



**The Roles of School Management Teams in the Implementation and
Monitoring of School-based Pandemic Policies**

by

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DECLARATION

I, **WANI VENUS SENOGE**, student number (2012129124), hereby declare that the thesis entitled **The Roles of School Management Teams in the Implementation and Monitoring of School-based Pandemic Policies**, which is being submitted for the Doctoral degree at the University of the Free State has not been submitted before for any other degree for examination at any other University.

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DEDICATION

I dedicate this study to my husband, Rantoko William Senoge, without whose love, support and encouragement I would not have completed this task. I am blessed to have him on my side and as a silent partner in this labour.

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ABSTRACT

The recent global health crises, particularly HIV/AIDS and COVID-19, have significantly affected educational systems worldwide, compelling the evaluation of policy implementation and monitoring by School Management Teams (SMTs). This study was undertaken to examine the dynamic challenges SMTs face. It aimed to analyse the obstacles and difficulties SMTs encounter, comprehend their roles and duties, and evaluate the effectiveness of their strategies in managing pandemic situations, with the ultimate goal of developing a results-based framework or model to harness and navigate these challenges effectively. The study used qualitative research methodology to focus on SMTs' challenges during pandemics. This approach was instrumental in gaining rich insights into the multifaceted roles and responsibilities of SMTs in crisis scenarios. The key findings from this research revealed that SMTs grappled with significant challenges such as stigma and discrimination, notably around health conditions like HIV/AIDS. There was a marked inadequacy in training for policy implementation, which led to inconsistencies in handling pandemic-related educational disruptions.

Moreover, SMTs faced considerable resource constraints, which hindered their ability to implement effective strategies, particularly in adapting to new norms like remote learning. One fundamental discovery of this study was the crucial role of distributed leadership in enhancing policy execution. This approach proved vital in creating a more inclusive, participatory environment within schools, significantly impacting policy effectiveness.

The study concluded that managing pandemic policies in the educational system needs a holistic approach. This approach must consider the health implications of a pandemic and its broader social and educational impacts. It showed the necessity of ongoing training for SMT members, proper allocation of resources, and infrastructural improvements to effectively meet the challenges of pandemic management. From these findings, the study recommends developing targeted training programs for SMTs, embracing distributed leadership models, crafting context-specific policies, and strategically investing in digital technologies to bolster educational resilience. Looking ahead, it advocates for extensive longitudinal research to gauge the long-term impacts of these policies and strategies. Such research should also explore the potential and effectiveness of technological integration in managing educational institutions during pandemics, ensuring a more robust and responsive educational system for future challenges.

KEYWORDS:

SMTs; Distributed Leadership; Stigma Resource Allocation; Holistic Approach

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
CHH(s)	Child-headed household(s)
DBE	Department of Basic Education
DL	Distributed leadership
DoE	Department of Education
DoH	Department of Health
FSDOE	Free State Department of Education
HIV	Human Immunodeficiency Virus
HoD	Head of Department
HSRC	Human Sciences Research Council
LO	Life Orientation
LRA	Labour Relation Act
MoE	Minister of Education
MoH	Ministry of Health's
NICPD	National Institute for Curriculum and Professional Development
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
SASA	South African Schools Act
SBA	School-based Assessment
SBST	School-based Support Team
SGB	School Governing Body
SMT(s)	School Management Team(s)

TF	Theoretical Framework
TIMSS	South African Trends in International Mathematics and Science
UNAIDS	United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific, and Cultural Organization
WHO	World Health Organisation

CHAPTER 1

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 INTRODUCTION

Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) is a worldwide and pressing pandemic. Chang'ach (2012:55) alluded that although there have been severe diseases in the history of humankind, none has been as frightening as HIV-AIDS. It has become a stubborn health problem that is a nightmare for health professionals, both modern and traditional. It is currently threatening to disrupt the operations of the education sector in the country. Since education is the backbone of any society, the implications of the HIV-AIDS pandemic on this society are unimaginable. Most of the challenges are socio-economic, health, and educational. According to Van Dyk (2017:252), an estimated 5.63 million adults and children were living with HIV/AIDS in 2009. Of these, 5.3 million were adults aged 15 years and older, 3.3 million were females, and 334,000 were children. The need to respond to the HIV/AIDS phenomenon has been a priority for people living with the disease for almost three decades.

The COVID-19 pandemic in South Africa is part of the coronavirus disease 2019 (COVID-19) caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). According to the World Health Organisation (WHO), the COVID-19 pandemic has brought about an unprecedented global, multifaceted crisis, exacerbating humanitarian, socio-economic, and human rights vulnerabilities and placing enormous pressure on healthcare systems. As of October 2021, more than half of all COVID-19 cases in Africa reported to the WHO were documented in South Africa, making the country one of the most impacted in the region. According to Moholwane and Shepherd (2022:2), it was estimated that about 1 million learners had not returned to school by April/May 2021 due to COVID-19. It was expected that many of these learners could get back into the system as and when schools return to daily attendance. Disengagement from schooling puts students at a greater risk of permanently dropping out of school. It also presents long-term consequences such as reduced participation in further education and training, lower chances of employment and lifetime earnings, and poor health.

The National Institute for Curriculum and Professional Development (NICPD), together with the Department of Basic Education (DBE), has initiated the Learning Recovery Programme (LRP) Workshop to improve teachers' skills in addressing learning shortfalls in learning

centres, such as schools. The researchers' point of view is that since the beginning of the school shutdown, teachers have resorted to online education to continue teaching learners. Most teachers have chosen to use a WhatsApp group for their classes, where they can text with parents and send them resources like worksheets for their children. Other educators have opted for video calls to read aloud with the learners (DBE, 2021).

A study by Ndaruhutse, Riggall, Page, and Guerriero (2021:21) at the Human Sciences Research Council (HSRC) projected learning losses due to school closures and disruptions in South Africa. The study applied the learning curve scenario methodology to the South African Trends in International Mathematics and Science Study (TIMSS) data. The study compared projected learning losses in fee and no-fee schools. Projections showed higher learning losses in no-fee schools compared to fee schools, with a more significant proportion of students in no-fee schools obtaining mathematics scores below the cut-off score of 300 compared to fee schools.

In terms of the impact of HIV/AIDS and the COVID-19 pandemic on education, it can be said that they have far-reaching consequences. For school teachers, mortality, productivity, and costs have negatively affected the quality and availability of education. Children are now absenting themselves from school and becoming subject to many psycho-social impacts of HIV/AIDS and COVID-19, such as fear, worry, unhappiness, and disgrace. All these impacts negatively affect their learning and development. Their effect on education development in schools is either direct or indirect. The School Management Team (SMT) must develop a working and collaborative relationship with the depressed children and refer them to the school's school-based support team (SBST). As a final resort, the child will be referred to the District-based support team (DBST) (DBE, 2014:36). To slow down the spread of HIV/AIDS in South African schools, DBE took the opportunity in 1999 to design and introduce the HIV/AIDS policy. In September 2020, DBE initiated the development of Standard Operating Procedures for the containment and management of COVID-19 for schools and the school community. These policies were intended for learners and educators in public schools and students and educators in Further Education and Training institutions. National policy on HIV, STI and TB (2017:1) state that the policy articulates the department's intention to improve employee wellness programs for educators and officials.

All educators, learners, officials, and key stakeholders must familiarize themselves with the various components of the DBE HIV and TB policy, as this will enable them to support its implementation on the ground effectively. Mpunzana (2017:15) further state that this policy

intends to provide a blueprint for the design and development of provincial and school management policies and strategic steps for their implementation.

Strong leadership is, however, of paramount importance in the enactment and monitoring of HIV policy, primarily because of the challenges that accompany these processes. Moyo and Smit (2017:4) state that effective leadership and management are essential in sustaining good learning opportunities for learners. According to Mpunzana (2017:49), strong leadership is crucial because it can inspire a sense of ownership and participation among stakeholders in the implementation process. SMTs must motivate the downline staff to work together and support HIV-positive people and ensure the successful implementation and monitoring of the HIV/AIDS policy. The role of the SMT in education is regarded as one of the most essential tools that can be used to help reduce the incidence of HIV/AIDS and alleviate its impact on society (Sarma & Oliveras, 2013:13).

Bayers and Hay (2011:4) warn that there are difficulties with the implementation of school-based HIV/AIDS policy that still need to be addressed by the principals as heads of the institution. Furthermore, Burke, Morris, and Mc Garrigte (2012:14) pointed out that it is the policy of the South African government to have an HIV/AIDS program in place in schools, and the current implementation is questionable.

In South African schools, two significant policies stipulate the roles of principals. The first one is the Standard for Principalship (2015:15), and the second one is the Government gazette Personnel Administrative Measures (PAM) (2016:38). The role of the principal is to ensure that the education of the learners is promoted in a proper manner and accordance with approved policies. They are also responsible for ensuring that all school policies, including those developed by the School Governing Body (SGB), are implemented and comply with current educational legislation and policy. However, these two policies have shortcomings as they do not specify the role of the SMT in the implementation and monitoring of school-based HIV/AIDS policies. According to Isaacs (2014:2), education can be seen as a social vaccine against HIV. Therefore, the Department of Education (DoE) expects every school to have its own HIV/AIDS policy and to implement and monitor it. According to Moyo and Smit (2017:5), principals need to know about HIV to devise strategies for effectively managing it and its associated challenges. While policies protect those infected and affected by HIV, they do not address the needs of school leaders, who bear the responsibility of caring for their teachers. In this scenario, the role of the principal becomes crucial, as it is based on the primary function of the education system.

Principals of schools are expected to accept the challenges that come with HIV and to treat these challenges with the same commitment and sense of responsibility that they treat other aspects of their duties. In other words, principals are expected to support their teachers in these challenges. Hence, poor organizational effectiveness and teacher commitment result from ineffective care. HIV/AIDS are no longer simply a health concern but a developmental problem that affects the social, cultural, political, and economic fabric of the nation (DBE, 2017:1). Thajane (2019:108) further explained that school principals indicated that HIV/AIDS policy had a positive effect in the school as it assists teachers and learners in how to treat those who are affected by it. It also enables learners to get early treatment for their benefit and that of the school. One of the critical issues in this implementation process is the role that the SMT should play in implementing and monitoring school-based HIV/AIDS.

Mupa (2012:15) state that the role and responsibility of the SMT is to draw up a school-based policy, develop an implementation plan, and set up a specialist subcommittee called the Health Advisory Committee. Mupa (2012:15) says that the committee must manage the implementation of the HIV/AIDS school-based development plan. The DoE equipped the SMT and educators with standard infection prevention and control precautions. The educators instil in learners that a safe environment can be achieved by eliminating infectious particles in the air and on surfaces by constantly adhering to the golden rules of COVID-19. Having discussed the problem above, the background and rationale of the study will follow.

1.2 BACKGROUND AND RATIONALE OF THE STUDY

From the discussion above, certain aspects of the SMT's roles in implementing and monitoring the school-based HIV/AIDS and COVID-19 policies need further investigation. The entire SMT has a critical role in the successful formulation, development, implementation, and monitoring of essential policies for their school. It has become impossible to ignore the impact that HIV/AIDS have on the lives of teachers and learners. The principal, as the overall leader of the school, must take the lead. A study by Rotich and Kipkoech (2012:28) emphasizes that the principal plays a significant role in implementing and monitoring the school-based policy. These scholars further stated that principals are most likely to influence their school's organizational conditions, which are essential for the success of shared goals, work structure, climate, and processes for monitoring results.

Burke, Morris, and McGarrigle (2012:10) alluded that principals are implementation leaders who should take positive action to encourage others to participate in the implementation process and provide direction to overcome challenges that occur during the process.

A study by Naidu, Mestry, Mosoge, and Ngcobo (2012:11) echoed the same sentiments that engaging SMT in participative management can ease the burden on principals. The policy documents, however, stipulate that the role of a HoD is to develop and implement policies and practices for the subject, which reflect the school's commitment to high achievement through effective teaching and learning. The Standard for principals is silent about the Head of Department (HoD) role, and the PAM document (2016:A27), on the other hand, claims that the HoD must oversee a subject learning area. It also stresses that a HoD will develop the policy for their department.

Moyo and Perumal (2019:7) state that the quality of institutional leadership is often considered the main contributor to the failures or successes of institutions. Thus, school-based leadership has a significant impact on the success of the whole school programme. SMTs are expected to reshape their schools so that they can disseminate information about HIV/AIDS. Principals confront the false inclinations and belief systems that ordinary people have about HIV/AIDS. The researcher agrees that the other members of the SMT must assist the principal in managing the school and implementing and monitoring various policies. According to Moyo and Smit (2017:4), the SMT is being influenced by HIV to such an extent that there is now an urgent need for a leadership cluster that is health-orientated. Being the only disease of its kind, HIV presents enormous challenges to school principals, challenges like applying leadership styles that focus on teachers' emotional stability to both teachers and learners who are positive. As leaders at the forefront of knowledge acquisition and have an essential duty to share this vital knowledge, their role in this process is undisputed. Because of the reasons described, an investigation needs to be conducted on this topic. Therefore, this study aims to add to the existing knowledge about the role of the SMT in implementing and monitoring school-based pandemic policies.

1.2.1 The researcher's involvement

As an educator and a member of the SMT, I have served under the leadership of two (2) principals. Over the years, I have witnessed that most schools do not have pandemic policies, such as HIV/AIDS and COVID-19 policies. These policies' formulation, development,

implementation, and monitoring leave much to be desired. Some issues have intrigued me to investigate the monitoring and implementation of the HIV/AIDS policy, as some SMTs are failing to fulfil their roles and responsibilities as expected. I have noted with concern that the management team does not take any action to combat the HIV/AIDS disease at the school level. For instance, most schools do not have a health advisory committee. I have observed that the management team members are no longer providing induction for newly appointed teachers regarding policies, especially for educators teaching Life Orientation (LO). Educators are still facing challenges with the implementation of HIV/AIDS policies at schools. My interest started when I realized that most schools have an HIV/AIDS policy, but the problem lies in its implementation and monitoring.

Furthermore, during my discussions with colleagues, I have also realized that the operation of the HIV/AIDS policy faces many challenges as educators choose what they want to teach about HIV/AIDS in the classroom. There is also ineffective implementation due to religious beliefs, culture, and lack of commitment from the SMT. My first concern, as highlighted by Isaacs (2014:3), is that the lack of implementation of HIV/AIDS policies is primarily due to many principals not being committed to the process. School principals must know about the epidemic's impact on staff, learners, the school environment, and communities. They should also be well-versed in HIV policy, human rights, and the unique needs of vulnerable children at school.

According to Thajane (2019:48), the principal should utilize open dialogue and problem-solving methods that encourage innovation and feedback from all possible sources within and outside the school. School principals also need to fulfil their overarching role as managers and leaders of policy implementation, which includes distributing duties to the rest of the SMT. Finally, most education scholars believe that principals are responsible for setting the tone of the school by providing effective instructional leadership and ensuring the professional management of schools (Naidoo, 2019:1). The Principal and SMT are responsible for the application of the HIV/AIDS policy at the school level. Therefore, they are responsible for ensuring that the implementation and operationalization of the HIV/AIDS Policy are done successfully. The SMT must promote awareness of the HIV/AIDS policy in the school and neighbouring schools and form strong partnerships with other departments. The aim is to share best practices with all these organizations. The SMT and the finance committee should budget for the training of all stakeholders about HIV/AIDS and COVID-19 policies. The SMT must also maintain an adequate safety standard according to this policy.

1.2.2 The leadership role of the Principal and School Management Team

Isaacs (2014:7) alluded that school principals occupy a powerful and influential position as agents of change in schools. Principals must recognize their leadership styles and make correct decisions, accompanied by adequate skills and abilities. The principal must mediate the constructive implementation and monitoring of the policy. The principal is responsible for raising awareness of existing policies and programs in the school. According to Mupa (2012:8), involving educators and the SGB in policy development can help promote ownership and ensure policies are implemented. Many proven effective programs might not be implemented if teachers lack the competency to deliver the subject. The principal must also monitor, evaluate, and review the impact of school plans and initiate appropriate action. The management is responsible for implementing and monitoring the HIV/AIDS policy. The researcher's interest in this study is to determine whether schools are implementing school-based HIV/AIDS policies. According to Moyo (2014:26), the SMT must guide the school in deepening its understanding of HIV/AIDS and how it can affect the school. It is also the responsibility of the SMT and SGB to draft a school-based HIV/AIDS policy.

1.3 PROBLEM STATEMENT

According to Karim and Baxter (2022:50), South Africa had the highest burden of COVID-19 in Africa, accounting for 34% of all cases and 43% of all COVID-19-related deaths on the continent. The COVID-19 epidemic in South Africa has unfolded against a backdrop of the substantial and longstanding HIV/AIDS and TB epidemics. All schools should have the following policies at their disposal for example, the HIV/AIDS, COVID-19 policy, and other pandemic policies in the school. The SMT must formulate, implement, and monitor the policy. Beyers and Hay (2011:100) emphasized that some schools face challenges when it comes to the operation of their HIV/AIDS policy, and that needs to be addressed.

A study by Van Wyk (2014:209) found that SGBs, SMTs, and educators must develop mechanisms to monitor the effectiveness, implementation, and evaluation of HIV/AIDS policies. Despite this research by Van Wyk (2014:9), it seems that the SMT does not fully comply with legal requirements concerning HIV/AIDS, and they remain ignorant when it comes to the legal requirements concerning HIV/AIDS. Some school principals consider their schools 'safe' from HIV/AIDS, and yet the statistics from (Health News 24, 2016:1) showed that nearly a third of all new HIV infections in SA occur in girls aged 15 to 24 years old group.

There are still problems with the implementation of the HIV/AIDS policy at schools. Most of the challenges are socio-economic, health, and educational: policies that are not reviewed, lack of monitoring by SMT members, educators' knowledge, training, morale, and commitment, and educator and learner absenteeism (Thajane, 2019:57). Even at its inception, such challenges had been identified as possible challenges to the successful implementation of the HIV/AIDS policy. Poor implementation or lack of these policies has led to problems that hampered the principals' effective management of their schools. If school policies are poorly implemented or not implemented at all, it implies that the principal's management of the school is ineffective.

1.4 THEORETICAL FRAMEWORK

The theoretical framework underpinning this study is the distributed leadership theory. A theoretical framework is a structure that can hold or support a theory of research studies. The theoretical framework is the blueprint for the entire thesis inquiry. It serves as the guide on which to build and support your study. The theoretical framework provides theoretical assumptions for the larger context of a study and is the foundation or lens by which a study is developed. This framework helps to ground the research focus within theoretical underpinning and frame the inquiry for data analysis and interpretation (Newman, 214:85).

Based on the above statement, the theory that I have opted for in my study is grounded in the literature on the role of the SMT in implementing and monitoring the school-based HIV/AIDS policy. Each member of the SMT has a particular role to play in implementing and monitoring the HIV/AIDS policy. In other words, the roles should be distributed; therefore, this theoretical framework is most suitable for my study. Based on my topic, Grant (2010:402) alluded that the concept of the SMT is embedded in a distributed leadership theoretical framework, which emphasizes that leadership need not only be in the position of an individual but can be stretched over a range of people who work at different levels. Angele (2010:1) defines distributed leadership as the sharing, spreading, and distributing of leadership work across individuals and roles within the school organization.

On the other hand, Spillane and Lee (2014:1) claim that leadership practice involves more than one person within the organization. Leadership practice includes the vital interaction between leaders, followers, and their situations. The principal is often thought of as the only source of knowledge and skills for leadership. Bolden (2011:5) argues that an individual does not do

distributed leadership; instead, it is a group activity that works through and within relationships rather than individual actions. I will elaborate more on the theoretical framework in Chapter 2.

1.5 RESEARCH AIM, OBJECTIVES AND QUESTIONS

1.5.1 Aim

The primary aim of this study is to develop a framework for School Management Teams (SMTs) focusing on their role in implementing and monitoring school-based pandemic policies. This framework is intended to provide a structured approach that optimises the effectiveness of SMTs in these essential functions, ensuring a more robust response to pandemic challenges within the school environment.

1.5.2 Objectives

- i. To investigate the challenges experienced by School Management Teams in implementing and monitoring school-based pandemic policies.
- ii. To describe the obligation of the School Management Teams to implement and monitor the pandemic policies.
- iii. To investigate and describe how School Management Teams execute their roles in implementing and monitoring the school-based pandemic policies in their school.
- iv. To investigate the strategies that the School Management Teams utilize in implementing and monitoring the school-based pandemic policies in their school.
- v. To develop a framework for effectively implementing and monitoring school-based pandemic policies by School Management Teams.

1.5.3 Main research questions

What challenges do School Management Teams face in implementing and monitoring School-based HIV/AIDS and COVID-19 policies, and how can a framework be developed to enhance their effectiveness in executing these responsibilities?

1.5.3.1 Sub-questions feeding into the main research questions

- i. What are the challenges experienced by the School Management Team in implementing and monitoring the school-based HIV/AIDS and COVID-19 policies?
- ii. What are the obligations of the School Management Team about the implementation and monitoring of the HIV/AIDS and COVID-19 policies?
- iii. How do School Management Teams execute their roles in implementing and monitoring school-based pandemic policies within their schools?
- iv. What strategies are employed by School Management Teams for effective implementation and monitoring of school-based pandemic policies?
- v. How can a framework be developed to enhance the effectiveness of School Management Teams in implementing and monitoring school-based pandemic policies?

1.6 ASSUMPTIONS OF THE STUDY

In this study, the following assumptions were made:

- i. The School Management Team lacks commitment to managing the implementation of the HIV/AIDS and COVID-19 policies.
- ii. Most schools do not have HIV/AIDS and COVID-19 policies.
- iii. The research assumes that the School Management Teams will provide the researcher with the documentation, policies, plans and registers.
- iv. HIV/AIDS are sensitive, and participants may withhold vital information.
- v. The school does not have a Health Advisory Committee.
- vi. The School Management Team lacks commitment to monitor the quality of teaching and learning of HIV/AIDS and COVID-19 programs.
- vii. Participants may withhold important information.

1.7 SCOPE AND DELIMITATION OF THE STUDY

The scope of this study refers to the implementation of HIV/AIDS and other school pandemic policies by SMTs in the four selected schools in Bloemfontein. The SMTs, aged 20 – above 50 years, were selected from the township school population in the Free State, Motheo district in Bloemfontein. Other districts, cities, towns, and urban areas were not considered for this study, as it was not feasible to include all of them. The population of this study would consist of SMT

and LO educators (both males and females). The delimitation of a study refers to the limitations consciously set by the researcher. In this respect, it can be argued that delimitations are within the researcher's control. Thus, delimitations are mainly concerned with the study's theoretical background, objectives, research questions, variables under study, and study sample (Theofanidis & Fountouku, 2019:3). The study was confined to four secondary schools in Bloemfontein. The study was delimited to questionnaires and interview schedules as the primary data collection instrument.

1.8 LIMITATION OF THE STUDY

This study is limited to four high schools in Bloemfontein in the Motheo District of the Free State Province in South Africa. Therefore, the findings cannot be generalized. The study findings are based on the responses of the interviewed participants and cannot be generalized. According to Scott (2016:6), it is vital to consider time limitations, as they can impact the completion of the study. In addition to the anticipated delays in receiving responses from participants, it is also essential to be aware of the time the research supervisor will need to review and provide feedback on the different chapter submissions for amendments and improvements to the thesis document. Radu (2019:3) argues that the limitations of qualitative research are unique. It is a time-consuming process, and the interpretations are limited. Personal experience and knowledge influence observations and conclusions. According to Theofanidis, Dimitrios, Fountouki and Antigoni (2019:156), limitations of any study are potential weaknesses that are usually beyond the researcher's control and are closely associated with the chosen research design, statistical model constraints, funding constraints, or other factors. In this regard, a limitation is an "imposed" restriction that is essentially beyond the researcher's control. However, it may affect study design, results, and conclusions.

As discussed by the researcher, the following limitations of qualitative research have affected the smooth research process, viz.

- i. Document analysis - In view that the study involves document analysis, some of the principals were sceptical and refused to make their school documents available for perusal
- ii. Confidentiality - Some respondents feared completing the questionnaire or releasing information in documents and interviews since they thought they would be victimised. The researcher assured respondents of the confidentiality of their responses.

- iii. Findings usually cannot be generalised to the study population /community
- iv. Data collection is typically time-consuming for both the respondents and the interviewer
- v. Availability of participants – some respondents were unavailable for the interview, and some of them refused to participate.

All these limitations will not investigate ransom. Despite all the challenges, the researcher collected data from the participating schools.

We dealt with the study's delimitations and assumptions in the previous section. In the following paragraphs, we will deal with the research design, paradigm, data collection procedure and data analysis and interpretation.

1.9 RESEARCH METHODOLOGY

A brief account of the methodology will be provided in the following paragraphs. The methodology will be discussed in-depth in Chapter 4.

1.9.1 Research paradigm

The research studies were pursued through the philosophical lens of the interpretivist paradigm. Ryan (2018:46) explains that interpretivism is used to obtain an understanding of the world from an individual perspective. Interpretivism argues that scientific methods are inappropriate for studying society since human beings think and reflect. According to Thanh (2015:24), interpretivism usually seeks to understand a particular context, and the core belief of the interpretive paradigm is that reality is socially constructed. The researcher employed interpretivism in this study to comprehend participants' realities through their observation and involvement in the school-based pandemic policy implementation.

1.9.2 Research approach

According to Skovdal, Morten and Cornish (2015:1), qualitative research involves collecting information, also referred to as data, in a systematic way to answer a question. It is a method of inquiry that starts with the belief that there are benefits to exploring, unpacking, and describing social meanings and perceptions of an issue or program. Any research approach has

its advantages and disadvantages. According to Rahman (2017:104), this approach produces detailed descriptions of participants' feelings, opinions, and experiences and interprets the meanings of their actions. However, a disadvantage of qualitative research approaches is that they sometimes overlook contextual sensitivities and focus more on meanings and experiences.

Chapter 4 of the thesis will discuss the research approach in more detail.

1.9.3 Research design

This study followed a case study design informed by qualitative research methodology. A case study is an intensive study about a person, a group of people, or a unit which aims to generalize over several units. It has also been described as an intensive, systematic investigation of a single individual, group, community, or some other unit in which the researcher examines in-depth data relating to several variables (Heale & Twycross, 2017:7). The case studies assisted the researcher in generating new ideas, examining alternative solutions, and proposing practical solutions using supporting evidence. This case study aimed to employ a case study research design to investigate the role of the SMT in implementing and monitoring HIV/AIDS and COVID-19 policies. The goal was to describe the SMT's roles and their understanding of monitoring and implementing the school-based HIV/AIDS policy. According to Ary, Razavier, and Jacobs (2010:100), case studies may have detailed qualitative accounts that often explain/describe the data in a real-life environment. Still, they also help to explain the complexities of real-life situations. Some limitations include that case studies provide a minimal basis for scientific generalization since they use a small number of subjects, and some are conducted with only one subject. A common criticism of the case study method is its dependency on a single case exploration, making it difficult to reach a generalizing conclusion (Ary et al., 2010:101). Chapter 4 of the thesis will discuss the research design in more detail.

1.9.4 Data collection methods and procedures

The researcher can use many data collection forms when conducting qualitative research. According to Creswell (2012:9), data collection means identifying and selecting individuals for a study, obtaining permission to study them, and gathering information by asking people questions or observing their behaviour. Given the strengths of qualitative research above, this study employed individual in-depth interviews, focus group discussions, and documentary analysis. All interviews and focus group discussions were audio-recorded and transcribed.

1.9.4.1 Individual interview

Interviews are guided conversations. Yin (2011:321) reflects that an interview involves an interviewer and a participant (or interviewee) interaction. Tichapondwa (2013) state that an interview is a two-way conversation or oral question initiated by an interviewer to obtain research-related information and learn about the interviewees' ideas, beliefs, views, perceptions and opinions. Interviews will be used to gain insight from the participants on implementing and monitoring the school-based HIV/AIDS policy. Interviews have many advantages; they allow researchers to collect people's ideas, opinions, values, and beliefs about a topic. A disadvantage is that interviews may usually result in small numbers of people being interviewed due to time restrictions (Bolderston, 2012:200). Individual interviews were conducted with the SMT and the focus group.

1.9.4.2 Focus group interviews

According to Bolderston (2012:68), a focus group allows several participants to be interviewed simultaneously. Focus group interviews usually consist of five (5) to ten (10) participants with facilitated discussions. Rather than being a debate, problem-solving session, or decision-making group, the focus is on gathering narratives. Focus groups have distinctive strengths. Freitas, Oliveira, Jenkins and Popjoy (1998:4) highlight various strengths of this method. It is comparatively easier to drive or conduct focus groups, allowing one to explore topics and generate hypotheses. It also provides for collecting data from group interaction, focusing on the researcher's interest. It has high "face validity" (data) and is cost-effective compared to other methods. It also provides speed in the supply of results (in terms of evidence of the group's meeting) and allows the researcher to increase the sample size for qualitative studies. Like any other method, focus group interviews also have limitations. According to Freitas et al. (1998:4), some of the main disadvantages of focus groups are that there can be disagreement and irrelevant discussions which distract from the focus, they can be hard to control and manage, tricky to analyse, and challenging to encourage a range of people to participate. There is also the possibility that members may not express their honest and personal opinions about the topic at hand. Focus group interviews are not based on a natural atmosphere, and the researcher has less control over the generated data. Focus group interviews were conducted with the SMT and the educators. In Chapter 4, I will elaborate more on the advantages and disadvantages of focus group interviews.

1.9.4.3 *Documentary analysis*

Document analysis is unobtrusive and non-reactive and can yield a lot of data about the values and beliefs of participants in their natural settings. Document analysis means focusing on all types of written communication that may shed light on the phenomenon being investigated. According to Tichaponwa (2013:129), document analysis is a systematic procedure for reviewing or evaluating printed and electronic documents. Like other analytical methods in qualitative research, document analysis requires that data be examined and interpreted to elicit meaning, gain understanding, and develop empirical knowledge. Document or content analysis focuses on analysing and interpreting recorded materials (Ary et al., 2010:29). Certain documents, such as meeting minutes, HIV/AIDS policy of schools, and intervention programs, have been studied to answer the study's research questions.

1.9.4.4 *Open-ended questionnaires*

Open-ended questions allow the respondent to express an opinion without being influenced by the researcher. The researcher used an open-ended question because it allowed the audience to respond to the question based on their understanding and experience. Open-ended questions helped me understand the thought process of the respondent and make a follow-up on the question asked.

1.9.4.5 *Selection of participants*

Four secondary schools were selected. All SMT members were purposively elected to participate in this study (Principal, Deputy Principal, and HoD for LO). According to Etikan, Musa and Alkassim (2016:2), in purposive sampling, the researcher decides what information is required and selects participants who can and are willing to provide the information based on their knowledge or experience. The purposive sampling technique, also called judgment sampling, is the deliberate choice of a participant due to the qualities the participant possesses. In this study, the SMTs of the selected schools were chosen because they could provide the necessary information (Rossouw, 2013:107).

Gaining access to the institution convinces people that the researcher has decided who should be the participants. Ranganathan (2010:5) pointed out four stages for gaining access to the institution: getting in, getting out, getting on, and getting back. Research on pandemics such as

HIV/AIDS is rather sensitive; therefore, ethical issues were thoroughly adhered to. I first applied for ethical clearance from the Ethical Committee of the Faculty of Education, University of the Free State. In addition, I also applied for clearance from the District Education Office Free State. The process of adhering to ethical principles will be described in more detail in Chapter 4.

1.9.5 Data analysis and interpretation

Data analysis is the process of making sense of the data by consolidating, reducing, and interpreting what respondents have said and what the researcher has observed and read (Saurombe, 2014:20). Creswell (2012:481) state that qualitative research is a time-consuming and challenging process because typically the researcher faces massive amounts of field notes, interviews, transcripts, audio recordings, video data, reflections, or information from documents, all of which must be examined and interpreted. Qualitative researchers would typically work with and analyse interview transcripts, focused group discussion transcripts, and documents like policies, minutes of meetings, action plans, and intervention programs to answer the research questions. The researcher aimed to adhere to the principle of triangulation; therefore, individual interviews, focus group interviews, and documentary analysis were used in this study (Franzo, 2010:12). The first step that the researcher undertook after the completion of the interview was to analyse the data immediately to avoid data overload. Notes were taken during the interview process, and all participants' responses were analysed. The thematic analysis approach was employed by coding and categorizing the data into themes (Cohen, 2011:559). The data were also analysed by virtue of content analysis, which is, according to Hamilton and Corbett (2013:139), a way of trying to make sense of the collected data. Afterwards, the themes were coded and clustered into sub-themes to highlight how the participants understand the implementation and monitoring of HIV/AIDS at schools (Cohen, Manion & Morrison, 2011:476). The data from the distributed open-ended questionnaires were also organized and analysed according to the themes of the interviews.

1.9.6 Ethical and legal considerations

Roberts (2010:30) state that ethical issues arise in all aspects of conducting research. Such areas include attention to human rights, data collection, data analysis and interpretation, respect for the research site, writing, and disseminating the research. Participant observation invades the

informant's life, frequently revealing sensitive information. This is of particular concern in this study, where the informant's position and institution are evident.

1.9.7 Quality assurance of the researcher

In qualitative research, the quality of the project is ensured by virtue of the processes of trustworthiness, confirmability, dependability, transferability and credibility. The following paragraphs will accordingly provide a synopsis of some of the pertinent aspects to enhance the quality assurance of this study. All these aspects will be elaborated in depth in Chapter 4.

1.9.7.1 Trustworthiness

When carrying out qualitative research studies, validity and reliability are assured through trustworthiness. Trustworthiness involves establishing the following four aspects: confirmability, dependability, transferability, and credibility (Anney, 2014:277).

1.9.7.2 Confirmability

Confirmability is concerned with establishing that the data and interpretation of the findings are not a figment of the inquirer's imagination but are derived from the data (Anney, 2014:279). Additionally, confirmability is achieved if credibility, transferability, and dependability have been accomplished (Thomas & Magilvy, 2011:153). In this study, I have put forward my prejudices and ensured they do not interfere with the study's objectives. Furthermore, I have also ensured that all relevant documents, such as the original interview transcripts and notes made during the interviews, will be kept as an audit trail and subsequently enhance the trustworthiness of my study.

1.9.7.3 Dependability

Dependability involves participants evaluating the study's findings, interpretation, and recommendations to ensure they are all supported by the data from the study's information (Anney, 2014:278). As a result, dependability in qualitative research is very similar to reliability in quantitative research. It is concerned with whether we would obtain the same results if we could observe the same thing twice: the more significant the similarity in two results, the more excellent the dependability (Kumar, 2011:335). A close link exists between

dependability and credibility. As a researcher, I ensured that my research was dependable and that the collected data was used to conclude. The researcher will provide the findings to anyone who wishes to check the dependability of my study.

1.9.7.4 Transferability

A thorough description of the research context and underlying assumptions can achieve transferability. The results may be transferred from the original research to a similar situation (Anney 2014:277). According to Thomas and Magilvy (2011:153), transferability determines if the results from one study could be used to generalize what happens in the whole population.

1.9.7.5 Credibility

Anney (2014:277) explains that credibility is attained through triangulation. Kumar (2011:333) state that credibility in qualitative research is parallel to internal validity in quantitative research and refers to a situation where the results obtained through qualitative research are agreeable to the research participants. In this study, the data were collected using individual interviews, focus group interviews, and documentary analysis to investigate how the SMT implements and monitors the school-based pandemic policies at the school level. I also ensured the credibility of my study by giving my findings back to the participants to give them an ample chance to review them and to read through them to ensure that the interviews I transcribed were correct. Participants were allowed to correct the transcriptions and findings. In this way, participants were also allowed to clarify certain misunderstandings.

1.10 DEMARCATION OF THE STUDY

1.10.1 Scientific demarcation

The study is demarcated within the educational management and leadership studies, as it deals with the role of SMT in the implementation and monitoring of school-based HIV/AIDS.

1.10.2 Geographical demarcation

This research was undertaken in the Free State in the Motheo district in Bloemfontein. The Motheo district is one of the five districts in the province. It has 254 primary schools and 88

high schools. The scope of this study will be narrowed down to 6 high schools in Bloemfontein. In addition, learners are admitted between the ages of 6 and 18, and some are at high risk of infection. Bloemfontein is located on a high plateau, specifically on the southern edge of the highveld. The elevation of the city is 1392 meters. It is in the central part of South Africa. The reason for choosing Bloemfontein in the Motheo district was that the place would be accessible. Figure 1.1 shows the geographic location of the study area.

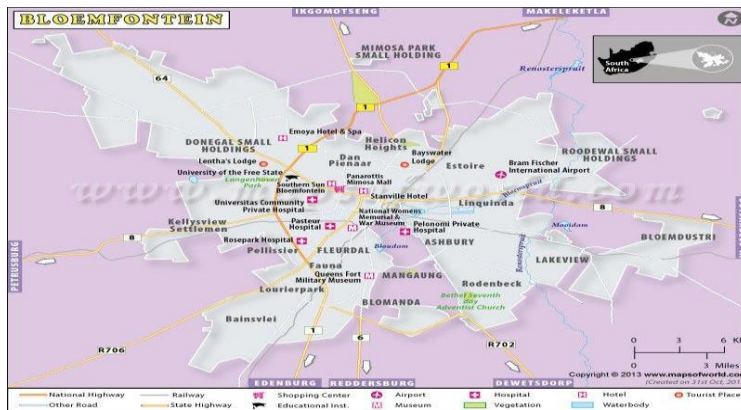


Figure 1.1: Map of Bloemfontein (Mapspotworld)

1.11 ORGANISATION OF THE THESIS

Chapter 1 provides a background to the study, the purpose of the research and the context in which it is approached. This chapter also presents the problem statement and outlines the research questions this study sought to answer.

Chapters 2 and 3 are the review of literature that is relevant to this study. This study is about the role of SMT in the implementation and monitoring of the school-based HIV/AIDS policy and another pandemic. The role played by SMT in managing the school-based policy is reviewed. This chapter gives a historical overview of this policy in management.

Chapter 4 concerns the research methodology. It discusses the relevance of the qualitative research approach to this study and how the interpretive paradigm underpins it. This chapter outlines the research methods used in the research and how ethical issues were addressed.

Chapter 5 deals with data presentation and analysis. It presents and analyses the data collected.

Chapter 6 is a discussion of the findings. This chapter discusses the research findings about the literature in the chapter, the summary, conclusion, recommendations, and possible questions

for further research. This chapter summarises the main research findings. It also concludes the main ideas of the study and highlights recommendations for policy and additional research.

1.12 DEFINITION OF SPECIAL TERMS

1.12.1 Human Immunodeficiency Virus (HIV)

Felman (2018:25) highlights that HIV (Human Immuno Deficiency Virus) is a virus that attacks immune cells called CD4 cells, which are a type of T cell. These white blood cells move around the body, detecting faults and anomalies in cells and infections. When HIV targets and infiltrates these cells, it reduces the body's ability to combat other diseases. HIV is too small to see with the eye. HIV is a virus that targets and alters the immune system, increasing the risk and impact of other infections and diseases. Without treatment, the infection might progress to an advanced disease stage called AIDS.

1.12.2 Acquired Immunodeficiency Syndrome (AIDS)

It is the final stage of HIV infection. It is characterized by a combination of signs and symptoms caused by HIV, which attacks and weakens the body's immune system, making the infected person susceptible to other life-threatening diseases (Kevin, Selby, Mickens, Corntney, Sigall 2011:56). Felman (2018:26) further explains that AIDS is the late stage of HIV infection that occurs when the body's immune system is badly damaged because of the virus. HIV causes AIDS (Acquired Immuno Deficiency Syndrome). HIV slowly damages the immune system (the army) if it enters a person's body. This means the body starts to lose its ability to defend itself against germs, infections, and bacteria such as TB.

1.12.3 COVID-19

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require medical attention (World Health Organisation – WHO, 2019:20).

1.12.4 Public school

The South African Schools Act (RSA, 1996:11) defines public schools as schools provided for the education of learners by the MEC using funds appropriated for this purpose by the provincial legislature. A public school can be either ordinary or public for learners with special education needs. "Public school" refers to all public primary and secondary schools funded by the national and provincial government, offering tuition from Grade 1 to Grade 12.

1.12.5 Education

Education is a teaching and learning process that improves knowledge and develops skills, especially in schools. "Education" means any education and training provided by an educational institution (Nepa, 2011:37). Kumar (2007:3) state that education is both unilateral and bipolar. It is a continuous process. It is knowledge or experience. It is a particular human personality's developmental aspects or harmonious integrated growth. It is conducive to the good of the individual or the welfare of society. It is a liberal discipline or a vocational course.

1.12.6 School Principals and School Management Team

According to Lunenburg (2010:1), a school principal refers to the chief person in charge, the leader and the accounting officer, the head of a school or learning institution. An essential task for principals is to create a collective expectation among teachers concerning student performance. That is, principals need to raise the collective sense of teachers about student learning. Principals must develop and sustain school structures and cultures that foster individual and group learning. Principals must stimulate an environment where new information and practices are eagerly incorporated into the system. Mendels (2010:55) highlights that principals ensure that teachers do not work in isolation but work collaboratively, giving each other help and guidance to improve instructional practice. The school's management rests upon such a person's shoulders and is accountable for whatever activity occurs in that institution. The effectiveness of the school or learning institution is determined by how the principal manages the school and the leadership style they apply in performing their duties. A school principal must facilitate the effective implementation of the HIV/AIDS policy and other pandemic policies.

1.12.7 Implementation

It can be described as the implementation of a plan to accomplish something. It focuses on putting the plan into action. It refers to a deliberate series of activities carried out to integrate the different components of that program into a service or community setting. Policy implementation is part of the policy cycle, which includes policy design, followed by policy delivery, and then policy review (Burke et al., 2012:2).

1.13 SUMMARY

This chapter deals with an introduction and background to the study. It also highlights the problem and its setting. It also deals with issues related to the purpose of the study, research questions, definition of terms, limitations, delimitations, assumptions, significance of the study, demarcation of the study, and the next chapter looks at a review of related literature.

CHAPTER 2

THEORETICAL FRAMEWORK OF THE THEORIES AND PRACTICES OF DISTRIBUTED LEADERSHIP AND LITERATURE REVIEW

2.1 INTRODUCTION

This chapter seeks to highlight the review of related literature in the field of management and leadership in the implementation and monitoring of the HIV/AIDS policy. It explores the concepts of international HIV/AIDS and COVID-19 in schools from a global, African, and South African perspective. During the COVID-19 reopening of schools, stemming and reversing learning losses was a top and urgent concern globally. Countries are expected to put in place learning recovery to ensure that students of this generation achieve at least the same capability as the previous generation. Programs must cover three critical lines of action to recover learning: 1) consolidating the curriculum, 2) extending instructional time, and 3) improving learning efficiency. This is dealt with within the theoretical framework of distributed leadership. As such, the chapter focuses on addressing the aim of the research, which is to investigate the role of the SMT in implementing and monitoring school-based HIV/AIDS and pandemic policies. The discussions in this chapter will focus on, among other things, the background of the study, the theoretical framework of the study, distributed leadership, and the role of school management in combating HIV/AIDS and other pandemics.

2.1 BACKGROUND TO HIV/AIDS AND OTHER PANDEMICS

The education system in our country, as well as in other countries, was not untouched by the devastating effects of HIV/AIDS. Countless teachers and learners died of AIDS before antiretroviral therapy became widely available. Many children, especially young girls, dropped out of school because they had to work full-time in their homes to help sick parents. Orphans, street children, and child-headed households (CHH) became a familiar sight. The vulnerability of children is further highlighted by research findings indicating that sexual initiation among school children is initiated at a very early age, often as early as 10 to 12 years, especially in marginalized communities where rape and other forms of sexual abuse are relatively common. Education and information are fundamental human rights, and children, as well as young

people, should not be denied the basic information, education, and skills they need to protect themselves against HIV infection (Van Dyk, Van Dyk & Tlou, 2017:252). School attendance provides a protective shield against HIV infection; national surveys have shown a lower prevalence among learners than their out-of-school peers. Not only do young people lose the protection of the school when they drop out, but the factors causing them to leave school—poverty, family problems, psychological problems and learning, and difficulties may make them more vulnerable to HIV infection and place them beyond the reach of many health promotion programs. Keeping young people in high school or tertiary education is a strategic HIV prevention intervention. In addition, the package seeks to leverage the learning environment to increase HIV awareness and risk-reduction behaviours among young people and provide access to health services through schools and educational institutions (DoH, 2016:5).

Research done by Sekyere, Bohler-Muller, Hongoro and Makoae (2020:1) state that the world is currently struggling to control the global public health pandemic COVID-19 that is spreading very fast with diverse levels of fatalities in different regions and countries. Starting in Wuhan, China, in late 2019, COVID-19 has become a global epidemic within a very short time. At the moment, Europe, especially Italy, Spain, the UK, and France, the U.S., have been hardest hit in terms of infections and fatalities despite their more sophisticated health service delivery systems. This has raised significant concerns for the African continent due to the continent's relatively weak health systems compared to Europe and the Global North, as well as the vast expanse of areas on the continent with no health services or systems in place.

According to Ngwatho (2020:129), Kenya confirmed its first case of COVID-19 on 13th March 2020, and the cases have continued to rise and spread across the country steadily. As of 28th April 2020, Kenya had reported 374 confirmed cases of COVID-19, with 124 recoveries and 14 deaths. Most of these cases were concentrated in Nairobi, Mombasa, Kilifi, Kwale, and Mandera, with other instances spread across all counties. To curb the spread of the disease in learning institutions, the government of the Republic of Kenya abruptly closed all schools and higher institutions between 16th and 20th March 2020.

Additionally, the Ministry of Health has set policy priorities to reduce the burden of infectious diseases, including the outbreak of COVID-19. In education, the Kenyan government has developed a three-pronged approach to aid the continuation of learning remotely, adhering to international and national guidance for social distancing, quarantine, and self-isolation. The Education Ministry has developed online content that some school-going children access

through various channels to ensure uninterrupted learning for learners in the country while at home. However, this is riddled with a lot of challenges. The lockdown and prolonged institutional closures have long-term ramifications, particularly for the marginalized and most vulnerable children who already experience barriers to accessing education or who are at higher risk of being excluded for a few reasons.

2.2 THEORETICAL FRAMEWORK OF THE STUDY

2.2.1 Definition of a theory

The theory is derived from the ancient Greek word 'theory', which means 'looking at' or 'being aware of' (Stewart & Klein, 2015:1). Kivunja (2018:45) state that a theory is a generalized statement of abstractions or ideas that asserts, explains, or predicts relationships or connections between phenomena, within the limits of critical bounding assumptions explicitly made by the theory. He further explains that a theory is a set of interrelated constructs (concepts), definitions, and propositions that present a systematic view of phenomena by specifying relations among variables to explain and predict the phenomena. This definition articulates three main points: a theory is a set of propositions consisting of defined and interrelated constructs, a theory establishes the interrelations among a set of variables (constructs) and, in doing so, presents a systematic view of the phenomena described by the variables. Additionally, a theory explains phenomena by specifying which variables are related to each other and how they are related, thus enabling the researcher to predict certain variables based on others. Amanda (2014:186) agrees that a theory is a set of interrelated concepts that structure a systematic view of phenomena to explain or predict. A theory is akin to a blueprint, serving as a guide for modelling a structure. Just as a blueprint depicts the elements of a structure and their relation to one another, a theory depicts the concepts that compose it and the relationships between those concepts.

2.2.2 Theoretical framework for the study

This research study is grounded within a theoretical framework focusing on the concepts, characteristics, assumptions, and theories. The researcher chooses to use a theoretical framework because it enables the researcher to identify essential governance elements and study relationships between them. I believe that this method is best suited to answer my research questions. According to Atikonye (2015:3), a theoretical framework is a structure that

can support a theory of a research work. It presents the theory that explains why the problem under study exists. Thus, the theoretical framework is a theory that serves as a basis for conducting research. A study by Grant and Osanloo (2014:14) further highlights that the theoretical framework is the "blueprint" for the entire dissertation thesis inquiry. It serves as the guide on which to build and support your study. Also, it provides the structure to define how you will philosophically, epistemologically, methodologically, and analytically approach the dissertation thesis as a whole. They further explain that a theoretical framework is a structure that guides research by relying on a formal theory constructed by using an established, coherent explanation of certain phenomena and relationships. Thus, the theoretical framework consists of the selected theory (or theories) that undergird your thinking concerning how you understand and plan to research your topic and the concepts and definitions from that theory relevant to your topic.

A theoretical framework is defined as an empirical or quasi-empirical theory of social and/or psychological processes at various levels that can be applied to understanding phenomena. Therefore, it refers to the theory that a researcher chooses to guide her in her research. Thus, it is the application of a theory, or a set of concepts drawn from the same theory, to explain an event or research problem. A theoretical framework guides research, determining what things to measure and what statistical relationships to look for. In this sense, it is critical in deductive, theory-testing sorts of studies as a conceptual framework is critical in inductive theory-building exploratory studies. The study sought to show that leadership does not rest solely on principals and their characteristics but instead lies within the whole SMT within the organization by using this framework. Thus, a conceptual framework is derived from concepts, as a theoretical framework is derived from a theory. My focus will be on the theoretical framework and theory. The summary of this paragraph is depicted in Figure 2.1 (Tamene, 2016:53).

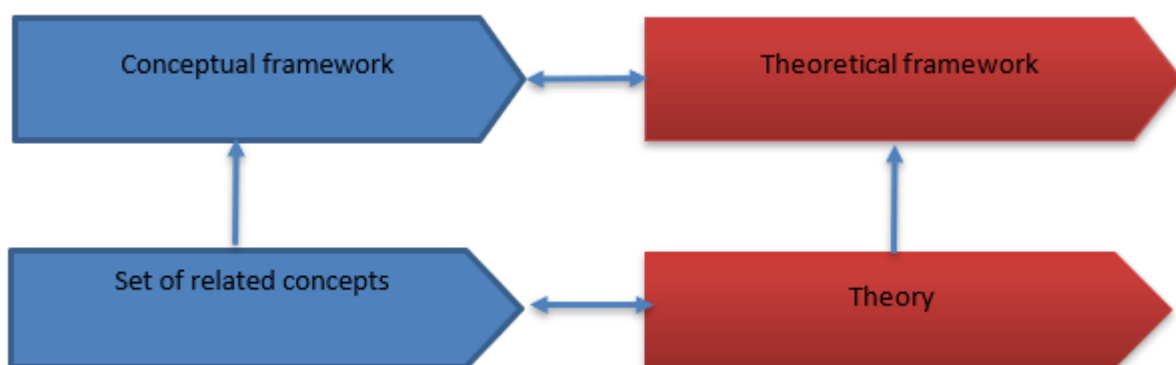


Figure 2.1: Derivation of conceptual and theoretical framework adapted from (Tamene, 2016)

2.2.3 The value of a theoretical framework

Grant and Osanloo (2014:16) highlight that the theoretical framework offers several benefits to research work. It provides structure in showing how a researcher defines their study philosophically, epistemologically, methodologically, and analytically. On the other hand, Ravitch and Carl (2016:130) concur that the theoretical framework assists researchers in situating and contextualizing formal theories into their studies as a guide. This positions their studies in a scholarly fashion. Moreover, the theoretical framework serves as the focus of the research and is linked to the research problem under study.

2.3 DISTRIBUTED LEADERSHIP

2.3.1 An emerging idea

The idea of distributed leadership is not a new one. A study by Harris (2009:3) cited that distributed leadership (DL) is an idea that can be traced back to the mid-1920s and possibly earlier. Bolden (2011:252) indicates that scholars and practitioners have widely embraced the concept of DL, but the origins of the concept go back quite a bit further. Distributed Leadership dates back as far as 1250 BC, making it 'one of the most ancient leadership notions recommended for fulfilling organizational goals through people. Mayrowetz, Murphy, Louis and Smylie (2008:56) state that different uses of this term have emerged regarding its theorisation. Distributed leadership refers to an emerging leadership theory with a narrower focus on individual capabilities, skills, and talents. Instead, this type of leadership focuses on joint responsibility for leadership activities. Distributed leadership is a framework with which to view leadership practice. Distributed leadership is not an answer to how to lead well, but instead is a way of looking at leadership practice.

2.3.2 Distributed Leadership: Three key theorists – Spillane, Diamond and Bolden

Distributed leadership has been defined in many ways. There are multiple ways that theorists think about distributed leadership. In the current educational leadership discourse, distributed leadership has a variety of interpretations. The work of Spillane and Diamond, two eminent researchers, is examined and analysed below. Distributed leadership is used as a lens to guide and direct this study. Spillane and Diamond (2016:148) argue that leadership happens in various ways throughout the school and is centred on the interactions between people. A

distributed perspective frames leadership practice as a product of the interactions of leaders, followers, and their situation, acknowledging that people can move in and out of leadership roles regardless of position. Research by Spillane (2015:15) discovered that distributed leadership is an alternative way of thinking about leadership practice differently. Leadership practice involves more than one person within the context. The idea that one person can effectively lead an organization is impractical. Expecting one person to singlehandedly lead efforts to improve instruction in a complex organization such as a school is impractical. The principal is often thought of as the only source of knowledge and skills for leadership. Other potential leaders are not recognized or treated with less importance than the principal, the perceived only leader.

A study by Grant (2017:1) indicated that distributed leadership theory incorporates the notion of multiple leaders who interact with followers in dynamic ways. Triegaard (2013:7) reveals that distributed leadership is an emerging leadership theory with a narrower focus on individual capabilities, skills, and talents. Instead, this type of leadership focuses on joint responsibility for leadership activities. Mac Beath, Oduro, and Waterhouse (2004) highlighted that distributed leadership means the same as dispersed leadership: shared, collaborative, and democratic leadership. Spillane (cited in Humphreys, 2010:18) state that school staff are key agents in this work.

In summary, his theory of distributed leadership incorporates a few key features: leadership is enacted by multiple players, not just the principal; it is not a view of leadership that takes a top-down perspective; it is a practice that occurs through people interacting with each other and co-leading in different ways. Leaders influence followers and shape their practice, particularly concerning the core work of the school - teaching and learning. The distributed leadership perspective is a framework that can focus on teaching and learning and plan for improvement.

Research by Noble (2014:15) indicated that distributed leadership refers not only to delegating and assigning duties within a school. Distributed leadership (DL) necessitates a true transference of leadership authority and power to multiple individuals. It frames leadership as a social dynamic within an organization, emanating not from one individual but from the collaboration of many. Monoametsi (2015:37) emphasizes that the notion of SMTs is deeply rooted in a distributed leadership theoretical framing that stresses that leadership is not only the role of a principal but can be spread over a range of people who occupy various levels in an institution.

Talan (2010:20) conducted a study on distributed leadership. He indicated that distributed leadership is a hot topic in the educational leadership world. In a distributed approach to leadership, there is always more than one leader. Leadership is distributed among individuals who may or may not have role authority. The apparent advantage of this 'leader plus' component of distributed leadership is that a program administrator gets support; no one leader must do it all. He further explains that in distributed leadership, followers are a critical component. Who leads and who follows depends entirely on the leadership activity being carried out. Leaders influence followers, and followers influence leaders. Spillane (2016:26) explains the idea further by detailing three types of co-leadership practices: collaborative, collective, and delegated. According to Spillane (2014:26), there are three elements to discuss in order to understand distributed leadership in schools better. The distributed leadership approach comprises collaborative, collective, and delegated leadership. The researcher will give more details on the above approach described by Spillane.

2.3.2.1 Types of Distributed Leadership

Humphrey (2016:16) state that the distributed leadership approach comprises collaborative, collective, and delegated leadership.

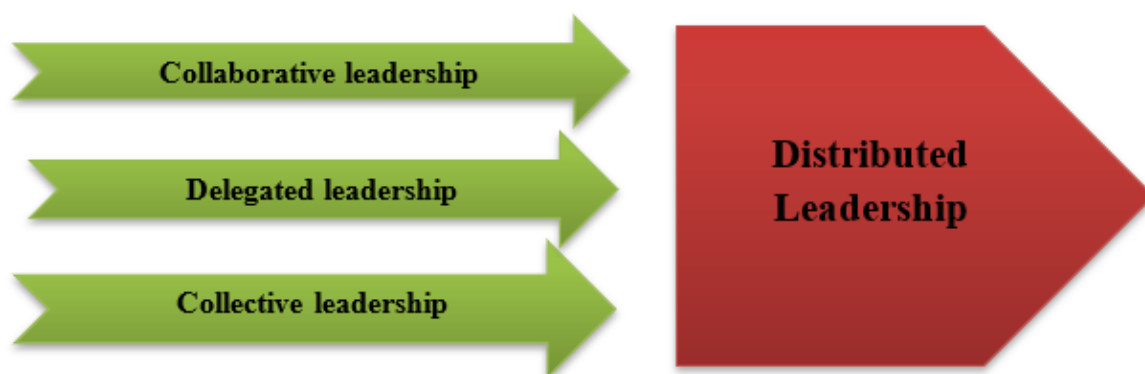


Figure 2.2: Three types of leadership (Humphrey, 2016:16)

Humphrey (2016:16) explains that there are three types of leadership: collaborative leadership, collective leadership, and delegate leadership.

2.3.2.1.1 Distributed leadership and collaborative leadership

According to Van Horn (2017:31), collaborative leadership implies that decisions made in a school (around instruction, organization, and policy) include teachers, administrators, and, at times, student voices. An individual's voice is heard, valued, and considered in all decisions, and all decisions in a collaborative leadership model use student data and research as the foundation of those decisions. A study by Fullan (2010:10) emphasizes that collaborative leadership includes the purposeful actions we take as leaders to enhance teachers' instruction, build deep relationships with all stakeholders through understanding self-efficacy, and build collective efficacy to deepen our learning together. Vitale (2010:3) further explains that collaborative leadership is a process of leadership that allows all stakeholders to be actively involved in the decision-making process. This leadership process incorporates the perspectives and insight of the stakeholders to sustain effective change. The literature review expresses that leadership within the organization must understand the need to create a culture built on respect, communication, and openness to implement this with fidelity. Research suggests collaborative leadership is an effective process that allows open communication and empowerment within the organization. An emphasis on collaborative leadership was made by Grenda (2011:29) that collaborative leadership is characterized by two or more leaders working together in the same place and time to accomplish the same leadership routine. This approach "involves a reciprocal interdependency, in which the actions of different leaders. Vitale (2010:11) further explains that collaborative leadership is a process that can create a democratic environment where all stakeholders have ownership and accountability over the programs and initiatives within a school or district.

According to Heck and Hallinger (2010:662), collaborative decisions focusing on educational improvement, i.e., support efforts and decisions of members of the school community that focus on student learning, ensure teachers have a significant role in decisions about curriculum development in the school; enable administrators, teachers, and staff to work together effectively to achieve our school's goals). One may opt for this type of leadership as the leader listens to all viewpoints and thoughts from each division of labour within the organization. The definition of collaboration can be broad. Interpretation of it generally contains personal and professional experiences. However, the main thing about collaboration is working together to obtain an achievable goal that will benefit the whole organization. It fits in this study as it is clear from the discussion above that leaders must work collaboratively when leadership is

distributed. When leaders work collaboratively, leaders need to share ideas to achieve a common goal.

2.3.2.1.2 Distributed leadership and collective/shared leadership

According to Spillane, Halverson and Diamond (2001:240), leadership distribution occurs when the work of leaders is performed separately but is interdependent. For example, an assistant principal may visit classrooms and provide formative evaluations, while the principal conducts formal visits and provides summative assessments. A study by Goksoy (2016:298) argues that decisions made through distributed leadership practices may be more effective than decisions made by individual leadership practices. In this type of leadership, collective work and collective learning, achieved through communication and interaction, are emphasized over individual work. It is important to note that distributed leadership does not mean everyone in a group is a leader but opens the possibility for a more collective leadership approach. Lizotte (2013:15) emphasizes that working together to provide leadership using collaborative measures is central to distributed leadership.

Grenda (2011:17) draws attention to the fact that although the principal of a school is a leader, many other individuals take on leadership roles within the organization. Grenda (2011:21) state that distributed leadership is a form of shared or collective leadership in which expertise is developed through collaborative work. He further explains that in knowledge-intensive enterprises like teaching and learning, it is impossible to perform complex tasks without widely distributing the responsibility for leadership among roles in the organization.

Distributed leadership becomes the foundation for a common task or goal, such as improving instruction, and provides a shared frame of values for approaching that task. While a study by Triegaardt (2013:48) argues that shared leadership implies more than one person exercising some degree of joint leadership, the term does not necessarily include the actual sharing of power, authority, and responsibility at different hierarchical levels. When shared leadership is more advanced, it may resemble collaborative leadership. School principals are essential in facilitating distributed leadership by creating a suitable school climate and promoting the necessary organizational conditions. These conditions include the redistribution of power and authority and the building of trust relationships. Furthermore, principals can establish a collaborative school culture and create a shared culture of expectations by leveraging individual expertise.

2.3.2.1.3 Distributed leadership and delegation

According to Goksoy (2016:295), the distributed leadership approach addresses leadership in conjunction with teams, groups, and organizational characteristics. In practice, this approach challenges the assumption that change requires the leadership and guidance of specific individuals. Advocates of this idea argue that this type of leadership is crucial since educational organizations are too complex for one person to handle. The responsibility of managing various complex tasks in organizations is distributed among multiple individuals and roles.

2.3.3 Development of distributed leadership

It was developed because it increases employee engagement and commitment due to a sense of collective responsibility for the organization's success. It also encourages sharing ideas and helps generate new solutions to old problems. It promotes more effective and responsive decision-making by the school management. A study by Göksoy (2015:113) emphasizes that distributed leadership is based on expertise, knowledge, and contributions created by relationships network among individuals who direct, guide, and work with teachers in improving education and implementing school policies. This theory is relevant in this study as one of its objectives is to investigate how the SMTs execute their roles in implementing and monitoring the HIV/AIDS policy.

2.3.3.1 Characteristics of Distributed Leadership

Before concluding this section on distributed leadership, characteristics will be outlined.

Three characteristics were identified:

- Distributed leadership as an emergent property of interaction
- Distributed leadership as recognition of expertise
- Distributed leadership suggests openness of boundaries.

2.3.3.2 Distributed leadership as an emergent property of interaction

One of the characteristics of distributed leadership is "an emergent property of a group or network of interacting individuals" (Woods, Bennett, and Harvey, 2004, p. 441).

Emergent Property: First, distributed leadership highlights leadership as an emergent property of a group or network of interacting individuals. This contrasts with leadership as a phenomenon that arises from the individual. Work by Gronn (2008:2) explicates and elaborates on this. What is most distinctive about the notion of distributed leadership is summed up in what Gronn (2008:3) terms 'concerted action'. This is contrasted with numerical or additive action, representing the aggregated effect of several individuals contributing their initiative and expertise in different ways to a group or organization. Concerted action is about the additional dynamic that is the product of conjoint activity. When people work together in such a way that they pool their initiative and expertise, the outcome is a product or energy that is greater than the sum of their actions.

2.3.3.3 Distributed leadership suggests openness of boundaries

Secondly, Woods et al. (2004:442) distributed leadership suggests openness in the boundaries of leadership, meaning that it is inclined to expand the traditional pool of leaders, thus raising the question of which groups and individuals should be included in leadership or considered contributors. The concept of distributed leadership does not indicate the specific extent to which these boundaries should be set. However, there are also no inherent limits imposed by the concept.

2.3.3.4 Distributed leadership as recognition of expertise

Thirdly, Woods et al. (2004:442) state that distributed leadership entails the view that varieties of expertise are distributed among the many, not the few. Related to the openness of the boundaries of leadership is the idea that numerous, distinct, relevant perspectives and capabilities can be found in individuals spread throughout the organization and its stakeholders.

2.3.3.5 The link between distributed leadership and my study

A study by Spillane, Diamond and Bolden (2016:25) state that leadership is not solely the remit of one person at the top of the organization and advocates that leadership and leadership development are relevant to the school's central purpose. Distributed leadership does not take the responsibility and authority to lead the school away from the principal. The researcher believes that there is a link between my study and distributed leadership. One of my objectives

is to investigate and describe how SMTs execute their roles in implementing and monitoring the HIV/AIDS policy. As a manager, I believe that school managers can simultaneously share responsibilities and empower their team with the right people in place. A good leader will consistently distribute responsibilities to their staff members. Distributing responsibilities among staff members, both physically and psychologically, relieves a load of administrative duties while providing constant leadership development for educators. Staff development is one of the principal's job descriptions. Empowering all teachers, not just a few selected, strengthens leadership capacity and fosters a school community of support and appreciation.

2.3.3.6 *Rotate leadership responsibilities*

A good principal will ensure that every person gets a chance to set an agenda and take responsibility for a conversation they lead. Whether facilitating a school-wide meeting or setting up departmental budgets, taking ownership is an essential leadership skill to master. (Spillane et al., 2016:25).

2.3.3.6.1 *Don't micromanage*

A good principal knows that teachers are entrusted with the lives of children every day by their parents, so he must trust his team with other decision-making responsibilities. As a strong leader, he should be able to let go of some control and let others take the lead. Distributing responsibility is important in an institution (Spillane et al., 2016:25).

2.3.3.6.2 *Allow opportunities for assessment*

Among other duties of the principal, they will assist teachers in improving their teaching and leadership techniques by assigning them specific responsibilities daily. Therefore, day-to-day coaching and support are vital in any institution. Providing feedback will help teachers enhance their skills while fostering a cohesive vision. We often remember to offer students feedback but may overlook that adults can also benefit from it (Spillane et al., 2016:25).

2.4 HIV/AIDS AND OTHER PANDEMICS - AFRICAN PERSPECTIVES - ROLES AND RESPONSIBILITIES OF SMTS IN THE IMPLEMENTATION AND MONITORING OF SCHOOL-BASED HIV/AIDS

2.4.1 The HIV/AIDS situation in schools in Kenya

The disease has hurt many aspects of human life. The Kenyan Education Sector policy on HIV/AIDS was created to serve as a guide for effective prevention, care, and support within the public sector. For the education sector to effectively address the challenges posed by this epidemic, a policy was developed to specifically address HIV/AIDS issues as they affect the entire education and training system. The education sector policy on HIV/AIDS has formalized the rights and responsibilities of all individuals directly or indirectly involved in the education sector. Its scope of application has been defined to include learners, employees, managers, employers, and other providers of education and training in all public, private, formal, and non-formal learning institutions at all levels of education in the Republic of Kenya. Education has the potential to reduce and control the HIV/AIDS pandemic by providing information and skills related to the disease. Education helps to promote positive health behaviours and change behaviours that put people at risk. Schools are ideal for teaching young people how to avoid contracting or transmitting the infection as they reach young and teenage children (Oginga, Muola & Mwanja, 2014:4).

2.4.2 The COVID-19 situation in schools in Kenya

Ngwatho (2020:130) state that the education sector is seriously affected as millions of learners stay at home for an unspecified period following the closure of learning institutions in Kenya. The disruptions touch citizens across countries, but their effect is mainly severe for underprivileged girls and boys and their households, especially in hard-to-reach areas, urban informal settlements, pockets of poverty in rural areas, IDPs, and refugees. Hence, there is a need to understand and address these challenges and mitigate them to deliver inclusive, equitable, quality, and relevant education, training, and research that promotes lifelong learning opportunities for all.

The 2018 MoE Disaster Management Policy further reinforces other policies and guidelines, such as The Education Sector Policy for Education for Sustainable Development, The Education Sector Policy on Peace Education (2014), and the Health and Safety Standard Guidelines for institutions, which are presently being implemented in educational institutions.

However, all these policies have limited scope as they address immediate concerns within specific time frames and contexts. The policy was proposed to guide efforts in mitigating these risks and promote the safety of educators and learners in Kenyan learning institutions. The interventions delineated in the policy encompass strengthening and developing capacities at all levels of personnel and learners on disaster management in the education sector. The policy provides a framework to guide coordination, collaboration, and management of emergencies in the education sector.

2.4.3 The role of school management in the implementation of the HIV/AIDS policy in Kenya

A study by Hammond (2017:40) found inadequate teaching, insufficient knowledge, and a lack of enough life skills education for teachers and pupils. The study also found that teachers found it difficult to explain and teach some of how AIDS is spread. They felt that some of the HIV/AIDS life skills education teachers lacked training and adequate time. Cultural differences, resistance from parents, and lack of support from the administration were other problems that teachers contend with. They further explain that a lack of commitment by some principals to make the program a success at the school level is a challenge facing the implementation of HIV/AIDS life skills education.

According to Odi (2016:5), there is a lack of capacity in terms of knowledge, skills, information, and attitudes for the interpretation and implementation of the policy on the part of stakeholders. To support this statement, the findings of this study indicate that teachers, head teachers, and other key stakeholders at the grassroots level were generally not familiar with the HIV/AIDS policy. They did not have access to copies of the policy document, were not sensitized and trained on the interpretation and implementation of the policy, and did not know their mandate, duties, and responsibilities in the interpretation and implementation of the policy.

A study by Hammond (2017:40) indicated that some principals found it challenging to support the implementation of HIV/AIDS life skills education. They believed many learners in their schools were careless, irresponsible, and lacked a sense of purpose. SMTs experienced these challenges in implementing and monitoring the school-based HIV/AIDS policy. The principals felt that HIV/AIDS life skills education had little impact on the learners, even when they provided support for teaching the subject. The principals' lack of commitment to making the

life skills program a success in their schools may be seen as a negative attitude, as they blamed the learners for the problems in their schools. The school management should take responsibility for all activities related to HIV/AIDS. The principal should ensure that each individual has a yearly plan and check if the goals and activities of the school have been achieved. The school management plays a vital role in implementing and monitoring the school-based HIV/AIDS policy. The school management should also develop an action plan integrated into the policy. Continuous monitoring should be undertaken to ensure the successful implementation of all policies. In Kenya, there appears to be a gap between policy and practice. Policies and programs should ensure that educators have the relevant knowledge and skills, access to appropriate materials and resources, and the confidence and motivation to address HIV/AIDS issues.

Ngarari (2010:73) state that the goals of HIV/AIDS education in Kenya are to instil in the youth the value of good health and knowledge to avoid engaging in activities that may lead to physical and mental illness. The general objectives of education state that learners should improve their physical fitness and maintain good health, which can only be achieved through healthy living and the ability to make informed decisions regarding sexual matters. The current Kenyan educational curriculum, known as the 8-4-4 system, consists of eight years of primary education, four years of secondary education, and four years of university education. In the primary school curriculum, HIV/AIDS education is integrated with other subjects in the syllabus and every teacher is expected to impart HIV/AIDS knowledge to the learners. Topics covered include definitions, transmission, prevention, and protection. In secondary schools, these topics are integrated into various subjects related to the human body and behaviour.

2.4.4 The role of school management in the implementation of the COVID-19 policy in Kenya

The SMT had to switch to remote teaching. They played a significant role in protecting learners, especially girls in poor, vulnerable, and marginalized communities. With over 32,000 schools closed, over 18 million pre-primary, primary, and secondary school learners, as well as over 150,000 refugees, are now confined to what they may consider their "home". The risks the schools they reside in protect them from are now glaringly evident. These learners require home-based learning, which is hardly available in their so-called "homes".

Similarly, their teachers are at home and require support to help them learn remotely and ensure the continuity of the learning process, which is currently impossible (Ngwatho, 2020, 132). The ability to take advantage of remote learning opportunities is one factor that can contribute to a rise in performance inequality within and across education systems. School systems that already had the technical and institutional capacities in place to switch to remote teaching were able to adapt quickly to the new normal (Moholoane & Shepherd, 2021:20). Ngwatho (2020:131) further explains that one of the main impacts of COVID-19 on learners is the lack of physical contact with teachers for content delivery due to the Ministry of Health's regulations on social distancing to prevent the rapid spread of the virus. This has temporarily been replaced with digital learning. However, the lack of access to technology or reliable internet connectivity has hindered learners in rural regions and those from underprivileged families. The limited access to technology or stable internet connectivity presents a barrier to continuous learning, particularly for learners from disadvantaged families. In response to the institutional closures caused by COVID-19, UNESCO recommended using distance learning platforms, open education applications, and any other platforms that institutions and instructors can utilize to connect with students remotely and minimize the disruption of learning.

2.4.5 Children and HIV/AIDS in Kenya

Children are infected and affected by HIV/AIDS. Respect for the view of the child as a principle is crucial, as it affirms that children are entitled to express their opinions in all matters affecting them and requires that the child's age and maturity give those views due weight. It recognizes the potential of children to enrich decision-making processes and to participate as citizens and actors of change. This principle underscores the importance of ensuring that orphans and vulnerable children participate in decisions that affect them, such as those concerning their care and inheritance, and that they have significant contributions to make in the fight against HIV/AIDS (HIV/AIDS Policy, 2009:12).

2.4.6 Education Sector Policy on HIV/AIDS, Republic of Kenya

A study by Odi (2006:5) indicated that the Ministry of Education developed the Education Sector Policy on HIV/AIDS in Kenya.

The policy is based on four primary goals, discussed separately on the following pages:

- Prevention: An environment in which all learners and education sector personnel are free from HIV infection
- Care and support: An education sector where care and support are available for all, particularly orphans, vulnerable children and those with special needs.
- HIV/AIDS and the workplace: Non-discriminatory labour practices, terms and conditions of service frameworks are in places that are sensitive and responsive to the impact of HIV/AIDS.
- Management of response: Management structures and programmes are in place at all levels of the education sector to ensure and sustain quality education in the context of HIV/AIDS. (Education Sector Policy on HIV/AIDS, Republic of Kenya, 2004).

Magodi (2013:4) state that the Ministry of Education developed the Education Sector Policy on HIV/AIDS in Kenya.

- In strengthening the response to HIV/AIDS in the education sector, MoEST intends to
 - Safeguard the health and well-being of learners and education sector personnel.
 - Provide a safe, non-discriminatory workplace and learning environment.
 - Address the needs of the growing population of OVC, including learners living with HIV.

2.4.7 Education Sector Policy on COVID-19 in South Africa

Research conducted by Mohohlwane and Shepherd (2021:18) state that the DBE has issued directive 26 announcing the complete return to daily attendance and traditional timetabling for all Grade R to 7 learners from 26 July 2021 (the start of Term 3). The notice refers to all schools, explicitly mentioning its applicability to special needs learners. The directive adopts a risk-adjusted differentiated strategy, allowing for more localized responses by districts and/or schools in line with the Department of Health's (DoH's) processes for risk categorization. As far as possible, schools are encouraged to continue adhering to social distancing and other standard operating procedures and regulations. Suggestions to address large class sizes include using the outdoors as teaching venues (where conducive to learning) and using all available rooms and spaces for teaching.

When the school reopened in July 2020, applications for deviation were required to open more grades. In the most recent directive, those primary schools will not be opening fully or returning to traditional timetabling required to secure formal approval for deviation from the Head of the

province by 30 June 2021. The suspension of contact sports, as announced on 27 May, is maintained, while non-contact sports, arts, and cultural activities, except choirs, may resume.

2.4.7.1 The impact of COVID-19 at school level

The study reveals that COVID-19 negatively impacted all learners, specifically those requiring additional support, as it disrupted the provision of necessary support and learning. They also indicated that school disruptions resulted in learning losses and increased the number of learners who dropped out due to circumstances at school and home. Makhalemele and Jama (2023:1) believe that despite the existence of the SBSTs that are entrusted to provide efficient support, the COVID-19 pandemic frustrated support services at the school level. The national lockdown led to complete school closure, presenting challenges in delivering learner support to schools and learners with diverse needs.

Gwacho (2020:129) believes that in matters of education, the Kenyan government has developed a three-pronged approach to aid the continuation of learning remotely, adhering to the international and national guidance for social distancing, quarantine and self-isolation. The Education Ministry has developed online content that some school-going children can access through various channels to ensure uninterrupted learning for learners in the country while at home. However, this is riddled with a lot of challenges. According to Nwokeocha (2021:19), online teaching and learning in Africa were ineffective due to the dearth of digital infrastructure (absence of computers for individuals and homes, poor internet coverage, especially for the rural areas), lack of electricity, poor ICT skills and a considerable number of teachers who did not attain the required minimum professional competences.

Rawe, 2020:18 state that remedial programs focus on core skills and aim to close the gap between what the learners already know and what they are expected to know at a given point in time. With the onset of COVID-19, many students struggled to keep pace with their academic work. Remedial programs were the most widespread programs introduced to help these struggling learners catch up. Makhalemele and Jama (2023:2) further explained that teachers in full-service schools were anticipated to adapt their teaching methodologies to accommodate learners with moderate support needs.

The DBE (2020) state that the lockdown disrupted education and support services to be rendered by SBSTs and other support structures to learners whose learning needs call for additional support. This study highlighted that COVID-19 forced schools to move quickly into

the digital space, and schools have had to revise their online and digital platforms swiftly to save academic projects and human lives. Moreover, online learning was introduced to ensure that teaching, learning, and support activities, such as curriculum differentiation in schools, were implemented. Differentiated learning must be implemented at the school level to support struggling learners. Despite educators' understanding of curriculum differentiation, they lack the necessary support to implement it effectively. Challenges arise due to limited resources like computers and insufficient school data. As a result, the shift to online teaching during the COVID-19 pandemic made it challenging to cater to learners facing obstacles, as monitoring differentiated curricula became impractical in remote education.

2.4.7.2 HIV/AIDS syllabus implementation and leadership obstacle course model (Kenya)

Research done by Kiringa (2015:21) reveals that in the case of HIV/AIDS syllabus implementation in primary teachers' colleges (PTTCs), it is vital to find out if teachers have a clear understanding of the proposed innovation, know what specific needs are being addressed by its implementation in PTTCs, and the intended audience. If teachers know the reasons and justifications for the new syllabus, they are more likely to accept the implementation of it. From the above discussion, it is clear that school management does not have the strategies to utilize the implementation and monitoring of the school-based HIV/AIDS policy in their schools.

The people in charge of the HIV/AIDS syllabus should ensure that rewards are built into the HIV/AIDS effort so that teachers are committed to the program. Teachers must be motivated not only to plan the curriculum but also to take the time and make the effort to deliver the HIV/AIDS syllabus as developed. The model explicitly guides curriculum planners on how implementation should be done and comes up with the LOC model to determine the success or failure of organizations.

HIV/AIDS education was integrated into the mainstream subjects; very few relevant instructional resources have been made available to facilitate its teaching. Despite the implementation of the HIV/AIDS education policy in schools, a study by Kiringa (2015:47) concluded that there is ubiquitous evidence that fewer teaching materials are getting into classrooms, and the teachers have virtually no guidelines for coping with the pandemic. The HIV/AIDS syllabus is always addressed as a compulsory part of the school syllabus and receives little attention and inadequate time in an already crowded curriculum. HIV/AIDS are

not an examinable subject. HIV/AIDS education may not be given priority where teachers are already overloaded and where there is no support from head teachers, school administrators, school inspectors, and education sector supervisory staff (Kiringa, 2015:48). A study by Mpunzana (2017:23) indicated that there are factors that can hamper the implementation of the HIV/AIDS policy, for example, a lack of structures and policy, a lack of leadership and management, educators' lack of knowledge, training, morale, and commitment, the impact of HIV/AIDS in the education sector, the lack of community involvement, cultural and religious sector involvement, and HIV/AIDS stigma and discrimination.

Engaging Health Education on Contagious Ailments for School Learners is of paramount importance because research done by Ngwatho (2020:136) state that relevant research shows that the execution of health education for school learners is favourable for learners to willingly embrace healthy behaviours and lifestyles, eradicate or mitigate risk elements that affect the spread of transmittable ailments, curb communicable diseases, and promote health and improve the quality of life. Thus, there is empirical evidence of the importance of conducting health education on contagious ailments among primary, secondary, and university students to advance their knowledge on preventing transmittable ailments and their general health quality.

2.5 OBJECTIVES OF KENYA AIDS STRATEGIC FRAMEWORK (KASF)

According to the KASF (2014:2) document, there was a reduction of new HIV infections by 75%, AIDS-related mortality by 25% and HIV-related stigma and discrimination by 50%.

These objectives will be delivered through the following strategic directions.

Table 2.1: Objectives of Kenya AIDS Strategic Framework

<p>Strategic Direction</p> <p>1. Reducing new HIV infections.</p>	<p>Strategic Direction</p> <p>2. Improving health outcomes and wellness of all people living with HIV.</p>	<p>Strategic Direction</p> <p>3. Using a human rights approach to facilitate access to services for PLHIV, Key populations and other priority groups in all sectors.</p>
<p>Strategic Direction</p>	<p>Strategic Direction</p>	<p>Strategic Direction</p> <p>6. Promoting utilisation of strategic information for</p>

4. Strengthening the integration of health and community systems.	5. Strengthening research and innovation to inform the KASF goals.	research and monitoring and evaluation (M&E) to enhance programming.
Strategic Direction 7. Increasing domestic financing for a sustainable HIV response.	Strategic Direction 8. Promoting accountable leadership for delivering the KASF results by all sectors and actors.	

(Kenya AIDS strategic framework KASF, 2014:2)

2.6 THE HIV/AIDS SITUATION IN SCHOOLS IN BOTSWANA

2.6.1 HIV/AIDS Policy 2012 of Botswana

HIV/AIDS poses a real threat to the education sector and potentially to human resource-based development. The National Schools Policy on HIV/AIDS was rolled out in 2012 to assist schools in dealing with the devastating effects of the HIV/AIDS epidemic. For example, an analysis by Rakolobe (2017:45) discovered that the national policy currently directing the Botswana response to HIV/AIDS is the Botswana National HIV/AIDS Policy 2012 (hereafter referred to as "AIDS Policy 2012"). The AIDS Policy 2012 is the result of a long introspection by the government of Botswana on what needs to be done to win the fight against HIV/AIDS effectively. After a critical investigation into the reasons for the failure in the fight against HIV/AIDS, the government of Botswana recognized that one of the problems they were facing was a weak national legislative environment for HIV/AIDS. In light of this discovery, the Botswana National HIV/AIDS Policy 2012 was developed and implemented. The development of the AIDS Policy 2012 was guided by the principles and guidelines articulated in international treaties, covenants, and charters that Botswana is a signatory to. Alcorn (2015:2) indicates that every additional year of schooling among people in Botswana was associated with an 8% reduction in the risk of HIV/AIDS infection in the years between 2004 and 2008.

A more recent study by the Gem Report (2017:4) indicates that many adolescents living with AIDS do not receive adequate support and care, and many others are not aware of how to protect themselves from AIDS. To mark World AIDS Day, we look at how education – especially for young girls – helps to save lives by improving knowledge of HIV/AIDS among

young people. School principals and educators are potentially well-positioned to play a pivotal role in changing the course of the HIV/AIDS epidemic.

2.6.2 The role of management in the implementation process in Botswana

A study by Burke et al. (2012:6) indicates steps to be followed when implementing the policy. The SMT must have a clear plan for implementing the HIV/AIDS policy and the name of the person appointed to take responsibility for guiding the process and staff. The principal, SMT, and the SGB are responsible for formulating and monitoring the implementation of the HIV/AIDS Policy. In this plan, the following activities must appear: the school must indicate how they are going to provide ongoing coaching and assistance to staff members and learners, monitor ongoing implementation, change systems and culture as necessary, explain and communicate why the innovation is required and what it will look like when implemented, and create feedback mechanisms to inform future actions. Since the principal and SMT manage school policies, they are responsible for implementing and operationalising the HIV/AIDS Policy. An earlier study by Kinghorn, Coombe, McKay and Johnson (2001:38) state that the education system is uniquely placed to prevent infections among the learners with whom it interacts daily. However, current programs are not adequate to produce an AIDS-free generation. Levels of basic HIV/AIDS knowledge are high, but there is no clear sign that teenage infection rates are falling. Ongoing problems include a lack of skills to protect themselves and misconceptions about HIV/AIDS. HIV/AIDS policies are essential to help teachers address challenges in HIV/AIDS education. It is also vital that, where policies exist, they are well communicated and enforced by the SMT in Botswana. Without clear policies or implementation of policies, educators may ignore teaching learners about HIV/AIDS. The SMT also plays a vital role in defining parts of the school curriculum and can ensure that HIV education is sensitive to local community concerns. They need information to help them counter parental fears and resistance to education or allowing children with HIV to attend school. Where the curriculum is overloaded, the SMT can be instrumental in setting up youth clubs and other extracurricular activities, such as non-formal, peer-based education on HIV/AIDS.

2.7 HIV/AIDS IN NIGERIA

Osaigbovo (2012:35) state that Nigeria's HIV/AIDS epidemic is reducing life expectancy, as well as increasing both the disease burden and the number of orphaned children. HIV/AIDS is not like most other diseases as it attacks people in the most productive age group, and it is deadly. Accordingly, it can severely impact the economic situation in Nigeria, especially in Edo State, because of the people's belief system and culture. The effects of HIV/AIDS on the economy are threefold: a decrease in the labour supply, an increase in costs, and a detrimental effect on food production. The total economic output of the country will undoubtedly be affected by the death of young adults who are at their most productive ages. If HIV/AIDS were more common among the literate, then the impact would be more substantial than the AIDS deaths indicate. As for an increase in costs, the researcher will take into account expenditure on medical care, drugs, and funeral expenses as some of the direct costs of HIV/AIDS, while time lost as a result of illness, the cost of recruitment, training, and replacing of workers, and the care of orphans constitute some of the indirect costs of HIV/AIDS.

Additionally, if the bills related to HIV/AIDS are paid out of savings, then the decrease in investment will lead to a significant reduction in economic growth. Thus, it is not possible to overemphasize the economic effect of HIV/AIDS on individuals and their families, society at large, businesses, and the macro-economy. The impact of the pandemic on households is yet another significant aspect that must not be forgotten. The impact on the household begins as soon as a member of a household starts to manifest any HIV-related illnesses or when it is proven that a member of a household is infected with the virus. According to Kalipeni et al. (2000), the 1999 HIV syphilis seroprevalence sentinel survey shows that the disease and death caused by HIV/AIDS will inhibit the development of the country as well as make individual families and communities poorer.

HIV/AIDS in Nigeria are not only a problem for the poor as it affects, infects, and inflicts hardship on both the poor and the rich. For instance, poverty, as one of the main factors in the economy of a country, may reduce investment in human development, employment opportunities, and protection for workers, as well as limit access to health and social services, support, and treatment for HIV/AIDS. It will be recalled that HIV/AIDS spreads more easily in environments in which access to socio-economic opportunities and essential services is in jeopardy. Although the reported national prevalence rates have been declining in the last five years, there are significant regional differences in this vast and socio-economically diverse country, with prevalence rates in 2005 ranging from as low as 1.6 per cent in the southwest to

as high as 10 per cent in the northern central parts. According to Osaikbovo (2012:37), in Nigeria, HIV-infected people often have to overcome stigma and discrimination. In addition, they are exposed to some of the most painful aspects of HIV infection, including prejudice, rejection, hurt, and ostracism, all of which may usually be attributed to cultural and religious beliefs, poverty, and poor education. An individual's level of education may affect their ability to make informed decisions, not only for themselves but also for future generations.

The researcher assumes that the stigma and discrimination in the country arise most often from ignorance and poor levels of education regarding HIV/AIDS programs. In the last few years, there has been a significant improvement in access to funds for addressing the problem of HIV in the country as a result of financial support from many governmental and non-governmental organizations, including the President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund, and the World Bank.

2.7.1 Impact of HIV/AIDS on Quality Education

According to Lumadi et al. (2013:777), the quality of training and education is weakened mainly due to the loss of trained teachers, reducing student-teacher contact as inexperienced and underqualified teachers take over before they are ready. In Nigeria, class sizes are larger due to teacher shortages, which leads to an increase in dropouts and a decline in school completion rates. There is a shortage of trained teachers and decreased teacher productivity, posing a direct threat to achieving "education for all" as outlined in the Millennium Development Goals (MDGs) for education. Schools are becoming dysfunctional as they lose their teachers to illness and death. Even children who are spared a family bereavement often lose their teachers and classmates, as well as their neighbours and role models, to HIV/AIDS.

2.7.2 HIV/AIDS impact on teachers in Nigeria

Teachers are central pillars of the education system, and their survival and well-being are essential to its sustainability. A study by Mupa (2012:110) pointed out that teachers are the key to success if schools are to become an open channel for information. However, the issue of HIV/AIDS requires a different methodology from the usual curriculum. Therefore, most teachers need to be trained to use new material, handle new curricula, and, not least, know how to communicate with children and adolescents. HIV/AIDS touch very sensitive issues and taboos, such as sexuality, power relations, and gender equity, and thus requires a sensitive

approach. Participatory learning and teaching techniques, where discussion, communication, and action are the focal points, are a fruitful way of approaching the issue of HIV/AIDS. One way of preparing teachers for this new methodology is to train them as peer educators, practising participatory methods to train the pupils as peer counsellors. Music and drama teachers are precious in participatory approaches. A program designed to train teachers in HIV prevention found that teachers were keen to undertake HIV education. Still, experience had taught them that support from heads and key personnel from the education department was critical to the success of HIV education programs. It is one of many experiences that show the importance of support throughout the whole education system if implementations are to succeed.

2.7.2.1 *HIV/AIDS in schools in Cameroon*

According to Nsagha (2012:246), more than two decades into the AIDS pandemic, a cure for the disease has not yet been found, and the negative impact of adult AIDS mortality on child welfare has been potentially massive. Moreover, the impact of HIV/AIDS on rural livelihoods is insidious. There is a fear that OVC will obtain less education, thereby worsening their life chances, as well as the long-term economic prospects of their countries. UNICEF indicated that poverty is contributing to low school attendance, low completion rates, and low learning outcomes.

2.7.2.2 *Impact of AIDS Orphans in Cameroon*

A study by Nsagha et al. (2012 251) indicates that the death toll from AIDS continues to rise in Cameroon. AIDS-related deaths profoundly affect families, who often split up and are left without any means of support. The number of orphans and children orphaned by AIDS - children under the age of 18 who have lost one or both parents to AIDS - has increased dramatically, rising from 13,000 orphans in 1995 to 304,000 in 2010. By 2020, this number is projected to rise to 350,000. The study further explains that the care of related children has always been a means to handle health crises and protect children if their parents die, as is the case with the AIDS pandemic. Grandparents, aunts, and older siblings are at the forefront of caring for orphans. The movement of children between various related households is not restricted to orphans. It is a prevalent practice that makes the child part of the extended family circle and not exclusively raised by their biological parents.

2.8 HIV/AIDS IN SCHOOLS IN ZIMBABWE

Mapaire and Lumadi (2013:775) state that education in Zimbabwe is one of the sectors worst affected by the pandemic. There is broad consensus on the actual and likely impacts of the epidemic on the education sector (Bennel, 2003:170; Coombe, 2003:159; Kelly, 2000:200). HIV/AIDS represents a direct threat to achieving the goal of "Education for All". The epidemic affects the supply and demand for schooling, especially in areas with higher HIV prevalence. The impact of HIV/AIDS on education is evident in the decreased number of qualified and experienced teachers available. A UNICEF report (2000:160) estimated Zimbabwe's AIDS-related death rate for teachers at 2.1 per cent annually. Affected and infected teachers are occasionally absent from work due to opportunistic infections. In terms of learners, HIV/AIDS has made millions of children orphans, thereby increasing the responsibility of schools and teachers. There is a global realization that an effective and quality education system can only be sustained by ensuring that children and their educators are healthy and able to teach and learn in a healthy environment. On this note, Duncan (2013:1) state that education is the most powerful weapon you can use to change the world. ZNASP III (2016:1) state that while Zimbabwe is one of the countries with the highest burden of HIV/AIDS in the world, it remains a best-practice country in rapid scale-up and decentralization of prevention, treatment, and care services to achieve population effect to save lives, sustained domestic resource mobilization through the AIDS levy, value for money, and timely accountability reporting to both national government and its donor partners.

The country is witnessing high declining rates of new HIV infections and is one step closer to eliminating new HIV infections among our children from HIV-positive pregnant mothers. In addition, more people living with HIV know their status. They are receiving the most efficacious HIV medicines as lifesaving treatment while relatively fewer people are dying of AIDS-related illnesses in the country. The Government of Zimbabwe remains committed to achieving zero new HIV infections, zero HIV-related deaths, and zero HIV-related stigmas and discrimination. Among many success stories, we are on track to achieving the HIV-related MDG goals by 2015 and beyond. The Zimbabwe National AIDS Strategic Plan 2015-2018 is designed to bring hope, ensure no one is left behind, respond to the right place for the right people and location most affected by the epidemic, and promote stronger partnerships towards ending the AIDS Epidemic. There is no recent estimate of the proportion of new HIV infections in young people in Zimbabwe, but global data suggest that around 36% of new infections are in this group. ZNASP III (2016:24).

2.8.1 Planning, implementation, monitoring and evaluation of programmes and review of strategy

According to the DBE (2011:3), the Implementation Strategy for HIV/AIDS should be a live document, taking into account the continuously changing developments in the knowledge and management of HIV/AIDS. Therefore, there shall be annual planning, monitoring, and evaluation of HIV/AIDS programs and periodic review of this Implementation Strategy by all stakeholders. Comprehensive education and information should be provided to all members in line with national guidelines to improve their understanding of HIV/AIDS, TB, and other related illnesses, as well as their impact on individuals, families, and the nation.

2.8.2 HIV/AIDS education

2.8.2.1 The role of school management in the implementation and monitoring of HIV/AIDS

In Zimbabwe, all schools are expected to have sustained top-level leadership to ensure that policies are implemented. A study by Booysen (2010:49) state that an SMT is involved in implementing policy and handling the school's day-to-day routine functions and activities to keep it running smoothly. The school management must inspire and motivate everyone in the school. School principals and the SMT must work hand in glove to achieve their shared goals. Mupa (2012:119) highlights that in a school environment, the principal ensures that teachers teach the subject of HIV/AIDS through supervision and timetabling. The SMT mobilizes resources from parents for the effective teaching of the subject and ensures the availability of textbooks and syllabi. Through supervision, the principal and SMT identify teachers who lack skills and knowledge and organize workshops and in-service training. Each leader sees their role as a vehicle for bringing learning and change to society. The school principal and their team are there to assist teachers and learners in learning, changing, and growing. For the effective implementation of HIV/AIDS, leadership should involve parents, learners, and teachers so that the necessary change in behaviour among learners and the community is achieved.

Early research by Coombe (2000:17) postulated that educational management capacity is fragile at national, provincial, district, and school levels. The system is finding it challenging to attract skilled managers. Many principals have not yet received sufficient support or training to enable them to be creative about local education management. The situation will become

worse as the pandemic takes hold. In the private sector, some companies are already training replacements for skilled technical and managerial personnel they expect to lose to HIV/AIDS. Similar strategies are not yet in place in education. In addition to losing managers, the system will lose experienced senior teacher-mentors and teacher educators in universities and colleges whose career experience cannot be replaced. Institutions will depend on younger, less experienced educators, and the quality of teacher education will decline.

According to Lumadi and Mapairi (2013:773), "Impact of HIV/AIDS on quality education," HIV/AIDS impact on the quality of education was identified as follows: the quality of training and education is weakened mainly because trained teachers are lost. Student-teacher contact is reduced, with inexperienced and underqualified teachers taking over before they are ready. The class sizes are larger because of teacher shortages. There is an increase in the number of dropouts and a decline in school completion rates. There is a shortage of trained teachers and decreased teacher productivity. There is a direct threat to reaching "education for all" with the Millennium Development Goals (MDGs) for education. Schools are becoming dysfunctional, losing their teachers due to illness and death. Even children who are spared a family bereavement often lose their teachers and classmates, their neighbours and role models to HIV/AIDS (UNICEF, 2005:25). Lumadi et al. (2013:778) further explain that teachers are central pillars of the education system, and their survival and well-being are essential to the sustainability of the system. However, the HIV pandemic has dramatically reduced the number of teachers. HIV/AIDS have the potential to erode the gains made in education over the last few decades. In the wake of these challenges, results from interviews (semi-structured and in-depth) and focus groups indicated the impact of HIV/AIDS on teachers as follows: teacher illness and death; learning is adversely affected when a teacher dies. Neighbouring schools are affected by deaths.

Absenteeism due to HIV/AIDS severely reduces both teaching time and quality (Education International, 2006). One teacher's permanent or temporary absence can substantially affect up to 100 children (UNESCO, 2005). Poor teacher morale and low job satisfaction are caused by the increased workload taken over from those who have died (Shisana, 2006). A study by Lumadi et al. (2013:7) indicates that learner absenteeism is a direct result of HIV/AIDS due to children taking care of their siblings after losing both parents, as well as taking care of sick family members. Many learners are dropping out of school because they are unable to pay school fees.

2.8.3 The guiding principles in ZNASP II (2011:17)

HIV/AIDS remain the greatest sustainable human development challenge for Zimbabwe. Their impacts have increasingly become complex and affect all economic and social sectors. The impacts range from declining life expectancy, economic productivity, and investment in education, health, agriculture, and human capital development. The epidemic has compromised the knowledge pool and skills necessary to sustain livelihoods.

2.8.3.1 *Guiding principles for the national HIV/AIDS response*

The following principles will guide the national HIV/AIDS response

- **Respect and fulfilment of basic human rights:** Respect and fulfilment of human rights are prerequisites for an efficient and effective HIV/AIDS response. Efforts will be made to ensure that duty bearers and other service providers respect and fulfil their obligations to provide quality and comprehensive services to all people. Rights holders (beneficiaries) will be empowered to access and utilize such services.
- **Equity:** Access to services is a basic human right. During the ZNASP II, efforts will be made to ensure equitable distribution, availability and access to services by all people, especially most at-risk and other key populations.
- **Evidence-based planning and results-based management:** The planning and management of the national response will be informed by empirical qualitative and quantitative evidence, and implementation will focus on measurable impact, outcome and output results. Integrated service delivery: The ZNASP II will support services integration as a strategy to improve synergy between intervention, complementarity and optimised use of resources.
- **Meaningful involvement of people living with HIV (MIPA):** People living with HIV (PLHIV) involvement will improve service uptake and address the challenges of stigma and discrimination, among other barriers to service uptake. The PLHIV's participation will also enhance efforts to promote positive health, dignity, and prevention.
- **Good practices:** Stakeholders will be encouraged to replicate the proven effective practices.
- **The “Three Ones” Principle:** Zimbabwe will continue the application of the Three Ones Principle, which includes having one national coordinating authority, one national strategic plan, and one monitoring and evaluation system.

2.9 CONCLUSION

In this chapter, I discussed the theoretical framework of the theories and distributed leadership and the literature on COVID-19 and HIV/AIDS. Furthermore, to provide more context to my study, I examined the role of the SMT in monitoring and implementing HIV/AIDS and other pandemic policies at their schools. The next chapter will explore the nature of HIV/AIDS and other pandemics in schools.

CHAPTER 3

THE NATURE AND IMPACT OF HIV/AIDS AND OTHER PANDEMICS IN SOUTH AFRICA

3.1 INTRODUCTION

The focus of Chapter Two was a description of the second theoretical framework adopted for the study and an elaboration on how it was applied in this study. Chapter Two also included some international perspectives on the challenges experienced in various countries and the role of school leaders in executing their obligations to implement and monitor school-based pandemic policies. By approaching the first section of the literature review in this manner, the researcher provided an overview and global perspective on the topic, which helped to situate the study and provide a solid background on the topic under discussion.

In this chapter, the second part of the literature review, the discussions will focus on the literature related to pandemics, such as HIV/AIDS and COVID-19. In particular, it will look at a South African perspective on the role of the SMT in implementing and monitoring pandemic policies, enabling the researcher to understand the relevant literature on the research topic and address the topic's questions. First, we will discuss the second theoretical underpinnings used in this research, the policy implementation theory.

3.1 THEORETICAL FRAMEWORK: POLICY IMPLEMENTATION THEORY

3.1.1 Definition and characteristics

Serau and Lu (2020:114-115) state that policy implementation refers to the mechanisms, resources, and relationships that link policies to program action. More specifically, it means carrying out, accomplishing, fulfilling, producing, or completing a given task. Policy implementation is a lengthy process that begins with designing a policy's content and ends with achieving the results. There are a few crucial dimensions and essential pre-conditions for successful policy implementation. The success or failure of a policy depends upon its effective implementation.

Furthermore, the articles explore various policy implementation dimensions and identify essential conditions for successful implementation. Up to the 1970s, policy analysts paid little attention to policy implementation. This theory mainly comprises two approaches: the top-

down approach and the bottom-up approach. The top-down approach starts with the decision of authority as a starting point, identifying the tractability of the problem and the ability to structure implementation, as well as the non-statutory variables affecting implementation. The bottom-up approach is a system of studying policy design and implementation that focuses on the abilities and motivations of the lowest-level implementers (Serau & Lu, 2020:114-115).

3.1.2 Application of the policy implementation framework to this study

A theoretical framework's definition and qualities were covered in the previous section. The foundation for this study's problem statement is based on implementing and monitoring the school-based pandemic disease. Salawu, Bolatitio and Masibo (2023:3) state that researchers use theoretical frameworks to create logical study structures linked to the current study through logical establishment and reasoning from one or more theory sources. Additionally, Adom, Hussein and Agoye (2018:438) highlighted that the theoretical framework guides and should resonate with every aspect of the research process, from the definition of the problem, literature survey, methodology, presentation and discussion of the findings, and the conclusions drawn.

The study's research questions attempted to address specific aspects of this problem, such as the challenges posed by SMTs and their responsibilities for implementation and monitoring. The policy implementation theory revealed the difficulties experienced by the SMT in implementing the school-based pandemic policies at the school level. Data analysis revealed that a lack of attention to policy implementation caused challenges. The researcher's data analysis also revealed areas of concern about the application and adherence to policies. The researcher pointed out that it is challenging to determine whether a policy failed to take effect because it was ineffective or because the school principal and teachers did poorly in implementing it. Another problematic aspect was the unavailability of a hard copy of the HIV/AIDS policy at school. It was as if they did not know whether HIV/AIDS still existed. The fact that it was implemented impartially in other schools was another concern. Data also identified specific challenges in addressing HIV/AIDS and COVID-19 within the school curriculum, suggesting difficulties in integrating these policies into everyday teaching and learning. The principal and his team must ensure that staff members are implementing pandemic policies successfully and close all the policy gaps identified by the researcher.

I believe it is appropriate to briefly discuss a few of these policies since they are intended to influence the DBE's HIV/AIDS policy and COVID-19 policy response. Schools are required

to inform all parties involved of their policies. Effective policy communication also requires well-drafted policies. Policies are more advantageous to the institutions they are designed for when they are well-articulated. To help schools create their own policies at the school level, the DoE provided them with the standard operating procedure and the Schools National Policy of 1999. Regrettably, while some schools were required to comply and create their own policies, others chose not. Oginga (2014:6) state that to enable teachers to gain this understanding and acceptance, they must go through specially designed educational programmes. A policy that is too general may be interpreted differently and may be implemented poorly. Teacher training is regarded as essential for the effective implementation of any innovative teacher-provided curriculum in schools. This idea is supported by the objective of DBE (207:10), which state that all learners, educators, school support staff and officials in the Basic Education Sector have the skills, knowledge, information, materials, services and commodities to empower them to make informed life choices to protect themselves from HIV.

Next, an exposition of the HIV/AIDS and COVID-19 pandemic in the South African context.

3.2 HIV/AIDS AND COVID-19 IN SOUTH AFRICA

3.2.1 An Overview of HIV/AIDS in South Africa

Allinder (2019:12) suggests that South Africa remains the epicentre of the HIV pandemic as the largest AIDS epidemic in the world. Twenty per cent of all people living with HIV are in South Africa. This view is supported by Roberts (2018:17), who indicated that South Africa has the highest rate of HIV infection in the world. Although South Africa is at the centre of the current HIV/AIDS crisis, accurate information is seldom brought into school classrooms and taught to the learners. The South African people learn false information through word of mouth, causing fear and stigma. A report by the United Nations Programme on HIV/AIDS (UNAIDS) shows that South Africa has the biggest and most high-profile HIV epidemic in the world, with an estimated 7.7 million people living with HIV in 2018. Despite their elevated risk of infection, many young people do not have comprehensive knowledge of how to prevent HIV. A study published in 2019, based on data from South Africa's 2012 National HIV, Behaviour, and Health Survey, found that just 11% of young people questioned displayed 100% accurate knowledge of HIV, while 25% had 75% knowledge accuracy. Young people who were unemployed or living in rural locations were least likely to be knowledgeable about HIV. At

the same time, those who were sexually active had better HIV knowledge than those who were not (UNAIDS, 2020:1). Van Dyk et al. (2017:252) think that the education system in our country, as well as other countries in Africa, was severely affected by the devastating effects of HIV/AIDS. Countless teachers, learners, parents, and family members of learners died of AIDS before antiretroviral therapy became widely available. Many children (especially young girls) dropped out of school. Coombe (2014), on the other hand, state that HIV/AIDS is spreading dramatically in South Africa. Factors that have nurtured the pandemic include family and communal life disruption.

The HIV/AIDS epidemic, as it is unfolding in our schools and learning institutions and higher education, right across the entire sector, can no longer be treated as we have done in the past. We need to place education at the heart of the entire national response to HIV/AIDS because education represents the only hope for the future of an AIDS-free society" (DoE, 2003:3). According to Mfusi (2011:33), HIV/AIDS emergency guidelines have been disseminated to all schools. These guidelines emphasise the role of educators in reducing the impact of HIV/AIDS, teaching responsible sexual behaviour, and facilitating discussions with learners and parents. The guidelines also outline the framework for schools to create inclusive work environments that do not discriminate against infected people. From these guidelines, schools are viewed as centres of hope and support within the community.

Van Dyk (2017:252) further explains that the future lies with our young children, particularly in Sub-Saharan Africa, where HIV/AIDS has had a devastating impact. If we are unable to eliminate the current rate of this disease, our focus should be on ensuring an HIV-free future for future generations. The involvement of schools, religious institutions, and civic organizations is crucial in the fight against HIV/AIDS. We must empower our children with the necessary education and life skills to protect themselves from HIV and to become compassionate members of society, as we will be dealing with the consequences of AIDS for a long time to come. DBE's Integrated Strategy on HIV/AIDS (2012:13) global figures show that 33.3 million people were living with HIV in 2009, with 69% of this total from sub-Saharan Africa. The report also points out that South Africa is now faced with a hyper-endemic HIV epidemic, with almost 18% of the population between the ages of 15 and 49 living with HIV - a total of 5.7 million South Africans. Research conducted by the Education Labour Relations Council (ELRC) indicates that KwaZulu-Natal (15.8%) and Mpumalanga (15.4%) have the highest percentage of individuals living with HIV, as well as the highest prevalence of educators living with HIV - 21.8% and 19.1% respectively. The Northern Cape (5.9%) and

Western Cape (3.8%), in comparison, have the lowest HIV prevalence. Evidence also points to higher HIV prevalence in urban informal areas, particularly in those situated in the five cities in South Africa. The statistics indicate that educators living in rural areas and working in rural schools are greatly affected by HIV/AIDS. Mfusi (2011:21) state that HIV/AIDS also impact the SMTs' time available for regular planning and management strategies of the school, as this time must now be spent on preventing the spread of the virus and caring for HIV/AIDS-affected members of the school community. SMTs are significantly challenged by HIV/AIDS in schools.

The high prevalence of HIV/AIDS in schools reduces the morale, motivation, and concentration among most of the affected learners and teachers. Work schedules become delayed because of the absenteeism of staff and learners, causing learners and teachers to be behind schedule. Ill discipline and unauthorized absenteeism of infected teachers make the situation worse. HIV/AIDS significantly affect the provision of education, as more and more available resources have to be employed to mitigate the health impact of HIV/AIDS. A study by Ooko (2013:19) state stiff opposition from teachers and school administrators in South Africa. The principal must create implementation plans to ensure that the principles of the policy are made known and the school's HIV/AIDS policy will be implemented successfully.

3.2.2 The role of education to respond to the HIV/AIDS challenge

According to the DBE's Integrated Strategy on HIV/AIDS (2010:9), a safe school may be defined as one that is free of danger and, where possible, where harm is absent. It is a place where non-educators, educators, and learners may work, teach, and learn without fear of ridicule, intimidation, harassment, humiliation, or violence. A safe school is, therefore, a healthy physical and psychological school.

UNAIDS has recognised that education has the following impacts on HIV/AIDS:

- Access to quality education protects against HIV
- Education can reach a large number of children and young people
- Education reduces the vulnerability of girls
- Education can reach those who are not in school
- HIV/AIDS education impacts on HIV related knowledge, skills and behaviour
- The higher the level of education, the greater the protection against HIV infection
- Education can reduce stigma and discrimination

- Education provides a cost-effective means of HIV Prevention

3.2.3 An overview of COVID-19 policy in South Africa

The researcher believes the overall policy direction was consistent and evident from the onset. Gradually, as more school closures and timetabling models resulted in lost school days, curriculum decisions were forwarded to the school and teachers, and assessment and quality assurance requirements were loosened throughout the educational spectrum. By September 2020, it was evident that most schools would not cover a significant amount of the 2020 academic curriculum. Kurniawen and Nurdning (2023:182) highlighted that the COVID-19 pandemic spread like wildfire worldwide (Nguyen et al., 2021). It spread quickly and widely, providing long-term lessons in adapting to changes. It also became a global event in a short time. In this case, preventing the transmission of the pandemic was a great challenge.

Additionally, the World Health Organisation (WHO) (2023:2) state that globally, over 850,000 new cases were reported during the 28 days from 20 November to 17 December 2023. The number of new cases increased by 52% compared to the previous 28-day period. Over 3,000 new deaths were reported during this period, a decrease of 8% compared to the previous 28-day period. As of 17 December 2023, over 772 million confirmed cases and nearly seven million deaths have been reported globally.

According to Tadesse and Muluye (2020:162), UNESCO reports that 87% of the world's student population is affected by COVID-19 school closures. UNESCO is launching distance learning practices to reach students who are most at risk. According to UNESCO, over 1.5 billion students in 195 countries are affected by the COVID-19 pandemic school closures. Muhigana (2021:3) state that the impact of disrupted education since the COVID-19 outbreak has been devastating, with learners between 75 per cent and an entire school year behind where they should be, according to the latest statistics. Rotational attendance, sporadic school closures, and days off for specific grades have resulted in children losing 54% of their learning time. Some 400,000 to 500,000 learners have dropped out of school altogether over the past 16 months; this is most likely for children living in informal urban and rural settings, with household poverty also playing a critical role. The total number of out-of-school children is now up to 750,000. In reality, South Africa cannot afford to lose another learner or another hour of learning time.

Mutongoza and Olawale (2021:148) indicated that although teachers and administrators work hard during the pandemic to keep learners on track, they continue to face challenges regarding work organisation and time management. It is further contended that the shortage of gadgets, connectivity, computer illiteracy, poor adjustment of delivery methods to include learners with disabilities, data privacy, security, isolation, and social isolation continue to impede online learning prospects. The COVID-19 pandemic has forcibly fast-tracked the transformation of academic institutions into digital home-based institutions that rely heavily on virtual interaction, simulation, and collaboration. The psychological impact of this mode of delivery must not be overlooked. Hence, educators, leadership, and school management should be mindful that learners' protracted confinement to home environments can deter physical and psychosocial well-being. The impact of the COVID-19 pandemic will potentially impact school principals' view of their emergent profession's prospects.

3.2.4 COVID-19 Policy Response in 2020

According to Ursula (2020:9), from May 2020 onwards, a series of policies was implemented to address curriculum recovery. The DBE undertook four central curriculum strategies to address the issue of learning losses caused by school closures.

- a) Reduction in curriculum content
- b) Suspension or rationalising of subjects
- c) Changes to assessment
- d) Remote learning

3.2.4.1 *Reduction in curriculum content*

According to Ursula (2020:12), in preparation for the reopening of schools after the initial lockdown period, the DBE undertook a process of trimming the ATPs¹⁸. The Revised ATPs were introduced via 'Circular S2 of 2020, which provided the purpose and principles of curriculum trimming and reorganization. These addressed issues of curriculum progression, coherence, and sensitivity to the particular school context. The guiding principles were articulated as:

- **Feasibility** – analyse and examine the content in the light of the time and resources available to the schools, considering the current socio-economic and political climate.

- **Coherence** – systematic curriculum mapping must have horizontal, vertical, subject area and interdisciplinary coherence

According to the DBE (2020:15), curriculum trimming and reorganising will only apply in the case of Grade R to Grade 11 and Year 4, which will ensure that the curriculum is reduced so that the core concepts and content areas can be covered in the remaining period. Teachers will be assisted in ensuring the quality of teaching and learning, rather than just focusing on curriculum coverage, under conditions similar to a "new normal."

She further explained that the Grade 12 curriculum was not trimmed but rather reorganised with fewer school-based assessments instead of being shortened. Initially, trimming was considered a temporary solution for 2020, with a planned return to the regular curriculum for 2021.

3.2.4.2 *Suspension or rationalising of subjects*

There was conflicting information in the policy regarding the teaching of every subject. At first, only the integration of Life Skills into the Foundation Phase of the Home Language curriculum was to be dropped from the curriculum. While alternating subjects like Life Skills or LO, the Timetabling Guidelines recommended that schools maintain core subjects, such as Mathematics, Home Language, and English First Additional Language (EFAL), in the timetable daily (Ursula, 2020:13).

The revised ATP state that they are all important since every subject is included in the learning program at some point. The schools should follow the updated Annual Teaching Plans (ATPs) for every subject and make sure that no subjects are dropped or that learners' time is spent on subjects the school deems necessary, such as the fundamentals.

3.2.4.3 *Changes in assessment*

DBE (2020:15) highlighted that there will be minor changes to the School-Based Assessment (SBA) requirements for all grades for the 2nd, 3rd, and 4th terms. The June examination will be omitted to ensure that more time can be utilized for teaching and learning. Ursula (2020:14) further explained that the assessment section of the curriculum policy saw the most changes. Over a lengthy period, these changes were announced through several gazettes and circulars (May to October 2020). The June 2020 Senior Certificate and National Senior Certificate

('Matric') exams were moved to November/December 2020 as part of the initial adjustments. All grade levels' June exams were cancelled, and formative assessment, particularly in school-based assessment (SBA), was prioritized.

Additionally, Circular 02 of 2020 recommended easing the moderation processes and giving more authority to the school level. If assessments could not be conducted, the document outlined how to use SA-SAMS. The system was amended to include an integrated feature to handle situations without an assessment. This feature removed the task from the learner's promotion mark and SBA and automatically redistributed the weight to other tasks in a reasonable manner.

3.2.4.4 Remote Learning / Online Education

Msiza and Malatji (2020:301) highlighted that in South Africa, the government invested in e-learning in schools while monitoring implementation and providing teachers with the requisite skills through training and development. Emphasis on remote learning was maintained throughout the policy-making process and became more apparent with the extension of the lockdown and additional school closures in July and August. Compensatory learning at home became crucial to ensuring that the rotational timetabling models covered the curriculum. Conversations with school staff revealed that the curriculum's home learning component was extremely challenging to oversee and relied on parents' ability to participate in, supervise, and assist with schoolwork. Additionally, Muryanti, Jaya, Wati, Zagoto and Boriboon (2022:25) state that the principal indicated that the new curriculum will disrupt teachers and learners because the new curriculum needs to be socialized and trained. Online learning requires the skills and competence of teachers in using technological devices. Tadesse et al. (2020:161) state that distance learning was a solution to continue the education system, but it was difficult in developing countries because many parents have not been to school, and there was a lack of the necessary Information and Communication Technology (ICT) infrastructures, computers, radio, and television to provide distance learning. Access to computers and access to the internet is fundamental to successful distance teaching, which is not guaranteed for all learners in developing countries.

Also, staff and teachers should familiarize themselves with online teaching platforms.

Kwatubana and Molaudi (2021:108) state that teachers could not solve these inequity problems immediately. This sudden shift from face-to-face teaching to remote learning affected teacher

well-being as it demanded great efforts in teaching habits and routines. Teachers had stable working patterns before COVID-19; remote teaching caused a deviation from their working patterns. Moreover, teachers were dealing with these issues on their own; social isolation and reduced usual social support may have had a negative impact on their mental health and wellbeing. The abrupt lack of contact due to COVID-19 affects teacher emotions. Teachers experience a sense of loss not seeing their students in person, resulting in a kind of grieving in some teachers who were generally not acknowledged or supported.

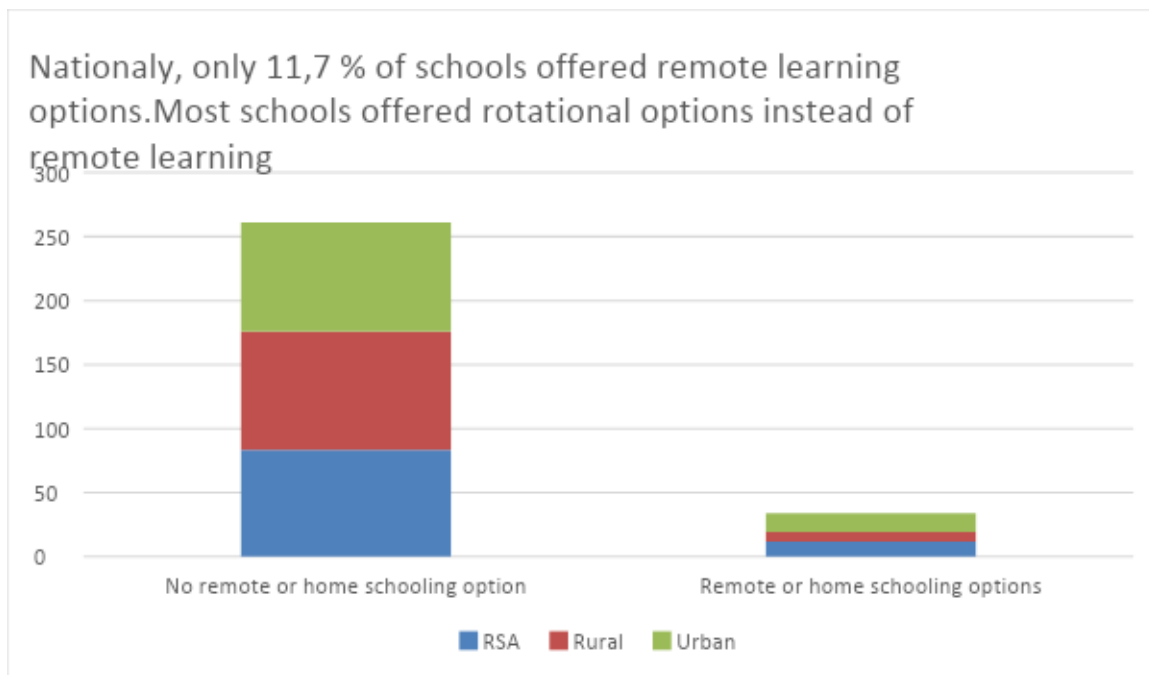


Figure 3.1: Remote or home-schooling option

According to the Department of Statistics (DOS, 2022:2), the percentage of people between the ages of 5 and 24 who attended a school or educational institution that offered remote learning in 2020 as a way to stop the spread of the COVID-19 virus was higher in urban areas compared to rural areas.

3.3 THE ROLE OF THE SCHOOL MANAGEMENT TEAM AND EDUCATORS DURING COVID-19

The DBE (2020:25) state that the role of the principal is to oversee the implementation of the recovery plans at the school level and to provide the necessary support to the teachers and

learners. The principal has to keep parents informed of the plans and the changes to be implemented. The success of the programmes will depend on effective school leadership and management and the extent to which teachers are adequately capacitated and supported to deal with the highly demanding roles they will be confronted with.

3.4 TEACHERS PLAN FOR LEARNING AND TEACHING AT HOME DURING COVID-19

According to the DBE (2020:14), the teacher must provide clear instructions on what needs to be done, preferably in writing. Learners must also have confidence in their ability to work independently without their teacher. All the necessary materials for learners' time away from school, such as reading materials, clear instructions, and learning resources, should be included in the packaging of materials intended for at-home instruction.

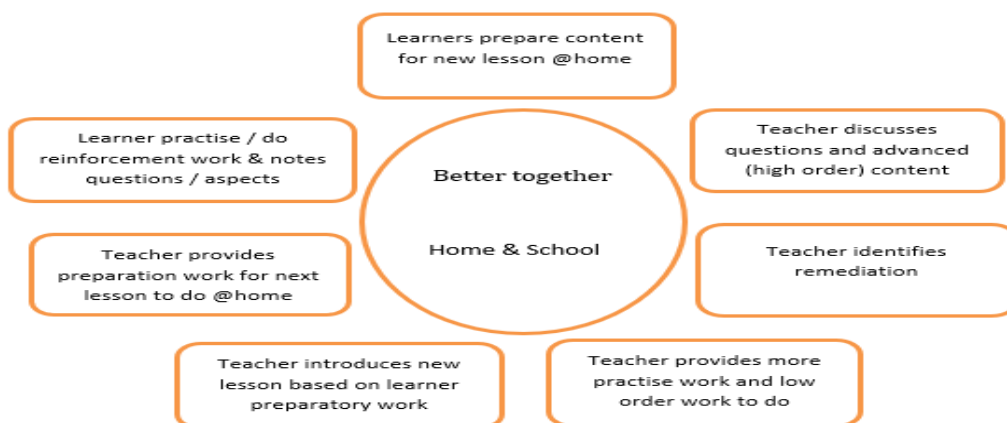


Figure 3.2: Teacher guidelines for implementing ATP's (DBE, 2020)

3.5 THE CONSTITUTION AND PANDEMIC POLICIES

It is necessary to briefly refer to the Constitution regarding the provisions related to this and its functioning at the school. School policies should be aligned with the Constitution to uphold the principles and rights enshrined. The right to education, for example, may be jeopardized if policies such as pandemic policies are not implemented and continuously monitored. The overarching aim should be to create a safe and supportive school environment. According to the DBE (2022:10), the Standard Operating Procedure for the Containment and Management of COVID-19 for Schools and School Communities provides guidelines for all administrators

on the approved steps that the SMT must take to prevent and contain the spread of COVID-19, as well as to manage confirmed cases of COVID-19 in their school and report to the DoE and the DoH.

3.5.1 HIV/AIDS

Van Dyk et al. (2017:648) indicated in a recent study that the South African Constitution (Act 10 of 1996) is the supreme law of the land, and all other laws must comply with its provisions. The constitution includes a Bill of Rights, which lists the basic human rights that apply to all citizens, including those living with HIV/AIDS. The constitution of our country protects the rights of people living with HIV/AIDS. It does not allow discrimination and protects people's rights to privacy and confidentiality. In South Africa, there are no laws that force people to disclose their HIV status. Aligned with HIV/AIDS, the constitution (1996:1247) state that people have the right not to be unfairly discriminated against, either by the state or by another person. It also stipulates that people should not be refused emergency medical treatment and should have the right to information and basic education. Furthermore, Chapter 2 of the constitution, the Bill of Rights (1996:1248), points out the right not to have the privacy of one's communications infringed.

3.6 PLANS AND STRATEGIES FOR COMBATING HIV/AIDS

The DBE's (2010:28) National Strategic Plan of 2007-2011 flows from the previous NSP and other national efforts to respond to HIV/AIDS, and it represents South Africa's multi-sectoral response to the challenge of HIV infection and the wide-ranging impacts of AIDS. The NSP has two primary aims and four key priority areas. The first primary aim is to reduce the rate of new HIV infections by 50% by 2011. The second primary aim is to reduce the impact of HIV/AIDS on individuals, families, communities, and society by expanding access to appropriate treatment, care, and support to 80% of all HIV-positive people and their families by 2011.

It is widely recognized that education systems have several comparative advantages over other services regarding the care and support of children. In addition, several factors make schools a strategic place for children to access various services. Schools are relatively accessible and often provide physical infrastructure in communities where other crucial infrastructure is absent. The education system has an existing infrastructure. The space and grounds at schools

have the potential for expanded use. Schools represent an existing network of many components, including school staff, learners, their caregivers, SGBs, and the broader school community. Each element is a potentially valuable resource for care and support. How schools are currently clustered creates opportunities for further collaboration and provides educators and middle management with more support (DBE, 2016:26).

The educational setting is open and friendly and prioritizes the growth and well-being of the students. About 11,500,000 children in South Africa are enrolled in the educational system, including those who are most impacted by and vulnerable to HIV infection. Over many years, children spend a significant amount of time in school. Additionally, because it is a setting where many vulnerabilities are displayed, it may help combat the stigma attached to HIV/AIDS. According to Durisic and Bunijevac (2017:139), educators and parents play significant roles in students' educational success. Students need a positive learning experience to succeed in school: one that provides support, motivation, and quality instruction. If children feel supported within the school, they will come to school and remain within the school. The school can also reach the younger and most vulnerable age group through school-going children and their families, such as child-to-child programs. Educators see children every day for five days a week and are ideally placed to track their well-being, recognize changes in children's lives, and identify vulnerable children (DBE, 2010:31).

According to Ndlovu and Potokori (2023:2), HIV/AIDS prevention programs have become an essential component of LO in the South African public school curriculum. Many prevention programs, such as DREAMS, Love Life, and Soul City, have introduced HIV prevention interventions for adolescent girls with variable degrees of effectiveness. Because of the particular difficulties, worries, and vulnerabilities they experience in the context of HIV/AIDS in South African schools, there are quite several key policies, programs, plans, and strategies that support schools in planning, implementing, and managing the HIV/AIDS policy successfully. The focus on implementing and monitoring pandemic policies in schools can be challenging to accomplish without adequate support and resources from the DoE. The DoE has taken various initiatives to intervene to support schools and combat the spread of HIV/AIDS at the school level. Several policies have been drawn, and practical interventions have been undertaken, with the major milestones being the following:

- National Policy on HIV/AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions

- HIV/AIDS Life Skill education in the curriculum via the LO learning area (2002 – 2010)
- Programmes targeting poverty and vulnerability (including the National School Nutrition Programme [NSNP], no-fee schools and scholar transport programmes)
- Guidelines, support materials and training for the prevention and management of sexual violence and harassment
- The publication of a desktop review on the prevalence of learner pregnancy in public schools, Teenage Pregnancy in South Africa, with a specific focus on school-going learners
- Peer education programmes
- The Safe Schools campaign, which addresses the physical safety of learners and educators and the prevention and management of sexual violence and harassment
- A research study on teachers entitled, The health of our educators: A focus on HIV/AIDS in South African public schools, 2004/2005 survey.⁷⁵

Before discussing the plans and strategies for combating HIV/AIDS, it is crucial to understand what the policy entails. According to Chibango (2013:244), policies regarding children and HIV/AIDS vary depending on their objectives. Some policies, such as PMTCT, aim at both prevention and treatment, while others focus solely on care and support.

3.6.1 HIV/AIDS Policy

The essential framework for reducing the spread of HIV/AIDS in schools should be provided by workplace policies. Drafting the policy and creating the school's HIV/AIDS implementation plan requires input from all key stakeholders. The purpose of this policy is to ensure a consistent and equitable approach to the prevention of HIV/AIDS among employees and their families and the management of the consequences of HIV/AIDS, including care and support of employees living with HIV/AIDS. A study by Oginga, Muola, and Mwanja (2014:3) showed that education plays a crucial role in preventing HIV/AIDS. For the education sector to respond effectively to the challenges of this pandemic, policies were developed aimed at addressing HIV/AIDS issues as they are affecting the entire education and training system. Ndlovu and Potokori (2023:2) state that monitoring and evaluation are also essential parts of HIV/AIDS intervention programs. The education sector policy on HIV/AIDS has formalized the rights and responsibilities of every person involved directly or indirectly in the education sector. The

scope of its application has been defined to cover learners, employees, managers, employers, and other education and training providers in all public, private, formal, and non-formal learning institutions at all levels of education. Education has the potential to reduce and contain the HIV/AIDS pandemic through the provision of information and skills about the disease. Education helps reinforce positive health behaviours and alters behaviour that puts people at risk. Schools reach young and teenage children and are ideal settings for teaching young people how to avoid contracting or transmitting the infection to others. Chibango (2013:241) state that since its attained democracy, South Africa has formulated several policies and legislative acts that address the HIV/AIDS epidemic.

3.6.2 Policy on HIV, STI AND TB

According to the Department of Education's National Policy on HIV, STI, and TB (2017:3), some principles guide the policy. These principles are in accordance with international and regional conventions, national laws, policies, guidelines, and regulations. The principles of this policy are cross-cutting and should serve as absolute points of reference in interpreting and applying this policy.

3.6.2.1 Access to counselling, testing, treatment, care and support

All learners, educators, school support staff, and officials who are living with or are affected by HIV, STIs, and/or TB in schools have the right to access an essential and holistic package of health and social services. These will be made available in schools, the DBE, and its partners and will include information on prevention, counselling, testing, treatment, care, and support. Care and support are important for the following reasons: to facilitate immediate access to treatment when a person is diagnosed with HIV, to enhance the prevention and management of HIV-related infections, and to enhance coping with the challenges of living with HIV (UNAIDS, 2016:1). To address care and support, Bhatta, Aryal, and Khanal (2013:160) think that vital life skills in HIV/AIDS include sympathy and harmony towards infected people and the need to care for families living with HIV/AIDS. These points are essential for school children to receive more assistance, counselling, and psychological support. The principal collaborates closely with the Health Department to guarantee that students who require assistance receive it from their nurses and social workers. It is everyone's responsibility to

provide learners with complete support. The HoD in charge of this committee is the SBST Coordinator.

Additionally, students can be directed to social social workers. Sadly, schools are not required to conduct tests outside the schoolyard. To determine the nature of the child's issue, the SMT will advise the parent to take the child to the doctor. The deputies are also crucial in helping the HoDs in charge of these critical committees and all students needing support. According to Mpunzana (2017:16), the increasing demands on management make it necessary to share the responsibilities involved in leading a school. The principal does not operate in isolation but leads a team, the SMT, consisting of the deputy principal and Heads of Departments (HoDs). This team is at the forefront of implementing HIV/AIDS policy. It is, therefore, of the utmost importance that they are part and parcel of any intended strategy to address the problem. Supportive and committed leadership is of paramount importance. A high level of commitment from the principal, SMT, and the governing body is critical in HIV/AIDS implementation and monitoring of the school-based HIV/AIDS policy.

3.6.2.2 Access to education

The Constitution of the Republic of South Africa (1996:22) state that every person has the right to education. A learner will not be denied access to education based on their actual HIV status. Specifically, access to education will be facilitated for learners living with HIV, orphans, and vulnerable children. According to circular MG No. 3 (2021:4), if a child does not have a study permit or birth certificate or if the child is sick due to HIV/AIDS, the child may not be denied the right to education. Such a learner must be placed under conditional admission. The principal is responsible for deciding whether to grant conditional admission. The principal must follow the intervention flow diagram to ensure smooth admissions. The parent must submit all required documentation within the designated time frame of four to six (6) months, as guided by the principal.

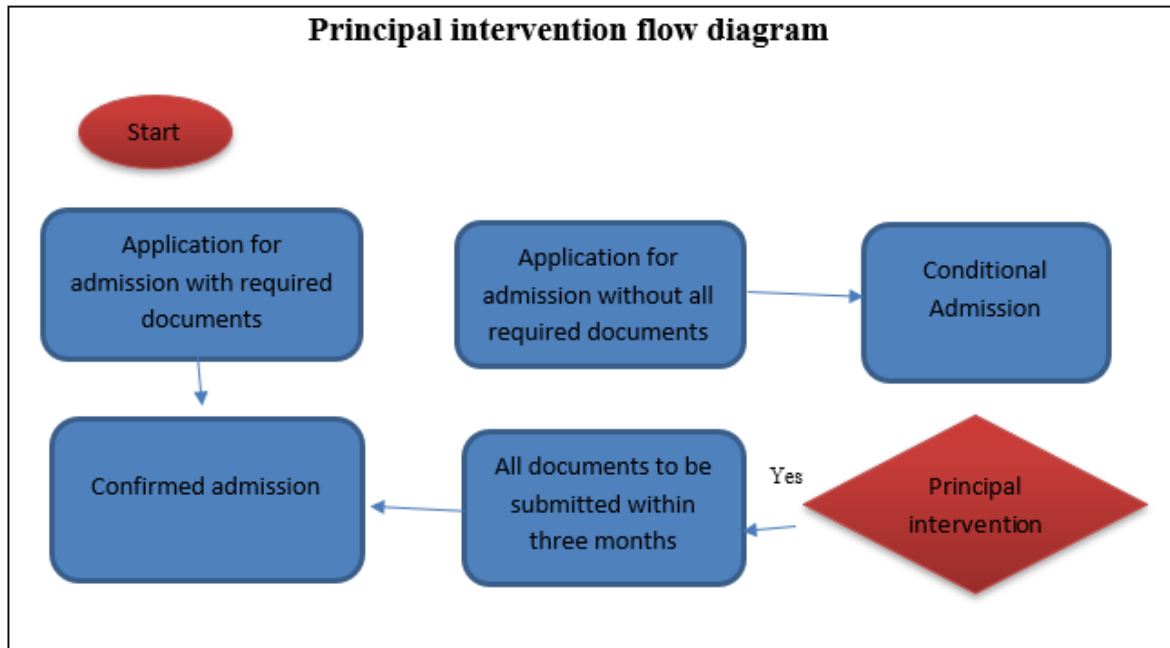


Figure 3.3: Principal intervention flow diagram (Adapted from Circular MG No 3 of 2021)

Supporting the principal on admissions is the responsibility of both the deputy principal and departmental head. The admissions committee was their collective responsibility, which needed to be established at the beginning of the year. Their duties include encouraging parents to provide an affidavit, or sworn written statement, on behalf of their child(ren) and handling cases of learners who are denied admission due to their HIV/AIDS status and lack of documentation. Additionally, they must guarantee that no learner is turned away due to their status. Every learner is entitled to an education.

3.6.2.3 Access to information

Every person in the Basic Education Sector has the right to access relevant and factual comprehensive sexuality education, including the prevention of HIV, STIs, TB, and pregnancy, as well as the knowledge and skills appropriate to their age, gender, and culture, to make informed decisions about their personal health and safety. Everyone has the right to access any information held by the state and any information held by another person that is required for the exercise or protection of any rights and to provide for matters connected in addition to that (PAIA, 2017:8). The principal will put up eye-catching COVID-19 and HIV/AIDS posters throughout the school to inform learners about the two pandemic policies. The principal will

plan the community imbizo. He will extend an invitation to everyone who should attend to discuss the pandemic. The principal will invite guest speakers from the DoE to address pandemic awareness for educators.

3.6.2.4 Access to protection

Every person, including learners, educators, school support staff, and officials, has the constitutional right to access the means to protect themselves from HIV, STIs, and TB. The coordinator of health and safety and the principal will ensure that a first aid kit box is available and that learners can always get help in an emergency. Most schools' heads of departments (HoDs) are the coordinators of various committees. Every learner is entitled to a secure environment.

3.6.2.5 Equity and protection from stigma and discrimination

According to Ngwenya (1996:513), everyone is equal before the law and has the right to equal protection and benefit from the law. No person may unfairly discriminate directly or indirectly against anyone on one or more grounds, including age, religion, social origin, or gender. Learners, educators, school support staff, and officials in the Basic Education Sector, whether or not they are living with or are affected by HIV, STIs or TB, or are pregnant or vulnerable in any other way, will be dealt with fairly and impartially and will be protected from all forms of stigma and discrimination based on their actual, known, or perceived health status. Discrimination results from acts motivated by stigma. Different levels of discrimination related to HIV/AIDS can occur anywhere, and it can also occur in family and community settings.

DBE (2016:26) state that stigma is associated with teenage sexuality and HIV, limiting the number of opportunities for young people and their parents, teachers, and health professionals to have an honest conversation about sex, HIV, and AIDS. Additionally, stigma deters young people from obtaining HIV/AIDS-related health services, which may prevent young people from receiving crucial information and assistance regarding HIV prevention.

According to Ragimana (2008:40), AIDS and stigma are expressed around the world in a variety of ways, including:

- Discrimination against people with AIDS.
- Compulsory HIV testing without prior consent or protection of confidentiality
- Violence against persons who are perceived to have AIDS or to be infected with HIV

HIV-related discrimination is an action that results from the stigma attached to AIDS. The stigma is associated with shame and fear: shame because the sex or injecting that transmits HIV is surrounded by taboo and moral judgement, and fear because AIDS is relatively new and considered deadly. HIV/AIDS-related stigma has been recognized as a significant public health issue, and there is much still to be done in terms of reducing stigma. Radio Malawi features a program that encourages people living with HIV/AIDS (PLWHA) to tell their stories. Thirty villages participated in the intervention, with ten participants in each village.

Post-intervention surveys revealed that the intervention reduced casual discriminatory contact. Shame was also reduced, but only for those reporting prior exposure to the radio program and for those who did not have a close friend or relative with HIV. The intervention helped HIV-infected young males and females reduce their own self-blame but not older male and female participants. (Nkuna, 2016:19). Bhatta et al. (2013:160) argue that education empowers young women, develops the capacity to provide information regarding HIV prevention, improves economic conditions, and makes them aware of sexual networks and their impact on society. Intervention in HIV/AIDS has established the possibility of education to bring about changes in attitudes towards people living with HIV/AIDS, which is significant in reducing stigma and discrimination. It makes prevention through education very difficult. It is a pivotal way to break the silence and move the response forward. Human rights need to include the right to work and the right to the highest attainable standard of physical and mental health.

3.7 THE ROLE OF SCHOOL MANAGEMENT TEAM AND STAFF

The researchers believe that all SMTs and staff should propose replacing all stigmatizing messages within the schoolyard with more empowering and educational ones in LO and Life Skills. Peer education must be established. In the group, they must address prevailing views about HIV/AIDS and the youth living with it. Alternative messages, such as "HIV is not the end of life," "HIV should never determine one's future," "you can live a normal life with HIV," and "HIV is a disease, not a curse," were proposed. The SMTs and staff must recommend and

encourage everyone to refrain from using stigmatizing language related to HIV/AIDS. They have to make sure that every student who is infected with HIV/AIDS is protected. The staff and management of the school must ensure that the policies are successfully implemented.

3.8 FAIR LABOUR PRACTICES

Every educator, manager, or employee in the Basic Education Sector has the right to fair and equitable labour practices. HIV or TB testing as a prerequisite for recruitment, appointment, continued employment, promotion, training, and benefits will not be allowed. Conradie (2016:195) state that the right to be protected received more attention with the increased concern over employees' physical and emotional well-being. Accessible, healthy, and safe working conditions form the backbone of this right.

3.8.1 The role of the researcher in Fair Labour Practice

According to the researcher, every employee needs to feel safe and protected, especially the affected and infected employees and learners. All staff members must be made aware of the school's HIV/AIDS policy fairly and transparently. Respect is owed to all parties involved.

3.8.2 Privacy and confidentiality

Every person in the Basic Education Sector has the right to privacy and confidentiality regarding their health and gender identity. No person should disclose such information about another person without their written consent or the written consent of the guardians of younger children (DBE, 2015:15). According to the DBE (2010:8), UNAIDS state that education plays a vital role in protecting against HIV/AIDS. School-going children and young people are less likely to become infected than those who do not attend school, even if HIV/AIDS are not included in the curriculum. Education reduces girls' vulnerability, and each year of schooling offers more significant protective benefits. A well-planned and implemented education on life skills, sex, and HIV has increased knowledge, developed skills, generated positive attitudes, and reduced or modified sexual behaviour. The school management places a high priority on the rights of both staff and learners. The school's management team must ensure that neither the rights of the staff nor the learners are violated. Both learners' and teachers' private

information needs to be securely stored. Employees should feel free to confide in the principal, other SMT members, and teachers.

3.8.3 Respect for human rights and dignity

The rights and dignity of employees infected with and affected by HIV, AIDS, and TB should be respected and upheld. Everyone has inherent (inborn) dignity and the right to have their dignity respected and protected. No person should be perceived or treated merely as an instrument or object of the will of others (The Constitution of the Republic of South Africa, 1996: 9). The school's management is responsible for safeguarding everyone's dignity and treating all parties with respect.

3.8.4 Healthy and safe work environment

The Constitution of the Republic of South Africa (1996:9) state that healthy and safe work environments should be created as much as practicably possible to prevent occupational exposure and transmission of HIV and TB. According to the DBE (2015:16), learners, educators, school support staff, and officials in all basic education workplaces and learning institutions have the right to be safe and secure and to have a healthy environment. Everyone has the right to an environment that does not harm their health or well-being. The principal's and SMT's responsibility is to ensure that everyone involved in the school is safe and that the facilities are clean. It is necessary to hire security personnel. Nobody may enter the school building without the knowledge of the principal and the security personnel. A visitor's book needs to be kept at the gate.

3.8.5 Social dialogue

Successful implementation of this policy requires cooperation and mutual trust between employers, employees, and their representatives, with the active involvement of employees infected and affected by HIV/AIDS, STIs, TB, and COVID-19. Employers and workers should engage in the design, implementation, and evaluation of national and workplace programs, with the active involvement of persons living with HIV/AIDS (Employment Equity Act 2012:9) and COVID-19. The SMT will prioritise community imbizo since all relevant stakeholders must be

informed and updated. Learners will be given pandemic-related topics to discuss, debate, and challenge local schools.

3.9 PLANS AND STRATEGIES FOR COMBATING COVID-19

3.9.1 Schools adopted various plans to counter the severe impact of COVID-19

The role of the SMT and SGB is to ensure strict access control procedures are in place. These measures include requiring all visitors to sign a register, wear face masks, wash their hands upon entry, and report to the reception area. Parents are regularly contacted through phone calls, bulk SMS, emails, newsletters, and other channels to minimize parent meetings and gatherings. Class-based parent-teacher meetings may continue as long as nonpharmaceutical interventions, such as hand hygiene, routine surface cleaning, wearing non-surgical face masks, and maintaining proper ventilation, are strictly adhered to.

3.9.2 Health and hygiene practices

It was the role of the SMT to make sure that cleanliness was the school's top priority. Along with the health and safety committee, the health and advisory committee ensured that all the classrooms were kept tidy and that the restrooms were in good working order. We will thoroughly clean the classroom when a positive test result is obtained. Every stakeholder was urged to periodically sanitise, wash their hands before eating, and wash them immediately after using the restroom. Before classes began, there were golden rules that must be adhered to daily. There will be sanitiser in every class. DBE (2022:16) highlighted that the school should increase the frequency of hand washing and sanitizing of hands, desks, and equipment. Everyone involved needs to regularly wash their hands with soap and water, scrubbing for at least 20 seconds, keep teeth and nails neat, and keep their faces, mouths, and eyes clean. Never share food, drink, utensils, or cups with anyone. They must cough or sneeze into a bent elbow or tissue, put the tissue in a container with a lid, and immediately wash their hands.

3.9.3 Physical distancing

According to DBE (2022:16), in all areas where learners gather for learning extra-curricular activities, they must maintain physical distancing at all times. Every classroom in the building, including the playground, was arranged to keep a distance of one to two meters. The primary

goal was to prevent learners and all stakeholders from infecting one another, especially during break time in the playground. Muryanti et al. (2022:6) state that physical distancing was considered one of the most important preventive measures in all documents. Distances ranged from a minimum of 1 m to a minimum of 2 m, and usually, a greater distance should be maintained between all staff members and learners in the classroom. Class seating arrangements could be readapted, with learners sitting side by side and facing forwards, unnecessary furniture could be removed from classrooms to create more space, and the number of students in each classroom should be minimized. The school's management team was responsible for determining isolation rooms or areas, allocating sufficient resources, and ensuring adequate ventilation. Appropriate physical distancing must be established when more than one student, teacher, or staff member is isolated.

3.9.4 Face coverings/masks

Everyone entering the schoolyard, the building, and the classroom is expected to wear a mask. The school's management team expects teachers to teach while wearing masks. The SMT's responsibility is to oversee the daily implementation of COVID-19 measures, ensuring everyone complies. According to the DBE (2022:27), wearing a face mask in public areas is compulsory for all citizens in South Africa. All learners and educators, except for those under the age of six years, must wear masks in school. Anyone who fails to comply with this regulation is committing a crime and, if convicted, may be fined or imprisoned for up to six months or both. If wearing a mask makes learners uncomfortable or anxious, they should not be forced to wear it. Other alternatives to face coverings should be considered as the best option.

3.9.5 Enhanced cleaning and ventilation

The DBE (2022:16) state that classroom openings, such as windows and doors, should always be left open for adequate ventilation. Schools could also utilize fans to keep windows open to improve ventilation further.

3.9.6 Education and Awareness

Every stakeholder received instructions on adhering to the rules everywhere. Apart from being taught about preventing illnesses, students ought to inform their parents or teachers if they feel unwell. Teachers and the school administration discouraged learners from coming to class when sick. According to the DBE (2022:62), your provincial education department's Employee Health and Wellness Programme should be contacted for psychological support besides health professionals. The South African Depression and Anxiety Group (SADAG) offers free remote counselling for positive cases (SADAG Helpline 0800567567 or send an SMS to 31393). Other contact details for support services are listed below and should be shared with all learners:



Figure 3.4: Contact details (Adapted from Standard Operating Procedure, 2022:62)

3.9.7 Remote learning options

Muryanti et al. (2022:26) emphasized that it is the role of teachers to facilitate learners who do not have internet access. Teachers took alternative steps to help learners by manually preparing materials and evaluation tools, requiring cooperation with parents to pick up the materials and assignments from school. However, teachers explained that learning time is also ineffective because parents must work and do household chores. Teachers responded that they are very familiar with this online application. Even though there is an e-learning team, there are a few obstacles in preparing materials to be uploaded on the online application page due to network issues, which are sometimes not visible to learners.

3.9.8 Collaboration with Health Authorities

The SMT will use Appendix 1 form, which contains a checklist that can be used to guide the initial steps taken after a suspected or confirmed COVID-19 case is identified. The school head or their designee (COVID-19 point person) must promptly notify key stakeholders (circuit administrator, staff, parents, learners, unions) once the COVID-19 case(s) are identified to prevent misinformation and reduce anxiety. This communication must be made in consultation with the school nurse, circuit manager, or the COVID-19 response team leader. It must be reported immediately. According to the DBE (2022:37), reporting must be done within 6 –12 hours following the identification of the situation, preferably as soon as possible.

- what is known about the COVID-19 situation at that time and what is not known;
- what initial steps have been taken to address the situation;
- how people can prevent disease transmission (i.e. strict adherence to prevention measures).

3.10 CHALLENGES FOR THE SMT IN SUPPORTING CHILDREN AND EDUCATORS AFFECTED BY HIV/AIDS AND THROUGH POLICY IMPLEMENTATION AND MONITORING

Andersen, Nyamuka, Gregson and Mutsikwa (2014:11) state that teachers expressed concerns about the impact of HIV on the physical and emotional well-being of children in their classes, as well as on their school attendance and performance. The following factors were commonly reported as challenges to schools:

3.10.1 Limited understanding and awareness of children 's home circumstances

According to Anderson et al. (2014:12), teachers must create a bond between themselves and the learners. They must go the extra mile to help them. Most teachers knew little or nothing about the backgrounds of the students they taught. HIV-affected children and their families were frequently reluctant to disclose their issues due to the high levels of stigma. Lack of knowledge about children's home situations hindered teachers' ability to respond effectively and thoughtfully to students' behaviour in the classroom. The SMT's role is to address the shortcomings in terms of understanding an awareness of home circumstances in the policy. They must ensure that they build teamwork between home and school. When teachers don't

have regular, honest, and sincere conversations with their learners about their needs, they should demonstrate that they value and respect their discussions. Over time, learners will grow to trust that their teachers are trying their most challenging, and they will also learn to pay attention to what adults or teachers need and do their best to meet those needs. Parents will then openly communicate their concerns and their children's behaviour. The teacher will have complete support for students, particularly those who are at risk. Honest and transparent communication, mutual respect, and trust are crucial. Teachers and students can communicate their needs and have faith in one another's capacity to meet them.

3.10.2 Lack of support for school from wider communities, unsupportive context for school and children

According to Anderson et al. (2014:12), teachers stated that the surrounding communities showed little commitment or initiative to support their schools. Children continue to be negatively impacted by the HIV epidemic. The researchers' view is that children affected by HIV lacked basic necessities in their homes (food, clothes, medicine). Children were usually depicted as having social challenges in their community, and families as having little adult supervision and help. Their education and experiences appeared to suffer because of this.

3.10.3 Teachers equipped to tackle HIV-related challenges

Anderson highlighted that (2014:13) lack of time, lack of updated materials on HIV, and inadequate HIV training were commonly reported as barriers to the delivery of health and HIV education in schools. Some teachers found it challenging to deliver sensitive messages on HIV in a classroom where some of the pupils were affected themselves. The majority of teachers were unaware of the HIV policies in place at their schools. Additionally, they were unaware of the national policy that governs them. The SMT carries the responsibility of guaranteeing that educators adhere to HIV/AIDS policies.

3.10.4 Lack of communication about HIV at schools

Anderson et al. (2014:13) further explained that the lack of disclosure of children's (or their parents') HIV status was a common barrier preventing teachers from attending to the needs of these children. Some teachers could not identify children in need. In contrast, others indicated

that even when they suspected a child needed help, they were reluctant to assist for fear of stigmatizing the child by singling them out. The school's management must establish a trusting relationship and open channels of communication so that students feel comfortable discussing their circumstances or feelings. Parents should also be invited to the school to provide any required information. Educators must complete the learners' profiles at the beginning of the year. Parents will be contacted and asked to bring any necessary information, particularly regarding medical matters.

3.10.5 Lack of flexibility and school willingness to assist vulnerable children academically

According to Anderson et al. (2014:14), if children fail to pay school expenses, some teachers respond with punishment, such as sending them away from school or refusing to mark their study work. The lack of extra willingness to help children get back on track after an absence and the limited attention given to the underlying reasons for children's inadequate school equipment also causes some children to fall even further behind. To bridge the gap and prevent at-risk or progressed learners from falling behind, the SMT must create a recovery plan and schedule additional classes for learners.

3.10.6 Teachers' restrictions

Teachers said that they often faced the same challenges of poverty and personal or family illness as the children and felt helpless to support children in coping with problems they were unable to cope with in their own lives. Some teachers said that although they wished to support children, they were restricted by their own personal economic constraints and emotional challenges. The school's management team must have encouraged teachers to adopt a child for a period of six months and provide for them at least once during that time. Additionally, they have to set up a tuck shop in a schoolyard and ask one of the parents of the learners most in need to oversee it. The shop's primary goal is to generate money for these learners, who will receive something at the end of each consecutive month. Additionally, the NSNP committee will provide them with extra food, preferably cooked, every day and at the end of each term.

3.11 CHALLENGES FOR THE SMT IN SUPPORTING CHILDREN AND EDUCATORS AFFECTED COVID-19 THROUGH POLICY IMPLEMENTATION AND MONITORING

3.11.1 Challenges in implementing e-learning

According to Msiza and Malatji (2020:301), one of the major issues was the Mobile Device Management (MDM) of tablets within the classroom. Usually, MDM is carried out by information technology staff, but in the case of schools, teachers were charged with managing students' tablets in the classroom. Suppose learners with tablets are not kept an eye on. In that case, they will waste valuable classroom time playing games, accessing social media, and engaging in other activities, making classroom management an urgent concern. Teachers who do not keep their tablet-using learners involved in activities frequently become distracted from their academic work.

3.11.2 Lack of parental involvement in the education of their children

According to Dube and Ndaba (2021:27), the subsequent struggle faced by learners is a lack of parental involvement in teaching and learning. The COVID-19 pandemic has reconfigured our way of life, has incapacitated teacher-parent engagement, and forced all participants to adjust to new ways of teaching and learning. The situation is exacerbated by variables such as uncertainty about real online learning, the way learning takes place while learners are at home, the role of parents, and whether they are equipped to assist with teaching and learning. Unless these questions are subjected to various facets of thinking, they could result in parents being perceived as incompetent and unwilling to assist in teaching and learning.

3.11.3 The impact of HIV/AIDS on education and educators

According to Ngarari (2010:34), HIV/AIDS increases the rate of teacher absenteeism, leading to less time for teaching and learning, often compromising the quality of education. Several factors contribute to absenteeism. Firstly, the illness causes increasing periods of absence from classes for infected teachers because of the disease's progressive nature. Ngarari (2010:36) continued that the epidemic affects the quality of education through several confounding factors, which include the effects of HIV/AIDS on the environment in which learning takes place. HIV affects the quality of educational inputs; it leads to teacher absenteeism and

attrition, less time for teaching, and the disruption of classroom and college schedules, affecting learning. The quality of education also suffers in the form of teacher education. As the epidemic continues to take its toll, there will be a less qualified teaching force, as trained and experienced teachers are replaced with younger and less well-trained teachers. Van Dyk (2012:182) proffers that HIV/AIDS is corroding and stripping the education system, as schools are negatively affected by teacher and learner absenteeism due to illness.

Research conducted by Guo, Li and Sherr (2012:994) discovered that the school attendance of children who are infected with HIV is further affected, as they often miss school at least once a month to go for their check-ups or to collect medication from health facilities. A high rate of teacher absenteeism is found in most developing countries. For example, on a typical day, 11% of teachers are absent; in Peru, 16% of teachers are lacking; in Bangladesh, 27%; and in Uganda, 25%. The problem of teacher absenteeism is one of the biggest threats to the effective delivery of education to learners because even when teachers are present at school, they are often not attending their classes (Mampane, 2013:19).

In this instance of absenteeism, the SMT's responsibility is to ensure that teachers complete leave forms and submit an application for incapacity leave if the absence lasts more than a month. To ensure no curriculum backlog at the school, the department will provide them with a replacement. To guarantee seamless policy implementation and monitoring, learners must continue their education even without educators. Monthly reports from management to the deputy principal are required, and each month, the HoD is responsible for monitoring implementation. The SMT must inform parents about HIV/AIDS, encourage educators to support vulnerable learners and make an effort to determine the underlying reasons for learners' behaviour and academic performance. Weiler, Martin (2012:15) state that being knowledgeable about what to teach is only one part of how prepared a teacher is to address HIV/AIDS as an issue in the classroom.

Children with HIV/AIDS, orphans, and children whose parents are infected with the virus may not have access to opportunities that would allow them to receive a regular education. HIV/AIDS, in particular, may make it more difficult for kids to finish school due to parental illness, childhood illness, and orphanhood. Children affected by HIV may experience a gender gap in their educational attainment as a result of these effects, which may also vary by gender. Given the different ways that HIV interferes with children's education, it's critical to understand how HIV/AIDS affect boys' and girls' life chances, particularly in terms of their performance, enrolment, and attendance. The people caring for the sick adults are both boys and girls. They

are expected to take care of the house, cook, bathe their siblings, and take care of their ill parents without the assistance of an adult.

Table 3.1: What HIV/AIDS can do to Education and what Education can do to HIV/AIDS

What does HIV/AIDS do to Education	How does it (HIV/AIDS) do it?
<ul style="list-style-type: none"> ● Reduces the demand for Education 	<ul style="list-style-type: none"> ● fewer children to educate ● fewer children wanting to be educated ● fewer children able to afford education ● fewer children able to complete their schooling
<ul style="list-style-type: none"> ● Reduces the supply of education 	<ul style="list-style-type: none"> ● loss of teaching time due to prolonged illness of teachers ● reduced productivity of sick teachers ● loss through the mortality of trained teachers
<ul style="list-style-type: none"> ● Depletion of resources for education 	<ul style="list-style-type: none"> ● diversion of family resources to medical care ● funds are tied down by salaries of sick but inactive teachers ● loss of active community members hence reduced community ability to contribute labour for school developments
<ul style="list-style-type: none"> ● Reduced potential clientele for education 	<ul style="list-style-type: none"> ● increase in the number of orphans and vulnerable children who cannot attend school because they have to undertake income-generating activities to support their households
<ul style="list-style-type: none"> ● Effects on the process of education 	<ul style="list-style-type: none"> ● the new social interactions that arise from the presence of AIDS-affected individuals in schools ● the erratic school attendance of pupils from AIDS-affected families ● the erratic teaching activities of teachers

<ul style="list-style-type: none"> • Effects on the content of education 	<ul style="list-style-type: none"> • the need to incorporate HIV/AIDS education into an already over-burdened curriculum, with a view to impart the knowledge, attitudes and skills that may help to promote safer sexual behaviour
<ul style="list-style-type: none"> • Effects on the role of education 	<ul style="list-style-type: none"> • new counselling roles that teachers and the system must adopt • the need for the school to be envisaged as a multi-purpose development and welfare institution, delivering more than formal school education as traditionally understood
<ul style="list-style-type: none"> • Effects on the organization of schools 	<ul style="list-style-type: none"> • adopt a flexible timetable or calendar that will be more responsive to the income-generating burdens that many pupils must shoulder
<ul style="list-style-type: none"> • Effects on the planning and management of the education system 	<ul style="list-style-type: none"> • the imperative of managing the system for the prevention of HIV transmission • the need for all capacity-building and human resource planning to provide for (a) potential personnel losses, (b) developing new approaches that will enable the system to cope with the epidemic's impacts

(Adapted from Ngarari, 2010:36)

3.11.4 Challenges experienced by SMTs in the implementation and monitoring of the School-based HIV/AIDS Policy

Scholars like Pradeep, Shahene, Ramaiah, and Garady (2019:8) state that quality training improves teachers' professional skills and competencies in imparting life skills education. Improving teachers' skills in this regard is highly prioritised in the life skills education program being implemented in educational institutions. The study by Rooyen and Van Berg (2012:81) reveals that although the implementation of HIV/AIDS programs in schools was made compulsory, the study indicated that schools were not adhering to this requirement due to factors such as a lack of sound management practices in schools, insufficient training of

teachers and school managers, and uninvolved stakeholders. Some schools failed to develop implementation plans to address risk behaviours among learners.

SMTs also lack involvement in program implementation in certain schools. It was found that there was a need to train more teachers on an ongoing basis in program delivery because of their frequent rotation to different learning areas within the life skills. A further constant challenge in implementing HIV/AIDS education programs relates to the confidential nature of much of the subject matter. The SMTs are expected to interact with adults and/or children infected or affected by HIV/AIDS, given the rights of individuals not to disclose (nor to have disclosed) their HIV status. It is complicated for the SMT to implement the program successfully. It is evident that both educators and the SMT need to be empowered.

According to Mestry (2017:1), principals must understand leadership as a process, develop human relations skills, and promote joint action to ensure school improvement and effectiveness. Leadership deals with areas such as supervising the curriculum, improving the school's instructional program, working with staff to identify the vision and mission for the school, and building a close relationship with the community. On the other hand, management includes factors such as supervising the budget, maintaining the school buildings and grounds, and complying with educational policies and acts. In struggling to prevent the COVID-19 virus from increasing in the playground, the school's management team needs to provide self-care training to teachers, students, and parents. They need to disclose the virus's transmission. Should a case arise within the school, the DoH will recommend that the school close. The school needs to close right away. Holderness (2012:48) indicates that while the need to prioritize HIV/AIDS education for teachers is increasingly recognized, much more still needs to be done in terms of equipping teachers to address the epidemic.

Additionally, in the case where an HIV-positive teacher can no longer continue teaching due to illness, they are not dismissed from their work. In these cases, the government employs a substitute teacher, which not only causes an additional financial burden on the government but also inconveniences the learners who a new teacher must teach. When a teacher falls ill, the class may either be taken by another teacher, combined with another class or even left untaught (Pennap, Chaanda & Ezirike, 2011:165). According to Moodley (2011:32), one of the key challenges experienced is that the communication of the policy and program is often a forgotten component, resulting in several common problems, such as the low utilization of the services provided by the program and the fact that management and staff alike are not committed to the policy and program as they are unaware of developments and feel left out of the process. In the

workplace context, the SMT must ensure that the staff complement is well-versed in the school's HIV/AIDS policy and program. In this way, staff would have the opportunity to provide input and contribute to developing, maintaining, and reviewing the HIV/AIDS policy and program.

3.12 CHALLENGES EXPERIENCED BY SMTs IN THE IMPLEMENTATION AND MONITORING OF THE SCHOOL-BASED COVID-19 POLICY

3.12.1 Poor, impoverished communities during COVID-19

Ngwacho (2020:131) state that schools are social protection hubs for learners. Schools play a significant. Wiid and Digginess (2013:186) define the population's role in protecting learners, especially girls in poor, vulnerable, and marginalized communities. With over 32,000 schools closed, more than 18 million pre-primary, primary, and secondary school learners, as well as over 150,000 refugees, were now confined to what they may call 'home'. The risks from which the schools they resided in protected them are now staring at them. Wiid and Digginess (2013:186) define population directly. These learners require home-based learning in the so-called 'homes', which is hardly available. Similarly, their teachers. Wiid and Digginess (2013:186) define the population as at home and requiring support to help them learn remotely and ensure continuity of the learning process, which is impossible.

Niel (2021:5) state that there are few exceptions; for example, education inequities exist. Compared to their peers, girls, children from low-income households, and children with disabilities had less access to remote learning. This was often due to the lack of accessible technology and the availability of electricity, connectivity, and devices. Compared to older students, younger students experienced more learning loss and had less access to remote learning, especially among preschool-aged children going through critical phases of learning and development. Mohohloane and Shepherd (2021:19) state that there was a learning loss of 0.19 standard deviations in mathematics among the 2020 cohort, a learning loss between 2019 and 2020 of 0.25 standard deviations (equivalent to 63% of a year of learning) in no-fee schools, 0.19 standard deviations (equivalent to 48% of a year of learning) in fee-paying schools, and 0.21 standard deviations (equivalent to 53% of a year of learning) nationally.

Mohohloane and Shepherd (2021:19) further show that the predicted mathematics outcomes for 2020 were equivalent to those of TIMSS 2015. In other words, Grade 9 performance has potentially regressed to 2015 levels. Teachers are a second key stakeholder in schools, and the

impact of COVID-19 on them and their ability to teach was central. Most children have lost instructional time and were not ready for age- and grade-appropriate curricula before the pandemic. They require remedial instruction to get back on track. The pandemic has also revealed a significant digital divide that schools can address by ensuring children have digital skills and access.

3.12.2 Poor teacher motivation, morale and self-esteem during COVID-19

Based on the researcher's managerial experience, most teachers felt anxious and afraid for their lives during the COVID-19 pandemic. During this challenging time, they felt undervalued and had lost motivation to teach. They believed the school administration did not listen to them, especially after expressing their concerns and anxieties. As a result, they decided to skip classes and not attend school. Some of them even pretended to be sick so that they could stay home out of fear for their lives. According to DBE (2022:17), principals are responsible for ensuring that staff has the latest information on how to manage the risks associated with COVID-19.

3.13 STRATEGIES TO IMPLEMENT AND MONITOR SCHOOL-BASED PANDEMIC POLICIES IN SCHOOLS

3.13.1 Peers teaching peers to prevent HIV

Kitala (2011:15) is of the view that the use of peer educators in the teaching of HIV/AIDS policy is beneficial because they are a normal part of other individuals' lives and can understand, through shared experience, what those individuals value and aspire to, and feel frustrated by regarding HIV/AIDS. Toli (2012:904) defines peer education as 'the teaching or sharing of health information, values, and behaviours by members of similar age or status' and has become a popular strategy for health promotion and prevention in recent years.

Peer educators have been used in a wide variety of settings where physical and socio-cultural access is difficult for outsiders. Peer educators also have the advantage of communicating effectively because they understand the language and communication patterns of those they seek to influence. In other words, they can be considered interpreters who provide technical knowledge about HIV/AIDS so that their peers can understand, making it clear how HIV/AIDS can affect workers and their families. Peer education programs can be used for diverse populations and ages. However, these programs have primarily been used for work with young

people, based on the assumption that the young person's peer group strongly influences how they behave. Program managers widely use peer education programs in their strategic prevention mechanisms (Kitala 2011:19). Peer education is based on behavioural theory. This theory believes that people do not make changes based solely on empirical evidence but are more likely to alter their regular behaviour if they know and trust the people who try to persuade them to do so. Peers, by definition, are similar in age, background, experiences, and interests, so people are more likely to listen to and follow advice from peers.

Peer education helps to break down barriers by allowing people to discuss sensitive matters without fear, making use of peer education an essential component of effective HIV/AIDS education programs. In the context of HIV/AIDS workplace programs, peer education involves the training of male and female workers to facilitate discussions with their co-workers and encourage them to examine and change their high-risk behaviours. HIV/AIDS workplace programs are set up to provide comprehensive prevention, care, and support interventions. Peer education is an essential and effective way to do this because before individuals can reduce their level of risk or change their behaviour, they must first understand the basic facts about HIV/AIDS, assess and modify their attitudes, learn new skills, and know how to access appropriate services. They must also perceive their environment as supportive of behaviour change and maintaining safe behaviour. A workplace peer education program contributes to creating such an environment.

Peer education is a cost-effective option for HIV/AIDS as it helps in reducing new infections. It capitalizes on individuals who will encourage their colleagues to consider changing their current high-risk behaviours, and it can be initiated rapidly to reach many workers. According to FHI (2011:7), global research on the benefits of peer education shows that this approach can positively influence young people's attitudes and knowledge about reproductive health and HIV. It can also affect youth to decrease their number of sexual partners and increase their use of condoms and other contraception. It improves community norms about youth and sexual behaviour. Creating such a program improves the morale of workers who see their employers and workers' representatives contributing to protecting their rights, health, and well-being. Peer education is a widely used and implemented strategy that the target audience accepts. It is participatory and, therefore, facilitates the target audience's involvement. Frantz (2015:2) highlighted that the process of peer education during COVID-19 is perceived as receiving advice from a friend 'in the know' who has similar concerns and can identify with an understanding of what it is like to be a young person. In addition, peer education is also a way

to empower young people; it allows them to participate in activities that affect them and access the information and services they need to protect their health.

Munir, Erlinda and Afrnusalim (2021:325) state that WhatsApp was used as an online learning process. Initially, the teacher gave material to the learners in the group. According to the researchers, the DoE sampled certain schools during COVID-19 to improve remote training using the Google program. They used it successfully to prepare assignments and projects on the app and send them to students via WhatsApp. Feedback will be sent to both the teacher and the students immediately.

3.13.2 Promoting awareness of the disease and its impact

Shava (2013:61) state that creating awareness of the disease and its implications, including its devastating impact, how to prevent its transmission, and how to tackle its stigma, is essential in fighting the disease. Research has shown that high levels of awareness around HIV/AIDS are only the first step towards changing behaviour. It helps the team members recognize personal vulnerability, develop efficacy (ability and skills to change behaviour), and adopt supportive social norms, which are also necessary for effective and sustained behaviour change. We have the following examples of awareness activities: the distribution of AIDS ribbons for staff to wear, serving as a constant reminder of the reality of HIV/AIDS and the need to care for and support PLWAs. Distributions of pamphlets on HIV/AIDS, arranging talks by PLWAs, celebrating World AIDS Day in the workplace, and holding a video session on an HIV/AIDS-related topic. DBE (2022:35) state that the SMT must communicate effectively with learners, parents, and other role-players.

3.14 CONCLUSION

In this chapter, I discuss the implementation of pandemics in the South African context. I have sourced and described literature to provide context for the research phenomenon. The HIV/AIDS and COVID-19 pandemics continue to pose challenges to school management. I explore the nature of school pandemics and how they should be addressed within the framework of the South African constitution. I also examine the plans and strategies to combat HIV/AIDS in schools.

Additionally, I examine how SMTs monitor and implement HIV/AIDS plans at their schools to make my study more contextual. This chapter reviews HIV/AIDS policies and programs implemented in the education sector in South Africa. The next chapter will examine the research methodology employed in this study.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

This chapter highlighted the research design and methodology selected for the thesis. A clear and concise description of how the study was conducted was given. The chapter outlines the methods and tools used to collect data to answer the research questions. This chapter also discussed the population and the strategies for selecting the participants, data collection methods, and data analysis procedures. Other aspects covered included ensuring the research's trustworthiness and the study's value.

4.2 RESTATEMENT OF THE PROBLEM AND AIM OF THE THESIS

HIV/AIDS and COVID-19 epidemics have affected learners, students, educators, and the education system in general. A study conducted by Alcorn (2022:1) indicated that people with HIV had a 30% higher risk of dying after admission to the hospital with COVID-19 than people without HIV. Zinyemba, Pavlova, and Groot (2019:35) state that about 17 million children have lost one or both parents to HIV/AIDS since the eruption of the epidemic. HIV-infected children may miss school days and perform academically less than non-HIV children. Onyema, Eucheria, Obafemi, Sen, Atonye, Sharma, and Alsayed (2020:111) indicated that the outbreak of Coronavirus negatively affected educational activities worldwide. The coronavirus pandemic affected educational systems worldwide, leading to the widespread closures of schools. It created severe disruptions in academic activities, as well as in career plans.

As part of the global efforts to combat COVID-19, many countries closed down schools to contain the coronavirus pandemic, leading the government to seek ways to address the impact of the two epidemics. Schools must educate young learners and equip them with the knowledge and skills to protect themselves against the two viruses. Similarly, by educating young people about how this disease is transmitted and prevention practices, as well as encouraging regular testing, the expectation of the DoE both at the national and provincial levels is that each school should have its own policy on HIV/AIDS. The majority of schools struggle to implement their HIV/AIDS policy because of poor planning, loss of interest, poorly defined aims, and weak leadership. In the struggle to implement policy, the question arises: Are schools implementing

and monitoring HIV/AIDS and COVID-19 policies? Therefore, this study focuses on the SMT's roles in implementing and monitoring the school-based HIV/AIDS and COVID-19 policies.

The researcher hopes that this study will assist in shedding light on the monitoring and implementation of HIV/AIDS and COVID-19 policies at the school level. Many studies have been done about HIV/AIDS and COVID-19, but little attention has been paid to the implementation and monitoring of these two policies by all stakeholders.

4.3 THE PHILOSOPHICAL UNDERPINNINGS OF THE STUDY: INTERPRETIVISM

4.3.1 Definition and aims of the interpretivist paradigm

The interpretivist paradigm was used to guide this study. The interpretive paradigm is also called the phenomenological approach. Walliman (2011:175) indicated that the paradigm is the overall effect of accepting a particular general theoretical approach and its influence on scientists' view of the world. According to Alase (2017:11), interpretive phenomenological analysis concerns the detailed examination of human lived experience. Interpretive phenomenological analysis allows multiple individuals (participants) who experience similar events to tell their stories without distortions and/or prosecutions. According to Pius (2020:42), the interpretivism paradigm provides an in-depth understanding of particular contexts, such as cross-cultural studies and factors influencing particular development, through collecting and interpreting qualitative data, leading to deep insight and conclusions that may differ from others. Furthermore, the interpretivist paradigm would enable researchers to treat the research context and situation as unique, considering the associated circumstances and the participants involved. This paradigm would also support the research to be more focused on the specific topic and prevent the research from heading towards more generalization, as given in the positivist paradigm.

In the interpretive paradigm, researchers do not aim to predict what people will do but rather to describe and understand how people make sense of their worlds and how they make meaning of their particular actions. The purpose is to understand better how people make sense of the contexts in which they live and work (Evans, 2016:3). The interpretive perspective leads to a stronger emphasis on what has become known as naturalistic research. Naturalistic research is conducted in naturally occurring contexts with the researcher aiming to be non-intrusive

(Cohen et al., 2011:29). Bertram and Christiansen (2018:26) further explain that the researcher needs to engage in the situation from the participants' viewpoint. According to Rehman and Alharthi (2016:56), the interpretive methodology requires that social phenomena be understood through the eyes of the participants rather than the researcher. The goal of interpretive methodology is to understand social phenomena in their context. Interpretivists collect primarily qualitative data from participants over an extended period, as in ethnography and case studies. Interpretivists use the inductive rather than the deductive approach because "they tend to see theory as deriving from data collection and not as the driving force of research.

This is highlighted by Pius and Alharahshah (2020:41), who state that interpretivism considers differences such as cultures, circumstances, and times leading to the development of different social realities. Interpretivism is the standpoint that recognizes the 'embedded' nature of the researcher and the unique personal theoretical stances upon which each person bases their actions. These authors argue that this approach rejects the assertion that human behaviour can be codified in laws by identifying underlying regularities and that the researcher can study society from a detached, objective, and impartial viewpoint. Attempts to find understanding in research are mediated by our own historical and cultural milieu (Bertram & Christiansen, 2018:173).

According to Cohen et al. (2011:21), the interpretive paradigm is for the individual. All interpretive paradigms tend to be anti-positivist. Positivist and interpretive paradigms are essentially concerned with understanding phenomena through two different lenses. Positivism strives for objectivity, measurability, predictability, controllability, patterning, the construction of laws and rules of behaviour, and the ascription of causality. On the other hand, interpretive paradigms strive to understand and interpret the world in terms of its actors. Bertram and Christiansen (2018:22) further influenced my paradigm choice for this study, stating that various authors used the term "paradigm" in different meanings and contexts. A research paradigm represents a particular worldview that defines, for the researchers who hold this view, what is acceptable to research and how it should be done. Working within a specific paradigm determines choices such as the following:

- ✓ What kind of questions are supposed to be asked
- ✓ What can be observed and investigated
- ✓ How to collect data
- ✓ How to interpret the findings

Bertram and Christiansen (2018:26) state that interpretive paradigm researchers do not aim to predict what people will do but rather to describe and understand how people make sense of their words and how they make meaning of their particular actions; this approach aims to understand people. In this study, the researcher thinks that the social world is approached through understanding human behaviour and that reality can be seen through the participants' beliefs and perceptions. The purpose is to understand better how people make sense of the contexts in which they live and work.

The interpretive perspective leads to a stronger emphasis known as naturalistic research. Cohen et al. (2011:25) further explain that naturalistic research is conducted in naturally occurring contexts with the researcher aiming to be non-intrusive. The perspective also implies that the researcher needs to engage the situation from the participants' viewpoint. For the researcher to generate the trustworthiness of the data collected, the following methods were adopted: interviews, focus group interviews, observations, and document analysis. All the data collected was compared to bring forth trustworthiness. A detailed description of the data strengthens trustworthiness in this paradigm. This data must be authentic and reflect the experiences of the respondents. Researchers must clearly show how they have analysed the data and reached the conclusions drawn. They must allow for multiple reconstructions or the idea that this could have been seen differently, or the data could lead to more than one conclusion. (Bertram & Christiansen, 2018:27).

4.3.2 Philosophical beliefs for interpretivism

The interpretivist perspective is based on the following philosophical beliefs: The characteristics of interpretivism as used in this study are categorized into the nature of reality (ontology), the nature of knowledge, the relationship between the inquirer and the inquired into (epistemology), axiology, and the methodology used.

4.3.2.1 *Ontology*

Rehman and Alharthi (2016:51) state that ontology refers to "the nature of our beliefs about reality." Researchers have assumptions about reality, how it exists, and what can be known about it. The ontological question leads a researcher to question what kind of reality exists. Pius and Alharahshah (2020:40) also confirmed that ontology can be briefly defined as the nature of reality. Therefore, ontology is mainly concerned with the phenomenon's nature of

existence. As Garad, Qamari and Hartono (2020:1268) claim, ontology is the starting point and starting point for any research. It determines the nature of reality, the social context in which we live, and how we can understand people's relationships in this reality.

The researcher and participants in this study also adopted different realities for a qualitative study. The researcher intended to seek answers to the research questions in this study. The distributed leadership role of the SMT is not being effectively carried out in the four participating schools. The researcher could not ascertain the specific actions each SMT member took or as a collective group in developing HIV/AIDS and COVID-19 pandemic policies. This suggests that the principals are not offering adequate direction regarding distributed leadership strategies. They also do not involve the SGB in developing, adopting, and reviewing the policies. The data showed that implementing these policies is problematic at the school level despite their existence. Many issues arise due to the requirement for all schools to adhere to these policies. Despite the presence of these policies, there are still many unmet expectations within the school community, even in cases where the necessary documentation is absent, which indicates that the principal does not develop the staff members and is not doing anything in the institution's interest.

4.3.2.2 *Epistemology*

Epistemology can be briefly defined as how the researcher knows reality. Therefore, epistemology concerns how a researcher aims to uncover knowledge to understand reality. Moreover, epistemology is considered an internal factor within the researcher as it also involves how a researcher distinguishes between right and wrong and how they view the world around them. Different paradigms have different assumptions and perspectives regarding ontology and epistemology. As a result, each paradigm may have different assumptions about reality and knowledge, influencing the research approach, methodology, and methods. Epistemology also examines the relationship between knowledge and the researcher during discovery. It explores how we come to know what we know.

Rehman and Alharthi (2016:52) also confirmed that epistemology is "the branch of philosophy that studies the nature of knowledge and the process by which knowledge is acquired and validated. It concerns the nature and forms of knowledge, how it can be acquired, and how it can be communicated to other human beings. The epistemological question leads researchers to debate the possibility and desirability of objectivity, subjectivity, causality, validity, and

generalizability. According to Garad, Qamari and Hartono (2020:1268), epistemology refers to how we can obtain and understand knowledge from the existence in which we live, and the researcher's position on obtaining knowledge from a philosophical perspective can be either objective or subjective. Killan (2013:8) confirmed that ontological beliefs drive epistemology and methodology. Epistemology examines the relationship between knowledge and the researcher during discovery, focusing on how we come to know what we know. The researchers spent a week with the participants. The main objective was to minimize distance. The researcher also explained that she is an educator, and they should relax, talk freely and ask questions when necessary when the researcher checked how they executed their role in implementing the pandemic policies. The researcher realised that some principals did not work collectively with staff. They did not share any information with the downline staff members, especially concerning policy implementation. Some policies have not been reviewed; the last review took two to three years ago. The teachers did not know that such a policy existed. One principal indicated that the policy was on the laptop. Having a school policy on the Principal's laptop leaves much to be desired, indicating that the principal does not communicate effectively with all the stakeholders by developing and reviewing the policy. This suggests that the principal failed to execute his role in implementing the school pandemic policies.

4.3.2.3 Methodology

According to Rehman et al. (2020:52), methodology is an articulated, theoretically informed approach to data production. It refers to the study and critical analysis of data production techniques. The strategy, plan of action, process, or design informs one's choice of research methods. It discusses how a particular piece of research should be undertaken. It guides the researcher in deciding what type of data is required for a study and which data collection tools will be most appropriate for their research. The methodological question leads the researcher to ask how the world should be studied.

4.3.2.4 Axiology

According to Killian (2013:9), axiology addresses the nature of ethical behaviour. This term originates from the Greek word "axios," meaning value. In research, axiology refers to what the researcher believes is valuable and ethical. Fundamental beliefs about what is ethical are embedded in research paradigms and guide the researcher's decision-making. The purpose of

inquiry must be balanced with the researcher's values and other ethical considerations in conducting research.

On the other hand, Kuyini and Kivuja (2017:28) state that axiology refers to the ethical issues that need to be considered when planning a research proposal. It considers the philosophical approach to making decisions of value or the right decisions. It involves defining, evaluating, and understanding concepts of right and wrong behaviour relating to the research. It considers what value we shall attribute to the different aspects of our study, the participants, the data, and the audience to which we shall report the results of our research.

The main focus of the researcher was to bring value to the study by developing the framework for the SMT. The framework was to present the guidelines developed from this study's findings to ensure consistent, effective implementation and monitoring at the school level. The research investigated the SMTs' challenges while monitoring and implementing the school-based pandemic measures, particularly HIV/AIDS and COVID-19. The study was based on goals that involved identifying the obstacles SMTs faced, defining their duties and obligations, examining how they carried out these duties, and evaluating the approaches they used in implementing and monitoring policies.

4.3.3 Other characteristics of interpretivism: Three schools of thought

Interpretivism is marked by three schools of thought in social science research: phenomenology, ethnomethodology, and symbolic interactionism. All three schools of thought emphasize human interaction with phenomena in daily life. According to Oliver (2013:3), the founding father of Symbolic Interactionism (SI) was George Herbert Mead, although the perspective was named and popularized by his student, Herbert Blumer. It is an approach to social psychology whose first principle is that human beings act toward things based on the meanings that these things have for them. He further drew from behaviourism but redefined human behaviour as a response to individual interpretations of the world rather than the world itself. He maintained that we engage in a constant process of meaning-making, or mind action, which intercedes between external stimuli and human behaviour. Although our behavioural choices are constrained by context, history, and social structures, they are not determined by them. Through the lens of interpretivism, my study was shaped by this, and all the responses were valid. I obtained reliable data from all participants because I was fully engaged in collecting data.

Putnam, Linda, Banghart and Scott (2017:12) state that ethnomethodology focuses on how everyday life is accomplished, or how sequences of activity and enacted conversations emerge as orderly, taken-for-granted, and meaningful. This approach aims to discern how people create and sustain intersubjective meanings by making their actions orderly, visible, and accountable. Ethnomethodology deals with the world of everyday life. They are mainly interested in people's interpretations to make sense of social settings. Ethnomethodology assisted the researcher in obtaining valid and reliable data from participants. Most of the participants were professional and polite during the interview, and they were not under pressure.

4.3.3.1 *Phenomenology*

Neubauer, Catherine, Witkop, and Varpio (2019:92) affirm that phenomenology can be defined as an approach to research that seeks to describe the essence of a phenomenon by exploring it from the perspective of those who have experienced it. Phenomenology is commonly defined as the study of phenomena as they manifest in our experience, the way we perceive and understand phenomena, and the meaning phenomena have in our subjective experience. More simply stated, phenomenology is the study of an individual's lived experience of the world. By examining an experience as it is subjectively lived, new meanings and appreciations can be developed to inform, or even re-orient, how we understand that experience. Most of the school management members and educators offered the researcher a rich and detailed understanding of implementing policies at the school level.

4.3.3.2 *Symbolic interactionism*

To address the limitations, the researcher proposed some strategies that ensured the rigour of the data.

4.3.4 *Strengths of interpretivism*

According to Pham (2018:4), the first advantage of interpretivism is that the interpretivist researchers cannot only describe objects, humans or events but also profoundly understand them in a social context. Secondly, it allows the researcher to investigate and prompt things that we cannot observe, and researchers can probe an interviewee's thoughts, values, prejudices, perceptions, views, feelings, and perspectives.

4.3.5 Limitations of interpretivism

Despite the above key strengths, this paradigm also has some disadvantages. As with the majority of studies, the design of the current study is subject to limitations. According to Kaliyamurthi (2021:4), the other constraint in the interpretivist approach is that it is comparatively difficult to validate research findings. It is easier to validate a statistical result than to validate the findings of a semi-structured interview. Furthermore, the interpretivist approach is a tedious and time-consuming process compared to the positivist approach. The second limitation of interpretivism is that its ontological view tends to be subjective rather than objective. For this reason, research outcomes are unquestionably affected by the researcher's interpretation, belief system, ways of thinking, or cultural preference, which causes too much bias (Pham, 2018:5).

4.3.6 Addressing limitations of the interpretivist paradigm

The researcher's presence profoundly affects the study, given that the researcher is close and fully involved. The researcher is a part of the study. Their interests drive it, and consequently, they gained a lot from this study, allowing the researcher to identify often overlooked issues. The viewpoints of both the researcher and participants need to be identified and clarified due to concerns about bias. Vosloo (2014:309) state that the researcher must delve deep into the processes of subjective interpretation, acknowledging the participants' motivations, interests, intentions, beliefs, values, reasons, meaning-making, and self-understanding. Ormston, Spencer, Barnard and Snape (2014:3) state that there are ways of understanding the world other than direct observation, namely, our perceptions and interpretations of the world around us. People use their perceptions to interpret what their senses tell them. Therefore, knowledge of the world is based on our 'understanding', which arises from reflecting on events rather than solely on lived experiences. As a researcher, I will distance myself from the findings. I will construct meaning and interpretations based on what the participants have said.

4.3.7 The rationale for adopting the interpretivist paradigm in the study

The study seeks to explore the role of the SMT in implementing and monitoring the school-based HIV/AIDS policy and COVID-19 policy. This approach will assist the researcher in trying to understand the participants' viewpoint rather than the viewpoint of the observer. Emphasis will be placed on understanding the individual and their interpretation of the world

around them. All the selected participants (Principal, Deputy Principal, and HoD for LO) are relevant to the study. The researcher utilised data through methods such as questionnaires and interviews. These methods produce data for this study. The researchers aim to get the participants' views, opinions, and feedback. The researcher in this study believes that the social world is addressed through the perception of human behaviour and that reality can be seen through the participants' beliefs and perceptions.

4.3.8 Application of the interpretivist approach in this study

The researcher discusses the research design in line with an interpretive paradigm in the following section.

4.4 THE RESEARCH DESIGN ADOPTED FOR THE STUDY: A MULTIPLE CASE STUDY DESIGN

4.4.1 Definition, aims and characteristics

According to Mills, Durepos and Wiebe (2012:2), a multiple-case design, or collective case design, refers to case study research in which several instrumental bounded cases are selected to develop a more in-depth understanding of the phenomena that a single case can provide. Ary et al. (2010:29) further explain that a multiple case study is an ethnographic research study focusing on a single unit, such as one individual, group, organization, or program. A multiple case study is a methodology approach that involves the in-depth exploration of a specific bounded system, utilizing multiple forms of data collection to systematically gather information on how the system operates or functions (Mills et al., 2010:2). A multiple case study is a qualitative research design that involves a systematic and in-depth study of one particular case in its contexts, where the case may be a person such as the principal, and the management team members (Rule & John, 2011:4).

4.4.2 Characteristics of Multiple Case Study

The multiple-case design allows for examining processes and outcomes across many cases, identifying how individual cases might be affected by different environments and the specific conditions under which a finding might occur. It may also help to form more general categories of how the particular conditions might be related.

4.4.2.1 Advantages of a multiple case study design

Lawrence (2014:42) and Kumar (2011:125) state that case study research aims to holistically elaborate on an entire situation or process and allows for incorporating multiple perspectives and viewpoints. The objective of a multiple case study is to gain a holistic understanding of a situation, a phenomenon, a group, or a community. This study aimed to get a holistic picture of the role of the SMT in implementing and monitoring school-based HIV/AIDS and COVID-19 policies. According to McLeod (2019:69), a multiple case study allows a researcher to investigate a topic in far more detail than possible if they were dealing with many research participants. In-depth, multi-sided approach case studies often shed light on aspects of human thinking and behaviour that would be unethical or impractical to study in other ways. Multiple case studies create a more convincing theory when the suggestions are more intensely grounded in several empirical pieces of evidence, making the results more powerful than those from a single case and demonstrating the issues across a more varied range of circumstances than a single case can provide. The generalizability is enhanced relative to a single case. Examining the issues across cases can help give a more challenging theory test. Therefore, multiple-case designs are more powerful than single-case designs in this respect, and more extensive descriptions and explanations of the issues are developed.

4.4.3 Limitations of a multiple case study design

According to McLeod (2019:2), multiple case studies have limitations. Multiple case studies cannot generalize the results to the broader population. The researchers' subjective feelings may influence the case studies, and the researchers may be biased. When using multiple case studies, it is difficult to replicate them; many case studies cannot be replicated. Therefore, the data and results are only valid for that specific case. The researcher studies multiple cases in a multiple case study to understand the similarities and differences. Lastly, multiple case studies are time-consuming because each case study deals with only one person, event, or group. We can never be sure whether the conclusions drawn from this particular case apply elsewhere. The study's results are not generalizable (McLeod, 2019:2).

4.4.4 Addressing the limitations of the multiple case study research design

Collins (2020:1) state that recognizing the types of bias is the first step to avoiding them in your research. Research bias is a serious concern in academic writing and for researchers. There

are many ways that bias can exist in research. Looking for these types of accidental flaws in the process helps to identify them before or as they occur. Some common areas where bias easily occurs include the following: In this study, the researcher did not use generalization because it is more complex and controversial. The main aim of this study was to analyse and provide a rich, contextualized understanding of participants through the intensive study of particular cases. In this study, the researcher ensured that replication was not repeated; therefore, similar methods were not used to collect data. The researcher planned all tasks, set time limits for each task, and prioritized them based on their importance.

4.4.5 Application of the multiple case study design in this study

Multiple case study research involves extensive data collection with multiple forms of data. The data collection in this study consisted of document analysis, in-depth interviews, questionnaires, and situation analysis. The data collection in this study aimed to provide rich and detailed information. Each case was selected based on the outcome of previously completed cases. The researcher followed several stages when interpreting data in multiple case studies.

Firstly, each case in the research was treated as a single entity. All the data from each case was carefully examined and organized into a comprehensive description. After completing each case, a comparison was made based on the sampled cases.

4.4.6 Description of the steps of the multiple case study

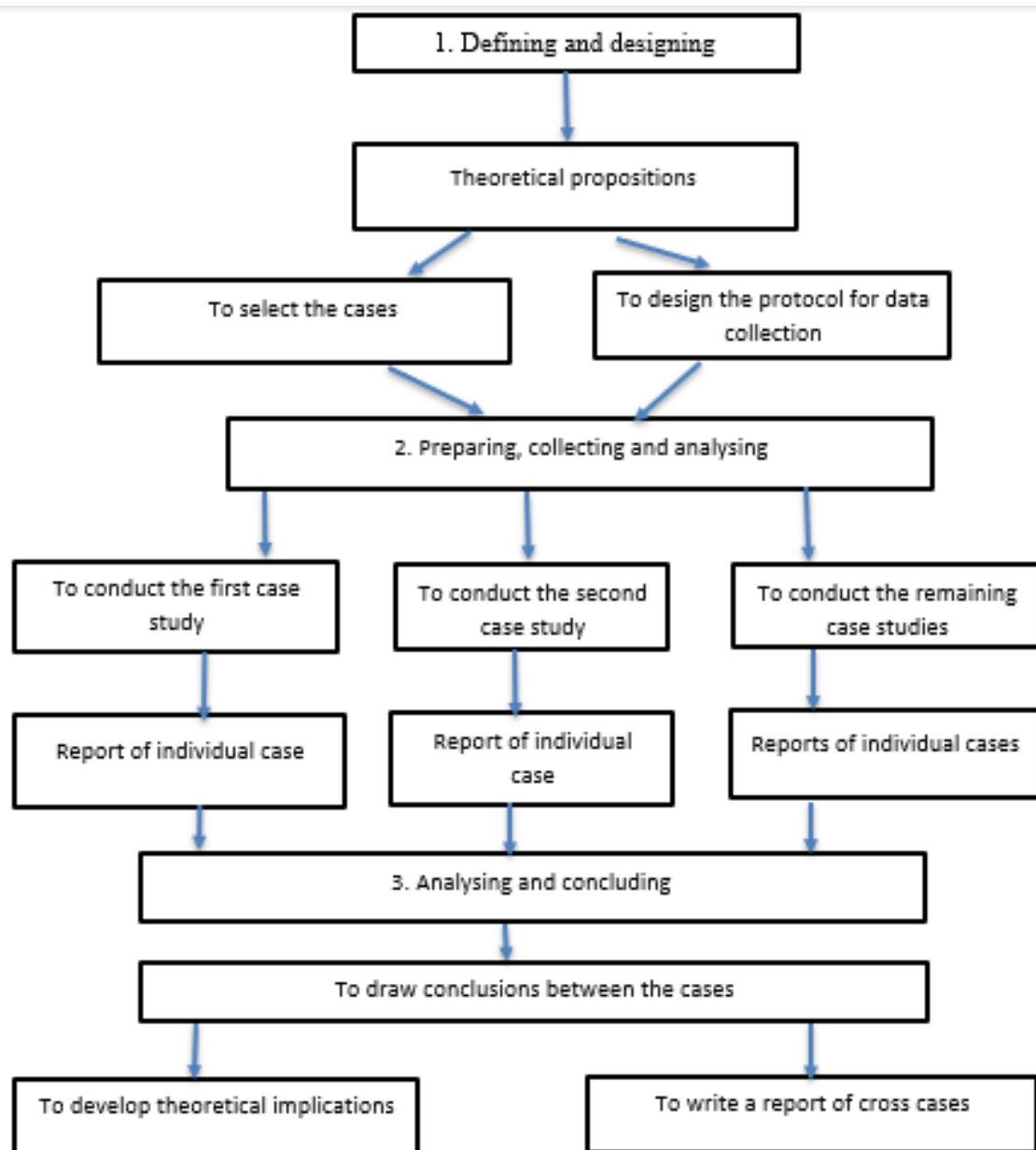


Figure 4.1: Steps of the multiple case study (Adapted from Yin, 2015)

The steps of the case study are preparation of the research project with the definition of its components (research question, theoretical propositions, unit of analysis, data linkage to the propositions, criteria for interpreting the findings); development of the protocol for the case study; data collection; individual report of cases, data analysis and the final report with data cross-referencing (Yin, 2015:89). This is reflected in the diagram above.

4.5 THE RESEARCH APPROACH ADOPTED FOR THE STUDY: QUALITATIVE RESEARCH

Qualitative research is based on a different philosophical approach that sees the individual and their world as interconnected to the point that one cannot exist without the other. It recognizes social reality as unique, meaning researchers can only comprehend human behaviour by focusing on events' meanings for the people involved. It is necessary to examine what people do and how they think and feel to understand their reality. A qualitative research study aims to produce a narrative report that is so detailed and comprehensive that it provides insight into the social reality experienced by the participants (Ary et al., 2010:23).

4.5.1 Definition and aim of qualitative research

Ary et al. (2010:421) state that qualitative inquiry seeks to understand and interpret participants' human and social behaviour in a particular social setting. It is an intensely personal kind of research that freely acknowledges and admits participants' and researchers' subjective perceptions and biases. Qualitative researchers seek to understand a phenomenon by focusing on the total picture rather than breaking it down into variables. The goal is a holistic picture and depth of understanding rather than a numeric data analysis. Clark and Braun (2013:2) argue that qualitative research uses words as data collected and analysed in various ways.

4.5.1.1 *Characteristics of qualitative research*

Ary et al. (2010:423-425) argue that although qualitative inquirers work in many different ways, their studies have specific characteristics that set this approach apart from quantitative research. Some of the more critical aspects of qualitative research are discussed next.

Table 4.1: Characteristics of qualitative research

Characteristics of qualitative research	
Concern for context and meaning	Qualitative researchers focus on how people make sense of and interpret their experiences. The qualitative inquiry aims to understand the intention. There is no attempt to predict what will happen in the future, but rather to understand a unique and particular context.
Naturally occurring settings	Qualitative research studies behaviour as it occurs naturally in a classroom, an entire school, a playground, or an organization or community. The researcher acknowledges that where the research is conducted (the setting) influences the findings. The researcher physically goes to the people, the setting, or the institution to observe behaviour. In addition, qualitative inquiry places no prior constraints on what is to be studied. It does not identify, define, investigate or test the relationship between independent and dependent variables in a particular setting; instead, it studies human experience holistically.
Human as instrument	In qualitative studies, the human investigator is the primary instrument for gathering and analysing data. Qualitative research studies human experiences and situations. Researchers need an instrument that is flexible enough to capture the complexity of the human experience and capable of adapting and responding to the environment. It is believed that only a human instrument is capable of this task. They talk with people in the setting, observe their activities, read their documents and written records, and record this information in field notes and journals.
Descriptive data	Qualitative inquiry deals with data in the form of words or pictures rather than numbers and statistics. Data in the form of quotes from documents, field notes, and interviews or excerpts from videotapes, audiotapes, or electronic communications are used to present the study findings. The data collected are the participants' experiences and perspectives; the qualitative researcher attempts to arrive at a rich description of the people, objects, events, places, conversations, and so on.
Inductive Analysis	In most qualitative studies, data collection and data analysis take place simultaneously. In other words, the researcher does not wait until all the data is "in" before beginning to interpret it. From the outset of the first interview or observation, the qualitative researcher reflects on the meaning of what they have heard and seen, developing hunches (working hypotheses) about what it means and seeking to confirm or disconfirm those hunches in subsequent

	interviews or observations. It is a process of inductive data analysis; it proceeds from data to theory or interpretation.
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(Ary et al., 2010:423-425)

4.5.2 Strengths of the qualitative research approach

Bryman (2012:101), Berg and Lune (2012:112), Cohen et al. (2011:52), and Denzin and Lincoln (2011:64) state that the qualitative research approach produces detailed descriptions of participants' feelings, opinions, and experiences. It also interprets the meanings of their actions. The results of qualitative research provide a deep understanding of the relationship between information processing and performance. This approach is commonly employed to gain deeper insights into issues related to designing, administering, and interpreting language assessments. It allows researchers to explore participants' inner experiences and understand how meanings are shaped through culture. The most commonly used methods for collecting data in qualitative research include participant observation, unstructured interviews, direct observation, and describing records. Qualitative research often utilizes small sample sizes, which can help save costs (Rahman, 2017:104).

4.5.3 Limitations of qualitative research

Bryman (2012:101), Berg and Lune (2012:112), Cohen et al. (2011:52), and Denzin and Lincoln (2011:64) state that there are limitations of qualitative research. Qualitative research approaches sometimes leave out contextual sensitivities and focus more on meanings and experiences. It relies upon the expertise of the researcher. Qualitative research is a long, hard road, with elusive data on one side and stringent requirements for analysis on the other. It can lose data because unseen data can disappear during the qualitative research approach. It also creates data that is difficult to present. Qualitative research creates findings that are valuable but difficult to present. Researchers can hurt the effect on the collected data. It may require multiple sessions. It is also difficult to control for researcher bias. It can be time-consuming. According to Rahman (2017:103), the analysis of the cases takes a considerable amount of time, and one can generalize the results to the larger population in a very limited way.

4.5.4 Addressing limitations and application

According to Haradhan (2018:17), the researcher is the primary data collection and analysis instrument. They are usually involved in fieldwork. Despite the aforementioned shortcomings, the researchers visited people and institutions to observe the participants' behaviour. The researcher's application and limitation of qualitative research will include the following steps, as described by Haradhan (2018:17):

- The researcher collected data directly from the participants through direct encounters with individuals one-on-one or focus group interviews.
- Data was used to develop concepts and theories that assisted the researcher in understanding the social world.
- The sampling method was used better to understand people's thoughts, attitudes, and behaviours.
- The researcher remained open to alternative explanations.
- This study was concerned with individuals' opinions, experiences, and feelings. It was rooted in people's everyday lives how they experience and make sense of phenomena occurring. The focus was on individuals and person-to-person interactions. The researcher spent much time in the research settings with the participants.
- The data was presented in a narrative form, i.e., in the participants' words.
- The researcher avoided making premature decisions about the study.
- The researcher's responsibility was to obtain accurate information and ensure the ethical treatment of the participants.
- Data collection and data analysis proceeded together.

4.5.5 Research schools and population

According to Bertrams and Christiansen (2018:59), the term "population" refers to the total number of people, groups, or organizations that could be included in a study. Wiid and Diggins (2013:186) define a population as the group of people or entities from which information is required. All the people or social artefacts in the population should share at least one specific characteristic relevant to the research question. The SMTs from the selected four schools were included in this study. The target population for this study consists of four high schools in Bloemfontein, in the Motheo district.

4.5.6 Selection of participants

According to Wiley (2014:474), participant selection should have a clear rationale and fulfil a specific purpose related to the research question. Selection refers to the method used to select participants for the study. Participants should likely generate rich, dense, focused information on the research question to allow the researcher to provide a convincing account of the phenomenon. Most qualitative data was collected through interactions with participants through interviews, surveys, questionnaires, or focus groups, so a researcher must find willing participants to speak about their experiences. Qualitative research primarily employs inductive reasoning. This study focuses on the SMT and how they implement and monitor the school-based HIV/AIDS and COVID-19 policies. A study by Bertram et al. (2018:59) cited that sampling involves deciding which people, settings, events, or behaviours to include. Researchers must choose how many individuals, groups, or objects (such as schools) will be observed. In doing so, the researcher must consider the population from which they are sampled. According to Thomas (2022:5), purposive sampling requires investigators to go through numerous locations, each relying on prior ones. This strategy is helpful since it offers a researcher a bigger pool of nonprobability sampling possibilities, even though it usually demands more expertise and activity at the start of each step. The first stage was to decide which parts of the population area to observe.

In this case, the SMT, the Departmental Head, and the educators were the target population for this study. The participants were selected based on purposive sampling, and the sample comprised the SMT, including the principal, the educators, the deputy principal, and the Departmental Head. As a researcher, I am interested in implementing and monitoring HIV/AIDS policy and other pandemics, and all the selected participants were relevant to the study.

4.5.7 Gaining access to the research site

The researcher has requested permission to conduct research from the schools' principals (see Appendix G) and the Free State Education Department (see Appendix D).

4.5.8 Role and status of the researcher

The role of the researcher in qualitative research is to attempt to access the thoughts and feelings of the participants. For interviews, bookings will be made at selected schools and specified times. The purpose of the interviews is not to put pressure or ideas into someone's mind but to assess the person's perspective. In this study, the interview schedule contains open-ended questions. The researcher is aware of the problems anticipated in conducting interviews over the telephone due to COVID-19 regulations. The researcher conducted interviews via Zoom and Microsoft Teams. Data collection in this study required a significant amount of time. The researcher must thoroughly, accurately, and systematically record potentially valuable data using notes, audiotapes, and other suitable means.

4.6 DATA COLLECTION METHOD AND PROCEDURE

Choy (2014:99) state that qualitative methods usually gather data using purposive sampling and open-ended interviews. Both semi-structured and focus group interviews were used to collect data on implementing and monitoring the school-based HIV/AIDS and COVID-19 policies.

4.6.1 Statement of Subjectivity

According to Flemming and Jones (2020:1), subjectivity refers to an individual's feelings, opinions, or preferences. The researcher used several people to code the data, had participants review the results, verified the data, checked for alternative explanations, and reviewed the findings with peers to manage subjectivity in this study.

The benefits of writing a subjectivity statement include clarifying the researcher's relationship with the research and providing context to the research for others to consider when evaluating the study's validity, authenticity, or quality.

4.6.2 Individual interviews with SMT members

In this study, individual semi-structured interviews were conducted with the principals, deputy principals, the head of the department, and the educators (see Annexures A, B, C, & D). According to Vaughn and De Jonckheere (2019:2), qualitative research interviews unfold as

an interviewer asks the interviewee questions to gather subjective information about a particular topic or experience. The overall purpose of using semi-structured interviews for data collection is to collect information from participants with personal experiences, attitudes, perceptions, and beliefs related to the topic of interest.

4.6.3 Definition of semi-structured individual interview

De Jonckheere and Vaughn (2019) suggest that structured interviews are an effective method for data collection when the researcher intends to gather qualitative, open-ended data and explore participants' thoughts, feelings, and beliefs regarding a specific topic. This method allows for a thorough exploration of personal and, at times, sensitive issues.

4.6.3.1 Strengths and limitations of conducting the interview

All ideal candidates for the study were selected from the SMT and educators from the four schools. The researcher introduced herself before starting the interview and made all candidates aware of their rights to withdraw from the interview if they were no longer interested. All candidates were respected. I observed that conducting an in-person interview takes longer due to travel time, candidate availability, and some candidates' fear of being interviewed. They opted to answer the questionnaire instead.

The researcher addressed all the challenges and set another day for the interview.

4.6.3.2 Researcher verifies the information from the interview

For the researcher to avoid being biased and unclear and asking the participants leading questions, I devised a strategy to minimize this occurrence. I used casual (relaxed) techniques to engage with the interviewee, have an open interview, and exchange information and opinions among the participants. I crosschecked the information for accuracy's sake to avoid bias and ensure it was of good quality. To determine this, the researcher used the triangulation method to check reliability, credibility, and dependability.

4.6.4 Definition of policy analysis

According to Browne, Coffey, Meiklejohn and Palermo (2019:103), policy analysis provides researchers with a powerful tool to understand the use of research evidence in policymaking and generate a heightened understanding of the values, interests, and political contexts underpinning policy decisions. Policy analysis means different things to different people. Some scholars argue that policy analysis is mainly concerned with policy content, while others claim it is more concerned with policy context and process. The following policies were consulted: National Policy on HIV, STI and TB; HIV/AIDS and TB Management Policy; Policy and Strategic Framework on HIV/AIDS for Higher Education; National Policy on HIV/AIDS; COVID-19 Occupational Health and Safety Measures in Workplaces (C19 OHS, 2020); Standard Operating Procedure for the Management and Containment of COVID-19 for Schools and School Communities (February 2022). The researcher aimed to check whether the school policies aligned with the national policies.

4.6.4.1 *Strengths and limitations of policy analysis*

The benefits of policy analysis assisted the researchers because they could detect that not all schools have policies, and some schools did not review them. The researchers were able to identify all of the root causes of the problem. Some schools managed to provide the researchers with a policy. Still, upon analysing it, the researchers found missing data and some aspects of the national policy were not included in the data.

4.6.5 Definition of document analysis

In this study, document analysis provided confirmation or deviations of data obtained from other research methods, such as semi-structured interviews and focus groups. Mupa (2012:182) state that documents are an essential source of data in many areas of investigation. The researcher must choose data collection methods that allow them to gather relevant and sufficient information, enabling them to achieve the objectives set for the research. Document analysis was used in this research to address the objective of investigating and describing how SMTs execute their roles in the implementation and monitoring of the HIV/AIDS policy and pandemics. The analysis focused on the SMT control and monitoring plan, curriculum and management plan, the health advisory committee plan, school-based HIV/AIDS policy, HIV/AIDS programs, year plan, and the health safety policy. Additionally, records of the

HIV/AIDS training workshops for principals and educators, as well as the HIV/AIDS activities arranged in the school, were examined. The researcher checked whether there was consistent monitoring and implementation of the HIV/AIDS and pandemic policies using a checklist (see Appendix E).

4.7 THE DATA ANALYSIS PROCESS

According to Taherdoost (2020:1), data analysis is simply the process of converting gathered data into meaningful information. Data analysis is the most crucial part of any research. It summarizes collected data and involves interpreting data gathered through analytical and logical reasoning to determine patterns, relationships, or trends. According to Kgwete (2014:110), ensure all field notes, interview transcripts, and documents are available and complete before attempting to analyse the data. After the conclusion of data collection, the daunting task of reducing the extensive data begins.

4.7.1 Transcription of the data

The digital recordings of each individual interview were transcribed. After that came coding. The data and the transcriptions were analysed, with related data being grouped. Later, it was coded. According to Yin (2012:187), in most qualitative research, the original text in a set of field notes and, therefore, in your organized database will consist of specific items, such as field actions and events, objects, and specific opinions, explanations, and other views expressed by field interviewees. A broad collection of contextual details about the item's location, time of day, and participants was attached to it. Every component was, hence, unique. The purpose of trying to code these items was to begin moving methodically to a slightly higher conceptual level. The uniqueness of the original field actions was not to be ignored, but items that seemed similar were assigned the same code. This higher conceptual level enabled the researcher later to sort the items from different records in different ways, such as into similar and dissimilar groups. Once sorted, the researcher could examine the related features of these groups and gain insight into them.

4.7.2 Coding the data

In my capacity as the researcher, I coded my data and made sure to consider each sentence and paragraph to determine its meaning. I started by reading through my data and checking all the necessary details so that I did not get surprising data. According to Linneberg and Korsgaard (2020:7), coding was an approach that made you revisit all the aspects of the data you had collected, including those you may not have noticed during the actual data collection. Coding was an essential step in moving from the raw data to the findings, as well as being a means to maintain coherence between the objective and the results. Coding was a way to ensure that the questions asked were the questions that had been answered (Linneberg and Korsgaard, 2020:9).

4.7.3 Thematic analysis

Braun and Clarke (2022:4) show that Thematic Analysis (TA) is widely used in qualitative studies. In using TA, researchers must choose between a diverse range of approaches that can differ considerably in their underlying (but often implicit) conceptualizations of qualitative research, meaningful knowledge production, key constructs such as themes, and analytic procedures. Thematic analysis involves the identification of themes or central ideas in a document or set of documents. These documents can be any kind of text, including field notes, newspaper articles, technical papers, or organizational memos (Trochim, 2000:125).

After several interviews, the researcher spent time reviewing each audio recording. The researchers jotted down all the important facts from the audio. Then, the researcher started to read through the notes and began coding. I checked all the codes, removed irrelevant ones, and checked for missing data from the notes. The researcher decided on which themes to include. All the themes were reviewed and refined before the researcher started with the report in Chapter 5.

4.7.4 Content analysis

Trochim (2000:125) state that content analysis is the analysis of textual documents. The analysis can be quantitative, qualitative, or both. Typically, content analysis is used to identify patterns within the text patterns. Content analysis is an extensive area of research. Since the study employed a multiple case study design, the data was initially presented by describing the context of each school, followed by the unique characteristics, and then analyzing and

analysing the cases (schools). In doing so, I sought to identify differences and similarities across the cases (see Plaatjies, 2020).

4.8 QUALITY ASSURANCE OF THE RESEARCH

Quality assurance within research encompasses systematic processes and measures put in place to guarantee that the conducted study adheres to recognized standards of excellence, reliability, and validity. This entails adopting a comprehensive approach to uphold the integrity of the research process, including data collection, analysis, and reporting. The fundamental objective of quality assurance is to enhance the credibility and trustworthiness of research outcomes by mitigating errors, biases, and inconsistencies (Cohen et al., 2018).

4.8.1 Credibility and trustworthiness of the study

Anney (2014:276) defines credibility as the degree of certainty that research findings are true and accurate. Credibility strategies, such as checking and triangulation, enhance the integrity of research findings. Kumar (2011, cited in Horne, 2018:29) state that credibility, transferability, dependability, and confirmability confirm the trustworthiness of a qualitative study. These indicators and how they were manifested within this research study will be briefly highlighted in the following paragraphs. Credibility implies that the research participants perceived the findings as authentic accounts of what transpired during the study. According to Flick (2014:287), credibility is a measure of whether the data generated represents what was obtained from the participants, implying that an authentic evidence-based presentation of what is studied should be presented. Credibility subsequently informs us about a study's accuracy, validity, and truthfulness. The purpose of the research, how it was conducted, procedural decisions, and details of data generation and management should be transparent and explicit (Hammarberg et al., 2016:499). The principals and the management team were interviewed because they were the ones who monitored and guaranteed that the educators were implementing the policies in the school. They were part of the study because the researcher believes in their credibility due to their knowledge and experience gained in the work field.

The following sections discuss trustworthiness issues associated with the organization phase. In this phase, it is essential to consider whether the categories are well-created, what the level of interpretation is, and how to check the trustworthiness of the analysis. The data must be authentic and reflect the respondents' experiences (Bertram & Christiansen, 2018:27).

4.8.2 Transferability

Horne (2018:31), in reference to Pandey and Patnaik (2014:574), state that transferability in research shows to what extent the research findings apply to other settings and contexts. The research process adopted for this study will thus be extensively outlined and described for other researchers to follow and replicate to ensure the transferability of the research findings. Thomas and Magilvy (2011:153) state that transferability determines if the results from one study could be used to generalize what happens in the whole population. Transferability also provides the opportunity for other researchers to apply the findings of a survey to their own. Korstjens (2018:121) further explains that transferability is the degree to which the results of qualitative research can be transferred to other contexts or settings with other respondents. The researcher facilitates the transferability judgment by a potential user through thick description.

4.8.3 Confirmability

According to Korstjens (2018:121), confirmability is the degree to which other researchers can confirm the study's findings. Confirmability is concerned with establishing that data and interpretations of the findings are not figments of the inquirer's imagination but derived from the data. Hammarberg (2016:500) state that confirmability in qualitative research tends to assume that each researcher brings a unique perspective to the study. Confirmability refers to the degree to which others can confirm or corroborate the results. There are several strategies for enhancing confirmability. The researcher can document the procedure for checking and rechecking the data throughout the study. The researcher can actively search for and describe a negative instance that contradicts prior observations. After the study, one can conduct a data audit examining the data collection and analysis procedures and judge the potential for bias or distortion. Kumar (2011:172) points out that confirmability indicates the extent to which others endorse or substantiate research findings.

4.8.4 Triangulation

According to Yin (2011:89), the principle of triangulation comes from navigation, where the intersection of three different reference points is used to calculate the precise location of an object. In research, the principle pertains to the goal of seeking at least three ways of verifying or corroborating a particular event, description, or fact being reported by a study. Such corroboration serves as another way of strengthening the validity of a study. As with rival

thinking, triangulation can also be applied throughout a study, although the practice has tended to be associated with a study's data collection phase. In collecting data, the ideal triangulation would seek confirmation from three sources and try to find three different kinds of sources. Korstjens and Moser (2018:122) state that triangulation aims to enhance the qualitative research process by using multiple approaches. Methodological triangulation was used to gather data through different data collection methods such as in-depth interviews, focus group discussions, and field notes. Anney (2014:277) sheds light on triangulation, stating that it assists researchers in lessening preconceived notions because it thoroughly scrutinizes the truthfulness of participants' responses.

4.9 ETHICAL CONSIDERATION APPLIED IN THE RESEARCH STUDY

4.9.1 Permission to conduct the research study

The prescribed application was submitted to the Research Ethics Committee of the University of the Free State for approval of ethical clearance. The number is UFS-HSD2021/0856/21: Appendix F. The Superintendent General of the Free State DoE permitted the researcher to conduct the research at the selected schools (Annexure G).

4.9.2 Information consent

According to Gallagher and Zahavi (2014:56, as cited by Nkuna, 2016:63), informed consent means that research participants have the right to be informed about the nature of the research and the right to withdraw at any time. Informed consent was sought from each participant. The researcher took active and positive steps to maximize the possible benefits for participants, show respect, reduce potential harm, and encourage participants' freedom of thought and actions. Participants reserved the right to participate or not to participate in the study so that they felt respected and thus able to follow research requests, answer truthfully, and were keen to return for a follow-up interview.

4.9.3 Voluntary participation

The researcher emphasized voluntary participation and freedom to withdraw from the study, as reflected in the Information Leaflet, Annexure E, given to the research participants.

4.9.4 Confidentiality and anonymity

Nkuna (2019:66) further explains that confidentiality was maintained in all research study activities. Confidentiality means that a person knows but will not tell, and anonymity means that a person's name is unknown and not made public. Information from the research must be confined to specific, well-defined scientific uses that should be made clear to the participants during informed consent. This information should not be made generally available in any way that could harm or embarrass the participants.

4.9.5 No harm to participants

According to Vanclay, Baines and Taylor (2013:247), it is fundamental that no harm must come to participants as a result of their participation in the research, meaning that not only must participants not be exposed to pain or danger in the course of the research (such as in a psychological experiment or medical trial), but also that there must be no adverse consequences to a person as a result of their participation. This latter issue can be complicated. For example, a researcher cannot guarantee that an employer would not take action against an employee for their participation or for comments they might make. However, such a risk should be addressed by ensuring the anonymity and/or confidentiality measures discussed below. At the very least, the researcher must do their utmost to protect participants from any harm and to ensure, under the principle of informed consent, that the participant is fully apprised of all possible risks from participation.

4.10 CONCLUSION

This chapter deals with the qualitative research methodology adopted to conduct the study. Qualitative research methodology and design are defined and explained. The population and sampling method used, and the reasons for the sampling procedures followed are also explained. Data collection instruments, the process, and data analysis are discussed. The study's validity, reliability, and trustworthiness are presented and discussed, as well as ethical considerations. The next chapter will focus on the presentation and analysis of the data.

CHAPTER 5

PRESENTATION, DISCUSSION, AND ANALYSIS OF THE RESEARCH FINDINGS

5.1 INTRODUCTION

The research approach design, methodology, data collection techniques and protocols, and data analysis process were covered in the previous chapter, Chapter 4. There was also a discussion of the study's credibility and ethical issues. The first section of this chapter presents an in-depth exploration of the demographic attributes of educators within the schools that participated in this study. The preliminary section examines various aspects such as job positions, age, experience, qualifications, and involvement in short management courses training.

Attention is also given to the involvement of these educators in HIV training in this field. It further assesses how these groups of educators integrate COVID-19 and HIV-related content into their curriculum, reflecting the importance of this area in the education system, especially in regions heavily impacted by epidemics. The research methodology, including the research paradigm, design, and approach adopted, was explained in Chapter 4. The researcher elaborated in-depth on the data collection techniques and protocols employed and the data analysis process. According to Okeke, Omodan and Dube (in Adu & Okeke, 2022:170), ethical considerations have become a severe element of research where the thrust is to ensure that the researcher, research participants, and institutions are protected against any harm from the research process. Taking cognizance of this aspect, the researcher aimed to conduct the study honestly and honestly, also ensuring the study's trustworthiness. This information was valuable in analysing and understanding the different groups of teachers and SMTs and their behaviours.

Furthermore, this section aimed to provide a thorough and insightful examination of the multifaceted profiles of educators in the education system, emphasizing their diverse qualifications, experiences, and contributions to implementing and monitoring school-based pandemic policies. After that, the following section presents detailed responses to address the objectives and research questions of the study, aiming to develop a comprehensive framework that helped to outline the role of SMT members in the implementation and monitoring of school-based pandemic policies. The broader aim is to curb the future effects of pandemics in the education system.

The following section (cf. 5.2) will elaborate and deal with the presentation, discussion, and analysis of the biographical data of the participants. Research ethics protocol requires the anonymity of participants (cf. 4.9.4). Therefore, codes were assigned to identify and distinguish the participants. For example, code (S1/P/T1;2) stands for the following: (S1) indicates the school that participated (School 1). The P stands for principal, while the T stands for teacher of the participating school. For instance, using the code (S2/T2) will mean School 2, Teacher 2. The codes for the document analysis were as follows: S4D (School 4, documents). During the presentation, discussion, and data analysis, the codes were used when referring to the direct excerpts of the participants.

5.2 BIOGRAPHICAL DETAILS OF THE PARTICIPANTS

Table 5.1: Job position vs Age group

Job position	Age						Total
	20 – 29	30 - 39	30- 39	40 - 49	50 - 59	> 50	
Deputy principals	0	0	1	1	0	0	2
Educators	4	3	0	4	1	0	12
HoDs	0	1	0	0	1	0	2
Principals	0	0	0	0	0	3	3
Total	4	4	1	5	2	3	19

Table 5.2: Chi-Squared Tests job position vs Age group

	Value	Df	P
X ²	34.279	15	0.003
N	19		

The findings presented in Table 5.1 show a distinct age distribution across various job positions within the study area. Deputy principals are predominantly in the 40-49 age group, while educators are more evenly spread across the 20-29 and 30-39 age brackets. Heads of Department (HoDs) are primarily found in the 30-39 and 50-59 age groups, and principals are exclusively in the above 50 age category, suggesting a trend where higher positions are

associated with older age groups. The total number of individuals surveyed is ($N=19$). According to the Chi-Squared test results depicted in Table 5.2 ($\chi^2 = 34.279$, $p = 0.003$), a statistically significant relationship exists between job position and age group, indicating that age plays a vital role in the distribution of educational roles.

Table 5.3: Job position vs short management courses

Job position	Short management courses		Total
	N/A	No	
Deputy principals	0	2	2
Educators	12	0	12
HoDs	2	0	2
Principals	0	3	3
Total	14	5	19

Table 5.4: Nominal: Job position vs short management courses

	Value
Contingency coefficient	0.707

The analysis of participation in short management courses among different job positions, as shown in Table 5.3, revealed that none of the participants, irrespective of their job position (educators, HoDs, deputy principals, or principals), had undergone such training. This finding is worrisome, particularly in educational leadership roles where one might expect higher engagement in professional development. The Contingency Coefficient value of 0.707, shown in Table 5.4, indicates a disconnection between professional development opportunities, specifically in management training, and career progression in the educational sector.

The absence of participation in management courses across all job positions challenges common assumptions about the role of formal management training in career advancement within education. This finding raises questions about the pathways to leadership roles in education and the types of professional development valued or accessible in this sector. The

strong association suggested by the Contingency Coefficient in Table 5.4, combined with the lack of participation in such courses, implies that career advancement in this field may be more influenced by factors such as experience, tenure, or in-house professional development rather than formal external management courses.

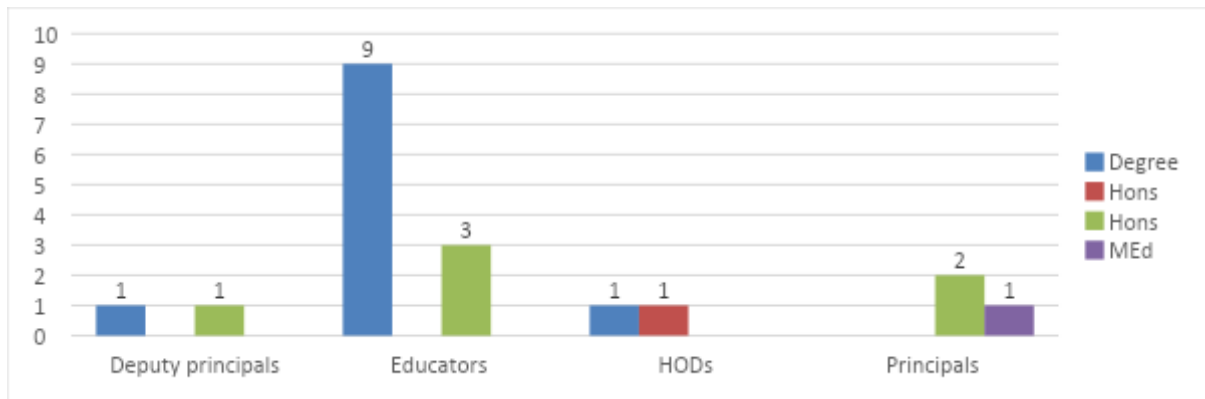


Figure 5.1: Job position vs qualification

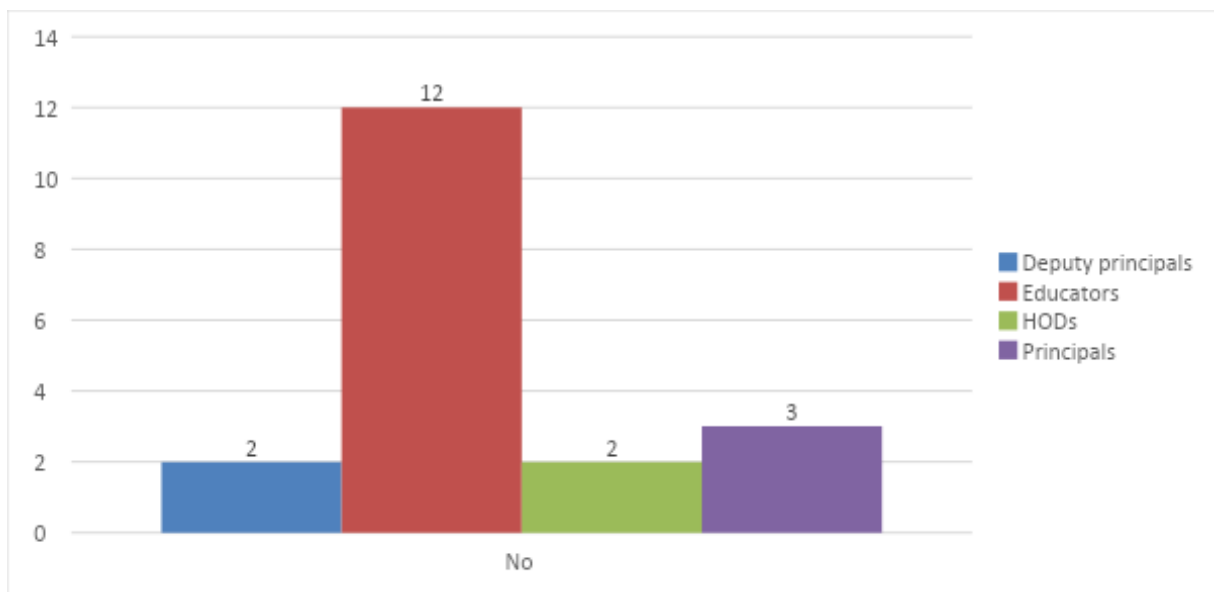


Figure 5.2: IV training across job positions

Figure 5.1 presents an overview of the educational qualifications held by the participants in various job positions, including deputy principals, HoDs, educators, and principals. This figure reveals the level of formal education attained by professionals in these roles. In the case of deputy principals, the qualifications are evenly distributed between Bachelor's and Honours

degrees, indicating a trend towards higher education up to the Honours level in these roles. Educators mostly hold bachelor's degrees, signifying this as the baseline qualification for teaching positions. Some educators also possess Honours degrees, possibly indicating further specialization or aspirations for career growth. The absence of Master of Education (MEd) degrees among educators suggests that this advanced degree is not typically required or common in teaching roles. For principals, the results show a predominance of bachelor's degrees, with a smaller fraction having Honours degrees. The lack of MEd degrees among principals is noteworthy, raising questions about the necessity of this advanced degree for attaining higher administrative roles in education. Contrastingly, Figure 5.2 highlights a significant gap in HIV training across all job positions.

This lack of participation in HIV training among deputy principals, HoDs, educators, and principals is concerning. It suggests deficiencies in professional development programs or a lower priority given to HIV/AIDS education within the training frameworks for these roles. While Figure 5.1 emphasizes the importance of formal educational qualifications in these job roles, Figure 5.2 reveals a significant gap in specific areas of professional training, like HIV/AIDS awareness, possibly indicating more significant systemic issues in incorporating health and social issues into the professional development framework for educators and SMTs.

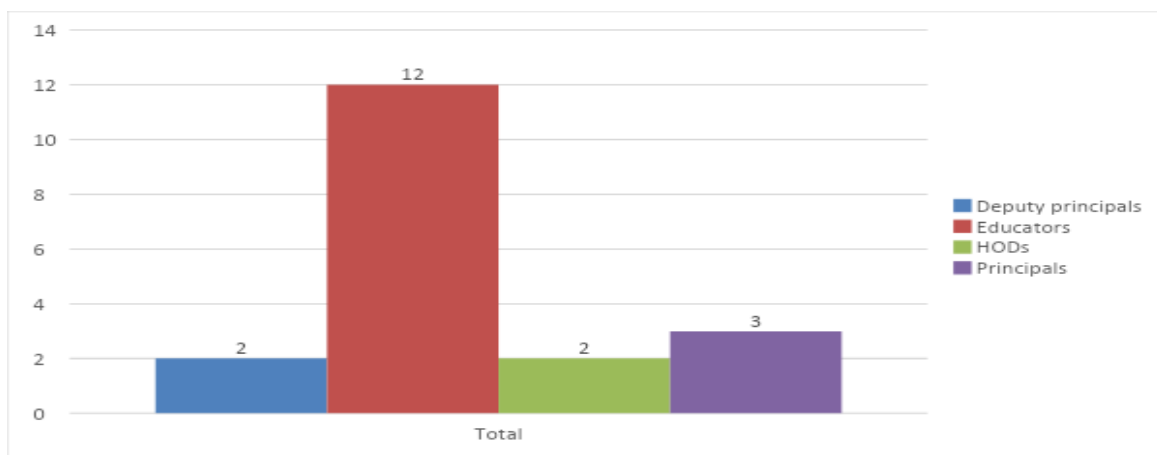


Figure 5.3: COVID-19 training across job positions

Participation in COVID-19 training across all job positions in the study highlights a significant commitment within the Basic Education Department to address and integrate pandemic-related issues, as shown in Figure 5.3. The unanimous participation in COVID-19 training among

educators, HoDs, deputy principals, and principals showcases the department's responsiveness to emergent health crises and its dedication to ensuring that educational professionals are equipped to handle the challenges of such pandemics.

Table 5.5: Contingency table for job position vs experience

Experience	Job position				Total
	Deputy principals	Educators	HoDs	Principals	
10 - 19 years	1	0	0	2	3
10 years	1	2	0	1	4
11 years	0	1	0	0	1
12 years	0	1	0	0	1
15 years	0	1	0	0	1
20 years	0	0	1	0	1
5 years	0	2	1	0	3
6 years	0	2	0	0	2
7 years	0	1	0	0	1
8 years	0	2	0	0	2
Total	2	12	2	3	19

Table 5.6: Nominal

	Value
Contingency coefficient	0.758

Table 5.5 shows the relationship between years of experience and job positions in the study area. It indicates that respondents with 10-19 years of experience predominantly occupy principal roles, while those with approximately ten years of experience are more evenly distributed among deputy principals, educators, and principals. Overall, educators appear across a range of experience levels from 5 to 15 years, indicating diversity in their years of service. Deputy principals and Heads of Department (HoDs) are concentrated within specific

experience brackets, suggesting a narrower range of years in these positions. The total count of respondents surveyed across these categories is (N=19).

The Contingency coefficient, as shown in Table 5.6, is 0.758. This high value signifies a strong association between years of experience and job positions. This result implies the importance of experience in determining job roles within the education sector. The strong association indicated by the contingency coefficient suggests that as educators gain more experience, they are likely to progress to higher roles such as deputy principals or principals.

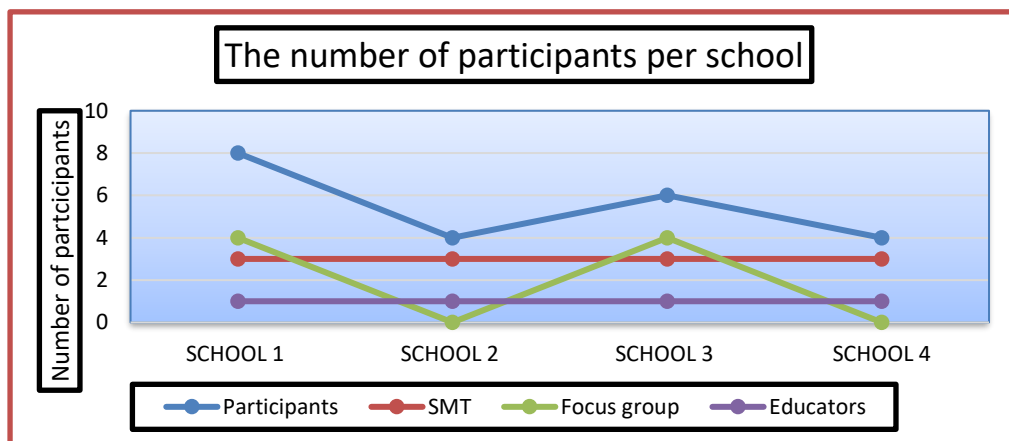


Figure 5.4: The number of participants per school

Individual interviews were conducted with the principals of four schools participating in the study. Focus group meetings took place with teachers from two schools because of the school's allocation and the number of LO teachers, with one-on-one interviews conducted with three LO educators. Eight teachers from School 1 and School 3 participated in the focus group discussions. A total of 19 teachers took part in the research study.

5.3 BACKGROUND OF THE PARTICIPATING SCHOOL

The background information of the township's participating schools was covered in this section. The reader could gain knowledge about various aspects of the school from this background information, such as learner enrolment and the kind of school (quintile). The four schools that participated in this research were located in the province of the Free State's Motheo districts. The SMT provided the background details.

Table 5.7 School Type and Quintile

Schools	Quintile	Roll	Number of Educators
School 1	2	1520	42
School 2	3	1110	30
School 3	2	980	25
School 4	2	1200	31

5.3.1 School Type and Quintile

In Table 5.7, Schools 1, 2, 3, and 4 were all secondary schools that charge tuition to learners in Grades 8 to 12. All secondary school teachers of Grades 8 to 12 were interviewed for this study. Schools 1, 2, and 3 were in a low-income neighbourhood and quintile 2. They were also located in a rural location. School 2 was a quintile 3 school in a mixed-income neighbourhood that fell between the low and middle classes. Conversely, School 4 was a quintile 2 school in a rural town with mixed-income houses. Every school mentioned in this passage was located in the quintiles with the lowest rankings (quintiles 1-3).

5.4 ANALYSIS OF THE INDIVIDUAL INTERVIEWS, FOCUS GROUP

As alluded to in Chapter 4, under 4.7.3 and 4.7.4, both thematic and content analysis were used to analyse the data. The table below shows the categories and themes that emerged from the data. These categories and themes align with the research objectives and questions of the study, providing a clear understanding of how the findings address the study's questions. In addition to describing the obligations of SMTs, the data also alludes to how SMTs carry out their roles in implementing and monitoring school-based pandemic policies. Lastly, the responses provide ways and strategies to address these challenges. The categories and themes are indicated in the table below, derived from transcribed interviews conducted with the SMT and all educators from the participating secondary schools, providing a detailed picture of the challenges SMTs face (objective one). The feedback also provides data on the obligations of the SMT regarding implementing and monitoring school-based pandemic policies (objective two). Furthermore, the data provides insights into how SMTs carry out their roles in implementing and monitoring school-based pandemic policies (objective three). Lastly, in response to research objective four, the data provides strategies that SMTs should utilize to implement and monitor school-based pandemic policies.

Table 5.8: Themes and categories identified in the data

Category	Theme
Category 1: Challenges experienced by SMTs and educators	<ul style="list-style-type: none"> • Stigma and discrimination
	<ul style="list-style-type: none"> • Lack of disclosure and communication
	<ul style="list-style-type: none"> • Availability of school-specific pandemic policy
	<ul style="list-style-type: none"> • Poor Policy implementation and training
	<ul style="list-style-type: none"> • Low morale and motivation of educators
	<ul style="list-style-type: none"> • Challenges with COVID-19 measures
	<ul style="list-style-type: none"> • The statistics of orphans affected by the pandemic
	<ul style="list-style-type: none"> • Community engagement and education
The research question	<ul style="list-style-type: none"> • Educator and learner absenteeism
The research question	<ul style="list-style-type: none"> • What are the challenges experienced by the SMTs in the implementation and monitoring of school-based HIV/AIDS and COVID-19 policies?
Category 2: Obligations of SMTs and educators	<ul style="list-style-type: none"> • Distributed leadership practices in pandemic policy monitoring
	<ul style="list-style-type: none"> • Impact of HIV/AIDS and COVID-19 on education
	<ul style="list-style-type: none"> • SGBs role
The research question	<ul style="list-style-type: none"> • What are the obligations of the SMTs concerning the implementation and monitoring of school-based HIV/AIDS policies?
Category 3: Execution of SMTs' roles and educators	<ul style="list-style-type: none"> • Distributed leadership practices
	<ul style="list-style-type: none"> • Pandemic policies
	<ul style="list-style-type: none"> • Monitoring and execution of roles
	<ul style="list-style-type: none"> • HIV/AIDS and COVID-19 education
The research question	<ul style="list-style-type: none"> • How do SMTs execute their roles in implementing and monitoring the school-based HIV/AIDS and COVID-19 policies?
Category 4: Strategies utilized by SMTs and educators	<ul style="list-style-type: none"> • Distributed leadership in pandemic management
	<ul style="list-style-type: none"> • Policy amendments in response to COVID-19
	<ul style="list-style-type: none"> • COVID-19 compliance and monitoring
	<ul style="list-style-type: none"> • Implementation of pandemic-related policies
	<ul style="list-style-type: none"> • Training and preparedness

	<ul style="list-style-type: none"> • Communication of policies
	<ul style="list-style-type: none"> • Remote learning and attendance management
	<ul style="list-style-type: none"> • Document analysis: Various school management documents
The research question	<ul style="list-style-type: none"> • What strategies do the SMTs utilise to implement and monitor the school-based HIV/AIDS and COVID-19 policies?

Table 5.5 explains the categories and themes that emerged from the interviews conducted with the SMT and the focus group discussions with the teachers. It was essential for the researcher to formulate and ask thought-provoking questions that focused on the background and progress of the interview. Brown and Danaher (2019:77) state that semi-structured interviews involve the interviewer preparing a list of topics to be covered and questions to be asked, followed during the interview.

5.3.1 Category 1: Challenges experienced by SMTs and educators

The first theme focuses on the challenges experienced by the SMT in implementing and monitoring school-based pandemic policies. This theme relates to research question one (1). This includes how they are dealing with all the challenges experienced by the subordinates and the support provided to all of the staff members, which is revealed through the responses of the various participants: principals, deputy principals, heads of departments (HoDs), and educators. These challenges, ranging from dealing with stigma and discrimination to a lack of community engagement, highlight the complex landscape within which SMTs operate in policy implementation and monitoring of school-based pandemic policies. The following are critical themes revealed by the responses of all SMT members and educators.

Table 5.9: Summary of Category 1

Category 1: Challenges experienced by SMTs and educators	<ul style="list-style-type: none"> • Stigma and discrimination
	<ul style="list-style-type: none"> • Lack of disclosure and communication
	<ul style="list-style-type: none"> • Availability of school-specific pandemic policy
	<ul style="list-style-type: none"> • Poor Policy implementation and training
	<ul style="list-style-type: none"> • Low morale and motivation of educators
	<ul style="list-style-type: none"> • Challenges with COVID-19 measures
	<ul style="list-style-type: none"> • The statistics of orphans affected by the pandemic
	<ul style="list-style-type: none"> • Educator and learner well-being
	<ul style="list-style-type: none"> • Resource constraints
	<ul style="list-style-type: none"> • Community engagement and education
	<ul style="list-style-type: none"> • Educator and learner absenteeism

5.3.1.1 Stigmatization and discrimination

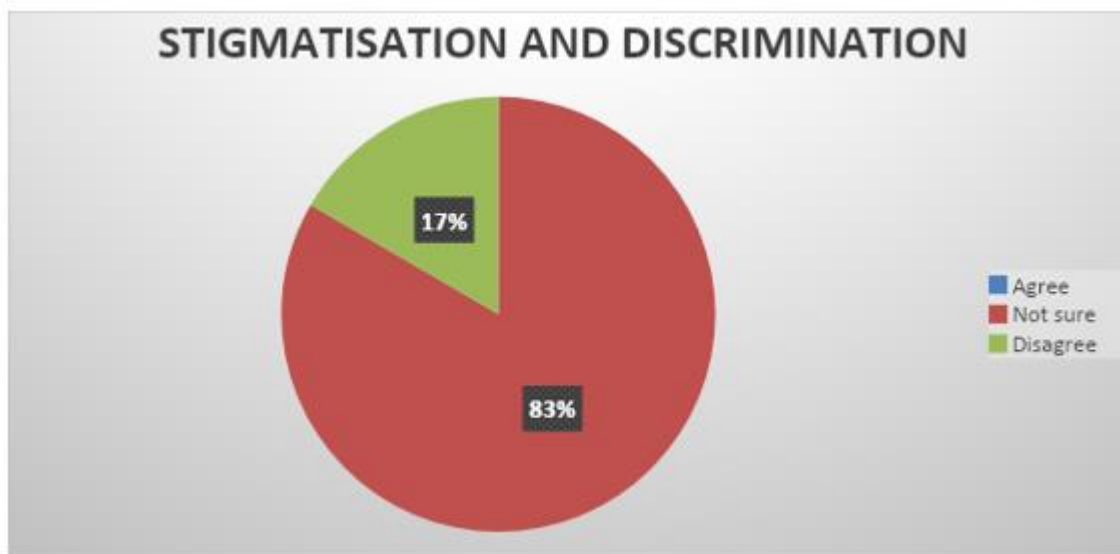


Figure 5.5: Stigmatisation and Discrimination

With the findings, the researcher notes that 10 (83.3%) indicated that they are not sure whether there is a stigma attached to HIV/AIDS and COVID-19, and 2 (16.6%) indicated that they disagree. Stigma is sometimes more dangerous than the terminal disease itself because while you can cure, fight, and live as long as possible with the assistance of drugs, stigma destroys one's confidence. According to Mpunzana (2017:62), one of the priority actions of the

education sector is addressing HIV and COVID-19-related stigma and discrimination through education. All educators must prevent discrimination by ensuring that the rights and dignity of all learners are respected. Regarding stigma and disclosure, the participants from different schools made some noteworthy statements. They expressed uncertainty and concerns regarding stigmatization. In terms of dealing with stigma and discrimination, the Employment Equity Act (1998:28) stipulates that SMT members should expressly prohibit unfair discrimination based on HIV status and the testing of employees to ascertain their HIV status (unless the testing is determined to be justifiable by the Labour Court). A breach of these provisions may be costly to employers.

The participants of School 1 expressed uncertainty about whether students are experiencing stigmatization while they are still at school, as can be seen from the comment of one of the participants below:

"I am not certain about what learners are experiencing, but on the side of educators, I don't see a huge problem with educators" (S1HO2).

The data revealed a similar response from the participants at School 2, who also referred to the issue of stigmatisation. The Head of department at this school indicated that:

"I am not sure, and stigma is a big thing. You can educate your teachers and say this is just a condition" (S2HoD1).

The situation at School 3 is incomparable to that of Schools 1 and 2, as learners were made aware of the policy as it has been conveyed to them by the SMT and SGB. Her response was

"No one among our learners are discriminating against each other. Children are very accepting, more especially at this age" (S3HoD1).

The situation at School 4 seems different from that of the aforementioned schools in that educators are aware of learners facing discrimination and stigma. The issue is that students fail to report these incidents to the principal and certain SMT members to ensure that the problem is addressed immediately. The participants alluded that:

"Yes, I believe that our learners are discriminating and stigmatising other learners, but the problem is our learners are not informing us. You can see them withdrawing" (S4HoD1).

Rutland (2022:6) state that a critical element for promoting just schools is the provision of legal frameworks and policies to promote inclusion and challenge prejudice in schools and

classrooms. Enacting and promoting legislation and funding to bolster fair and just classrooms has implications for changing schools by providing school personnel, parents, and students a framework for creating change. The design of these policies needs to specifically support and protect members from different social groups within the school from discrimination and prejudice. According to the Bill of Rights Chapter 2 (1996:7), everyone is equal before the law and has the right to equal protection and benefit from the law. Schools must clarify that they have a zero-tolerance policy toward discrimination when adopting pandemic policies. According to SASA (1996:12), one of the functions of the SGB is to adopt a constitution setting out how the SGB will operate. As part of the pandemic policy design goals, teachers and parents should also aim to create a learning environment where all students can thrive together and understand the value of diversity and fairness for their healthy development. According to Rutland (2022:6), it is important to note that creating inclusive and non-discriminatory school environments, which are free from stigmatization, must be carried out at multiple levels to be effective. These should include the macro (district), meso (school management), and micro (classroom) levels.

The feedback from the participating teachers brought forth some interesting perspectives as well. The participants at Schools 1, 2 and 3 alluded that they are unsure if there is a stigma attached to HIV/AIDS or COVID-19, which is in contrast with what Moyo (2019:31) indicated that the stigma surrounding HIV/AIDS remains a significant barrier in schools. Educators and learners with these conditions often face social isolation and discrimination, which can lead to adverse psychological effects and hinder their academic progress. Due to their peer isolation, School 4 teachers reported that students face discrimination and stigma daily. At the school level, self-stigma and stigma by association are still present.

An interesting comment was made by the teachers of Schools 1 and 2, who question teachers' devotion to their "*loco parentis* role". They ascribe this to the fact that teachers are unaware of what is happening right in front of their eyes. One of the teacher's responses was as follows:

"Learners are teasing one another, but I am not certain whether it was related to stigmatisation" (S1T2).

A response by one of the teachers at School 3 clearly shows that discrimination is a matter of concern because some of the learners were discouraged due to stigmatization and decided to leave school due to discrimination.

"Learners have dropped out of school due to stigmatisation" (S2T3).

The feedback of the educators at School 3's response of the educator leaves much to be desired:

"I am not sure whether learners are experiencing stigmatisation and they are being discriminated against each other because they do not report when there is an urgent matter so that it must be addressed immediately by the SMT members" (S3T5).

Teacher 2 at School 4 responded that their learners are unaware of their legal rights. It is the responsibility of the educational institution to inform students about their legal rights to prevent discrimination and vulnerability:

"We must educate the child about their rights" (S4T2).

5.3.1.1.1 Summary of the findings

When analysing the data across the four cases, some similarities and differences were evident. Most of the schools were unaware of the presence of stigmatization and discrimination against learners and educators. The data also revealed that the policy design does not include vital aspects such as goal setting, identifying target populations, and determining strategies and resources for implementation related to stigmatization and discrimination. At all four participating schools, it was evident that the SMT lacked their distributed leadership role. For example, the researcher could not establish what each member of the SMT does or how they work collectively to coordinate the design of pandemic policies. At all four schools, there were no signs of a monitoring and evaluation process to assess progress in combatting stigmatization and discrimination. Educational institutions must take the initiative to revisit and enhance existing successful programs to address discrimination and stigma. The curriculum plan for managing the implementation of a pandemic disease must be available to the SMT. A report by UNAIDS (2022:22) highlighted that the DBE must train and provide institutional support for educators and the SMT in identifying and addressing all related signs of stigma and discrimination, including those affecting young key populations, through school policies, school dialogues, and procedures to handle conflict/bullying. This was confirmed in a previous report by the DBE (2017:16), which confirmed that procedures would be in place to prevent and address discrimination and stigma of employees living with or affected by HIV and/or TB in particular.

5.3.1.2 *Lack of disclosure and communication*

The reluctance of parents and learners to disclose health conditions, particularly concerning HIV/AIDS, creates a significant challenge for schools. It is difficult to provide appropriate support if SMTs are not informed and lack data on parent and learner health conditions. The findings of this study suggest that this lack of communication can stem from fear of stigma or misunderstanding about the condition. It is also suspected that parents and learners may fear stigmatization and discrimination and, therefore, prefer to withdraw.

The data demonstrated that some schools act proactively to promote an environment of trust. For instance, the deputy principal of School 2 indicated that schools are attempting to create an environment where parents and learners feel safe to disclose their health conditions, which involves building trust and ensuring confidentiality. Encouragement also plays a vital role:

"We will interview the child and encourage the child the importance of taking medication. Most parents are still in denial because they are not informing the school about their children's status" (S2DP1).

At School 3, the parents were blamed for not providing information:

"The problem is actually with parents who do not want to give information" (S3DP1).

The above response highlights the need for SMTs to create a more open and trusting school environment where parents and learners feel safe sharing sensitive information. It is important to note, though, that no learner or educator is required to reveal their HIV/AIDS status, according to the DBE's explicit HIV/AIDS policy (DBE, 2017:7). To encourage voluntary disclosure of such information to the appropriate authorities, a welcoming environment that ensures the privacy of such data and prohibits unjust discrimination must be established. The policy warns that there may be legal repercussions for the unapproved disclosure of HIV/AIDS-related material. The UNAIDS report (2022:17) highlighted that we must teach providers and staff to reject stigmatizing attitudes and provide non-discriminatory treatment.

The majority of participants revealed that their employment is not jeopardized. In addressing the problem, the school's HIV/AIDS and COVID-19 policies must include an action plan which outlines the responsibilities of the health advisory committee as well as the roles of the co-ordinators of each committee. Therefore, the DBE (1999:16) recommends that each school and institution should establish its own Health Advisory Committee as a governing body or council committee. Where establishing such a committee is not possible, the school or institution should utilize the expertise available within the education and health systems; in

contrast to the aforementioned schools, Schools 3 and 4 experience more openness from parents who need support. The possibility of discrimination resulting from the non-disclosure of COVID-19 and HIV/AIDS was also raised by the deputy principal of School 4:

“Parents voluntarily came to the school to ask the teachers to help their kids take the medication at a specific time. No one is coerced into disclosing information because doing so would violate their right to privacy” (S4DP1).

At School 3, one of the participants indicated that parents did not have a problem disclosing their children's status to the class teacher. They even went to the extent of bringing their pills to the office.

The principal and the concerned educator are giving these learners full support, which is evident from the following remark by the deputy principal of School 3:

“Disclosure is not a problem at our school” (S3DP1).

5.3.1.2.1 Summary of the findings

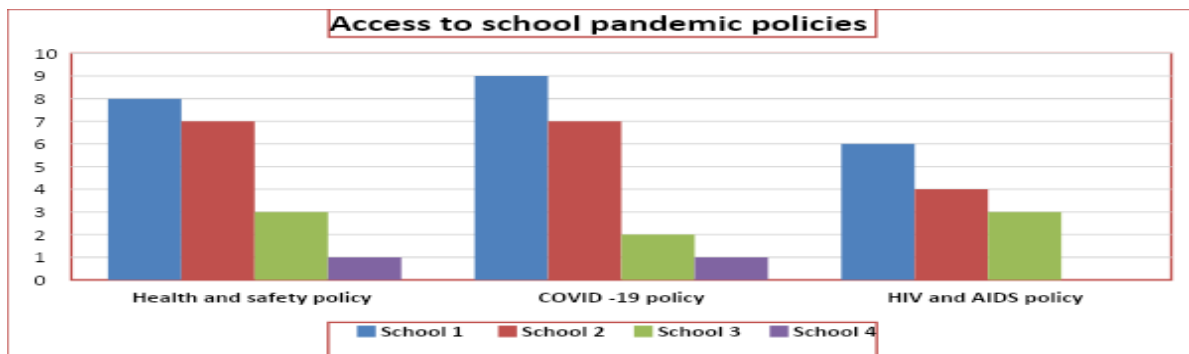
Upon examining the data from all four cases, certain similarities and dissimilarities became apparent. Two of the aforementioned schools stated that disclosure was not an issue at their establishments, while the other two experienced disclosure still being an issue since some parents continue to live in denial. They may find it difficult to accept that their children are ill and refrain from informing schools due to the associated stigma. Teachers are causing issues for the schools because they are ill-equipped and unable to assist the most vulnerable learners. Parents at the two schools mentioned displayed a desire to keep their children's status a secret. It was clear from the data that neither of the two schools' SMT nor the School-Based Support Team (SBST) fulfilled their distributed leadership roles. Regarding disclosure, the researcher found no mechanisms to inform parents who to consult.

The findings showed no cooperation between the work of the SBST committee and the SMT. The researcher concluded that these two schools needed to improve their parent-teacher communication strategies by involving community leaders and raising their level of awareness through community dialogue and understanding. It was evident from the data that the SMT was lacking in their distributed leadership role. For instance, the school's management team should ensure that every parent on the SGB committee is represented on the SBST, HIV/AIDS, and health and safety committees. This involvement will enable them to participate in parent-

teacher meetings organised by the school, share their opinions on disclosure, and support the SMT.

5.3.1.3 Availability of school-specific pandemic policy

Table 5.10: Access to pandemic policies



Policy	School 1	School 2	School 3	School 4
COVID-19 policy	✓	✓	✓	✓
HIV/AIDS policy	✓	✓	✓	Not available
Health & Safety	✓	✓	✓	✓

Table 5.10 indicates that nine (9) 100% of participants in School 1 (S1), School 2 (S2), and School 3 (S3) indicated that they have access to COVID-19 and HIV/AIDS policies and Health and Safety protocols. The researcher inferred that both COVID-19 and Health and Safety policies are available in three (3) schools. The principals of the three (3) schools provided the researcher with copies of COVID-19 and health and safety policies. School 1 (S1), School 2 (S2), and School 3 (S3) have copies of HIV/AIDS and COVID-19 policies, but the problem lies with the implementation and monitoring of these pandemic policies. In School 4 (S4), the policy of HIV/AIDS was not available. The following section deals with the issue of policy implementation and training.

5.3.1.3.1 Summary of the findings

Upon analysing the information from all four cases, certain similarities and differences became evident. All schools, except for School 4, have copies of all policies. There is no HIV/AIDS

policy in place in School 4. The data also showed that although these policies exist, their implementation is the issue. Since all schools are required to implement these policies, a lot is left to be desired. Because the SMT does not include their downline staff in implementing these policies, it is clear that they are failing in their distributed leadership role at each of the four participating schools.

Vietman and Pont (2017:9) highlighted that, in fact, education policy implementation refers to different realities for different people: educators and students may consider policy implementation as the changes they bring to their everyday practices of managing schools, teaching, and learning. For national policymakers, the implementation may refer to what needs to be executed to bring their new policy down to districts and schools. The requirement for these policies to be implemented at the school level is apparent.

5.3.1.4 Poor policy implementation and training

The findings of this study indicate that the absence of clear, well-communicated policies and lack of training for educators in handling health-related issues, especially HIV/AIDS and COVID-19, leads to inconsistent and often ineffective management of these issues within schools. However, some schools are taking steps to develop and implement clear policies and provide training to educators and staff. School administrators are aware of the National Policy Act on HIV/AIDS, although their level of implementation and specific knowledge varies. Similarly, educational institutions have created COVID-19 guidelines and materials; however, the success of these guidelines rests on the dedication of the whole school community to follow them. The researcher analysed relevant documents to establish the quality of policy implementation and training. At School 1, there was, for example, evidence of sufficient policy implementation and training, especially about COVID-19. A principal from School 1 emphasized that:

“Yes, we do have the policy. As a member of the SMT, I will put it into practice. As soon as we immediately after the 2019 COVID-19 hit the shores of South Africa, the department trained us and, thereafter, the members of the SMT. We had our own rules of training, preparing for learners, remember learners and teachers were on, shall I say, special holidays, so to speak. We prepared COVID-19 protocols, we prepared documentation, we prepared new ways of learners attending school, the timetable so to

speak. We each had our own rules working together with Department of Health. We use our own expertise for the benefit of my school” (S1P1).

Their COVID-19 policy indicates a vital feature of the policies of School 2. This school also ensures that policies for HIV/AIDS are in place. However, the data shows that LO educators know most about pandemics. The principal of School 2 responded as follows:

“Yes, we do have the policy and about training for HIV/AIDS, but I think not for the last three years. There has not been any workshop on that. The LO teachers are the ones who will just update us on any what the changes are or all of that. But as far as workshops by the Department of Education or anybody else, No, there have not been any. With the pandemic, teachers were taken for orientation. I would not call that training. We will gather as much as possible to read for ourselves and prepare ourselves and prepare for the coming of learners. That was it” (S2P1).

From the statement above, it seems that schools found it challenging to implement pandemic policies successfully, mainly because they did not receive any training from the DoE on how to implement them effectively. She further identified the need for in-service training and skills to disseminate the information to all stakeholders.

The situation in terms of policy implementation appears to be the same at School 3 as it is at Schools 1 and 2. However, in School 3, the principal's response showed that there are some positive actions related to policy implementation. It seems, however, that it is not well-oriented.

“Yes, as I said, we have a file. I don't know whether what we have could be called policy. But when this was introduced to us. These conditions/pandemics happened. We drafted some measures and staff. Whether now we can call it a policy. At least we have something that guides us on how to manage this. We do have what could be termed as a policy. We do have files on measures to be taken. We do keep a register on necessities. The masks, soaps. Most of our classrooms have sanitisers. Every class still has” (S3P).

In School 4, the data displayed shows policies in place, and the Department plays a significant role in ensuring that attention is given, especially to COVID-19. The response of the principal in this regard is noteworthy.

“Indeed, it is included in the safety policy and we do have it. Indeed, the department has performed a fantastic job of preparing teachers to incorporate the COVID-19 topic into the development of ATP in Life Orientation and life skills. Since it is a part of the annual teaching plan, implementation is much simpler. It is our duty as educators to

teach it and make students aware of its significance. I'm not sure where the HIV/AIDS policy file is kept. I've kept a copy on my laptop” (S4P).

The principals of each of the aforementioned schools stated that they kept a monthly monitoring tool on the COVID-19 policies to ensure they were being implemented effectively. The fact that the principal of School 4 indicated that he is unsure of where the HIV/AIDS policy file is kept is a sign that attention is not being devoted to the implementation and monitoring of the policy.

5.3.1.4.1 Summary of the findings

After scrutinising all four cases' data, certain similarities and differences became apparent. The majority of schools were able to implement the COVID-19 policy successfully without any trouble. It is suspected that this was mainly due to the magnitude and seriousness of the COVID-19 pandemic. However, when it comes to putting the HIV/AIDS policy into practice, the data also showed that while the policy is available in three (3) schools, it is not available in the fourth school. Based on this, one can conclude that if a school lacks the expected document, it still has a lot of unmet expectations, indicating a discrepancy between the job description in the PAM document and what the principal is doing. The PAM document (1999:8) clearly state that one of the duties of the principal is to ensure that the school is managed satisfactorily and in compliance with applicable legislation. It was clear that while the SMT is making every effort to implement and monitor the COVID-19 policy at all four participating schools, the issue concerning the absence of monitoring and implementation of the HIV/AIDS policy is concerning. The researcher can conclude that the school's SMT lacked distributed leadership capacity. It leaves much to be desired to learn that some SMT members at other schools were unaware that the school had an HIV/AIDS policy.

5.3.1.5 Low morale and motivation of educators

The responses from Schools 1 and 2 are different from those previously mentioned. In their case, the teachers were motivated and encouraged one another. The teachers' motivation may stem from the fact that they understand the rules that apply to them. According to Crompton, Chigena and Burke (2023:8), learning can happen anytime and anywhere. It is a given that if subordinates are aware of their responsibilities and have the resources needed, they will take pleasure in what they do and fully support the policy's implementation. They won't experience

any anxiety or worry when they enjoy remote learning. The DBE (2022:17) alludes to the fact that each member of the SMTs, SGBs, and staff members must monitor the implementation of the standard operating procedure and stay informed about COVID-19 through reputable sources such as the National Institute for Communicable Diseases (NICD), the DBE, and the DoH, and share this information with all stakeholders and monitor the implementation of measures to prevent the spread of COVID-19. By assigning specific responsibilities to the post-level one (1) teacher, the SMT must adhere to the distributed leadership role. There is evidence that the principal at School 1, for example, is engaging in staff development sessions to look at staff well-being.

“To raise the spirits of educators, the principal is planning staff development and inviting inspirational speakers and other department officials from the Department of Education” (S1DP2).

Staff development planning is of paramount importance in the education system. According to Khan and Abdullah (2019:37), training and development have always been driving forces for enhancing teachers' productivity and performance. Research on teacher productivity highlighted that training and retraining greatly enhance teachers' productivity, concluding that teachers must be trained regularly to strengthen their workplace productivity. It is the duty of the SMT to develop educators through staff development or workshops organized by the department. According to Pearson (2020:16), Professional Development (PD) is a teacher's cornerstone of professional growth. Professional development should meet teachers where they are, reflecting their interests and needs. Staff development is how the principal is grooming his teachers, according to the response by the deputy principal of School 2.

“The SMT takes into consideration the opinions and advice of educators, and the principal backs the educators. Twice a year, we have team building exercises” (S2DP1).

Teachers must be consistently encouraged to participate in training programs to increase productivity. Team-building activities may allow SMTs to support educators through training and development. The participants in schools three and four claim that most teachers are demotivated and that teacher morale is extremely low, apparently due to a lack of support from the SMT, the establishment of a health advisory committee, and insufficient support from the SGB. This is evident by the following remark by the deputy principal of School 3:

“We experience low morale of educators. Our educators are demotivated, and the principal is not doing staff establishment” (S3DP 1)

However, the data displayed little evidence to show that lower teacher morale and motivation can directly be attributed to the impact of HIV/AIDS and COVID-19 but rather to the lack of support from the SMT. The importance of support is pointed out by the DBE (1999:15), which state that the health advisory committee should be responsible for developing and promoting a school or institution plan of implementation on HIV/AIDS and COVID-19 and review the plan from time to time, especially as new scientific knowledge about HIV/AIDS and COVID-19 becomes available. The participants indicated that educators' and learners' mental and emotional well-being had been significantly impacted, primarily due to the COVID-19 pandemic, leading to increased stress, anxiety, and challenges in maintaining educational standards and personal well-being.

This finding is supported by the research of Asamoah, Osafo, Biney, and Agyekum (2023:9), who claim in this regard that anxiety, depression, and fear of death from infection from COVID-19 are critical manifestations or symptoms of psychological disorders that, if not attended to, can cause physical health problems and possible death of victims. The data showed that although the schools had measures in place to prevent the spread of COVID-19, little was evident in policies to address health issues such as anxiety, depression, and other related fears; this may also be ascribed to the uncertainties which accompanied the COVID-19 pandemic.

The study findings stressed the need to address the well-being of educators and learners by providing mental health support, creating a supportive school environment, and acknowledging the challenges educators face. This finding is supported by Extebarria, Santxo, Mondragon and Santamaria (2021:2), who claim in this regard that the prevalence of stress symptoms in teachers was 9.1% and that it was essential to support them psychologically. The participants at this school did not indicate the responsibilities of the SMT in ensuring rigorous policy design, policy adoption, and the relevant policy implementation structures to ensure that educators know precisely what is expected from them. If these aspects were in place and well communicated to the educators, it would instil a sense of calmness amongst the staff. Marais and Wessels (2020:2) agree that educators play a crucial role in the sense-making process as they mould the policy in their professional teaching. The process contributes to the educators' understanding and knowledge of the relationship between policy and classroom teaching.

The other deputy from School 4 further explained that:

“Some of the learners left school during COVID-19. Some lost their siblings and family members during COVID-19. The morale of educators is still low because the rate of absenteeism is very high. The educators are afraid of being infected by the COVID-19” (S4DP1).

5.3.1.5.1 Summary of the findings

The data analysed in the four cases showed strong similarities and differences. The majority of schools are using distributed leadership. At least twice a year, they permit all SMT members and employees to plan every employee's staff development. However, the data did not specifically indicate that these development sessions focus on implementing and monitoring school-based pandemic policies. The data showed that teachers at Schools 1 and 2 have a positive attitude, which is in contrast with Schools 3 and 4, where the data showed that the teachers' morale is extremely low. The findings indicated that this is due to a lack of support from the SMT. The school does not offer staff development. In today's competitive world, the training of teachers has become essential, especially to cope with the changing demands of the teaching industry. It is also necessary as it improves the calibre of the teachers.

5.3.1.6 Challenges with COVID-19 measures

Most participants indicated that keeping learners and staff safe, controlling class sizes, and upholding social distance were among the new difficulties brought about by the pandemic. Spaul and Van Derberg (2020:3) indicated that desks should be spaced out as much as possible, and timetabling arrangements to facilitate social distancing should be implemented. However, attempts to implement full social distancing in all classrooms are futile in this context and are likely to disrupt teaching and learning to the detriment of children unnecessarily due to the issue of staff members' absenteeism as a result of comorbidities between some teachers and learners. The uncertainty and fear surrounding the virus made these difficulties even more pronounced. According to the DBE (2022:36), this ensures that sick children and staff do not come to school. Evidence of the school observing the learner-to-teacher ratio exists. The response from School 1's principal provides us with evidence that the management team ensured that protocols were adhered to:

"The issue of learner ratio in the classroom - more especially social distancing. The timetable followed was a bi-weekly timetable, except for the Grade 12. It was expected of the Grade 12s to follow traditional timetable" (S1P).

The principal reported adopting various coping strategies for COVID-19, including rotational timetables, extending school hours, and conducting extra classes for curriculum coverage. This is a sign of good organizational structures adopted by the SMT in which the plan is coordinated. The view of the principal in School 2 indicated that the annual teaching plan (ATP) was trimmed, and the educators did not have daily classes. These findings are supported by Circular No S2 (2020:2), which state that the trimming and reorganization of the curriculum are designed to accommodate the impact of COVID-19 and is, therefore, an interim deviation from the original curriculum. These interim changes were only implemented in 2020, and schools had to revert to the original curriculum in 2021. The timetable model used at that time was a weekly or biweekly timetable. The educator would have contact with one class twice a week, disrupting teachers and learners. The school have no measures in place to address the issue of disruption. According to the DBE (2020:20), using an alternate timetable has the disadvantage of limiting contact time. Teachers needed to prepare online lessons / extra homework for those who could not attend class on assigned days. There is a constant catch-up of the curriculum every other day.

"We adhered to the weekly or bi-weekly schedule because of the number of learners in a class. Some learners were hiding because their parents pretended to be uninformed, and they chose to skip class for no apparent reason" (S2P).

The SMT's job is to devise a plan that adheres to the agreed timetable to address the situation; this includes creating space in the school, for example, teaching in the shade of the trees outside. Approaches like these provide teachers with more time to teach learners daily. The assistant teacher will supervise the second half of the class while the teacher teaches the other half once the teacher has completed the first half. They will handle the second half to guarantee that every learner has daily teaching from at least four teachers, which indicates that the SMT performed their crucial instructional leadership role as stipulated in the Standard (DBE, 2016). To prevent learner absences and sensitize parents to behaviour that would be unethical or impractical to study in other ways. Multiple case studies create a more convincing theory when the suggestions are more intensely grounded in several empirical pieces of the expectations regarding learner attendance. The DBE (2020:26) state that all schools must follow the regular

timetable, a five-day cycle whereby Monday is day one and Friday is day five. The principal at School 3 noted that most teachers there were dealing with a backlog in the curriculum.:

"We followed the platooning timetable for lower grades (Grade 8-11). To accommodate the Grade 12 who were coming daily. We have a backlog in curriculum because some educators were uncomfortable with the remote teaching approach because they are accustomed to the conventional way of doing things" (S3P).

Most teachers in School 3 used remote learning to compensate for lost time, and parents were requested to pick up their children's handouts from school. However, learners found it difficult to keep up. According to Chitanana (2022:77), parents play a central role in education, and their input is widely accepted as crucial to a child's learning. It is argued that children's achievement in school improves when parents are empowered to "play four key roles in their children's learning: teachers, supporters, advocates, and decision-makers." Some learners stayed at home for a very long time. The participants in this study indicated that most teachers used online teaching, but they lacked the necessary skills. The role of the SMT was to encourage educators to use team teaching and assist one another, especially those not computer-literate educators. Chitanana (2022:78) state that the sudden shift to remote learning left teachers overwhelmed by the task of redesigning content and providing feedback to learners.

Furthermore, most teachers lacked the skills to support remote online learning as it was a new teaching approach. There were not many educators who were capable of using the online teaching approach. At the school level, educators who had mastered teaching online assisted struggling students. According to Bayler, Karakatas and Alci (2015:2), creating collaborative learning communities or teams allows teachers to benefit from the insights of their colleagues, which enhances their professional capacity.

As instructional leaders, principals have the responsibility to influence teacher collaboration. Principals should possess extensive knowledge and expertise in professional learning communities to foster a collaborative learning environment for educators. They must also support educators in team teaching, even when teaching online. In this regard, the researcher may conclude that distributed leadership facilitates the SMT's recognition of teachers' abilities. Similar to School 3, the principal of School 4 claimed that the high failure rate was caused by teachers missing work due to illness. To fill the void left by the absent teachers, the school

needs temporary teachers, and the SMT's job is to encourage teachers to apply for short-term incapacity leave. The response of the principal was:

“Since most of our teachers weren't well, they neglected to teach and supervise the learner” (S4P).

5.3.1.6.1 Summary of the findings

According to Section 17 of the Educator Employment Act 76 (EEA), the SMT should charge any educator who contravenes an act. EEA (1998:15) state that an educator is guilty if they are negligent or indolent in carrying out a lawful duty attached to their post.

It is evident from contrasting and comparing the results of the cases that COVID-19 hurt the school's management team. After carefully examining the data from each of the four cases, some similarities and dissimilarities emerged. Because they only meet with students once a week, the majority of schools were able to successfully implement biweekly timetables, which created an issue for the school. In the meantime, most teachers in Schools 1, 2, 3, and 4 chose to implement remote teaching to close the gap. Some parents failed to send their learners to school on the designated day.

They chose to act ignorant by acting as though they were unaware that their children were meant to be in school. That presents another difficulty that adds to the backlog in the curriculum despite the ATP being trimmed. They didn't help teachers catch up to the ATP. Their ATP was consistently behind. Therefore, the SMT decided to use distance education to close the ATP gap. They must ensure no absenteeism in schools and that all teachers are showing up for their scheduled periods because their workload has decreased and the curriculum has been trimmed, leading one to conclude that the SMT still has many unmet expectations even in the absence of the expected document. Another issue differentiating School 4 from Schools 1, 2, and 3 was the absence of teachers due to illness. So, recovery plans and remote instruction were the most effective strategies for bridging the curriculum gap. The role of the SMT was to ensure that all educators who requested permission to leave early took learners' time. They must provide the SMT with the recovery plan and indicate the time frame. The SMT must monitor the recovery plan. Principals can't achieve mutual cooperation, emotional support, and personal growth independently, but they can do so by establishing a professional learning community. However, School 4's principal stated that some teachers disregarded their responsibilities for reasons that were only known to them.

5.3.1.7 The statistics of orphans affected by the pandemic

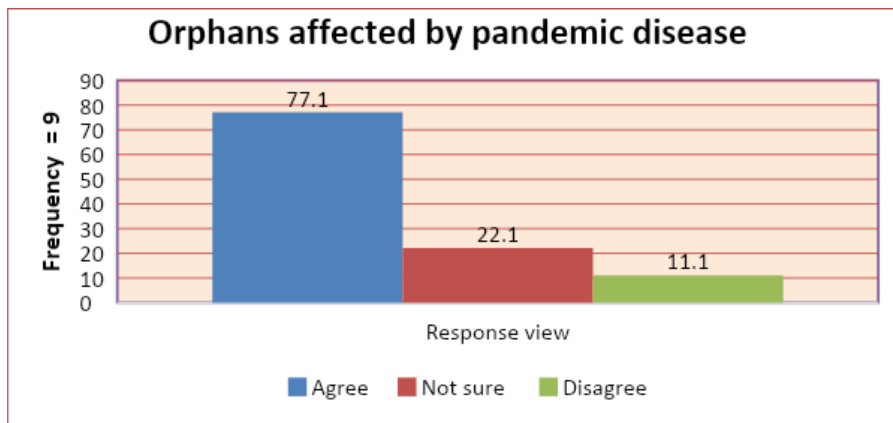


Figure 5.6: Orphans affected by pandemic– SMT

The respondents in the above table were given the following options and were asked to elaborate: "Disagree," "Agree," and "Not sure." The following figure presents the participants' responses to the statement that orphans impacted by pandemic diseases are less likely to receive a formal education. 6 (77.7%) agreed, 2 (22.1%) were uncertain, and 1 (11%) disagreed. Most respondents agreed with the statement and mentioned a lack of statistics on the number of orphans impacted by pandemic illnesses. Most respondents also stated that the school has general orphan statistics.

It was intriguing to learn that a teacher at School 1 mentioned not having statistics on learners who have been left orphaned by HIV/AIDS or COVID-19. The participant alluded to this.

“The number of learners who have been left orphaned by COVID-19 or HIV/AIDS is unknown to us” (S1T3).

One possible explanation could be the absence of collection and evaluation methods for this crucial data. According to Bhengu (2021:17), comprehensive data on HIV/AIDS orphaned children with 3.7 million orphans in South Africa, the majority of them lost their parents due to HIV/AIDS and other related illnesses. The study concluded that school administrators and teachers needed to make sure that information about HIV/AIDS orphans was known, meaning that it should be reflected in the policies.

In School 2, the participants indicated that the increasing number of orphans in the school system has become a severe complication of the pandemic disease. Many orphans orphaned by HIV/AIDS as well as COVID-19 diseases simply do not have the means to continue schooling,

having instead to find work and fend for themselves and, often, for younger siblings as well. Bhengu (2021:14) state that children do not have an opportunity for better training, which may offer them a better life. The response below is evidence of this situation:

“Most of our learners have dropped out of school” (S2T2).

The role of the SMT is to involve the SBST committee and the social worker from the department to assist in this situation.

The participant in School 3 reported that some children are often forced to drop out of school mainly because of financial reasons. Those who are attending school are frequently so traumatized by the effect of HIV/AIDS in their environment that they are incapable of using the opportunity to learn optimally. The participant highlighted that:

“We are Quintile 3; most of the learners we are teaching are orphans, and they are extremely impoverished, struggling at home and certainly going two or three days without food” (S3T1).

National School Nutrition Programme (2016:4) aims to enhance the educational experience of the neediest primary school learners by promoting punctual school attendance, alleviating short-term hunger, improving concentration, and contributing to general health development. The NSNP has since been earmarked as one of the government strategies to alleviate hunger and poverty in the communities. As the accounting officer and part of the SMT, the school principal will be responsible for the programme's overall management and ensuring its success. The school principal will identify and nominate an educator as an NSNP school coordinator to assume operational responsibility for the NSNP. The educator will supervise the programme's day-to-day activities, including receiving and recording stock and keeping updated records of all invoices, meals served, and the number of learners fed per day. The principal must ensure that they attend the training workshops.

The teacher from School 4 indicated that some orphans may be left alone at home to take care of their younger siblings or to assume the role of head of the family, according to the teacher from School 4. The findings demonstrated how vulnerable young children are to pandemic illness and how, as a result of the strain of caring for their siblings. According to Bhengu (2021:14), many orphaned children encounter the eminent reality of food insecurity, inadequate educational opportunities, material needs, inadequate psycho-social support, inadequate skills and knowledge, inadequate support with limited contact with extended family members, lack

of protection from abuse and exploitation, poor housing conditions and poor access to healthcare:

“We have learners who are heading their household due to the death of their parents”
(S4T3).

This finding aligns with previous research conducted by Bhengu (2021:14), who state that CHHs typically depend on assistance from third parties, people from their communities or outside their community. They rely on their families and households for physical, social and economic well-being and survival. Furthermore, children consider families and households as their most important social institutions and reference groups. However, the role of the SMT is to work hand in glove with the SBST and social development to assist these learners.

5.3.1.7.1 Summary of the findings

The data demonstrated that implementation is still a problem in each school. Given that statistics on CHHs and orphans are mandated for all schools. The statistics are not with them in School 1, as indicated by the teacher. The lack of statistics for the entire school is quite disappointing, and they are not doing anything to follow up on learners who dropped out of school in School 2.

The study concluded that SMT and teachers needed to make sure that information about HIV/AIDS orphans was available and devise a strategy for learners who dropped out of school to return to school, which should be included in the policy document, which is an indication that both schools (Schools 1 & 2) have no regard for the welfare of the learners entrusted to their care. Providing a child with a quality primary education increases their chances of success in life.

A child with a strong reading, writing, and basic math foundation is well-positioned to pursue lifelong learning. The circumstances are different since pastoral care is provided by the SMT of Schools 3 and 4. They know who the learners are heading their household.

5.3.1.8 Community engagement and education

The role of the community is crucial in supporting educational initiatives, especially in areas with low educational levels and high unemployment rates. Engaging the community in educational efforts can help destigmatise health conditions and support learners more

effectively. UNAIDS report (2023:17) state that we must teach staff to reject stigmatizing attitudes and provide non-discriminatory treatment, suggesting that educational initiatives should extend beyond the school to involve the broader community, addressing socio-economic factors that impact education. This aligns with the policy implementation theory, which recognizes external political, economic, societal, and cultural factors. Thajane and Masitsa (2021:1) highlighted that the principal's task is to ensure that all school policies are implemented accurately and continuously. The policy must be communicated to all who are interested in it. Schools are working to engage the community more actively in educational efforts, which include raising awareness about health issues and involving parents in school activities to address this challenge.

The response by one of the principals is evident in this approach. *"Parents were called and made aware of the expectation"* (S1P). The researcher concluded that organizations can lessen the possibility of incidents or errors brought on by a lack of knowledge about best practices or regulations by raising policy awareness. Furthermore, policy knowledge fosters an environment of accountability by making staff members aware of how their choices and actions directly affect the company's success. This finding is in line with the policy implementation theory of Mubarok, Zauhar, Suryadi and Setyowati (2020:34) that claims that if a policy wants to be effectively and efficiently implemented, the implementors not only have to know what to do and have the ability to carry out the policy but also have the intention to implement the policy. The success of policy implementation is determined mainly by the level of implementation of the policy itself, which consists of the content and context of the policy.

A principal of School 2 emphasised that orientation/ training and awareness of COVID-19 was critical, and the principal gave this to all stakeholders as they are the ones who are implementing the policy. It was supported by S2P, which clearly stated that they had done orientation/training with all stakeholders. The orientation or creation of awareness is another important aspect that should be enshrined in the policy document of schools. Burak (2022:34) indicated that awareness of COVID-19 is related to knowledge about COVID-19. There is a relationship between knowledge about COVID-19 and awareness in the context of protective behaviours. Therefore, it can be thought that primary school students' awareness of COVID-19 is related to their knowledge about COVID-19.

According to the principal of School 3, the circuit manager assisted the SMT in carrying out the training. The school principal hinted that support from external stakeholders, such as officials from the district office, also plays a vital role in the school. They are responsible for

supporting the schools in reaching collaborative goals. This statement is supported by Cibane (2020:9), who claimed that district officials must work collaboratively with school principals and educators to improve educational access and retention, give management and professional support, and help schools achieve excellence in learning and teaching.

5.3.1.8.1 Summary of the findings

The data showed that schools employ different views and approaches to ensure engagement and training. For example, School 1 alluded to the importance of parental involvement, while School 2 emphasized orientation, training and awareness of COVID-19. At School 3, the Circuit Manager is involved in training. These various approaches can be included in the policy documents as part of the implementation process.

5.3.1.9 Educator and learner absenteeism

The educator's high rate of absenteeism due to the impact of the HIV/AIDS pandemic affects learner's performance. The cost of employee absenteeism in South African companies was enormous; according to Vidal, Hinson and Bartolini (2023:1), school closures during the COVID-19 pandemic signified a turn in education. During the 2020-2021 school year, school attendance rates dropped significantly compared with previous years, and absenteeism was more severe in school districts closed for in-person instruction than those that remained open during the pandemic. Some parents choose not to notify the school of their children's absences. The researcher observed that all four schools have systems to control absenteeism. Learners' attendance registers were controlled by teachers daily, and learners who missed even a single day were expected to send a letter to the institution explaining their absence. Suppose the learner does not have a letter from the parent explaining why the learner was absent from school. The parent is expected to fill out Form 1. Understanding that compulsory school attendance is an essential part of the Education policy. Every principal must understand how important it is to maintain control over absences. The school principal must ensure that learners receive what they come to school for. According to the Government Gazette (1999:6), any person who, without sufficient reason, withholds a learner subject to compulsory school attendance from attending school is guilty of an offence and a conviction to a fine or prison sentence of no more than six months. If they take more than three days off, they must provide

a letter from their doctor if they take fewer than three (3) days off. They still have to complete leave application forms. To make up for lost time, they must bring the recovery plan.

The principal of School 1 emphasised that the absenteeism of educators was due to comorbidities.

“The educators who are absenting themselves from school. It was due to health conditions, such as high blood pressure” (S1P).

The data from the School 2 principal revealed that learners who are infected and affected by HIV/AIDS find it challenging to attend school regularly. This statement is supported by Zinyemba (2018:46), who claimed that HIV-infected children attended fewer school days.

“The learners who are infected/affected by HIV/AIDS find it difficult to attend school regularly, especially learners whose parents are terminally ill, or who have died recently” (S2P).

The response by the principal in School 2 is that the responsibility of adulthood is placed on the shoulders of the children because they have to look after their younger brothers and sisters; learners end up becoming parents. According to Bhengu (2021:14), a CHH is a household where both parents or an alternate adult caregiver/s is/are permanently absent, and the person responsible for the day-to-day management of the entire household is less than 20 years of age. Children need particular protection because they are the most vulnerable members of society; they depend on parents or families for protection and the state if the family dies, emphasising that even though the children have lost their parent(s), that does not mean that the law does not protect them. The living conditions of children in CHHs are deplorable; they lack access to necessities, and some do not even complete their matric. According to the Children’s Act (2005:22), everything we do must be in the child's best interest. It also explains that the child's best interest standard is paramount in all matters concerning a child's care, protection, and well-being. Therefore, the SMT should involve social development and request them to assist these learners with a grant.

The principal of School 3 indicated that learners who are affected and infected by HIV/AIDS must be treated the same as other learners, in other words. There should be no infringement on their rights.

“Learners who are affected/infected by HIV/AIDS are treated the same as other learners with special needs, unless they are experiencing serious problems which are influencing their schoolwork, or they are not doing the work at all” (S3P).

Because they are taking on their parents' responsibilities, one could argue that they cannot handle the circumstances at home. There will be uneducated children in the future. According to Bhengu (2021:41), every child has the right to be informed about their rights, how they should utilise them, and the children in CHHs. The school policy does not cater for CHHs. The SMT must review the policies and ensure that they cater for CHHs.

The data collected in School 4 indicated that some educators skipped work during COVID-19 because they feared contracting the disease. It is the duty of the SMT to make the educators aware of the risks involved if they are not taking care of themselves. The SMT must also disinfect the school after every case. Burak (2022:34) state that awareness of COVID-19 is expressed as adopting and showing behaviours to protect oneself and others from the disease.

“A few educators have chosen to skip work because they fear they could contract COVID-19” (S4P).

5.3.1.9.1 Summary of the findings

Upon scrutinizing the data from all four cases, it became apparent that most schools could detect the absence of both learners and educators. The data showed that most educators were absent from school because they had comorbidities, and their doctors booked them off. Learners who are affected by HIV/AIDS are struggling to attend school regularly because they are unable to balance the work at home and the school work, as cited by one principal: *“Learners who are affected by HIV/AIDS are struggling to cope. They do not do their homework as expected”*. The data showed that they not only miss school but they are struggling to complete their assignment. The school management must support these learners. They must teach them separately after seven hours to be on par with what was done in the classroom.

5.3.2 Category 2: Obligations of School Management Teams

The responses are categorised under various themes, reflecting the roles and responsibilities of different members of the SMTs, as well as the impact of HIV/AIDS and COVID-19 on school operations. The following are critical themes revealed by the responses of all SMT members and educators regarding their obligations to ensure the successful implementation and monitoring of pandemic policies.

Table 5.11: Summary of Category 2

Category 2: Obligations of SMT	<ul style="list-style-type: none"> • Distributed leadership practices in pandemic policy monitoring
	<ul style="list-style-type: none"> • Impact of HIV/AIDS and COVID-19 on education
	<ul style="list-style-type: none"> • Policy implementation and awareness
	<ul style="list-style-type: none"> • SGBs role

5.3.2.1 *Distributed leadership practices in pandemic policy monitoring*

A principal plays a central role in overseeing various committees, including health and safety, discipline, and pandemic response (COVID committee). According to the PAM document (1999:8), the principal serves on recruitment, promotion, advisory and other committees as required. Their responsibilities include ensuring policy implementation, maintaining discipline, and orienting parents about health and safety protocols. According to the DBE (2022:11), schools must prepare to take the steps necessary to prevent the spread of COVID-19 among their learners and staff, should health officials identify the need. However, the principal's involvement in these committees is supervisory rather than operational, as they do not directly run all the committees.

Heads of Departments (HoDs) and deputies are integral to the distributed leadership structure. They are responsible for various committees, such as the SBST (School-Based Support Team), COVID, and disciplinary committees. All committees must work together to reach the goal of the school. According to SIAS (2014:14), one of the critical functions is coordinating all learners, teachers, curriculum, and school development support in the school. They need to identify learners with barriers collectively. They must refer those learners to the SBST committee.

The data shows that the principal in School 1 practices the distributed leadership approach because he delegates some of his management duties to educators. The act of transferring accountability and authority to another person is known as delegation of responsibilities. According to Manundu, Mulwa and Mwanza (2022:352), school principals, as managers, confront various obstacles in their roles. They are under constant pressure from swiftly changing external and internal settings, as well as the demands of a global economy that is constantly changing. As a result of these pressures, management must now generate competent teachers who can compete effectively. Due to these pressures, principals delegate their duties

and obligations to other members of the school personnel. In terms of distributing pandemic policy responsibilities to other members of the SMT, or even educators, the data showed that the principals of the three schools (S1, S2 & S3) practised distributed leadership because they involved the educators and ensured that they supported the educators to run these committees successfully; meanwhile, the principal of School 4 (S4) does not support the team and is not practising distributed leadership.

“I am an overseer of the committees, and I do not run all the committees” (S1P).

The data at School 2 shows that the principal oversees and controls his institution's extracurricular and coeducational programs. He ensures educators and learners are represented on the COVID-19 and health and safety committees. The principal cited, *“As a principal, you are in all those committees...”* (S2/P). This statement indicates that the principal of School 2 plays a vital role in terms of involvement on pandemic committees. Co-curricular activity planning should be evenly divided among all teachers based on their areas of interest. This finding supports Sarwo, Lian and Rohan (2021:325), who state that the school committee is a collection of several community leaders whose members come from different circles in the interests of improving the quality of education in schools.

The data collected from the principal of School 3 revealed that delegation in his school increases subordinates' sense of accomplishment and self-worth because it is much more fulfilling for them to recognize and celebrate their work than for someone else to carry out their plan. This finding is supported by Sarwo, Lian and Rohan (2021:325), who states that the purpose of the school committee's existence is not only to provide input or consideration but the school committee also has a role and function to carry out its duties in advancing the school and actualizing it in the community. All members of the management are responsible for different committees. The principal relies on them to run those committees smoothly.

“Each HoD will have certain committees that they are responsible for...She knows what we have as a school and she is also responsible for the safety thereof. All HoDs are the co-ordinators of these committees” (S3P).

The findings showed that although members are responsible for different committees, it was not indicated that it is linked to the pandemic policies.

The data showed that the principal of School 4 has not been very involved in distributing the roles to the rest of the SMT. The data also demonstrated that the committee are not functional, as can be seen by the following comment:

“Our committees are not functional. Only a few committees by dedicated teachers are functional” (S4P).

5.3.2.1.1 Summary of the findings

The data shows that every school has a different management style and how they implement and monitor the pandemic policies. The first, second, and third school principals practice distributed leadership. They acknowledge and consult their staff members because poor task delegation can cause stress, mistrust, resentment, low morale, excessive work, and a delay in the staff member receiving the assignment. According to Shvuka (2020:2), teacher morale can positively affect learner behaviour and learning; raising teacher morale levels makes teaching more pleasant for teachers and makes learning more pleasurable for the learners, creating a favourable learning environment. In School 4, the situation is different because the principal does not encourage the teachers to participate in extracurricular and co-curricular activities as expected, as the job description for the principal specifies in the PAM document.

5.3.2.2 Impact of HIV/AIDS and COVID-19 on education

The responses indicated a perceived decline in the focus on HIV/AIDS in education, with a need for more engagement and support for affected learners. The responsibility often falls on specific committees like the SBST, but there is a general sense that more could be done to address this issue in schools. SIAS (2014:35) state that all teachers must assist learners with barriers, and they must take care not to label learners who are identified for additional support. Schools have implemented various health protocols to protect staff and learners from COVID-19, including hand and respiratory hygiene practices, social distancing, and limiting crowding. The SMT should oversee these measures and involve the entire school community. DBE (2022:26) state that learners must always spread out within the available space. Classroom windows and doors should always be open to maintain good ventilation. The responses from the educators paint a bleak picture of the support provided.

For instance, a teacher at School 1 acknowledged that not much is done to help impacted and infected students. To escalate the problem, the teacher is unaware of the statistics regarding the learners under their care.

"There is not much that we are doing at a school and the committee, but there are cases that we know of" (S1T3).

A teacher from School 2 brought up the issue of the lack of support in her response. This data demonstrates that schools are falling short of expectations regarding following the guidelines and fitting the job description. The job description makes it quite clear that the educator's role is to support the department head in identifying areas that need extra care and helping to fix them. Our educators are not fulfilling their duties.

"We are not providing enough assistance to learners who are affected and infected by HIV/AIDS" (S2T1).

A teacher at School 3 raised the concern that, due to a lack of statistics, they are unable to identify students with HIV/AIDS impacts.

"Due to a lack of statistics and parental denial, we are unsure of the precise number of impacted and infected learners. Therefore, it is difficult to identify the impacted and infected learners" (S3T2).

In School 4, the teacher indicated no statistics available on learners affected and infected by the pandemic.

"No statistics of learners who are affected and infected by the pandemic disease" (S4T4).

5.3.2.2.1 Summary of the findings

According to the data collected at the participating schools, there are similarities in terms of support to learners between the four schools. The information gathered showed that neither the SMT nor the educators knew how many learners in all four schools were infected and affected by HIV/AIDS or other pandemic diseases. According to the DBE (2022:34), all school-level activities should be coordinated by the School-Based Support Team (SBST) and the Integrated School Health Team (ISHT) of the Integrated School Health Programme (ISHP) under the direction of the principal or a designee. These committees should have SGB representatives on them, considering that the policy makes it apparent what must be done by the school at the principal's direction. It raises the question of why educators aren't doing their jobs well. The job description clarifies that teachers are responsible for each student's general and academic well-being under their care.

5.3.2.3 School Governing Body's role

The SGB plays a crucial role in policy development, including policies related to HIV/AIDS and COVID-19. According to SASA (1999:20), the SGB has to develop and adopt the constitution and policies. They lead the process and ensure these policies are implemented comprehensively and effectively. The DBE (1999:22) highlighted that the principal or the head of a school is responsible for the practical implementation of this policy at school. These results provided an approach to managing school health crises, with distributed leadership practices ensuring that various policy implementation and crisis management aspects are addressed. While there is a structured approach to dealing with pandemics, the effectiveness of these strategies largely depends on the collaborative efforts of the entire school community, including SMTs, teachers, non-teaching staff, learners, and parents.

According to DBE (2022:26), schools or school halls should not be used for church services, funerals or non-school activity to minimise school facility contamination and observe the social gathering restrictions. The need for ongoing education, training, and awareness, particularly regarding HIV/AIDS, is also evident. This comprehensive approach is crucial for creating a safe and supportive learning environment during health crises. Learners and students must receive education about HIV/AIDS and abstinence in the context of life-skills education on an ongoing basis (DBE, 1999:6). Additionally, the DBE (1999:16) state that all learners, students, educators and other staff members, including sports coaches, should be given appropriate information and training on HIV transmission, the handling and use of first-aid kits, the application of universal precautions and the importance of adherence universal precautions.

5.3.3 Category 3: Execution of Roles by School Management Teams

The Execution of Roles by School Management Teams is a report on the execution of roles by SMTs for distributed leadership practices and managing pandemic policies, explicitly focusing on HIV/AIDS and COVID-19. The analysis revealed an adaptive approach by SMTs in handling health crises. The emphasis on distributed leadership showed the collaborative effort in policy implementation and crisis management. Focusing on emotional support and practical measures in pandemic policies reflects a holistic approach to educational management. Continuous training, policy review, and adaptation to changing circumstances are crucial to ensuring effective responses to these challenges. The school's efforts in managing both

HIV/AIDS and COVID-19 demonstrate a commitment to maintaining a safe and supportive educational environment amidst ongoing health challenges. The following are critical themes revealed by the responses of all SMT members and educators. The following are crucial themes revealed by the responses of all SMT members and educators.

Table 5.2: Summary of Category 3

Category 3: Execution of SMT roles	<ul style="list-style-type: none"> • Distributed leadership practices
	<ul style="list-style-type: none"> • Pandemic policies
	<ul style="list-style-type: none"> • Monitoring and execution of roles
	<ul style="list-style-type: none"> • HIV/AIDS and COVID-19 education GBs role

5.3.1.1 *Distributed leadership practices*

The importance of distributed leadership in managing school activities, especially during pandemics, is unanimously recognized. This approach allows for delegating responsibilities, ensuring the workload is evenly distributed among staff members. Sol (2021:78) highlighted that If leadership responsibilities are to be distributed, it is vital that ongoing professional development or capacity building is provided to those who are less experienced or new to the tasks. It facilitates the growth and development of subordinates by involving them in various managerial tasks. This strategy is not only crucial for the smooth running of the school but also for empowering educators and preparing them for future leadership roles. Sol (2021:79) state that the recognition and utilization of skills and expertise of potential individuals, even if they do not hold formal leadership positions, will enhance a sense of shared responsibility within schools. The concept of distributed leadership within schools is broadly understood as a democratic and inclusive approach. School leaders view it as an opportunity for all members to take on leadership roles regardless of their position. Ali and Yangaiya (2015:165) state that distributed leadership is beyond a single talented and influential leader who changes an organization; it is a stage where the leadership is stretched and shared with most organizational members for the betterment of the organization.

Caldron (2023:2) emphasised that distributed leadership is based on the idea that all members of an educational community contribute to the school's success instead of depending on the central leader. Additionally, Khun (2022:2) indicated that distributed leadership shares

responsibility, accountability, and authority across the team by empowering those with the knowledge, skills, and expertise to participate in crucial decision-making that influences the overall strategy and goals of the institution. This approach is particularly evident in managing pandemic-related policies, where responsibilities are delegated across various committees and staff members. For instance, the School-Based Support Team (SBST) significantly addresses health challenges, highlighting the collaborative effort in managing health crises. In other schools, distributed leadership is not implemented.

The principal of School 1 demonstrated that they acknowledge distributed leadership practice as a means of equipping teachers with knowledge and abilities. Additionally, according to him, it enhances school communication.

S1P's response state that the principal assigns some of the responsibilities to the subordinates so they can carry them out.

"It's very much important because it allows all your subordinates to develop and grow." Additionally, for me, distributed leadership should be understood in the context of a democratic participation in an organisation."

The aforementioned statement demonstrated that issues like assigning authority, power, and responsibilities to lower-level staff members were part of the empowerment of teachers.

By giving them some of the responsibilities, the principal of School 2 acknowledges the potential of the educators.

"In distributed leadership each member of the SMT will be playing a particular role for the benefit of the institution as a whole. Additionally, a school is such a huge organization for one to run alone."

It was interesting to note that the issue of distributed leadership was referred to in general and not specifically in terms of how it has been applied in implementing and monitoring the pandemic policies.

In his response, the principal of School 3 emphasized that the foundation of any organization is delegation. Delegation not only increases the capacity of educators but also reduces the management load.

"In our school, delegation is key because educators possess different strengths. It's a way of capacitating educators across levels so that they can also experience some of the managerial tasks that has to be performed by SMT" (S3P).

Literature indicates that delegation is vital to management and harmony in the school. The importance of delegation in school management is so great that it serves as the cornerstone of the institution. School managers must assign some of their junior staff members responsibilities and duties to give them the time to focus on more crucial and urgent matters. Sol (2021:74) stresses that better school leadership needs to involve multiple leaders who take leadership roles across

The delegation issue is inapplicable since the principal of School 4 displays a lack of trust towards his subordinates. It seems that he does not understand the concept of distributed leadership.

“Certain educators fail to meet expectations when assigned a task. I am therefore a perfectionist. I like to handle things independently. I’ll assign smaller jobs to others”
(S4P).

This may be because the principal does not recognise the potential of educators as stated in the distributed leadership. Sol (2021:76) state that distributed leadership improves decision-making when more people with different backgrounds, experiences, skills, and expertise get involved.

5.3.1.1.1 Summary of the findings

According to the data obtained, delegation is practised at Schools 1, 2, and 3. The principal of School 4 has stated that he would instead handle matters independently, which is where things differ. This principal's feedback demonstrates a lack of faith in the skills of other SMT members. According to the Standard for Principals (2014:14), the principal is to set an example for the school by modelling the principles and mission in their day-to-day operations. Additionally, Manundu, Mulwa and Mwanza (2020:351) indicated that delegation assigns any responsibility or authority to another person, generally from a manager to a subordinate, to carry out specific activities. One of the fundamental ideas of management leadership for school managers is delegation. Without delegation, it is impossible to accomplish the goals and objectives of the school on one's own. It is debatable whether delegation can somewhat affect teachers' motivation, which could affect their performance positively or negatively.

5.3.2 Pandemic policies

For HIV/AIDS, the policies are acknowledged as relevant and addressing current societal challenges. However, there is a consensus on the need for these policies to be reviewed and updated to reflect the evolving nature of HIV/AIDS-related challenges. Regarding COVID-19, the policies focus significantly on moral support and acceptance alongside practical measures like ventilation and air conditioning. Ensuring proper classroom ventilation is a commonly adopted strategy, reflecting the practical measures taken for safety and health compliance. Some of the goals of COVID-19, according to DBE (2022:10), were to assist administrators of regular and special primary and secondary schools in stopping the virus from spreading among students, teachers, support personnel, and officials. Furthermore, it assists educational institutions in comprehending the necessary actions to take if a COVID-19 case is discovered.

5.3.3 Monitoring and execution of roles

The monitoring of the implementation of the pandemic policies emanated as a critical responsibility of the SMTs. They should ensure that all team members adhere to these policies and keep the conversation about relevant issues active. This continuous monitoring is essential for effectively managing the virus and other health-related challenges in schools. Specific tools have been developed for monitoring COVID-19 cases, which include tracking learner absenteeism and managing ground duties. These tools are essential for structured approaches to tracking and managing the pandemic's impact on the school community. The principal and the rest of the SMT must ensure constant monitoring in his school. DBE (2022:16) supports this statement, which state that school administrators must take steps to prevent or slow the spread of all infectious respiratory diseases, including COVID-19. Childcare facilities and schools must be COVID-19-free zones. Learners must always spread out within the available space in any area where they assemble for extracurricular, academic, or other activities. To keep proper ventilation in the classroom, windows and doors should be open at all times. When available, fans can be used to circulate air in addition to open windows. DBE (2022:25) highlighted that Schools play an essential role in the efforts to control the spread of COVID-19. Having natural ventilation in school buildings ensures all windows and doors are left open during the school day.

The principal of School 1 emphasized the necessity of monitoring HIV/AIDS covered in the curriculum in addition to COVID-19 and further suggested that:

“Yes, there is that need, more especially in life orientation subject. I want to believe that it also addresses the same topic, but it needs to be monitored whether we are doing justice to the topic relating to HIV/AIDS or any pandemic.”

This created the idea that curriculum monitoring in the subjects related to the pandemic is not receiving the attention it deserves, according to the second statement of the principal’s response. He does not confirm that they are monitoring the HIV/AIDS topic. He indicated that monitoring HIV/AIDS needs monitoring, and this will assist them as a school to check whether they are doing justice or not.

School 2's principal stated that there is inadequate supervision at their institution.

“To be honest, we don’t supervise it, but it was necessary to supervise them because supervision is part and parcel of monitoring” (S2P).

The reason may be that the principal leaves all the responsibility of supervising the HoDs and does not request them to submit the monthly report and do random checks as a principal so that he must be on par with what is happening in the school.

School 3's principal emphasized that monitoring is a prime concern at their institution.

“Yes, we monitor the implementation of pandemic policies” (S3P).

The analysis of the school documents confirmed this. The documents showed that the management plan has the monitoring dates of the educators and the activity to be monitored monthly. I have analysed the deputy principal management plan as well as the HoD’s management plan for control. Each management plan has feedback dates for teachers to grow and improve if the educators do not submit the plan. I have analysed the template for activities that are lagging. The educator is expected to set the submission dates and adhere to them.

The principal of School 4 agrees that monitoring is done, albeit insufficiently,

“Yes, even though I feel we are not doing enough as expected” (S4P).

This finding suggests that they do not do as expected by the PAM document. PAM (2016:2) clearly state that the supervisor's duty is to guide and supervise the work and performance of staff where necessary, as well as to discuss and write or countersign reports.

5.3.3.1 Summary of the findings

Most respondents in all groups generally agree that HIV/AIDS education is necessary. This oversight is done to make sure teachers are following the curriculum and covering the subject matter correctly. Because of the consistent monitoring, we could identify similarities between the schools, namely Schools 1, 3, and 4. Ntoyanto (2015:21) state that monitoring is a continuous activity that systematically collects the data of a process/programme within specified indicators to provide management and stakeholders of an ongoing development intervention with indications of the extent of progress and achievement. Additionally, Allan, Ndunangu and Bommet (2015:11) highlighted that Monitoring is a means of gathering information. Various activities are monitored and evaluated in the day-to-day teaching and learning process. These include teacher preparation documents, the physical attendance of classes by teachers and students, and students and teachers reporting time. Even though School 4's principal emphasized that monitoring is insufficient, they are nevertheless doing so. However, at school number two, things are different because the principal said they are not monitoring at all. The principal who is not monitoring makes the policy unworkable and does not contribute to teacher development. In such a school, teachers are demotivated.

5.3.4 Category 4: Strategies Employed by School Management Teams

This section presents a thematic analysis of the strategies employed by SMTs in response to the challenges posed by pandemics, particularly HIV/AIDS and COVID-19. The study is based on responses from school principals and deputy principals regarding their roles, policy changes, and implementation strategies. The results revealed that SMTs have employed various strategies to manage the challenges posed by pandemics effectively. The emphasis on distributed leadership, policy adaptation, systematic monitoring, and effective communication underscores some schools' proactive and responsive approach. While there are areas for improvement, particularly in policy dissemination and educator training, the overall strategies reflect a commitment to maintaining educational continuity and ensuring the health and safety of the school community amidst ongoing health crises.

Table 5.13: Summary of Category 4

Category 4: Strategies utilized by school management teams in the implementation and monitoring of school-based pandemic policies	<ul style="list-style-type: none"> • Policy amendments in response to COVID-19
	<ul style="list-style-type: none"> • COVID-19 compliance and monitoring
	<ul style="list-style-type: none"> • Implementation of pandemic-related policies
	<ul style="list-style-type: none"> • Training and preparedness
	<ul style="list-style-type: none"> • Communication of policies
	<ul style="list-style-type: none"> • Remote learning and attendance management
	<ul style="list-style-type: none"> • Document analysis: Various school management documents

5.3.4.1 Policy amendments in response to COVID-19

The literature indicates that schools have adapted their policies to reduce the transmission risk of COVID-19. Amendments include changes to sports and pregnancy policies, establishing unique isolation rooms, and modifications to health and safety protocols. According to NDP (2020:4), while isolation serves the same purpose as quarantine, it is reserved for those already sick and/or tested positive for COVID-19 infections. Still, it does not require hospital admission for medical care. One of the principals indicated that they had to amend the finance policy. Financial policies were also adjusted to allocate funds for essential items like sanitisers and cleaning materials. These changes reflect the schools' agility in responding to evolving health guidelines and ensuring the safety of students and staff. The data revealed that the majority of schools made changes to their policies. For instance, one school changed its finance policy to include procurement. The data collected further revealed that a pregnancy policy was also modified considering in light of data gathered from schools, and a health and safety policy was modified to include COVID-19.

Furthermore, according to Hoadley (2023:6), "curriculum trimming" for the Revised Annual Teaching Plans (ATPs) was completed in May 2020. The DBE started reducing the ATPs before the June 2020 reopening of the schools following the initial lockdown. In Circular S2 of (2020:2), Everything was done in line with the Curriculum trimming and re-organisation; the assessment was aligned to ensure that only critical points in the learning process were assessed summatively, while formative assessment was emphasised to ensure that core

concepts and skills are mastered. Additionally, circular S2 further explained that the trimming and re-organisation of the curriculum are designed to accommodate the impact of COVID-19 and are, therefore, an interim deviation from the original curriculum. These interim changes will only be implemented in 2020, and schools must revert to the original curriculum in 2021.

At School 1, the deputy pointed out that no policy was amended:

"No policy was amended" (S1DP1).

The situation at School 2 was slightly different, with the deputy principal at School 2 highlighted that only two policies were amended:

"We amended the Sports and Pregnancy policy – because they were deemed high risk" (S2DP1).

This is a sign that principals were aware that pregnancy puts one at risk of severe illness as compared to people who are not pregnant. According to Jackson, Brawner, Ball and Crossley (2023:2), pregnant women were initially considered at moderate risk of severe illness and advised to 'shield' (remain at home unless seeking urgent medical care or medical attention for the birth of their baby, or feeling danger).

"The COVID-19 pandemic cost the Department of Education a lot of money" (S2DP1).

Schools were recommended to use some of the funds from the school budget to pay for supplies like cleaning materials, disinfectants, and sanitisers. Suppose the budget for the school was not depleted to pay for these. It implies that the school intended to endanger the lives of all parties involved.

The financial situation at School 3 was adjusted to comply with the COVID-19 regulations.

"Finance policy was amended so that we can procure our sanitisers cleaning materials" (S3DP2).

The deputy principal indicated that there was an addition to the existing policy of Health and safety in School 4.

"COVID-19 was an addition to the existing policies; the health and safety policy was always there" (S4DP1).

5.3.4.1.1 Summary of the findings

Comparing and contrasting the case study findings makes it clear that COVID-19 impacts the school's management team. Upon thoroughly analysing the data about all four cases, specific patterns of similarity and difference became apparent. School 1's principal stated that no policies had been changed. The following policies were amended in schools two and three: the sports policy, the pregnancy policy, and the finance policy. The primary goal of the finance policy amendment was to procure sanitisers, clean materials, and disinfection. This finding aligns with the health protocol set by standard operating procedures. DBE (2022:41) state that for COVID-19, each area of the school must be cleaned and disinfected at least twice daily, according to an appropriate schedule. The principal of School 4 stated that the COVID-19 policy was an addition to the current health and safety policy.

5.3.4.2 COVID-19 compliance and monitoring

The appointment of COVID-19 compliance officers and the implementation of monitoring tools indicate a structured approach to pandemic management. These officers, often deputy principals, oversee the adherence to COVID-19 protocols. Monitoring tools track COVID-19 cases, manage absenteeism, and ensure adherence to safety measures during breaks.

This systematic approach is essential in maintaining a safe school environment.

The deputy principal of School 1 is a compliance officer, according to the HoD. She makes sure that everyone in the schoolyard follows all the rules. Every classroom has the golden rules, which students should be reminded of daily by their teacher. The deputy principal and the rest of the committee must ensure that there are buckets in front of each classroom where students may wash their hands both before and after using the restroom. S1HoD1's response was:

"One of the deputies is the compliance officer. She is also responsible for monitoring of COVID-19 and HIV/AIDS."

The principal of School 2 says that there is a compliance officer at the school. The officer will be at the school gate and check everyone before they enter the schoolyard. He will also keep all visitors' registers when there is a case. The school must know who visited the school, and they will make a follow-up. S2HoD2's response was:

"Yes, we do have the officer who ensures that everyone in the school is obliging."

The HoD from School 3 indicated they do not have a compliance officer.

The response of the HoD at School 4 emphasised that they have a programme to monitor learners during breaks and school hours for those teachers who have free periods:

"We do have a supervision programme during breaks and during school hours. But I wouldn't say it was specifically to curb the issues related to COVID-19, and the compliance officer is responsible for the programme."

This finding shows that the school is taking precautionary measures to ensure everyone is safe in the schoolyard.

5.3.4.2.1 Summary of the findings

It is evident from the findings that compliance and monitoring are done differently at the four schools. After carefully examining the data from each of the four cases, some similarities and differences were discovered under this theme. The results showed that Schools 1, 2, and 4 have a management person, a compliance officer, who ensures that staff abides by COVID-19 guidelines. There is a monitoring program available during school hours and breaks. The feedback provided above makes it quite evident that the schools are implementing and monitoring, especially regarding COVID-19. The SMT of the schools provides excellent leadership, and they observe distributed leadership practice.

5.3.4.3 Implementation of pandemic-related policies

The implementation of policies related to pandemics like HIV/AIDS and COVID-19 is facilitated through distributed leadership. Committees such as the SBST are important in disseminating information and ensuring compliance with these policies. The success of the COVID-19 policy implementation is attributed to measures like teaching fewer learners per classroom, which allowed for individual attention and adherence to social distancing guidelines. DBE (1999:17) states that every education department must designate an HIV/AIDS Programme Manager and a working group to communicate the policy to all staff, to implement, monitor and evaluate the Department's HIV/AIDS programme, to advise management regarding programme implementation and progress, and to create a supportive and non-discriminatory environment. Additionally, Mudaly and Mudaly (2021:111) state that

the DBE had elected to absolve itself from decisions about how the education sector would manage the pandemic because of sparse information about the effects of the virus on children. According to the principal of School 1, distributed leadership is being applied to guarantee that all parties involved are informed of the policy and that they are adhering to it so that monitoring and implementation runs smoothly.

"The leader can use the different leaders in different departments to ensure that they deliver and convey the information in the policy" (S1P).

At School 2, they work hand in glove because they collaborate closely with the COVID-19 and health and safety committee coordinators; the SBST committee at School 2 can operate effectively. S2P indicated that

"As a school, we have a committee called SBST; within the very committee, we have COVID-19 co-ordinator, and we also have the safety co-ordinator."

The role of the COVID-19 co-ordinator is to ensure that everyone adheres to the policy and is safe, while the role of the safety coordinator is to ensure that the school environment is kept clean. All learners are washing their hands. The DBE (2022:19) states that there is regular communication with parents via newsletters, telephone, bulk SMSs, emails, etc., to minimise meetings/gatherings with parents. Class-based parent meetings may proceed subject to strict adherence to non-pharmaceutical interventions such as hand hygiene, regular sanitation of commonly touched surfaces, wearing non-surgical face masks, and maintaining good ventilation.

The principal of School 3 claims that the coordinator is performing at the highest level.

"The co-ordinator of the health advisory committee is actively involved in ensuring that everyone adhered to the rules. He gives feedback to the SMT and staff on a weekly basis in the briefing session" (S3P).

This approach is endorsed by DBE (2022:19), which states that strict access control measures are established, including the signing of a register by all visitors; all visitors wear a face mask and sanitise their hands at the entry point; all visitors report to the reception area before they go to the administration block.

In School 4, the principal indicated that HIV/AIDS is no longer topical:

"HIV/AIDS is no longer topical" (S4P)

It's possible that some principals no longer find HIV/AIDS to be relevant in light of considering the emergence of COVID-19. The principal had shifted his attention from HIV/AIDS to COVID-19. He failed to consider the fact that both society and the employees are still at risk from HIV/AIDS. What he meant to say is that HIV/AIDS is no longer a hot topic. It implies that they don't even care about who gets sick and is impacted by the illness.

5.3.4.3.1 Summary of the findings

Drawing comparisons and contrasts between the four cases makes it clear that the management recognized the importance of implementing HIV/AIDS and COVID-19 policies at their schools. Upon meticulous analysis of the data from all four cases, certain similarities and differences were observed. Schools 1, 2, and 3 favour distributed leadership and use various committees to execute COVID-19 and HIV/AIDS protocols effectively. In School 4, the COVID-19 pandemic policy was successfully implemented, and all teachers received training to combat the spread of the disease. It was interesting to note that the topic of HIV/AIDS was no longer relevant at School 4. Furthermore, this school does not possess a copy of the policy. Therefore, it implies that we should have lower expectations for implementing the policy.

5.3.4.4 Training and preparedness

According to the DBE (1999:16), all learners, students, educators, and other staff members, including sports coaches, should be given appropriate information and training on HIV transmission, the handling and use of first-aid kits, the application of universal precautions, and the importance of adhering to universal precautions. Training sessions conducted by the DoE and other institutions have equipped educators with the necessary knowledge to handle pandemic-related challenges. However, there are gaps in training, particularly from the DoE, indicating a need for more comprehensive and systematic training programs.

The teacher at School 1 claims that the DoE provided training on HIV/AIDS to educators.

“Educators were trained about HIV/AIDS” (S1T1).

The teacher at School 2 concurred, saying that they have received training on HIV/AIDS and are utilizing LO teachers to convey the information to the students. The response by S2T1 highlighted that:

“Yes, the department has done a tremendous job in training educators on how to integrate HIV/AIDS topic in the development of ATP IN Life Orientation and Life Skill.”

The school's third teacher said she would not refer to that as training because it was merely a casual gathering where they received reading materials. While S3T3 indicated that

“Teachers were taken for orientation. I would not call that training. We will gather as much as possible to read for ourselves and prepare ourselves for the coming of learners.”

The teacher at School 4 claims that there was no training:

“No, we were never trained like I said, it was only the Department of Health. If you are not briefed and trained in that area” (S4T2).

5.3.4.4.1 Summary of the findings

The data analysed in the four cases revealed some interesting similarities and differences. The DoE provided training to the principals, who were expected to share information with the teachers. The educators received COVID-19 training from the principals of Schools 1 and 2. The conditions at Schools 1 and 2 are similar in that they also mentioned receiving training, and the DoE did an excellent job of preparing teachers. According to the Association for the Development of Education in Africa (ADEA) (2022:26), there is a need to invest more resources in teacher training to enhance pandemic-coping mechanisms, reverse learning losses, and build back better in the education system.

In contrast, Schools 3 and 4 reported that there was no training at all. One teacher even said that she would not classify it as training because copies of the material were given for them to peruse independently. The SMT of this school has demonstrated poor practice.

5.3.4.5 Communication of policies

Effective communication strategies are employed to disseminate policies related to HIV/AIDS and COVID-19 to learners, educators, and parents. These include assemblies, staff meetings, and parent meetings. However, there are inconsistencies in how these policies were communicated, with some schools lacking a clear dissemination strategy. One of the

participants in School 1 highlighted that. According to the DBE (2022:17), principals are responsible for ensuring that all learners are informed about the latest measures to stop the COVID-19 virus from spreading. If a parent or caregiver, teacher, support staff, or student has been in close contact with an infected person or is diagnosed with COVID-19, they must notify the DoE immediately.

The second deputy principal of School 1 said that since they communicate frequently with both SGB members and staff, the communication is good.

“Regular face-to-face group discussion, in other disciplines, is called group therapy.”
(S1/DP2).

According to School 2's deputy principal, subject integration is vital in their institution:

“We use Life orientation educators and language educators. Normally, language educators will use comprehension based on HIV/AIDS” (S2DP1).

This is a good practice because it indicates integration between subjects and shows that educators support one another to ensure learners have a broader knowledge of the concept across the curriculum. The deputy principal makes it evident that the principal doesn't communicate with his staff, which makes the situation in schools three and four saddening. He functions independently and does not require the assistance of the SMT to carry out and monitor the school-based pandemic policy.

In School 3, the deputy principal said that their school doesn't involve them in decision-making.

“In my school, we have a communication breakdown. Our principal does not involve us” (S3DP1).

A disadvantage of this lack of communication is that the principal uses an autocratic rather than a distributed leadership style. He does not trust the capability of his staff members.

The same situation is experienced at School 4, as the deputy principal claims there is no communication.

“No communication” (S4DP1)

Communication is critical in any organization. This statement is supported by Nawu (2015:31), who claimed that communication in organizations is an act committed by one or more persons with whom you communicate to send and receive messages, inform, make proposals, and have discussions to generate understanding and a common purpose.

5.3.4.5.1 Summary of the findings

It was noted how each school differed and how they were similar. The deputy principals of Schools 1 and 2 declared that communication is vital to their establishments, whereas the deputy principals of Schools 3 and 4 complained about the lack of communication in those establishments. Regular and focused communication forms a vital aspect of the distributed leadership approach. The absence of this indicates that the distributed leadership practice is poor. The significance of having a policy for internal communication is evident. Ensuring that the right people receive information at the correct times without a policy is challenging. Without communication at the school level, staff members may be overloaded with irrelevant information or miss important messages.

5.3.4.6 Remote learning and attendance management

Schools used a variety of strategies to distribute information and materials during the COVID-19 lockdowns, such as radio broadcasts, physical note collection, and WhatsApp. Daily class registers, rotational timetables, and platooning systems were also used to reorganize attendance management to minimize disruptions to learning while adhering to safety protocols. However, not every school implemented that. Not all schools choose to use remote learning because of the lack of devices and data on the parent's side. To bridge the curriculum gap, they provided more classes. According to Moro et al. (2020:6), remote education should only be considered in exceptional circumstances. It is also clarified that students in quarantine should attend remote education.

In School 1, the issue of using What's App as a strategy is attested to by S1/T1's responses:

"WhatsApp (was used)."

It is in the best interest of the learners for a teacher to create a WhatsApp group for his class. These groups are helpful for teachers to distribute study materials, assignments, and important announcements to their learners. Communication like this increases learners' engagement and informs them about deadlines and upcoming events in the school.

In School 2, the information shows that during COVID-19, parents were utilized as resources to collect school-related activities. Considering S2T3's response, parental involvement plays a vital role in their children's education. S2T3 responded:

"Parents came to collect notes and activities from the educators."

Data from School 3 indicates that during COVID-19, schools did not use remote learning:

"No teacher at our school offered remote learning" (S3T2).

The reason for this may be a lack of resources in the school. Some schools do not have a media centre (computer lab /Maths lab). Schools are struggling with the data. They do not have uncapped data. The only data available for the school is used for administrative purposes by the administrative clerks. School 4 did not consider the issue of remote learning.

"Remote learning was not used at our school."

Lack of resources is the leading cause of most schools being unable to offer remote learning. Another barrier is that most school learners come from poor communities. They do not have enough money to buy data.

5.3.4.6.1 Summary of the findings

It was observed what made each school unique and what made them similar. Findings from School 1 showed that they were using WhatsApp as a strategy to bridge the curriculum gap, while parents were used as resources in School 2 to come and pick up some of the schoolwork. Things are different in Schools 3 and 4, where teachers indicated they were not using remote learning as a strategy because they provided extra classes to cover all the topics lagging from the ATP.

5.3.4.7 Document analysis per school

The researcher made a thorough check of the following documents (minutes of the meeting, HIV/AIDS and COVID-19 policy, monthly reports, subject improvement plan and item error analysis, and learners' books) and conducted an extensive review of the HIV/AIDS Policy as well as the COVID-19 policy in the school to determine the obligations as set out in the policy through a literature study. The stakeholders whose obligations are addressed include the principal, SMT, the SGB, and the LO educators.

School principals and members of the management should take the lead in developing the school's vision and mission and ensuring that all staff members are aware of the vision and mission statement, as this will help educators plan teaching and learning per DBE policies. The school policies consist of rules, guidelines, regulations, and measures drafted by the DoE,

SGBs, and educators. The school pandemic policies outline and explain how things should be done at the school level. According to the DBE (1999:6), learners and students must receive education about HIV/AIDS and abstinence as part of life-skills education on an ongoing basis. The DBE (2022:12) states that schools play an essential role in efforts to control the spread of COVID-19. The response from the principal at School 1 indicates that the school is struggling with implementing pandemic policies, which can be seen in the excerpt below:

“We do have all the policies in place, but implementation is a challenge, particularly in the case of HIV/AIDS. Even though it seems like we have forgotten about it, it is still there. The policy is under review” (S1/P).

Most schools focused on the COVID-19 policy. According to the collected data, most schools have ignored implementing the HIV/AIDS policy. The document analysis serves as proof because the last review date of School 1's policy was January 1, 2019, indicating that the school had forgotten about this policy. The implementation and monitoring of the HIV/AIDS policy are abysmal in most schools. School pandemic policies aim to ensure smooth operations in schools. The SMTs and educators should implement school pandemic policies. The DBE (2022:11) states that school plans should be designed to minimize the disruption of teaching and learning and protect learners and staff. In one school, some members of the SMT indicated that they are not aware of the existing DBE national policy on HIV/AIDS, which was drawn up in 1999.

This finding is supported by the DBE (2022:17), which highlights that principals must ensure that everyone in the school has up-to-date information on how to prevent the spread of COVID-19. The SMT must advocate at the beginning of the year and train newly appointed teachers on HIV/AIDS. Most teachers know the COVID policy's Standard Operating Procedure (SOP). According to the DBE (1999:11), all educators should be trained to guide HIV/AIDS. Educators should respect their position of trust and the constitutional rights of all learners and students in the context of HIV/AIDS.

To facilitate effective learning, teachers must have a good knowledge of the physical and mental abilities and social circumstances of each learner in the school. The principal must encourage their staff members to obtain as much information about each learner as possible; this is important to enable teachers to identify and assist learners in need.

The principal of School 3 has acknowledged that the school has no pandemic records and plans to make improvements in that regard. He claimed that it had opened his eyes as a person.

Maintaining accurate learner records is crucial for principals, as it allows them to assist underprivileged learners and guide their parents, particularly regarding their children's background. In this way, the school's performance will increase as the needs of all learners are met.

“There are no pandemic disease records available. We do have a learner's profile with the learner's academic results. This is a real eye-opener for me” (S3P).

In response, the principal of School 4 stated that they are unsure if these learners are actually orphans because their parents died of AIDS and that they only know how many children are orphans. He went on to say that no separate pandemic records are maintained there.

“Every piece of information we possess concerns orphans. We have it because we must submit it annually to the Department of Education. Our school does not have any pandemic records” (S4P).

The school should have a record system (learner profile) where confidential information about learners can be stored and kept confidential. According to Dawson, Kovanovic and Barthakur (2023:1), learner profiles are at the centre of personalized learning, and the characterization of diversity in classrooms is made possible by profiling learners based on their strengths and weaknesses, backgrounds, and other factors influencing learning. These learner profiles should include the following information: records of achievements, number of learners orphaned by HIV/AIDS, COVID-19 information, their social circumstances, and any behavioural problems a learner may have in the school. According to the DBE (2014:35), the learner profile will serve as a tool for teachers to plan interventions and support on a day-to-day basis for all learners as part of teaching and learning. The principal's duty as a leader is to try to meet and get to know as many of the learners in the school as possible.

In the face of the AIDS epidemic and COVID-19 pandemic, knowledge of learners' social backgrounds is very important. Ndlovu and Potkori (2023:2) state that principals are supposed to act as role models, essential information stewards, and promoters of a healthy learning environment. Although there are several HIV/AIDS training programs for school administrators, nothing seems to have been accomplished in terms of fostering a greater grasp of the leading, managing, and implementation complexity of HIV intervention programs.

Principals of schools must have a high knowledge bank of their learners' needs to limit their chances of dropping out of school, meaning that it is essential to collate accurate data on HIV/AIDS and COVID-19. DBE (1999:17) declared that the health advisory committee will

be responsible for generating and promoting a school or institution plan on HIV/AIDS and reviewing the action frequently, especially as new scientific knowledge about HIV/AIDS becomes available. The principal must have ensured that the health advisory committee is supporting all these learners and they have the minutes available and the time register to ensure they have registered for the meeting. According to the DBE (2017:15), schools will be flexible in the design and scheduling of their classes and programs to accommodate the needs of learners who are orphaned, vulnerable, infected, or affected, as well as those who have dropped out of school.

5.3.4.7.1 *Summary of the findings*

The researcher's findings showed the similarities and differences among all four schools. The researcher reviewed the agenda and minutes of the meetings of the health and safety committee, along with the SMT minutes, attendance register, COVID-19 policy, HIV/AIDS policy, monthly reports from HoDs and deputies, Quarterly Subject Improvement Plan, item error analysis, and learners' books on life skills and orientation. Additionally, the researcher thoroughly reviewed the schools' COVID-19 and HIV/AIDS policies to ascertain the responsibilities outlined in the policies through a literature review. The researcher's findings showed that all schools focused only on COVID-19, as it is the most recent pandemic disease and not as much on HIV/AIDS. The evidence did not match expectations. For example, the minutes of the SMT and Health and Advisory Committee meetings indicated that the discussions mainly took place in the middle of the year in 2020 and at the beginning of the year in 2021. From term three onwards, no minutes were available. No monthly reports focused on COVID-19 and HIV/AIDS, except in life skills and LO in term four of each year, which was found in Schools 2 and 3. In all schools, there are no records of pandemics.

5.3.4.8 *Document analysis: Various school management documents*

This section of the documentary analysis aimed to evaluate how SMTs are implementing and monitoring school-based HIV/AIDS policies. This evaluation aimed to contribute to understanding the effectiveness, challenges, and strategies in dealing with public health issues within the educational setting. The analysis seeks to assess the current state of HIV/AIDS policy implementation and school monitoring. Various documents such as supervision reports,

minutes from health advisory committees, and subject improvement plans helped determine how policies are activated in the school environment.

A vital aspect of this analysis is to identify the challenges and gaps in policy execution, resource limitations, and the complexities involved in integrating these health policies into everyday school operations and curricula. The evaluation involved examining management plans and policy documents, which helps understand how well schools adhere to mandated health guidelines and the impact of these policies on addressing HIV/AIDS. Through this documentary analysis, the current study aims to provide a detailed understanding of the dynamics involved in managing HIV/AIDS policies in schools, which not only sheds light on the current practices and challenges but also paves the way for more effective strategies and policies in the future, ultimately contributing to the health and well-being of the school community.

5.3.4.9 Key Findings of the document analysis

Challenges in effective monitoring and oversight were noted in the supervision reports. These reports, compiled by Heads of Departments (HoDs), deputies, and principals, often highlighted areas of concern regarding policy adherence and implementation. These reports identified specific challenges in addressing HIV/AIDS within the school curriculum, suggesting difficulties in integrating these policies into everyday teaching and learning. The Health Advisory Committee minutes detailed the roles and responsibilities of SMTs in enforcing HIV/AIDS policies, indicating a solid commitment to health and safety standards. According to Mpunzana (2017:45), the principal and SMT manage school policies; therefore, they are responsible for implementing and operationalising the HIV/AIDS Policy.

Management plans outlined the broad obligations of school management in ensuring a safe and inclusive learning environment, underscoring their duty to implement and monitor health policies effectively. Stevens (2017:8) state that few schools have adopted approaches for using technology to support informal learning experiences aligned with formal learning goals. Technology for Teaching and Learning was noted as a critical method for executing educational roles, particularly in disseminating information about HIV/AIDS. However, HIV/AIDS policy documents revealed that SMTs were actively engaged in formulating and revising policies, indicating their hands-on approach in executing their roles. Sarma (2013:23) showed that the subject teachers reported that the supplementary materials effectively

supported teaching about HIV/AIDS in a classroom setting. Item Error Analysis was used to identify and correct misunderstandings related to HIV/AIDS, reflecting a continual improvement strategy in policy implementation. Records of AIDS Action Clubs showcased proactive strategies, such as peer education and awareness campaigns, as part of the school management's approach to policy implementation. DBE (2017:10) state that peer education is one of the main strategies to promote the health of learners and families as part of the Health Promoting Schools concept. Peer education is a flexible strategy that can complement many other strategies.

5.4 SUMMARY

The educators answered the questionnaires, and it is evident that the monitoring of HIV and COVID-19 policies is not done appropriately at most schools. Most educators are discouraged because the implementation of HIV/AIDS committees in some schools is not adequate, and the school management is not doing anything to encourage and support educators. The DoE is not doing enough to empower educators through workshops. The researcher concluded that some schools do not have proper plans to monitor the implementation of HIV/AIDS in schools, and all schools do COVID-19 monitoring. All the questions were found to be reliable, especially those that answered the research questions found in the first chapter.

CHAPTER 6

CONCLUSION, RECOMMENDATIONS AND FURTHER STUDIES

6.1 INTRODUCTION

The study examined the dynamics and challenges that SMTs faced in implementing and monitoring school-based pandemic policies, with a specific focus on HIV/AIDS and COVID-19. This exploration was anchored in objectives that included identifying the obstacles SMTs encountered, delineating their roles and responsibilities, investigating how they executed these roles, and assessing the strategies they employed in policy implementation and monitoring.

6.2 SUMMARY OF THE CHAPTERS OF THE THESIS

6.2.1 Orientation to the study

The background and introduction were covered in Chapter 1, along with the reasons behind the study's undertaking. In-depth discussions were held about the research techniques, theoretical framework, and the background literature. The purpose of the study was made more evident by illustrating the main and subsidiary questions. This chapter also discussed the ethical issues and ensured the validity of the research. The chapter's conclusion incorporated an outline and summary of all the thesis's chapters. The study addressed the following primary question:

What are the roles of the SMT in implementing and monitoring school-based HIV/AIDS and COVID-19 policies? This study focuses on the implementation and monitoring of school-based pandemic policies. The study was guided by the following subsidiary questions to answer the question.

- What are the challenges experienced by the SMTs in implementing and monitoring the school-based HIV/AIDS and COVID-19 policies?
- What are the obligations of the SMTs about the implementation and monitoring of the HIV/AIDS and COVID-19 policies?
- How do SMTs execute their roles in the implementation and monitoring of the HIV/AIDS and COVID-19 policies?
- What strategies do SMTs utilise to implement and monitor the school-based HIV/AIDS and COVID-19 policies in their school?

In conclusion, Chapter 1 provides an overview and discusses the background of the study. The issue and its context are also emphasized. A review of the related literature is covered in the following chapter. It also addresses issues about the purpose of the study, research questions, definitions of terms, limitations, delimitations, and assumptions, as well as the significance and scope of the study. The following section will focus on summarizing the literature review that was conducted.

6.2.2 Chapter 2: Literature review and theoretical framework

The literature on COVID-19 and HIV/AIDS, as well as the theoretical underpinnings of the study, were among the topics I covered. This study adopted a twofold theoretical lens. According to Salawu, Bolatiton and Masibo (2023:3), the theoretical framework (TF) can also refer to the organogram that serves as the study's pilot and is based on pertinent theories developed through a consistent discussion of concepts and their relationships. The literature review was divided into two chapters due to its broad scope. The first section of the literature review focused on the background of HIV/AIDS and other pandemics (cf. 2.2), followed by the study's theoretical framework (cf. 2.3), which focused on the concepts, characteristics, and assumptions of theories. The value of the theoretical framework was also covered in this chapter (cf. 2.3.3). The chapter provided a brief overview of the principal's management and leadership responsibilities. Distributed leadership practice, types of distributed leadership, and characteristics of distributed leadership and its development were also covered in this chapter. I also examined the role of the SMT in monitoring and implementing pandemic policies, such as those related to HIV/AIDS, at their schools to contextualize my research. The nature of pandemics at schools, including HIV/AIDS, was covered in the upcoming chapter.

The theoretical framework used in this chapter is the distributed leadership theoretical framework. According to Caledon (2023:13), a distributed perspective on leadership would help decongest school management, boost school autonomy, promote collaborative work, and enhance participation in institutional decision-making because it allows numerous leaders to cooperate in formal and informal capacities. Chapter 2's literature review concentrates on the leadership and management facets of implementing and overseeing school-based HIV/AIDS and pandemic policies, especially considering COVID-19. It examined these ideas from the perspectives of all countries. The emphasis is on the part that SMTs play in addressing these issues.

On the other hand, we have the distributed leadership style, which plays an essential role in any organization. Distributed leadership involves everyone in the organization. It does not have room to serve individual interests but focuses on shared responsibility for leadership tasks.

The study's goal in Chapter 3 was to examine how the school-based pandemic policies were implemented and monitored and clarify the SMT's roles. Theoretical framework and policy implementation theory were covered in this chapter (cf. 3.2). Followed by an application of the policy implementation framework to this study (cf. 3.2.2). An overview of HIV/AIDS in South Africa (cf. 3.3.1). The role of education to respond to HIV/AIDS (cf. 3.3.2). A lack of clarity regarding the strategies employed by SMTs was indicated by the literature review, which also mentioned distributed leadership. The study aimed to analyse these strategies to close this gap by providing knowledge on effective policy implementation and oversight techniques. The management and implementation of pandemic policies is another area where a formal framework for SMTs is lacking.

6.2.3 Summary of Chapter 4: The research methodology employed

Chapter 4 deals with the methodology selected to execute the study. The chosen research design (a multiple case study design) and the research approach (qualitative research) are discussed. This chapter also clarifies the research population, sampling techniques, and the rationale of the sampling guidelines. The instruments for gathering the data, the procedure, and the analysis are covered. The study's validity, reliability, and trustworthiness are examined and explained, along with ethical considerations. This chapter also includes an apparent reference to all the attachments that form part of the study.

6.2.4 Summary of Chapter 5: Presentation, discussion, and analysis of the research findings

Based on the educators' responses from the participants, most schools do not adequately implement and monitor the HIV and COVID-19 policies. Given that some schools' attempts to establish HIV/AIDS committees have failed and that school administration has done little to support and uplift teachers, the majority of educators are discouraged. Through workshops, the DoE wasn't doing enough to empower educators. The study concluded that while all schools monitor COVID-19, some lack appropriate plans to keep an eye on the spread of HIV/AIDS in

the classroom. It was discovered that every question was trustworthy, mainly because it addressed the research questions from the first chapter.

6.3 SYNTHESIS OF THE FINDINGS OF THE RESEARCH STUDY

6.3.1 Findings and conclusion related to Theme 1: Challenges experienced by School Management Teams and educators

The SMT is falling short in their distributed leadership role at each of the four participating schools (cf. 5.31.2.1). The researcher was unable to determine, for instance, what each SMT member does individually or as a group to coordinate the creation of pandemic policies indicating that principals are not providing sufficient guidance in terms of distributed leadership approaches. There was no indication of the monitoring and assessment procedure to gauge the level of success in the fight against discrimination and stigma at any of the four schools (cf. 5.3.1.2). Therefore, this aspect may persist at schools. Educational establishments must take the lead in re-evaluating and improving their already effective initiatives to combat stigma and discrimination (cf. 5.3.1.2). The team responsible for managing the implementation of the pandemic disease curriculum must have access to it. The first theme focused on the challenges experienced by the SMT in the implementation and monitoring of the school-based pandemic policies (cf. 5.3.1). The challenges identified under theme one were the following: Poor policy implementation and training (cf. 5.3.1.5), Low morale and motivation of educators (cf. 5.3.1.6), Challenges with COVID-19 measures (cf. 5.3.1.7). The second theme identified in chapter 5 was the obligation of SMT (cf. 5.3.2). The third theme was the execution of the role of the SMT (cf. 5.4.1). The last theme follows it, strategies employed by the SMT (cf. 5.5).

The data makes it evident that neither the School-Based Support Team (SBST) nor the SMT at either of the two schools out of four are performing their distributed leadership responsibilities (cf. 5.3.2.1). The researcher discovered that there were no systems in place that informed parents who to consult when it came to the disclosure of HIV/AIDS, as well as COVID-19 pandemic. The findings demonstrated that the SBST committee's and the SMT's work are not collaborative (cf. 5.7.1). By incorporating community leaders and increasing their level of awareness through community dialogue and awareness, the researcher concluded that these two schools needed to improve their parent-teacher communication strategies. The data showed that the SMT's distributed leadership role was deficient (cf. 5.3.2.1.1).

The data also demonstrated that, despite the existence of these policies, their application is problematic (cf. 5.3.1.5). There is a lot that is unsatisfactory because all schools must implement these policies. It is evident that the SMT is failing in their distributed leadership role at each of the four participating schools since they do not involve their downline staff in the implementation of these policies (cf. 5.3.1.4.1). Most educational institutions managed to execute the COVID-19 policy with success and without any issues. The urgency and severity of the COVID-19 pandemic are thought to be the primary reasons for this request. However, when it came to implementing the HIV/AIDS policy, the data also revealed that, although it is available in three (3) schools, it is not in the fourth school (cf. 5.3.1.4). There are still a lot of unfulfilled expectations at the school even if the expected document was missing.

The researcher can conclude that the school's SMT lacks distributed leadership skills. It was shocking to discover that some SMT members at other schools were unaware that their institution had an HIV/AIDS policy. The school does not provide staff development. Teacher training has become vitally important in today's competitive world, especially to meet the ever-evolving demands of the teaching profession. It is also essential because it raises the teachers' standards.

6.3.2 Findings and conclusion related to Theme 2: Obligations of School Management Teams and Educators

It is clear from the data collected that every school employs a different management approach, and they all handle the implementation, monitoring, and supervision of pandemic policies in unique ways (cf. 5.3.2.1). The principals of the first, second, and third schools delegated leadership differently. Since poor task delegation can lead to stress, mistrust, resentment, low morale, an excessive amount of work, and a delay in the school's progress, all these principals who recognize the benefits of distributed leadership are collaborating closely and consulting with their staff members (cf. 5.3.2.1). According to the data gathered, neither the SMT nor the educators were aware of the exact number of students who had HIV/AIDS or any other pandemic disease (cf. 5.3.2.2). It is very evident from the job description that teachers are responsible for the general and academic well-being of every student in their charge. They must also ensure that the learners feel safe at school and support vulnerable learners.

6.3.3 Findings and conclusions related to Theme 3: Execution of roles by School Management Teams

The study's findings showed that principals don't have confidence in their subordinates. They are unwilling to engage in distributed leadership activities (cf. 5.4.1.1). Delegation is one of the core principles of management leadership for school administrators. It is impossible to achieve the school's goals and objectives on one's own without delegation. The regular teaching and learning process involves a few observed and analysed activities. These activities include records of teachers' preparation and students' actual attendance in class. Even though monitoring is inadequate, one of the schools emphasized that they are still doing it. However, there is no monitoring at all in the school.

6.3.4 Findings and conclusions related to Theme 4: Strategies employed by School Management Teams

The remaining two and three schools had the following policies changed: the finance policy, sports policy, pregnancy policy, and health and safety policy to accommodate COVID-19. The data revealed that a monitoring program is offered for the school day and holidays. It is clear from the above feedback that the schools are implementing and monitoring measures, notably concerning COVID-19. The school senior management team (SMT) is demonstrating outstanding leadership.

6.4 RECOMMENDATIONS FOR THE IMPROVEMENT PRACTICE

This chapter recommends ensuring that pandemic policies are effectively monitored and implemented at the school level. The literature review, data from questionnaires and interviews, and recommendations are examined considering these factors.

6.4.1 Recommendations based on findings of Theme 1

Establish a strategy to combat stigmatization and unjust discrimination. This plan must protect the human rights of those living with HIV/AIDS.

Guarantee that the school has a health and safety policy addressing HIV/AIDS and COVID-19 topics. Boost the morale of educators by organizing team building/staff development for

educators. Invite motivational speakers to come and uplift the spirits of educators. The school must work hand in glove with community leaders. Develop a strong relationship with the community and parents and request assistance from local business people. The principal must lead the whole process. The FS DoE should work hand in glove with the DoH because they are specialists in the subject matter. Nurses must be invited to come to the school to address topics related to pandemic diseases. The school must also involve non-governmental organizations. Have strategies in place to curb the rate of absenteeism of both learners and teachers, as stated in QLTC.

The main aim of the Quality and Learning Teaching Campaign is to curb the rate of absenteeism at school to ensure that all schools are performing at the expected level. Have good management plans at the beginning of the year to monitor and control the work of educators. Ensure that educators know this plan at the beginning of the year. Have records in place of learners who are both HIV/AIDS orphans as well as COVID-19. The principal must encourage learners to respect one another and protect the dignity and privacy of infected and affected learners. They must keep confidential records in a safe place. The principal must promote awareness of HIV/AIDS and COVID-19 pandemic awareness at the beginning of the year. They must ensure that the management of the school and educators are implementing these two policies successfully. Observe National World AIDS Day.

6.4.2 Recommendations based on findings of Theme 2

- The principal must practice distributed leadership in monitoring pandemic policy to keep everyone on par and alleviate the spread of pandemic diseases.
- The principal and his SMT members must familiarize themselves with the policies of the DoE and other departments, such as the DoH and the Department of Social Development, to strengthen their knowledge of implementing pandemic policies at the school level.
- The SGB should be included in all the committees and must actively participate in them, ensuring they can effectively represent the school management during parent meetings.
- The principal must involve the SGB in fundraising for the school because they are part of the finance committee. They must also submit their activities at the beginning of the year on how they intend to fundraise for the school. This fundraising aims to purchase the school's first aid kits, sanitisers, and other necessary equipment.

6.4.3 Recommendations based on findings of Theme 3

- The principal must specify the steps involved in adopting school policies, including introducing the policy framework to the staff, principal, and SMT, compiling a draft policy, submitting it to the governing body for approval and adoption, and submitting it to the DoE for final approval.
- Review policies year in and year out to avoid poor policy implementation.
- The SMT must have systems to monitor the curriculum and pandemic policies regarding life skills.
- The DoE should establish peer education at the school level. Active learning should be emphasized rather than passive learning in the classroom. Participation of all learners should be encouraged. All genders must be encouraged to be part of this group. No educators should be allowed to be in this group. They should guide learners about the topics to be discussed in this group. The chairperson of this committee should be a learner.

6.4.4 Recommendations based on findings of Theme 4

- Schools must have a functioning HIV/AIDS and COVID-19 committee and a moral regeneration committee. These committees should work collaboratively to reduce the risk of pandemic diseases at school. The school committee should work closely with religious organizations. Learners will be taught about morals and why they need to wait until marriage. Comprehensive education typically aims to inform people about risky behaviours and provide learners with support in changing their behaviour, ensuring that infected individuals avoid transmitting the virus and that uninfected people can protect themselves.
- The principal must establish and uphold the guiding principles to help adopt school policies. These must include rights-based, efficient partnerships, inclusive education, leadership that is both supportive and dedicated, commitment from all stakeholders and mainstreaming HIV/AIDS.
- The principal must encourage all stakeholders to improve their knowledge of HIV/AIDS by undergoing training to provide guidance, care, and support for both

infected and affected learners, which will ensure the successful implementation of the pandemic policy at the school level.

6.5 SIMILARITIES AND DIFFERENCES BETWEEN THE STUDY'S RESULTS AND REVIEWED LITERATURE

The literature review and the study results emphasize SMTs' challenges in implementing and monitoring pandemic policies. Common challenges identified include stigma, resource constraints, and the need for proper training. The literature review and the study findings highlight the significance of distributed leadership. This concept is consistently seen as crucial for effective management and implementation of policies. Both sections acknowledge the profound impact that pandemics, specifically HIV/AIDS and COVID-19, have on the educational sector. They show the need for adaptive and flexible management strategies in educational settings. However, the literature review likely provided theoretical insights and established frameworks from previous research, focusing on general trends and established knowledge.

In contrast, the study results would have offered practical insights based on empirical data, reflecting the specific context and experiences of the SMTs involved in the study. The literature review might have had a broader scope, discussing global or regional trends and policies in educational management during pandemics. The study results, however, were more focused on the specific context of the schools involved in the research, providing a more detailed and localized understanding of the issues. The literature review likely presented existing strategies and policies for managing pandemics in schools. The study's results could have identified new or evolving strategies and practices that emerged in response to current challenges, reflecting the dynamic nature of policy implementation in real-world settings. While the literature review has discussed various recommendations and frameworks from previous studies, the study results probably offered specific, tailored recommendations and frameworks based on the latest findings, which could be more relevant and actionable for current contexts. Finally, while the literature review and study results share common themes, such as the challenges faced by SMTs and the importance of distributed leadership, they differ in their approach and focus. The literature review provides a broad theoretical perspective, whereas the study results offer practical, context-specific insights and potentially new strategies and recommendations.

6.6 CONTRIBUTION TO THE STUDY: FRAMEWORK FOR SCHOOL-BASED PANDEMIC POLICY IMPLEMENTATION AND MONITORING

The goal of the framework is to present guidelines developed from the results of this study to improve health and educational outcomes in schools during health crises, particularly those related to pandemics such as HIV/AIDS and COVID-19. The purpose is to ensure the effective implementation and consistent monitoring of school-based pandemic policies.

6.6.1 Framework for school-based pandemic policy implementation and monitoring

The goal of the framework is to present guidelines developed from the results of this study to improve health and educational outcomes in schools during health crises, particularly those related to pandemics such as HIV/AIDS and COVID-19. The purpose is to ensure the effective implementation and consistent monitoring of school-based pandemic policies.

Table 6.1: The study’s proposed results-based framework for school-based pandemic policy implementation and monitoring

Activities	Outputs	Indicators	Means of verification	Assumptions	Impact
Develop and revise pandemic policies.	Comprehensive pandemic policies developed and updated.	Number of updated pandemic policies implemented.	Policy documents and revisions.	Continual support and cooperation from the Basic Education Department	Improved Health and learners ‘academic performance during pandemics.
Conduct training sessions for educators and all other staff members.	School staff trained in pandemic response and policy implementation.	Percentage of staff trained in pandemic response.	Training records and participant feedback.	Sustained funding for policy implementation and resources.	Enhanced capacity of school staff to respond to health crises.
Implement communication strategies with parents and the community.	Effective communication and engagement strategies with the school community.	Frequency and reach of communication efforts with the community.	Records of community meetings and communications.	Ongoing engagement and participation from the school community.	Stronger school-community relationships and trust.
Establish support systems for vulnerable students.	Robust monitoring and support systems for vulnerable groups.	Number of support initiatives for vulnerable groups.	Reports on initiatives for vulnerable groups.	Stability in the external environment (e.g., no severe pandemic escalations).	Better support and protection for vulnerable student groups.
Allocate resources and improve infrastructure for health and safety.	Adequate resources and infrastructure for pandemic management.	Level of resource availability and infrastructure adequacy.	Resource allocation and infrastructure assessment reports.		Optimised use of resources and infrastructure in crisis.

The study examined the dynamics and challenges that SMTs faced in implementing and monitoring school-based pandemic policies, with a specific focus on HIV/AIDS and COVID-19. This exploration was anchored in objectives that included identifying the obstacles SMTs encountered, delineating their roles and responsibilities, investigating how they executed these roles, and assessing the strategies they employed in policy implementation and monitoring.

6.7 CONCLUSION

SMTs faced significant issues related to the stigma and discrimination surrounding health conditions like HIV/AIDS, often resulting in non-disclosure, which affected the effectiveness of policy implementation. Many SMT members lacked sufficient training in policy implementation, leading to inconsistencies and inefficiencies. Financial and material limitations greatly hindered the ability of SMTs to carry out pandemic policies effectively. Policies such as remote learning transformed the educational landscape, requiring SMTs to quickly adapt to new challenges such as the digital divide and attendance management. The findings indicated that embracing distributed leadership significantly mitigated these challenges. This approach involved sharing leadership responsibilities and fostering a more inclusive and participatory environment within schools. Collaboration extended beyond the school's administrative staff to include teachers, support staff, and sometimes students and community members. This broad engagement was crucial for effective policy execution. The lack of widespread participation in management and leadership courses, especially among those in key positions, highlighted a critical gap in professional development. Continuous training and development for SMT members are crucial to enhancing their capabilities in managing complex situations such as pandemics. The research revealed a lack of a structured, systematic framework for SMTs to follow in policy implementation and monitoring. The proposed framework addressed this gap, focusing on critical areas such as communication strategies, support systems for vulnerable groups, resource allocation, and infrastructure improvement for health and safety. The developed framework aimed to empower SMTs with a clear, actionable plan for responding to pandemic challenges. It emphasized adaptive leadership, where SMTs were encouraged to review and adapt policies in response to evolving situations continuously. The study advocated for a holistic approach to managing educational settings during pandemics, considering the physical health aspects and the psychological, social, and educational impacts on students and

staff. To effectively compare the similarities and differences between the literature review summary and the study results, we need to consider the key themes and findings in each section.

6.8 SIMILARITIES AND DIFFERENCES BETWEEN THE STUDY'S RESULTS AND REVIEWED LITERATURE

The literature review and the study results emphasize SMTs' challenges in implementing and monitoring pandemic policies. Common challenges identified include stigma, resource constraints, and the need for proper training. The literature review and the study findings highlight the significance of distributed leadership. This concept is consistently seen as crucial for effective management and implementation of policies. Both sections acknowledge the profound impact that pandemics, specifically HIV/AIDS and COVID-19, have on the educational sector. They show the need for adaptive and flexible management strategies in educational settings.

However, the literature review likely provided theoretical insights and established frameworks from previous research, focusing on general trends and established knowledge. In contrast, the study results would have offered practical insights based on empirical data, reflecting the specific context and experiences of the SMTs involved in the study. The literature review might have had a broader scope, discussing global or regional trends and policies in educational management during pandemics. The study results, however, were more focused on the specific context of the schools involved in the research, providing a more detailed and localized understanding of the issues. The literature review likely presented existing strategies and policies for managing pandemics in schools. The study's results could have identified new or evolving strategies and practices that emerged in response to current challenges, reflecting the dynamic nature of policy implementation in real-world settings. While the literature review has discussed various recommendations and frameworks from previous studies, the study results probably offered specific, tailored recommendations and frameworks based on the latest findings, which could be more relevant and actionable for current contexts. Finally, while the literature review and study results share common themes, such as the challenges faced by SMTs and the importance of distributed leadership, they differ in their approach and focus. The literature review provides a broad theoretical perspective, whereas the study results offer practical, context-specific insights and potentially new strategies and recommendations.

6.9 RECOMMENDATIONS

Given the identified gap in policy implementation and training, there is a need for comprehensive training programs that equip SMTs with the necessary skills and knowledge to manage pandemic-related challenges effectively. The literature review and the study results revealed the importance of distributed leadership. Schools should adopt this model to improve policy implementation, involving a more comprehensive range of stakeholders in decision-making processes. The study highlighted the need for policies tailored to individual schools or regions' specific challenges and resources. Policymakers should consider local contexts when developing and implementing pandemic-related educational policies. To tackle issues related to stigma and disclosure, schools need to establish strong communication channels that promote openness and trust among students, staff, and the wider school community. Addressing resource constraints is crucial. Investment in educational infrastructure, including digital technologies for remote learning, is recommended to ensure schools are better prepared for pandemic situations.

6.10 FURTHER STUDIES

Future research should conduct comparative analyses of SMTs' experiences in various educational settings within and across countries to understand how contextual factors influence policy implementation. There is a need for longitudinal studies to assess the long-term effectiveness of the implemented policies and strategies in managing pandemics in educational settings. Further research should explore how technology can effectively overcome challenges like the digital divide and maintain educational continuity during disruptions. It should investigate the psychological effects of pandemics on students, educators, and SMTs and develop strategies to address these impacts. More research is needed to understand the roots of stigma and discrimination in educational settings during pandemics and to develop effective strategies to combat these issues. Evaluations on the effectiveness of various leadership models, including distributed leadership, are needed in different educational crisis scenarios. By addressing these recommendations and exploring these avenues for further research, future studies can build upon the findings of this study, addressing its limitations and contributing to a more comprehensive understanding of the challenges and strategies in managing pandemics within educational settings.

6.11 LIMITATIONS OF THE RESEARCH STUDY

The results of this research are interpreted with recognition of certain limitations. Initially, the sample of this study consisted of township high schools in Bloemfontein. Most of the educators were not available for the interviews and appointments for scheduled interviews. The sample was also limited. The researcher did not allow all these limitations to hold her investigations. Hence, all the available participants were interviewed. One of my biggest challenges was conducting research during the COVID-19 pandemic. It took longer than expected to gather data because I was occasionally interrupted by COVID-19-related nationwide lockdowns. If circumstances had been different, I might have received much information.

6.12 CHALLENGES ENCOUNTERED DURING THE STUDY

Access to the school was complicated due to COVID-19. Another reason was that school principals had tight schedules, and other SMT members did not keep their appointments. That even though they were reminded one day before the interview. We had to reschedule our meeting. It was challenging to obtain permission from the schools during the data collection process. Some participants decided to cancel their appointments because they were afraid of being interviewed, so I collected data from the educators using a questionnaire. Some cancelled their appointments due to anxiety and fear of contracting the disease during COVID-19. I was forced to interview some participants using Meet Platforming. Some educators were passive during the focus group, so I had to engage them in the discussion. They only answered questions posed by the researcher.

6.13 PROFESSIONAL AND SCHOLARLY GROWTH

The researcher's involvement in data collection for the implementation and monitoring of the school-based pandemic disease made her realize that some SMTs are failing to perform their roles and responsibilities as expected by the DoE, which caught my interest in investigating the monitoring and implementation of the pandemic policy. The implementation of COVID-19 in all schools went smoothly, except for HIV/AIDS. There were many challenges, especially on the part of educators and some members of the SMT, who claimed that they were unaware of the school's HIV/AIDS policy. I became interested in this topic when I discovered that while most schools

have an HIV/AIDS policy, its implementation and oversight are problematic. Document analysis helped me understand that, while policies existed, their dissemination and implementation were problematic. According to Rakolobe (2022:2019), effective policy implementation necessitates the development of a proper dissemination plan and the identification of committed agents who will ensure the effective distribution of policy-related information. The SMT must have plans to communicate the policy to all stakeholders; hence, they must guarantee the effective execution and operationalization of the HIV/AIDS Policy. The SMT is responsible for building solid relationships with other departments and raising awareness of HIV/AIDS policies within and among its neighbouring schools.

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APPENDICES

APPENDIX A: UFS ETHICS APPROVAL LETTER



GENERAL/HUMAN RESEARCH ETHICS COMMITTEE (GHREC)

31-Aug-2021

Dear Mrs Senoge, Wani WV

Ethics Committee feedback

Research Project Title:

School management teams roles in the implementation and monitoring of the school based HIV/AIDS policy

With reference to your application for ethical clearance for your research: Find attached the letter and decision from the GHREC meeting.

If you need to do modifications or respond to conditional approval:

[Click HERE to open the manual](#)

Ethics Admin

205 Nelson Mandela
Drive
Park West
Bloemfontein 9301
South Africa

P.O. Box 339
Bloemfontein 9300
Tel: 051 401 9398 /
7619 / 3682
RIMS@UFS.ac.za
www.ufs.ac.za

APPENDIX B: PERMISSION TO CONDUCT RESEARCH PROJECT IN THE MOTHEO DISTRICT

Enquiries: MZ Thango (082 537 2654)
Ref: Notification of research extension: W.V. Senoge
Email: MZ.Thango@fseducation.gov.za



District Director
Motho District
Bloemfontein

Dear Mr. Moloi

NOTIFICATION OF RESEARCH EXTENSION: PERMISSION TO CONDUCT RESEARCH PROJECT IN THE MOTHEO DISTRICT

This letter serves to inform you that Mrs. W.V. Senoge has been granted an extension permission to conduct research in the Motheo District under the auspices of the University of the Free State. The details in relation to the research project are as follows:

Topic: School Management Teams' roles in the implementation and monitoring of the school-based HIV/AIDS policy.

- 1. List of schools involved:** Grassland Secondary, Heatherdale Secondary, St Bernard's Secondary and Tsoseletso Secondary schools.
- 2. Target population:** Eight SMT members and four educators teaching Life Orientation at the selected schools.
- 3. Period of research:** From the second week of February 2022 until 30 September 2022. Please note the department does not allow any research to be conducted during the fourth term (quarter) of the academic year nor during normal school hours. The researcher is expected to request permission from the school principals to conduct research at schools.
- 4. Research benefits:** The study has the potential to benefit education stakeholders such as principals, deputy principal, Head of department, teachers, and learners. Schools in general will be able to benefit from the findings of the study because it aims to ensure that school management teams implement HIV/AIDS policy successfully. The School Management Team will encourage educators to improve their knowledge of HIV and AIDS by undergoing training and to give guidance to newly appointed educators as well as to provide care and support to the infected and affected staff members and learners.
- 5.** The Sub-directorate of Research & Policy will make the necessary arrangements for the researchers to present the findings and recommendations to the relevant officials in the Department.

Yours sincerely

Mr. MZAMO W. JACOBS
DIRECTOR, QUALITY ASSURANCE, M&E AND STRATEGIC PLANNING

DATE: 02/11/2021

NOTIFICATION OF RESEARCH EXTENSION, W.V. SENOGÉ, 27 OCTOBER 2021, MOTHEO DISTRICT

Strategic Planning, Research & Policy Directorate Private Bag X20565, Bloemfontein, 9300 - Thuto House, Room 101, 1st Floor, St Andrew Street, Bloemfontein

APPENDIX C: TITLE REGISTRATION FROM UFS EDUCATION FACULTY



17 June 2022

APPLICATION FOR TITLE REGISTRATION

Applicant: Senoge, WV

Student Number: 2012129124

Discipline: Education Management

Study Code: Doctoral (EDML9100)


Dear Ms Senoge

Your request to change your title, was approved by the Committee for Title Registration. Your new title will be as follows:

"The roles of School Management Teams in the implementation and monitoring of the school-based pandemic policies".

All of the best with your studies.

Yours sincerely,



Prof Patrick Mafora
Chair: CTR committee



Ms CS Duvenhage
Secretary: CTR committee

APPENDIX D: DATA COLLECTION TOOLS

Interview schedule for principals

The purpose of this interview is to establish how the SMT implements and monitors the school-based pandemic policies. These questions are intended to serve as a guide for the face-to-face interviews with the school principals. In conducting the interviews, there will be room for probing questions if necessary. The questions have been categorized into different sets which indicate the information that I am intending to collect from the questions. Use a (X) where you need to select an option otherwise provide an answer,

SECTION A: Demographic information

D1: Into which age category do you fall?

1. 18-20	
2. 21-30	
3. 40-49	
4. >50	

D2. For how many years have you been serving as a principal?

1. < 10	
2. 10-19	
3. > 20	

D3. Kindly indicate your highest level of academic achievement.

1. Diploma	
2. Bachelor's Degree	
3. Master's Degree	
4. Doctorate Degree	
5. Other (specify)	

D4. Have you obtained any formal qualifications in the area of educational management and leadership?

1. Yes	
2. No	

5. Have you completed any specialized courses in Educational Management and Leadership?

1. Yes	
2. No	

If yes, please provide details. _____

SECTION B: (Objective 1): Challenges faced by school management teams

C1. What challenges do you have with regard to the implementation of HIV/AIDS policies?

C2. What are some of the challenges experienced in implementing the two policies (HIV/AIDS and COVID-19)?

C3. How are these challenges addressed?

C4. What are some of the challenges experienced in implementing the COVID-19 policy?

C5. How are these challenges addressed?

SECTION C: (Objective 2): Obligations of school management teams

Distributed leadership practices

O1. Stipulate the role of each member of the SMT in the monitoring of the policies related to pandemics.

O2. Are there any other co-opted members of staff that play a supportive role in the monitoring and implementation of the pandemic policies? Provide a detailed description of such a role, if any.

SECTION D: (Objective 3): Execution of roles by school management teams

Distributed leadership practices

E1: Explain what do you regard as distributed leadership practices?

E2: How do you utilize distributed leadership practices to implement the policies related to pandemics such as HIV/AIDS, Corona, and SARS-CoV-2?

Pandemic policies

E3. What can you say about the school-based HIV/AIDS Policy in your school?

E4. What are some of the issues included in your school COVID-19 policy?

E5. Are there any specific recommendations in your policy on school ventilation and air conditioning use?

SECTION E: (Objective 4): Strategies employed by school management teams

Distributed leadership practices

S1: Do you regard this approach as important or not? Motivate. 4.1. What is your role as a principal?

COVID-19

S2: What other policies did you change to reduce the COVID-19 transmission risk?

S3: Do you have a COVID-19 compliance officer? If No, Why?

S4: Do you have any monitoring tool with regard to the number of COVID-19 cases, tracing of suspected cases, dropout, absenteeism, ground duties for educators during breaks?

END

Interview schedule for deputy principals

The purpose of this interview is to establish how the SMT implements and monitors the school-based pandemic policies. These questions are intended to serve as a guide for the face-to-face interviews with the school principals. In conducting the interviews, there will be room for probing questions if necessary. The questions have been categorized into different sets which indicate the information that I am intending to collect from the questions. **Use a (X) where you need to select an option otherwise provide an answer,**

SECTION A: Demographic information

D1: Into which age category do you fall?

5. 18-20	
6. 21-30	
7. 40-49	
8. >50	

D2. For how many years have you been serving as a principal?

4. < 10	
5. 10-19	
6. > 20	

D3. Kindly indicate your highest level of academic achievement.

6. Diploma	
7. Bachelor's Degree	
8. Master's Degree	
9. Doctorate Degree	
10. Other (specify)	

D4. Have you obtained any formal qualifications in the area of educational management and leadership?

3. Yes	
4. No	

D5. Have you completed any specialized courses in Educational Management and Leadership?

3. Yes	
4. No	

If yes, please provide details. _____

SECTION B: (Objective 1): Challenges faced by school management teams

C1. What are some of the challenges experienced in implementing these policies?

C2. How did you address these challenges?

SECTION C: (Objective 2): Obligations of school management teams

O1. What is your view on the impact of HIV/AIDS in education?

O2. To what extent is your school affected by HIV/AIDS?

O3: Are you aware of the existence of the National Policy Act (1999) on HIV/AIDS for learners and educators in public schools?

SECTION D: (Objective 3): Execution of roles by school management teams

E1: Stipulate the role of each member of the SMT in the monitoring of the policies related to pandemics.

E2. Do you have any monitoring tool with regard to the number of COVID-19 cases, tracing of suspected cases, drop out, absenteeism, ground duties for educators during breaks?

SECTION E: (Objective 4): Strategies employed by school management teams

S1. How do you utilize distributed leadership practices to implement the policies related to pandemics such as HIV/AIDS, Corona, and SARS-CoV-2?

S2. What works well in terms of COVID-19 policy implementations?

S3: Did the rest of the SMT ever attend any workshop on policy implementation and monitoring of COVID-19?

Distributed Leadership Practices

S4. Explain what you regard as distributed leadership practices.

S5. Do you regard this approach as important or not? Motivate.

S6. What is your role as the Deputy Principal?

COVID-19 Related Questions

S7. Does the school have COVID-19 policy and resources in place to ensure appropriate hand and respiratory hygiene, distancing, and limiting crowding?

S8. In your opinion, what is the impact of COVID-19 in your school?

S9. Have you or any of your teachers received any training on COVID-19 or any pandemic disease?

End

Interview schedule for HoDs

The purpose of this interview is to establish how the HoDs implement and monitor the school-based pandemic policies. These questions are intended to serve as a guide for the face-to-face interviews with the school principals. In conducting the interviews, there will be room for probing questions if necessary. The questions have been categorized into different sets which indicate the information that I am intending to collect from the questions. Use a (X) where you need to select an option otherwise provide an answer,

Section A: Demographic Details

D1: Age Category:

18-20	
21-30	
40-49	
>50	

D2: Tenure as Department Head:

<10	
11-19	
>20	

D3: Level of Educational Attainment:

1. Diploma	
2. Bachelor's Degree	
3. Master's Degree	
4. Doctorate Degree	
5. Other (specify)	

D4: Training in HIV/AIDS:

1. Academic Program	
---------------------	--

2. Workshop Sessions	
----------------------	--

D5: Training in COVID-19:

1. Academic Program	
2. Workshop Sessions	

D6: Could you describe your journey and responsibilities as a Head of Department?

Section B: Challenges faced by school management teams

C1. What were the obstacles you faced in drawing up an HIV/AIDS policy?

C2. How do you rate your learners' attitudes towards the subject of HIV/AIDS?

C3. From the beginning of 2020 to October 2021, please indicate the length of time your school closed because of COVID-19.

C4. What are some of the challenges experienced in implementing this COVID-19 policy?

Section C: Obligations of school management teams

O1. Is the HIV/AIDS teaching plan user-friendly in your lesson delivery processes?

O2. Which legislation and policies are guiding your HIV/AIDS teaching?

O3. Does the school have COVID-19 policy and resources in place to ensure appropriate hand and respiratory hygiene, distancing and limiting crowding?

O4. What health protocols are in place to protect all staff members and learners from COVID-19?

Section D: Execution of roles by school management teams

E1. Do you think there is a need to monitor the teaching of HIV/AIDS in schools?

E2. Do you supervise HIV/AIDS lessons and do you think this is enough to enforce curriculum implementation?

E3. Are you aware of the existence of DBE guideline management and DBE standard operating procedure (SOP)?

E4. Do you have any monitoring tool with regard to the number of COVID-19 cases, tracing of suspected cases, drop out, absenteeism, ground duties for educators during breaks?

Section E: Strategies employed by school management teams

S1. What kind of school preparedness do you think schools need for quality teaching and learning of HIV/AIDS?

S2. How does the school communicate the policy to the learners, educators, and parents?

S3. In your opinion, what is the impact of COVID-19 in your school?

S4. How did you address the challenges related to COVID-19 policy implementations?

END

Interview schedule for focus group (Educators)

The purpose of this interview is to establish how the *educators* implement and monitor the school-based pandemic policies. These questions are intended to serve as a guide for the face-to-face interviews with the school principals. In conducting the interviews, there will be room for probing questions if necessary. The questions have been categorized into different sets which indicate the information that I am intending to collect from the questions. Use a (X) where you need to select an option otherwise provide an answer,

Section A: Participant Demographics

D1: Age Category:

18-20	
21-30	
40-49	
>50	

D2: Tenure as Department Head:

<10	
11-19	
>20	

D3: Level of Educational Attainment:

3. Diploma	
4. Bachelor's Degree	
5. Master's Degree	
6. Doctorate Degree	
7. Other (specify)	

D4. Training in HIV/AIDS:

1. Received Training	
----------------------	--

2. No Training	
----------------	--

D5. Training in COVID-19:

1. Through College Curriculum	
2. Through Professional Workshops	

Section B: Challenges faced by school management teams

- HIV/AIDS

C1. What were the processes involved in drawing up the school-based HIV/AIDS policy?

C2. To what extent are the policies implemented?

C3. What deficiencies do you notice in teachers as regards quality teaching of HIV/AIDS?

- COVID-19

C4. Please clarify the extent to which the following impacted your school during the COVID-19 pandemic?

C5. Are your educators and learners well equipped for preventative and control measures?

Section C: Obligations of school management teams

- HIV/AIDS

O1. Who was involved in drawing up the school-based HIV/AIDS policies?

O2. Who was responsible for leading this process?

O3. What was the role of the School Governing Body in drawing up the policy?

- COVID-19

O4. Does the school have COVID-19 policy and resources in place to ensure appropriate hand and respiratory hygiene, distancing and limiting crowding?

O5. What health protocols are in place to protect all staff members and learners from COVID-19?

Section D: Execution of roles by school management teams

- HIV/AIDS

E1. What recommendations do you have to improve implementation?

E2. Is the HIV/AIDS ATP user-friendly in your lesson delivery processes?

E3. Do you think there is a need to monitor the teaching of HIV/AIDS in schools? Give reasons for your answer.

- COVID-19

E4. Was your school able to promote remote learning during COVID-19 lockdown? If yes, please elaborate.

E5. Do you think a policy on COVID-19 will be implemented effectively in your school?

E6. Did the rest of the SMT ever attend any workshop on policy implementation and monitoring of COVID-19?

Section E: Strategies employed by school management teams

- HIV/AIDS

S1. How does the school communicate the policy to learners?

S2. How does the school communicate the policy to educators?

S3. How does the school communicate the policy to parents?

- COVID-19

S4. Which platform/method did you use to deliver content and resources to learners and families during the COVID-19 hard lockdown? Was it helpful?

S5. Which of the following methods have been used by your school to reorganize learner attendance during the COVID–19 interruptions?

END

APPENDIX E: LETTER FROM LANGUAGE EDITOR

Michelle Woolley

WRITER EDITOR PROOFREADER TRANSLATOR

Bachelor of Library and Information Science: B.Bibl.

Reference & Research Librarian

Bachelor of Arts Honours in Translation Studies and Editing

Associate Member of Professional EDITORS' Guild (PEG)

CERTIFICATE OF EDITING

This letter certifies that I have edited the Dissertation detailed below.

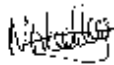
Title:

The Roles of School Management Teams in the Implementation and Monitoring of
School-based Pandemic Policies

Author:

Venus Wani Senoge
Student no. 2012129124

Regards
Michelle Woolley



Date: 25/07/2024

michellewoolley12@gmail.com
083 298 2077

Professional
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APPENDIX F: TURN IT IN REPORT

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