

**The American Federation of Teachers Educational Foundation
And
The Kenya National Union of Teachers
Prevention and Access to Treatment Program**

Evaluation conducted by

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Report Submitted to:

**THE AMERICAN FEDERATION OF TEACHERS EDUCATION
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List of Abbreviations and Acronyms

AFT	- American Federation of Teachers
AIDS	- Acquired Immunodeficiency Syndrome
ARVs	- Anti-Retroviral Drugs
CBOs	- Community Based Organizations
CfBT	- Centre for the British Teacher
DHS	- Demographic and Health Survey
EF	- Education Foundation
EI	- Education International
FGDs	- Focus Group Discussions
GoK	- Government of Kenya
HIV	- Human Immunodeficiency Virus
IEC	- Information Education and Communication
ILO	- International Labor Organization
IT	- Institute of Technology
KENETOPE	- Kenya Network of Positive Teachers
KNUT	- Kenya National Union of Teachers
M&E	- Monitoring and Evaluation
MoE	- Ministry of Education
MoEST	- Ministry of Education, Science and Technology
MoH	- Ministry of Health
NACC	- National Aids Control Council
NDC	- National Delegates Conference
NEC	- National Executive Council
NGOs	- Non-Governmental Organizations
OVCs	- Orphans and Vulnerable Children
PEPFAR	- Presidential Emergency Programme for the AIDS Response
PTA	- Prevention and Treatment Access
SSA	- Sub-Saharan Africa
TSC	- Teachers' Service Commission
TTCs	- Teacher Training Colleges
USAID	- United States Agency for International Development
VCT	- Voluntary Counseling and Testing

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We also wish to convey our very special thanks to all the 12 enumerators who assisted us with data collection during the evaluation.

Last, but not least, we thank all the respondents from MoE, NACC, TSC, CfBT and the Population Council for your openness and insightfulness. We also wish to thank the support given by USAID staff during the planning and execution of the final evaluation.

The institutions and individuals mentioned above are however, not responsible for the views expressed in this report as such a responsibility rests with two researchers – Okwach Abagi and Mitch Kirby.

1.0 Background

1.1 HIV and AIDS in Kenya

Over the last decade, HIV and AIDS has become the world's most devastating epidemic, particularly in sub-Saharan Africa (SSA), where many governments have declared it an emergency. The Government of Kenya has been committed to winning the battle against HIV and AIDS. In 1999 the President declared AIDS a national disaster and the National AIDS Control Council (NACC) set up by an Act of Parliament to coordinate and mobilize resource for to fight the scourge in the country. In 2001, Kenya had an estimated HIV prevalence of 15 per cent, with 2.5 millions Kenyans infected with the virus (GOK/MOH, 2001). HIV was spreading rapidly, abetted by severe poverty, high population density and the lack of effective prevention and treatment programmes. There is some evidence that the prevalence rate is beginning to stabilize. For example, the DHS 2003 put the prevalence rate at 7.1%. Despite this progress, there are still significant challenges in Kenya to address HIV/AIDS including vulnerability among certain population, geographic and age groups, misinformation, and behavior changes.

The education sector in Kenya plays a pivotal role in fight against AIDS. First, there are more than 250,000 teachers and education personnel that represent the largest group of public sector employees in Kenya. Secondly, education plays a crucial role in preventing the spread of HIV/AIDS through educating children and teachers. For example, life skills education is important in influencing the sexual practices, choices and behavior of students in primary, secondary and tertiary learning institutions.

The important role that teachers play in the fight against HIV/AIDS is the foundation for the American Federation of Teachers – Education Foundation (AFT-EF) collaboration with the Kenya National Union of Teachers (KNUT) to develop and implement the Prevention Care and Treatment Access (PTA) – Kenya Teachers project. It was observed that in Kenya, the number of teacher deaths had tripled between 1995 and 1999, with the largest contributor having been HIV/AIDS. A more recent study by the ILO on the impact of HIV/AIDS on human capital suggests that Kenya will be second only to South Africa in the sheer number of teachers dying of HIV/AIDS by 2010, well ahead of Nigeria, Zimbabwe and Uganda. Recent statements by the MoEST also seem to suggest that as many as six teachers a day are dying from AIDS related illnesses.

Kenya National Union of Teachers (KNUT) is the largest union of education employees in Kenya, representing more than 90 percent of the country's 240,000 teachers. KNUT has established itself as a trustworthy and reliable partner in the international community. It has a positive history working with USAID on two prior projects, namely, a peace initiative in the Laikipia region and a national democracy education project. Since learning of the astonishing rate of HIV/AIDS infection among teachers, KNUT leaders started actively discussing ways in which they could develop and support an education programme for their members. They held discussions with the American Federation of Teachers and Education International which led to the KNUT-AFT PTA project.

The **American Federation of Teachers (AFT)** has a long history of involvement in HIV/AIDS education and advocacy. Beginning from 1988, the AFT launched an extensive HIV/AIDS education project in response to members' growing concerns about the AIDS epidemic in the United States. Since its inception, the project has provided information, training, and support to AFT affiliates throughout the country. An evaluation of the project demonstrated a high level of success in stemming members' fears and misinformation about AIDS infection at school and at work by providing critical information on risks, transmission, prevention and treatment.

The AFT-Africa AIDS Campaign, a union-wide project of the AFT, build on the union's experience in HIV/AIDS work place education in the United States and its long tradition of international in sister-union collaborations throughout the world. By 2003, there were programmes in Kenya, Zimbabwe, Namibia and South Africa. In addition to providing assistance to the African partners, the AFT-Africa AIDS Campaign helped to build a cadre of American teachers who would support increased international efforts to address the HIV/AIDS crisis.

1.2 The Prevention Care and Treatment Access Program

The Prevention and Treatment Access (PTA) program of the American Federation of Teachers Educational Foundation (AFT-EF) is a unique partnership designed to strengthen the capacity of the 230,000-member Kenya National Union of Teachers (KNUT) to implement effective HIV/AIDS interventions for Kenyan teachers and other stakeholders in the education sector. The PTA partners work in close cooperation with the Kenya Ministry of Education, Science and Technology (MoEST), the Teacher Service Commission (TSC), the National AIDS Control Counsel (NACC) and USAID.

The project was developed in response to the ever-growing HIV/AIDS pandemic and its impact on teachers. The project envisioned schools and teachers as valuable resources that, with minimal training and cost, could be mobilized in the national effort against HIV/AIDS. AFT and KNUT tested approaches to combat HIV/AIDS among teachers in 630 schools in the two year pilot phase of the project.

The programme of Prevention and Treatment Access was Kenyan based a 2 year project funded by USAID through a contractual agreement with the American Federation of Teachers – Education Foundation (AFT-EF) – Award No. 623-A-00-00006-00. The AFT-EF was the contractor and responsible for work plans, reporting, results achievement, the integrity of the produced materials, the capacity of trainers, financial management, sub-grant administration as well as other USG contractual obligation. On the other hand the Kenya National Union of Teachers (KNUT) was a sub-contractor and the principal implementing partners, bringing attention to the impacts of AIDS on educators and using their vast and coherent organizational structure at national, district and school levels to deliver the program content on prevention, care and treatment. They were also expected to implement the national advocacy campaign and negotiate improved conditions of employment and access to care and treatment with the government employer. Besides, KNUT was to disseminate and implement the Ministry of Education (MoE) Education Sector Policy on HIV&AIDS and take responsibility for policy enforcement through its school representative.

USAID issued a \$ 710,618 grant to AFT for period of 2 years from November 2004- November 2006. Thus far, the AFT has contributed over \$50,000 in financial support to the KNUT for project activities and over \$100,000 in staff time and travel. Moreover, the AFT absorbs 100% of the project's indirect costs. KNUT contributed over \$ 60,000 in kind and staff time. A no-cost extension was granted extending the project completion date to April 2007.

The overall project goal **was to increase the capacity of the KNUT to combat the spread of HIV/AIDS and to mitigate the impact amongst educators and learners.** In order to achieve this goal, the following objectives were designed to guide the prevention, care and treatment program activities:

- Reduce the vulnerability to HIV/AIDS through school-based peer education, counseling and referral;
- Improve access to counseling, testing and community support services for teachers and students living with and affected by HIV/AIDS;
- Increase the capacity of teachers and school managers to implement school-workplace policies and programmes to reduce stigma and improve the education environment for teachers and students living with HIV/AIDS; and
- Improve conditions of service and health benefits for teachers living with HIV/AIDS.

The project sought to mitigate the impact of HIV/AIDS among educators and learners by supporting programmatic responses to the epidemic. The program was national in scope with targeted interventions in 14 Districts. The 14 Districts included: Nairobi, Kirinyaga, Mombasa, Malindi, Meru Central, Machakos, Kisumu, Bondo, Nakuru, Kericho, Uasin Gishu, Busia, Garissa and Kakamega. The program activities at the national level were to

- Create inter-organizational linkages for the coordination of teacher programs;
- Develop and implement a national collective bargaining strategy for protecting the rights and improving care and treatment benefits and conditions of service for teachers living with and affected by HIV/AIDS;
- Launch a national advocacy campaign; and
- Review and revise the Regulations and Code of Conduct for Teachers

The activities within the 14 target districts were intended to establish institutional linkages for the coordination of the project activities through training workshops that provide information on prevention education, counseling and referral, VCT services, care and treatment, and MoEST HIV/AIDS policy.

The project activities within schools included:

- Providing school-workplace peer education for teachers
- Providing first-line counseling and referral for testing, care and treatment

- Establishing institutional linkages to improve access to VCT, care and treatment
- Developing school-specific strategies and programs to reduce stigma and to create a positive school learning environment for teachers and students infected and affected by HIV/AIDS.

1.3 End of Project Evaluation

The objective of the end-of-project evaluation was to assess the progress made towards meeting the PTA objectives and to articulate the challenges, lessons learned, and recommendations that could inform future interventions. The specific terms of reference for the evaluation were to assess:

- (a) The progress made towards the achievement of the project's objectives;
- (b) The effectiveness and appropriateness of the project activities and implementation;
- (c) The degree of project involvement and collaboration with other stakeholders, especially CfBT, MoE, TSC, NACC and KENEPOTE;
- (d) The extent of success in working with the CfBT in implementing a strong synergistic project as described in the 2005 and 2006 PEPFAR Country Operation Plan; and
- (e) Challenges and lessons learned by partners and stakeholders.

The full Scope of Work for the Evaluation is provided in Annex 1

2.0 Summary of Key Issues

The following are summaries of key issues emerging from the evaluation:

❖ The collaboration between AFT-EF and KNUT has been effective and helpful to the two parties in achieving the project objectives. The PTA project presence and its outputs were obvious in the project schools visited. The projects outputs (achievements) include the following: Capacity building of KNUT staff, school heads and teachers; Production of policy, training and IEC/BCC Materials; Established forum (study circles) for teachers to discuss and learn about HIV/AIDS and their role in fighting the epidemic; Awareness creation and enhanced knowledge on HIV and AIDS; Establishment of HIV/AIDS Clubs and/or Health Clubs at school level, and Enhance school community sensitivity to orphans and vulnerable children (OVCs).

❖ The capacity building, the technical support from AFT-ED and IE and collaboration with the MOE and TSC through the project seem to have created a good foundation for KNUT NEC, teachers, school managers and parents to put in place anti-stigma and safe school campaigns and policies to improve the learning environment for students and teachers. The KNUT national leadership has totally embraced the project, making it one of the organization's top priorities. The union has played an important role in raising the visibility and addressing the impact of HIV/AIDS on the education sector as a national priority. This has been done through meetings, speeches and relatively good media coverage of the issue.

❖ USAID, through its relevant divisions, have the role of making sure that such a program delivers on its objectives. However, tightly managing and monitoring the PTA program has been a big challenge to USAID over the last two years. Coordinating and linking different partners who have HIV/AIDS programs in the education sector funded from PEPFAR has been problematic. Thus, AFT-EF / KNUT PTA have never had formal collaboration and linkage with CfBT and Population Council who run similar programs in Kenya. One contributing factor is that although the national project advisory committee is in place, it has not been very efficient and effective in giving guidance to the program. This committee needs to be reconstituted and its TOR redefined to make it work and be useful to the program.

❖ Policy documents, guidelines and IEC materials are in plenty, but their synchronization, linkages, dissemination and implementation have been patchy and many districts and schools, even members of study circles, have not been provided with these documents, leave alone reading them. Equitable and effective distribution of policy frameworks, tools and guidelines is important in order to achieve the plans and standards at the district and school levels. Tracking/monitoring the actual use and outcomes of the IEC and BCC materials is critical

❖ The project activities implemented at the national, district and local/school levels worked towards improving the capacity of KNUT. The establishment of the national coordinating office and the capacity building programs for the KNUT National Executive Council (NEC), district executive secretaries on program management, advocacy and strategic planning are cited by key informants to have enhanced KNUT capacities. The KNUT officials have acquired useful knowledge and skills not only for managing HIV and AIDS programs in the education sector, but also in the specific area of bargaining for improved benefits and conditions of service for HIV+ teachers and also in advocating for realistic and effective legislation and policies. However, the evaluation team noted with concern the following:

- The PTA project was implemented without a baseline being done.
- Despite the good outcome of the project, there was no monitoring plan and effective monitoring at national, district and school levels.
- The commitment and leadership of branch executive secretaries is a major factor in the success of the project's interventions in the targeted districts. Since the branch officials have other 'pressing' duties, their varied tasks some how hindered their effective contribution to the management of the project. This was experienced in 3 out of the six districts visited.
- The district project coordinators were specifically hired, on a contractual basis, to help in the implementation of the project. All of them were retired teachers. During this evaluation, most of them had their contracts not renewed and were not sure of what will happen next because the project was to end by November 2006. The evaluation team wondered whether this was a viable process of improving KNUT capacity to implement and manage project activities at the district level.

❖ The evaluation team notes that assessing the contribution of the PTA project towards reducing teacher vulnerability to HIV and AIDS is problematic and a big challenge to the programme managers and implementers. This is because of the following issues:

- There was no baseline done before project interventions, thus no data which can be used for assessment. Besides, specific indicators for measuring teachers' vulnerability to HIV infection were not defined and made available to the districts and schools;
- Although teachers awareness and knowledge about HIV/AIDS have been enhanced, voluntary testing or visits to VCTs by teachers is still very low. More importantly, there is no data at both school and district levels on who have been tested. The majority of teachers do not know their HIV status;
- Confidentiality and stigma associated with HIV/AIDS is still widespread. Thus, many teachers have not come out in the open to declare their status.
- To reduce teacher vulnerability to HIV/AIDS through school based interventions is an outcome/impact (long term) objective. Thus is problematic to assess after the implementation of project intervention for only 12 months or less. This objective seems to have been too ambitious under this project.

❖ KNUT PTA programme has set up a conducive and responsive school environment as an effective strategy of improving programmatic responses to the AIDS pandemic in the education sector. There has been positive efforts of implementing school-workplace policies and programmes on HIV/AIDS in the project schools. First, training on, dissemination and discussions of the Education Sector Policy on HIV/AIDS and KNUT HIV/AIDS Workplace Policy at the national, district and school levels were generally successful. In every project school we visited there were at least two copies of the Education Sector Policy and all members of study circles had a copy each of KNUT workplace policy. Two, members of the study circles and all the school heads reported that they are now more aware and sensitive than before on workplace issues and try as much as possible to implement the MOE policy and KNUT workplace policy.

❖ Assessing the extent to which the PTA project has succeeded in improving conditions of service and health benefits for teachers living with HIV/AIDS is problematic because there are no actual data at national, district and school levels that indicate the conditions of service and health benefits for teachers living with HIV/AIDS. The situation is exacerbated by the fact that there was no baseline survey done on this issue and also because there was no monitoring plan put in place. However, it should be noted that apart from reports that school heads are implementing the workplace policies, are supportive and encouraging teachers to visit VCTs and know their HIV status, improving conditions of service and health benefits for teachers living with HIV/AIDS still remains a 'plan' and 'wishes' at all levels.

❖ There seemed to have been a misunderstanding between AFT-EF/KNUT and USAID about the expectations of the project and the role of specific activities that would achieve those expectations. While AFT-EF/KNUT viewed the project as multi-dimensional with all activities being mutually reinforcing within the context of a union culture, we surmise that USAID viewed it more as an educational and training project, with a heavy focus on the MoE Education Sector Policy on HIV and AIDS. From a

union perspective, training head teachers alone is not enough to actually get a policy implemented and enforced. It also requires training classroom teachers who will ultimately be responsible for implementing and enforcing the policy day-by-day.

3.0 Methodology

3.1 Design and Technical Approach:

The evaluation was conducted by using a variety of methods and tools. Evaluation instruments were designed and administered to collect and analyze quantitative and qualitative data. The team reviewed program-related documentation, interviewed key program personnel and collaborating partners, and visited a sample of project schools. The research tools and techniques are described in more details below. The program evaluation assessed how key inputs, processes and outputs resulted in achieving program targets and results. The evaluation design and data collection was participatory involving stakeholders at the national, district and school levels including key personnel from KNUT, MOE, TSC, collaborating institutions and members of KENEPOTE. The evaluation attempted to be interactive giving key stakeholders and targeted beneficiaries (teachers) in particular, the opportunity to assess the PTA program interventions.

3.2 Data Sources and Data Collection Techniques

The evaluation used a variety of data sources and data collection techniques that included:

i. Primary data sources. This included field visits to sample schools, Teacher Training Colleges (TTCs) and Institutes of Technologies (IT) that have participated in the PTA program. At each site visit, structured interviews were conducted and qualitative data was collected. At each school visited, head teachers were interviewed and focus group discussions were held with teachers, counselors and conveners. The team also visited and interviewed key personnel from collaborating institutions including the MoEST, MoH, TSC, NACC, CfBT, Population Council and KENEPOTE.

ii. Secondary data sources. The Evaluation Team reviewed and analyzed a variety of program related documents including: the MoEST Education and HIV/AIDS policy; KNUT HIV/AIDS related work place policies; the PTA training curriculum, training workshop reports and quarterly progress reports.

The evaluation tools used during field work included the following interview protocols for programme managers/implementers and collaborating institutions; interview protocols for school heads and study circle conveners involved in the program. The Team also conducted Focus Group Discussions (FGDs) in project schools sites with study circle members (teachers). A Questionnaire was also administered to conveners in all the schools visited.

3.3 Sampling Design and Evaluation Team

3.3.1 Selection of Districts

In collaboration with the KNUT Project Coordinator, the evaluation team developed the following criteria for selecting sample project districts and schools to visit:

- Types of institutions: Primary, Secondary, TTC and ITs
- Initial phase one (7 districts) and phase two (7 districts) pilot sites
- Geographical distribution (provincial representation)
- Urban/Rural Districts/schools
- HIV Prevalence rates (low and high)
- Type of activities/interventions e.g. counseling not in some specific schools.

Using the criteria described above, the following districts were selected:

- i. **Nairobi** : Nairobi, KNUT Headquarters and other collaborating institutions, urban, high prevalence
- ii. **Meru Central:** Central province, low prevalence, rural, in the pilot phase and Teachers’ Training College involvement
- iii. **Mombasa:** Coast province, urban, high prevalence, was in pilot phase
- iv. **Kisumu:** Nyanza, urban, high prevalence, was in pilot phase
- v. **Bondo:** Nyanza province, rural, high prevalence, 2nd phase and Teachers’ College involvement.
- vi. **Busia:** Western Province, rural, high prevalence, 2nd phase.

3.1.3 Selection of Schools

In consultation with USAID-Kenya, AFT-EF and the KNUT and based on the time available for the evaluation, the evaluation team visited 4 schools per district. Where possible the evaluation team also visited a non-project school that served as a control against which project schools could be evaluated. In each district, either a TTC or TI that participated in the project was visited.

The specific schools selected were done in consultation with KNUT national and district branch offices. The evaluation team provided the following criteria for school selection:

- i. A school where the project has done well in the district (good example)
- ii. A school where the project implementation has struggled (not good enough – implementation presented key challenges), and
- iii. A school that must be visited by the team because it has unique issues or programs that must be seen.

A total of 27 learning institutions were visited during the evaluation. Table 1 indicates the number of institutions visited per district.

Table 1: Learning Institutions Visited

District	Categories of Institutions		
	Primary Schools	Secondary Schools	Tertiary Institutions (TTC/ITs)
Bondo	3	2	1
Busia	3	1	-

Kisumu	3	2	1
Nairobi	3	1	1
Meru Central	3	1	1
Mombasa	3	2	-
Total	18	9	4

The List of institutions visited is in Annex 2.

3.1.4 Evaluation Team Composition

The evaluation was conducted by two principal evaluators. Okwach Abagi, who is a Senior Research and M&E Specialist served as the Team Leader and was joined by Mitch Kirby, who is a Senior Regional Education Advisor for USAID East Africa Regional Office. To ensure a high level of participation and usefulness, the evaluation team also included Ms. Salome Maina, a key representative from the MoEST Headquarters Aids Control Unit. In each district visited, two locally hired evaluators were identified and hired by the KNUT to serve as enumerators. In each District the enumerators were responsible for conducting the focus group discussions and for collecting school level data from the study circle conveners.

The evaluation was conducted over a six-week period from January 8, 2007 to February 22, 2007. The principal evaluators had a combined total of 35 person days (Okwach Abagi 25 days and Mitch Kirby 10 days) to complete the evaluation.

4.0 Evaluation Findings

4.1 The PTA Program Key Outputs

The PTA project provided numerous key inputs and outputs designed to contribute to the achievement of the program objectives. The first section of the evaluation findings summarizes the key program outputs including training provided, development and dissemination of policy and IEC information, and other program materials. The PTA program was operational in 14 Districts and 647 schools. The PTA program used a cascade methodology for the peer education training. A cadre of Master Trainers was used to train the school conveners and counselors.

Based on the field visits, the evaluation team is encouraged with the achievements (outputs) of the project so far. It has put HIV and AIDS issues in the school community agenda. The excitement and plain speaking by teachers during FGDs and the HIV and AIDS messages (including talking walls) in the project schools are evidence of what difference the project has made in project schools. The same could not be said on the non-project schools visited during the evaluation

The voices below summarize the beneficiaries feeling:

The KNUT project has added value into already existing HIV/AIDS interventions in the college. Both lecturers and teacher trainees have been sensitized and we have tried to incorporate HIV/AIDS in most of our activities. Through the projects we have been able to get and produce good education and communication materials that we use for advocacy and outreach programmes. You can see how strategic they are placed in the compound (Principal, Teachers College, 2007).

Through the project awareness has been enhanced and teachers now have accurate knowledge about HIV and AIDS. We have realized that the deadly disease AIDS should not be feared. They have realized that if you have it you go for drugs to save and prolong your life. The project has made us to appreciate those who are infected or affected by HIV and AIDS (Teacher, Member of Study Circle, Nairobi, 2007).

In summary, the projects outputs (achievements) can be grouped into six categories. These are: Capacity building of KNUT staff, school heads and teachers; Production of policy, training and IEC/BCC Materials; Established forum (study circles) for teachers to discuss and learn about HIV/AIDS and their role in fighting the epidemic; Awareness creation and enhanced knowledge on HIV and AIDS; Establishment of HIV/AIDS Clubs and/or Health Clubs at school level, and Enhance school community sensitivity to orphans and vulnerable children (OVCs):

❖ **Capacity Building of KNUT officials, school heads and teachers:** - Capacity building (training) is one of the key interventions in the PTA project at both national and district /school levels. Various KNUT officials, school heads and teachers went through capacity building activities as part of sensitization and enhancement of their knowledge

and skills on HIV and AIDS issues including basic facts, advocacy, prevention, treatment, care and support. A formal training curriculum developed through the project was used in training workshops.

According to information provided by AFT-KNUT, the PTA program trained 642 teachers in peer education and 59 teachers in counseling. Additionally, the PTA program trained 636 school managers on HI/AIDS policy implementation and capacity building; 115 KNUT District officials on policy and advocacy; 28 District Education Office and Ministry of Health officials on HIV/AIDS policy and; 40 KNUT National Executive Council members on policy development and strategic planning.

❖ **Production of Workplace policy, training and IEC/BCC Materials:** - Another PTA accomplishment was the development, printing and distribution of policy documents, training materials and other printed materials that provided teachers with up to date information on HIV/AIDS prevention, treatment and access to care. These materials including the following:

1. Kenya National Union of Teachers (KNUT) HIV & AIDS Education Workplace Policy (*9,000 copies printed*);
2. HV & AIDS Participant's Handbook (KNU-AFT, PTA HIV/AIDS Programme). (*8,000 copies printed*);
3. HIV & AIDS Teachers Referral Guide (KNU-AFT, PTA HIV/AIDS Programme). (*1,241 copies printed*).
4. Kenya National Union of Teachers (KNUT) and American Federation of Teachers (AFT) Prevention Treatment Access (PTA) program Training Curriculum Outline.
5. Convener Teacher Kits (900).
5. Multiple IEC/BCC material including posters, flyers, budges, drawing, poems, and songs were also produced. At least in each school we saw several of these materials produced by both teachers and students. Such materials had messages on HIV and AID, sex, reproductive health, girl-child, and gender, among others. In all the schools visited, the evaluation team was impressed by the large amount of IEC/BCC materials pinned within the school environment. Talking walls were also very impressive.

It was also noted that as part of the project activities, KNUT disseminated the MoE Education Sector Policy on HIV and AIDS. In every project school we visited we found at least two copies of the policy.

❖ **Established forum (study circles) for teachers to discuss and learn about HIV/AIDS and their role in fighting the epidemic:** - Study circles were established in all the project schools. Reports from school heads, teachers and district project coordinators indicate that these study circles were functional and effective as peer the education mechanism and process. They were effectively used to sensitize and mobilize school management, teachers and in some project schools learners to create awareness on various HIV and AIDS issues. Indeed, a conducive school environment for fighting the spread and impact HIV and AIDS on the education sector has been created and is being nurtured.

Through the study circles (peer education), school management and teachers are being actively involved in advocacy, prevention, treatment, support and care of those infected and affected by HIV and AIDS. Besides, it gives the teachers knowledge and skills to infuse HIV/AIDS in their classroom teaching.

❖ **Awareness creation and enhanced knowledge on HIV and AIDS:** - All the schools heads, teachers, conveners, and district project coordinators talked to said that the project managed to enhance awareness and teachers' knowledge about HIV and AIDS – specifically on facts and major issues on prevention, transmission, treatment, care and support and the rights of HIV+ teachers. The quantitative data from teachers' responses indicates that 100% of the teachers indicated that awareness creation and enhancing knowledge as the key achievement of the project. Discussions during field visits confirmed this and members of the study circles in every institution visited were very excited and full of praise of the study circles for enhancing their knowledge and awareness on HIV/AIDS.

❖ **Establishment of HIV/AIDS Clubs and/or Health Clubs at school level:-** In all the school visited in the 6 districts it was reported, and there were indications, that the project has resulted into the establishment and/or strengthening of school HIV/AIDS or Health Clubs. Students are members of such clubs and teachers are their patrons. In most schools, the patrons were the study circle conveners. It was reported that in such clubs there is peer education and students discuss and are sensitized on various HIV and AIDS issues, nutrition and health issues in general especially in sexual reproductive rights. In two project schools (primary and a secondary school) in Mombasa the evaluation team was entertained by HIV/AIDS songs and poems by students. We were also shown the trophies / shield the schools won during the Kenya National Music Festivals in 2006.

❖ **Enhancement of school community sensitivity to orphans and vulnerable children (OVCs):** All the schools visited in the six districts had OVCs. The most hit schools were those in Bondo, Kisumu, Busia and Mombasa. Mukuru primary school located in a slum area of Nairobi was established to cater for orphans and children from poor families. The school heads and teachers reported that the PTA project had made the school community to be sensitive and supportive to OVCs. Apart from empathy, both teachers and students usually support orphans by contributing money, food and/or clothes. *“The stigma and discrimination which used to be directed to orphans seem to be dying out since this project was introduced in the school”* (Convener, Female, Mombasa, 2007).

The next section of the evaluation finding focuses specifically on progress towards the achievement of PTA program objectives.

4.2 Progress towards PTA Objectives (Outcomes)

4.2.1 Contribution of PTA towards improving the Capacity of KNUT to implement and manage project activities

One of the expected outcomes from the PTA project was to enhance KNUT institutional and human resource capacity to implement and manage the project activities. The evaluation team discussion with key stakeholders including teachers and field visits indicate that there are signs that the project has increased KNUT capacity. The project interventions were supported from the national, district and school level through the existing and strong KNUT organizational structures and operational procedures. KNUT received valuable technical and organizational support from AFT and EI.

The project activities implemented at the national, district and local/school levels worked towards improving the capacity of KNUT. The establishment of the national coordinating office and the capacity building programs for KNUT National Executive Council (NEC), district executive secretaries on program management, advocacy and strategic planning are cited by key informants to have enhanced KNUT capacities. The KNUT officials reported that through the project they have acquired useful knowledge and skills not only for managing HIV and AIDS programs in the education sector, but also in the specific area of bargaining for improved benefits and conditions of service for HIV+ teachers and also in advocating for realistic and effective legislation and policies.

The project provided a strategic planning workshop for the National Executive Council to develop a negotiating strategy for improving benefits and conditions of service for teachers living with and affected by AIDS, including access to care and treatment, sick-leave, pension and benevolent funds. All the NEC members attended this training.

The KNUT National Executive Secretary commented on the impact of the strategic planning workshop by saying, *“With the acquired knowledge and skills we managed to launch a national advocacy campaign to increase awareness of the impact of the pandemic on teachers and schools and to disseminate the Education Ministry’s and union’s AIDS policies. The capacity of our branch officers in the districts has also been strengthened that is why the implementation of school activities has been successful.”*

During the evaluation team’s discussions with the KNUT national officials (The Chairman, Executive Secretary and Treasurer) the officials indicated that they are satisfied so far with what the project has done in strengthening the capacity of KNUT to advocate and empower its members to deal with HIV and AIDS issues. This was summarized by the National Chairman

This project has strengthened our institutional and human capacities to respond to HIV/AIDS epidemic. From the national office here to the branch offices in the districts, officers’ knowledge on HIV/AIDS has grown and they are able to supervise and manage the project activities in their districts. Now, we can confidently stand in any forum, armed with data and the right information and talk about the need to fight HIV and AIDS within the education sector – thanks to

the PTA project. We have actively participated in many national forums addressing HIV/AIDS in the country. KNUT was also an active member during the development of the MOE Education Sector Policy on HIV and AIDS (National Chairman, KNUT, 2007).

There was institutional strengthening at the district level through awareness and planning workshops held for KNUT leaders, education and health officers in 14 targeted districts. These workshops focused on preventive education, counseling and referral programme, services provided by local VCT, care and treatment centers and MoEST policies. At the school level, training of conveners and formation of functional study circles are also cited as efforts that enhanced KNUT capacity at micro level. As mentioned earlier 56 master trainers were trained and over 600 on-site study circle conveners (peer educators) were also trained.

In a nut-shell, the capacity building, the technical support from AFT-ED and IE and collaboration with the MOE and TSC through the project seem to have created a good foundation for KNUT NEC, teachers, school managers and parents to put in place anti-stigma and safe school campaigns and policies to improve the learning environment for students and teachers. Besides, the strong and dynamic personality of KNUT HIV/AIDS Coordinator to implement the PTA project has been an asset to the project in consolidating the capacity of KNUT to implement and manage project activities.

However, the evaluation team also noted areas where KNUT capacity to manage and implement project activities needed improvement. Perhaps the most significant area for improvement is monitoring and evaluation. The project did not have adequate monitoring and evaluation systems, which made it extremely difficult to measure and report on quantitative and qualitative project results.

The PTA project, which had very specific and measurable targets, was implemented without data baseline. KNUT did hire a per-time monitoring and evaluation consultant, but his employment was terminated when it was discovered that he was working simultaneously for another USAID funded contractor.

The commitment and leadership of branch executive secretaries was a major factor in the success of the project's interventions in the targeted districts. In some cases however, branch officials had other varied 'pressing' duties that seemed to limit their effective contribution to the management and supervision of the project. This was experienced in three out of the six districts visited. In one district the local coordinator noted that the branch secretary was fully engaged in re-election efforts for nearly the entire two years that the project was operating.

The other duties of the KNUT branch official required that the district project coordinators be hired, on a contractual time limited basis, to implementation the project. All of the district coordinators were retired teachers. During the evaluation, most of the district coordinator contracts had not been renewed and they were not sure if they were going to continue their work. The hiring of district coordinators on a limited basis does raise questions and concerns about the on-going capacity of KNUT, particularly at the district level to manage the project activities.

4.2.2 The PTA project and contribution towards reduction of teacher vulnerability to HIV and AIDS

Through a comprehensive approach, the PTA project has managed to raise awareness and knowledge of teachers towards various issues about HIV and AIDS including prevention, care and treatment of teachers living and affected by the epidemic and the rights of HIV+ teachers. In all the sample schools visited, school heads and teachers were unanimous that awareness creation is one of the major achievements of the project. Issues of transmission, prevention, treatment, care and support have well been covered and discussed in the trainings and study circles. Through advocacy, study circle discussions (peer education), counseling and referrals teachers were expected to not only be aware and acquire knowledge about HIV and AIDS, but were also expected to take measures that would reduce their vulnerability to HIV/AIDS, thus avoid infection.

The evaluation team notes that assessing the contribution of the PTA project towards reducing teacher vulnerability to HIV and AIDS is problematic and a big challenge to the programme managers and implementers. Whereas school heads and teachers in all the schools visited in the 6 districts were open and agreed that their knowledge and awareness has been boosted through the project, they were unable to talk about whether teacher vulnerability to HIV/AIDS has been reduced. The concern of a teacher below summarizes the complexity of the issue:

It is difficult to say whether what teachers now know in theory is translated into practice. Although we now talk freely about HIV and AIDS most teachers still keep issues of their sexual life leave alone visiting VCT or declaring their status. Issues of HIV and AIDS are still very sensitive and private ... We can just assume that since teachers have been sensitized and have knowledge they can abstain from careless sex or protect themselves when cornered. But we know many teachers, especially those who have not benefited from this project are still ignorant, careless and vulnerable to HIV/AIDS infection (Convener, Kisumu, 2007)

One important issue that needs mentioning is that in all the districts, except Mombasa, dispensing male condoms and teachers accessing them has increased greatly since the implementation of the project. Although there was no actual data to prove this, the school heads and teachers reported that the demand for male condoms has increased and the challenge they face is frequent stock-outs. The project coordinators and conveners confirmed that they have been able to link with Ministry of Health, health centers and NGOs for the supply of male condoms. In schools in Bondo, Kisumu and Busia districts it was reported that about 1,000 condoms get dispensed to teachers per month. With the high demand of condoms, we can only assume that their usage by teachers is also high. From this then one would say that more and more teachers are protecting themselves from getting HIV infection. Such claims will remain just anecdotes and claims for a long time because of lack of data.

However, it should be noted that the evaluation team is unable to make credible claim about the contribution the project has made towards reducing teacher vulnerability. This is because of the following issues:

- There was no baseline done before the project interventions, thus no data which can be used for assessment. Besides, specific indicators for measuring teachers' vulnerability to HIV infection not defined and made available to the districts and schools;
- Although teachers' awareness and knowledge about HIV and AIDS have been enhanced, voluntary testing or visits to VCTs by teachers is still very low. More importantly there is no data at both school and district levels on who have been tested. The majority of teachers do not know their HIV status;
- Confidentiality and stigma associated with HIV/AIDS is still widespread. Thus, many teachers have not come out in the open to declare their status.
- To reduce teacher vulnerability to HIV/AIDS through school based is an outcome/impact (long term) objective. Thus it is problematic to assess after the implementation of project intervention for only 12 months or less. This objective seems to have been too ambitious under this project.

4.2.3 The PTA project and improving access to counseling, testing and community Support

The PTA project has made a positive contribution to improve access to counseling, testing and community support services for teachers and students living with and affected by HIV/AIDS. In almost all the schools and districts visited, there was evidence that the project interventions are increasing awareness among teachers, head teachers and community members about counseling and testing services. In particular the trained school counselors seem to be useful first-line resource that is available to address questions or issues around counseling and testing. In many cases, it seems the PTA school counselors have referred clients to VCT centers or other counseling services that may be available. There is anecdotal evidence from counselors that an increasing number of teachers are visiting VCT's and are aware of their HIV status. For example, in one project school in Nairobi one outcome from a study circle group was an invitation for a mobile VCT to visit the school and all 19 (100%) teachers in the study circle were tested for HIV and given their results. In the ten schools visited in Kisumu and Bondo districts, out of about 50 teachers 5 (10%) declared publicly that they have visited VCT and now know their status.

Advocacy, increasing awareness, enhancement of knowledge about HIV/AIDS, counseling and peer education were cited by stakeholders as strategies that contributed towards improving access to counseling, testing and community support. The production and dissemination of the KNUT HIV/AIDS Education Workplace Policy coupled with the active participation of the KNUT's National Executive Council (NEC) and Branch Officials also had a positive impact on improving access to counseling, testing and community support. In December 2006 approximately 2,000 union leaders attending the

KNUT Annual Delegates Conference received copies of the MoE Education Sector HIV/AIDS Policy, KNUT HIV/AIDS Workplace Policy and other advocacy information materials produced by the project. HIV/AIDS issues seem to have been mainstreamed in KNUT activities and forums at national and district levels.

KNUT officials now talk about HIV and AIDS in all union activities including meetings and national celebrations. For example, during the last KNUT Annual Delegates Conference in December 2006 HIV and AIDS was an area of major focus and delegates were given copies of the MoE Education Sector HIV&AIDS Policy and KNUT HIV & AIDS Education Workplace Policy. For example, all the KNUT employees at the national headquarters were actively involved in the World AIDS Day celebrations in December 1st, 2007 and we mobilized about 100 teachers from the KNUT Nairobi branch who performed at the national arena. According to a KNUT official, all the national union officials urged teachers to go for HIV tests and to continue participating actively in fighting the spread of the virus.

At the school level there is evidence of positive contribution of the PTA project on improving access to counseling, testing and community support. These include the effective study circles and peer education/counseling. All the teachers who participated in focus group discussions agreed that study circles were very effective and useful empowering process to teachers. Some voices attest to this:

- *Through peer education (study circles) we have been able to counsel each other and to urge ourselves to go for the HIV test. I am sure some of us have visited VCT even if they don't talk about it (Teacher, Member of Study Circle, Busia, 2007).*
- *Through this project we have become bolder and open. I was very impressed by our head teacher because after several study circle discussions, he decided to lead by example. So he visited a VCT and urged others to follow suit. One declared to have done so and others are also now willing to go for a test ... (Teacher, Member Study Circle, Mombasa).*

The increase of the number of KENEPOTE members is also a positive sign that more and more teachers are coming out to declare their HIV status. It was reported that KENEPOTE membership now stands at about 3,500 although a formal survey has not been done, “we are sure there are many teachers out there who are HIV+ or incapacitated by AIDS” (KENEPOTE member, female, 2007). This increase in membership is associated with the PTA project interventions

The production and dissemination of information, Education and Communication (IEC) and Behavioral Communication Change (BCC) materials, through the project, is another milestone. Such materials include posters, brochures, ribbons and booklets. In all the project schools visited these materials were visible - displayed in strategic places in schools (toilets, staffrooms, notice boards, resource rooms, pinned on trees). Besides, such schools have talking walls with HIV/AIDS messages including VCT messages. Such advocacy and sensitization information materials were non-existent in non-project schools that we visited during the field work. Apart from training 59 teachers as

counselors, the project also produced HIV & AIDS Teachers Referral Guide, which is a guide to referral centers, which are found within the districts covered by the project.

Conveners, counselors and members of study circle reported that they have participated in outreach programs, through churches, mosques, NGOs, CBOs, where they have extended AIDS prevention education to communities. As reported in the October1 – December 31, 2006 Quarterly Report, almost 3,900 individuals have been referred for AIDS testing and Health Services.

The presence of orphans and vulnerable children (OVCs) is a common phenomenon in all the schools visited. The increased number of orphans is associated by the impact of AIDS in different parts of Kenya. Although the stigma is still exists, community support in general and school community support in particular of OVCs were reported by both school heads and teachers in the project schools. Through the project both school and general community have been sensitized on the plight of OVCs and there is evidence of school based programmes that target them. A good example of such programme is found in Mukuru Primary school in a slum of Nairobi. The school head and teachers in the school reported that both teachers and pupils usually contribute food, money and clothes to orphans in their schools.

Although positive results are reported, it is important to note that there is no data (or sufficient information) at both the school and district levels that would verify the actual numbers of teachers counseled, tested and who have declared their HIV status. Even the extent of community support is not possible. Lack of data/information is due to confidentiality or privacy issues among the teachers and community members about HIV and AIDS. Such perceptions and attitudes are still common because of the stigma and discrimination directed to those infected or affected by HIV and AIDS.

Although the evaluation administered a quantitative questionnaire on how many teachers were counseled, the data appears unreliable. In number of cases, conveners reported that “all” the teachers in a school were counseled and referred for testing. But, they reported that they were unable to tell whether teachers heeded their call because this “*HIV testing is still regarded as confidential and private by almost all the teachers and community members.*” (Counselor, Project School, 2007)

Improvement of access to testing and HIV/AIDS health services to teachers and students living with and affected by HIV/AIDS is still one of the challenges the PTA program is facing. Generally, it is still an issue that largely remains a “*wish and hope that with more awareness created and information provided, more and more teachers and education officials are going for tests and if positive are accessing ARVs.*” (Convener, female, Bondo, 2007).

Stigma and discrimination directed to HIV+ teachers and those with AIDS is still very strong not only among teachers and students, but also among parents and the community at large. This makes many teachers not ready to visit VCT to know their status. Those with a HIV virus would rather suffer and die in silence without anybody knowing that they had it ... (KENEPOTE Member, Female, 2007).

4.2.4 The implementation status of the school-workplace policies and programs

Setting up a conducive and responsive school environment is a sure way of improving programmatic responses to the AIDS pandemic. One core technical strategy of achieving this objective is implementing school-workplace policies and programmes. The PTA project has positively contributed towards actualizing this strategy. Several issues are indicative of this contribution:

First, is training on, dissemination and discussions of the Education Sector Policy on HIV/AIDS and KNUT HIV/AIDS Workplace Policy. All the KNUT's Executive Council members, all the Branch Executive Secretaries, schools heads were trained in policy advocacy, which was aimed at ensuring that union leaders are not only aware of the existence of the two policy documents, but are also active in ensuring that the school managers would not in any way disadvantage teachers due to their HIV status.

Second, all the conveners and focus group discussions indicated that the two policy documents were discussed in their study circles. They reported that "*the documents contain official position of both the MOE and KNUT as far as dealing with those infected with and affected by HIV and AIDS ...*" (School Head, Male, Kisumu, 2007). In all the schools visited all the school heads and about 80% of the teachers reported that they know their rights, expectations and obligations of those infected and affected by HIV and AIDS.

Third, all the school heads reported that they are now more aware and sensitive than before on workplace issues and try as much as possible to implement the MOE policy and KNUT workplace policy. The five days capacity building they attended was an eye opener and empowered them with knowledge and skills for creating a friendly HIV and AIDS working environment free of stigma and discrimination. The discussions in the study circles and the production and dissemination of IEC materials in strategic places in schools empowered school heads and teachers to create a friendly working environment for those infected and affected by HIV and AIDS.

Fourth, all the targeted schools were actively implementing the Education Sector and workplace policies through advocacy and discussion on provision of OVC programs, promotion of abstinence messages, provision of counseling and referral services for teachers, dispensing condoms to teachers and establishment of HIV and AIDS clubs and suggestion box in schools.

In two of the project schools (one in Nairobi and the other in Mombasa) where there are HIV+ teachers (who have declared their status to the school community), it was reported that school heads are implementing the workplace policies, are supportive and encouraging teachers to visit VCTs to know their HIV status. The two, who are also members of KENEPOTE, reported by that, they are:

- Readily given permission to visit health facilities or take time off;
- They have flex time for arrival;
- They are given less teaching load;

- Get support from other teachers, who assist them with teaching /marking assignments;
- They are not stigmatized or discriminated.

Even the students understand and they do not have problems with us or they are not scared because we have sensitized and taught them. For example, I teach Science in upper classes and I usually infuse HIV/AIDS issues in my teaching. Their parents also have no problems with me... I am accepted as an active member of the school, who of course sometimes fall sick” (HIV+ Teacher, Female).

However, it is worth noting that although one or two copies of the Education Sector Policy on HIV/AIDS is in all project schools visited, there is doubt that its content and implications for its implementation is well understood at the district and school levels. This is because, as one school head put it *“The Ministry of Education has not yet come up with a formal structure and mechanism of implementing the policy in practical terms. There is intent and awareness of it, but how to actualize what it states is sometimes difficult on the ground. For example, with the shortage of teachers and workload, it is not easy to release a sick teacher or ask teachers to take more teaching load ...”* (Head, Teacher, 2007).

The dissemination of the Education Sector policy is also an issue to be noted. The majority of teachers, especially those who are not members of study circles, have not seen this important document at all or have just seen it once, leave alone reading it.

Although the awareness of the rights of an HIV positive teacher is high at the school level and teachers report readiness to be supportive, due to fear of being stigmatized and discriminated in the school environment and outside, the majority of teachers are still reluctant to declare their status or exercise their rights at the workplace. *“Even those who are sick pretend to be ok until they completely become incapacitated, then start absconding ... without declaring their status ... and then get punished because of their fear* (HIV + Teacher, Nairobi, 2007). For example, in two schools visited there are two teachers who are chronically ill and there is suspicious that the teachers are HIV +, but the teachers have not visited VCT nor declared their status. However, the teachers reported that they contribute money towards their medical bills although they do not know whether these teachers are on ARVs.

It is still early and it will take more time for teachers and district managers to follow or carry out the workplace policies. The issue of translating workplace policies into actionable plans is also not being addressed at the national, district and school levels. Besides, there is no system / instrument for tracking policy implementation at all levels.

4.2.5 Improving conditions of service and health benefits for teachers living with HIV/AIDS

Assessing the extent to which the PTA project has succeeded in improving conditions of service and health benefits for teachers living with HIV/AIDS was problematic for the evaluation due to two crucial factors: First, as alluded to above, the PTA did not have actionable plans for implementation of the policies at the district and school levels.

Besides, Teachers Service Commission (TSC) has not produced and disseminated the institutional work policy on HIV/AIDS. Second, there are no actual data at the national, district and school levels that indicate the conditions of service and health benefits for teachers living with HIV/AIDS. The situation is exacerbated by the fact that there was no baseline survey done on this issue and also because there was no monitoring plan put in place.

It should be noted that apart from reports that school heads are implementing the workplace policies, are supportive and encouraging teachers to visit VCTs and know their HIV status (see 4.2.5), improving conditions of service and health benefits for teachers living with HIV/AIDS still remains a 'plan' at all levels. There is an assumption and agreement among KNUT officials, School heads and teachers that when the Education Sector HIV/AIDS policy, KNUT HIV/AIDS Workplace Policy and TSC HIV/AIDS work place policies are fully implemented then this objective will be addressed effectively.

However, there are reports that, there are consultations and high level discussions going on between TSC and KNUT officials on how to support those infected with and affected by HIV/AIDS. There are indications, as reported in the Quarterly Report, that

Project district coordinators and KNUT branch leaders in target districts report a higher level of understanding and cooperation with TSC in handling individuals cases of discrimination, dismissals and transfers of HIV+ teachers, which have been rampant in the past. For example, two teachers in Bondo were interdicted by the school administration were subsequently reinstated through KNUT interventions. The KNUT is also handling through TSC the case of an HIV+ teacher who "disserted duty" because of discrimination and stigma at work. Although the project has not achieved the goal of producing formal agreement with the MoE and/or TSC regarding health benefits and workplace protections for teachers, much is being accomplished through informal agreements with the TSC and awareness among KNUT target district leaders, DEOs, head teachers and classroom teachers (AFT Quarterly Report October 1-December 31, 2006:2).

It is also worth noting that the TSC has already employed HIV + teacher as an officer in the organizations Aids Control Unit (ACU). Teachers, especially KENEPOTE members are excited with this move for it is a sign of good things to come in improving conditions of service and health benefits for teachers living with HIV/AIDS. The common call we heard from KNUT officials and teachers is that MoE and TSC in particular should come up with a health scheme targeting HIV+ teachers and their families.

4.2.6 Mechanisms to continue with implementation of the AIDS policy for the education sector

The PTA program has made a very positive contribution to the implementation of HIV/AIDS policy in the education sector. The MoEST Education Sector Policy on HIV and AIDS policy was disseminated to all project schools and used as a basis for the study circles trainings and discussions. KNUT developed and disseminated the HIV&AIDS

Education Workplace Policy. This publication discusses workplace issues and rights within the contexts of the broader MoEST policy document. To further the implementation of AI policy, the PTA program also developed two publications, an HIV/AIDS Teachers Referral Guide and HIV & AIDS Participants Handbooks. The PTA produced and distributed about 9,000 copies, which have been disseminated to all the project schools. These publications could be used in the future and distributed to an even larger number of schools and teachers.

The structure and organization of the KNUT makes it highly effective in reaching teachers and school administrators throughout the country. The MoE is the only other Kenyan organization that has a similar capacity. The scope and depth of KNUT's reach has been extremely valuable in getting AIDS communications, messages and materials into schools and into the hands of classroom teachers.

Respect for KNUT's ability to reach and when necessary to mobilize teachers nationwide as well the respect it has earned by fighting for teachers' rights gives it unparalleled influence with the MoE, TSC, and other government agencies as well as with teachers and the general public. As a result, the KNUT is somewhat privileged with access to government policymakers and legitimacy in advocating for strong HIV/AIDS policies in the education sector. Also because of its reputation, the union has played an important role in motivating head teachers to implement the MoE Education Sector Policy on HIV and AIDS and empowering teachers to enforce the policy at the workplace.

As reported earlier, the project trained many officers at the district and school levels, including the master trainers. With a pool of trained KNUT officials, head teachers and teachers and the institutionalization of HIV/AIDS program in schools (through study circles, counseling and referrals) the program did have a very positive and practical impact on implementing HIV/AIDS policies in the project districts and schools.

In about 95 per cent of the project schools visited we witnessed the 'mainstreaming' of HIV and AIDS issues in the school environment. Apart from the excitement exhibited by members of the study circles, the innovativeness of conveners in working with other teachers and students to produce IEC/BCC materials was encouraging. With such materials and commitment, sustaining study circles and advocacy activities within and outside the school is not a big problem.

Both the school heads and teachers who participated in our discussions expressed confidence that the structures and activities already established in the schools through the project will be used to continue with the implementation of AIDS policy for the education sector. From the questionnaires administered to conveners, 99% of them reported that the PTA interventions, especially the study circle discussions will continue even if the project officially comes to an end.

However, the following need to be noted and addressed for effective continuation of the implementation of the AIDS policy in the education sector.

- There is proliferation of policy documents/frameworks from different organizations/institutions and projects targeting the education sector. While it is

appreciated that they are intended to be complementary, they could be confusing to the beneficiaries. There is need to harmonize the existing policy documents to ensure that they are consistent, complementary and clearly understood;

- There is a big gap/omission in coordinating and monitoring the implementation of existing HIV/AIDS policies at the national, district and school levels. There are many players and layers targeting the sector and addressing more or less the same issues as the PTA project. But such activities are not coordinated and synchronized for effectiveness. More effective coordination and supervision is needed as it is one of the major challenges the project faces;
- The national advisory committee seems to have been ineffective in playing their advisory role. Meetings for its members have been few and inconsistent. This explains the existing gaps in the project which include the PTA project venturing in activities which were not its core business, limited linkages with other similar projects, lack of actionable plans, and lack of the functional monitoring mechanism.
- The lack of formal structure and actionable plans for the implementation of the MOE Education Sector HIV and AIDS policy makes its implementation somehow ad hoc at the national, district and school levels.

Given this situation, the KNUT organizational apparatus with an active national staff, and branch offices in every district can be utilized in future to continue with the implementation of HIV/AIDS policies. The PTA provided a good model for how policy implementation could happen from the national, to the district to the school level. However, the project staff at the national and district levels were critical to the PTA program being implemented. In the absence of this staff it is unclear if a similar approach could be implemented in other districts, leave alone being scaled up significantly.

4.2.7 Collaboration and linkages

The evaluation found that the PTA program did establish functional linkages and relationships with collaborating institutions, organizations and health service providers. One mechanism to encourage collaboration was the establishment of a national project advisory committee. This arrangement was designed to foster coordination and collaboration with key institutions such as the MoEST, TSC and NACC. While the Advisory Committee was established, it seems that it was not as functional as envisioned in terms of providing a mechanism for coordination and collaboration.

The KNUT-AFT PTA program did have a very positive and collaborative working relationship with the MoEST. KNUT made a good effort to involve the MoEST in developing and disseminating program materials and conducting training for the district and school staff. However, this depended on the innovativeness of the KNUT branch executive secretary, district project coordinator or study circle convener at the school level.

One clear example of the positive KNTU-MoEST linkage is the development and dissemination of the Education Sector Policy on HIV/AIDS to the project schools and districts, as described above.

The KNUT relationship to the TSC can be described as complex, collaborative and, what could be characterized as a competition in implementing HIV/AIDS interventions targeting teachers. The complexity of the KNUT TSC relationship lies in the roles and responsibilities for each organization. KNUT is a trade union representing the interests and welfare of its members. TSC on the other hand is the employer for teachers and while it also is concerned about welfare, it is primarily charged with establishing and managing conditions of employment, benefits, and operates within the broader realm of civil employment. TSC has been active in the fight against HIV/AIDS and has collaborated with KNUT. One example of a positive relationship is where KNUT may provide school counseling services issues relating to employment, transfer and medial leave are often referred to the TSC operating at the District level. The TSC does acknowledge this relationship. One example of the competitive relationship is that after KNUT developed and distributed an HIV/AIDS workplace policy, TSC is following suit and is finalizing their own TSC workplace policies. While much of the content for the two policies may be similar and complimentary there perhaps could have been more collaboration between TSC and KNUT to come up with one workplace policy that would cover teachers and union members.

According to USAID/Kenya Office of Population and Health there are about 70 organizations operating in Kenya that have HIV/AIDS programmes, 50 of which focus on prevention. There were clear expectations that the PTA program *was supposed to collaborate with some of these partners especially CfBT and the Population Council before or during the implementation of the PTA interventions.* The PTA has developed relations with other organizations, such as UNESCO, CfBT, and the Population Council, working on HIV/AIDS programs in the education sector. While these organizations were aware of the PTA programs, it seems as if there was a nominal level of collaboration. This appears to be especially evident in the myriad of in-service teacher training programs with every organization doing their own thing. This creates confusion and in some cases teachers are overwhelmed by different organizations doing similar trainings on HIV/AIDS. Clearly there was a need for much better coordination between the PTA programs and other organizations working on HIV/AIDS prevention programs.

One of the big gaps in the project is the linkages and co-ordination of the PTA interventions with those of other institutions /organization with similar programmes funded by USAID through PEPFAR. Our interviews with officials of USAID, CfBT and the Population Council indicates that collaboration has remained very informal, although they are aware that KNUT is implementing the PTA project in collaboration with AFT-EF. The organizations have no modalities of exchanging materials, leave alone reviewing them. Each tends to work on its own without thinking about synergy that could be created by formally linking and collaborating. The AFT Quarterly Report (2006) confirms this concern:

Coordination with the CfBT continues to be a problem due to structural differences in the two projects. Whereas the CfBT Secondary

School Action for Better health (SSABH) projects targets only secondary schools located along the Kenya transport corridor, the AFT-ET project has historically targeted a cross section of primary and secondary schools and teacher training colleges By a design developed months before USAID recommended coordination with CfBT, the AFT-EF targeted only a small number of secondary schools, none of which were located along the transport corridor ... (AFT-EF, Quarterly Report, Oct-Dec. 2006:4).

The evaluation team feels that are not convincing reasons for not collaborating and exchanging materials, ideas and sharing resources. As mentioned earlier, lack of formal actionable plan for actualizing coordination and linkages, lack of close management and monitoring from USAID and EFT-EF contributed to this gap. Besides, USAID and/or the national project advisory committee seems to have not raised ‘a red flag’ and assisted institutions focusing on the education sector to formally and effectively collaborate.

The organizational linkages are weak and need to be formalized. This could have been one of the roles of the national project advisory committee. Likewise, neither NACC nor the MoE has provided adequate direction to forge inter-organizational linkages and collaborations in supporting and improving programmatic responses to HIV and AIDS in the education sector.

It should be noted that the cooperative partnership between AFT-EF and KNUT was outstanding and is an excellent example of American and African organizations who share common values can work together in fighting the AIDS pandemic. Both the AFT and KNUT officials reported this fact.

I have worked on cooperative development projects with trade unions and teacher unions throughout Africa and in other parts of the developing world for almost 25 years, and this project was among the very best in terms of partner leadership commitment and support, staff competency and success in achieving project goals in an efficient and timely way” (Program Director, AFT, 2007).

4.2.8 Challenges and lessons learned

4.2.8.1 Challenges

As already been mentioned in this report, the AFT-EF/KNUT laid useful foundation in both KNUT and the targeted learning institutions and has shown that through targeting and commitment, the negative impact of HIV/AIDS in the education sector can be fought and controlled. Despite the achievement of the project, the evaluation team’s analysis indicates that there are several gaps and challenges that faced the project. These include the following:

- **Building consensus and having the same understanding of the project scope and activities:** - There seemed to have been a misunderstanding between AFT-EF/KNUT and USAID about the expectations of the project and the role of specific activities that would achieve those expectations. While AFT-EF/KNUT viewed the project as multi-dimensional with all activities being mutually reinforcing within the context of a union

culture, we surmise that USAID viewed it more as an educational and training project, with a heavy focus on the MoE Education Sector Policy on HIV and AIDS. From a union perspective, training head teachers alone is not enough to actually get a policy implemented and enforced. It also requires training classroom teachers who will ultimately be responsible for implementing and enforcing the policy day-by-day. The project team would have benefited from USAID staff visiting target schools and the KNUT offices at the beginning of the project to get a better understanding of the union as well as how schools were impacted by and responding to HIV and AIDS.

▪ **Management of ‘Tripartite’ arrangement for efficiency and effectiveness:** - The AFT-EF was the main contractor for the PTA project and KNUT a sub-contractor and implementer of the project. The funding office – USAID is based in Nairobi. The Project Director, an officer from AFT-EF, is based in Washington, DC. Thus the overall project management was done from there. The KNUT HIV/AIDS Coordinator and implementation office is based in Nairobi is governed by KNUT rules and regulations, thus answerable to the KNUT national officials – National Chairman, National Secretary General and National Treasurer. According to the arrangements, KNUT was to implement the project and report to AFT-ED, who in return compiles both technical and financial reports and submits to USAID. Managing such a tripartite arrangement was not easy and even cost effective. This is because of distance, telephone and travel costs. In most cases, communication was done through the phone.

▪ **Ineffective National Advisory Committee:-** An advisory project committee with membership of representative from KNUT, MoE, TSC, NACC, USAID, UNICEF, and TAPWAK was formed and given the mandate to inform the program, provide technical advice, share information and overall coordination. They never met frequently as agreed. The committee seems to have been ineffective and in most cases failed to give proper guidance to the project managers and implementers. For example, the committee failed to guide the project managers and implementers not to expand to areas which they have no comparative advantage, for example, “making sure that KNUT sticks to the dissemination of the MoE Education Sector Policy on HIV&AIDS and building its members capacities to implement this policy”. They did not deal with the issue of collaboration and linkages with other institutions like CfBT and never raised a ‘red flag’ on ineffective monitoring of the project activities and data collection and management. They did not advise on the low ‘burn rate’ in the first 13 months of the project implementation causing delays in financial claims and disbursements. This almost caused a financial crisis in the project during the second year.

The advisory committee has a key role in coordinating AFT/KNUT PTA program at a national and district levels not to ‘drift’ into areas of interventions that the union has no comparative advantage or limited capacity to do so.

▪ **Complying with PEPFAR reporting requirements:-** As per the project agreement, AFT-EF was required to comply with PEPFAR reporting requirement. This was difficult and frustrating because indicator definitions were not clear at the beginning of the project and continued to be frequently renegotiated and increasingly narrowed as the project was implemented. A clear working definition of the project indicators seems to have been arrived at in February 2006, well after project staff and school-based

conveners were trained and the M&E system and data collection mechanism was in place. It is also reported that AFT/KNUT were also unaware at the beginning of the project of the rigorous monitoring and reporting requirements, including an end-of-project evaluation, which they had not budgeted for.

There also was a misunderstanding about the pacing of project implementation and the flow of budget expenditures. It was AFT's understanding based on the two-year budget submitted to and approved by USAID that one-third of the funding was to be expended in the first year of the project as we developed infrastructure and political support for the project within KNUT, and the remaining two-thirds would be expended in the second year as we began teacher training and other more expensive project activities. It was only in late 2005 that AFT learned that the project funding was being significantly reduced because they did not meet USAID's "burn rate" requirements of expending an equivalent amount each month throughout the 24 month period. It would have been useful to have a more realistic understanding of the "burn rate" requirements at the beginning of the project.

▪ **Managing the PTA program within the complexity of KNUT's democratic structure:** While KNUT's size and democratic structure produce unique benefits to the project, the complexity of the organization also creates unique disadvantages which sometimes make it difficult to schedule and implement project activities as planned. One of these difficulties stems from the organization's primary responsibilities of representing and attending to the needs of its members, which are often demanding and unpredictable. As a consequence, the PTA project was not always the highest priority of the moment, especially during national political campaigns, KNUT elections and during periods of urgent membership crisis, when project staff was diverted away from project activities. While the KNUT project staff is deeply committed to the project, work hard and long hours and have an excellent grasp of the workings of the KNUT and the Kenya education system, they have limited experience in implementing a relatively large, multifaceted project and a lack of technical knowledge and skills required to meet some of PEPFAR's rigorous M&E and reporting standards.

A shortage of staff, especially during the first year of the project, also hampered the timely implementation of project activities. This was largely a result of the project team's (AFT-EF and KNUT) inexperience and inability to project capacity needs for a complex project such as this. It was also due to delays in hiring project staff and, in one case, employing a staff member who turned out to be unqualified for the position and had to be replaced.

▪ **Efficient and effective communication and reporting has been a big challenge at the KNUT headquarters:-** Part of the problem stems from the fact that the telecom and computer systems (including Internet) at the KNUT headquarters has been on and off during the project period despite the fact that its capacity was strengthened through the project funds. Sending reports and messages to the Programme Director (AFT-EF) based in Washington was in some cases very frustrating when the Internet was down.

▪ **Establishing a functional monitoring and evaluation system and plan:** - The project seems to have not had a well planned and structured M&E mechanism for the project apart from the reporting requirements. There was no actionable monitoring plan and tools that was agreed upon by USAID, AFT-ED and KNUT. Thus, monitoring was not done or done in an ad hoc basis. For example, the USAID official never went to the field even once. Related to this was the problem of collecting and storing accurate data at national, district and school levels. As indicated in AFT-EF Quarterly report Oct 1- Dec 31 the project accomplishment continues to be hampered by the lack of systematic record keeping and reporting by study circles, conveners, head teachers and district coordinators in the field (AFT, 2007:3). There is no monitoring culture at the district and school levels for the project. Gathering, recording and storing data seems very problematic and not a priority in some districts and schools. During field work, it was common to find out that records are either not there or are poorly and carelessly kept – even simple data like the number of teachers in the study circles. The KNUT national project office was allowed to employ a full time evaluation officer (and was budgeted for), but this was not done. By the time of this evaluation, there was no even per time monitoring/evaluation officer.

▪ **Data management and keeping updated data base at KNUT:** - KNUT was expected to have a functional data base with updated data from the field – school/districts. This still remains a big challenge. This was problematic because of lack of functional M&E talked about above, but also because “most district coordinators were unable to meet the monthly reporting deadlines. Weakness in managing data collection and storage at KNUT headquarters added to the problem, indicating the need for a full-time M&E specialists ...” (AFT-EF, Quarterly Report, 2007:4). The evaluation team also feels that reporting on the project activities and/or achievements has been a challenge because clear indicators for measuring progress and outcomes were never agreed upon. Even tools for data collections kept on changing.

▪ **Building and enhancing strategic and effective partnerships and linkages:-** Partnering with CfBT and even with other ‘supposed’ collaborating institutions has been a big challenge. Our discussions with various partners and review of various documents indicate that coordination of activities, exchange and sharing of materials, resources and ideas has not been formalized. The explanation given, and is not convincing to the evaluation team, is that there are structural differences between CfBT HIV/AIDS interventions in schools and the AFT-EF/KNUT PTA project. Each programme plans on its own, uses a different training curricular and trains its won masters of trainers despite the fact that these organizations target public schools in Kenya and they get funded by the same development partner through the same PEPFAR funds. We learned that there are about 32 different curricula on HIV/AIDS being used by different partners in USAID funded education sector programmes.

▪ **Enhancing the collaboration and partnership of MoE, TSC and KNUT for implementing HIV and AIDS programmes:** - Practical, efficient and effective understanding and implementation of the MoE Education Sector Policy on HIV & AIDS, KNUT HIV/AIDS Education Workplace policy and TSC HIV/AIDS Workplace policy appears to be a big challenge at national, district and school levels. Part of the problem stems from a lack of consensus building on what role should the MoE, TSC, KNUT and

schools play in making sure the legal frameworks are put into practice. How should their HIV/AIDS programmes be linked to complement one another and develop synergy? How should their ACUs operate to avoid duplication and wasting resources? Such questions seem to have been overlooked by the three bodies. Second, there are many orphans and vulnerable children in schools who need care and support. For example, they need money to pay for tuition or uniform. They need food. But neither schools nor KNUT branch officers have any capacity to provide such assistance. Third, KNUT has no capacity to provide treatment, care and support to their members who are infected and affected by HIV/AIDS. However, currently there are no strategies put in place to address such issues, thus they remain a big challenge to the project like PTA.

▪ **Limited time for study circle discussions:** - At the school level, the biggest challenge was the limited time the teachers had for study circles discussions (peer education), putting in mind that the teaching load in Kenya's learning institutions is heavy coupled with the limited number of teachers. Thus, most of the study circle discussions were done during lunch hours or after official school hours, i.e. from 3.45PM. In some schools, such discussions were even done on Saturday morning. In all the project schools visited limited or lack of enough resources, stationery - manila papers, felt pens was also mentioned to be another challenge. *"There was no vote for us to buy these materials. So we depend on the generosity of our school head to give us money to buy stationery even sometimes for us to meet transport cost. Such costs should have been taken into consideration ..."* (Teacher Convener, 2007).

▪ **Hiring, retaining and facilitating project staff:** - For KNUT to implement the project it had to identify and employ staff, for example, an M&E officer and district project coordinators at both national and districts levels. Besides, study circle conveners had to be identified for training. Identifying such people was a challenge for the union and brought some delays in project implementation. Getting the right people, with the right qualification to do the job and dealing with the union politics from impacting negatively on those to be employed provided a challenge to the KNUT headquarters. In the project design, there was no provision for replacing school heads, conveners or counselors who are transferred to other schools. In Mombasa district, for example, the project did not start in five schools because after training all those trained were transferred to non-project schools. No formal training programmes were put in place for the deputy school head and for the new heads posted to project schools.

4.2.8.2 Lessons Learned

Information from the various respondents indicate that several, and useful lessons have been learnt by various stakeholders, including USAID, AFT-EF and KNUT, through the PTA project. These lessons should be taken as useful tips in making the project and any other of similar nature more efficient and effective. The lessons learned include the following:

1. At the beginning of a project both the donors, project contractors and implementers need to engage in strategic dialogue and build consensus on the focus, scope and financial management to avoid misinterpretation of terms and conditions, delays and

low burn rates. Once a solid framework for implementation has been put in place, if there are anomaly measures to correct these should be put in place immediately.

2. Through a well targeted, designed and properly implemented education sector/school interventions, it is possible to empower teachers and education officials and raise their awareness and skills in fighting the HIV/AIDS scourge. The PTA project sensitized education and union officials and teachers and offered them opportunities deal with HIV/AIDS issues at both personal and external levels.
3. In general, the project affirmed the belief that African teacher unions can make an invaluable contribution to the global fight against AIDS and that AFT-EF support can be a catalyst for promoting this kind of action. However, we have also learned that strong organizational leadership, transparency and accountability, and a well qualified and deeply committed project staff are minimum conditions for successful union-based programs.
4. Functioning and effective an M&E system is a key to project / programme success. This will assist in assessing achievements/outcomes vis a vis planned activities. Besides, one is able to review and assess quality, timeliness and bottlenecks and conduct SWOT analysis. An M&E provides data for policy and programmatic decision making. Proper documentation of project activities and openness to detail makes work easy and enhances efficiency and effectiveness.
5. Having an actionable M&E plan and setting up a functional M&E system, with full-time qualified Evaluation officer is an important requirement for a project/program success, including its efficiency and effectiveness. With such a plan and system it will be easier to organize and conduct regular monitoring, get accurate data and mount data management, report production and dissemination of projects progress.
6. Related to the above, the success of a project or programme like the PTA depends largely on the adequacy and commitment of qualified staff with the right professional experience. This is because the HVI/AIDS programmes are very demanding and the epidemic has many 'faces' which change every time. The commitment and personality of the national KNUT HIV/AIDS coordinator made a difference in the PTA project.
7. Good leadership and management at the school and community levels is the key to the success and the likelihood of sustaining school based projects like the PTA. The strengths and effectiveness of the PTA in schools/districts is dependant on the quality and commitment of the leadership at the district and school levels. Where there is weak leadership and poorly constituted school study circles, peer education is poorly organized and ineffective. In such schools, teachers are reluctant to participate in study circle and are looking for what they are gaining from such in material/monetary terms.
8. The project has affirmed the AFT-EF belief in the value of the study circle concept and that just training volunteer teacher peer educators and sending them back to schools without also having a comprehensive support structure, like study

circles and/or a policy mandate, would be a serious mistake. Such a supportive structure would reinforce solid training in study circle methods, and includes proven teacher friendly and culture specific training materials, a trained head teacher as well as a local staff that can maintain contact with study circle conveners and provide assistance and support on a regular basis. We have also learned that KNUT's intervention with the head teachers and with teachers can be a powerful motivator in sustaining the project.

9. The AFT/KNUT have learned a multitude of lessons on partnering with USAID and in managing and implementing PEPFAR projects, including new tools for developing project goals, objectives and rigorous monitoring and evaluation procedures. They have learned that effective PEPFAR project management requires a well trained and highly qualified staff and a significant commitment of staff time and organizational support services from both partner organizations, all of which must be anticipated and budgeted for.

5.0 Recommendations

The final evaluation has indicated that the PTA is a good and inspiring project which has support from both the AFT-EF and KNUT national and branch official on one hand, and the MoE and teachers on the other hand. The evaluation team learned that the project has been extended for another one year up to 2008, with about US\$400 plus earmarked for its implementation. Besides, from January 2007, the project is now being managed by the Education Section of USAID.

Our recommendations are thus put across from the point of view that the overall goal of the PTA project is still relevant and useful. Therefore, the recommendations should be taken as corrective measures not only for PTA activities, but as lessons for other projects that would be started in future to achieve the same goal. The aim is to make such school-based projects more focused, efficient and effective.

Strategic recommendations:

- ◆ The AFT-EF / KNUT PTA project has proved its worth and KNUT members in other districts and schools are requesting for the project interventions in their schools. Thus, USAID and other partners should consider continuing with this program. However, there will be need to address the key challenges identified in this report, particularly issues of focus and scope of the project, effective management, monitoring and evaluation of the program activities.
- ◆ Given the complexity of HIV/AIDS programming in Kenya and the fact that PEPFER is implemented by many partners, USAID and other development agencies should consider ways to facilitate better coordination and planning amongst cooperating organizations. This will enhance synergy and effectiveness and thus address the problems of duplication and/or wastage of resources.

- ◆ There is need for improved coordination mechanisms in PEPFAR funded HIV/AIDS programs that target the education sector in Kenya. For example, AFT/KNUT, CfBT and Population Council, under the guidance of USAID (Education Section) should consider sitting down and strategically planning on how they can work together and complement each other or share available resources (human and materials). There is need for clearly defined strategic partnerships with appropriate organizations to carry specific activities under HIV/AIDS programs in education in the country.
- ◆ For any program addressing HIV/AIDS prevention, access to counseling and treatment services, there is a need for a robust and professional monitoring and evaluation system. At a minimum, an M&E system should have a well developed baseline, clear indicators, benchmarks and performance measures, and a systematic approach to collect, analyze and report on achievement, impact and results. Strengthening the M&E system required allocating of about 7-10% of the programme budget.
- ◆ Any consideration for future programming should have a focused approach that recognizes the strengths and comparative advantages of the organization involved. For example, while KNUT might be a very strong position to disseminate information or improve workplace policies and rights, they may not necessarily have equal strengths in teacher training or training materials development.
- ◆ It would be very helpful to have a meta-analysis and mapping of all the HIV/AIDS programs that are operating in the education sector
- ◆ With the limited capacity of KNUT in terms of resources and people to manage and implement a national education sector HIV/AIDS program alternative program approached and implementation strategies should be considered to reach an increasingly larger number of districts, schools and teachers. One possible approach to explore would be district and school level interventions that directly integrate HIV/AIDS into district and school improvement planning. This approach would compliment the USAID supported work already underway on District Education Management Information Systems and could utilize the excellent materials and trainers from the KNUT PTA program.
- ◆ One emerging issue from PTA is that schools are experiencing a lot of pressure of the OVCs and the communities to have interventions targeting these disadvantaged individuals. Neither AFT nor KNUT membership has the capacity to have and implement school based interventions that focus on OVCs. Besides, teachers need knowledge and skills to handle and assist the OVCs especially those orphans who are HIV+.

Specific Recommendations to AFT-EF

- One of the biggest challenges faced by AFT-EF/KNUT is management of the PTA project from Washington, D.C. For efficient and cost effective support the AFT should consider having an office in Nairobi to provide more direct assistance to

KNUT and also to have more frequent contact with USAID and other Kenyan PEPFAR partners. This can be a regional office to serve AFT interest in the region.

- As much as AFT should continue supporting the KNUT and/or the project with strategic information, administration of funds and technical support through experienced AFT staff, they should consider hiring a qualified staff, to be based in AFT Nairobi office, to offer TA in monitoring and evaluation and manage AFT activities in the region.
- The PTA project has proven its worth. AFT-EF should therefore request for more funding from USAID and mobilize resources from elsewhere to continue supporting KNUT in strengthening its capacity in program management and scaling-up of PTA activities to other districts and schools. The AFT's primary goal should be to assist in the development of KNUT's capacity to independently take on all project activities within the next two years. That does not preclude AFT support in other project areas.

Specific Recommendation to KNUT

- The KNUT handbooks on workplace policies, and the teachers referral guide seem to be very useful products. Consideration should be given to print and distribute more copies for national coverage.
- If KNUT is considering managing future projects that are intended to have a system-wide impact, a professionally trained and experienced project management staff is needed to handle, coordination, planning, implementation, budgeting, reporting, and quality control.
- AFT/KNUT need to modify the study circle program by creating targeted and shorter curriculums that are focused on separate and distinct topics, prevention and policy and OVCs. This would reduce the training time for study circles conveners and participating teachers. Currently, the curriculum seems to be general and time consuming.
- While targeting head teachers and teachers, KNUT PTA activities need to be more focused and restricted to advocacy on policy and prevention of HIV/AIDS among its members and their families. There is need to strengthen advocacy programs and capacities to negotiate with the MoE and TSC on behalf of HIV+ teachers for effective implementation of the Education Sector Policy on HIV/AIDS and Workplace Policy.
- KNUT national office should initiate and mobilize resources (write project proposals, have discussions with other development partners and private companies) to support the development and implementation of comprehensive and targeted effective policy advocacy, prevention and work place policies interventions. This is a sure way of continuing and sustaining the PTA interventions.

6.0 References

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7.0 Annexes

Annex 1: Scope of Work

Annex 2: List of Institutions visited

Annex 3: List of those interviewed

Annex 4: Evaluation Instruments