

Mainstreaming HIV/AIDS in the education systems in sub-Saharan Africa: Some preliminary insights

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Abstract

This article is based on a theoretical exploration of the concept of mainstreaming and actual experience of the African ministries of education in the region. The empirical part of the article is largely based on the initiative of the Association for the Development of Education in Africa (henceforth ADEA) on "Identifying Promising Approaches to HIV/AIDS in Education in sub-Saharan Africa". The initiative was conceived in April 2001 and it is ongoing. The article examines the application of the concept of mainstreaming in education programming. It argues that even though there is tangible evidence of the process of mainstreaming HIV in education systems, there are still both theoretical or rather conceptual problems as well as problems related to implementation of programmes. Our purpose is exploratory since not all country case studies under the ADEA initiative have been completed. However, available data enable us to ask such fundamental questions as the following. Have the ministries of education managed to mainstream HIV/AIDS in their respective education systems? If so, how? Is the level or phase of mainstreaming reached by respective ministries sufficient? What are the problems facing the process of mainstreaming in the education sector? The rest of this paper seeks to answer these questions by focusing on the process of mainstreaming as attempted by various ministries of education that are participating in the ADEA initiative.

Introduction

By the end of 2001 sub-Saharan Africa had an estimated 28.1 million people living with HIV/AIDS of whom 3.4 million were infected within the year (UNAIDS/WHO December 2001). Uganda is the only country in the region that is experiencing a steady decline in HIV prevalence. In respect to the education sector, the prevalence of HIV and the impact of AIDS are real and are manifested through a combination of indicators ranging from morbidity and mortality of teachers to a huge population of orphan pupils. Ministries of education and other agencies involved in the delivery of education (e.g. faith-based organisations, teacher trade unions, NGOs and CBOs) have responded 're-actively' to the epidemic by introducing various programmes to prevent further spread of HIV and to mitigate the impact of AIDS in the education sector. This process is widely referred to as mainstreaming HIV/AIDS into the education sector. In this article we examine the approaches pursued in the process of mainstreaming HIV/AIDS in the education sector particularly within the public sector, that is, ministries of education.

The place of HIV/AIDS in the education system

It is probably not necessary to belabour the statistics on HIV and AIDS in Africa. Suffice to mention that sub-Saharan Africa remains the hardest hit region of the world. With less than ten percent of the world population, sub-Saharan Africa carries over 60 percent of the global burden of HIV/AIDS. The effect of this massive epidemic on the education sector is increasingly evident in respect to the demand for education, equality of access to education, supply of education, and quality of education services (Kelly, 1999; Badcock-Walters,

2001). Most ministries of education are designing policies and sectoral strategic plans to deal with the problems wrought by AIDS in the education system. In this environment of increased awareness and acceptance of HIV/AIDS as a problem for the education sector, various programmes are being implemented particularly at primary and secondary school levels. The relevance and significance of such programmes as tools for HIV prevention and impact mitigation is the focus of this paper.

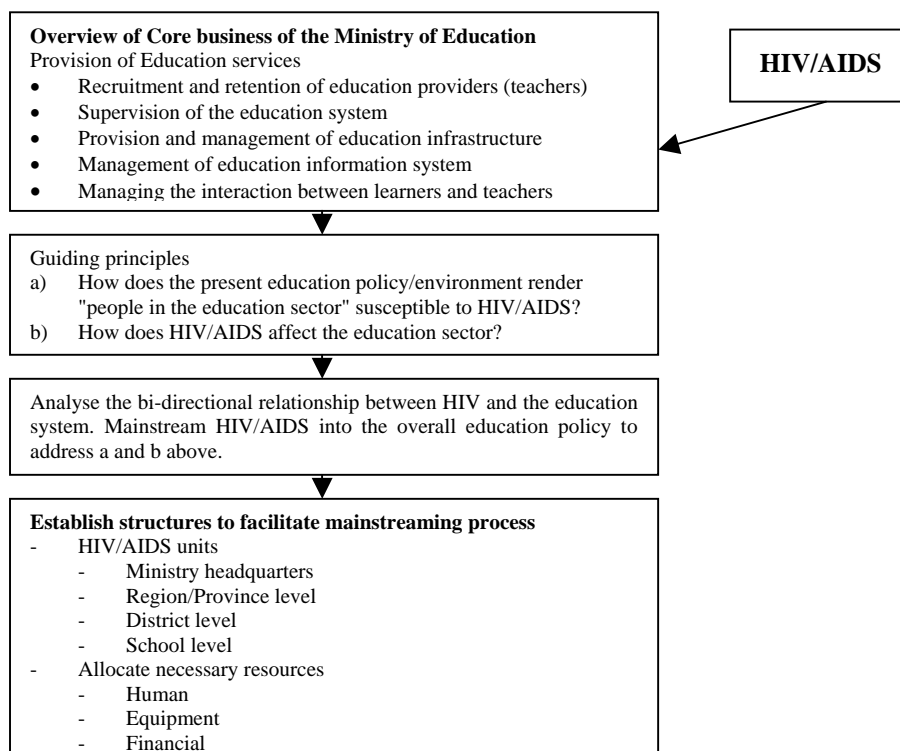
The conceptual basis of mainstreaming HIV/AIDS in education systems

At a more general level, mainstreaming of HIV/AIDS is a process of policy change in a systemic manner in order to achieve broad social goals of controlling the spread of the epidemic and mitigating its effects. In the context of the education sector, we conceptualise mainstreaming as a deliberate and strategic change in (education) policy to address the effects of HIV in the education sector. Mainstreaming HIV/AIDS in education is basically an attempt to systemically integrate HIV/AIDS issues in education policies, programmes, and projects in order to have an impact on the epidemic (that is, prevention of HIV infections and/or mitigation of the impact of AIDS on the system). It is a process of designing programmes and putting in place structures to deliver such programmes.

The formulation of strategic plans and design of programmes are necessary but not sufficient conditions for the process of mainstreaming. There have to be structures and resources to ensure that plans and programmes are followed-through and delivered to target groups. Ideally, a good mainstreaming exercise should adhere to three principles, namely:

- It should be systemic. The effect of the epidemic on the education system is systemic. It affects not one but all segments of the system.
- It should be based on a good situation analysis. Without a good baseline it is not possible to ascertain the extent to which the epidemic is affecting the sector. It is also difficult to design monitoring and evaluation tools if the situation to be changed is unknown
- It should be dynamic. Mainstreaming should not be seen as an end in itself but an evolving process in which policies and programmes are adjusted according to emerging reality. This calls for constant monitoring of the epidemic and its impact, as well as monitoring and evaluation of intervention programmes.

Figure 1. A model for mainstreaming HIV/AIDS in the education sector



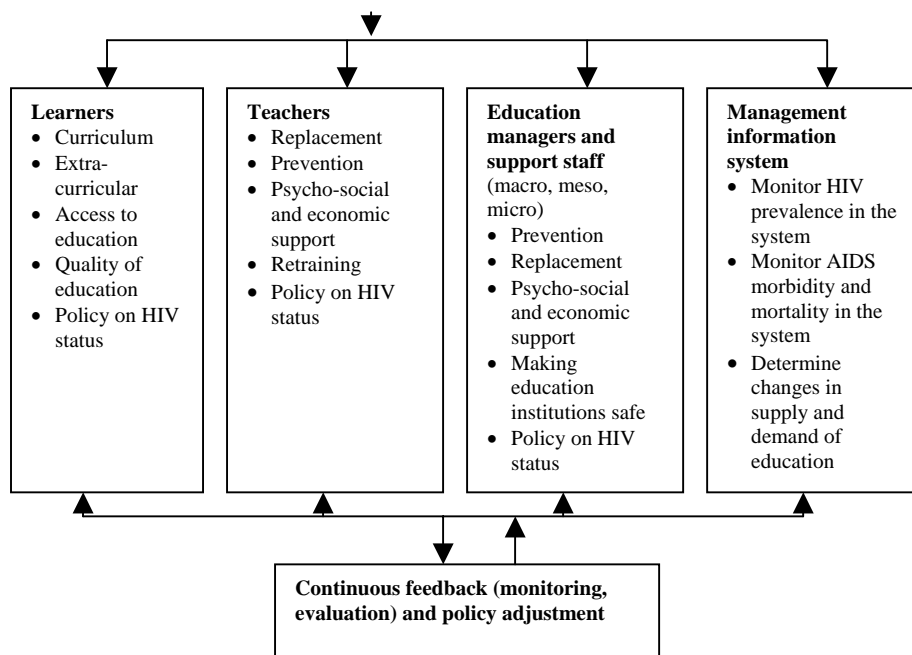


Figure 1 shows a model for mainstreaming HIV/AIDS in the education sector. The model is intended to guide the theory and action on mainstreaming HIV/AIDS in the education sector. It is argued that the starting point is for a ministry to look at all its core business and analyse the current and future implication of HIV/AIDS. It is important to focus critically on the bi-directional relationship between HIV/AIDS and the education system (principles *a* and *b* in the model). While it is easy to see the impact of the epidemic on learners and teachers, the subtle relationship of education policies regarding, for example, the unequal access of education between girls and boys or the low percentage of transition from primary to secondary level education, are hardly, if ever, analysed. Yet such policies play a part in rendering people susceptible to HIV/AIDS through a complex set of interrelated factors ranging from gender inequality and poverty to lack of employment due to poor education.

The next step is to establish a structure to facilitate the process of mainstreaming. In this model the structure is an HIV/AIDS unit. The main objectives are to co-ordinate HIV/AIDS activities in the ministry and to provide technical expertise and momentum to ensure that activities are implemented on time and effectively. Having an HIV/AIDS unit at the ministry headquarters is necessary but not sufficient to ensure that activities permeate all levels of the system. It is therefore important to have such units at administrative levels (regional, district, and even school level).

Another critical role an HIV/AIDS unit should play is that of monitoring the effects on the epidemic on the system and ensuring that feedback is given to policy makers and programme designers. To be effective HIV/AIDS units should be functional. That is, they should be properly staffed and equipped to operate. As discussed later, this is one of the difficulties facing ministries of education on the continent.

The process of mainstreaming should then proceed based on four fundamental conditions. First is to design programmes that target learners. These should include both curriculum based and extra-curricular programmes (including, but not limited to, edutainment). There is need to think creatively and design and implement strategies that would ensure the quality of education is maintained despite the effects of the epidemic on the system. Policies that ensure access to education of learners affected by AIDS and/or infected by HIV have to be put in place to ensure that children are not excluded on the basis of being orphans or being HIV positive or both.

Second is the need to develop policies and programmes that target teachers. It has to be borne in mind that for teachers HIV/AIDS is an important workplace issue. So policies and programmes for HIV prevention are important and so are programmes that would provide psycho-social and economic support to teachers living with AIDS or caring for sick relatives. Another critical policy area is the design and operationalisation of the process that would ensure that terminally ill teachers and those who have died are replaced without delay. This would ensure continuity in the learning programme but would also alleviate the problem of increased workload among surviving teachers. Closely related to this, is the design of policy to ensure that HIV positive teachers continue to work. This might entail putting in place necessary services to support such teachers to live productive lives but

such services (e.g. counselling services, antiretroviral drugs) need not be dispensed within the school compound. They could be available and accessed from nearby clinics or through home care and programmes.

The third condition is for the HIV/AIDS prevention and impact mitigation programmes to focus on education managers and support staff working with education institutions. HIV/AIDS must not only be seen as a problem 'out there' but also as a problem 'within'. Seeing it as a problem 'out there' would lead to designing policies and programmes for learners alone (necessary but not sufficient) while seeing it as a problem 'within' would lead to designing programmes targeting teachers and managers (that is, those within the system). Much of what is already discussed above (in conditions one and two) is relevant here. However, critical areas of policy here would include the implementation of strategies to make the education system a safer place, one that does not render those within it susceptible to HIV/AIDS. For example, issues of power relations that enable male teachers to impose themselves on female learners would need close scrutiny not least because evidence shows that inter-generational sex from older men to young girls is one of the important factors in HIV transmission. Another policy area in need of scrutiny would be the frequent transfer of teachers, often unaccompanied by their families.

The fourth condition is the design and sustained operation of a robust management information system on HIV/AIDS. Strategic planning requires a good information base and it is critical that ministries of education should gather information on the effects of HIV/AIDS on the sector and utilise the information in designing a comprehensive sectoral response.

Unarguably any mainstreaming exercise should consider all four conditions. These are not dichotomous blocks but rather they are intricately intertwined or systemically linked. They probably deserve same level of emphasis when designing a sectoral response. In sum, there is need to ensure that baseline information is collected, analysed and utilised to design preventive programmes for key actors in the sector. Once this is done, the next challenge is to ensure that preventive programmes are delivered to target groups (key actors in the sector). Equally important is to ensure that a management information system is put in place to inform preventive and impact mitigation interventions.

Approaches in mainstreaming HIV/AIDS in education systems

In this section an attempt is made to show how the process of mainstreaming has been attempted in the education sector in sub-Saharan Africa. But before we present the evidence of the initiative on 'identifying promising approaches' it is necessary to present a brief background of the initiative and the approaches employed in conducting country case studies.

In April 2000 the ADEA secretariat invited African ministries of education to analyse the different interventions (policies, projects, programmes, etc.) being implemented to control HIV and/or mitigate the impact of AIDS. The broad objective of the initiative was to identify promising approaches with the view of sharing knowledge and experience within and across country borders.¹ The initiative is premised on the assumption that there is a wealth of experiences, information and analyses within ministries of education that could be used to guide innovative, cost-effective and vigorous interventions to confront HIV/AIDS in the education sector.

The ADEA initiative was guided by three principles: i) identify promising approaches, placing more emphasis on process rather than outcome, ii) learn from within by focusing on useful experiences that have been locally tried and adapted, and iii) utilise available local expertise and build capacity in the process.

Even though over 30 countries expressed the intention to join the initiative, less than 20 countries have submitted proposals to ADEA for funding. The programmatic focus and topics proposed by respective countries are summarised in Table 1.

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

Country	Programmatic Focus	Topic
Angola	Educational	Evaluation of HIV/AIDS curriculum for schools and teacher training colleges.
Burkina Faso	Educational/ Community	Assessment of the experimental programme to involve the Gaoua community in HIV/AIDS and STD control.
Burundi	Educational	To appraise HIV/AIDS educational programmes with

¹ For a detailed discussion on the progress of country case studies see Akoulouze, Rugalema and Khanye (2001) or visit ADEA's website: www.adeanet.org/biennial/papers/

		the view to identify a promising intervention.
Congo (DR)	Educational	Appraisal of HIV/AIDS educational programmes to identify the most promising.
Ghana	System Management	Documenting the process and politics of formulating a sectoral strategic plan for HIV/AIDS in the ministry of education.
Lesotho	Educational	Assessment of the workshop module and curriculum-based HIV/AIDS interventions among pupils in Lesotho schools.
Liberia	Educational	An inventory of HIV/AIDS interventions in Liberian schools: Towards identifying a promising approach
Mali	Educational	An analysis of the impact of "club anti-SIDA" in schools in Mali.
Namibia	Educational	An impact assessment survey of the school-based HIV/AIDS programmes in Namibia with particular reference to 'My Future is My Choice' programme.
Niger	Educational	Inventory of on-going school-based HIV/AIDS with a view to identifying the most promising.
Senegal	Educational	Evaluation of HIV/AIDS related activities in the areas of (i) training, (ii) information dissemination/creation of awareness, and (iii) production of didactic materials.
South Africa	Educational	An assessment of the impact of the "Life Skills Programme" on school going children in South Africa.
Swaziland	Educational	An assessment of the School HIV/AIDS Intervention Programme in Swaziland.
Tanzania	Educational	An evaluation of the school youth programme on HIV/AIDS in Magu District, Tanzania.
Togo	Educational	An assessment of the impact of HIV/AIDS programme implemented by PSI in Togolese schools.
Uganda	Educational	Inventory of completed interventions with the aim to analyse their impact on Ugandan school children.
Zanzibar	Educational	An evaluation of the effectiveness of school and college clubs for imparting knowledge among school children and trainee-teachers in Zanzibar.

Table 1 provides a picture, albeit a partial one, of the attempts being made by ministries of education to mainstream HIV/AIDS in the education sector. Information in the proposals submitted for funding indicates that a lot of emphasis has been placed on programmes targeted at learners² and most programmes are school-based. In the following discussion we present and analyse evidence from country case studies with a view to measuring the progress of mainstreaming HIV/AIDS within ministries of education.

Methodological approaches to country case studies differed from country to country. Broadly most studies were conducted through questionnaire surveys, individual interviews and focus group discussions. Despite these seemingly 'rigorous' methods, most study reports are actually very descriptive. The emphasis is put more on respondents' replies to questions about programmes being analysed rather than the process through which those programmes are implemented. This is partly a reflection of weak analytical capacity within ministries but more so it is a reflection of the accidental nature of implementation of the interventions analysed.

Educational programmes

Evidence from Table 1 clearly shows that, with the exception of Ghana and Burkina Faso, ministries of education have focused more on educational programmes for learners. Two approaches are evident namely, curriculum-based HIV/AIDS education (including issues of sexuality, sexual health and life-skills) and extra-curricular activities designed to impart knowledge on HIV and AIDS. Besides the theoretical premise that sex education is most effective when taught long before the first sexual encounter (Gachuhi, 1999) the overwhelming focus of the ministries of education on learners is built on practical and pragmatic reality. The overarching responsibility of any ministry of education is 'to teach' or provide educational services. It is therefore understandable that ministries of education have reacted to HIV/AIDS through education programmes, an area they know best and are good at. In practical terms there is no easier way to reach young people than through schools. Thus school-based education on HIV/AIDS and related issues reaches a wide audience of young people

² Even among learners emphasis has been placed on primary and secondary school levels leaving out tertiary level learners who are certainly more active sexually and therefore more likely to be susceptible to HIV than primary and secondary school learners.

not only within school walls but also outside schools through interaction and sharing of information between pupils and their peers, siblings and parents.

The curriculum approach has entailed reforming the formal school curriculum to integrate HIV/AIDS. Lessons on HIV/AIDS are given either given through a stand-alone subject or as an integral part of other school subjects such as biology, religious studies, family life education, social studies, and counselling and guidance.

The terms of reference of the ADEA initiative did not provide room for analysis of the dynamics of school-based HIV/AIDS programmes. However, according to Schenker (2001), ministries of education should be in the fifth generation of the school-based programmes for HIV/AIDS prevention. Schenker points out that the first generation of school-based programmes to prevent HIV/AIDS lasted until the mid-1980s. In that period responses were local, non-organised and driven mostly by fear and blame. Educational materials were produced to give basic facts on HIV and AIDS but no particular attention was paid to age, gender and vulnerability of groups of learners. In the late 1980s the second generation of school programmes came into being. These were characterised by more organised responses, development of curriculum by governments and other educational agencies, initiation of training programmes for teachers to deliver the new curriculum. However, since no needs assessments were done, the HIV/AIDS curriculum was designed in a vacuum and the process was driven by the belief that 'knowledge' will do the work.

The third generation of programmes surfaced in the early 1990s and these were designed to surmount the problems and shortcomings observed in the first two generations. In the third generation it was appreciated that prevention is not only about knowledge but also about attitudes, skills, and values. It was also finally acknowledged that sex education is different from AIDS education. It is in this period that HIV/AIDS control programmes were designed based on theory.

By the early 1990s, school-based programmes for HIV prevention were increasingly common in sub-Saharan Africa (UNAIDS, 1999). Thus the fourth generation of programmes dominated the mid-1990s and were characterised by multi-dimensional activities including classroom skills-building sessions, school-wide peer education activities, and social norm changing programmes. The fifth generation, according to Schenker (2001,3), is characterised by "further improving what works", dissemination and sharing of lessons learned, capacity building, and sustainability.

Although the objective of the ADEA initiative corresponded to Schenker's fifth generation of programming for HIV/AIDS in the education sector, country case studies are not all that clear whether the fifth generation has indeed been reached. What emerges from country case studies is a mixture of all the various phases or generations of programming. Some countries have not reviewed their AIDS curricula since they were introduced. In such cases the curriculum-based HIV/AIDS education has remained static. In some other countries ministries of education are not the sole providers of (HIV/AIDS) education. Training programmes and materials are developed and delivered by different authorities (NGOs, religious groups). If it were possible to harness the synergy of these various institutions, such multi-institutional programmes would be the best way to go. Most evidence points to the existence of some form of co-ordination of programmes (for example, mainland Tanzania and Zanzibar) but there is also evidence of weak linkages between various agencies (for example in Swaziland, Lesotho and Liberia).

Remember the objective of the ADEA initiative was to identify promising approaches and provide explanation as to why such approaches were promising. Curriculum-based approaches are said to show promise in the sense that they have exposed a large number of pupils to issues related to HIV/AIDS. However, the most popular programmes for pupils are the extra-curricular ones. These include the Health Youth Clubs (Zanzibar), the peer-education component of the School Youth HIV/AIDS programme (Tanzania), and My Future is My Choice programme (Namibia).

The common feature of the three programmes cited above is that they are organised by young people for young people. These peer education approaches are modelled on the theory of social influence or social inoculation whose basic premise is that societal influence and peer pressures do influence and shape (sexual) behaviours of individuals within society (Howard, 1990). The influence of peer pressure is very significant in children even before the teenage years. It is argued therefore that using child role models is the best way to change children's behaviour.

Evidence from country case studies reveals that children enjoy peer-led HIV/AIDS sessions (small group discussion, drama groups, and so on) because they not only provide opportunity for discussion but they very well

capture the playground dynamics. As opposed to the 'chalk and talk' curriculum-based lessons, peer sessions are informal and conducted in the language children understand and use in the informal setting. In other words peer education sessions provide room for effective communication about issues and problems faced by young people at school. Most ministries of education have complemented curriculum-based programmes with non-formal peer-led programmes.

An issue that would bedevil the initiative to identify promising approaches is that except for South Africa countries introduced HIV/AIDS programmes without any baselines. Neither is there data that captures variables such as HIV risk perception and risk discounting among school children, susceptibility to HIV within and outside the school environment, HIV/AIDS knowledge and attitude among teachers. Without such baseline data it is difficult to ascribe 'change' in knowledge, behaviour and attitude to a particular programme. This is further complicated by the fact that many other public education programmes are ongoing and school children are constantly exposed to them. Against this complex set of issues it is no wonder that country case studies are shy on concluding that programmes being implemented are indeed 'promising approaches'.

Programmes for teachers

Teachers are a central pillar in any education system. Their survival and well-being is essential for the sustainability of the system. The surprise from the country case studies is how ministries of education have been silent about teachers' needs in the HIV/AIDS epidemic. Except for South Africa (the *Tirisano* programme), Ghana and Botswana, other countries have proceeded as if HIV/AIDS is not a problem among teachers. Yet evidence to the contrary abounds. During a sub-regional workshop to review the progress of country case studies in Southern Africa (held in Ezulwini, Swaziland, July 2001), it was pointed out that some countries have started designing HIV/AIDS programmes for teachers. If this is the case, such programmes are still in their infancy, certainly too late for many teachers who have already succumbed to the epidemic. One initiative is that of Lesotho Teachers Association, a teachers' trade union that has taken a leading role in organising annual workshops on HIV/AIDS for its members. The coverage is low, content is basic, and workshops are far between but there is cause for hope that teachers are becoming concerned about the epidemic and are beginning to respond.

This paper argues for the need to view and respond to the epidemic in a systemic manner. Evidence from country case studies shows that the reform of the school curriculum to integrate HIV/AIDS has not been followed by concerted and consistent efforts to re-train teachers to deliver the new curriculum. The only exception is the South African Department of Education that has trained over 10,000 teachers to offer a life skills and HIV/AIDS education programme in schools (Magome, *et al.* 1997/98). Kenya and Tanzania indicate that re-training of teachers to offer an HIV/AIDS curriculum has progressed haltingly and there is no evidence from other countries that such a thing is being attempted. Recently Tanzania mainland and Zanzibar have introduced HIV/AIDS course programmes in teacher training colleges (TTCs) to equip pre-service teachers with necessary skills.

Despite the good intention of governments and ministries of education in integrating HIV/AIDS in the school curriculum, questions have been raised about the suitability and preparedness of teachers to deliver HIV/AIDS information and impart knowledge to learners. This is a genuine concern in the light of the i) ubiquitous tardiness in capacitating teachers, ii) evidence that teachers are culprits in sexual exploitation of learners, and iii) many instances which shows that teachers' beliefs on HIV/AIDS are conservative, mythical, and counter-productive. These significant shortcomings will have to be overcome for teachers to play a useful role in HIV prevention among school children. It is difficult to think of any other approach through which learners could be consistently engaged if teachers are left out. Leaving out teachers in HIV/AIDS prevention could prove counter-productive in the sense that they would be unable to play their traditional role as informers, educators, and counsellors. If teachers are by-passed in the delivery of HIV/AIDS information and knowledge they would be disempowered. Communities and learners would no longer see teachers as reliable sources of information and knowledge. The concerns about the suitability of teachers to deliver HIV/AIDS curriculum should be addressed through deliberate and well focused in-service and pre-service training programmes as well as deliberate management strategies to ensure that schools are not risk-areas but safe places for children.

Programmes for education managers and support staff

Again evidence to show that ministries of education have or are setting up programmes to ensure the survival of key people within the ministry (at headquarters level, provincial/district level, and lower levels) did not emerge from the case studies. Arguments advanced for this are that where they exist, such programmes are in their infancy, thus the difficulty to analyse them as promising approaches. Here we can only say that HIV/AIDS

programmes for managerial staff are either non-existent or too weak to warrant the attention of country teams who conducted country case studies. Yet this is a worrying situation. The survival of the education system is dependent on the availability of learners, availability and quality of teachers, and availability and quality of education managers (administrators, supervisors and support staff). These are the three pillars of any education system and they interact to ensure that the wheels of the system keep on turning. The neglect of programmes for education managers is hard to explain except to say that HIV/AIDS is still seen as a problem 'out there' among learners, and in the wider society. The threat to the very foundation of the education system (that is the management of the system) has not been appreciated yet anecdotal evidence indicates that education managers too are dying of AIDS.

One approach being piloted in Tanzania mainland and Zanzibar is the involvement of local communities in school HIV/AIDS programmes. In the School Youth HIV/AIDS programme being implemented in Magu District in Tanzania, local communities are represented in school HIV/AIDS committees. Sawaya and Katabaro (2001) argue that the active involvement of communities has played a part in strengthening school-based HIV/AIDS programmes. Instead of having parents as antagonists they are actually playing a part not only in contributing resources for the programmes but they also supportive of the teachers responsible for guidance and counselling. Similarly, Mwinyi (2001) points out that the strength of School Health Clubs (in which HIV/AIDS is the significant part) lies in the support they get from local communities. Parents support their children to participate in club activities but the most exciting finding is that children are increasingly sharing HIV/AIDS information with their parents and siblings. Such experiences are few and they were not fully captured by the two case studies (Zanzibar and mainland Tanzania respectively) yet they provide evidence that school-community collaboration in HIV/AIDS programmes is necessary and would be mutually beneficial.

Management information system

No case studies under the ADEA initiative yielded evidence of there being a deliberate effort within ministries of education to manage and plan for preventive and impact mitigation programmes. This is partly due to lack of human resources. Although case studies indicate that every ministry of education has a professional designated as HIV/AIDS Focal Point this is normally a 'one person show'. One person is expected to push the HIV/AIDS agenda and activities through the ministry's bureaucracy and to ensure that activities are being implemented on the ground. Besides the lack of human resources, HIV Focal Points are severely under-funded. Focal points are unable to initiate activities because of lack of funds and equipment. How then can focal points do their work?

It is clear that without sufficient human and financial resources ministries of education will not be able to achieve much. Focal points should certainly be upgraded into functional HIV/AIDS units whose remit cuts across various layers of the sector. More important HIV/AIDS unit should focus a significant part of their effort in designing and maintaining management information systems to ensure that information to guide policy and programmes is readily available. We are placing emphasis on this aspect not only because it is currently a very weak area but more important because the efficiency and flexibility of the management system within ministries will certainly depend on the quality of information.

Conclusion: Problems and opportunities

In view of the multitude of programmes on HIV/AIDS in the education sector, the Association for the Development of Education in Africa piloted an initiative to identify promising approaches with a view to sharing 'what works' not only within country but also across borders. We have argued that what works in the education sector as in any other sector should be part of a systemic approach to the problem of HIV/AIDS in the sector. Evidence shows that ministries of education have been strong in designing and implementing programmes for learners while little has been done for teachers and education managers. While programmes for learners are justified their success depends on teachers (to offer the curriculum) and education managers (to monitor, programmes and supply necessary support services including didactic materials). Ministries of education have been fairly slow in recognising the impact of the epidemic on teachers and managers and hence the lack of programmes for these two groups. Training of teachers to offer the new curriculum has generally been slow and this does not augur well for the quality and effectiveness of knowledge to be imparted to learners.

One of the most telling lessons to emerge from the country case studies is that the ADEA initiative provided the first avenue through which HIV/AIDS programmes implemented by ministries of education could be evaluated. In the case of Lesotho the initiative covered programmes implemented by the Scripture Union and the Lesotho Association of Teachers. Monitoring and evaluation of programmes is generally weak and this is an area in need

of urgent attention. Lack of proper monitoring and evaluation of programmes is essential for policy adjustment as the situation on the ground changes constantly. For example, in Tanzania, the peer education programme makes use of one edition of the *Mshauri wa Rika* booklet (ca. 30 pages) for classes 5-7. This means that children read and discuss the same stuff for three years. No one has examined the impact of such recycling on children's perception of the seriousness of the HIV/AIDS programme but the Tanzanian country team indicated that reading the same things over and over again is not very amusing to children.

It is worth recalling that in the African education environment HIV/AIDS is one problem among others. It might be the biggest problem but one has to bear in mind that part of what the epidemic is doing is to exacerbate existing problems. And this provides an unprecedented opportunity for reforming the education system in the way that can withstand future shocks.

We have indicated that that the above inventory is a preliminary one. This is so for a number of reasons. One, the ADEA exercise is still ongoing and lessons are emerging as many more countries complete their case studies. Two, the implication of HIV/AIDS for the education sector are also still emerging and so are the responses. Three, the concept of mainstreaming and its application are still evolving. However, available experience is fairly clear that ministries of education have not completely grappled with the issues involved in mainstreaming HIV/AIDS in the education system. Scratching the surface has been done but what is needed to address HIV/AIDS and all its ramifications is not scratching the surface but deep tillage and this will entail looking at the problem from a more systemic perspective. Unless planners and policy makers in the sector are ready to change their world-views and value systems, the road ahead will be bumpy and the opportunity could be lost.

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