves, whether or not it is accurate or true. The best thing is for educators to be prepared to start providing the correct information about sex and sexuality and HIV/AIDS before children learn incorrect information about these things from their peers.



4. PREVENTING DISEASE TRANSMISSION IN SCHOOLS

If our schools have staff and learners with HIV won't the rest of us catch it?

- * Since HIV is spread mostly through sex and contact with blood, most of us are not at risk of catching HIV in the course of our normal teaching or learning activities.
- * There are no known cases of HIV transmission in schools or institutions during educational activities.

But what if there are accidents and injuries in fights?

- * There is a possible risk of HIV transmission through contact with infected blood.
- * This risk is negligible if good basic first aid is applied.
- * The golden rule here is to apply universal precautions.

What are universal precautions?

- * Universal precautions are called this because they are applied to every person and every body fluid.
- * Universal precautions are necessary because in a learning environment it is not possible to know who has HIV.
- * Because of the long period between HIV infection and the start of illness, most of the people with HIV in a school will not know that they are infected.
- * Because of the 'window period' during which the signs of infection do not show up in a test, even a negative HIV test does not mean that a person does not have HIV.
- * HIV is not the only danger. Other potentially fatal diseases that are quite common in South Africa, particularly hepatitis B, can be caught from infected body fluids.
- * If we apply the same precautions to every situation where there is blood, we will be safe from HIV and other diseases carried in the blood.

What does every school need for first aid?

- * Two first-aid kits that are kept well stocked (see box).
- * A bottle of household bleach.
- * A stock of plastic shopping bags checked for holes.
- * A container for pouring water.
- * If your school has no running water, a 25 litre drum of clean water should be kept at all times for use in emergencies.

CONTENTS OF FIRST-AID KITS

- * Four pairs of latex gloves (two medium, two large)
- * Four pairs of rubber household gloves (two medium, two large)
- * Materials to cover wounds, cuts or grazes (e.g. lint or gauze), waterproof plasters, disinfectant (e.g. household bleach), scissors, cotton wool, tape for securing dressings, tissues
- * A mouth piece, for mouth to mouth resuscitation



How should we manage accidents and injuries at school?

1) No one should have direct contact with another person's blood or body fluids

- * Every first aid kit should contain rubber gloves and these should be worn at all times when attending a person who is bleeding from injury or a nosebleed.
- * Anyone who cleans blood from a surface or floor or from cloths should also wear gloves.
- * The same precautions should be taken with other body fluids, including vomit, faeces, pus and urine, although it is very unlikely that a person would catch HIV from these.
- * If there are no gloves available, plastic shopping bags can be put on your hands, so long as they have no holes and care is taken not to get blood or cleaning water on the inside.
- * All learners should be taught not to touch blood and wounds but to ask for help from a member of staff if there is an injury or nosebleed.

2) Stop the bleeding as quickly as possible

- * If a colleague or learner is bleeding, the first action must be to try to stop the bleeding by applying pressure directly over the area with the nearest available cloth or towel.
- * Unless the injured person is unconscious or very severely injured, they should be helped to do this themselves.
- * If someone has a nosebleed he or she should be shown how to apply pressure to the bridge of his or her nose himself or herself.

3) Cleaning wounds

- * Once the bleeding has been stopped, injured people should be helped to wash their grazes or wounds in clean water with antiseptic, if it is available. If not, use household bleach diluted in water (1 part bleach, 9 parts water).
- * Wounds must then be covered with a waterproof dressing or plaster.
- * Learners and educators must learn to keep all wounds, sores, grazes or lesions (where the skin is split) covered at all times.

4) Managing accidental exposure to another person's blood, or exposure during injury

- * Skin that becomes exposed to blood must be cleaned promptly.
- * Cleaning should be done with running water. If this is not available, clean water from a container should be poured over the area to be cleaned.
- * If an antiseptic is available, the area should be cleaned with antiseptic. If not, use household bleach diluted in water (1 part bleach, 9 parts water).
- * If blood has splashed on the face, particularly eyes or the mucous membranes of the nose and mouth, these should be flushed with running water for three minutes.

5) Cleaning contaminated surfaces and materials

- * Contaminated surfaces or floors must be cleaned with bleach and water (1 part bleach, 9 parts water).
- * Bandages and cloths that become bloody should be sealed in a plastic bag and incinerated (burnt to ashes) or sent to an appropriate disposal firm.
- * Any contaminated instruments or equipment should be washed, soaked in bleach for an hour and dried.
- * Ensure that bathrooms and toilets are clean, hygienic and free from blood spills.



6) Disposing of sanitary towels and tampons

* Every school must ensure that there are arrangements for the disposal of sanitary towels and tampons. All female staff and learners must know of these arrangements so that no other person has contact with these items.

What about very serious incidents, such as rape or stabbing when there is a known HIV risk?

* The risk of HIV transmission is much higher in cases of rape, or stabbing with a needle or blade, especially if more than one person is involved.

* A woman who is raped should be given immediate support and comfort in her distress. She should be asked not to bathe or change her clothes (because evidence of the rape must be kept for the medical and police investigation). She must be taken at once to a district surgeon or medical facility for examination and emergency contraception, and to a police station so that she can make a statement and lay a charge. Arrangements must be made for her to be given professional counselling and help.

* With a stabbing or exposure of broken skin to HIV infected blood, give first aid immediately. A stabbing should then be reported to the police.

* In all these situations the people should be taken to an appropriate medical facility for counselling about their risk of contracting HIV, and their parents or guardians should be contacted urgently.

* With regard to cases of sexual assault, public health institutions will endeavour to provide a comprehensive package of care of victims including counseling and testing for HIV, pregnancy and STI's. Survivors will also be counseled on the risks of using anti-retrovirals as preventative drugs so that they can make an informed choice. If they so choose they will be provided with such drugs in public health institutions.

* Preventative drug treatment is also available in the private health sector that may reduce the risk of a person who does not have HIV from contracting the infection if raped or stabbed. Whilst the effectiveness of drugs in these circumstances is not proven, decisions about the use of these drugs must be taken quickly as it is considered that they are most effective the sooner they are taken after the exposure.

How can we prevent HIV transmission during sport?

* The only possible risk of HIV transmission is during contact sports where injuries can occur. Even here the risk is extremely small if the following rules are applied.

* First-aid kits with rubber gloves should be available during every sports session or match.

* No one should play a sport with uncovered wounds or flesh injuries.

* If a graze or injury occurs during play the injured player should be called off the field, given first aid and only allowed back with their injury clean and covered.

* Blood-stained clothes should be changed.

* Educators and learners with HIV are advised first to discuss with a doctor any possible risks to their health and of transmission during the sport.



Sexual relations in schools

- * In schools with hostels it is likely that some learners will have sexual relations on the premises, whether it is against the rules or not.
- * Advice and counselling, including peer group discussions, are especially important in these situations.
- * Condoms should be freely available to learners who are sexually active. Learners should be advised why and how they should be used and disposed of.

Sexual relations between educators and learners are illegal

- * Educators must not have sexual relations with learners. It is against the law, even if the learner consents. Such action transgresses the code of conduct for educators, who are in a position of trust.
- * Strict disciplinary action will be taken against any educator who has sex with a learner.
- * Sex that is demanded by an educator without consent is rape, which is a serious crime, and the educator will be charged. If an educator has sex with a girl or boy who is under 16 years, he or she will be charged with statutory rape and may face a penalty of life imprisonment.
- * If you are aware of a colleague who is having sexual relations with a learner you must report them to the principal or higher educational authorities, and if the boy or girl is under 16, to the police. If you do not do so you may be charged with being an accessory to a rape.

What about other diseases? Can't we catch these from people with HIV?

- * Because their immune systems are damaged, most people with HIV are in greater danger of catching your illnesses than you are of catching theirs.
- * The exception is TB. Anyone who may have TB should be advised to seek immediate medical treatment and return to the school or institution only after advice from their doctor.

Are there any other situations when people with HIV would be excluded from school?

- * If a person with HIV develops uncontrollable bleeding or has unmanageable wounds it might be necessary to exclude him or her until these problems are brought under control.
- * If a person displays physically or sexually aggressive behaviour, it will be necessary to take appropriate action in accordance with medical advice, the applicable code of conduct for learners, respect for the rights of all concerned, and the law.



5. BUILDING AN ENABLING ENVIRONMENT AND A CULTURE OF NON-DISCRIMINATION

HIV/AIDS will touch all of us

- * Even if we avoid catching HIV, very few of us will be untouched by it.
- * Most of us will lose family members and friends to HIV.
- * We will all have more funerals to attend and need our colleagues to understand if we are placed under additional strain or have to take time off due to bereavement.
- * Those of us who get HIV will find eventually that we become ill and need lengthy periods of sick leave. Our colleagues who are well will have to understand this and cover our teaching duties.
- * Increasingly we will find we have learners with HIV/AIDS in our classes and they will need special help when they become ill. Their attendance at school will be affected, and they are likely to lose concentration and fall behind in their work. Special consideration must be given to them, including the chance to do school work at home. Wherever possible, home visits should be arranged by the school.

Living with HIV/AIDS

- * Educators and learners with HIV should be able to lead as full a life as possible.
- * They should not be denied the opportunity to receive education or work as educators for as long as they are able to do so.
- * Since their HIV infection does not pose a significant risk to others in schools or institutions so long as the necessary precautions are followed, there is no reason to deny infected educators and learners the same rights as others.

Dealing with prejudice

- * Any special measures taken in respect of a learner or educator with HIV should be fair and justifiable in the light of medical facts, school or institution conditions, and in the best interest of the person with HIV and those of others.
- * Educators need to be vigilant about the possibility of discrimination in schools, take swift action to defuse any situations that occur, and deal effectively with perpetrators.
- * Prejudice thrives on fear and ignorance. The most effective way to reduce such threats is by sharing the information contained in this document with learners so that they understand the medical facts about HIV and how it is transmitted and know how they can protect themselves.

Refusal to study with a person with HIV/AIDS, or refusal to teach or be taught by such a person

- * Learners or educators who refuse to study with, teach or be taught by a person with HIV/AIDS should be counselled.
- * The situation should be resolved by the principal, educators, and if necessary, school governing body or council of the institution in accordance with the National Policy on HIV/AIDS of the Ministry of Education.

Orphans

- * Many learners will become orphaned or lose close family members and will need emotional help and guidance from educators.
- * Orphaned learners may face financial hardship and have difficulties with school fees, uniforms and books.



- * Some orphans may in fact be left to look after younger siblings. They may have to act as the head of their households, however young and in need of help they may be.
- * They may themselves be infected, or be caring for others who are infected and ill.
- * Educators need to be aware that learners orphaned due to AIDS may face prejudice and be neglected by people who are supposed to look after them.
- * Schools will need to develop policies to guide the actions of educators who suspect such neglect, as they do when other forms of child abuse are suspected.

Testing for HIV in schools and disclosure of HIV status

- * The law does not allow learners or educators (or any employee) to be forced to have HIV tests.
- * Genuinely voluntary disclosure of a learner's or educator's HIV status should be welcomed.
- * Educators who are given such information must be prepared to treat it as confidential and ensure that no unfair discrimination follows from it.
- * Information on a learner's HIV status can only be disclosed by an educator to another person with the written permission of the learner (if over 14 years) or his or her parents.

A school policy on HIV/AIDS

- * Schools or institutions should develop their own policy on HIV/AIDS, in order to give operational effect to these national guidelines. Such a policy must be consistent with the Constitution and the law. A school policy must not contradict national policy, or the guidelines in this booklet.
- * The school has a responsibility to be a centre of information and support on HIV/AIDS in the community it serves. Major role players from the broader community, for example religious and traditional leaders, local health workers or traditional healers, should be invited to participate in developing the school's policy.
- * If the resources are available, a school may want to establish a Health Advisory Committee. This would be a committee of the governing body. Its membership should include staff, parents, learners and health professionals. Someone with health knowledge should chair the Committee. The Committee should advise the governing body on the implementation of these guidelines. It should help develop the school's HIV policy and monitor its implementation, especially HIV prevention.
- * The school policy should be reviewed as new scientific information becomes available, including advice from the national or provincial health or education authorities.

Reducing the risk of transmitting illness to people with HIV/AIDS

- * Illnesses that may be relatively unimportant for a well person can be serious for other people and life threatening if caught by a person with AIDS.
- * Learners and educators with infectious diseases including measles, mumps, German measles, chicken pox and whooping cough should consult a doctor and stay away from school until they are better.
- * Schools should inform parents of this policy and strongly recommend that all children are fully vaccinated.

Supporting sick learners

- * Learners and students are expected to attend classes in accordance with legal requirements for as long as they are able to function effectively and pose no medically significant risk to others in the school or institution.
- * Every school with sufficient facilities should have an area where learners and



educators who are feeling unwell can lie down during the day for short periods. This will enable learners who are sick to stay in school for longer.

* If and when they become ill or pose a medically significant risk to others they should be allowed to study at home and academic work should be made available for this. Where possible, parents should be allowed to educate them at home.

* Some learners with HIV/AIDS may develop behavioural problems or suffer neurological damage. Such learners should be assessed and, where it is possible and appropriate, placed in specialised residential institutions for learners with special education needs.

* Some extra-curricular activities can be very stressful for learners with HIV. Educators need to be sensitive to this and excuse such learners from participation when necessary.

* Medicines often have to be taken at set times in order to be properly effective. Educators need to be aware of this and allow learners with HIV to slip out of class to take medication when necessary.

* Schools should help learners with HIV to form a support group or link with one in the community.

Supporting sick colleagues

* Educators and other staff who develop AIDS-related illnesses need understanding from their colleagues.

* Increasingly they will need days off work or become exhausted during the day and need to lie down for some time.

* During these times, other members of staff will have to cover for them, and this will have an impact on their own work and well-being.

* The scale of the HIV epidemic is so great in the country that, until we all practice safer sex, these things will form part of a new reality with which we have to live.

* Educators often feel overburdened already and find it hard to see how they could do more work. Such feelings are very understandable. This emergency makes exceptional demands on all South Africans. Perhaps we should remember that one day our well colleagues might have to cover for us, unless we protect ourselves from infection.

“The most important part of our work is to educate people to accept, love and support those with HIV, so that we do not have to hide away or be silent. The more we hide away, the more pressure we feel, the sicker we get and the faster we die.” - Valencia Mofokeng, HIV positive widowed mother and leader of the Orange Farm Anti-Aids Club’s support group for people living with HIV/AIDS, in Reconstruct, 7 November 1999



6. DECLARATION OF PARTNERSHIP AGAINST AIDS

by
President Thabo Mbeki

Declaration

"HIV/AIDS is among us. It is real. It is spreading. We can only win against HIV/AIDS if we join hands to save our nation.

"For too long we have closed our eyes as a nation. For many years, we have allowed the virus to spread, and at a rate in our country which is one of the fastest in the world. Every single day a further 1 500 people in South Africa get infected. To date, more than 3 million people have been infected.

The danger is real

"Many more face the danger of being affected by HIV/AIDS. Because it is carried and communicated by other human beings, it is with us in our workplaces, in our classrooms and our lecture halls. It is there in our church gatherings and other religious functions. HIV/AIDS walks with us. It travels with us wherever we go. It is there when we play sport. It is there when we sing and dance.

"Many of us have grieved for orphans left with no one to fend for them. We have experienced AIDS in the groans of wasting lives. We have carried it in small and large coffins to many graveyards. At times, we did not know that we were burying people who had died from AIDS. At other times we knew, but chose to remain silent.

"And when the time comes for each of us to make a personal precautionary decision, we fall prey to doubt and false confidence. We hope that HIV/AIDS is someone else's problem.

Changing our way of life

"HIV/AIDS is not someone else's problem. It is my problem. It is your problem. By allowing it to spread, we face the danger that half of our youth will not reach adulthood. Their education will be wasted. The economy will shrink. There will be a large number of sick people whom the healthy will not be able to maintain. Our dreams as a people will be shattered.

"HIV spreads mainly through sex. You have the right to live your life the way you want to. But I appeal to the young people, who represent our country's future, to abstain from sex for as long as possible. If you decide to engage in sex, use a condom. In the same way, I appeal to men and women to be faithful to each other, but otherwise to use condoms.

Partnership

"The power to defeat the spread of HIV and AIDS lies in our Partnership: as youth, as women and men, as business people, as workers, as religious people, as parents and teachers, as farmers and farm workers, as the unemployed and the professionals, as the rich and the poor - in fact, all of us.

"Today, we join hands in this Partnership Against HIV/AIDS, together we pledge to spread the message!

"Every day, every night - wherever we are - we shall let our families, friends and peers know that they can save themselves and save the nation, by changing the way we live - and how we love. We shall use every opportunity openly to discuss the issue



of HIV/AIDS. As Partners Against AIDS, together we pledge to care!

"We shall work together to care for those living with HIV/AIDS and for the children orphaned through AIDS. They must not be subjected to discrimination of any kind. They can live productive lives for many years. They are human beings like you and me.

"When we lend a hand, we build our own humanity, and when we remind ourselves that, like them, every one of us can become infected.

"As Partners Against AIDS, together we pledge to pool our resources and to commit our brain power!

"There is still no cure for HIV and AIDS. Nothing can prevent infection except our own behaviour. We shall work together to support medical institutions to search for a vaccine and a cure. We shall mobilise all possible resources to spread the message of prevention, to offer support for those infected and affected, to de-stigmatise HIV and AIDS and to continue our search for a medical solution.

"And so today we join hands in the Partnership, fully aware that our unity is our strength. The simple but practical action that we take today is tomorrow's insurance for our nation.

"Accordingly, we pledge that wherever we meet and study, work and sing, play and enjoy one another's company, we will protect ourselves and our partners against HIV and AIDS. Together, as Partners against HIV/AIDS, we can and shall win.

"...There is no other moment but the present, to take action. I thank you for your attention and urge you to ACT NOW!"

Address to the nation by then Deputy President Thabo Mbeki, 9 October 1998, on behalf of former President Nelson Mandela



7. HIV/AIDS IMPORTANT NUMBERS

Area and Contact person	Tel	Fax
National Department of Health HIV/AIDS and STD Directorate	(012) 312-0121 E-mail: jvren@hltrsa.pwv.gov.za	(012) 326-2891
Mediaworkers project Beyond Awareness Campaign	E-mail: www.spinpro.co.za (011) 646-1276 E-mail: medi aids@icon.co.za	(011) 646-3514
AIDS Action Office	(011) 482-6737 E-Mail: wba@icon.co.za	(011) 482-2099

Helplines

National Tollfree AIDS Helpline	0800-0123-22
Youth Information Helpline	0800-000-001
Women's Helpline	0800-150-150

Area and Contact person	Tel	Fax
Provincial Health Departments (HIV/AIDS Directorates / Co-ordinators)		
Eastern Cape, Marlene Poolman	(040) 609-3907	(040) 635-0072
Free State, Ntsiki Jolingana	(051) 403-3855/8	(051) 403-3851
Gauteng, Liz Floyd	(011) 355-3866	(011) 355-3386
KwaZulu-Natal, Themba Ndabandaba	(0331) 952-729/268	(0331) 426-744
Mpumalanga, Lucas Nkosi	(013) 752-8085 x 2128	(013) 755-3829
North West, Joseph Tlatsana	(018) 387-5236	(018) 387-5332
Northern Cape, Marilyn Mohammed	(053) 830-0761	(053) 833-3814
Limpopo, Salumi Rathethe	(015) 291-2637	(015) 291-5961
Western Cape, Dr Sadiq Kariem	(021) 483-4071	(021) 483-4345

Department of Education Provincial Co-ordinators

Gauteng, Brennand Smith	(011) 355-0846	(011) 355-0833
Kwa-Zulu Natal, Dr Simon Z. Mbokazi	(035) 874-3428/9	(035) 874-3600
Free State, Herriet Speckmier	(051) 404-8327	(051) 404-8329
Limpopo, Rachel Chuenyane	(015) 290-7747	(015) 297-7464
North West, Eric Ganz	(018) 384-3150-8	(018) 387-4170
Mpumalanga, Nozipho Nkabinde	(013) 282-7328	(013) 282-5190
Western Cape, Peter Fenton	(021) 425-7400	(021) 425-7465
Eastern Cape, Noxolo Gwarube	(043) 642-6111	(043) 604-3217
Northern Cape, Alan Grootboom	(053) 839-6627	(053) 839-6580

AIDS Training Information and Counselling Centres (ATICCs)

Bloemfontein, Daleen Raubenheimer	(051) 405-8544	(051) 405-8818
Cape Town, Carrol Jacobs	(021) 400-3327	(021) 419-5248
Durban, Themba Mdluli	(031) 300-3104	(031) 306-9294
East London, Rose Hegner	(043) 705-2621	(043) 743-9743
Johannesburg, Macie Kunene	(011) 725-6711/2	(011) 725-5966
Nelspruit, Elphas Nkosi	(013) 759-2167	(013) 752-3770
Pietermaritzburg, Heidi van Rooyen	(0331) 951-612/3	(0331) 423-245
Pietersburg, Herbie Smith	(015) 290-2363	(015) 290-2364
Port Elizabeth, Jeeva Munsamy	(041) 506-1415	(041) 506-1486
Pretoria, Marlene Fourie	(012) 308-8743	(012) 308-8754
Queenstown, Victoria Ndyamara	(045) 838-2233	(045) 838-3244
Owa Owa, Ansie Claasens	(058) 713-2573	(058) 713-2502
Roodepoort, Antonia Barnard	(011) 763-1224	(011) 763-6588
Umtata, Nokwanda Mzinyathi	(047) 531-2763	(047) 531-5186
Vanderbijlpark, Stanley Rangaza	(016) 950-5337/8	(016) 981-9722
Welkom, Joanne Bartlett	(057) 353-3029	(057) 352-9277
Witbank, W/P Mlotshwa	(0136) 906-204	(0136) 906-459

Area and Contact person	Tel	Fax	E-mail
Organisations			
AIDS Consortium	(011) 403-0265	(011) 403-0625/0390/1	aid scon@global.co.za
AIDS Foundation of S. A	(031) 202-9520	(031) 202-9522	admin@aid s.org.za
AIDS Law Project	(011) 403-6918	(011) 403-2341	125ma3he@solan.law.wits.ac.za



Area and Contact person	Tel	Fax	E-mail
Organisations cont.			
AIDS Legal Network	(0331) 421-1130	(0331) 949-522	lhrpmb@wn.apc.org
AIDS Management and Support	(011)786-6492	(011)786-6492	drclive@icon.co.za
AIDS Media Research Project	(011) 646-3514	(011)646-1276	mediaids@icon.co.za
AIDSLINK	(011) 725-6202	(011) 725-6202	aidslink@aidslink.org.za
Churches AIDS Resource & Educational Network	(031) 765-5866	(031) 765-5866	hillaims@iafrica.com
Cotlands	(011) 683-7200	(011) 683-2609	cotlands@global.co.za
DramAIDe	(0351) 929-131	(0351)939-11	lynndal@iafrica.com
Ethembeni Care Centre	(0351) 909-490	(0351) 909-493	jenny.rogers@alusaf.com
Friends for Life	(011) 487-1918	(011) 487-3568	friends@pixie.co.za
Health Services Development Unit	(013) 797-0076	(013) 797-0082	sn@hsdu.nt.healthlink.org.za
Health Systems Trust	(031) 307-2954	(031) 304-0775	hst@healthlink.org.za
Helderberg AIDS Centre	(021) 852-5420	(021) 856-5424	dione@iafrica.com
Hillcrest AIDS Centre	(031) 765-5866	(031) 765-5866	hillaims@iafrica.com
Hospice Grahamstown Service	(046) 622-9661	(046) 622-9676	hospice@mailbox.ru.ac.za
Industrial Health Research Group	(021) 650-3508	(021) 685-5209	ihsafia@protem.uct.ac.za
Industrial Health Unit	(031) 260-4507	(031) 260-4211	maharajr28@med.und.ca.za
Institute of Urban Primary Health Care	(011) 440-1231	(011) 887-9007	iuphc@pixie.co.za
Lawyers for Human Rights Legal and Human Rights Programme, Ms Ann Strode	(0331) 42-1130	(0331) 949-522	lhrpmb@wn.apc.org
Lesedi Project	(057) 217-4590	(057) 237-2108	harmony@pegasus.marques.co.za
Life Line - Johannesburg	(011) 728-1347	(011) 728-3497	national@ibi.co.za
- Pretoria	(012) 464-683	(012) 464-690	lifeline@ibi.co.za
- Durban	(031) 303-1344	(031) 303-1419	lnatal@dbn.lia.net
- Pietermaritzburg	(0331) 425-929	(0331) 453-946	lifelinepmb@futurenet.co.za
- Free State	(057) 357-2746	(057) 352-1065	llfs@global.co.za
- East Rand	(011) 421-0384	(011) 422-4242	femke@intekom.co.za
- West Rand	(011) 665-2281	(011) 665-1167	lifelinewr@icon.co.za
- Western Cape	(021) 461-1113	(021) 461-6400	lifeline@iafrica.com
- Nelspruit	(013) 755-3606	(013) 755-2635	Lifeline@lowveld.com
- Southern Africa	(011) 781-2346	(011) 781-2715	national@ibi.co.za
Medical Research Council	(031) 251-481	(031) 258-840	colvin@med.und.ac.za
Metropolitan AIDS Research Metropolitan Life - EduAIDS Project	(021) 940-5177	(021) 940-5469	thomas.muhr@metlife.co.za
Mothusimpilo AIDS Project	(021) 940-6121	(021) 253-348	
Mx Health Institute	(018) 787-2111	(018) 787-4637	mpholo@sn.apc.org
Namaqualand AIDS Programme	(012) 663-8111	(012) 663-3009	mxhealth@pixie.co.za
NAPWA National office	(0251) 216-01	(0251) 22057	davina@healthlink.namakwa.org.za
National Institute for Virology	(012) 420-4410/1	(012) 420-4409	napnat@sn.apc.org
Northern Areas AIDS Action Group	(011) 321-4292	(011) 882-0596	cgray@niv.ac.za
Old Mutual - 'I Have Hope'	(021) 948-7560	(021) 946-4028	aids.a.group@usa.net
	(021) 509-3061	(021) 509-5193	dwait@oldmutual.com