

Enhancing the Development of Leadership Skills in the Management of HIV and AIDS in Secondary Schools

AIDS is redefining the very meaning of childhood for millions, depriving children of many of their human rights – of the care, love and affection of their parents; of their teachers and other role models; of education and options for the future; of protection against exploitation and abuse. The world must act now, urgently and decisively, to ensure that the next generation of children is AIDS-free.

UNICEF; A Call to Action: Children, the missing face of AIDS



Ministry of Education



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I. Executive Summary

This report presents the findings of baseline survey to determine the current situation with regards to the HIV and AIDS programmes in all Secondary Schools in Botswana (Chapter 5). The report analyses the findings and provides advice and a set of recommendations to increase the usefulness of present and future interventions (Chapter 8). The survey was conducted among the Management staff in both Junior and Senior Secondary Schools.

The overall goal of the project under evaluation was to develop skills in the management of HIV and AIDS in Secondary Schools' Management and Leadership. The project was designed to strengthen the existing secondary schools HIV and AIDS programmes which are part of the overall strategic national response to the pandemic.

Botswana is greatly affected by the HIV and AIDS pandemic (in 2005, life expectancy at birth in Botswana was 34 years with a 13% chance of reaching the age of 65) reported in the 2005 National Sentinel Surveillance Report. One sure way to reduce the rate of future infections is to target the younger generation in order to create awareness and infuse values that will change present sexual behaviour among both adults and adolescents. The school staff and the school community as a whole is also a priority for this targeted intervention. The relationship between AIDS and the education sector is circular, as the epidemic worsens; the education sector is damaged through morbidity and mortality of staff and students, which in turn is likely to increase the incidence of HIV transmission. It also means that Botswana will have less educated people with the consequences this will cause in relation to national development. The reason to urgently address HIV and AIDS initiatives within the school system is made clear by the World Bank: "Good basic education ranks among the most effective and cost-effective means of preventing HIV infection"

The most important findings from the survey are:

1. The survey had a low response rate (228 returns of 400 surveys distributed). The responses were fairly evenly distributed among males and females as well as the different regions. The low response rate may indicate that HIV and AIDS are not given the necessary priority by any of the stakeholders. The survey clearly indicate that School Heads and Deputy School Heads in general are unaware and blasé in relation to HIV and AIDS initiatives. This is a major concern in the report and constitutes a set of urgent recommendations.
2. The survey show that there is a lack of performance indicators and ability to monitor the impact of initiatives and programmes as well as the overall objective of reducing HIV and AIDS infection rates. The recommendations in relation to this are a nationally coordinated plan with a coherent set of monitoring tools. We need no know that what we are doing is efficient and that the impact is satisfactory. A set of guidelines and workshops are recommended to ensure a broad understanding and consistent monitoring.
3. The survey reveals that 80% are of the opinion that the support and guidance from the Central Government is inadequate both in terms of financial and technical contribution. A proper needs and feasibility study is recommended to assist with defining roles and requirements.
4. The survey indicates that there is little or no knowledge among the schools in ways of seeking funding or assistance in a wider perspective such as church organisations, NGOs or regular donor organisations. It is recommended to explore this potential from both a national and regional perspective.

The recommendations within the report, proposed actions and priorities are listed in the table below:

Area	Recommendation	Action required	Priority
Increased human and financial resources to combat HIV and AIDS	There are not enough resources available from the Government to adequately address HIV and AIDS among the secondary schools. It is recommended to conduct a needs assessment and feasibility study to analyse the situation and determine the requirements of a sustainable and viable programme for the schools. This study could link to several of the other recommendations given in this table	<ol style="list-style-type: none"> 1. Define Terms of Reference for an in-depth needs and feasibility study 2. Commission the study 3. Seek funding budgetary and external funding for the agreed recommendations 4. Explore sustainable sources of financing programmes through NGOs and local community structures 5. Implementation of new HIV and AIDS programme 	1
Behaviour Change initiatives	To develop a national curriculum including training of trainers for implementation of a programme that includes a minimum of 2 hours a week to address HIV and AIDS issues and belonging problems. As many teachers as possible should be involved in this education as this also will raise awareness and consciousness among the school staff.	<ol style="list-style-type: none"> 1. Development of a national curriculum 2. Development of a programme for training of trainers 3. Facilitation of a national workshop to raise awareness and ensure a coherent implementation 4. Implement curriculum 	2
Voluntary testing within the school community	Routine testing is a good way to help prevention programmes and to lessen the burden on hospitals by helping people to access treatment at an earlier stage of disease. This policy needs to be extended into the school system and all school staff and students should be offered a free opportunity to be tested at the school annually through the schools health services. The results may also give early warning to those who are infected and consequently both extend and save lives. The statistics will also contribute to monitoring the effectiveness of the HIV and AIDS programmes.	<ol style="list-style-type: none"> 1. To develop a master plan facilitating voluntary testing among secondary schools 2. Implement voluntary testing scheme 	3
Target groups	Certain groups are more exposed to the risk of being infected by HIV and AIDS than others. It is recommended to specifically target these groups together with younger students who are most probably negative due to not being sexually mature. This is a sensible approach if priorities due to financial and human resources have to be made.	<ol style="list-style-type: none"> 1. Identify target groups 2. Design and implement initiatives that directly deals with the specified target groups 	4

Area	Recommendation	Action required	Priority
Involvement of school heads and deputy school heads	There is a discomfoting low knowledge and engagement from the school heads and deputy school heads. This is hampering the effect to any HIV and AIDS initiative as it clearly must be perceived as a non-priority concern by the school community. It is recommended to develop guidelines, checklists, information, material/manuals and workshops that ensure the understanding and support from this group of school managers.	<ol style="list-style-type: none"> 1. Design and implement an awareness campaign targeting School Heads and Deputy School Heads 2. Ensure participation of School Heads and Deputy School Heads in delivery of AIV and AIDS initiatives 3. Design and implement an annual national or regional HIV and AIDS workshop for School Heads and Deputy School Heads 	5
Standardised selection criteria for HIV AND AIDS coordinators	Various criteria and practises are used in the selection process of HIV and AIDS coordinators. It is recommended to create guidelines for this process both in terms of recruitment procedures and selection criteria's.	<ol style="list-style-type: none"> 1. Define national selection criteria for selection of HIV and AIDS coordinators 2. Consider a incentive scheme for HIV and AIDS coordinators to increase the attractiveness of the task 	6
Standardised work description with reporting responsibilities for HIV and AIDS coordinators	There are various work practises and areas being targeted by the different schools. The perceived effect of the activities also varies extensively. It is recommended that clear guidelines and manuals, for the HIV and AIDS coordinator, are developed which will assist the person in carrying out his/her tasks as effectively as possible.	<ol style="list-style-type: none"> 1. Development of national guidelines and manuals for HIV and AIDS coordinators after review of existing guidelines and job descriptions 2. Implement guidelines and manuals 	7
Development of guidelines and checklists	To evaluate and improve HIV and AIDS programmes in the schools there must an agreement on minimum standards of practice and how to conceptualise and operationalise excellence. It is recommended for monitoring and evaluation purposes as well as for uniformity that guidelines and checklists be developed by the Department of Secondary Education	<ol style="list-style-type: none"> 1. Design of minimum standard or model scheme of practise 2. Implementation of minimum standards 	8
Development of monitoring and evaluation tools	The ability to monitor the efficiency and impact of the various HIV and AIDS initiatives are poor. It is therefore recommended to look at this issue in two dimensions namely indicators that relate to specific activities or programmes and indicators that actually measure trends related to HIV and AIDS infection. It is recommended to define a set of standard indicators for both projects and overall monitoring of HIV infection rates.	<ol style="list-style-type: none"> 1. Define performance indicators for all major HIV and AIDS initiatives/programmes 2. Define and implement a quality assurance system to guide and secure the monitoring process 3. Define and implement a centralised database for monitoring and statistical purposes 4. Develop and implement tools for monitoring the above components 	9

Area	Recommendation	Action required	Priority
To Institutionalise Self-monitoring and evaluation mechanisms	Self-monitoring and evaluation have to be defined and tested to enable the individual schools to measure the effect of individual activities as well as an overall trend related to the rate of HIV and AIDS infections. It is recommended that these tools are identified within a larger needs and feasibility study aiming at harmonising HIV and AIDS activities at a national level.	<ol style="list-style-type: none"> 1. Definition and design of self monitoring and evaluation tools 2. Pilot testing of self monitoring system and valuation tools 3. Implementation of self monitoring system and valuation tools 	10
Common fora for information sharing and lessons learned	Lessons learned and a broader discussion forum is necessary to share knowledge and experiences. It is therefore recommended to facilitate a regional or national workshop annually for this purpose.	<ol style="list-style-type: none"> 1. Secure funding for an annual national or several regional workshops on HIV and AIDS among secondary schools 2. Organize and facilitate workshop(s) 	11



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V. Table of Abbreviations

Abbreviation	Full Name
AIDS	Acquired Immunodeficiency Syndrome
BAIS II	Botswana AIDS Impact Survey II
BCC	Behavioural Change Communication
DMSAC	District Multi-sectoral AIDS Committee
DSE	Department of Secondary Education
HIV	Human Immunodeficiency Virus
NFDS	Nordenfjeldske Development Services AS
NGO	Non Government Organisations
PLWA	People living with AIDS
SMT	Schools Management Teams
UNAIDS	United Nations AIDS programme
VCT data	Voluntary Counselling and testing Data



1 Introduction

This report presents the findings of a needs assessment in the management of HIV and AIDS and a baseline survey to determine the current situation with regards to the HIV and AIDS programmes in the Secondary schools. The survey was commissioned by the HIV/AIDS Coordinating Office in the Ministry of Education and conducted with the assistance of Chervil (Pty) Ltd.

The survey was conducted among the Management in both the Junior and Senior Secondary Schools. A structured questionnaire was developed with the focal people, Chervil (Pty) Ltd and NFDS Africa (Pty) Ltd

1.1 Goal of the project

The goal of project is to develop skills in the management of HIV and AIDS in Secondary Schools' Management and Leadership. The project will strengthen the existing secondary schools HIV and AIDS programmes which are part of the overall strategic national response to the pandemic.

1.2 HIV and AIDS situation in Botswana

AIDS was first diagnosed in Botswana in 1985. Botswana has been greatly affected by the HIV and AIDS pandemic. The adjusted HIV prevalence from the 2005 sentinel surveillance among women aged 15-49 years was 33.4%. The highest prevalence of 46.5% was recorded in Selebi-Phikwe while the lowest was in Goodhope (20.8%). In 13 of the 23 health districts in Botswana, HIV prevalence was over 30%. The remaining 10 districts had HIV prevalence's between 20 and 30%.

The highest age-specific prevalence of 49.2% was observed among women aged 30-34 years. A similar observation was found from the BAIS II and VCT data where prevalence in women aged 30-34 years was over 40%. There was no significant difference in HIV prevalence between urban and rural districts.

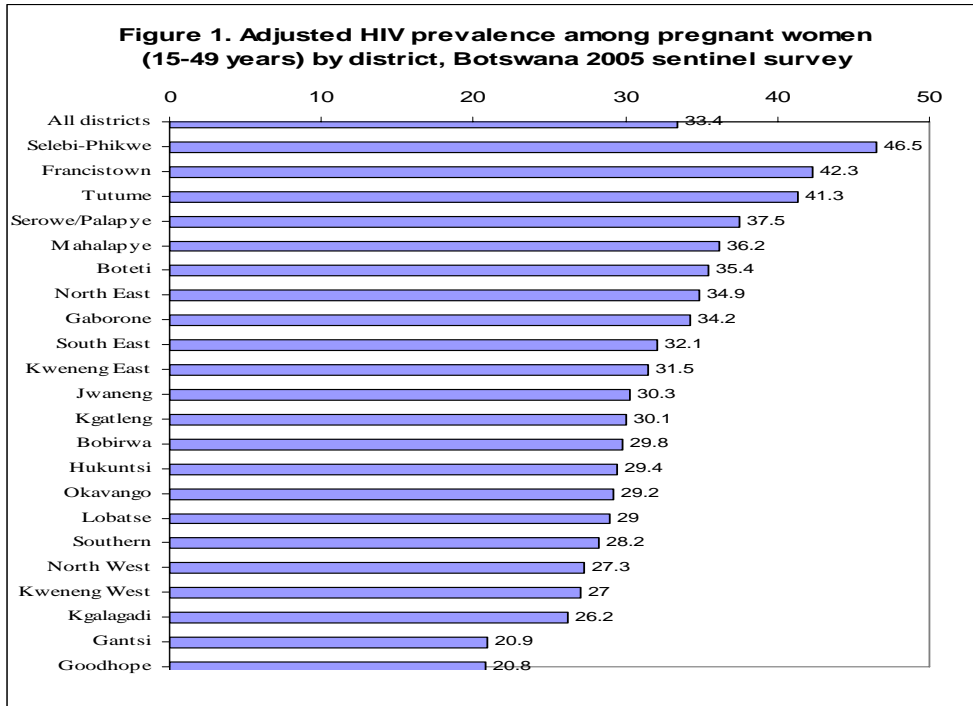
HIV prevalence among older women (35 years and above) has fairly stabilized and there is no significant trend.

Among younger women (15-19 and 20-24 years), there has been a significant decline in prevalence from 2001 to date. The prevalence among the 15-19 age group was 24.7% in

2001 and 17.8% in 2005. Among those aged 20-24 years, the prevalence was 38.7% in 2001 and 30.6% in 2005.

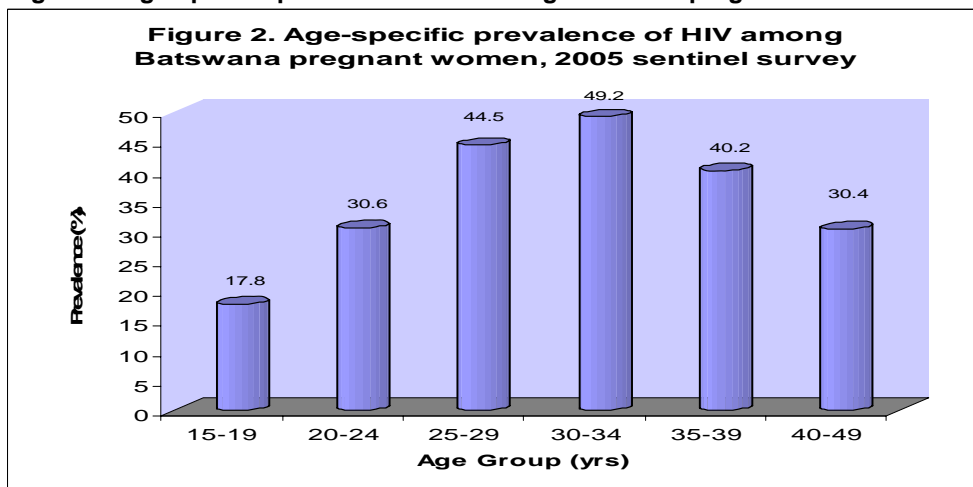
From the surveillance data estimates, about 256,000 adult Batswana between the ages of 15-49 years are currently HIV- positive.

Figure 1: Adjusted HIV prevalence among pregnant woman (15-49 years) in 2005 by district



* Source: Botswana Second Generation HIV/AIDS Surveillance. Technical Report 2005

Figure 2: Age-specific prevalent of HIV among Batswana pregnant women in 2005



* Source: Botswana Second Generation HIV/AIDS Surveillance. Technical Report 2005

His Excellency the President of the Republic of Botswana, Mr Festus Mogae declared HIV and AIDS a national emergency in 1997 so that the whole nation and the international community join efforts to fight the pandemic. During National Development Plan 8, two studies on the impact of HIV and AIDS on the education sector showed that enrolments were adversely affected and that productivity of teachers was also affected by increased morbidity, absenteeism and mortality. The schools curricula have also been renewed in order to infuse HIV and AIDS concerns as a measure to combat the pandemic especially among the Youth.

The Botswana National Strategic Framework for HIV and AIDS developed for 2003-2009 constitutes Botswana's common determination to turn the tide of HIV and AIDS epidemic. The overall strategy pulls together all stakeholders from every level into the fight against HIV and AIDS.

The Ministry of Education is a custodian of youth and women who are most vulnerable to HIV and AIDS. Women make a larger proportion of the teaching force. According to the Impact Studies of HIV and AIDS on Education (2002) in Botswana, infection rates were close to zero in the early teens, then rose rapidly from the mid-teens. The secondary school going youth in the 15-16 age bracket is estimated to have infection levels of around 10%. Infection rate amongst women aged 25-29 years is estimated at 40% to 60%. The number of orphans in schools is also increasing at an alarming rate. Currently one in two aged 10-14 is expected to be orphaned by 2010. In some communities, secondary schools teachers indicated that, already, 20-30% of students in some classes are orphans. Projections indicate that the total number of orphans will rise rapidly from 38000 in 2000 to 101 000 in 2005 and 161 000 in 2010.

The education sector which employs about 48% of the workforce has been experiencing an unprecedented crisis. Mortality is mostly reported to occur amongst staff aged 30 – 39 years, thus skilled human resources are lost leaving the education system incapacitated. In addition to losing its workforce due to HIV and AIDS related diseases, the Ministry is also experiencing an increase in morbidity rate. The education sector has been the most vulnerable given the nature and composition of its clientele. Given the dire trends in the HIV and AIDS pandemic in virtually every corner of Botswana, especially in schools, Botswana continues to search for new ways of reversing the spread of HIV and AIDS. The Ministry of Education has to keep renewing education strategies in order to combat HIV and AIDS and related illnesses.

The pandemic therefore impacts negatively on curriculum delivery and the desired quality education for all. Against this background, the education system is challenged to provide an enabling environment for its target population, hence the need for a committed leadership to lead, guide and support implementation of responsive HIV and AIDS programmes in a changed teaching and learning environment. *Therefore a competent leadership is required if the national vision of no new infections by 2016 is to be realised.*

The Department of Secondary Education, which is going to be the implementing sub-sector, has an overall responsibility of planning, formulating programmes, implementing, monitoring and evaluating the National Secondary Education System. The major area functions of the sub-sector are the provision of facilities and quality assurance. The Division of Management and Training which will be coordinating the project promote the department's staff professional growth and maturity through short and long term training. Sustainability is built within all structures of the department. Currently there are two hundred and thirty three (233) governments and government aided secondary schools.

2 Project Overview

Currently the Ministry of Education has a series of HIV and AIDS programmes targeting both learners and staff. However, there are no programmes on the management of HIV and AIDS that target secondary schools management personnel. Therefore this project will build on the existing programmes targeting the management in order to strengthen school level responses. It aims at establishing systematic management and leadership mechanisms that will guide the ongoing teacher and learner capacity building programmes. This project recognises that the leadership also needs training to ensure that HIV and AIDS programmes in the schools are effectively implemented and managed.

2.1 Beneficiaries

The project is aimed at Schools Management Teams (SMT) which includes School heads, Heads of Departments (Pastoral Care) Senior Teachers Grade 1 (Guidance & Counselling) HIV and AIDS Coordinators and Staff Development Coordinators.

Table 1: Beneficiaries

Category	Total Number in the Group
Secondary Schools Heads	233
Deputy Secondary Schools Heads	233
Heads of Departments (Pastoral)	460
Senior Teachers I (Guidance & Counselling)	233
HIV and AIDS School Coordinators	233
Staff Development Coordinators	233
Educators	51
TOTAL:	1676

3 The Study and the Survey

3.1 Objectives of the Study

- To develop capacity in the management of HIV and AIDS in the secondary schools
- To enable secondary schools to develop monitoring and evaluation tools for HIV and AIDS programmes
- To institutionalise self-monitoring and evaluation mechanisms

3.2 Methodology

The Baseline Survey was conducted between July and October 2006. The project was executed through the Department of Secondary Education's Division of Management and Training which is headed by a Principal Education Officer. The mandate of the Division is to do training of school management teams. Therefore the Principal Education Officer (Management and Training) together with the Principal Education Officer (Guidance and Counselling) and HIV and AIDS Coordinator coordinated the project implementation. A core management team was appointed to manage the project implementation. This composed of:

- 2 Project Coordinators
- 5 Regional HIV and AIDS focal persons
- 1 Ministry of Education HIV and AIDS Coordinator
- 1 HIV Curriculum Development Specialist
- 1 Guidance and Counselling Officer
- 5 Regional Management and Training Education Officers

The core management team will be trained in managing HIV and AIDS programmes in secondary schools in the first phase of the project. Their responsibilities will include:

- Development of training materials
- Development of monitoring tools
- Training school based personnel
- Project monitoring and evaluation

Questionnaires were hand delivered to respondents at schools across the five regions. These were delivered in the last four weeks of 2nd term of 2006. A few questionnaires were posted to schools that were remote particularly in the South region. Respondents were given up to September 8th, 2006 to have completed and returned questionnaires to their Regional HIV and AIDS office who then forwarded the questionnaires to the project office.

3.3 Sample Selection

The survey population comprised of employees at management level in all the secondary schools. A conservative estimates of the ministry establishment is 1, 676. The total establishment was used as a sampling frame. A random sample, using the randomizer software programme (<http://www.randomizer.org/form.htm>) was used to select the respondents.

The survey took a bit longer as questionnaire return from respondents was slow. This was anticipated because the distribution of the questionnaires were conducted at the close of second term and that during that period the schools were conducting their mid year examinations.

Four hundred questionnaires were dispatched to respondents across the five regions as follows:

Table 2: Distribution of survey forms with response rate

Region	Distribution	Responds	% response
Central region	115	57	49.6
South central	117	61	52.1
West	34	26	76.5
North	83	66	79.5
South	51	14	27.5
TOTAL	400	223	55.8

3.4 Survey Tools

A questionnaire was designed in collaboration with the focal persons of DSE. The questionnaire comprised mainly of close ended questions. (Annex 2)

The questionnaire was piloted in 23 schools around Gaborone

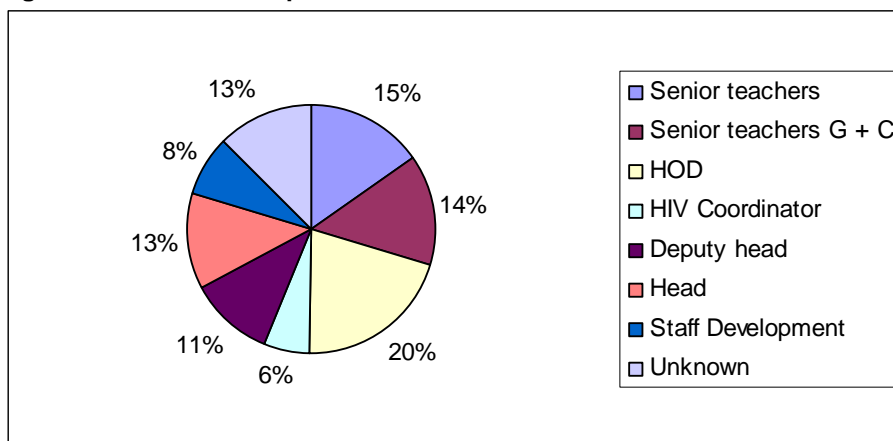
3.5 Demographic Profile of Respondents

Two hundred and twenty three (223) questionnaires were analysed giving a response rate of 55.8% within the 5 regions.

Table 3: Region and characteristics of respondents

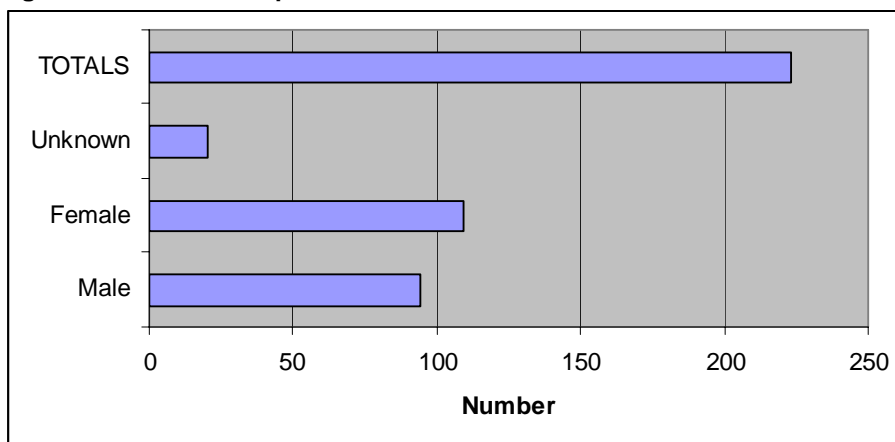
Secondary School			Characteristics	
Region	Junior	Senior	Rural	Urban
South Central	52	9	27	19
West	24	2	19	5
North	59	7	35	23
South	14	0	11	0
Central	50	6	44	10
TOTALS	199	24	136	57

Figure 3: Position of respondents



Most of the respondents were Heads of Departments (20%) although School Heads and Deputy Head made up for 24% of the responders

Figure 4: Gender of respondents



The gender of the respondents were fairly evenly distributed, females 53.4% and male 46.6%.

Table 4: Age distribution of respondents

Age	No
20 - 30	20
31- 40	120
41 - 50	62
51 - 60	16
61+	0
Unknown	5
TOTALS	223

Most of the respondents were in the 31-40 years age group (120) followed by the 41-50 years age group (62).

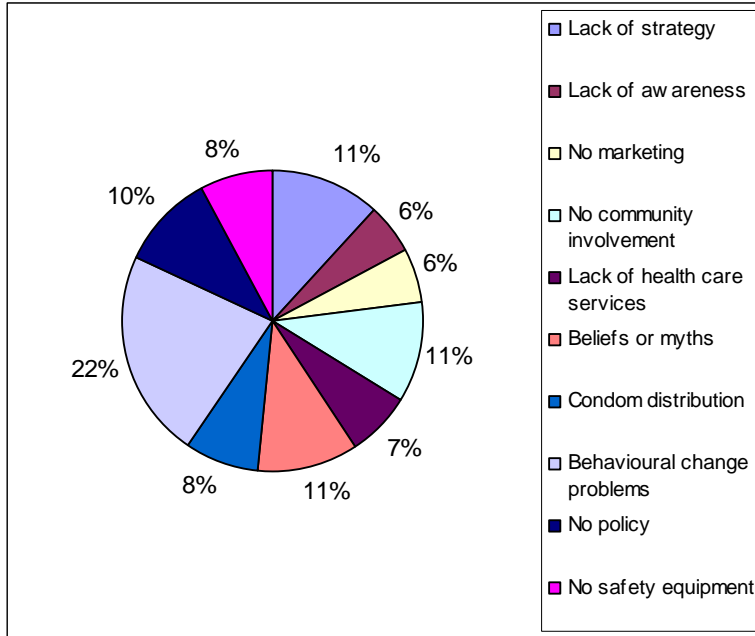
4 Analysis of Data and Survey Results

Excel database was used to capture the data. The data punching was done by programme officer at the Ministry of Education. The data was cleaned and analysed using standard statistical methodology. The data was stratified according to rural versus urban and the different regions. The sample size for Junior Secondary Schools and Senior Secondary Schools was too small and thus could not be stratified.

5 Survey Results

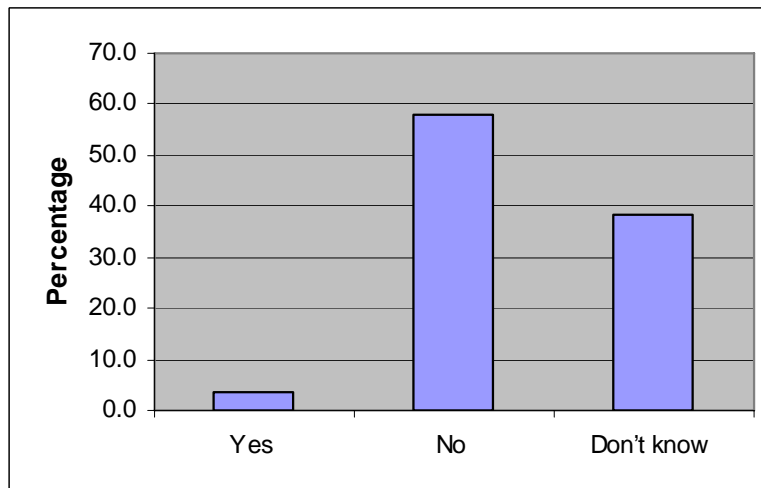
5.1 HIV and AIDS Programme

Figure 5: What problems are you facing with your HIV and AIDS Programme?



Description: Twenty two percent of the respondents reported the behavioural change was the biggest problem that their programme was facing. Interesting that despite all the awareness, 10% reported that the school had no HIV and AIDS policy.

Figure 6: Do you consider that within your HIV and AIDS Programme there is discrimination against people who are HIV positive?

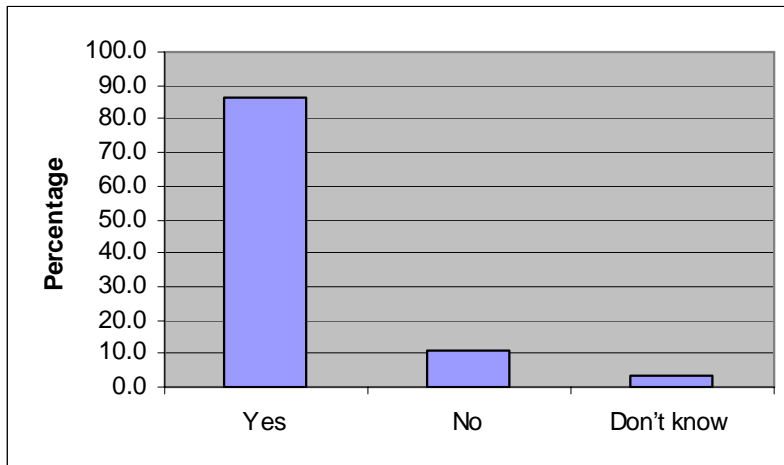


Description: Fifty eight percent (58%) reported that there was no discrimination against people who are HIV positive. Of the School Heads and Deputy Heads that responded 55%

reported that they don't know. **Discussion:** This could indicate the lack of involvement of School Heads and Deputy Heads in the school HIV and AIDS programme.

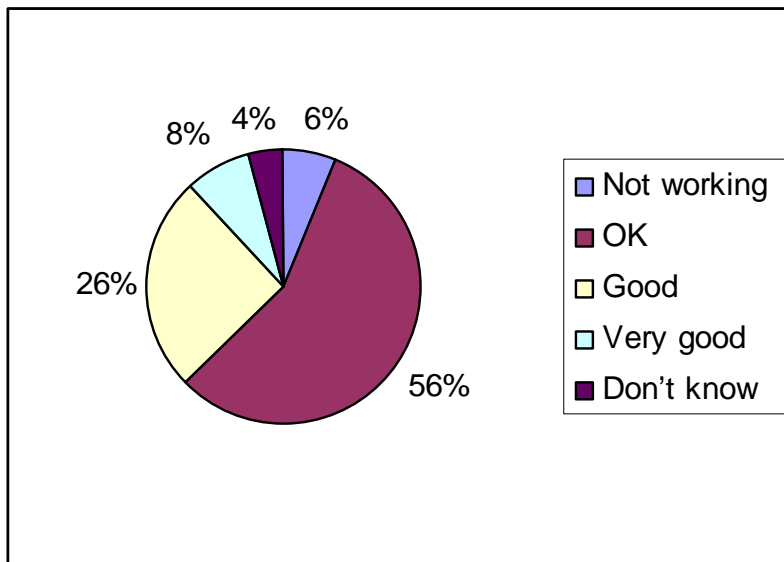
Recommendation: Make it mandatory that the School Head chairs the HIV and AIDS committee.

Figure 7: Do you have a HIV and AIDS Programme at your school?



Description: Most respondents (86%) reported having a HIV and AIDS Programme at their school? Ten percent (10%) reported not having a programme. **Discussion:** This could be in line with the 10% of schools not having a policy as seen in Figure 5

Figure 8: How well is your HIV and AIDS Programme working?

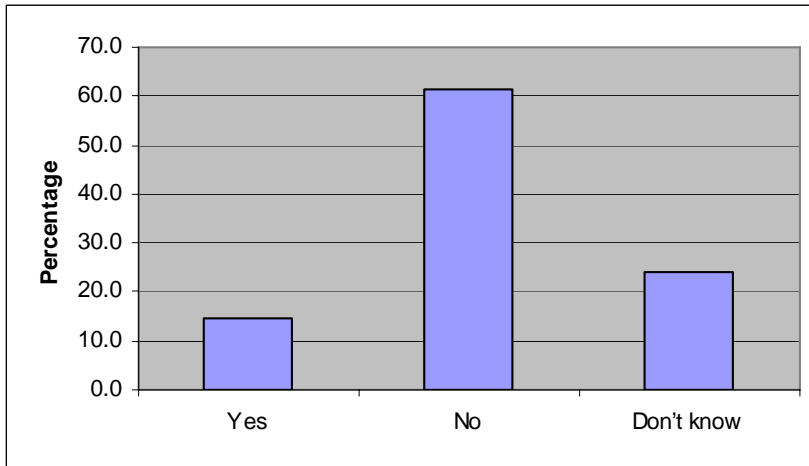


Description: More than half (56%) of the responders reported that their programme was working okay and 34% seemed to think that the programme was working good or very good.

Discussion: The fact that more than half indicated that their programme is working okay may indicate that they may not have the knowledge to assess the components involved in

the successful implementation of an HIV and AIDS programme. **Recommendation:** Develop check lists whereby certain standards are set to assess how well a programme is working.

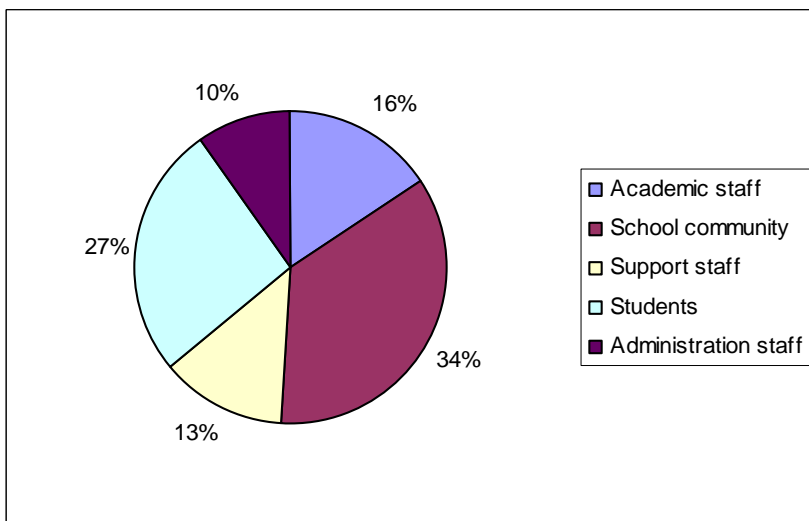
Figure 9: Was a needs assessment study or survey conducted to develop your HIV and AIDS Programme Strategy?



Description: Nearly two thirds (61%) reported that no needs assessment was done. Of the 30% that reported don't know, more than half (54%) were from School Heads and Deputy Heads. **Discussion:** Programmes are being developed haphazardly and involving no thought process in addressing the specific needs of the school community.

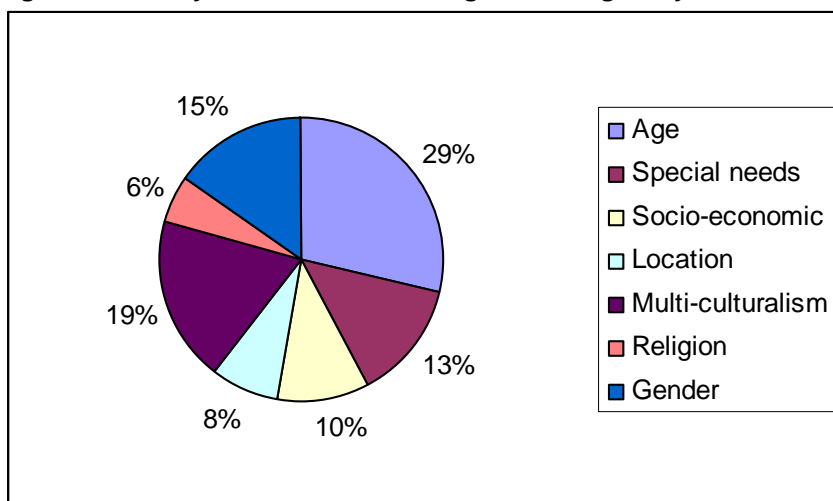
Recommendation: Develop guidelines on how to do need assessments which will guide the development of the programme.

Figure 10: Figure 8: Who benefits from your HIV and AIDS Programme?



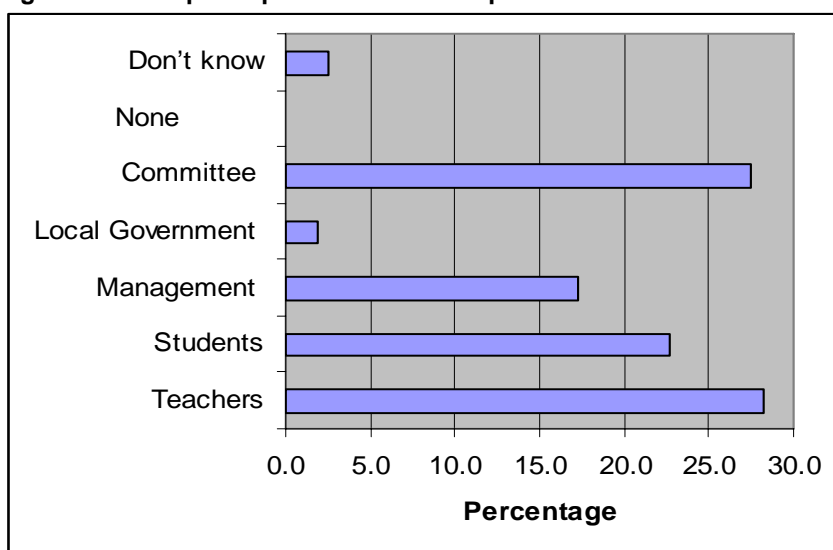
Description: Some schools have specific student targeted programmes. The school community benefits the most followed by the students.

Figure 11: Does your HIV and AIDS Programme target any of the following specific groups?



Description: Nearly one third of the respondents reported that their programme targets specific age groups followed by multi-culturalism and gender. **Discussion:** This figure indicates that the 3 most important groups in a school setting are being addressed.

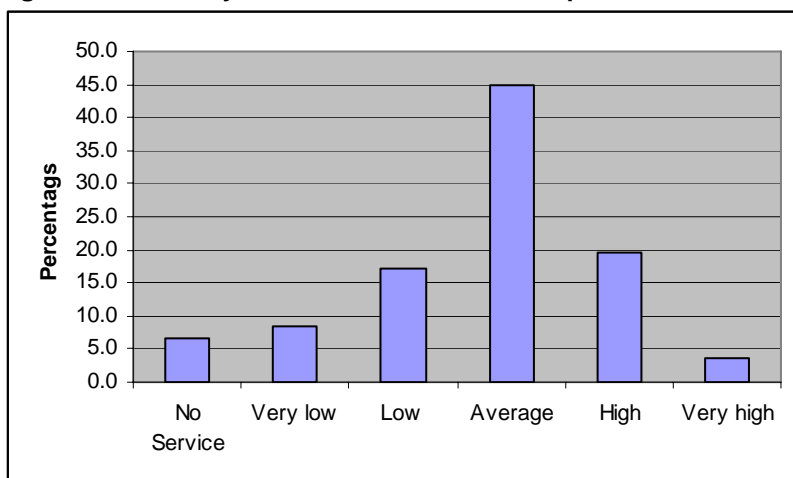
Figure 12: Who participated in the development of the HIV and AIDS Programme?



Description: It was mostly the teachers (28%) and the committees (27%) that participated in the development of the programmes. **Discussion:** There were a high number of students and management involved which indicate a multi-sectoral approach. However this figure also indicates a lack of involvement of other stakeholders outside the school setting.

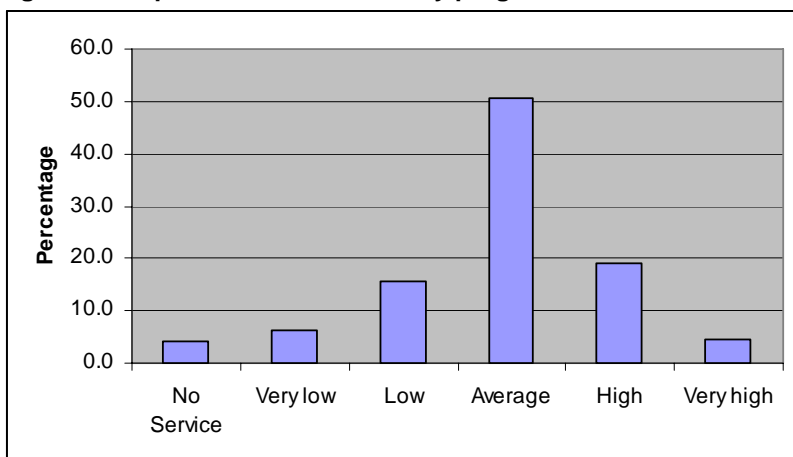
Recommendation: Encourage networking with other stakeholder and service providers where resources could be accessed or shared.

Figure 13: How do you score the service and impact of the life skills programme?



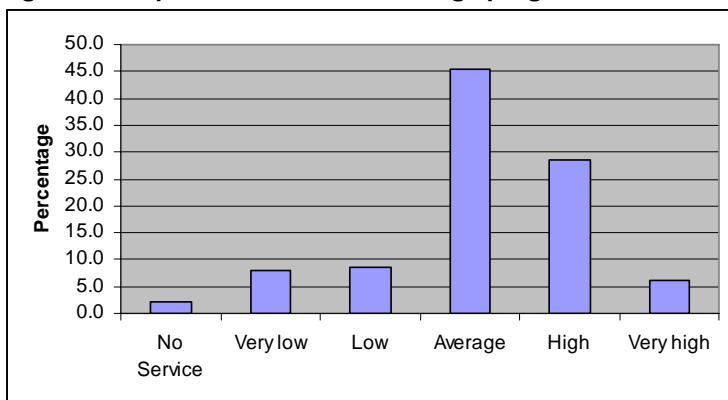
Description: Six percent (6%) of the respondents reported having no life skills programme and those that did most (45%) scored the impact as average. **Discussion:** The Department of Curriculum in collaboration with BOTUSA have developed Life skills materials for the prevention of HIV and AIDS and STI's. All materials have been developed and are ready for printing but so far only level 3 & 4 for lower primary has been printed and is being distributed to schools. It is hoped that all other levels will be printed by the beginning of next year and implemented in the Junior and Secondary schools.

Figure 14: Impact of health and safety programme



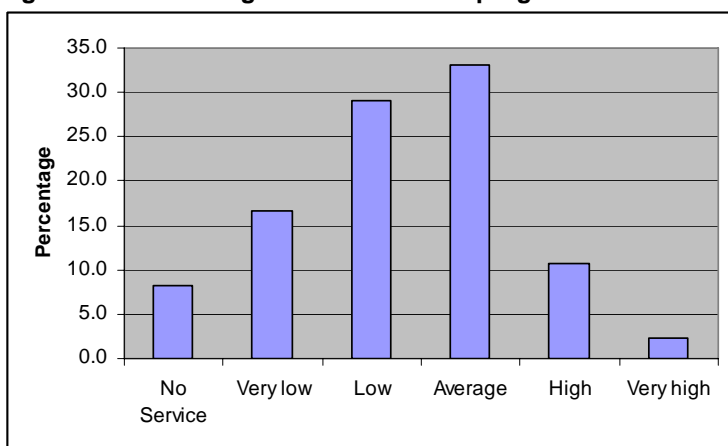
Description: A similar pattern as in figure 13 is found with the Health and Safety programme. Four percent reported having no programme while 50% scored the impact as average. **Recommendation:** Develop a check list of the components of a health and safety programme.

Figure 15: Impact of behavioural change programme



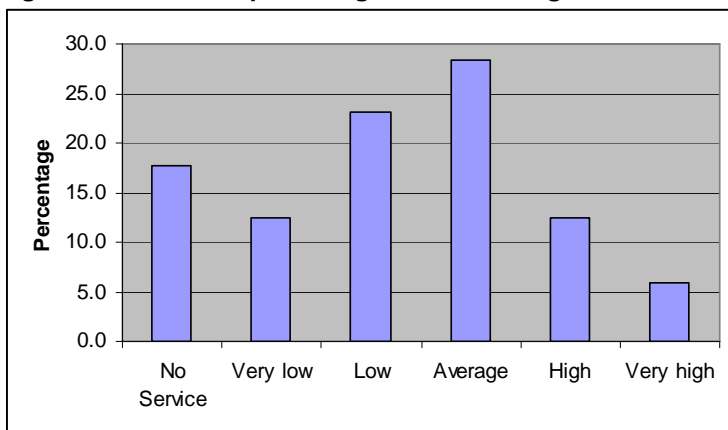
Description: Very few (2.3%) reported having no behavioural change programme while 45% scored the impact as average and 28% as high. **Discussion:** As to be expected a lot of emphasis is put on behavioural change in most HIV and AIDS programmes. Are there sufficient and correct indicators being used to measure the impact? **Recommendation:** Develop guidelines on measuring the impact of behavioural change programmes.

Figure 16: Monitoring and evaluation of programmes



Description: Eight percent (8%) reported having no monitoring and evaluation programme in place while 33% reported the impact as average, 29% as low and 16% as very low. Only 13% reported their impact as high or very high. **Discussion:** As seen in figure 16 and figures 17, 18, 19 and 20 the respondents are scoring the impact of the various components of their HIV and AIDS programme mostly as average. However the figure above indicates that very few (13%) score the impact as high or very high. Thus are the schools correctly measuring the impact? **Recommendation:** Develop guidelines and indicators to monitor and evaluate the various components of a HIV and AIDS programme.

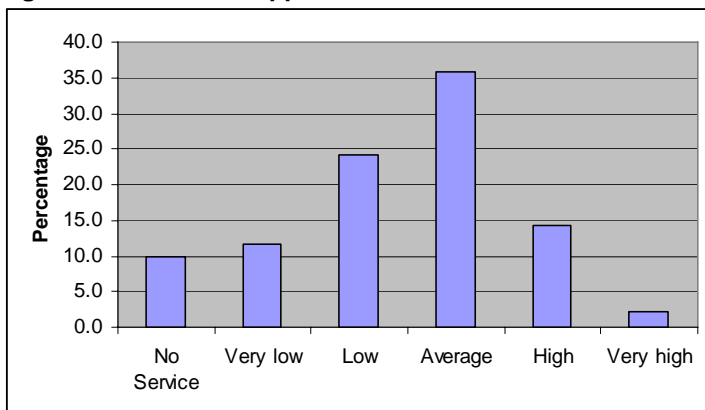
Figure 17: Partnership building and networking



Description: Fifteen percent (15%) reported not networking and building partnerships while 35% rated the impact as very low or low, 28% rated the impact as average and only 12% as high and 6% as very high. **Discussion:** Schools seem to be implementing their programmes in isolation and not tapping into the resources offered by other stakeholders.

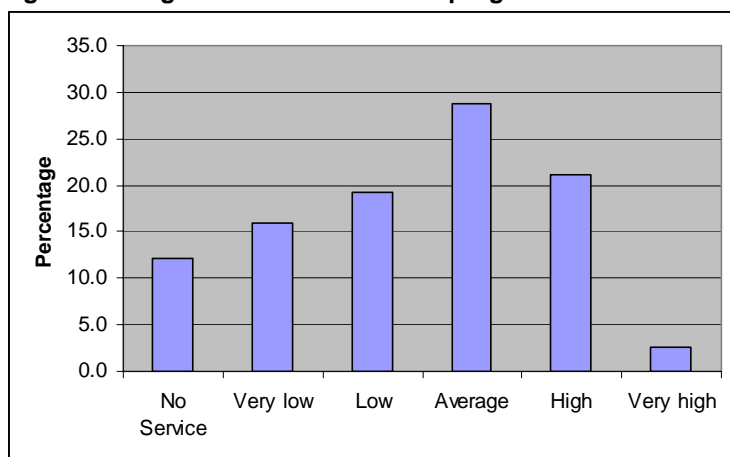
Recommendation: Encourage networking to access or share resources.

Figure 18: Care and support



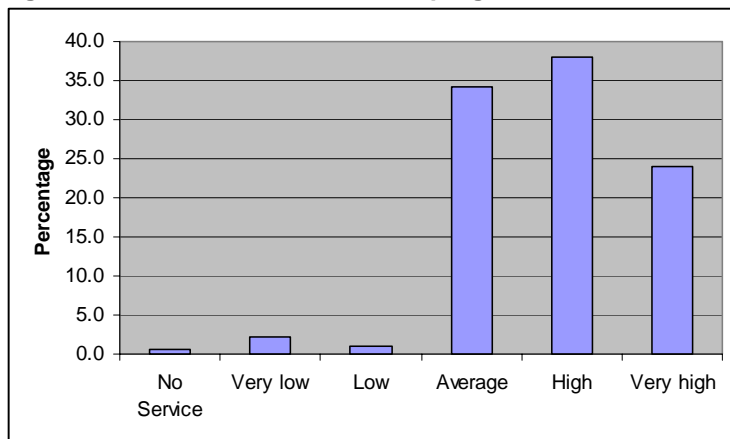
Description: Thirty six percent (36%) rated the impact as average, 24% as low, 12% as very low and 10% reported as having no care and support programme. Only 16% reported the impact as high or very high. **Discussion:** This may indicate that most care and support services are accessed outside the school environment. **Recommendation:** Encourage the formation of support groups for the different target groups within the schools.

Figure 19: Stigma and discrimination programme



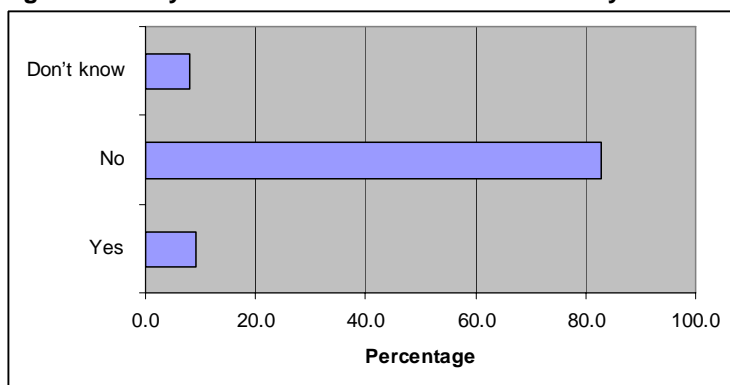
Description: Twelve percent (12%) reported having no stigma and discrimination programme while 35% rated it as very low or low, 29% rated the impact as average, and 24% as high or very high. **Discussion:** With reference to figure 6 that indicated that 58% reported that there was no discrimination in their schools; this figure in contrast indicates the impact as mostly leaning towards the low side. **Recommendation:** Invite PLWA's to visit schools and encourage disclosure and testing.

Figure 20: HIV and AIDS awareness programme



Description: Awareness programmes seem to be mostly implemented as only 0.5% reported having no programme. Thirty four (34%) rated the impact as averaged while 38% rated the impact as high and 24% as very high. **Discussion:** As seen in figure 16 there is not only a lot of emphasis put on behavioural change but also on awareness as part of the HIV and AIDS programme. However is all this awareness making a difference and how is it measured. **Recommendation:** Develop guidelines on how awareness programme play a role in the prevention of HIV transmission, and stigma and discrimination.

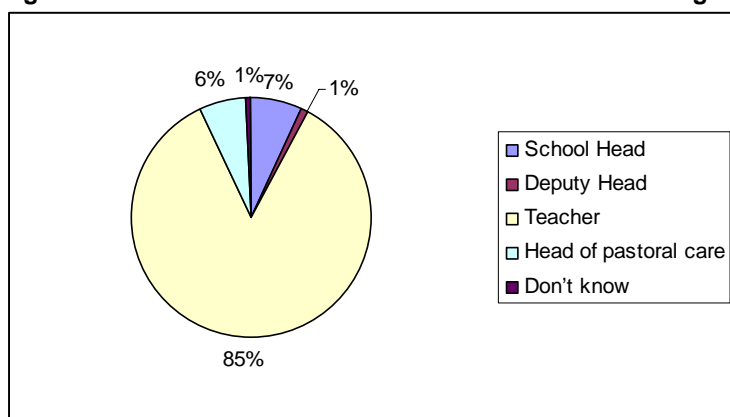
Figure 21: Do you have sufficient resources to run your HIV and AIDS Programme?



Description: Most (83%) reported not having enough resources to run their HIV and AIDS Programme. Only 9% indicated that they have enough resources. **Discussion:** The insufficient resources available could be linked to the lack of networking and forming links with other stakeholders as indicated in figure 17. **Recommendation:** Encourage visits to the DMSAC's, NGO's etc where resources could be accessed or shared. Encourage the implementation of activities that do not need lots of resources e.g. sports, newsletters, drama etc.

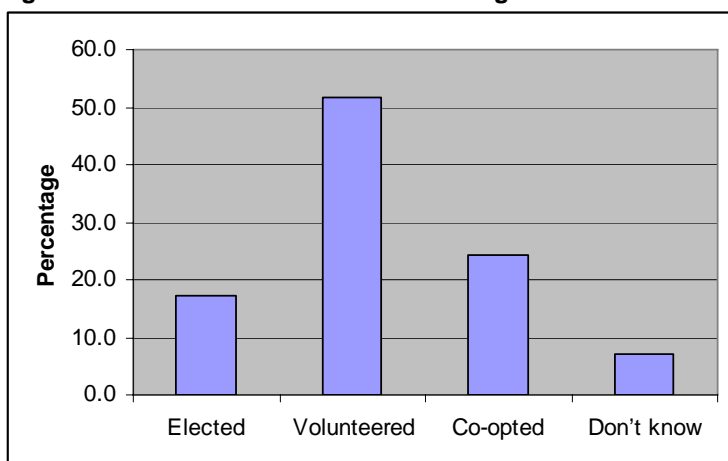
5.2 Leadership of the HIV and AIDS Programme

Figure 22: Who is the coordinator of the HIV and AIDS Programme at your school?



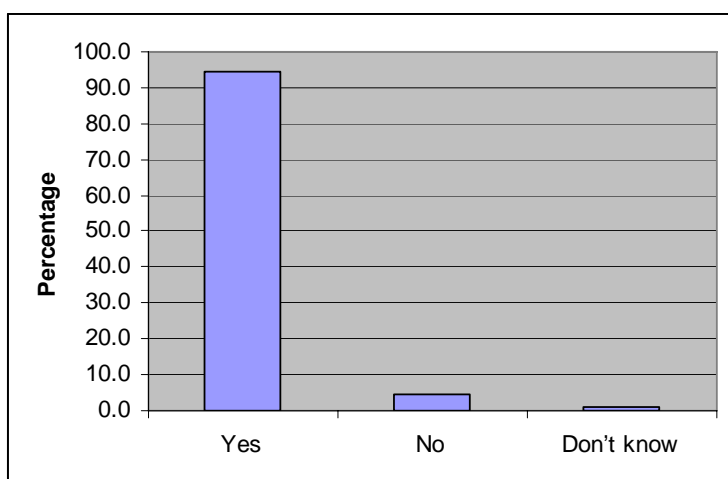
Description: Mostly teachers (85%) coordinate the HIV and AIDS programme. Only 7% are coordinated by School Heads and 1% by Deputy Heads. **Discussion:** This could indicate that Heads are unaware of how to implement a programme. **Recommendation:** Encourage more involvement of management in the HIV and AIDS programme and make it mandatory for the School Head to be an *ex officio* member of the HIV and AIDS committee.

Figure 23: How was the HIV and AIDS Programme coordinator selected?



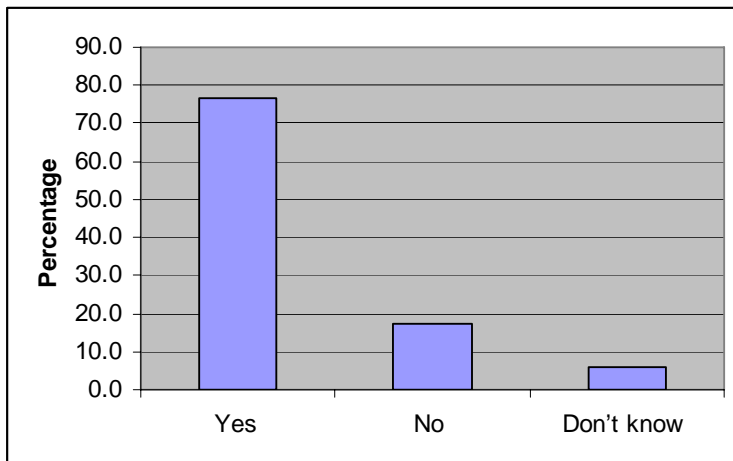
Description: More than 50% volunteered for the position as coordinator. Only 17% were elected and 24% co-opted. **Discussion:** Often volunteers do not have the skills or sufficient knowledge to coordinate the HIV and AIDS programmes. **Recommendation:** This could indicate that guidelines should be developed in the selection of coordinators as some that volunteer may not be skilled in running an HIV and AIDS programme.

Figure 24: Does the school have a HIV and AIDS Programme Committee?



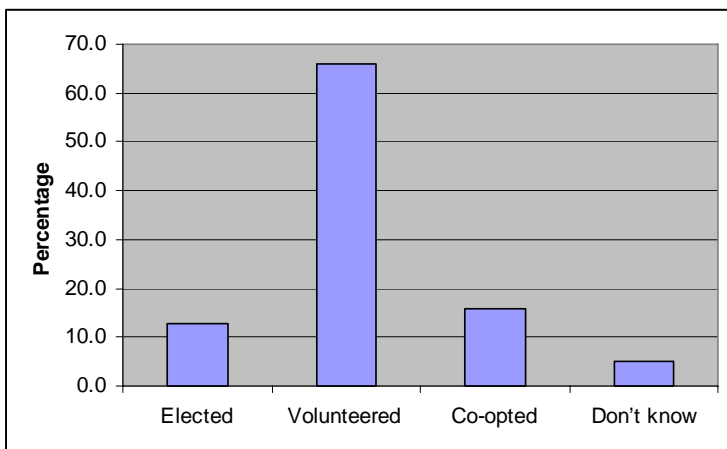
Description: Most schools (94%) reported having a HIV and AIDS committee. **Discussion:** The fact that most schools have a committee may not indicate that they are effective. **Recommendation:** Develop guidelines on the reporting structures of the activities of the HIV and AIDS programme committees.

Figure 25: Is the HIV and AIDS Programme Committee representative of the school community?



Description: Seventy six percent (76) indicated that the committee is representative of the school community. **Discussion:** Although 76% reported that the committee is representative of the school community, does it represent management?

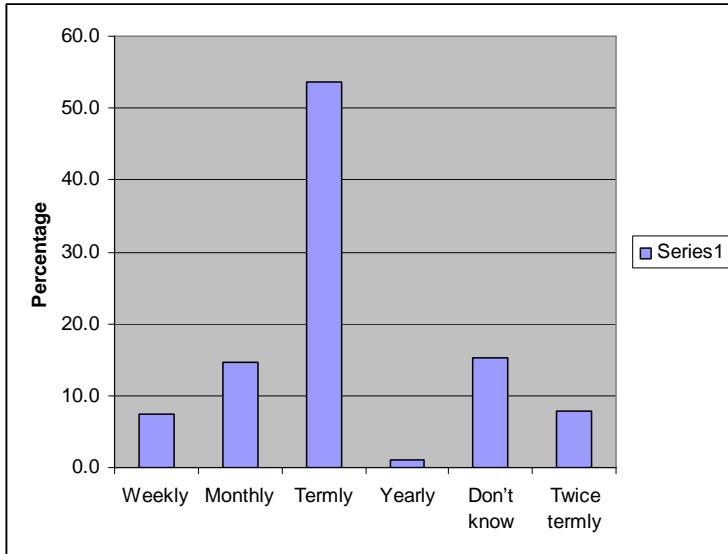
Figure 26: How were members of the HIV and AIDS Programme Committee selected?



Description: As seen in figure 21 most (66%) of the committee consisted of volunteers and only 16% were elected and 5% co-opted. **Discussion:** Often volunteers do not have the skills or sufficient knowledge to coordinate the HIV and AIDS programmes

Recommendation This could indicate that guidelines should be developed in the selection of committee members as some that volunteer may not be adequately skilled in running an HIV and AIDS programme. Training should be provided on programme development, implementation and management.

Figure 27: How often do the HIV and AIDS Programme Committee meet?

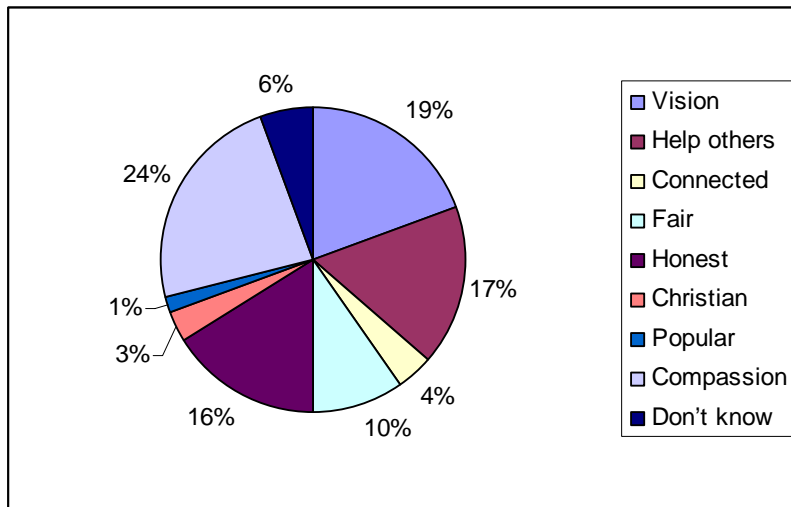


Description: Most of the committees (58%) meet termly, 8% twice termly. 16% monthly and 8% weekly.

Discussion: Some reported that they only meet when the need arises. Interestingly that of the 15% that reported that they did not know how often the committee meets, 10% were the School Heads and 16% the Deputy Heads.

Recommendation: Guidelines should be given to all schools as to how often the committee should meet in order to strengthen the implementation of the programme.

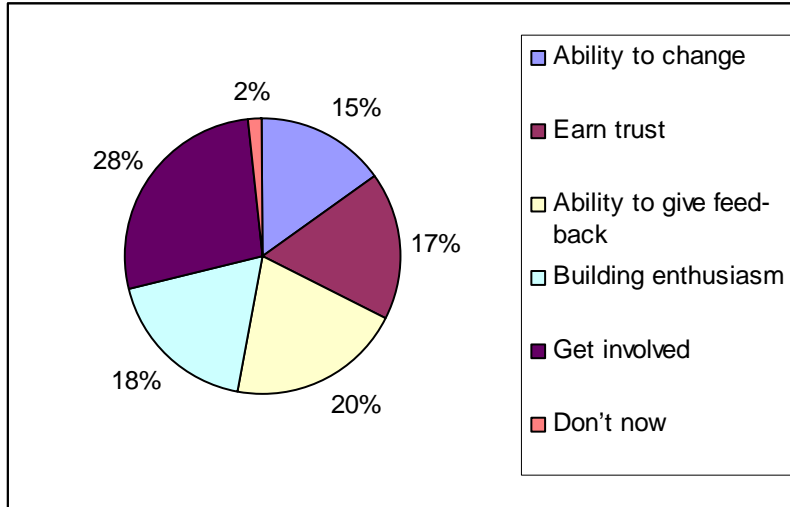
Figure 28: What qualities were you looking for in your coordinator of the HIV and AIDS Programme?



Description: Almost a quarter (24%) indicated that a coordinator should have compassion while 19% indicated someone with vision and 16% the willingness to help others.

Recommendation: Again clear guidelines should be developed in what qualities and skills a coordinator should have.

Figure 29: What leadership competencies were you looking for in the coordinator of the HIV and AIDS Programme?

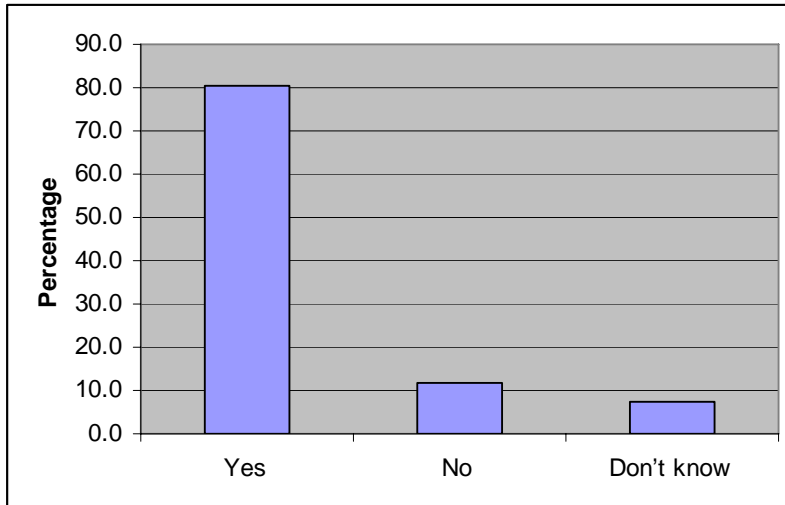


Description: Just over a quarter (28%) indicated that a leader should be someone that gets involved with the programme and 20% indicated the ability to give feedback.

Recommendation: All the above qualities are important in leadership competencies and guidelines should be developed for leadership skills in coordinators.

5.3 Your HIV and AIDS Programme Activities

Figure 30: Does the HIV and AIDS Programme have calendar activities?



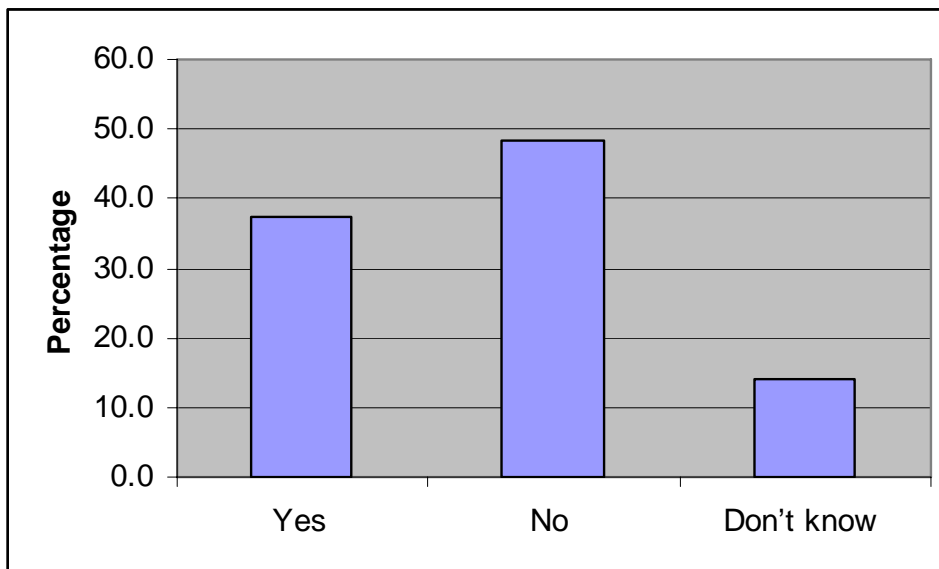
Description: Eighty percent (80%) reported that their programme has planned calendar activities.

Description: Figure 30 indicates that there are various activities that are been implemented.

Discussion: However it also indicates that resources are not been utilized effectively and activities that need little resources are not being implemented.

Recommendation: Encourage visits to the DMSAC's, NGO's etc where resources could be accessed or shared to implement activities that need resources. Encourage the implementation of activities that do not need lots of resources e.g. sports, newsletters, drama etc.

Figure 33: Are you monitoring and evaluating the impact of HIV and AIDS in your school?

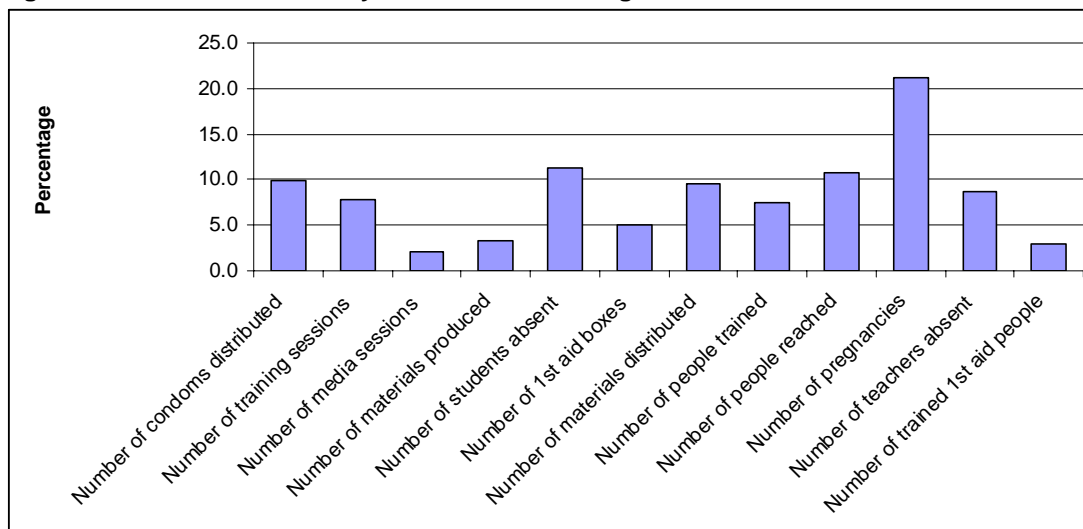


Description: Just over a third (37%) of the respondents indicated that they are monitoring and evaluating the impact of HIV and AIDS in the school. Forty eight percent (48%) reported having no monitoring and evaluation in place.

Discussion: This high number of those that do monitoring could be as a result of using data that has been routinely collected like, the number of pregnancies or absenteeism, and not specific data related to the HIV and AIDS programme.

Recommendation: Develop guidelines and indicators to monitor and evaluate the various components of a HIV and AIDS programme.

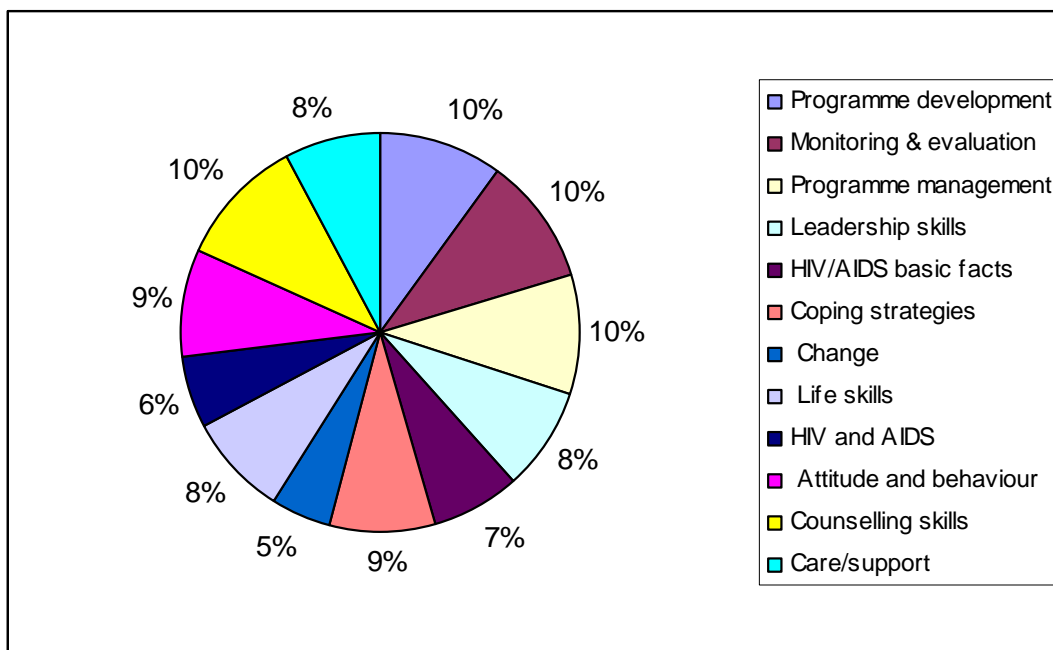
Figure 34: What indicators do you use for monitoring BCC?



Description: The most frequent indicator used to monitor BCC is the number of pregnancies (23%), follow by number of students absent. **Discussion:** As commented in figure 32 the high number of those indicators could be as a result of using data that has been routinely collected like, and not specific data relating to the HIV and AIDS programme.

5.5 The Training Needs of your HIV and AIDS Programme

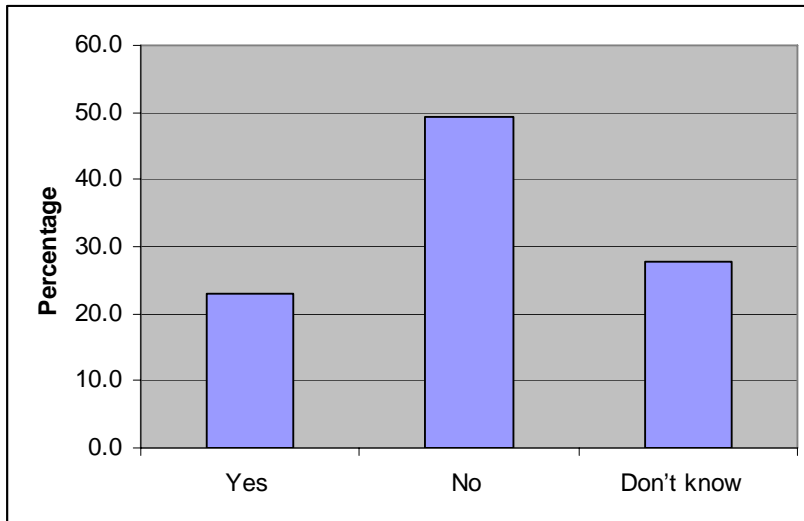
Figure 35: What kind of training is relevant to your school to ensure successful implementation of your HIV and AIDS Programme?



Description: The training needs for the successful implementation of the programme is fairly evenly distributed. **Discussion:** The low request for change management may

indicate that there is low awareness among management in changes that have to be made in managing schools in the era of HIV and AIDS.

Figure 36: Is the Ministry of Education supporting your HIV and AIDS Programme adequately?



Description: Nearly half (45%) indicated that the Ministry of Education was not supporting their HIV and AIDS programme adequately. Only 23% were satisfied with the support.

Recommendation: Ministry must do an assessment of what support the schools need and can at the same time promote networking and links with the different stakeholders.

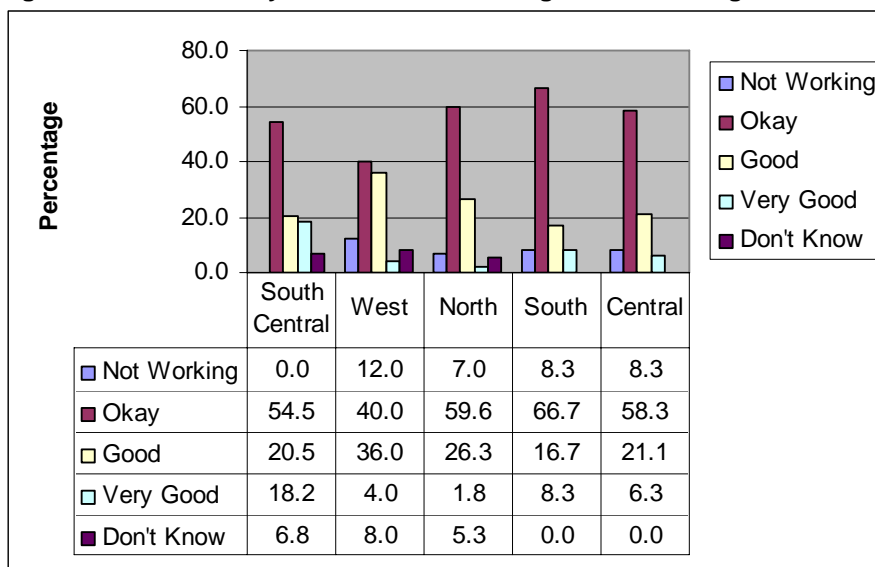
Rural versus Urban

There were no significant differences for any of the responses to the questions in the groups stratified urban versus rural.

Regional differences

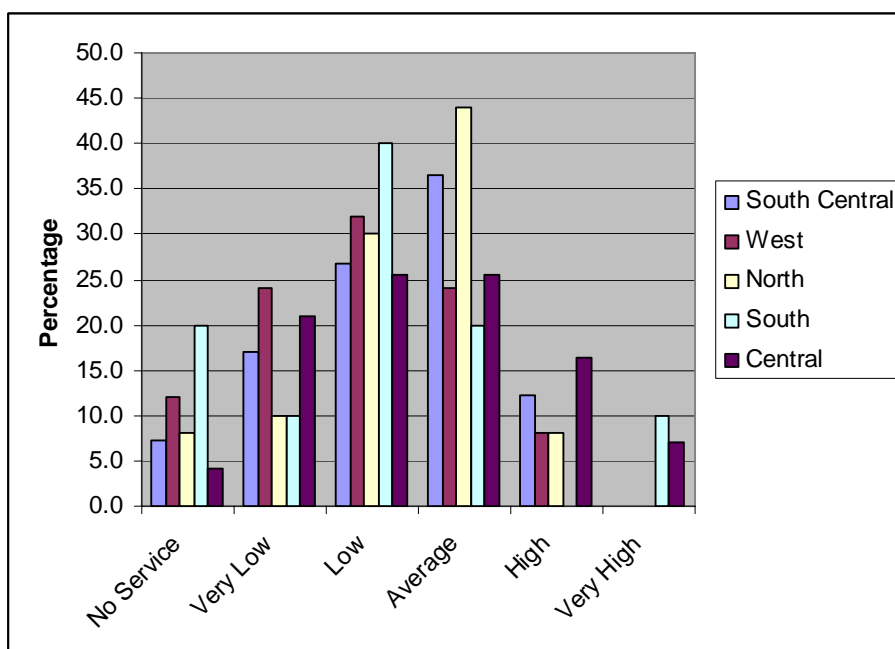
Although not significant, there were some slight differences in the responses for some of the questions among the different regions.

Figure 37: How well is your HIV and AIDS Programme Working?



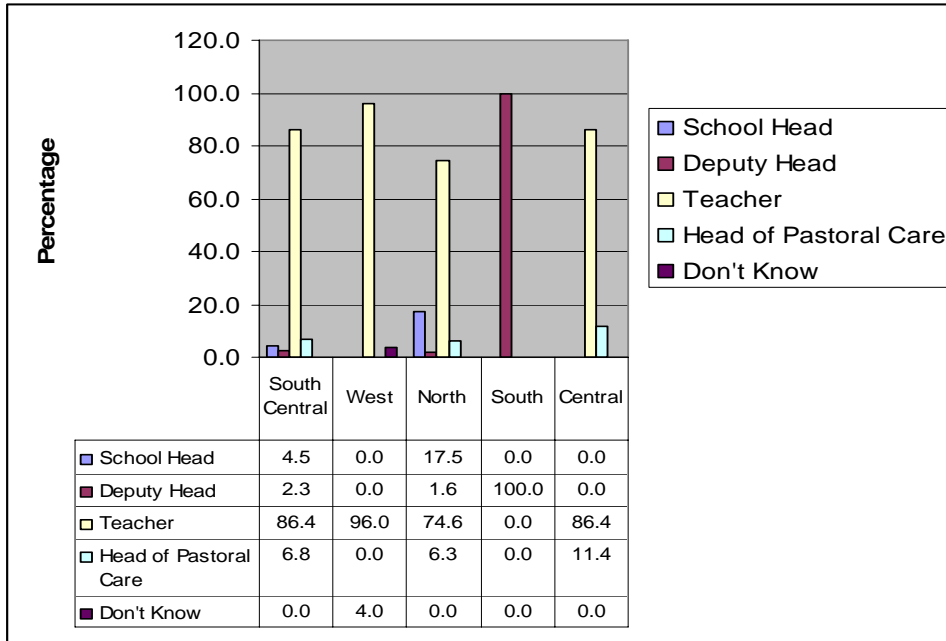
Description: The highest number of respondents from the West region reported that their programme was working quite well (36%). However the same region reported having the highest number of those with no programme (12%). South Central reported having the highest number of programmes that are working very well (18.2%).

Figure 38: How would you score the impact of monitoring and evaluation on your programme?



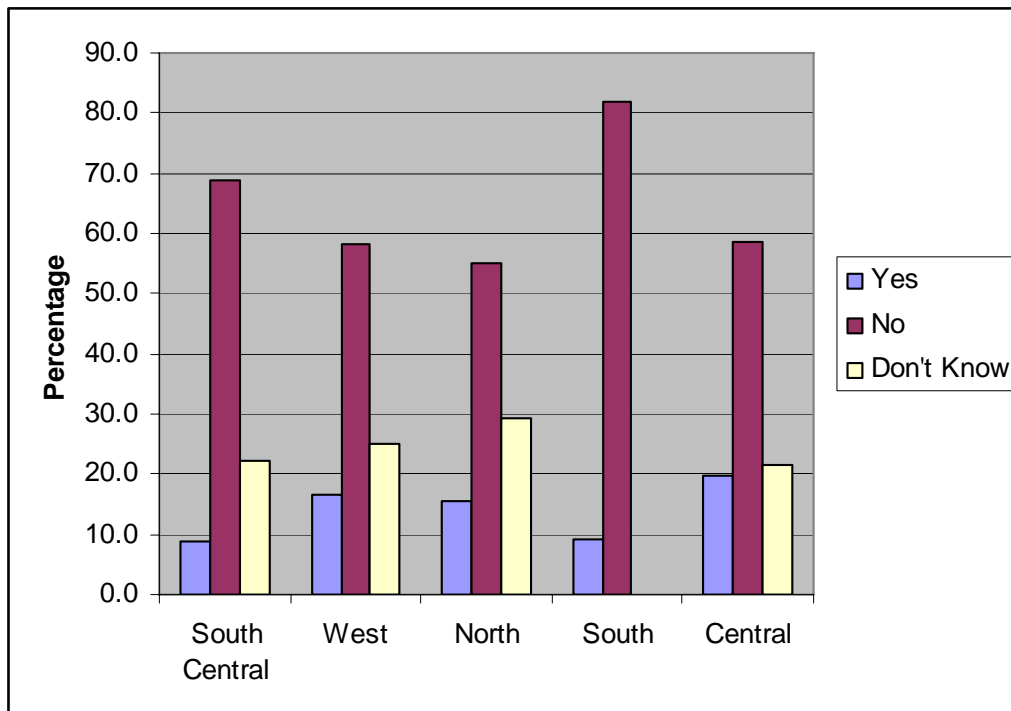
Description: All of the regions scored the impact of monitoring and evaluation of their programme as low or average.

Figure 39: Who is the coordinator of the HIV and AIDS Programme at your School?



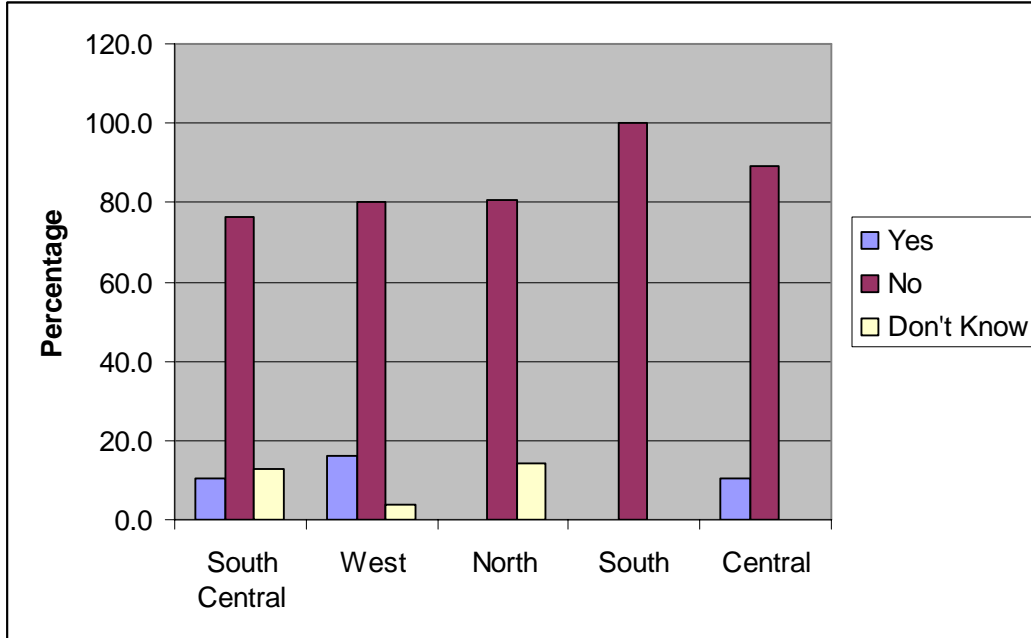
Description: In four out of the 5 regions it is mainly the teachers that coordinate the HIV and AIDS programme **Discussion:** Low involvement of Management is seen in most regions.

Figure 40: Was a needs assessment study/survey conducted to develop your HIV and AIDS Programme Strategy?



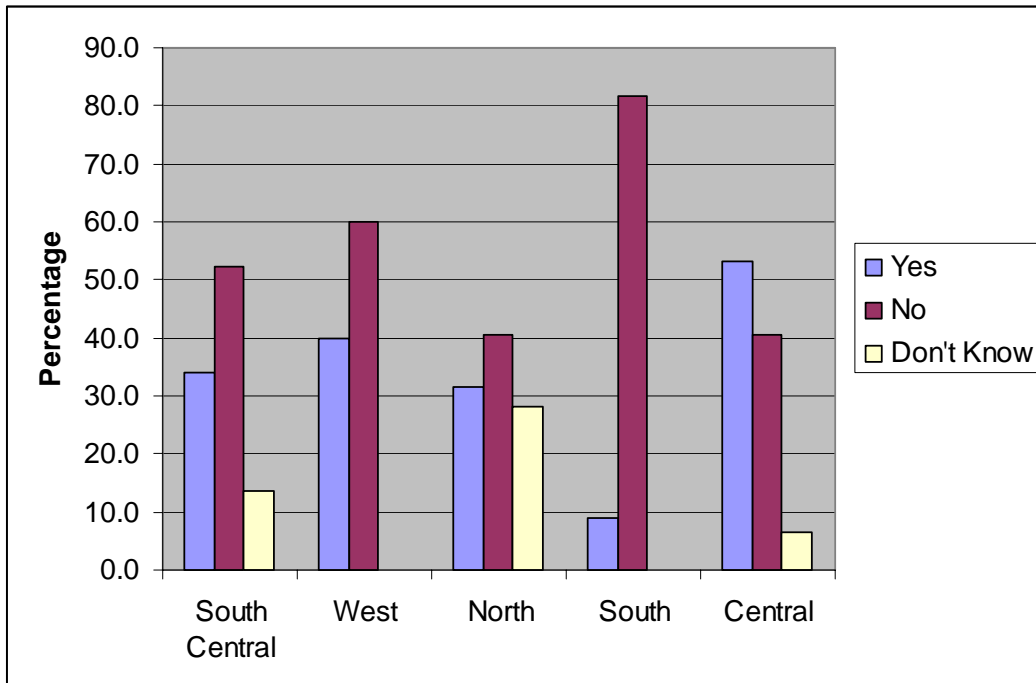
Description: More than half of the respondents reported having done no needs assessment and this pattern was seen in all regions. **Description:** Develop guidelines on how to do need assessments for all regions to guide programme development.

Figure 41: Do you have sufficient resources to run your HIV and AIDS Programme?



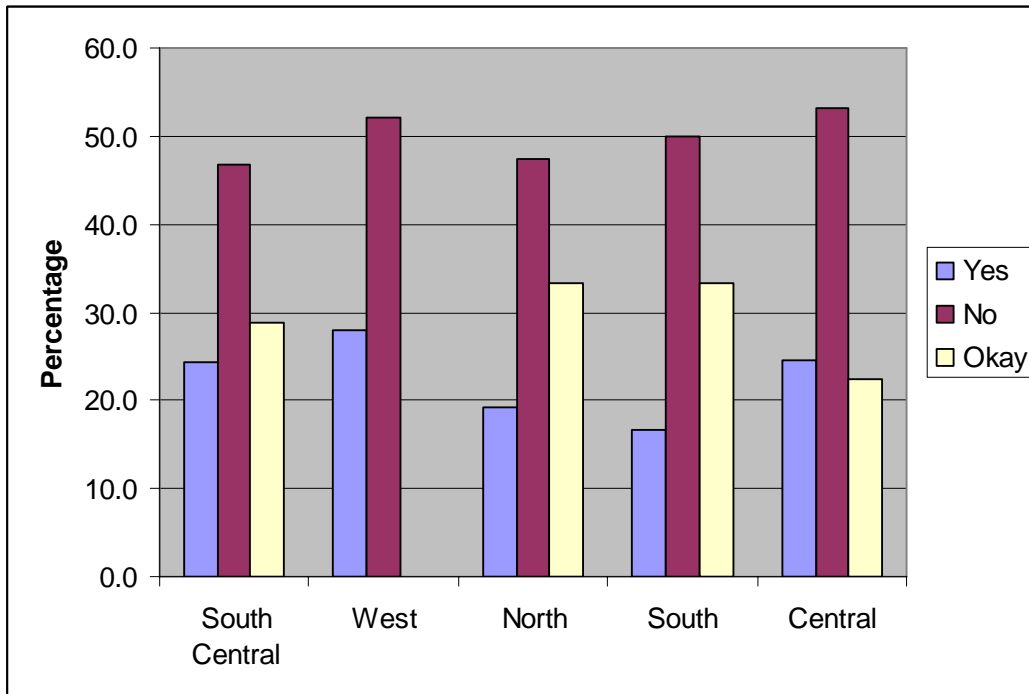
Description: All regions reported not having enough funds to run their HIV and AIDS programme.

Figure 42: Are you monitoring & evaluating the impact of HIV and AIDS in your school?



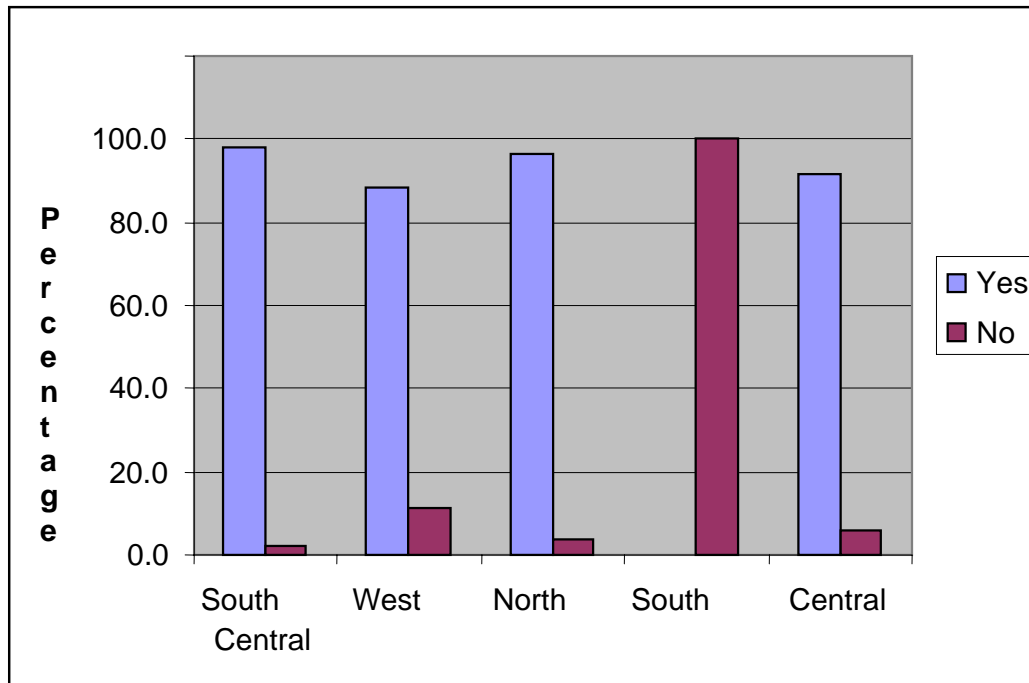
Description: Most schools in all the regions are not monitoring and evaluation their programme.

Figure 43: Is the Ministry of Education supporting your HIV and AIDS Programme adequately?



Description: All regions reported not getting enough support from the Ministry of Education.

Figure 44: Does the School have a HIV and AIDS Programme Committee?



Description: All regions except South reported a high percentage (>82%) of schools having a HIV and AIDS programme. The fact the South reported 0% could be due to the fact that only 14 questionnaires were returned, thus the sample was too small.

Table 5: Which HIV and AIDS monitoring & evaluating techniques were mostly used in your school?

	South Central	West	North	South	Central
First	Pregnancy 20.4%	Pregnancy 23.8%	Pregnancy 22.2%	Pregnancy 25%	Pregnancy 19.8%
Second	Condoms distr 14%	People reached 19.0%	Students absent 13.6%	People reached 12.5%	People reached 14.0%

Description: All regions reported as using the number of pregnancies as their first line indicator to evaluate the impact in their schools.

Table 6: What kind of training is relevant to your school to successfully implement programme?

	South Central	West	North	South	Central
First	Life skills 9.3%	Programme development 11.4%	Programme development 11.4%	Attitude & behaviour 14%	Programme management 11.9%
Second	Monitoring & evaluation 8.7%	Monitoring & evaluation 11.4%	Monitoring & evaluation 11.2%	Leadership skills 14%	Monitoring & evaluation 11.2%

Description: West, North and Central indicated that most of all they need programme management training while South Central reported life skills training and South attitude and behaviour change training. The second training need for regions South Central, West, North and Central was Monitoring & Evaluation training. South indicated Leadership skills training.

Recommendation: There is a great shortcoming of monitoring and evaluation overall and this training should be a priority.

Table 7: What problems are you facing with your HIV and AIDS Programme & what interventions are you implement to overcome problems?

	South Central	West	North	South	Central
First	Behavioural change 25.7%	Behavioural change 22.2%	Behavioural change 20.9%	Behavioural change 25.7%	Behavioural change 22.4%
Second	Policy 20.0%	Beliefs/Myths 17.3%	Beliefs/Myths 11.4%	Policy 20.0%	Community Involvement 12.7%

Description: All regions reported that behavioural change as being their biggest challenges. South Central and South reported that policy development was their second biggest challenge while West and North reported beliefs & myths and Central community involvement.

6 Project Sustainability

The Division of Management and Training has a recurrent budget line for training which will be used to sustain the project. This budget line also covers HIV and AIDS training in schools and the Regional Education Officer. In terms of personnel there are staff Development Coordinators at school level and Principal Education Officers (Management and Training) at Regional level. The Schools' Inspectorate Division will continuously monitor and evaluate HIV and AIDS Activities in schools. The Ministry of Education has an AIDS Coordinating Unit which coordinates the Ministry's response. The project will run along the lines of a sustainable and participatory programme. The main thrust will be the integration of HIV and AIDS management issues into a larger division of management and training agendas.

7 Discussions and Conclusions

HIV/AIDS is undoubtedly one of the largest threats to the development of Botswana. The most obvious effect of this crisis has of course been illness and death. However the impact of the epidemic has certainly not been confined to the health sector; households, education, workplaces and economies have been significantly affected, along with other sections of society. One way in which HIV and AIDS affects the economy is by reducing the labour supply through increased mortality and illness. Amongst those who are able to work, productivity is likely to decline as a result of HIV-related illness. Government income also declines, as tax revenues fall and the Government is pressured to increase their spending to deal with the rising HIV prevalence.

In 2005, life expectancy at birth in Botswana was 34 years with a 13% chance of reaching the age of 65 (UNAIDS). This is a national crisis and turning the tide will take a committed and coherent effort from both the Government and the public. President Festus Mogae summed up the situation in LA Times in 2001 by saying: *"We are threatened with extinction. People are dying in chillingly high numbers. It is a crisis of the first magnitude."*

The relationship between AIDS and the education sector is circular – as the epidemic worsens, the education sector is damaged, which in turn is likely to increase the incidence of HIV transmission. There are numerous ways in which AIDS can affect education, but equally there are many ways in which education can help the fight against AIDS. The extent to which schools and other education institutions are able to continue functioning will very much rely upon an effective campaign to reduce the number of infected teachers and students within the near future.

The survey and analysis of its responses in this report point towards that this commitment is lacking both from the school community, including the schools themselves and central Government. There are no trends indicating any improvements of HIV and AIDS infection rates among student and teachers. The lack of engagement and commitment among school heads and deputy heads in the survey is worrying. The teacher's response seems to look upon HIV and AIDS programmes as a burden, taking the focus off the core school functions. All the schools were of the opinion that both the support and financial resources allocated to prevent HIV and AIDS within the school communities are far below what is needed to address HIV and AIDS adequately.

Any programme requires an appropriate set of performance indicators to monitor the impact of the various initiatives as well as the ultimate goal and national vision of no new infections by 2016. The survey indicates that such monitoring systems are not sufficiently standardised or implemented. Proper indicators to measure the ongoing activities of HIV infection rates within the school community are not present nor is there the capacity to analyse and utilise the information.

Since the beginning of 2004, HIV tests have been offered as a routine part of checkups in public and private clinics in Botswana. The testing is part of the standard routine but people who do not want to be tested can opt out. Botswana was the first country in Africa to have a national policy of routinely offering an HIV test at clinics. HIV testing has however not been offered to the stakeholders within the school community.

A decline in school enrolment is one of the most visible effects of the epidemic. This will in itself have an effect on HIV prevention, as a good basic education ranks among the most effective and cost-effective means of preventing HIV infection (World Bank 2006). The real opportunity to change behaviour within the society is within the obligatory school system. It is a well known fact that changing life values and attitudes within children and youth is far easier than influence these changes in the adult population. It is therefore of paramount importance to increase both the human and financial effort where the impact may give the best result. The educational system represents such an opportunity.

Finally, the larger network of charity organisations, churches and donor initiatives are not utilized to source additional funds or expertise to support present schemes in accordance with the survey. A wider and more proactive approach may create synergy advantages as well as more funds to address the effect of the epidemic within the school community.

8 Recommendations

The recommendations are structured in accordance to the objectives of the study and divided into the areas of developing capacity in the management of HIV and AIDS in the secondary schools, enable secondary schools to develop monitoring and evaluation tools for HIV and AIDS programmes and to institutionalise self-monitoring and evaluation mechanisms

8.1 To Develop Capacity in the Management of HIV and AIDS in the Secondary Schools

8.1.1 BEHAVIOUR CHANGE INITIATIVES

Experience with behaviour change programmes are variable and seems to have little impact on the adult population. It is however an effective tool towards children and adults and consequently need further strengthening within the school curriculum. It is recommended to develop a national curriculum including training of trainers for implementation of a programme that includes a minimum of 2 hours a week to address HIV and AIDS issues and belonging problems. As many teachers as possible should be involved in this education as this also will raise awareness and consciousness among the school staff.

8.1.2 VOLUNTARY TESTING WITHIN THE SCHOOL COMMUNITY

Health officials believe that routine testing is a good way to help prevention programmes and to lessen the burden on hospitals by helping people to access treatment at an earlier stage of disease. This policy needs to be extended into the school system and all school staff and students should be offered a free opportunity to be tested at the school annually. The initiative and invitation to do this should be well argued and explained by the school head to all the people involved. Students will obviously need consent from parents to do so but this should not be an obstacle – rather an opportunity to focus on the issue. The results will give early warning to those who are infected and consequently both extend and save lives. The statistics will contribute to monitor the effectiveness of the HIV and AIDS programmes. This recommendation is therefore also valid in support of 8.1.1

8.1.3 INVOLVEMENT OF SCHOOL HEADS AND DEPUTY SCHOOL HEADS

The survey shows a discomfoting low knowledge and engagement from the school heads and deputy school heads. This is hampering the effect to any HIV and AIDS initiative as it clearly must be perceived as a non-priority concern by the school community. It is recommended to develop guidelines, checklists, information, material/manuals and

workshops that ensure the understanding and support from this group of school managers. Leadership by example is important and vital for any intervention and initiative in this regard.

8.1.4 TARGET GROUPS

General statistics and the survey shows that certain groups are more exposed to the risk of being infected by HIV and AIDS than others. It is recommended to specifically target these groups together with younger students who are most probably negative due to not being sexually mature. This is a sensible approach if priorities due to financial and human resources have to be made.

8.2 To Enable Secondary Schools to Develop Monitoring and Evaluation Tools for HIV and AIDS Programmes

8.2.1 DEVELOPMENT OF MONITORING AND EVALUATION TOOL

Most of the responses to the survey indicate that the majority of the schools have a HIV and AIDS programme but the ability to monitor the efficiency and impact of the various initiatives seems poor. It is therefore recommended to look at this issue in two dimensions namely indicators that relate to specific activities or programmes and indicators that actually measure trends related to HIV and AIDS infection. It is recommended to define a set of standard indicators for both projects and overall monitoring of HIV infection rates. A related reporting system and a centralised database are needed which also can take advantage of the national performance and trends within the school system.

8.2.2 INCREASED HUMAN AND FINANCIAL RESOURCES TO COMBAT HIV AND AIDS

The survey clearly indicates that there are not enough resources available from the Government to adequately address HIV and AIDS. It is recommended to conduct a needs assessment and feasibility study to analyse the situation and determine the requirements of a sustainable and viable programme for the schools. This activity must be linked to the recommendations related to the establishment of general guidelines and checklists that are constantly being monitored and evaluated.

8.2.3 STANDARDISED SELECTION CRITERIA FOR HIV AND AIDS COORDINATORS

The survey points out that various criteria and practises are used in the selection process of HIV and AIDS coordinators. It is recommended to create guidelines for this process both in terms of recruitment procedures and selection criteria's.

8.2.4 STANDARDISED WORK DESCRIPTION WITH REPORTING RESPONSIBILITIES FOR HIV AND AIDS COORDINATORS

The survey indicated that there are various work practises and areas being targeted by the different schools. The perceived effect of the activities also varies extensively. It is recommended that clear guidelines and manuals, for the HIV and AIDS coordinator, are developed which will assist the person in carrying out his/her tasks as effectively as possible.

8.2.5 COMMON FORA FOR INFORMATION SHARING AND LESSONS LEARNED

Lessons learned and a broader discussion forum is necessary to share knowledge and experiences. It is therefore recommended to facilitate a regional or national workshop annually for this purpose.

8.2.6 TO INSTITUTIONALISE SELF-MONITORING AND EVALUATION MECHANISMS

Self-monitoring and evaluation have to be defined and tested to enable the individual schools to measure the effect of individual activities as well as an overall trend related to the rate of HIV and AIDS infections. It is recommended to develop these tools in conjunction with the monitoring routines recommended in 8.2.1. It is recommended that these tools are identified within a larger needs and feasibility study aiming at harmonising HIV and AIDS activities at a national level.

8.2.7 DEVELOPMENT OF GUIDELINES AND CHECKLISTS

To evaluate and improve HIV and AIDS programmes in the schools there must an agreement on minimum standards of practice and how to conceptualise and operationalise excellence.

It is recommended for monitoring and evaluation purposes as well as for uniformity that guidelines and checklists be developed by the Department of Secondary Education. Guidelines and checklists should be developed for all the points in Table 8.

Table 8: Ten standards towards excellent HIV and AIDS programmes

1	Planning: A detailed strategic plan of action, based on actual needs with clear measurable goals.
2	Mobilising: Commitment, understanding and support from leadership of the school with shared vision.
3	Coordinator Infrastructure: Have carefully selected and well trained coordinators.
4	HIV and AIDS Committee: Have members that are carefully selected and trained with clearly defined roles, performance standards and responsibilities.
5	Linkages: Form linkages with partners that can support structures needed for the programme.
6	Programme activities: Implement activities that specific to the needs of the school community as determined by the needs analyses.
7	Management: Ensure that the coordinator and committee members are managed and that the delivery of their roles is quantifiable and implemented effectively.
8	Reporting: Develop templates and reporting structures
9	Monitoring and evaluation: Have realistic monitoring and evaluation plans in place that include documentation, reporting and information management.
10	Sustainability: Have a practical and operative sustainability plan in place.



9 Annexes

9.1 Literature Review

Factors associated with teachers' implementation of HIV/AIDS education in secondary schools in Cape Town, South Africa. Mathews C, Boon H, Flisher AJ, Schaalma HP. *AIDS Care* 2006;18(4).

This study investigated the factors influencing whether high school teachers implemented HIV/AIDS education. The independent variables included constructs derived from expectancy value theories, teachers' generic dispositions, their training experience, characteristics of their interactive context, and the school climate. A postal survey of 579 teachers responsible for AIDS education in all 193 public high schools in Cape Town was conducted. Questionnaires were completed and returned by 324 teachers (56% response rate) from 125 schools. Many teachers (222; 70%) had implemented HIV/AIDS education during 2003, and female teachers were more likely to have implemented it than males (74% vs. 58%). The teacher characteristics associated with teaching about HIV/AIDS were previous training, self-efficacy, student-centeredness, beliefs about controllability and the outcome of HIV/AIDS education, and their sense of responsibility. The existence of a school HIV/AIDS policy, a climate of equity and fairness, and good school-community relations were the school characteristics associated with teaching about HIV/AIDS. These findings demonstrate the value of teacher training and school policy formulation. They also demonstrate the value and importance of interventions that go beyond a sexual health agenda, focusing on broader school development to improve school functioning and school climate.

9.2 The Survey Form

The HIV and AIDS Programme Survey

Your school has been **randomly** selected to participate in this needs assessment survey. The aim of the survey is to identify how we together can improve the HIV and AIDS programmes within the educational sector. It is therefore important that **you** respond to the questions in a direct and honest manner based upon your experience. Your responses will be anonymous and considered in a statistical analysis. Thank you for your cooperation!

Region:

Position:

Age: -20 20-30 30-40 40-50 50-60 60+

Gender: Male Female

Overview of the Health and Wellness Programme

1. Which components (sub-programmes) of the school Health and Wellness Programme are offered in your school? Tick as many as are appropriate.

HIV AND AIDS Hygiene Wellness Life Skills
Safety None Don't know Other: _____

2. Where did your Health and Wellness Programme resource people come from? If only one person take out both and change people = person

Internally Externally Both Don't know

3. Was the whole school involved in the development of the Health and Wellness Programme?

Partly Fully Not at all Don't know

4. What problems are you facing in your Health and Wellness Programme and what interventions are you implementing to overcome them?

Problem:

Core business

Sick staff

Sick students

Stigma and discrimination

Absenteeism

Interventions:

Care and support for those affected _____

Specific questions on your HIV and AIDS Programme (as a part of the Health and Wellness Programme)

5. How well is your HIV and AIDS Programme working?

No programme Not working Good Very good Don't know

If you don't have a **HIV and AIDS Programme** go to question 13. If you have a programme, continue with question 6.

6. What is the name of your HIV and AIDS Programme? _____

7. What problems are you facing with your HIV and AIDS Programme and what interventions are you implementing to overcome these problems?

Problem:		Interventions:
Strategy	<input type="checkbox"/>	_____
Marketing	<input type="checkbox"/>	_____
Health care services	<input type="checkbox"/>	_____
Condom distribution	<input type="checkbox"/>	_____
Policy	<input type="checkbox"/>	_____
Awareness e.g. HIV programme	<input type="checkbox"/>	_____
Community involvement	<input type="checkbox"/>	_____
Beliefs or myths	<input type="checkbox"/>	_____
Behavioural change	<input type="checkbox"/>	_____
Safety equipment	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

8. Who benefits from your HIV and AIDS Programme?

Academic staff School community Students
Support staff Administration staff Other _____

9. Does your HIV and AIDS Programme target any of the following specific groups?

Tick any group that you have a specific programme for.

Age Special needs Socio-economic
Location Gender Other _____
Religion Multi-culturalism

10. Were any participatory approaches used in developing the HIV and AIDS Programme?

Yes No Don't know

11. What services does the HIV and AIDS Programme offer and how do you score their impact? (tick most appropriate box)

Service	Very low	Low	Average	High	Very High
Life skills training					
Health and safety education					
Behavioural change training					
Monitoring and evaluation of.....					
Partnership building courses					
Care and support courses					
Prevention of discrimination					
Awareness courses					
Other (Specify)					

12. Do you consider that within your HIV and AIDS Programme there is discrimination against people who are HIV positive?

Yes No Don't know

Leadership of the HIV and AIDS Programme

13. Who is the co-ordinator of the HIV and AIDS Programme at your school?

School Head Deputy Head Teacher
 Head of pastoral care Don't know Other: _____

14. How was the HIV and AIDS Programme co-ordinator selected?

Elected Volunteered
 Co-opted Don't know Other: _____

15. Does the school have a HIV and AIDS Programme Committee?

Yes No Don't know

If NO go to question 19, If YES continue with question 16.

16. Is the HIV and AIDS Programme Committee representative of the school community?

Yes No Don't know

17. How were members of the HIV and AIDS Programme Committee selected?

Elected Volunteered
Co-opted Don't know Other: _____

18. How often does the HIV and AIDS Programme Committee meet?

Weekly Termly Don't know
Monthly Yearly Other: _____

19. What qualities were you looking for in your co-ordinator of the HIV and AIDS Programme? (tick any appropriate box)

Vision Fair Popular
Help others Honest Compassion
Connected Christian Don't know
Others: _____

20. What leadership competencies were you looking for in the co-ordinator of the HIV and AIDS Programme? (tick any appropriate box)

Ability to change Ability to give feed-back Get involved
Earn trust Building enthusiasm Don't now
Others: _____

21. Was a needs assessment study or survey conducted to develop your HIV and AIDS Programme Strategy?

Yes No Don't know

If NO go to question 23, if YES continue with question 22

22. What were the 3 most important findings of the needs assessment?

1. _____
2. _____
3. _____

Your HIV and AIDS Programme Resources

23. Do you have sufficient resources to run your HIV and AIDS Programme?

Yes No Don't know

24. On a scale of 1 – 5, please rate the adequacy of the following resources. 1 being most important and 5 being least important.

Human		Finance		Office	
Material		Infrastructure		None	

Your HIV and AIDS Programme Activities

25. Does the HIV and AIDS Programme have calendar activities?

Yes No Don't know

If NO go to question 28, if YES continue with question 26.

26. When is the HIV and AIDS Programme Plan released?

Monthly Termly Other: _____
Yearly Don't know

27. What guides the choice of activities in the Plan?

Current happenings Needs analysis Availability of resources
Requests Don't know Other: _____

Implementation Strategies for your HIV and AIDS Programme

28. How do you implement your programme? (Tick any appropriate boxes).

Registration Musicals Peer counselling
Extended registration Poetry Fairs

- | | | | | | |
|---------------------|--------------------------|-----------------|--------------------------|----------------|--------------------------|
| Assembly | <input type="checkbox"/> | Weekly themes | <input type="checkbox"/> | Library corner | <input type="checkbox"/> |
| Time table | <input type="checkbox"/> | Marketing | <input type="checkbox"/> | Posters | <input type="checkbox"/> |
| Community | <input type="checkbox"/> | Peer education | <input type="checkbox"/> | Comics | <input type="checkbox"/> |
| Drama | <input type="checkbox"/> | Workshops | <input type="checkbox"/> | Film shows | <input type="checkbox"/> |
| Tours | <input type="checkbox"/> | Seminars | <input type="checkbox"/> | Sport | <input type="checkbox"/> |
| Visits | <input type="checkbox"/> | Bulletin boards | <input type="checkbox"/> | Competition | <input type="checkbox"/> |
| Curriculum infusion | <input type="checkbox"/> | Newsletters | <input type="checkbox"/> | Dissemination | <input type="checkbox"/> |

Other: _____

29. Are you monitoring and evaluating the impact of HIV and AIDS in your school?

- Yes No Don't know

If No go to question 33, if YES continue with question 30.

30. Do you have trained monitoring and evaluation staff to monitor and evaluate HIV and AIDS in your school?

- Yes No Don't know

31. Which HIV and AIDS monitoring and evaluating techniques are used in your school?

1	
2	
3	
4	
5	

32. What indicators do you use for monitoring BCC?

- | | | | |
|-------------------------------|--------------------------|---------------------------------|--------------------------|
| Number of condoms distributed | <input type="checkbox"/> | Number of materials distributed | <input type="checkbox"/> |
| Number of training sessions | <input type="checkbox"/> | Number of people trained | <input type="checkbox"/> |
| Number of media sessions | <input type="checkbox"/> | Number of people reached | <input type="checkbox"/> |
| Number of materials produced | <input type="checkbox"/> | Other: _____ | |

The Training Needs of your HIV and AIDS Programme

33. What kind of training is relevant to your school to ensure successful implementation of your HIV and AIDS Programme? (tick as appropriate)

- | | | | |
|-------------------------|--------------------------|----------------------|--------------------------|
| Programme development | <input type="checkbox"/> | Leadership skills | <input type="checkbox"/> |
| Monitoring & evaluation | <input type="checkbox"/> | HIV/AIDS basic facts | <input type="checkbox"/> |
| Programme management | <input type="checkbox"/> | Coping strategies | <input type="checkbox"/> |
| Attitude and behaviour | <input type="checkbox"/> | HIV and AIDS | <input type="checkbox"/> |

Change Counselling skills
Life skills Care and support

Other: _____

34. Is the Ministry of Education supporting your HIV and AIDS Programme adequately?

Yes No Don't know

THANK YOU FOR YOUR SUPPORT!