IATT Case Study Review - ZAMBIA

Country Visit Aide *Memoire* – May 2007

FINAL VERSION

Table of contents

1 INTRODUCTION 1
2 BACKGROUND AND PURPOSE 2
3 METHODOLOGY 2
4 BRIEF OUTLINE OF THE COUNTRY AND SECTOR 2
5 INTERIM FINDINGS AND CONCLUSIONS 3
5.1 ACHIEVEMENTS AND GAPS 3
5.2 COORDINATION 5
5.3 HARMONIZATION AND ALIGNMENT 7
5.4 KEY RESOURCES AND INFORMATION SHARING 8
5.5 MONITORING, EVALUATION AND FEED BACK INTO DECISION-MAKING 10
6 OBSERVATIONS AND EMERGING RECOMMENDATIONS 10
6.1 FOR THE EDUCATION RESPONSE IN GENERAL 10
6.2 FOR DEVELOPMENT PARTNERS 12
6.3 FOR THE UNAIDS IATT ON EDUCATION 12
APPENDIX 1 – IN COUNTRY PROGRAM 14
APPENDIX 2 - LIST OF PERSONS CONTACTED 16
APPENDIX 3 – GUIDELINE FOR INTERVIEWS 17
APPENDIX 4 - TIME LINE OF KEY COUNTRY EVENTS: ZAMBIA 18
APPENDIX 5 - HIV&AIDS AT SCHOOL LEVEL: A BRIEF STUDY OF PERCEPTIONS OF TEACHERS, STUDENTS AND THE COMMUNITY 20

1 Introduction

This *aide memoire* presents the results of a country case study of Zambia which took place in the context of a four-country exercise commissioned by the UNAIDS Inter-Agency Task Team (IATT) on Education. This is an interim document, the purpose of which is to provide the stakeholders interviewed in Zambia, as well as the IATT on Education with a preliminary summary of findings. The results of this discussion will then be incorporated in the final overall report of the four countries.

The assignment was carried out by Dr. Muriel Visser-Valfrey (international consultant) and by Ms. Chilumba Nalwamba (consultant based in Zambia) in April 2007. During the one-week review period the consultants met with representatives from government, development agencies, the private sector and civil society that are involved in the response to HIV&AIDS in education. The programme also included a visit to a girl's high school in Lusaka where the team had the opportunity to meet with the school guidance and counseling teacher and with a number of students. Annex 1 provides the schedule of meetings and Annex 2 the list of people interviewed. In addition, and at the request of the stakeholders in Zambia, a separate study was conducted to assess perceptions of impact at school level. This study involved visits to three schools. The findings of the study are summarized in Annex 5 of this report.

The consultants would like to express their deep appreciation to all the partners contacted for the open and constructive manner in which they expressed their views. The consultants would also like to thank

the UNICEF Office in Lusaka for its support to the preparation and implementation of the study, and the IATT Secretariat in Paris for its help with the overall organization.

2 Background and purpose

The UNAIDS Inter-Agency Task Team (IATT) on Education was established in 2002 to support accelerated and improved education sector responses to HIV&AIDS. The IATT brings together UNAIDS co-sponsors, bilateral agencies, private donors, and civil society organizations and aims at:

- ✓ Accelerating and improving the education sector response to HIV&AIDS by promoting and supporting good practices in the education sector, *and*
- ✓ Encouraging alignment and harmonization within and across agencies to support global and country level actions.

The purpose of this case study is to assess the quality and effectiveness of collaboration among partners based on case studies in Jamaica, Kenya, Zambia and Thailand, with a view of improving coordination across agencies to support country level and global actions. Specifically the case study exercise seeks to:

- Document how external partners coordinate and harmonize their efforts at the country level, including how they disseminate and share information, and how this supports or hinders a comprehensive education sector response to HIV&AIDS.
- Identify areas of overlap and significant gaps in country responses.
- Produce a series of options for the IATT members to consider to improve synergy and alignment across IATT member agencies and to support coordination at the country level more broadly.

3 Methodology

The case studies are being conducted in countries where significant efforts have been undertaken in support of education sector responses to HIV&AIDS. In each country the study seeks to interview stakeholders from the Ministry of Education (MOE) and other relevant ministries, development agencies (multilateral and bilateral), the National AIDS Committees, civil society groups, teachers' unions, private sector and representatives of HIV-positive networks.
To guide the work, six key research questions were formulated (see text box) which guided semi-structured interviews with the partners. In addition the consultants reviewed key documents and visited local education facilities. The sample questionnaire can be found in Appendix 3.

Key questions:
- ✓ What have been the critical achievements in the response to HIV&AIDS in education? What gaps exist and how could these be overcome?
- ✓ What arrangements for coordination among partners working on HIV&AIDS and education exist, how have these evolved and how effective are these?
- ✓ What specific efforts have been made at harmonization and alignment and what remains to be done?
- ✓ What arrangements for information sharing on HIV&AIDS and education exist?
- ✓ What resources have played a critical role in success achieved so far and why?
- ✓ How are outputs, outcomes and impact being monitored and fed back into decision-making?

4 Brief outline of the country and sector

HIV and AIDS have hit Zambia hard. The HIV prevalence rate reached its highest peak in 1999 at 19% among 15-49 years old (Ministry of Health) and dropped to 16.3% in 2003, representing a small decline.

The impact of HIV and AIDS has not spared the education sector. In 2006, the Zambia National Union of Teachers reported that the country was losing 800 teachers every year to AIDS-related illnesses. Children have also been seriously affected. 18% of all children under 15 (corresponding to 800.000 children) were classified as orphans in 2005. Research shows that most orphans struggle with very basic needs - only 50% have two pairs of clothing– and only 13% live in households that receive any kind of external support. Mortality rates of teachers are expected to continue to rise as infections from the nineties convert into full blown AIDS and a shortage of teachers is expected from 2011 onwards as deaths surpass the capacity of replacement of teachers.

Progress has been made however. It is widely recognized that Zambia's response has been significant, even if it started late. The Ministry of Education has placed an important priority on protecting its workforce both by promoting Voluntary Counseling and Testing (VCT), and by initiating a scheme to pay for Anti-Retroviral Therapy (ART) to MOE employees in 2004. VCT has since become free at all public hospitals. Over 12.000 teachers (of an estimated total of 60.000 teachers) have been reached with prevention and ABC message in the past three years. Of this number just over 5.300 have undergone VCT, and just over 17 % of these teachers tested HIV positive (CHAMP, 2007). The overall percentage

of people in Zambia tested for HIV remains low (11% for males and 15% for females) as fear of the results and fear of stigma continue to be major barriers to testing. The uptake of ART has also been slow – in part because of fear of stigma - such that by the end of 2005 less than 500 MOE employees were receiving treatment. A rough estimate by the association (AATAZ) of HIV positive teachers of Zambia puts the current number of teachers that are on ART at around 2000. However, according to AATAZ a significant number of teachers still fail to access ART on time.

There are other clear areas where progress has been made. Prevention campaigns conducted both within and outside of the education sector are credited with having contributed to improved levels of knowledge about HIV&AIDS and this was also more than evident in the conversations with various stakeholders during this study. However, there are still considerable challenges in terms of attitudinal and behavioral change. The latest behavioral survey indicates that while the overall percentage of men reporting having sex with non-regular partners has decreased, overall condom use has also decreased both among males and females since the last survey. Condom use with a non-regular sexual partner remains very low among young people (11% for males and 4% for females in 2005) and there is substantial anecdotal evidence that over the past 2-3 years condoms have taken a backseat in prevention campaigns. In general the levels of condom use among the general population remains well below the levels required to arrest the HIV&AIDS pandemic in Zambia.

Two areas in which progress appears to have been made with respect to behavior stand out. Thus the age of sexual debut is reported to have increased - the median age of first sex in 2005 being 18.5 years up from a reported 16.5 in 2003. Also the percentage of young people with more than one sexual partner in the last year is reported to have gone down from 12% in 2000 to 6% in 2005. These results must, however, be interpreted with some caution due to the risk of response bias. And while these developments are in themselves positive they should also be assessed against the background of findings from numerous studies which indicate that abstinence, while effective in delaying sexual activity does not contribute to safer sex practices once the individuals concerned become sexually active (1st Round of the Behavioral Survey for MOE, 2005).

5 Interim findings and conclusions

This section presents the findings and emerging conclusions with respect to the main areas and questions covered by this case study.

5.1 Achievements and Gaps

Key question: What have been the critical achievements in the response to HIV&AIDS in education? What gaps exist and how could these be overcome?

Zambia education response is singled out by many as having been very significant, although there is a general recognition that it should have started earlier. The implementation of the response is guided by the *HIV/AIDS Strategic Plan* and *HIV and AIDS Workplace Policy for the Education Sector for Management and Mitigation of HIV and AIDS* (Ministry of Education, 2006). This policy guides the overall response to HIV&AIDS and covers four key areas: a) prevention; b) care and support; c) HIV&AIDS in the workplace; and d) planning, management and mitigation[1].

Various achievements – which are summarized in the table below - stand out. In the education sector the focus of the response was initially on curriculum integration which resulted in HIV&AIDS being mainstreamed in all primary education subjects. Work is currently on-going to do the same in secondary and teacher pre-service education. Since 2004, and coinciding with a Cabinet decision that all government ministries should place the responsibility for HIV&AIDS with their Human Resource and Administration (HRA) departments, the focus of the education sector has been predominantly on prevention and support to affected teachers. VCT for teachers has been rolled out, and gains have been made in getting teachers on to ARTs and in starting to provide other forms of care and support such as nutritional guidance. This, as well as the establishment of support groups through the Anti-AIDS Teachers Association of Zambia (AATAZ) of teachers living with HIV has contributed to enhancing the visibility of the problem and has made some inroads to reducing the levels of stigma and discrimination. The response in the education sector is also significant in that it has succeeded in establishing a structure that reaches down to school level, although there is very little staff exclusively dedicated to the

[1] The HIV&AIDS policy is therefore much broader than the title – with its emphasis on “the workplace” would lead the reader to suggest.

response(most HIV&AIDS staff have substantial other responsibilities). At central level most of the staff is paid from external funding. Some stakeholders mentioned that ART for teachers has resulted in a drop in absenteeism and attrition but no specific statistics were presented to support this and it was not clear whether the MoE is tracking absenteeism. The table below summarizes these and other achievements for the Education Sector.

ACHIEVEMENTS
▪ The MoE is widely recognized as being a front runner in the fight against HIV&AIDS. ▪ HIV&AIDS have been institutionalized from MoE central structures down to the school through the establishment of an HIV&AIDS unit at MoE, and the indication of focal points at various levels. ▪ Concrete activities around HIV&AIDS are today evident in many schools through youth clubs, assembly messages, etc. ▪ AATAZ – the Anti Aids Teachers Association of Zambia - was established in 2002. Today it has over 1500 members with support groups for HIV p ositive teachers in many localities. ▪ Young people and the general public demonstrate high levels of knowledge on HIV&AIDS prevention. ▪ Attitudes toward HIV&AIDS are widely believed to be slowly changing as most families face the reality of HIV and AIDS and there is evidence of reduced levels of stigma and discrimination. ▪ A MOE Sector Policy on HIV&AIDS (2006) has been developed and launched. ▪ HIV&AIDS education have been mainstreamed in the primary education curriculum (through infusion in all subjects) and the development of materials on life-skills and HIV&AIDS education is on-going. ▪ A review has been undertaken for high school level and MoE has set priorities on HIV&AIDS content to be implemented. ▪ HIV&AIDS content is being introduced for the first time in all pre-service teacher training institutions from 2007. ▪ HIV&AIDS material has been developed locally and distributed widely. ▪ The workplace program has to date reached 17,433 teachers. VCT for teachers has been rolled out to schools, and over 5.300 teachers were tested in 3 years. ▪ Provision of ARTs for teachers has improved, with an estimated 2000 teachers currently on medication. ▪ There is evidence of a number of best practices, especially the VCT and peer education models.

These are significant achievements for which the MoE and its partners are to be given substantial credit. Nevertheless, there are concerns that the response may be leveling off. Various reasons emerged during the interviews, the placement of the response in the human resource department, the challenges to mainstreaming HIV&AIDS into the regular functions of the MoE, inconsistent messages around HIV&AIDS prevention, the lack of prioritized funding, the challenges of coordination with other sectors, and the constraints to getting teachers to talk about HIV&AIDS in schools. Just as is the case in the overall response to HIV&AIDS a substantial “fatigue factor” is evident (although some stakeholders felt this was more a capacity factor) which poses challenges to on-going implementation and uptake. The table below provides further details on the gaps in the response and on the challenges facing the sector.

GAPS/CHALLENGES
▪ The education sector is at greater risk than many other sectors because of its dual role as largest employer and as provider of education services to young people. This wide and dual role is not always sufficiently recognized by other government partners. ▪ Improved dialogue and planning among partners around the Joint Assistance Strategy for Zambia (JASZ) has yet to translate into clearer planning, strategizing, priority setting, monitoring and evaluation and feedback in the area of HIV&AIDS. ▪ Although HIV&AIDS are widely considered important, it is not clear to what extent HIV&AIDS has been taken on as an institutional priority - for most staff HIV&AIDS are an add on to an already heavy load of responsibilities. Therefore accountability is still weak. ▪ There is evidence of some fatigue around HIV&AIDS and a need to rethink and reposition key approaches and messages to address this. ▪ The HIV&AIDS sector policy has not been translated into a medium term implementation plan with concrete strategies and priorities. ▪ There is no comprehensive coordination mechanism for HIV&AIDS among education partners and there is no functional coordination mechanism within the MoE to link the relevant departments working on HIV&AIDS. Coordination mechanisms with NAC and with other government departments exist but is not adequately linked to overall coordination within the education sector.

- The decision to allocate to HIV&AIDS the status of a "special issue" (alongside five other special issues) has made it hard to ensure that HIV&AIDS (as well as the other special issues) receive priority attention.
- Mainstreaming HIV&AIDS into the education system continues to be a challenge. The extent to which teachers are discussing HIV&AIDS in regular classes is not clear but appears to be limited (especially in high school and colleges) and HIV&AIDS is not an examinable subject and it not timetabled.
- The official MoE policy of promoting ABC messages on HIV&AIDS is not being followed through. Young people seem to receive messages regarding desired behavior that are not consistent (I.e. with some teachers and other sources focusing on abstinence only). This is aggravated by an erratic supply chain for condoms which is not covering the needs.
- There is no comprehensive mechanism for monitoring and evaluating the impact of the HIV&AIDS response in the education sector. The EMIS is not collecting key information on HIV&AIDS.
- The (financial and human) resource constraints on education in general have affected resource allocation and implementation around HIV&AIDS.
- Placement of HIV&AIDS in the HR department has resulted in a strong focus on the workplace to the detriment of areas such as curriculum and support to the affected and infected learner. There is little attention to issues of (psycho-social) support to OVCs, to access to ART by children.
- In spite of considerable efforts, training has still not reached sufficient numbers of teachers and other education staff and there are no clear supervision/support mechanisms in place to monitor implementation.
- Stigma and discrimination continue to be strong barriers to teachers' accessing VCT.
- Best practices are not consistently being disseminated, documented and translated into policy implications.
- Development partners (DPs) do not have HIV&AIDS prominently on their agenda.
- DPs and the MoE do not consistently follow-up on the achieved targets and indicators from the Pool resources in respect to HIV&AIDS.
- Multi-sectoral coordination and action (e.g. to address issues of OVCs and ARTs) is still weak.
- Financial resources are still very hard to access at implementation level, which is a barrier to those with the capacity and will to take action locally.

5.2 Coordination

✓ Key questions: What arrangements for coordination among partners working on HIV&AIDS and education are in place? How have these evolved? And how effective are these?

The review examined the coordination of the response within the education sector and how it is linked to the national response. The following arrangements were highlighted by the stakeholders interviewed in the course of this study:

With respect to the overall response on HIV&AIDS in Zambia:

- ✓ The overall response is coordinated by the National Aids Council (NAC) which falls under the Ministry of Health (MoH).
- ✓ The MoE is a member of the national country coordinating committee on HIV&AIDS (the CCM) and is represented by the Education Permanent Secretary (PS).
- ✓ The DPs meet in the monthly Cooperating Partners Coordination Committee where HIV&AIDS is an agenda point when necessary.
- ✓ The MoE is represented on a number of the NACs technical working groups namely- the Information Education; Care and Support; ART working groups.

In the education sector:

- ✓ Coordination takes place around the MoE sector plan to which 12 mulitlateral and bilateral donors have subscribed. Nine of these donors have committed to providing support through 'basket funding' (also known as the sector pool). Mechanisms for coordination of the MoE sector plan include monthly meetings of the (separate) policy and finance coordination groups, an education INGO and project group (which also encompasses the projects on HIV&AIDS), a joint steering committee, and a joint annual review. The MoE has identified four key priorities for the coming years in the education sector: teacher recruitment and deployment, curriculum reform, textbooks and infrastructure.
- ✓ HIV&AIDS is coordinated by an HIV&AIDS unit which is placed within the Human Resource Directorate. Four persons run this unit of whom three are 'project' staff (financed by the sector pool, by USAID and the UNDP-UNV program). The unit reports to the Head of HRA, whom in turn reports to the MoE Permanent Secretary (PS).

- ✓ The PS chairs a committee on Special Issues in Education (also known as the 'Equity' area) which among other issues (gender, OVCs, special education, school health and nutrition, and free basic education prerequisite) is charged with HIV&AIDS. However this committee has not met for the past two years.

The stakeholders interviewed highlighted the important role that the overall sector wide approach (SWAp) process has played in clarifying priorities and in enhancing coordination among partners (see also under harmonization and alignment below). The establishment of the education sector pool was in this context singled out as an important development because it has allowed the MoE to make its own decisions on priorities in education. The pooled arrangement was cited as having brought considerable advantages because of the lesser transaction costs than with projects, and less agenda-setting by external partners.

> *Funding to HIV&AIDS in Education*
>
> Data from the MoE Planning Directorate for 2007 indicate that approximately 5% (or 95.2 billion kwacha) of the 1.914 trillion kwacha overall budget (Government, sector pool and projects) was allocated to the 'equity and gender' (also known as special issues) area of which 2.4 billion for HIV&AIDS. Overall therefore, 2.4% of the equity and gender budget and 0.125% of the overall education budget is allocated to HIV&AIDS. Given the pressing priorities in HIV&AIDS and the enormous impact of the pandemic on the sector this is clearly insufficient.

However, many of the partners interviewed expressed concern about the priority setting within these joint arrangements. The four key priority areas identified for the MoE for the coming years do not include an explicit focus on HIV&AIDS, and in the "special issues" agenda HIV&AIDS has to compete with a number of other themes. The text box on funding to HIV&AIDS in education clearly shows that in spite of the substantial policy priority to HIV&AIDS, funding to this area is low[2]. A second area of concern highlighted by stakeholders was that is that although the overall SWAP and pool funding processes have contributed to coordination, most of the content of the coordination has been about processes and procedures (from a management and financial perspective), with far less attention to the specific goals which the education sector plan seeks to achieve, to strategies for implementation, or on how to ensure accountability on these. Other challenges in the area of coordination and which were highlighted during the study include:

- ✓ There is no functioning coordination mechanism for HIV&AIDS within the MoE to bring together the various departments concerned. Lack of (trained and exclusively dedicated) human resources was identified as an important limitation in this respect. A further contributing factor is the placement of HIV&AIDS within the HRA directorate which - in the absence of clear coordination mechanisms - has resulted in a strong 'workplace' focus of the HIV&AIDS response. The lack of coordination has made it unclear under what conditions departments can access funds for HIV&AIDS.
- ✓ MoE budgets and plans on HIV&AIDS are developed on the basis of indicative funding allocations rather than on the basis of needs. This has limited the planning process and has generally meant insufficient funds are available. The MoE HIV&AIDS unit does not appear to have been consistently involved in budget consultations.
- ✓ Coordination around HIV&AIDS with other non-education partners is still weak and only takes place on case-by-case basis, in spite of the efforts of the NAC. There is a clear absence of coordination around issues affecting children, and around the full range of actions needed to ensure effective ART provision and complementary care and support[3].
- ✓ Although HIV&AIDS comes up as a topic in a variety of education fora, there is no specific coordination mechanism on HIV&AIDS with external education stakeholders (e.g. in the form of a technical working group which would bring together the MoE, key DPs and NGOs from the education sector). Such groups have existed in the past but ownership and leadership of the groups has been weak.
- ✓ Although DPs meet more regularly and exchange information on key topics, HIV&AIDS have not been consistently on the agenda. There is a strong sense by some of the external stakeholders that

[2] It should be noted, however, that the MoE does not have comprehensive information on project related spending on HIV&AIDS so that the actual expenditure is probably higher. It may be worthwhile conducting a more detailed review to ascertain this information.

[3] Various stakeholders expressed concerns around the ethical issues of promoting VCT when there is still insufficient support for teachers to ensure that they get good quality access to ART and to related care and support. With respect to learners these issues are of even greater concern.

HIV&AIDS is not in reality a top priority for DPs and that they are not collectively holding the MoE accountable for progress and achievements. However, the donor group itself reports having undertaken a more active role. Since mid-2006 the so called "special issues" have been regularly on the agenda of the donors who have been concerned that these issues are a being marginalized. A "cross-cutting issues" group was set up which wrote background papers on gender, school health, OVCs and HIV/AIDS. It has been agreed with MoE to organize a one-day seminar to discuss how to revive the special issues. In addition, this UNAIDS/IATT study was also taken as a positive development which could lead to a renewed interest in HIV/AIDS and education.

- ✓ Coordination among DPs has not resulted in decision making on a priority agenda.
- ✓ Reporting on HIV&AIDS is generally weak, not sufficiently integrated into the overall reporting system of the Ministry of Education and not fed back into coordination and decision making mechanisms, both internally in the MoE as well as with respect to those mechanisms which involve external partners (DPs and NGOs).

In summary: It was very clear during this review that coordination of the education response has improved substantially and that this development has reduced transaction costs and enhanced ownership of the MoE. Improved coordination has made it possible for the MoE to develop a clear priority agenda which includes four main areas: teacher deployment, curriculum, textbooks, and infrastructure. However, a large number of stakeholders interviewed expressed concern that official policy priority for HIV&AIDS is not reflected in the strength and scope of coordination structures, and that it is not given sufficient attention by the MoE and by DPs.

5.3 Harmonization and Alignment

✓ Key question: What specific efforts have been made at harmonization and alignment And what remains to be done?

Zambia has made substantial progress in harmonization and alignment, and the education sector has been a front runner in this respect. Partners interviewed emphasized the importance of the Joint Assistance Strategy for Zambia (JASZ) and the SWAPs in the various sectors in driving this process forward. It was interesting to note that within agencies, the focus on overall coordination around JASZ and the education sector plans is also credited with having resulted in better coordination within agencies themselves.

Progress has also been made in harmonization and alignment of the overall HIV&AIDS response, with all partners supporting the NAC, with the development of one national strategic plan, and with the establishment of the national monitoring framework. The establishment of technical working groups under NAC has contributed to better joint planning and there is evidence of considerable progress in working towards joint reporting requirements and cycles. Most partners have also agreed to common indicators[4]. Stakeholders highlighted that the MoE has taken a very active role in encouraging progress towards the 'three ones'.

In the education sector specifically key developments with respect to harmonization and alignment have been:

- ✓ Alignment by DPs with the JASZ and the SWAp process in the education sector. This has led to a process of decongestion whereby there are less donors in the sector. Irish Aid and the Netherlands are in the lead, while Canada and Finland have withdrawn and some of the remaining 'active' donors are clearly limiting their presence in the sector (e.g. DfID, Norway, World Bank).
- ✓ Improved dialogue among partners and better coverage of critical funding gaps in education in general.
- ✓ Adjustment of programming by DPs on the basis of the revised and agreed upon distribution of labor. Some partners have moved out and/or taken the backseat with respect to certain issues based on agreements about which donors lead in which areas.
- ✓ Adjustment of staffing by DPs to reflect their roles in the sector(s) which they support.
- ✓ Indication of two lead donors for the sector has clarified coordination. These 'leads' meet with other partners intermittently and coordinate the response towards the MoE. This has resulted in a clearer voice on priorities and more coherence in terms of support.

---

[4] UNAIDS cited as an example that 80% of the PEPFAR indicators are now part of the national plan.

- ✓ Establishment of a mechanism of basket/pool funding for the education sector and the development and implementation of the necessary management mechanisms[5].
- ✓ The alignment of UNGASS indicators on HIV&AIDS with those of MoE[6] which means the NAC no longer needs to collect raw data on education programs.

Developments overall have therefore been very positive. However, the interviews also brought out that the progress on coordination, harmonization and alignment within the sector in general has not benefited the HIV&AIDS response in particular. In spite of official commitments to the “three ones” there is not greater clarity on how to implement the HIV&AIDS policy, there has been inconsistent support to the areas of the HIV&AIDS policy (both by MoE and its partners) and different agencies still pursue their own agendas on this topic. Most partners indicate that ‘special issues’ in general - and HIV&AIDS in particular - have fallen outside of the harmonization agenda.

Other on-going challenges with respect to harmonization and alignment around HIV&AIDS and education are:

- ✓ Some DPs at country level are not sufficiently decentralized to buy into government agendas and priorities when these are not directly in line with their own.
- ✓ A substantial number of parallel projects continue to exist, and the agenda’s of these projects are still strongly influenced by those of the DPs.
- ✓ It is the activities at project level which are the most visible when looking at progress in the area of HIV&AIDS. This may be in part a reflection of the limited funding that is going to HIV&AIDS in general, but is probably also a reflection of the poor mechanisms for coordination, monitoring, evaluation and feedback around HIV&AIDS.
- ✓ There does not appear to be a common agenda of DPs around HIV&AIDS and education, and the truly big donors do not coordinate sufficiently around HIV&AIDS.

In summary: Zambia has made important progress in terms of harmonization and alignment and this has reduced the workload for government departments in general. However, this progress has impacted only to a very limited extent on HIV&AIDS in education.

5.4 Key resources and information sharing

✓Key question: What arrangements for information sharing on HIV&AIDS and education exist?
✓Key question: What resources have played a critical role in success achieved so far and why?

Information-sharing on HIV&AIDS in education was generally rated as moderate to good by stakeholders interviewed. The following mechanisms for information sharing where cited during the interviews:

- ✓ HIV&AIDS unit in the MoE presents issues to director HRA who takes to PS and top management. The unit prepares monthly written briefings to the PS on the major tasks carried out. These briefings have limited distribution and are used internally only.
- ✓ Information on HIV&AIDS is shared – albeit not in a consistent manner - through the SWAp coordination mechanisms. Thus provinces prepare quarterly reports but there is no specific format on HIV&AIDS in these reports and the information remains disperse.
- ✓ The annual joint review of the education sector plan which in 2007 included formal mechanisms for reviewing progress on HIV&AIDS.

Areas of weakness with respect to information sharing are evident and need to be addressed if the sector is to make further progress on HIV&AIDS. Thus:

---

[5] The sector pool may even disappear in the medium term as most sector pool donors are moving towards (some form of) direct budget support. When this happens it will become even more critical to ensure that adequate funding goes to priority areas such as HIV&aAIDS.

[6] The agreed upon indicators are : a) number of staff trained in HIV&AIDS ; and, b) the ratio of orphans to non-orphans.

- ✓ There is no formal platform for information sharing and subsequent decision making around HIV&AIDS (see also related points on coordination). NGOs and other civil society groups in particular stressed that they were not well informed on key developments.
- ✓ The MoE HIV&AIDS policy has not been sufficiently disseminated, especially to decentralized levels with corresponding impact ownership, implementation, adherence and accountability.
- ✓ In general, the procedures around planning, disbursements, monitoring and feedback of activities supported through the pooled/basket and Government of Zambia funds are not clear. Stakeholders are not well informed except those who are closely involved in the process.
- ✓ There is insufficient clarity on the overall scope and focus of NGO activity in the area of HIV&AIDS and there is no established format for collecting this information. The same applies, although to a somewhat lesser extent to the activities supported by other DPs. The projects and the INGOs are setting up a mechanism for better coordination (the Project Coordination Committee) which is an encouraging development.
- ✓ There are no systematic fora at which experiences could be shared and disseminated and in general information on best practices is not being consistently collected and analyzed. Formats for information sharing are not always very user friendly and do not adequately reflect progress towards overall goals.
- ✓ Information - where it exists - not being consistently fed back into decision making processes.

Key resources for the response ...

- The MoE HIV&AIDS Policy
- The World Aids Day Toolkit (UNAIDS)
- The UNAIDS guidelines for VCT
- UNESCO's peer education resources
- The technical working groups under NAC
- The district AIDS task forces
- The involvement of HIV positive teachers
- Community involvement in decisions around key messages and strategies.
- The AATAZ radio program on HIV&AIDS.
- The HIV&AIDS Guidelines for Teachers (MoE)
- The EI Workbook for Teachers
- Girls Empowerment Program by VSO
- "Young people we care" FACT Harare
- "Are fear and stigma worth dying for?" MoE Flyer
- Condoms, and in particular the female condom
- The comfort kit for young girls (Changes II)
- HIV/AIDS interactive Methodologies for teachers

All stakeholders interviewed were asked to provide examples of resources that they felt were key to the HIV&AIDS response. These have been summarized in the text box on page 8. A number of tools which have been produced by IATT members were mentioned, although in general only a few stakeholders were aware of the existence of the IATT prior to this exercise. Stakeholders also included under resources general approaches or 'good practices' such as the establishment of technical working groups and of district AIDS task forces which have enhanced the coordination of the response at decentralized levels as well as such strategies as condom distribution and community involvement in designing interventions to deal with issues of stigma and discrimination. With respect to resources a number of partners mentioned with desperation the plethora of different toolkits/guidelines/handbooks which are being developed and which – although in themselves useful – end up being under-used because they are not part of an overall program or strategy (and therefore often do not come with the necessary resources to ensure that they are adequately disseminated and integrated into on-going activities).

In summary: Key resources on education and HIV&AIDS have been developed and launched in the country, and the MoE has played an important role in developing materials that are being found useful by teachers in schools. Information sharing around the SWAp in education has also included sharing of information on HIV&AIDS and education. However, not all partners are equally involved or informed and mechanisms for dissemination and sharing of such information could still be considerably strengthened. There is a particular concern that the sector is not adequately researching and capturing evidence of outcomes and impact and this information is therefore also not feeding into decision-making processes. Documentation of what works and under what conditions in the education response has not been an area of focus and there is still a lack of clarity on what activities are being carried out by which partners.

5.5 Monitoring, evaluation and feed back into decision-making

✓ Key question: How are outputs, outcomes and impact being monitored and fed back into decision-making processes?

The establishment of a functional monitoring and evaluation system to capture results, outcomes and impact on HIV&AIDS and education remains a big challenge for the sector response in Zambia – and this was also a conclusion for the other country studies that are part of this overall case study exercise. Although there has been progress in aligning the UNGASS indicators with those of the education sector, more specific indicators with respect to HIV&AIDS and education seem not to have been agreed upon.

There are also no specific indicators against which the MoE is held accountable for the basket/pooled funding. At the level of specific projects indicators are in some cases used very rigorously (and are often a requirement for reporting and subsequent disbursement) but the systems for collecting this information – although consultative and involving MoE staff – have not directly contributed to enhancing the capacity of the MoE in doing monitoring and evaluation. Project experience could be used, however, to inform decisions on the strengthening of education monitoring and evaluation systems (EMIS) because good examples exist.

Little evidence was found of consistent sharing of information from monitoring and evaluation exercises among the partners involved in the sector. As a result there is still not enough understanding of outcomes, of the costs and benefits of various approaches and of impact. This is an important barrier to moving forward the response.

Monitoring and evaluation mechanisms are perceived by many partners as a difficult and necessarily complex undertaking. There is a general need to focus on developing procedures and systems that can capture main development but that can be used by staff at implementation level without the need for overly specialist training and inputs.

In summary: Monitoring and evaluation was identified as one of the weaker areas of the HIV&AIDS response. The absence of strong and comprehensive systems for monitoring and evaluation is hampering the capacity for learning and drawing on pilot experiences and also has a negative impact on the capacity of the system as a whole to plan for an improved response.

6 Observations and emerging recommendations

The interviews conducted in the context of this review have highlighted the strengths of the response in Zambia so far and in particular the very significant commitment of the MoE, as well as the challenges that still need to be met. Based on this analysis, the consultants make a number of observations and tentative recommendations for the education response in general[7], for development partners, and for the UNAIDS IATT on education. These are summarized below to stimulate discussion.

6.1 For the Education Response in General

The education sector response to HIV&AIDS stands out because of its early and significant commitment. Work is on-going to improve the response further. In that context we suggest that:

1. The MoE put in place a communication and dissemination strategy for the HIV&AIDS policy to ensure that it is widely known and understood and that mechanisms can be established to ensure that it is adhered to. This activity should be taken on by the HIV/AIDS unit as a matter of priority but with high level backing from the PS.
2. The MoE review the placement of the HIV&AIDS unit within the MoE. The continued threat which HIV&AIDS represents to the learners and employees in the sector, and the need to ensure a well coordinated response which extends beyond human resource issues would suggest that the unit would be better placed within the office of the PS, or alternatively within the Planning Department. This would allow for the unit to have a realistic and realizable coordination function vis-à-vis the various departments of the MoE. The MoE could consider asking for external support to review the current organizational set-up and functioning to ensure

[7] Suggestions and recommendations for the education response in general were not part of the original terms of reference for the Country Case Study Exercise. However, in all four countries, these were included at the specific request of country stakeholders to enhance the relevance of the exercise to the local needs. However, given the short nature of the assignment it is important that these be seen as suggested areas of discussion.

that the revised coordination arrangements take into account experience from elsewhere, and to guarantee that the new modalities that are put in place are governed by clear terms of reference outlining roles and responsibilities and linkages between different structures as well as reporting and decision making arrangements.

3. The MoE review the mechanisms for coordination for the education sector plan to ensure that stakeholders from outside of the MoE (DPs, NGOs, and others) are able to periodically participate and contribute to the dialogue around achievements and future priorities. It is essential that these mechanisms include feedback loops to decision making and that they build on existing structures rather than setting up new ones.
4. The staffing of the HIV&AIDS unit be reviewed. The staff currently available is seriously overburdened. The HIV&AIDS unit needs to be able to effectively carry out its coordination, facilitating, mainstreaming, and monitoring role. In reviewing the staffing, the consultants suggest that the MoE ensure that the human resources that are currently in place are retained (ensuring that valuable experience is not lost), and that the unit is supplemented with further staff with sufficient expertise and seniority to carry out a strong coordinating role vis-à-vis internal and external partners.
5. The EMIS annual school census be revised, and the planning department strengthened, to collect, analyze and report on a limited number of key indicators which reflect efforts and progress at school level with respect to HIV&AIDS. Mechanisms for disseminating the data on HIV&AIDS and for linking into decision-making should be part of this process.
6. The MoE undertakes in the course of 2007 a comprehensive evaluation to assess progress and impact of education and HIV&AIDS activities. It is suggested that this should be an external review which includes, however, key Ministry of Education staff involved in the HIV&AIDS response. This evaluation should consider both activities implemented by the MoE and those that have been undertaken in the context of specific projects. The evaluation should bring out best practices and also provide key information on costs and benefits of different approaches. This review suggests that – among others - the following areas be considered in the evaluation:
    a. The experience of teachers in implementing the HIV&AIDS content of the curriculum.
    b. The various modalities for teacher training and support in HIV&AIDS and education, comparing different options (including those focusing for example on the training of head teachers who are important ‘gate keepers’ in decisions on implementing HIV&AIDS related content in schools) and identifying those that have produced the most appropriate results.
    c. The use of peer education, both for teachers and students, and the impact of these efforts.
    d. The experience of school level activities such as clubs, assembly messages, etc.) and their impact on student knowledge, attitudes and behavior.
    e. The roll-out of VCT to teachers, the uptake of ART and the provision of care & support.
    f. The involvement of HIV positive teachers in awareness raising activities.
    g. The scope of activities aimed at addressing the needs of learners - and specifically of OVCs - and for the provision of psycho-social support to affected and infected learners, as well as the implications and modalities for further rolling out this support.

    Given the importance of ensuring that scarce resources are applied where they are most needed, it is critical that the evaluation provide concrete inputs and evidence that will lead to the establishment of a priority agenda for the future. The evaluation should provide the possibility of learning and scaling-up from local interventions - various schools-based and community-based initiatives – and improve the link between local needs and national response. This should also include suggestions on priority areas for research.
7. The HIV&AIDS policy be supplemented by a medium term strategic implementation plan, including priority activities, targets, expected outcomes, and expected costs. This plan would be most effectively developed if it takes into account the results of the evaluation suggested under point three above.
8. The MoE review the modalities for addressing HIV&AIDS through the curriculum including the options for using one or two main carrier subjects and making the content compulsory/ examinable. Behavior was identified as a key intervention strategy incorporating education and

awareness, condom promotion VCT, IEC, greater involvement of people living with HIV and AIDS (GIPA) and general community involvement and support.

9. This should be accompanied by school policies on HIV/AIDS to provide guidance and training on the implementation of HIV/AIDS at school level, in particular on how to address HIV&AIDS in the curriculum.
10. The MoE work closely with the NAC – and in particular with its mainstreaming expert - and other sector ministries to strengthen the response on issues that transcend the sector. Two particular areas stood out during this review, namely:
    a. The support to OVCs, substantially expanding the available support, including psycho-social support, and ensuring that schools and teachers are able to refer children in need to the right services.
    b. The provision of ARTs to teachers and students with a focus on improving the link between VCT and ARV access and the quality of follow up support.

6.2 For development partners

On the basis of the information gathered during the case study we are proposing that heads of mission and agencies, as well as education sector managers focus on the more specific gaps in the response to HIV&AIDS and education. This includes the need to:

1. Critically review their commitment and support to HIV&AIDS within the overall support to the education sector. It is essential that development partners align behind the MoE priority agenda for addressing HIV&AIDS in education.
2. DPs need to work comprehensively with MoE to strengthen the HIV&AIDS response as projections for the coming years suggest that HIV&AIDS will undermine achievements in the provision and quality of education very substantially. It will be critical in this context to find ways of doing this that do not undermine the overall progress towards sector budget support. Facilitating the provision of key technical input where necessary, supporting the MoE HIV&AIDS unit, and ensuring that supplementary funds are available and sustained over time should receive priority.
3. Establish, in close collaboration with the MoE, mechanisms for monitoring and accountability around HIV&AIDS within the current education sector plan coordination mechanisms.
4. Review systems for sharing information and work with the MoE to develop mechanisms for widely disseminating information around HIV&AIDS and for periodically discussing results. Ensure that key recommendations from such discussions are fed back to key decision-making fora for the education SWAp.
5. Include HIV&AIDS as a permanent agenda point on meetings and periodically review progress towards desired goals. DPs should consider establishing a thematic group on HIV&AIDS with specific responsibilities for reviewing the donor contribution and strengthening the response.
6. Critically review and strengthen mechanisms for the provision of financing to HIV&AIDS related activities so that key actors on the ground are able to access funding for the delivery of services.
7. Ensure that adequate support is provided to AATAZ which is a powerful agent of change but has a serious need for additional funding and technical support.

6.3 For the UNAIDS IATT on Education

In view of the findings of this country case study we make the following preliminary recommendations to the UNAIDS IATT on Education.

1. Agree on a select number of key issues and priorities and ensure that these are adequately funded. The current situation is that partners have carved out specific niches in the response and this is not adding up to a comprehensive agenda.
2. Put in place mechanisms that allow the IATT to be periodically informed by constraints at country level so as to enhance the relevance of its deliberations and activities which impact at country level. Suggestions in this respect include:
    a. Actively identify ways to enhance its visibility so that stakeholders at country and regional level can engage with the IATT and actively pinpoint priority areas that need

addressing. This should not take the form of another player at the table, but rather ensure that stakeholders at country level are aware that IATT exists and that they can use it for expertise and documentation.

   b. Broadening its membership to include a number of country level representatives/advisors with specific responsibility for providing suggestions and support to enhance the pertinence and relevance of the IATT activities.

   c. Developing periodic and more formal mechanisms for obtaining inputs from countries through reviews such as this one.

   d. Better marketing of its goals and objectives so that country level stakeholders can use the IATT as a resource for advice, support and for channeling concerns.

   e. Organizing its meetings at country level and ensuring that this includes interaction with country stakeholders.

3. The IATT needs to actively pursue means of engaging and involving non-IATT partners internationally (and therefore often also at country level) who play a prominent role in the overall HIV&AIDS response, such as the Global Fund and PEPFAR.

4. Identify bottlenecks to harmonization and alignment in terms of policies and procedures at headquarters level and develop an agenda for comprehensively addressing these.

5. The IATT should be more pro-active in addressing real constraints to harmonization and alignment and monitor progress in this respect.

6. The IATT provide support to the development of a priority research agenda on HIV&AIDS and education and put in place the mechanisms and funding to ensure that such research is carried out and effectively disseminated at decision-making and implementation levels. A particular area of concern is in developing the knowledge base on strategies for moving from knowledge to attitude and behavior change. It is critical that research studies be driven and led by country level/regional priorities and that local and regional expertise in this area be enhanced through the process.

Appendix 1 – In country program

DATE	ORGANIZATION	TIME OF MEETING	PERSONS INTERVIEWED	TELEPHONE NUMBER	VENUE
Sun 15/04/07	Arrival of Muriel Visser	16:00 hrs	Ms Nalwamba – National Consultant	097 706 494/ 096776307	Intercontinental Hotel
MON 16/04/07	Embassy of the Netherlands	09:00-10.00	Mr. Vincent Snijders- First Secretary(Education) Ms Given Daka – Education Advisor	01-250200 01- 253994 01-253819	Netherlands Embassy
	UNICEF – Zambia	11:30-12:30	Dr. Pawan Kucita/ Head of the Education Section Michael . Banda- Project Officer- Education	01-252055	UNICEF Office
	DFID – Lusaka Zambia	14:00-15:15	Dr. Dainess Kasungami- Human Development Advisor Ms Sue Milner- Advisor Social sector & Governance	01- 251164	DFID Office
	National Aids Council – Zambia	15:45-16:45	Mr. Oswald Mulenga – Director, Monitoring and Evaluation Mr. Paul Chitengi- M & E Specialist	097-655364	NAC HQ
TUE 17/04/07	Embassy of Ireland – Zambia	08:30-09:30	Ms Pricilla Malasha –HIV/AIDS- Advisor Ms Miyanda Kwambwa – Educational Advisor	01-290650	Embassy of Ireland
	Kabulonga Girls High School	10:00-11:30	Mrs Maureen Chitoma – Guidance and Counselling teacher Mary N. Wamala – pupil Eunice Mwakapandula- pupil Rose Kayope – Pupils	097 788 714	Kabulonga Girls High School
	Anti AIDS Teachers Association of Zambia	12:00-13:00	Mr. Remmy Mukonka- Executive Director AATAZ Mr. Machiko Patrick- Teacher PLWHA Mrs Alice Chintofwa – Teacher (Secretary for AATAZ).	097 788 714	AATAZ Centre in Kabulonga
	USAID Mission Zambia	14:30-15:45	Dr. Ricky Henning – Educational Advisor Dr. Conerlias Chipoma- Education Specialist	01-254303	USAID Mission Office
	Forum For African Women Educationists	16:00-17:00	Mrs D. Kasanda – Acting/Programme Co-ordinator Mrs Elizabeth Mbewe- FAWE- TA Mr. Kanchele- Financial Manager	095-999547	FAWEZA House, Olympia
WED18/04/07	Ministry of Education	08.00 – 08.20	Ms. Lilllian Kapula - Education Permanent Secretary	01- 250855	PS Office- MOE
	CHAMP – Comprehensive HIV/AIDS Management Programme (NGO)	09:00-10:00	Mr. Anthony Morrison – Manager Ms Rosana Price Nyendwa	097 776 909	CHAMP offices – Kabelenga Road-
	Ministry of Education HQ	13.00 – 13:45	Ms Y Chuulu – National Coordinator HIV/AIDS MOE	097 842 539 097 118 930	By Phone
	Zambia National Union of Teachers (ZNUT) BETUZ	14:30-15:10	Mr Ndubeni – Programme Officer Hilary Chipango- Programme Officer	099-329917 097-888701	MOE HRA Conference room
	National Consultant – Discussions with International Consultant	17.00-18.00	Ms Nalwamba – HIV/AIDS Advisor(National Consultant)	097 706494	MOE- HQ

DATE	ORGANIZATION	TIME OF MEETING	PERSONS INTERVIEWED	TELEPHONE NUMBER	VENUE
THU 19/04/07	Business Co-liation on HIV and AIDS	08:30 – 09:30	Mrs Esther Sakala– Executive Director	096-901740	ZANACO Main Branch 4th Floor
	CHANGES II Project	10:00 – 11:00	Ms John Woods – HIV/AIDS Advisor Sister Audrey Mwansa – Orphans and Vulnerable Advisor	095-500090	CHANGES Offices, Longacres
	Independent advisor	14:00-15:30	Professor Kelly- HIV/AIDS Specialist by phone	01-256526	Luwisha Hse
	Ministry of Education Curriculum Devpt Centre	16.00 - 1645	Mrs. O. Mweembe Chief Curriculum Specialist	01-254848/097-837591	Curriculum Devpt Centre-
	Ministry of Education	17:00 – 17:30	Ms. Lilllian Kapula - Education Permanent Secretary	01- 250855	PS Office- MOE
FRI 20/04/07	National In-Service Institute (NISTCOL)	09:00-10:30	Mr Mzumara – Principal plus 4 Lecturers/ Head of Education.	097-807718	Chalimbana College of Education, Chongwe,
	MOE HQ	11:00-11.55	Mr. Nyangu- Director Planning and Information	097-755630	MOE HQ
	Embassy Of Norway	12.00-13.00	Ms Anne Fredrikson- Education Advisor	01- 252626/252188	EMBASSY OF NORWAY
	National Consultant – Discussions with International Consultant	13:00	Ms Nalwamba – HIV/AIDS Advisor(National Consultant)	097 706494	Intercontinental Hotel, Lusaka
	Departure for International Consultant	15.00	International Consultant		Lusaka International Airport
SAT 21/04/07					
MON 23/04/07	Selected interviews with 2 schools	10:00-1400	Mr. Thomas Syamujaye The School Manager plus 4 Teachers Kamanga Basic School, Makeni Community School Pupils		Kamanga Basic
TUE 24/04/07	Selected interviews with 1 schools	10:00-12:00	Mrs Syamutondo Libala High school (head teacher and Pupils)		Libala High School

Appendix 2 - List of Persons Contacted

Michael Banda- Project Officer Education, UNICEF

Alice Chintofwa – Teacher and Secretary for Anti Aids Teacher Association Zambia (AATAZ)

Hilary Chipango- Programme Officer, BETUZ

Cornelias Chipoma- Education Specialist, USAID

Paul Chitengi- Montioring and Evaluation Specialist, NAC

Maureen Chitoma – Guidance and Counseling teacher, Kabulonga High School Lusaka

Yvonne Chuulu – National Coordinator HIV/AIDS, MoE Zambia

Given Daka – Education Program Officer, Royal Netherlands Embassy

Anne Fredrikson- Education Advisor, NORAD

Ricky Henning – Education Advisor, USAID

M. Kanchele- Financial Manager, Forum for African Women Educationalists (FAWE)

Lilllian Kapula, Permanent Secretary, MoE Zambia

D. Kasanda – Acting/Programme Co-ordinator, Forum for African Women Educationalists (FAWE)

Dainess Kasungami- Human Development Advisor, DFID

Rose Kayope – pupil, Kabulonga High School Lusaka

Pawan Kucita - Chief Education Section, UNICEF

Miyanda Kwambwa – Educational Advisor, Irish Aid

Sue Milner- Advisor Social sector & Governance, DFID

Patrick Machiko – Member of Anti Aids Teacher Association Zambia

Pricilla Malasha -HIV/AIDS Advisor, Irish Aid

Elizabeth Mbewe- Technical Assistant, Forum for African Women Educationalists (FAWE)

Anthony Morrison – Operations Director, CHAMP

Oswald Mulenga – Director, Monitoring and Evaluation, NAC

Remmy Mukonka- Executive Director AATAZ

Eunice Mwakapandula- pupil, Kabulonga High School Lusaka

Audrey Mwansa – Orphans and Vulnerable Advisor, Changes 2 Program

Mutinta Mweembe - Chief Curriculum Specialist, Zambia MoE

Ndubeni – Programme Officer, Zambia National Union of Teachers (ZNUT)

Nyangu Nelson- Director Planning and Information, Zambia MoE

Rosana Price Nyendwa, Programme Director CHAMP

Esther Sakala– Executive Director, Zambia Business Coalition on HIV/AIDS

Vincent Snijders - First Secretary Education, Royal Netherlands Embassy

Mary N. Wamala – pupil, Kabulonga High School Lusaka

Joan Woods – HIV/AIDS Advisor, Changes 2 Program

Appendix 3 – Guideline for interviews

Name:

Function:

Date of Interview:

N.B. Start with a brief introduction on the purpose of the Case Study Review, the output (aide memoire) and the process for feedback on the main conclusions/recommendations.

1. Which key developments have taken place over the past five years in HIV&AIDS and Education?
2. What have been the main gaps in the response?
3. Which key stakeholders have played a key role in the results so far?
4. What has been the specific involvement and contribution of your organization (financial, technical assistance, coordination, etc. – only prompt if necessary)?
5. How do you assess your organizations contribution? What have been strengths and weaknesses?
6. What, in your view, has been the contribution of external development partners?
7. What specific efforts have been made at harmonization and alignment? List examples. How effective have they been?
8. What arrangements exist for information sharing?
9. What has been the main impact of the work done in HIV&AIDS education? (Consider teacher preparation, care and support knowledge, attitudes, behaviour change, etc.)
10. What tools and materials have been key to the improved response? Why?
11. What are key challenges for the coming three to five years?
12. How could IATT make a more effective contribution to the education response to HIV&AIDS?

Appendix 4 - Time Line of Key Country Events: ZAMBIA

Major Activities 1999 - 2007

The first case of HIV&AIDS in Zambia was diagnosed in 1984. Since then several steps and interventions were put in place as a national response in general to the epidemic. The impact of HIV&AIDS has been felt in many sectors and the education sector has not been spared. The following provides a timeline for some of the key events:

- In 1986 the GRZ established the National AIDS Prevention and Control Program (NADP). The NADP had several plans to challenge to curbing of HIV/AIDS by ensuring safe blood and blood product supplies.
- In 1988 the first five year Medium Term Plan (MTP 1) was developed. The plan focused on national decision making and coordination.
- In 1992 the second five year Medium Term Plan (MTP 2) was developed. The plan focused on national decision making and coordination. In 1994 an international Conference on AIDS was convened in Zambia. The conference dealt with many issues especially HIV/AIDS in the educational sector.
- In 1993 Family Health Trust (FHT) introduced the idea of Anti-AIDS clubs in schools. There are currently over 1,7000 clubs targeting in school youths in upper basic, secondary and tertiary institutions.
- In 1997 about 45,000 AIDS and AIDS related Complex ARC cases had been reported to the Ministry of Health since the beginning of the epidemic in Zambia(HIV/AIDS in Zambia MOH report, 1999)
- In 1997 MOE receives support from UNICEF to integrate HIV/AIDS and life skills in the school curriculum.
- In 1998 MOE reviewed the high school curriculum to incorporate several concepts including HIV/AIDS. In the educational sector, activities of HIV/AIDS coordinated from the Curriculum Development Centre (CDC) of MOE.
- In 1998, MOE launches the Basic Education Sub-sector Sector Investment Program (BESSIP). The program encompassed an HIV/AIDS component with fulltime seconded staff. However it focused on Basic Education from Grade 1 to 9.
- In 1999 a committee of Ministers was constituted to deal with HIV/AIDS issues in Zambia.
- In 1999 a national HIV/AIDS baseline study was undertaken.
- In 1999 an International Conference on AIDS (ICASA) was convened in Zambia. The conference dealt with many issues especially HIV/AIDS in the educational sector.
- In January, 2001 Coordination of HIV&AIDS activities moved to MOE Headquarters under the Office of the Permanent Secretary MOE as a priority program and for effective coordination and supervision.
- In 2001 MOE developed a five year HIV&AIDS strategic plan which elaborates program of material development, training and education, sensitization and advocacy for teachers and educators at all levels.
- 2002 – The NAC becomes a legally-established body able to solicit funding.
- 2002 - Public provision of ARV treatment begins at two trial sites in Lusaka and Ndola
- In December 2002 the National HIV&AIDS, STI and TB Council was established. NAC coordinates and supports the development, monitoring and evaluation of the multi-sectoral national response for the prevention and mitigation of HIV&AIDS, STI and TB.
- In 2002 MOE intensifies advocacy and awareness campaigns on HIV&AIDS at all levels through provision of didactic materials
- In 2002 the Zambia DHS EdData survey (Education Data for Decisions-making) was conducted for the Ministry of Education and one such survey that included variables on HIV&AIDS knowledge and awareness.
- In 2003 an impact assessment is conducted by Social Impact Assessment and Policy Analysis Corporation (Pty) (SIAPAC) for MOE. Findings reveal serious implications if MOE did not invest in tangible interventions.
- In September 2003 MOE invites the Student's Partnership World (SPW) to introduce a School Based Program on HIV&AIDS. The model exists in Zimbabwe and Tanzania.

- In January 2003 Ministry of Education introduces training program for teachers at school level the 'Interactive methodologies of HIV&AIDS at school level for educators.
- 2004 – The government declares HIV&AIDS a national emergency in a bid to boost treatment and prevention efforts. By the end of the year, around 20,000 people are receiving ARV drugs, of an estimated 149,000 in need.
- In August 2004 Ministry of Education held a national workshop to "accelerate the education sector response to HIV&AIDS "in Zambia with technical support from the UNAIDS- Inter Agency Task Team.
- In 2004 MOE introduces and Anti-Retroviral Scheme in private and public hospitals for People Living with HIV and AIDS. And also supports the provision of food supplements.
- 2005 – In February, it is announced that user charges for public sector ARV treatment will be dropped.
- In 2005 the 1st round of the Behavioral Survey for MOE is undertaken by the University of Zambia
- In 2005 the MOE produced an Abridged HIV&AIDS strategic plan of 2006-2007 to coincide with MOE Strategic Plan which ends in 2007
- In 2004/5 high school review was undertaken by CIDT, University of Wolverhampton which includes a section the status of HIV&AIDS in high school. Some of the findings reveal lack of uncoordinated structures at high school level to deal with the HIV&AIDS especially among students.
- In February 2005 MOE accesses the PEPFAR funding through USAID aimed at encouraging MOE employees to access VCT as a gateway to accessing Anti-Retroviral Therapy. Thus meant bring the VCT services to the school level, MOE working in partnership with NGOS VCT providers.
- In December 2006 MOE working with the Network of People Living with HIV and AIDS introduced the concept of Support Groups. To date every district has an active teacher's support group.
- In August 2006 MOE in conjunction with ZANARA and KARA counseling trained 28 psycho-social counselors to deal with psycho-socio programs at workplace.
- In May 2006 the National HIV and AIDS strategic Framework (2006-2010) was developed. The framework focuses on service delivery and saving lives through six (6) priority areas or themes for intervention.
- In July 2006 MOE launched the HIV&AIDS policy on mitigating the impact of HIV and AIDS in the Education Sector. The policy is envisaged to act as a practical guide for effective prevention, care and support for PLWHA within the public sector.

Appendix 5 - HIV&AIDS at School Level: a brief study of perceptions of teachers, students and the community

Context and background

In April 2007, the UNAIDS- Inter Agency Task Team (IATT) on Education commissioned a series of country case studies to look at coordination, harmonization and alignment of the education response to HIV&AIDS at country level and to identify areas that will require attention in the future. The UNAIDS IATT is a multi-partner effort, involving countries, development partners, and civil society, which aims to promote better understanding, stronger leadership and more effective responses to HIV&AIDS at all levels of the education sector.The countries covered by the Case Study Exercise were Jamaica, Kenya, Zambia and Thailand. For each of these countries a *country aide memoire* was produced. In addition, an overall report of the study – covering the four countries – synthesized the results and recommendations from the study as a whole[8].

In Zambia, the IATT Case Study Exercise was – at the request of country stakeholders - supplemented by a mini-study to get a sense of the extent to which the work around HIV and AIDS is producing an impact at school level. The present report provides an overview of this study and its main findings.

Purpose of the study

The purpose of this mini-study was to obtain insight into the perceptions of school managers, teachers, students, and community members as to the manner in which HIV&AIDS is being addressed in schools and how it is affecting the learning environment.

Methodology

In order to gather views from different stakeholders a series of semi-structured individual and focus group interviews were held with head teachers and teachers, students, and community members/PTA members at schools in and around Lusaka.

A total of five schools were part of the study - one elementary school (Kamanga), two high schools (Libala and Kabulonga), a private school, an in-service teacher training college, and a community School (Makeni). Libala high school is in an urban location and along the main road to a populated suburb. It could be described as having pupils whose parents are from various walks of life and offers classes in grade levels 10- 12. Kabulonga is also in Lusaka and has only female pupils. Kamanga Basic is one of the oldest schools and is located on the outskirts of Lusaka. It accommodates pupils in grade 1 to 9. Makeni community school has been set up by the community and receives support from the MoE. It works on the basis of levels for pupils, there is not age requirement for the grades. The National Teachers In-Service Training Institute is located a short distance out of Lusaka. In each school three groups were interviewed, the first consisting of the head teacher and teachers, the second a group of pupils and finally a group of parents/PTA members.

Respondents

The study reached a total of five head teachers, 19 teachers, 23 students, and 13 community/PTA members in the schools/communities listed above.

Limitations

The study involved a limited number of schools and participants and can therefore not be considered representative of Zambia as a whole. Given the very short time frame of the study (one week), the purposive sampling of the participants, and the limited number of persons interviewed, care should be taken in generalizing from these findings. Also, and again because of time limitations, it was not always possible to triangulate the information provided.

---

[8] For more information on the Country Case Study Exercise please contact the IATT Secretariat at UNESCO : info-iatt@unesco.org.

Results

The following section provides an overview of the findings for the different groups interviewed. The results are outlined for general areas of inquiry (the questions in italics). Each area of inquiry in practice involved a lead question and when necessary various follow-up questions.

1. Head teachers and Teachers:

How has HIV&AIDS been addressed in your school? What kinds of activities are carried out in that context?

In most cases teachers indicated that HIV&AIDS were being addressed at school level. The teachers mentioned in particular the various health programmes implemented through school based clubs. The clubs were cited as the most important avenue for disseminating of HIV&AIDS information at school level. These clubs disseminate messages by making use of poems, songs, dances and plays.

Teachers also mentioned receiving information through staff meetings which are held every month. Teachers and mangers - including those from community schools - were aware that HIV&AIDS had been integrated in the curriculum but also underscored that they face substantial challenges in implementing the required content at classroom level. A key barrier highlighted by the participants in the study was that HIV&AIDS are not timetabled and therefore do not get sufficient priority.

Is there any evidence of changes in knowledge, attitudes and behaviour? And if so what examples exist?

> "In the recent past I have seen more and more teachers talking openly about HIV/AIDS and we have had Comprehensive HIV/AIDS (CHAMP) carrying out on-site VCT and we have seen teachers walking in freely to be tested".

Both teachers and administrators had difficult in answering the question. They assume that issues of behaviour change are private and that it is therefore not possible to get insight into these issues.

The interviews indicated that there is relatively high knowledge of basic HIV&AIDS facts, but lower levels of understanding. A few misconceptions and myths still remain. There is also an uncertain link between knowledge, attitudes, and practices, as well as between knowledge and the ability to control one's own sexual health. A good example was the sentiment raised by female teachers that traditionally they are not supposed to say "no" to their husbands - "It is unacceptable culturally to say no if you are married and then refused to have sex with him" even if one may be aware that he has extra-marital relationships. Teachers mentioned that in certain circles some people are not yet convinced that HIV is a reality and that there is still a belief that if it exists it can be attributed to factors such as someone sleeping with a woman who has had a miscarriage.

With respect to behaviour change respondents did mention that there seems to be evidence of some change in their schools and among teachers since the rate of absenteeism amongst teachers has reduced (indicating that less teachers may be sick and therefore less teachers are infected) and that increasing numbers of teachers are going for VCT.

On knowledge, attitudes and practice, it was clear that most teachers and managers have a good understanding of HIV&AIDS, with few misconceptions. Attitudes towards HIV positive people were frequently cited as having changed, in part because of the establishment of PLHA groups. Most respondents were compassionate and demonstrated progressive attitudes about HIV positive people. Many teachers mentioned also that they believe their colleagues had changed their sexual behavior. As one respondent said: "Before we used to see all our colleagues paying landing and departure sees at seminars, now many of us just go to bed early".9

---

[9] Landing and departure fees refer to the payment of sex workers. The landing fees is hte food and other expenses while being entertained, the deprature fee is the payment of the services provided.

What have been the main constraints in implementing HIV&AIDS activities?

> HIV/AIDS is not timetabled and therefore it is difficult to talk about several issues as we do not have sufficient time. Most often we usually spend about 15 minutes during assembly to talk about the HIV/AIDS.

Lack of funding emerged as a key constraint in implementing the HIV&AIDS programme. Most of the programmes implemented by the teachers were mainly done out of teachers' own initiatives. Teachers indicated that they had heard that funding is provided through the Provincial Education Office and the District Education Boards but that they have not accessed it.

Teachers in this context also again stressed that since HIV&AIDS is not timetabled it makes it difficult to deal with many HIV&AIDS issues at that level.

How is HIV&AIDS affecting teachers, students and communities?

Asked about how HIV&AIDS is affecting school mangers and teachers, most participants talked about issues related to the supply and demand. However, overall respondents were uncertain about the magnitude of impacts (issue of records). They mentioned that although it has not taken a toll in their schools (especially in the case of the basic and high schools that were part of this study), they had heard of prolonged illness amongst teachers. Teachers from the community school seem to have a clearer picture of the impact which is reflected in the number of entrants that they have every term. Absenteeism was mentioned as having a profound impact on their schools. Teachers said they have also seen the impact as they have to get permission every now and then to and attend a funeral for relatives who pass away or for other community members. As for the pupils there have been rare cases of prolonged illness and most teachers cited examples of pupils being affected, either through the passing away of one or both parents and in some cases provided examples of families being left without adult members to fend for themselves. In one of the school visited during the study teachers were pooling together money every month to help a family of three young girls who had lost their parents and had no means of survival. In talking about these examples, teachers frequently emphasized that the amount of support available at community level for children in need is still very poor.

> "Every term our community school receives a number of orphans in our school and this is an indication that there is a problem somewhere, which is bigger than just the problem of poverty".

What kind of support is available to teachers and what is missing?

Schools had not put up any tangible programmes for the teachers who are affected and infected by the pandemic. Respondents said that they relied on whatever information is provided by the MoE but that for direct support they mostly went to other service providers. A number of teachers referred to the period when ARVs were not free "It was very difficult for us to access treatment when ARVs still had to be paid for. The process we had to go through was long but now thank God the ARVs are free and we are sure of getting them".

Teachers - both at community and high school level - said that they received a lot of information from MoE on HIV&AIDS and that this at least helped them to update their knowledge. For treatment services community school teachers relied mostly on public health institutions.

What has been the role of the PTA and the community over HIV&AIDS at school level?

Teachers indicated that the PTA has mainly been involved in ensuring that learning takes places and that children receive an education. As a result, most meetings focus on raising money for construction and rehabilitation at school level, and – in the case of community schools – for teachers' salaries. It was clear during the interviews that overall the PTA regards HIV&AIDS as a health issue and on the few occasions that HIV&AIDS are discussed the consensus appears to be that this is a problem that should be handled by the health sector.

What are the main gaps in HIV&AIDS education response?

Teachers reflected the fact that although educators' guidelines on HIV&AIDS have been provided by MOE most teachers did not know how to use them. Teachers also felt that there was a weakness in the syllabus in terms of how HIV&AIDS should be taught. The integration process in the syllabus does not provide them with an opportunity to teach HIV&AIDS effectively because they have to wait until such a time as when they came across the subject in the syllabus. A further bottleneck that was mentioned was the fact that the MOE has also not afforded everybody an opportunity to be sensitized on HIV and AIDS since only a select number of teachers has been trained. Most of the information teachers have received has come either from NGOs and/or from the media, which as respondents indicated required a lot of reading.

> "Some of us have heard that MOE has an HIV/AIDS policy but we have never seen it".

> "As for us from the community schools we do not even have enough materials to use in our schools".

2. Students in schools

What HIV&AIDS activities take place in around the school?

Responses from students reflected the fact that the most common form of HIV&AIDS activities taking place is through the Anti-AIDS clubs which focus on singing, drama and poems, especially on club days. Students emphasized that membership was restricted and hence not everybody can be a member even if you have interest in the subject. "Even the people from outside, like NGOs who come to give us information, also only come on club days". Some students also mentioned HIV&AIDS messages during Assembly time.

> "If you are not a member of the club you miss out on really important information which is not good".

What is the source of HIV&AIDS information for most of the students?

Students had various sources of information although the most common one was from the media (radio), the Education Post - a weekly publication from one of the prominent newspapers that talks about their sexuality and HIV&AIDS issues and which is normally distributed to schools as well - and friends. They applauded the Education Post which in the recent past has provided a lot of HIV&AIDS information and most participants in the study highlighted that they enjoyed reading it. Students' responses highlighted that although HIV&AIDS is sometimes mentioned by teachers in the class, teachers are not the most important source of information. In addition, when probed about who they would go and see if they had a problem, most pupils indicated that they would be reluctant to talk to a teacher. In one of the schools which had a guidance counselor, students appeared to be either completely unaware of the existence of this person or were unaware that his/her role could extend to issues related to HIV&AIDS and sexual reproductive health.

> "Because of what we have seen and heard we are scared and we do not want to be infected because AIDS is a very bad disease".

Investigation revealed that students knew a lot about HIV&AIDS and how to protect themselves. They also knew more about the importance and practice of HIV testing and good nutrition and were able to internalize and adopt messages coming from other sources. Much of the information was on prevention and how HIV is contracted.

Do teachers talk about HIV&AIDS in classroom and how useful is the information that they talk about?

Students indicated that a number of teachers talked about HIV&AIDS but that not every teacher appeared to be confident about the subject. According to them the information was very useful but they felt it was not sufficient and that they would love to hear more about HIV&AIDS and related issues: "We mainly focus on easier issues such how you can contract HIV and who is more vulnerable. We just never have enough time". This was applicable to all the school settings interviewed. Students also mentioned that the fact that HIV&AIDS is not timetabled limits the amount of time, and consequently the amount of information and discussion which they get.

> "Yes, some of the teachers talk about HIV/AIDS but others are very shy especially when talking about condoms".

Are there any gaps in HIV&AIDS information and if so what else would they like to learn about?

Students mentioned that, yes, definitely there are gaps, and especially on issues of sexuality. Students indicated that they would be happy to hear more about that topic but teachers rarely talk about it except in Biology. Students also emphasized that they really wanted to know how this problem can be prevented and what the prospects are of finding a cure, because – in their words – “So many of use are loosing our parents and relatives”.

Is there behaviour change after learning about HIV&AIDS in this school?

Students stressed that there was some form of behaviour change taking place since AIDS had created fear in them. As one of the girl students said: “sometimes we also do not want to play around with boys since they will take this as an opportunity to propose to us”. As for those from the community school they reflected that probably had they not lost their parents they would not be in that school. In all cases female students talked about “Virgin Power” which reflects the focus on abstinence. However, in all schools students were also able to provide examples of young girls falling pregnant, and when probed indicated that they did not think that there were less pregnancies now than before. Pupils did not want to say much about condoms. Mostly among young girls the perception was that “nice girls to not do condoms”.

If a friend was diagnosed HIV positive what would you advise her/him to do? Where would she/he go for support?

Most students mentioned that if a friend was diagnosed with HIV&AIDS they would ask him or her to go and seek advice from the hospital. They said it would not be good for that person to tell the school teachers because every body in the staffroom would end up knowing that he or she has HIV or AIDS. There was recognition that HIV&AIDS is ‘here’ and that ‘it affects us all’. The responses to this question indicated real concerns over power to prevent infection, but also a positive attitude towards those infected and ill with HIV&AIDS.

Do Schools need to do more about HIV&AIDS? If so what is missing?

Students resoundingly said that they felt that schools need to do more about HIV&AIDS. The reasons advanced by the pupils were that schools can provide avenues to reach large portions of the population including young people and that they spend most of their time in school. What was missing was that although they see HIV&AIDS as a problem for the entire nation it was not accorded enough time in the school syllabus. And again, students mentioned that because most of the prevention is done during clubs many of the students are not part of the process.

What do you think should be the contribution of the community, government and Churches to the HIV&AIDS fight in the schools?

They said the community should not leave the school alone to deal with HIV&AIDS. Also the government needs to do more in finding a cure because people were suffering. Students felt that there should be a bigger role for the community to contribute money to help some of the orphans in the schools.

> “People are suffering a lot some of our friends have lost parents. We may end up with a nation without parents”.

For the community/PTA:

How is HIV&AIDS affecting the community?

PTA members indicated that HIV&AIDS reflects itself in a loss of productivity in certain cases, although the trend seems to have reduced. Also among the impact was that during meetings there are always being provided with information of new orphans entering schools.

> “It is not a simple issue anymore. We have seen the devastating impact that HIV/AIDS has had in our community. The increasing number of orphans in our schools is testimony to the problem”.

Are you aware of activities around HIV & AIDS taking place in schools and are there any examples of the kind of activities that exist?

Parents reflected that they are aware of the activities that are taking place at school level in form of clubs where their children are able to talk about HIV&AIDS. Parents had also heard some NGOs that came to schools to give lecturers to their children. Parents and PTA members indicated that they had no problem with the content of the messages but felt that the school was not doing enough to bring about behaviour change in their children. They claimed that the behaviour of their children seem to be influenced with what they learnt at school.

Have parents ever been consulted on what is being taught at school level?

Parents indicated that it was very rare for them to be consulted on what is to be taught at schools, and in particular on issues related to HIV&AIDS. They mentioned that sometimes in the past they had been called to symposia to discuss certain subjects (such as civics).

Are teachers playing a role in the fight against HIV&AIDS? If yes what role?

Parents were of the view that teachers were playing a critical role in fight against HIV&AIDS although it was not an easy thing. The recognized the fact that maybe they had left it too much to the teachers as they found it difficult to talk about HIV&AIDS with the children because of the cultural connotations around sexuality. They felt that they are beginning to realize that they seem to have overloaded the teachers with so many things to handle and that yet teachers were also parents.

Do you think the behaviour among the young people is changing?

They were in agreement that behavioural change seems to taking place because of the impact that HIV&AIDS has had directly or indirectly. Parents mentioned that more and more young people were getting tested for HIV&AIDS. They were also, concerned however, with the continuing lose morals of some young people and the potential influence on other children.

Do you talk to your children about HIV&AIDS? If yes what do you talk about?

Parents said they usually talked to the children about HIV&AIDS but were quick to mention that the topic is a very sensitive issue and they have always felt that teachers would do a much better job at talking about these complicated issues. The mentioned that when they talked to their children they mainly focused on the value of finishing school and hence the need to abstain from casual sex. Most parents indicated that they did not feel at ease talking about sexuality.

What kind of support is available in your community for OVCs? Has the school played any role in the provision of this support?

"Most often where we live (communities) we have relied on support from churches for our orphans".

As parents they admitted that there was very little that communities had done to help OVCs. Where there had been a role it had been in terms of linking them to organizations like churches in the hope that these would do something to assist them pursue their education. As parents they said they had seen the school getting involved in linking up orphans to organizations that work with the Ministry in getting scholarships for OVC. They mentioned the CHANGES project in particular in this respect.

What should be done to improve the response to HIV&AIDS? What role could the school play in this respect?

Parents responded that they would love to be involved in planning for HIV&AIDS at every level. In particular they said "We hear MOE has a lot of money for fighting HIV&AIDS and yet we do not see that money trickle down to the school level".

Recommendations

The overall report of the case study exercise highlights emerging recommendations. In addition to those, the results of this study at school level indicate a need to reflect on the following issues:

- ✓ Ensuring the MoE policy on HIV&AIDS is widely disseminated and discussed.
- ✓ Increasing the provision of relevant information on HIV&AIDS and on skills for prevention so that all pupils and teachers can be reached.
- ✓ Comprehensively assessing the effectiveness and impact of school level activities for HIV&AIDS prevention and support at school level and actively identify strategies for extending and innovating the messages and methodologies used so that more young people can be reached.
- ✓ Ensuring that more information is provided on care and support, especially among teachers so that these can play a role in getting critical support to OVCs.
- ✓ Developing school policies on HIV&AIDS to provide guidance and training on the implementation of HIV&AIDS at school level, in particular on how to address HIV&AIDS in the curriculum.
- ✓ Including HIV&AIDS as compulsory elements in the curriculum.
- ✓ Using guidance counselors more actively in provision of support and counseling on HIV&AIDS and ensure that this role is an integral part of other HIV&AIDS related activities at school level.
- ✓ Sensitizing schools and local communities on care, causes and prevention of HIV&AIDS and create/strengthen mechanisms for increased involvement of parents and communities in HIV and AIDS prevention.
- ✓ Identifying and training focal persons for psychosocial support and provide education and awareness for improvement of knowledge, attitudes, and perceptions on HIV&AIDS.