



**ADEA Biennial Meeting
Arusha, Tanzania, October 7-11, 2001)**

Reaching Out, Reaching All –
Sustaining Effective Policy and Practice for Education in Africa

Session 3:

**HIV/AIDS: Results and lessons from ADEA's exercise
on identifying and drawing lessons from "promising" experiences**

**Taking stock of promising approaches in HIV/AIDS and Education
in Sub-Saharan Africa: What works, why and how**

A synthesis of country case studies

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This document was commissioned by ADEA for its Biennial Meeting (Arusha, October 7-11, 2001). The views and opinions expressed in this volume are those of the authors and should not be attributed to ADEA, to its members or affiliated organizations or to any individual acting on behalf of ADEA.

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Acronyms and abbreviations

ADEA	Association for the Development of Education in Africa
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organisation
FBO	Faith Based Organisation
HIV	Human Immuno-deficiency Virus
MFMC	My Future is My Choice
NGO	Non-governmental Organisation
SHIP	School Health Intervention Programme
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme

1. ACKNOWLEDGEMENTS

In putting together a document of this nature it is accepted axiomatically that authors would draw immensely from draft reports and project proposals submitted by country teams. That is what we have done and we wish to acknowledge the inputs of different country teams whose work have contributed to this report. ADEA Secretariat provided us with all the necessary support to decamp to Cape Town. The UNDP Regional Project on HIV and Development for sub-Saharan Africa acted selflessly by allowing Gabriel Rugalema and Vivian Khanye to retreat to Cape Town. Similarly, the Ministry of Education of the Republic of Cameroon benevolently allowed Richard Akoulouze to come to Cape Town for the same purpose. The three of us compiled this report. However along the process many people have contributed constructive views. We thank you all for we could not have reached this far without your invaluable support.

2. EXECUTIVE SUMMARY

1. Presently the pandemic afflicts close to 40 million people, almost three quarters of whom are found in sub-Saharan Africa. The education sector, like many other sectors, has not escaped the ravage of the HIV/AIDS epidemic. It is not only the fringes of the education system but also, and more critically, the nerve centre of the system that is being attacked by the epidemic. The HIV/AIDS impact on education may be classified into: the impact on the demand for education, the impact on the supply, and the impact on the quality of educational services. Ministries of Education have not sat passively but have actively acted to control the epidemic and its ravages in the education system. A variety of interventions have been designed and implemented. Are these interventions showing promise and, if so, how? These are the questions that have shaped the exercise reported in this document.

2. In April 2000 ADEA invited the African Ministries of Education to analyse the different interventions (policies, projects, programmes) they are implementing to control HIV, manage its impact on the education sector, and/or mitigate the impact of AIDS on individuals and society. . The broad objective of the exercise is identify promising approaches with the view of sharing knowledge and experiences within and across country borders. In a broader context, the present exercise is a continuation of the process that was initiated during the Prospective stock-taking review that culminated into the Johannesburg Biennial Meeting in December 1999.

3. Like the Prospective stock-taking review, the present exercise is premised on the assumption that ministries of education have accumulated a wealth of experiences, information and analysis that could be used to guide innovative, cost effective and vigorous approaches within the education sector to confront the HIV/AIDS epidemic.

Three principles have, and continue to, guide the methodology employed in this exercise. These are:

- identify promising approaches – appraise interventions for their strengths and weaknesses so as to learn from them and to inform both policy and action.
- learn from within – find answers from within by focusing on useful experiences that have been tried and adapted to local cultural and social contexts.
- use of insiders to identify promising approaches– as part of building the research/analytical capacity among those closely involved in the interventions so that they could analyse and understand the mechanisms through which interventions are implemented and the process through which interventions generate desirable impacts.
- emphasise on process and explanation – a good explanation on the process through interventions identified as ‘promising’ are generating desirable outcomes.

4. Many countries have expressed interest in the exercise but only a few countries have, at this time, conducted fieldwork and written draft reports. Therefore, this document must be seen and read as a preliminary report. What we are reporting here is work in-progress, which explains why only a handful of country case studies are cited. For valid and good reasons, ADEA did not attempt to interfere with the pace at which countries felt ready to join the initiative or to embark on the actual case study. As such, many countries are still conducting their case studies and a few have not even started. In this sense, this document is a preliminary synthesis of case studies in-progress.

From the draft reports and proposals submitted to the technical team, the major trends emerging from the case studies are that:

- ministries of education are genuinely concerned with the ravages of the epidemic.
- interventions against HIV/AIDS in education, particularly the extra-curricular ones, are increasingly becoming multi-sectoral.
- most interventions are educational and focussed on learners only. As such, analyses on the systemic implications of the epidemic and its relevance for educational planning are lacking.
- there are few programmes to equip teachers to deliver the new curriculum in which HIV/AIDS education is infused.
- even against the background of paucity of data on prevalence and impact of HIV/AIDS in the education system many agencies (ministries, NGOs, and others) are still prepared to intervene and develop interventions.

5. What can we learn from the Case Studies? We are optimistic that more lessons will emerge when many case studies are completed. However, gleaning from available country reports and proposals there are initial lessons learned that are worthwhile to point out.

- There is a genuine concern about the impact of the epidemic on education systems and the potential for education to roll back the epidemic. However, the need for interventions that are informed and supported by official education policies cannot be overemphasised. To sustain the momentum and improve quality of interventions, there is an urgent need for a supportive environment part of which depends on the formulation of forward-looking education policies on HIV/AIDS.
- It is only recently that most countries have begun to appreciate the challenges posed by HIV/AIDS to the education system. We hope that this is not a “too little too late” situation. But the important thing is for countries to sustain the interventions, evaluate promising ones and have them scaled-up. The objective of this exercise is to help countries towards this direction.
- The evidence of the increase of the multi-sectoral approach reflects the concern of other agencies (other ministries, NGOs, other ministries, faith-based organisations, and communities) and the willingness of Ministries of Education to work with others. It is also an understanding and appreciation of the fact that HIV/AIDS is a complex problem and to combat it one needs a multi-pronged and multi-disciplinary approach.
- There is shortage of studies and interventions focused on the systemic nature of HIV/AIDS. Studies on the systematic nature of the epidemic and the importance of these in education planning are yet to be done. Such studies should seek to create an informative baseline to guide a systematic approach in educational planning.
- The complementary nature of the relationship between extra-curricular and curricular approaches needs to be explored, improved, and consolidated and implemented. Ministries of education and schools are better positioned to take a leading role in improving such HIV/AIDS interventions and to facilitate the buy-in and participation of other sectors. In short, curricular and extra-curricular approaches to HIV/AIDS must fundamentally be based on the understanding of the inter-relationship between the curriculum and extra-curriculum.
- There is need for policies and programmes to impart requisite skills so that teachers may feel confident to teach about HIV/AIDS and issues of sexuality. Teacher

training programmes however have to go hand in hand with addressing specific needs and circumstances of teachers at the workplace.

- The challenge to Ministries of Education is to strengthen the capacity of its staff and provide resources for monitoring and evaluating interventions. Monitoring and evaluation are key to the dynamism of policy and steady improvement of interventions. There is also need to systematise and categorise HIV/AIDS interventions to reflect their time perspective – short-, medium-, and long-term – in order to facilitate the process of implementation including sequencing of activities. This will help Ministries to wean from the ‘develop as you go’ approach to a more systematic one.
- Data collection systems will have to be urgently improved through the use of reliable and valid means of data collection and systematic recording. Such a collection of data will have to be regular and updated in order to be responsive to the needs of policy development. In order for policies, plans and programmes of ministries to keep pace with the rate of the epidemic, consistent collection and analysis of data is necessary. Even more, is the need to create tools such as Education Management Information Systems that would enable ministries to design effective and informed responses to the epidemic.
- In the meantime, while building reliable and efficient data banks, best and promising practises across Africa and from other developing countries will have to be speedily and smoothly exchanged. Special interventions and clear and simple manuals of how to manage the aforementioned interventions will have to be developed as well. Training on how to use the manuals may be necessary to develop and carryout as well.
- As stated earlier, the need to analyse the impact of HIV/AIDS on the education system is paramount and necessary for the design of sustainable policies and programmes. Impact data showing the differential effects of the epidemic on learners and teachers based on age, gender, race, socio-economic background would generate invaluable insights upon which policies and programmes could be premised.

Since the process is on-going, a more critical reflection on case studies and the general process in which they are being produced will be dealt with in the subsequent report.

3. INTRODUCTION

6. When confronted with a formidable problem such as HIV/AIDS in much of sub-Saharan Africa today, it is natural to ask questions such as how is the epidemic affecting key institutions, what are the institutions doing to confront the epidemic, are the interventions working and, if so, how? In this exercise, the focus is on the education system. The objective is to find out if there are promising interventions which merit attention, further development, and scaling-up.

7. In a broader context this exercise has its origins in the *Prospective, stock-taking review* and the *Johannesburg Biennial meeting*. The process of the present exercise is shaped not only by those two events, but as a continuation of that method and an attempt to test the validity of the approach. The ambition of the present exercise is to look for what works with supportive evidence and explanation. The aim is eventually to facilitate the process of learning from and sharing of successful or effective interventions. The emergence of HIV/AIDS as a new social and economic problem has made sharing of effective responses all the more necessary.

8. Since the initiation of the exercise in April 2000 over thirty African countries have expressed interest to participate. Of these, only five have conducted fieldwork and submitted draft reports. We have drawn heavily from those five draft reports as well as research proposals that have been submitted by other countries. This explains our assertion and emphasis that what we are reporting here is *work in-progress*. More insights will be generated as more countries conclude their case studies. Therefore, this report is bound to grow.

9. This report presents the background and history of the exercise (chapter 2), its process and methodology (chapter 3) and an overview and synthesis of case studies (chapter 4). The three chapters form the main body of the report. While chapters 2 and 3 provide an insight into the process and the progress made, chapter 4 dwells on Case Studies with emphasis on content, general trends and lessons emerging from them. Even from the few draft reports and proposals, it is seen that ministries of education and other agencies are serious about addressing the challenges posed by HIV/AIDS in the education system and that the interventions are showing some promise.

4. BACKGROUND AND HISTORY

10. There is no question that HIV/AIDS constitutes a major problem and challenge in the contemporary world, particularly in the hard hit countries of sub-Saharan Africa. Presently, the pandemic afflicts close to 40 million people, seventy percent of whom are in Africa. Behind these colossal figures lies the adverse social and economic impact of the epidemic on people, families, schools, and other key institutions necessary for development.

11. The Education sector, like many other sectors, has not escaped the ravages of the HIV/AIDS epidemic. Indeed, available evidence¹ indicates that the relationship between HIV/AIDS and Education is a complex one, but the bottom line is that the epidemic is having a significant impact on education. On the other hand, given that there is neither cure nor vaccine for HIV, education is seen as – and indeed it is proving to be – a “social vaccine” that can roll back the epidemic. Undoubtedly, education is the cornerstone of the contemporary prevention strategies most notably the “Information–Education–Communication” approach that has been widely adopted in the fight against HIV/AIDS.

12. Broadly, the impact of HIV/AIDS on education may be classified into three categories. First, impact on the demand for education. Second, impact on the supply for education, and third, impact on the quality of educational services.

- One pathway through which the epidemic is affecting education is through decimation of demand for education. There are several issues here and there is hardly space to quantify and qualify every kernel of evidence available. However, it is now common knowledge that AIDS orphans are increasingly dropping out of school (particularly girls), enrolment figures are declining as young children (orphans) are kept away from school, and premature death of parents and teachers is colluding to heighten pessimism in the value of education.
- The second pathway relates to the impact of the epidemic on the supply of education. This has to do with the dwindling supply of well-trained and experienced teachers (given that they are dying of AIDS and/or spending significant time caring for sick family members and attending funerals in the community). Thus the adverse effect of the epidemic on teaching time and quality of teaching will have both short and long term impact on literacy levels and quality of life in many of the hard hit countries.
- The effect of the epidemic is not only confined to teachers, pupils, and families but it is also a challenge for educational planners and managers. Education planning is a long-range affair, requiring action-oriented projections and analyses that require a fair degree of predictability, which becomes difficult as HIV/AIDS becomes increasingly prevalent. This is where the impact of AIDS on educational services will be severely felt simply because ministries capacity to deliver administrative, managerial and support services would be impaired.

¹ Kelly (1999): *What HIV/AIDS Can Do to Education and What Education Can Do to HIV/AIDS*. Paper presented at the All Sub-Saharan Africa Conference on Education for All the Year 2000 (Johannesburg 6-10 December 1999). See also (Kelly 2001) *Challenging the Challenger: Understanding and Expanding the Response of Universities in Africa to HIV/AIDS*. Prepared for the ADEA Working Group on Higher Education.

Simply stated the impact of HIV/AIDS on the education sectors is essentially systemic, attacking not only the fringes of the system but also, and more critically, its nerve centre. It is this reality, coupled with strong observations made by participants at the Johannesburg Biennial (6–9 December 1999) that provided the momentum for the present exercise.

13. Against this background, ADEA invited Ministries of Education to participate in the exercise. The letter was explicit in terms of what was expected from a country case study, thus:

“the objectives of the country case study is to identify experiences (they can be projects, programmes, policies, innovations, interventions, etc.) that show promise and potential in providing clues and inputs for policies, programmes and effective measures aimed at controlling and alleviating the impact and damage that HIV/AIDS has on individuals, families and schools. The utter urgency of the HIV/AIDS epidemic points to the need to pool information resources on promising interventions. That way, countries can learn from experience of other countries. For that reason, our objective is to focus more on solutions (or, in this case activities that show some promise of providing solutions) than on the problems, which we know all too well.”

Besides, the letter was explicit on some of the issues ministry could wish to consider in developing a particular case study. First, it was suggested in the letter that countries could focus on the examination of available evidence from research. Countries were asked to review research evidence available to them to determine if there is useful information that has, for some reason, not been taken into account in the design of policies and action. Secondly, it was suggested that countries could to focus on solutions, policies, and approaches along three main points, namely, (i) policies and approaches that appear to be sustainable, (ii) effective innovations and programmes, along with empirical evidence to support such claims, and (iii) longer-term strategies aimed at sustainable responses.

14. Case studies synthesised in this report provide a glimpse of what Ministries of Education are doing regarding HIV/AIDS within the framework of the present exercise. Discussions at regional workshops have revealed however that other innovations are being implemented. Our hope is that the present exercise has provided tools and motivation with which innovations not analysed under this initiative may be analysed at a future date and its useful findings fed back into policy and action.

5. PROCESS AND METHODOLOGY

15. The conceptualisation of the present exercise is based on the reality that Ministries of Education throughout sub-Saharan Africa are implementing, a variety of interventions to meet the challenges posed by HIV and AIDS. Through planning and implementing action responses, ministries of education have accumulated a wealth of experience, information and analysis that could be used to guide innovative, sustainable, cost effective and rigorous approaches to confront the epidemic. The guiding principle is “*learn from experience*” and this entails finding answers from within by focusing critically on assets rather than deficits. This approach is fundamentally different from the conventional approach whose focus is on problems rather than solutions and tends to look for solutions of African education problems from outside the continent. The power and validity of this approach has been tried and tested by the earlier exercise on *Prospective stocktaking review of education in sub-Saharan Africa* whose findings were presented in the Johannesburg Biennial in December 1999.

16. It is noteworthy that to *identify* promising approaches one needs an excellent combination of process and methodology, both of which must be innovative. The innovative aspects of the methodology are threefold. First is an attempt to identify “*promising approaches*”, as determined by relevant parties, mostly case study authors and those who benefit from interventions under review. The realisation that HIV/AIDS is having (or will have) a significant impact on education (both in terms of supply and demand of education) has pushed ministries concerned to formulate policies and implement a variety of interventions. In fact, ministries of education have hardly acted alone. By and large, NGOs, faith-based organisations, and other sections of civil society are contributing immensely in the design and implementation of HIV programmes in the education sector with or without active collaboration from the ministries of education. Against this background of multiple actors there is a maze of interventions of varying size and quality. Yet, there has been little effort to appraise the interventions for their strength (and weaknesses) so as to learn from them and to inform both policy and action. Failure to appraise the interventions to identify successful or promising ones has denied agencies involved in HIV/AIDS in the education sector the opportunity to capitalise on promising approaches upon which scarce resources could be used for maximum benefit while, at the same time, scaling-up such interventions for a wider coverage.

17. The second aspect is that of “*learning from within*”. For too long, solutions for African problems have been sought from outside the continent. This exercise is different in that it directs the search for viable policies and action inside the countries themselves. The focus on experiences from ‘within’ does not, in any way, denigrate or belittle experiences from without. Rather the point is to seek to capture useful if diverse experiences that have been tried and adapted to local cultural and social contexts (locally grounded). Despite their usefulness, these experiences may be overlooked or crowded-out by external interventions.

18. Closely related to this is the use of “*insiders*”, i.e. ministry of education personnel and/or NGO animators as authors of case studies. This is a critical and deliberate decision. Evidence indicates that the approach works – not only does it build research capacity among those involved, but it is helping them to analyse and understand the mechanisms through which interventions are implemented and the process through which they generate desirable impact. Traditionally, development agencies have preferred to send external consultants to do things for developing countries. This conventional approach is preferred because it employs ‘scientific rigour’ and is much quicker. However, experience shows that it creates dependency (on external support) and erodes the capacity available within developing countries. Moreover, there is always a risk of lack of ownership of research findings, hence lack of continuity and sustainability of policies and programmes.

19. The third aspect is captured in the sub-title of this document. The approach of this exercise is not merely to document the outcomes of interventions (if any), but an emphasis on *process* and *explanation*. A mere catalogue of impact would be of little practical use if it is not supported by good explanation on the processes through which an intervention 'x' results into a desirable or promising outcome 'y'. A clear attempt to provide plausible explanation is evident in the draft reports that have so far been produced. The expectation is that all country case studies will bear this characteristic in order to make them useful and relevant useful for sharing across countries and among agencies.

20. Conceptually, the focal concept of this exercise is "*promising approaches*". As stated earlier, it was left to the people on the ground (country teams) to decide on the 'promising approach' to be analysed and to specify the indicators to support the claim that 'a certain intervention is promising.' At the time of conception of this exercise there was scanty information on how ministries of education and other agencies were intervening on HIV/AIDS in the education system. There was no information on interventions that are effective or even showing promise. It was partly due to this vacuum that it became necessary to ask *people on the ground* to identify cases for analysis. The most important explanation, however, is that countries were asked to self-select the 'promising approaches' because of their considerable knowledge of what is going on within and outside the immediate confines of ministries of education, and their proximity to and involvement in the interventions. Thus we have chosen to synthesise the case studies along broad thematic areas, rather than on theoretical constructs such as relevance, efficiency, impact, sustainability that are generally employed in analysing similar studies.

21. This report is work in-progress. The synthesis of case studies reported here is not complete, as many countries are still conducting their case studies. A few haven't even started. A letter from the ADEA Secretariat inviting countries to join the initiative was sent out to all ministries of education in April 2000. Initial response was slow and this prompted the Secretariat to send a reminder in July of the same year. Thereafter, a steady stream of expression of interest flowed to ADEA and to date a total of 33 countries have expressed interest to join the initiative. Of these countries, fourteen have already signed a Contribution Agreement with ADEA and six more are at the final stages of concluding an agreement with ADEA. Of the countries with formal contribution agreement only six (Liberia, Swaziland, Tanzania, Zanzibar, Senegal, and Namibia) have produced draft reports. We did not, for valid reasons attempt to interfere with the pace at which countries felt ready to join the initiative or to embark on the actual case study. Indeed some other countries are still grappling with issues of conceptualisation and design of case studies. In this sense, this document is a preliminary synthesis of case studies in progress. It is a living document that is bound to grow (in quality and quantity) as case studies get completed.

22. As soon as ministries of education began to respond positively to the invitation to join the initiative, the ADEA Secretariat began to assemble a technical team. It was decided to assemble a team of two technical people (one each for Anglophone and Francophone countries) who would work through the ADEA secretariat to help and guide countries through the entire process of producing respective case studies. By the end of May 2000 the technical person for the Anglophone countries had been recruited. It would take up to November 2000 for the Francophone technical person to be recruited. In January 2001 the Anglophone technical person joined the UNDP HIV and Development Project for Sub-Saharan Africa. Consequently, UNDP joined the exercise as a partner of ADEA.

23. The evolution of this initiative is deeply rooted in the Johannesburg Biennial meeting. It was then that the urgency and importance of HIV/AIDS was brought up more forthright than any other time. Ministers felt that the epidemic was going to have serious consequences on access to education, quality of education, and capacity building (these being the defining concepts of the *Prospective stock-taking review*). ADEA was then mandated to undertake an exercise focused on promising approaches in education systems to tackling the problems posed by the HIV/AIDS epidemic. This then was followed by a decision of the ADEA Steering Committee to embark on this exercise.

24. Four more events have shaped the exercise and contributed to this report. Two regional workshops were organised. The first one was organised for West African countries and held in Elmina, Ghana (16–17 March 2001). Nine countries attended the workshop (all participants, except one, were education ministry staff). The second regional workshop was organised for East and Southern African countries and took place in the Ezulwini valley in Swaziland (24–26 July 2001). Ten countries attended the workshop and some of the participants came from NGOs and trade union movement. The regional workshops included presentations of country reports regardless of the stage of execution of country case study. Every report was peer reviewed and attracted comments from the technical team and the rest of the workshop participants. These lively and insightful exchanges of ideas were appreciated by participants and helped to improve the quality of the case studies, be it at conceptual or report writing phase. These workshops have also helped to motivate and encourage other countries to join the exercise.

25. Besides the regional workshops, a panel made of the two members of the technical team and four case study authors (respectively from Senegal, Burkina, Niger, and Liberia) presented the initiative at the West African Expert Group Meeting on HIV/AIDS and Education held at Elmina, Ghana (19–26 March 2001). This session was organised both to report on the progress of the initiative but also, and more important, to create awareness among assembled delegates of the existence of the initiative and the open door policy for countries to participate. Further, a progress report was presented at the ADEA Steering Committee meeting held in Antananarivo, Madagascar between 2 and 5 May 2001. In both occasions valuable comments were given and have helped furthering the development of the exercise.

26. The most recent task albeit the most difficult one – given that no country has produced a final report – has been to produce this preliminary synthesis of case studies. The technical team took a two week retreat of intensive work to complete this draft. The drafting of this synthesis is a product of a consultative and iterative process between the technical team, the ADEA Secretariat, and country teams.

6. OVERVIEW AND SYNTHESIS OF THE CASE STUDIES

27. This section is the most substantive part of the report. It presents an overview and synthesis of the case studies to provide insights in the nature and substance as well as trends apparent in the case studies. A report of this nature is essentially a review of a larger body of work, much of which is still being assembled. Thus, to produce this preliminary report, the team has used case studies that are nearly complete, meaning that have been liberal in tapping ideas from case studies that are far from completion.

28. This section is structured to reflect: (i) an analysis of major trends revealed in the case studies; and (ii) a discussion about major players in HIV/AIDS in the education in system. Thus, what is presented here is not a description of activities implemented by the ministries. Rather, it is an analysis, a conscious attempt to go beyond mere description of activities.

Major trends emerging from Country Case Studies

29. The most obvious trend displayed in Table 1 is the fact that, with the exception of Ghana, all the case studies are on curriculum-related educational programmes. This is significant since the letter of invitation to the ministries stated that case studies could focus on educational as well as managerial and planning issues. Nonetheless, there is broad diversity in the interventions presented in the case studies. It is this diversity that we seek to capture and analyse. It is also this diversity that gives each intervention its distinct character and quality.

Table 1. Summary of the country case studies by programmatic area and topic

Country	Programmatic Focus	Topic	Current Status
Angola	Educational	Evaluation of HIV/AIDS curriculum for schools and teacher training colleges.	Proposal
Burkina Faso	Educational/ Community	Assessment of the experimental programme to involve the Gaoua village community in HIV/AIDS and STD control. Draft report	
Burundi	Educational	To appraise HIV/AIDS educational programmes with the view of identifying a promising intervention.	Proposal
Congo (DR)	Educational	Appraisal of HIV/AIDS educational programmes to identify the most promising.	Proposal
Ghana	System Management	Documenting the process and politics of formulating a sectoral strategic plan for HIV/AIDS in the ministry of education.	Proposal
Lesotho	Educational	Assessment of three HIV/AIDS interventions among teachers and pupils in Lesotho Schools.	Proposal
Liberia	Educational	An inventory of HIV/AIDS interventions in Liberian schools.	Draft report
Mali	Educational	An analysis of the impact of “club anti SIDA” in schools in Mali.	Proposal
Namibia	Educational	An impact assessment survey of the school-based HIV/AIDS programmes in Namibia with particular reference to ‘My Life is My Choice’.	Draft report
Niger	Educational	Inventory of on-going school-based HIV/AIDS with the view of identifying the most promising.	Draft report
Senegal	Educational	Evaluation of HIV/AIDS related activities in the areas of i) training, (ii) information dissemination/creation of awareness, and (iii) production of didactic materials.	Draft report
South Africa	Educational	An assessment of the impact of the “Life Skills Programme” on South Africa school going children.	Proposal
Swaziland	Educational	An assessment of the School HIV/AIDS Intervention Programme in Swaziland.	Draft report
Tanzania	Educational	An evaluation of the school youth programme on HIV/AIDS in Magu District, Tanzania.	Draft report
Togo	Educational	An Assessment on the impact of HIV/AIDS programme implemented by PSI in Togolese schools.	Proposal
Uganda	Educational	Inventory of completed interventions with the aim to analyse their impact on Ugandan school children.	Proposal
Zanzibar	Educational	An evaluation of the effectiveness of school and college clubs for imparting knowledge among school children and trainee-teachers in Zanzibar.	Draft report

30. Invariably, case studies are showing that ministries of education have approached HIV/AIDS by perceiving it as a critical problem among learners rather than it being a systemic problem. In approaching HIV/AIDS as a problem among learners, two trends are evident. One is the integration of HIV/AIDS issues in the formal curriculum (curriculum approach) and the other approach is the use of extra-curriculum activities to impart awareness and knowledge of HIV/AIDS to learners (extra-curricular approach).

The curriculum approach

31. The curriculum approach has entailed reforming formal curricular to incorporate HIV/AIDS as a stand-alone subject and/or as integral part of others such as biology, health and hygiene, family life education, guidance and counselling, and social studies. All case study countries have reformed their respective curricular to accommodate teaching of HIV/AIDS issues in class. Coverage ranges from the biology of HIV, signs and symptoms of AIDS to prevention through teaching of life skills.

32. Design and development of HIV/AIDS curriculum is in the hands of curriculum experts within the ministries while teachers are tasked with teaching of the new curriculum. The assumption behind integrating HIV/AIDS issues particularly at primary level is that most pupils are not yet sexually active and so it is essential to alert them to the dangers and consequences of sexually transmitted diseases, some of which, like HIV/AIDS, are fatal. Curricula revision to incorporate HIV/AIDS is, however, still focused on primary and secondary levels. Less attention has been given to the tertiary level where in fact the need for such education is highest.

33. In most countries life skills make up a significant part of the HIV/AIDS curriculum. Programmes on life skills are designed to impart psycho-social skills to enable pupils to cope with challenges of daily life. The aim is to instil competence and confidence among children so as to enable them to avoid or manage risky situations and at the same time to enable them to control situations and make informed choices. The HIV/AIDS epidemic has made the teaching of life skills both relevant and urgent because children need information, knowledge and skills that would enable them to avoid contracting the virus. In some of the countries life skills programmes are taught as stand-alone subjects, while in other countries (Tanzania, Zanzibar, Ghana, Senegal, Mali, Uganda, Kenya, Lesotho) life skills programmes are infused in other subjects.

34. School curriculum reform to incorporate HIV/AIDS reflects the concern of the ministries of education for HIV/AIDS and its (potential) impact on the education system. Initiatives and interventions to address HIV/AIDS may differ across countries, but they share the same intention, that is, to address the effects of HIV/AIDS in the education system. Examples of curriculum based approaches to HIV/AIDS education are presented below.

35. Like in many other countries, in **Swaziland** issues of HIV/AIDS are infused in other subjects. However, the ministry of education in collaboration with ministries of health and social welfare and a number of NGOs developed a programme called "School HIV/AIDS Intervention Programme (SHIP)." Then a task force was set up to visit each school in the land and present a talk on 'basic facts about HIV and AIDS, life skills and positive living.' The major achievement of the task force seems to be a "breaking the ice" effect, specifically by creating an environment in which teachers feel they are comfortable and have confidence to talk and teach about HIV/AIDS. SHIP is also an epitome of a multi-sectoral collaboration among agencies and this has also helped in stimulating a string of policies to support and facilitate the teaching of HIV/AIDS subjects in schools.

36. The **South African** life skills and HIV/AIDS education programme is a collaborative activity between departments of education (DOE) and health (DOH) and non-governmental organisations. It is offered to learners under the Guidance curriculum but also as stand-alone subject in secondary schools. It is offered in public schools throughout the nine provinces. Relevant didactic materials have been developed and distributed in schools and about 10,000 teachers have been trained to offer the life skills and HIV/AIDS programme in schools. The aim of the South African case study is to find out if the life skills programme is having an impact on school children in terms of behaviour and coping skills. Findings from the case study will be measured against available information from the baseline study that was undertaken prior to the implementation of the programme.

37. In **Lesotho**, HIV/AIDS education is offered in primary and secondary level and is incorporated mainly in four subjects – Health and Physical Education, Population and Family Life education, Guidance and Counselling and Religious Education. The syllabus is sequenced (the spiral approach) so that courses are given in an additive manner. At primary school level the aim is to instil awareness on HIV/AIDS and its dangers and consequences on individuals and families. The primary school syllabus places emphasis on imparting skills to enable learners to be assertive and realise the importance of delayed sexual activity. At secondary level the syllabus places emphasis on the biology and prevention of HIV prevention as well as causes, signs and symptoms of AIDS. Part of the objective of Lesotho case study is to find out if the curriculum approach is having desirable impact on the behaviour and life skills of learners.

Extra-curricular approach

38. The extra-curriculum approach to HIV/AIDS is characterised by a variety of activities organised by teachers, pupils, and/or NGOs. Although many of the activities are classified under the rubric of peer education, the mechanics and process of implementation differ widely. Evidence indicates that HIV/AIDS related extra-curricular activities play an important role in complimenting the formal curriculum but also in providing avenues for a more participatory learning process. Extra-curricular activities are organised in forms of school health clubs (Zanzibar), school environmental clubs (Zanzibar), Scripture clubs (Lesotho), HIV/AIDS and life skills discussion clubs (Tanzania, Namibia), and school drama clubs (Uganda). Most of the extra-curriculum programmes are led and/or implemented by peers. Peer education is undoubtedly one of the inherent strengths of extra-curriculum programmes and in some countries pupils have shown more preference to these peer led programmes rather than the more traditional teacher-pupil (chalk-and-talk) programmes. The other strength of extra-curriculum programmes is its ability to attract inputs from other agencies

39. **Tanzania's** case study is an analysis of the programme entitled HIV/AIDS School Youth Programme. The programme is piloted at primary level in two districts of Tanzania and is a collaborative activity between government (Ministry of Education), a HIV/AIDS project sponsored by an external donor, and local (regional and district) government. The intervention consists of three components, namely, the Peer Health Educator programme, the School Guardian programme, and the School AIDS Action Committee. Of the three components appraised, we focus here on the Peer Health Educator programme. The objective of the programme is to use peer educators to impart knowledge on HIV/AIDS and appropriate life skills, thus creating a momentum for behavioural change and ability to cope in the environment characterised by high prevalence of HIV and AIDS. School-based peer educators are trained in communication skills as well as on basic facts about HIV and AIDS as soon as they enter class 5. This means that in all pilot primary schools, senior classes (class 5 to 7) have two or more peer

educators. A booklet entitled Kinga (Prevention) has been prepared and is the basis of discussion between peer educators and his/her peers (normally classmates). Although peer education sessions are not part of the formal daily school timetable, peer education sessions are organised twice a week (Tuesday and Thursday) during lunch break.

40. In **Zanzibar** the concept of peer education has been operationalised through learners clubs. Clubs have been established and piloted in six primary schools and two Teacher Training Colleges (TTCs). At the primary school level, clubs focus on health issues (hence the name 'school health clubs') while at college level the mandate is much wider and it covers issues on health, HIV/AIDS, sanitation and environmental management. Clubs are organised and managed by learners. At every pilot school and college a group of teachers have been trained on peer education and life skills programmes in order to render necessary support to the learners. Community resources mobilisation committees have been established to foster and support the activities of the clubs. Although the ministry of education provides some didactic materials, the bulk of such materials and other activities (slogans, drama, role-plays, songs) are designed and developed by club members. Two of the productions on HIV/AIDS developed by health clubs have been aired on Zanzibar TV. Clubs are proving to be popular among school children in pilot schools.

41. **Namibia's** My Future is My Choice (MLMC) programme is a peer education approach to imparting knowledge and requisite skills on HIV/AIDS among school going children in the country. The ministry of education developed the programme in collaboration with the ministries of health, youth and sport, UNICEF, and universities of Namibia and Maryland. The objectives of the programme are to provide young people with information, knowledge, and skills to avoid infection from HIV and other STDs. It also seeks to impart skills and confidence to make decisions and choices such as delaying the first sexual intercourse, sexual and reproductive health, and to improve and facilitate meaningful communication among peers, children and parents and children and teachers. My Future is My Choice is targeted at children between 8 and 15 years of age and is piloted in primary schools throughout the seven education regions of Namibia. Peer educators are young graduates of the same school system. The Youth Health Development programme is tasked to train peer educators about HIV/AIDS, STDs, and life-skills. Peer educators are also expected to be competent and help their peers in planning and executing activities such as formation of clubs, and production of role-plays and drama. Once they qualify, peer educators are brought into schools to present training sessions to their peers. Although these peer education sessions are conducted after school hours, evidence indicates that they are very popular among students.

Who are the major providers of HIV/AIDS education in schools?

42. The provision of HIV/AIDS education, like provision of education in general, is not a sole mandate of ministries of education. As revealed in the case studies, ministries of education may have a dominant role but there are many other key players in the field whose contribution is acknowledged and appreciated by ministries of education. In this group one finds religious groups and trade unions (Lesotho), non-governmental organisations (Togo), and community-based organisations (Tanzania, Zanzibar, Namibia) offering HIV/AIDS education in school with some degree of collaboration with ministries of education. This multi-sectoral approach to addressing HIV/AIDS problems is an emerging phenomenon in the education system. Evidence from case studies show that multi-sectoral collaboration has helped bring in new elements and dynamism in the design and implementation of HIV/AIDS programmes.

43. The participation of other agencies in providing information and knowledge about HIV/AIDS in the education system implies that the effort to combat the epidemic is characterised by many actors. And the fact that case studies have revealed the importance of these other actors in delivering information and knowledge on HIV/AIDS implies that the search for promising approaches cannot be confined only to interventions sponsored by the state. It also points out that state and non-state agencies are forging partnerships to combat the epidemic and such partnerships have to be fostered and strengthened. At a more general level, the willingness of the state sector to collaborate with non-state agencies may indicate an acceptance by the state that to combat HIV/AIDS there is need for alliances and strong partnerships among agencies. It is an acceptance that the HIV/AIDS is a more complex problem that could not be tackled without formidable alliance among development partners.

Are the programmes showing promise?

44. Insights from the draft reports so far produced by country teams indicate that programmes are contributing towards knowledge on HIV/AIDS among the target population (school children). Let us start with a caveat. The strict cause-effect relationship between an intervention and outcome is difficult to unravel, basically because of four elements. First, almost all of the interventions analysed are quite new. It is difficult to unravel the outcome of an intervention whose implementation period is less than a year. Second, except for South Africa, other countries do not have the benefit any baseline study upon which interventions are grounded and against which outcomes of interventions could be measured. Third, any education-based intervention, like the general investment in education, is inherently a long-term strategy whose outcomes and effectiveness cannot be quantified/qualified in a short spell of time. Fourth, there are many other interventions going on at the same time (implemented by other ministries, NGOs, CBOs, FBOs, development agencies, and the media) so that at any particular moment children are exposed to more than one intervention. Although this is a good thing, it makes it difficult to measure the outcome or impact of one initiative out of many similar or related ones. The effects of “background noise” are normally not easy to isolate.

45. However, the interventions dealt with in this report are playing an important role in generating and raising awareness about the epidemic and in countering negative perceptions among children. They are also creating room for active participation of schools (pupils and teachers) in HIV/AIDS prevention and control. The strength of most of the initiatives cited in this report lies in their multi-sectoral nature and the strong involvement of NGOs and communities in the development and execution of interventions. There is evidence to show that school-based HIV/AIDS interventions are influencing community norms and values. And interventions that are being implemented in communities are augmenting the information and knowledge available to school children as well as influencing their behaviour. We are of the opinion that this cross-fertilisation of culturally appropriate ideas and influence between schools and local communities is a good thing and is a gem that ought to be nurtured.

46. Audience reception is a recurrent theme in the attempting to show that interventions are ‘showing promise.’ There is evidence to indicate that both curricular and extra-curricular programmes on HIV/AIDS are well received by school children. Reasons for the popularity of HIV/AIDS programmes among school children ranges from simple exposure to facts about the epidemic to claims of setting in motion the process of behavioural change among children. This shows that providing HIV/AIDS education to school youth is both desirable and relevant. It may also reflect the suitability and quality of material used to impart knowledge and information about epidemic. In short,

HIV/AIDS school programmes are effective vehicles for creating awareness and knowledge about the epidemic and its impact. So long as the information and knowledge is shared widely, as evidence from Senegal, Tanzania, Zanzibar, and Swaziland indicates, the multiplier effects of such programmes makes them an effective tool not only for reaching children but also parents.

47. Support for extra-curriculum programmes and recognition for their educational role on HIV/AIDS has created an environment through which agencies have formed partnerships with ministries of education to implement a variety of programmes. Case studies attest to pervasiveness and popularity of extra-curriculum programmes on HIV/AIDS. The **Zanzibar** report shows that even though the popularity of school health clubs vary from one school to another, school children claim that clubs are beneficial. Benefits derived from the clubs include information on HIV and AIDS and the opportunity to meet peers in a less formal environment. Children also claim that active involvement in clubs is beneficial to them because they are able to produce plays and literature on HIV/AIDS according to their perception of the situation.

48. **Namibia's** my future is my choice (MFMC) programme is certainly a hit among school children. All respondents (school children) interviewed indicated that they enjoy MFMC sessions much more than they enjoy the formal subjects in which HIV/AIDS is infused. Attendance in MFMC programmes is very high, giving an impression that MFMC sessions are a "never miss" phenomenon. The informal nature of the sessions, hence the opportunity afforded to children to discuss issues of sexuality, friendship, disease, and emotional issues is seen as the strongest element of the programme. MFMC is portrayed as an effective carrier of HIV/AIDS, information, as more than three-quarters of the respondents indicated that it has helped them change their behavioural patterns and attitudes towards HIV/AIDS.

49. The **Tanzanian** health peer educator programme is said to be popular among pupils. Attendance of peer education sessions is high despite the fact that they are held during lunch breaks. The approach seems to derive its strength from two areas. One is that peer educators have the help and support of school guardians. Second is that peer educators are fellow pupils, they are not outsiders. There is confidence in the system. Children with problems have been approaching peer educators for help and support. If a peer educator feels that s/he cannot handle the issues presented to him/her by fellow pupils, s/he refers the colleague to the school guardian. And if the school guardian feels that a problem needs the attention of superiors, s/he would refer it to the head teacher or the local education officer. In this way, many problems affecting pupils have been solved while others have been nipped in the bud. Teachers and pupils also claim that the School Youth programme has contributed to decline in rates of pregnancy among girls as well as marked decline in the exchange of love letters among pupils in higher classes. Pupils view the referral system inherent in the programme as a strong and innovative element.

7. LESSONS LEARNED

50. As we have emphasised throughout, this report is a work in-progress. Furthermore, the exercise on Identifying effective approaches to HIV/AIDS in the education system is a process, not an event. Extracting lessons learned in such a situation is a difficult task even in the best of times. We believe that more trends and lessons will be revealed over time as process matures and as countries complete their respective studies. Nevertheless, broad trends and some important lessons are already surfacing from the available reports. They are summarised below and provide insights on how far the exercise has come.

Table 2. Summary of trends and lessons emerging from Case Studies

Trend	Lessons learned
51. All ministries of education are implementing one or more interventions to combat the epidemic in the education system.	There is a genuine concern about the impact of the epidemic on education systems and the potential role of education to combat the epidemic. However, the need for interventions that are informed and supported by official education policies cannot be overemphasised. To sustain the momentum and improve quality of interventions there is an urgent need for a supportive environment, part of which depends on the formulation of forward-looking education policies on HIV/AIDS.
52. Except for Uganda and Senegal, the interventions documented in the case studies are recent. Some are barely a year old. Most are in the pilot stage while a few have been scaled-up.	It is only recently that most countries have begun to appreciate that challenges posed by HIV/AIDS in the education system. We hope that this is not a “too little too late” situation. But the important thing is for countries to sustain the interventions, evaluate promising ones and have them scaled-up. The objective of this exercise is to help countries move in this direction.
53. Steadily, interventions in HIV/AIDS in education, particularly the extra-curricular ones, are becoming more multi-sectoral.	This reflects the concern of other agencies (other ministries, NGOs, faith-based organisations, and communities) and the willingness of Ministries of Education to work with others. It is also an understanding and appreciation of the fact that HIV/AIDS is a complex problem and to combat it one needs a multi-pronged and multi-disciplinary approach.
54. Most interventions are educational and focused on learners (pupils). Analyses of the systemic nature of the epidemic and the relevance to educational planning and management are lacking.	There is still lack of appreciation of the systemic impact of HIV/AIDS. Studies on the systematic nature of the epidemic and its relevance to education planning need to be undertaken. Such studies should seek to create an informative baseline to guide a systematic planning approach.

55. HIV/AIDS issues have been widely infused in the curriculum. There is acceptance that extra-curriculum programmes are useful in augmenting information and knowledge gained in class.	The complementarity between extra-curricular and curricular approaches needs to be explored, improved, and consolidated, implemented. Ministries and schools of education are better positioned to take a leading role in improving such HIV/AIDS interventions and to facilitate the buy-in and participation of other sectors. In short, curricular and extra-curricular approaches to HIV/AIDS must fundamentally be based on the understanding of the inter-relationship between the curriculum and extra-curriculum.
56. Despite the introduction HIV/AIDS topics into the curriculum, there are few programmes to prepare and equip teachers to deliver the new curriculum.	Policies and programmes are needed to transfer skills teachers need in order for them to feel confident to teach about HIV/AIDS and issues of sexuality. This implies that teacher training address the specific needs and circumstances of teachers in the workplace. We emphasise that HIV/AIDS is a workplace issue for teachers and there is need for a comprehensive support system that would enable teachers to perform their duties and yet deal with their own personal situation.
57. Most activities that are actively being implemented in schools to create HIV/AIDS awareness and knowledge lack mechanisms for monitoring and evaluation.	The challenge to Ministries of Education is to strengthen the capacity of its staff and provide resources for monitoring and evaluation. Monitoring and evaluation are key to the dynamism of policy and steady improvement of interventions. There is also need to systematise and categorise HIV/AIDS interventions to reflect their time perspective (short-, medium-, and long-term) in order to facilitate the process of implementation including sequencing of activities. This will help wean Ministries from the 'develop as you go' approach to a more systematic one.
58. Because of paucity of data on the prevalence HIV and AIDS among ministry staff, teachers, and pupils, activities that aim at combating the epidemic in the education system are modelled on assumptions rather than reliable, concrete information	Data collection systems will have to be urgently improved through data collection and recording systems that are reliable and valid. Such data collection will have to be regular and timely in order to be responsive to the needs of policy. In order for policies, plans and programmes of ministries to keep pace with the rate of the epidemic, consistent collection and analysis of data is necessary. Moreover, it will be necessary to create tools such as Education Management Information System that can enable ministries to design effective and informed responses to the epidemic.
59. Many agencies are prepared to intervene to stem the tide of HIV/AIDS even in an environment of paucity of data to guide design and development of interventions.	In the meantime, while building reliable and efficient data banks, best and promising practises across Africa and from other developing countries will have to be speedily and efficiently exchanged. Special interventions and clear and simple manuals of how to manage the aforementioned interventions will have to be developed as well. Training on how to use the manuals may be necessary to develop and carryout as well.

60. Little information is provided on the actual impact of HIV/AIDS in the education system and this makes it difficult to quantify and qualify the impact/effectiveness of interventions.	As stated earlier, the need to analyse the impact of HIV/AIDS on the education system is paramount and necessary for the design of sustainable policies and programmes. Impact data showing the differential effects of the epidemic on learners and teachers based on age, gender, race, and socio-economic background would generate invaluable insights upon which policies and programmes could be premised.
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