BUILDING BRIDGES BETWEEN THE SCHOOL AND COMMUNITY

AN IN-DEPTH EXAMINATION OF SCHOOL AND COMMUNITY LINKAGES

by

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ABBREVIATIONS/ACRONYMS

ADMARC	-	*Agricultural Development Marketing Corporation*
AIDS	-	*Acquired Immuno Deficiency Syndrome*
CBO	-	*Community Based Organisations*
CSO	-	*Civil Society Organisations*
DEMIS	-	*District Education Management Information Systems*
DHS	-	*Demographic Health Survey*
FGDs	-	*Focus Group Discussions*
G & C	-	*Guidance and Counselling*
HIV	-	*Human Immuno deficiency Virus*
LSE	-	*Life Skills Education*
MIE	-	*Malawi Institute of Education*
MOE	-	*Ministry of Education*
NAC	-	*National AIDS Commission*
NGOs	-	*Non Governmental Organisations*
OVC	-	*Orphans and Vulnerable Children*
PEA	-	*Primary Education Advisor*
PLWHA	-	*People Living with HIV/AIDS*
PTA	-	*Parent Teacher Association*
SMC	-	*School Management Committee*
TDC	-	*Teacher Development Centre*
TUM	-	*Teachers Union of Malawi*
UNAIDS	-	*United Nations Programme on HIV/AIDS*
UNESCO	-	*United Nations Educational, Scientific and Cultural Organisation*
VCT	-	*Voluntary Counselling Testing*

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EXECUTIVE SUMMARY

UNESCO Harare Cluster office initiated this study in five countries that are under its responsibility with the aim of documenting best practices on school-community linkages and to advocate for these best practices in the fight against HIV and AIDS. The study dates back to a sub-regional colloquium meeting held in November 2004 in Harare with the theme, "Teachers in a World with AIDS". During this meeting, the issue of building linkages between the community and schools was emphasised as an effective way of promoting the teaching profession and the fight against HIV and AIDS.

It is commonly found that schools and communities find themselves playing very separate roles in delivering HIV/AIDS education, when their efforts would be maximized if they integrated their approaches and strengthened their linkages.

This report presents Malawi's experiences based on in depth study of two schools, Mpingu primary school in Lilongwe Rural West and Chinsapo primary school in Lilongwe peri-urban. These two education districts were selected because of their participation in another UNESCO supported initiative on District level Education Management and Information Systems (DEMIS) in an HIV and AIDS context. This was to ensure that the outcomes of the project had direct relevance and impact on the DEMIS project as well. The sample of the respondents drawn from the schools and surrounding communities comprised teachers, pupils, parents, members of school management committees, members of parents/teachers associations, religious organisations, representatives from NGOs, local leaders including chiefs, political leaders, health and social workers.

Process

The study comprised four main components: Assessment of Needs, Needs analysis, Advocacy and Action.

The idea of going through this process was to start with a review of the existing environment in order to establish what works, what does not work and what opportunities exist between the school and the community to foster the school-community link in the fight against HIV and AIDS. The Needs analysis was aimed at identifying priorities from the perspective of the communities through a participatory approach. The design of the study was such that the school and the community were to take collective action and advocate for the agreed action process.

Study Findings

The study revealed a number of initiatives, innovations and challenges that schools and members of the community face in the fight against HIV and AIDS in the following areas:

Policy

The two schools do not have school based policies on HIV and AIDS. Activities and interventions are, however guided by the Ministry of Education Strategic Plan on HIV and AIDS (MoE, 2005) which was launched in February, 2005.

Curriculum

HIV and AIDS issues are taught in a non-examinable subject of Life Skills Education (LSE) developed by Malawi Institute of Education (MIE) with support from UNICEF in three classes in both schools, i.e. standards III, IV and V. Teachers of these classes were trained on how to teach the subject. Between 80% and 90% of them indicated great satisfaction with the training.

Slightly more than half of the teachers (51.4%) indicated that they involved members of the community in their LSE lessons. Though the PTAs and NGOs are not directly involved in other classroom activities other than LSE on HIV and AIDS issues, they are involved in sensitization activities on the content of curriculum. The idea is to sensitize parents on the curriculum material that is considered sensitive.

A small number of teachers from both schools (7.5%) were trained in guidance and counselling. These teachers take some initiatives to provide guidance and counselling support to pupils, fellow teachers and parents on HIV and AIDS related issues.

Counselling support for pupils

A significant number of teachers (about 44%) indicated that they had come across a pupil/pupils who showed signs of having AIDS. The majority of them (83.3%) indicated that they had observed some learning problems with these pupils which included absenteeism, withdrawal, lack of concentration and feelings of sadness and helplessness.

In both schools, pupils scored teachers very highly (about 13%) amongst agents of information dissemination on HIV and AIDS followed by books (12.5%) and radio (11.6%).

Chinsapo Primary school has an HIV and AIDS Prevention Club for teachers which organizes open days with the community. The PTA and the SMC were, however, observed to be not actively involved in school activities. On the contrary, Mpingu primary school has a very active PTA and SMC though their activities on HIV and AIDS are somewhat limited.

There is a clear difference between the problems that non-orphans and orphans experience at school and in the home. While there were some similarities in the responses on home-based problems experienced by both non-orphans and orphans such as hunger and child labour, among others, there were however some remarkable unique responses that orphans gave which non-orphans did not give. These included forced absenteeism, forced marriages, property grabbing, forced to stop schooling and lack of study time due to domestic chores.

Areas of Need and Way Forward

Guidance and Counselling support programmes

There is need to establish guidance and counselling (G&C) programmes at both schools. The G&C programmes are to be designed as a link between the school and the community. They are to serve the pupils, teachers and parents/members of the community.

Establishment of Family Centres in schools

Linked to the guidance and counselling is the need to establish family centres in the two schools that should provide information, training and services to meet the needs of parents/members of the community so that they effectively take part in the work of the school. These family centres would also provide training and guidance to pupils and teachers on how to conduct outreach community service projects to effectively link schools and communities.

Involvement of stakeholders and establishment of support networks

Members of the community and the staff of the two schools identified a number of potential partners in the fight against HIV and AIDS. These included NGOs, churches/mosques, *gule wamkulu sacred* sites *('gule wamkulu'* is a Chewa society secret cult where almost all boys and girls go for their initiation rites or rites of passage. This happens at the *'dambwe',* or a secrete (sacred) grave. Initiation rites are conducted by a *Nankungwi*/counselor or tutor*'),* rest houses, bars, political leaders and traditional healers among others. Respondents observed that there was no interaction between the schools and the rest houses and bars which in their view was exacerbating the impact of and spread of HIV as these are used as places where people indulge in sex. An effective collaboration with these institutions and individuals was considered to be instrumental in the fight against HIV and AIDS.

1.0 INTRODUCTION

The fight against HIV and AIDS in the education sector has been observed to be a daunting task requiring the involvement of all that are associated with teaching, learning, and management processes in the education system at central, district and school level. Schools are key contributors to our ability to stop the spread of HIV infection in the education system. Schools cover children between ages of 5 and 18 years and are better placed to deliver effective prevention education as well as guidance and counselling services. Schools have the potential for effective parental and community involvement in the fight against HIV and AIDS. There have been some best practice examples that some schools and communities have been involved in the fight against HIV and AIDS that we can draw lessons from.

This report presents Malawi's experiences based on an in depth study of two schools: Mpingu primary school in Lilongwe Rural West and Chinsapo primary school in Lilongwe peri-urban.

2.0 BACKGROUND AND RATIONALE OF THE STUDY

The debate of delivering HIV/AIDS education in school is a sensitive topic that often elicits strong feelings from parents, teachers and school administrators.

Shrouded in misconceptions that teaching HIV/AIDS education promotes premature sexual debut, many schools shy away from covering HIV/AIDS lessons except in the context of biological health or natural science lessons. The situation at home is no better. Although it is often found that parents wish to have their children educated in these topics, the discussion of sex and sexuality between parent and child proves to be difficult, thus they leave it to the school. The result is that children who are enrolled in school miss out on this crucial dialogue both in the classroom and in their homes.

Whereby a great deal of HIV/AIDS education efforts target youth, messages have traditionally been delivered through the formal school mechanism, thus reaching a limited constituent of the entire youth population. Although capturing this group while they are in the formal learning environment is essential for successful HIV/AIDS education, solely focusing on in-school youth omits a large portion of young people who are not involved in formal schooling practices due to a variety of constraining factors.

Relaying HIV/AIDS education messages to out-of-school youth then often falls to efforts made by the community. In-school youth are excluded, whereby missing

the appropriate occasion to reinforce the educational messages they have received in their schools.

It is commonly found that schools and communities play separate roles in delivering HIV/AIDS education. However, their efforts would be maximized if they integrated their approaches and strengthened their linkages. Using the above example of educating youth on HIV/AIDS issues, the stark divide between HIV/AIDS education delivered by schools and that by the community becomes evident. This is where the opportunity to build bridges amongst these two closely connected environments is presented.

UNESCO Harare cluster office therefore initiated this study in five countries that are under its responsibility with the aim of documenting best practices and to advocate for these best practices in the fight against HIV and AIDS. The study dates back to a sub-regional colloquium meeting held in November 2004 in Harare with the theme, "Teachers in a World with AIDS". During this meeting, the issue of building linkages between the community and school was emphasised as an effective way of promoting the teaching profession and the teaching of HIV/AIDS.

Why focus on bridging the gap between the school and community?

- Schools have an important role in not only educating children but parents and the community on HIV/AIDS issues.
- Schools can reach out to out-of-school youths and can be a referral centre for various services required by the community such as VCT or Family counselling.
- Parent Teacher Associations (PTA's) too have also been perceived as structures that have potential to invigorate HIV/AIDS education.
- Teachers' Unions and Associations too have potential to promote these linkages through supporting teachers to address issues on HIV/AIDS stigmatization and discrimination and advocating for effective HIV/AIDS policies in schools.

A lot can be said about why we need to focus on bridging this gap. As a follow up to this particular meeting, UNESCO Harare initiated this study with the aim to further explore on the linkages between the school and community, documenting best practices of initiatives and advocating and responding to issues identified.

3.0 STUDY OBJECTIVES

In an effort to document the relationship between schools and communities in the context of HIV/AIDS education, the study had the following objectives:

1. To examine what mechanisms exist to support the coordination and collaboration between the school and community.

2. As synchronization between school HIV/AIDS education efforts and community education efforts are rare, the study aimed at exploring areas where schools and communities had worked together, documenting both successful and unsuccessful practices. In examples where attempts to collaborate had been unsuccessful, the study sought to illustrate the obstacles to productive harmonization of the education efforts.

3. To highlight opportunities where greater coordination of HIV/AIDS education efforts could occur, and to demonstrate the proper methodologies required for establishing coordination mechanisms.

4.0 EVOLUTION OF SCHOOL HIV AND AIDS EDUCATION PROGRAMMES

Since the mid-1980s, school HIV and AIDS education has been evolving from fear-driven and local consent to well co-ordinated and trans-national (Schenker, 2001). The HIV and AIDS education content has evolved from information-based to theory based. Schenker asserts that the fifth generation of HIV and AIDS programmes of today are characterised by three inter- related strategies aimed at reducing the impact of HIV and AIDS on the education system:

1. Effective school health programmes that provide school health policies to reduce the risks of HIV infection and related discrimination. These include programmes that promote a healthy, safe and secure physical and psycho-social environment conducive to risk reduction and the prevention of discrimination. Programmes that promote skill-based health education that enables students to acquire the knowledge, attitudes, values, life skills and services needed to avoid HIV infection.
2. School/community HIV and AIDS prevention programmes that increase access to information, resources and services in forms that are likely to be appealing and acceptable to young people.
3. Formal and non-formal HIV and AIDS prevention programmes that address sexuality, reproductive health and substance abuse, especially in schools without effective health programmes and in settings where most of the youth do not attend school.

5.0 THEORIES ABOUT SCHOOL HIV/AIDS EDUCATION

Most theories frequently used about behavioural changes fall within the following categories (UNAIDS, 1999):

- Theories that focus on the individual's psycho-social process;
- Theories that emphasize social relationships, and
- Theories that discuss structural factors explaining human behaviours.

These theories include, among others: social learning theory (Bandura, 1994); health belief model (Becker, 1974); social influence theory (Howard & McCabe, 1990); multiple intelligence theory (Gardner, 1993); resiliency and risk theory (Luthar, Cicchetti & Becker, 2000). These theories have been applied or have been manifested in the development and implementation of various interventions and programmes in the fight against HIV and AIDS in education. The application of such theories has led to the development of twelve essential considerations in programme intervention in HIV and AIDS education (Schenker, 2001):

1. Participatory and skill-based
   There is an emphasis to move from ordinary teaching, in which teachers lecture to their students, to participatory methods in which students play an active role in the learning process. Participatory methods in education are key to moving from information-based programmes to skill-based. In HIV and AIDS education the following are emphasised: communication skills, value clarification, decision making, negotiation, goal setting, self-assertion and stress management skills.

2. HIV/AIDS Prevention Educators
   HIV and AIDS education interventions require well trained, experienced educators with characteristics that would enable them to be effective behaviour-change agents. Some of the characteristics include a good knowledge base about HIV and AIDS, openness, sincerity and a sense of humour.

3. Controversial Issues
   The ability of HIV/AIDS educators to discuss freely and openly with pupils sensitive issues about sexuality and HIV/AIDS is considered to be critical in the fight against the epidemic.

4. Provision of multiple sessions through multiple media
   HIV and AIDS education must not be based on a quick fix approach. Classes/lessons on HIV and AIDS are supposed to employ multiple media (e.g. stories, role-play, lectures, self-tests, etc). The approaches should seek to actively involve the pupils in the learning process for enhancement of social skills, increased retention and enjoyable learning.

5. Relevance of HIV and AIDS education
   HIV and AIDS should be taught in contexts that are gender-sensitive and gender-appropriate.

6. Culturally specific and linguistically appropriate
   HIV and AIDS education should consider community norms and sensitivities by working closely with the target group of young people and key elements from the community during development, planning, implementation, evaluation and redesigning of a school-based AIDS

education curriculum. Such an approach ensures that the community and the school should assume ownership of the problem and solutions to it.

7. Social and Peer influences and Pressures
Open discussions give participants increased control and may reduce pluralistic ignorance (the belief that one is alone in one's beliefs or experiences. (Schenker, 2001)

8. Reinforcing behaviour against unprotected sexual behaviour
Bash, 1989 quoted by Schenker, (2001) asserts that group pressure can effectively support an individual's decision to act in a given way and group support is necessary to reinforce responsible actions. By using social influence approaches, a social consensus model, peer education and small-group discussions desirable group values can be achieved. (O'Hara et al., 1991)

9. Linkages with parents, health and community services
School based HIV and AIDS education at school should be linked with parents and the entire community. The linkage between the school and the community will strengthen, on one hand, the protective influences on the young people coming from both school and home, and on the other better inform parents of HIV infection and its prevention (Schenker, 2001).

10. Life Skills Education as a component of a Skill-Based Approach
AIDS education curricula should provide learners with problem-solving skills, decision-making skills, and communication, refusal and negotiating skills, as well as skills helping them avoid alcohol and drug use. Developing self-efficacy may help individuals to act on their motivation

11. Integration within comprehensive health education
Integrating AIDS education as part of a comprehensive health education programme that begins in the early years of elementary school and continues until high school is favoured. A new initiative- Focusing Resources on Effective School Health (FRESH) launched at the World Education Forum in Dakar, Senegal (April, 2000) emphasises the need to strengthen the links between the education and health sectors.

12. Peer Counselling and Peer support
Peer educators can be effective messengers of AIDS education and effectively contribute to AIDS awareness in the school population provided that they are carefully selected and properly trained.

6.0 HIV AND AIDS IN MALAWI

The impact of HIV and AIDS on the education sector in Malawi has been well documented by a number of studies. Examples of the impact of HIV and AIDS on education include teacher and pupil irregular attendance of classes, diversion of school resources from supporting teaching and learning to supporting funeral costs, pupils' reduced performance due to trauma and lack of parental support, and disturbance of classes due to funerals as well as due to reduced number of the workforce, (Chawani & Kadzamira (2003), Chawani & Kadzamira (2004), GoM/UNDP (2002), Kadzamira, Maluwa-Banda, Kamlongera & Swainson (2001), Kadzamira Nthara and Kholowa (2003). The task of delivering HIV and AIDS education within schools is a sensitive topic that often elicits strong feelings from parents, teachers and school administrators. Building linkages between the school and community has been viewed as one of the effective ways of promoting HIV and AIDS education in schools.

6.1 Brief History of Malawi's efforts to combat the HIV and AIDS epidemic

AIDS was first identified in Malawi in May, 1985. From that time until recently when the incidence of HIV and AIDS seems to have stabilized a little, epidemiological data on infection rates showed that the epidemic increased exponentially. For example, HIV seroprevalence in pregnant women attending antenatal clinics in urban Blantyre rose from 2.6 per cent in 1986 to over 30 per cent in 1998 and fell to 28.5 per cent in 2001 (NAC, 2004). Although the incidence of HIV and AIDS appears to have stabilized the statistics pertaining to the effects of the epidemic are disturbing. The National AIDS Commission (NAC) estimates that the actual accumulated number of AIDS deaths from the start of the epidemic to December, 2003 was over 641,000. At the end of 2003, 900,000 Malawians were infected with HIV and AIDS (NAC, 2003).

The national adult (15-49 years old) HIV prevalence is estimated at 14.4 per cent (GoM 2003). HIV infection rates are lower in rural areas but are on the increase. The adult (15-49) HIV prevalence is estimated at 25 percent for urban areas and 13 per cent for rural areas. Despite the fact that HIV infection rates are highest in urban areas, the absolute numbers of people infected and affected with HIV and AIDS are largest in rural areas. Children under 15 years living with HIV now total close to 70,000. According to Demographic Health Survey (DHS) of 2000, 20 per cent of households in Malawi are caring for orphans, 49 per cent of which are headed by females. It is estimated that 11 per cent of children aged 0-15 years had lost one or both parents (NSO, 2000). It is projected that by 2010 the number of orphans will reach 1,150,000 (UNICEF, 2004). Data from HIV sentinel report (NAC, 2003) reveals a more disturbing picture: the HIV prevalence for those without formal education is 19.2 per cent

and that with primary education is 19.1 per cent. HIV prevalence is significantly higher among women with secondary education (23.2 per cent) as compared with those with no education (19.2 per cent). The study reveals further that those aged between 15 and 24 are particularly vulnerable to the HIV and AIDS epidemic as compared with those aged between 5 to 14 years old. The study's findings which show low levels of infection among the 5-14 year olds and high infection levels among the 15 – 49 year olds confirm what other studies have established before that the main modes of HIV transmission are through prenatal transmission and sexual contact.

Malawi's attempts to deal with the HIV and AIDS epidemic began in 1986. Initially, the focus was largely on preventing the further spread of HIV infection, but later included elements of care, support and impact mitigation. A National AIDS Secretariat (NAS) was set up in the Ministry of Health in 1987. The Secretariat implemented a short term plan between 1987 and 1988 whose main task was to implement a blood screening policy in the major referral hospitals in Lilongwe and Blantyre. In 1989 a multisectoral National AIDS Council was formed which implemented two Medium Term Plans (MTP I from 1989-93 and MTP II from 1994-98). MTP I had combined the blood screening with public education on HIV and AIDS. However, it was highly biomedical in nature and practice. MTP II was more comprehensive and attempted to emphasize multi-sectoral approaches. An evaluation study of the two MTPs was done in 1997 which revealed among other issues, weak political commitment, weak programme interventions and an urgent need for a home-grown participative strategy to address the pandemic nationally as well as in communities and to remove over-dependency of the plan on the health sector alone (MoE, 2005, p. 3). The assessment saw the birth of a Cabinet committee on HIV and AIDS in the same year as a follow up to its recommendations. The country embarked on a strategic planning process involving all sectors and many partners in 1998. In 1999 a strategic plan was launched. A national HIV and AIDS policy was developed to guide policy implementation. The AIDS Secretariat was restructured and saw the birth of National AIDS Commission in 2001. The National HIV and AIDS policy emphasizes the need for an expanded multi-sectoral response to HIV and AIDS. The overarching goal of the Government of Malawi's HIV and AIDS policy is to reduce the incidence of HIV and other sexually transmitted infections and improve the quality of life of those infected and affected by HIV and AIDS. The specific areas of the national agenda for action on HIV and AIDS mitigation include culture; youth and social change; socio-economic status; despair and hopelessness; care and support; orphans, widows and widowers; prevention; Information, Education and Communication (IEC); and VCT.

The Malawi National HIV and AIDS Strategic Framework 2000 – 2004 sets out the parameters for HIV and AIDS interventions which line ministries, departments and parastatal organisations can follow in the fight against HIV and AIDS. Under this framework, institutions are required to establish focal points for HIV and AIDS activities in their departments and sections at all levels. Each institution is required to assign personnel to deal with HIV and AIDS issues within the institution and to liaise with NAC and other public and private institutions on these activities.

6.1.1 HIV and AIDS Prevention Efforts in the Education Sector

In the education sector, the impact of HIV and AIDS has reached unmanageable proportions. According to the strategic plan of the Ministry of Education on HIV and AIDS which was launched in February, 2005, there is evidence that the education system is already malfunctioning due to the impact of HIV and AIDS. The strategy calls upon the education sector to take the challenge of addressing HIV and AIDS within the sector's structures.

One of the six principal themes guiding the preparation and implementation of the strategic plan recognises that the greater bulk of work to counteract the disease has to be done at the local level by parents, peers, immediate managers, teachers, counsellors, NGOs, CSOs and faith based organisations working with schools. The strategy calls upon the Ministry to take the lead in protecting children and employees in the sector and ensure that the quality of education in Malawi is maintained at the highest level in the light of impact and challenges posed by the pandemic (MOE, 2005, p. 13).

The HIV and AIDS national strategy for the education sector is defined in terms of five key functions of the education system applicable to all levels and institutions, namely: **Curricula Development and Implementation; Teacher Education and Development; Human Resource Management; Guidance and Counselling; and, Planning and Budgeting.**

Under Curriculum Development and Implementation, the strategy recognises that local communities must play a role in the development and implementation of curriculum and other school-based HIV and AIDS activities by ensuring its relevance and acceptance. The strategy empowers and encourages schools and communities to complement curriculum work such as Life Skills Education, Population Education and Sexuality and Reproductive Health with additional extra curriculum activities such as club activities, school debates, and peer education.

In summary, it can be concluded that the education sector in Malawi has put in place the necessary guidelines to enable schools and all other institutions and departments within the sector to effectively address the HIV and AIDS problem. However, it is one thing to have well defined national guidelines on one hand, and it is yet another thing to see how effectively the national guidelines are put to use at the grassroots level. The next sections will examine the school level situation with particular reference to the two sampled schools.

7.0 DESIGN OF THE STUDY

The study was coordinated by UNESCO Harare. The initial phase comprised sharing of the project document among the five cluster countries of UNESCO Harare, i.e. Botswana, Malawi, Mozambique, Zambia and Zimbabwe in order to solicit comments. The National Commissions in the five countries were requested to identify a national coordinator for the study. Countries were also requested to identify two schools, to be involved in the study. One from a peri-urban and another from a rural set up. Countries were also requested to submit implementation plans which were shared amongst the national coordinators through electronic discussions.

The second phase, the main phase of the study comprised four main components:

1. **Assessment:** This was a situation assessment to establish the mechanisms that currently exist between selected schools and communities. This sought mainly to review the existing environment. It was also a means of evaluating the strengths, weaknesses, opportunities and threats of that environment. The situation analysis focused on answering the following questions:

    i. What mechanisms currently exist to support the coordination and collaboration between the two groups (e.g. role of parent/teacher association)? The analysis sought to document the kind of relationship the schools had with their communities.

    ii. Which schools and communities had worked together in dealing with HIV/AIDS related issues? (Both successful and unsuccessful practices were documented).

    iii. Where attempts to collaborate had been unsuccessful, what were the obstacles to productive harmonization of education efforts?

    iv. What opportunities existed where greater coordination of HIV/AIDS education efforts was observed to occur, and what proper methodologies were required for establishing effective coordination mechanisms?

2. **Needs analysis:** This was aimed at identifying priorities from the perspective of the community. The outcome of such needs analysis was foreseen to be a selection of themes identified by the community and the development of a plan of action.

3. **Action:** This component comprised activities in response to the identified needs to support the school community linkages. The aim was to bridge the gap between school and community by supporting better communication and coordination of activities and to increase the involvement of community and teacher associations in school HIV and AIDS activities.

4. **Advocacy:** This was targeted at key stakeholders. The idea was to ensure commitment of influential community members such as chiefs, headmen, school managers and community based organisations in participating and taking the lead in linking schools with communities.

Throughout the implementation of the project, UNESCO Harare facilitated **electronic discussions** among the national coordinators. The idea of the electronic discussions was to promote dialogue amongst the cluster countries in the implementation of the project; share best practices and experiences on any various issues concerning the project; and to draw lessons from each other. Discussion topics were introduced by UNESCO Harare. A synthesis of the discussions was sent out to all cluster countries at the end of a discussion topic.

7.1 Selection of schools

Two schools were selected for the in-depth study on the basis of their locality, rural and peri-urban, according to guidelines provided by the UNESCO Harare office. Mpingu primary school was chosen among the rural schools based on ease of accessibility and also because the school is close to a trading area which in one way or another has an impact on the activities of the school. Chisanpo primary school was selected among the schools from the semi-urban area on the basis of its accessibility and because of being located in one of the most densely populated locations in Lilongwe city where most of the residents comprise the lowly paid blue collar workers. For administrative purposes, Lilongwe is divided into three education districts: Lilongwe Urban, Lilongwe Rural West and Lilongwe Rural East. Chinsapo primary school belongs to Lilongwe Urban while Mpingu primary school belongs to Lilongwe Rural West. These two education districts were selected because of their involvement in another new UNESCO supported initiative on District level Education Management and Information Systems (DEMIS) in an HIV and AIDS context. This was to ensure that the outcomes of the project had direct relevance and impact on the DEMIS project as well. .

7.2 Sample frame of respondents drawn at each school

The drawing up of the sample for the study at each school was guided by an instrument provided by UNESCO Harare office (see annex 1). The task of drawing up the sample frame was also guided by a consideration of what are considered to be barriers to effective HIV and AIDS education interventions in schools and communities (Schenker 2001). These include:

1. Denial of the HIV and AIDS problem
   Denial of HIV and AIDS is a major problem that efforts to combat its spread and effects have been faced with in many countries among leaders, communities and individuals. Community attitudes make their way into policy-making processes from school level up to national level. In societies where there is denial of HIV/AIDS as a public health problem, schools find little support in developing policies and programmes on prevention (Schenker 2001). On the other hand, if the socially shared values of the community are in conflict with the principal messages of HIV/AIDS prevention, there may be a strong barrier to delivering HIV/AIDS education in schools.

   The sample frame ensured the inclusion of village chiefs, religious leaders and education officials among others in order to address this observation.

2. A view that HIV/AIDS is a Health sector responsibility
   As outlined in the brief history of Malawi's efforts to combat HIV and AIDS there was an initial conception that HIV and AIDS was a health sector issue. The education sector took too long to put in place policies and strategies to facilitate the interventions responding to the epidemic. It is only until 2005 that a strategic plan was put in place (MoE, 2005). The sample drew a cross-section of various key players in order to solicit their views on the implementation of the education sector plan and strategy.

3. Negative Parental attitudes
   The involvement of parents and members of the community through PTAs and School Management Committees has been observed to contribute very effectively to the process of development, implementation and monitoring of school based HIV and AIDS education. This helps to diminish or manage potential conflicts with parents.

4. Pre-service and In-service HIV and AIDS teacher training

The emergence of school programmes on HIV and AIDS has been characterised by individual efforts localised to a few schools or classes. As a consequence, many teachers have not been prepared to teach HIV and AIDS prevention in most appropriate and recommended manner. The lack of knowledge, skills and self-confidence among teachers hinders effective delivery on AIDS instruction in the classroom. Teachers cannot be expected to adapt well to new roles without adequate training and time for practice and reflection.

On the basis of the above mentioned barriers the sample frame drawn from the schools and surrounding communities comprised teachers, pupils, parents, members of school management committees, members of parents/teachers associations, religious organisations, representatives from NGOs, local leaders including chiefs, political leaders, health and social workers.

Tables 1 and 2 show the samples that were drawn in the two schools. The sampled respondents were grouped according to the instruments that were used which are discussed in the next section.

Table 1: Sample frame for Chinsapo Primary school

A. Questionnaires

	Respondents	**Total No.**
1.	**Headteacher**	1
2.	**Teachers** *(those that did not take part in Focus group discussions. See B1 below and excluding those in B2)*	73
3.	**Pupils** *(12 per standard equal boys and girls)*	96
4.	**NGO representatives**	10
	Total	**180**

B. Focus Group Discussions

	Respondent	**Total**
1.	**Teachers** *(a mix of the trained and untrained in LSE)*	10
2.	**Teachers living positively with HIV/AIDS** *(NB. Only those that were free to discuss. Not forced to do so)*	6 (approx)
3.	**Orphans**	10
4.	**Parents/PTA members**	10
5.	**School Management Committee members**	10
6.	**Community leaders**	6
	Total	**62**
	Grand total	**242**

Table 2: Sample frame for Mpingu primary school

A. **Questionnaires**

Respondents	**Total No.**
1. Headteacher	1
2. Teachers *(those that did not take part in FGDs. See B1 below)*	10
3. Pupils *(12 per standard equal boys and girls)*	96
4. NGOs	**10**
Total	**117**

B. Focus Group Discussions

	Respondents	**Total No.**
1.	**Teachers** *(a mix of the trained and untrained in LSE)*	10
2.	**Teachers living positively with HIV/AIDS**	0 (none of the teachers had declared their status)
3.	**Orphans** *(NB. Selected at random. The children were not to be labeled as orphans. Selection criteria was not to be known to the children)*	10
	Pupils (non-orphans)	10
	Parents/PTA members	10
	School Management Committee member (SMC)	10
	Community leaders*	6
	Total	**56**
	Grand total	**173**

N.B 1 Efforts to ensure gender balance in all groups were made.

** Community leaders may include Traditional/local leaders, political leaders, religious leaders, family/clan leaders as well as Community Development Officers.*

7.3 Data collection Techniques

The data collection techniques involved in the study comprised both qualitative and quantitative approaches. The qualitative approach was used in order to get in-depth explanations about issues from the various categories of respondents as outlined above. The quantitative approach which was mainly done through the administration of the questionnaires was meant to provide a scientific quantisation of the issues that various groups raised in the identified thematic areas. The qualitative approaches employed a number of strategies which were done in the focus group

discussions such as development of social maps for the school, use of Venn diagrams as well as use of flip charts to list down best practice examples, challenges, threats opportunities and suggested solutions. Both approaches, qualitative and quantitative, were used with teachers and pupils. As for the other groups of respondents, only qualitative techniques were used because of a consideration of the low literacy levels of the respondents. All focus group discussions were done in Chichewa. The pupils' questionnaire was both in English and Chichewa. Pupils were given the choice to respond in one of the two languages that they were comfortable with.

7.4 Data Collection Process

Data collection was done in two stages. The first data was collected during the initial visit to the schools. Interviews were held with the headteachers. The purpose of the initial visits was to conduct a quick overview of HIV and AIDS activities and community involvement at the school as well as to do a quick stakeholder analysis in order to facilitate the design of the next stages of the study. The second stage of data collection involved all stakeholders described above. The qualitative research approaches and techniques described above were used for the school and the community to identify successful and unsuccessful practices which in turn led to identification of needs and proposed solutions.

8.0 STUDY FINDINGS

8.1 Chinsapo primary school

- HIV and AIDS issues are taught in a non-examinable subject of Life Skills Education (LSE) in three classes, i.e. standards three, four and five.
- Teachers of these classes were oriented on how to teach the subject. A teacher is seen as a facilitator who introduces a topic and lets the pupils to discuss it in groups.
- Pupils are encouraged to present their group discussions to the rest of the class.
- Some of the teachers who were not oriented in the teaching of the LSE displayed some negative reactions by accusing their colleagues that they were teaching pupils sensitive issues.
- The headteacher gave an example of a case she handled with the parents where a pupil living with HIV was noted to be abused by the parents. There was some recorded positive progress in the pupil after the head teacher had discussions with the parents.

8.1.1 Location and Enrolment

Chinsapo primary school is located in Lilongwe peri-urban. It has an enrolment of over 6,000 pupils, about 390 of whom are orphans (tables 1 and 2). The school has 90 teachers (including one head teacher) representing a pupil-teacher ratio of 69:1. Eighty-one (81) teachers are female. Four teachers have declared their status and are living positively with HIV. The school has 18 classrooms against a total requirement of 62. Most of the pupils are aged between 10 and 17 with an average age of 12 years. The school does not track progression of pupils from one grade to another and let alone the impact of HIV and AIDS on pupils because of lack of standard registers and also due to limited capacity, among other factors. The school is surrounded by so many rest houses, bars, video show rooms, and groceries. It is in the heart of a densely population residential area characterised largely by low income populations of Lilongwe city.

Table 3: Enrolment of Chinsapo Primary School by class by sex

Standard	1	2	3	4	5	6	7	8	Totals
Boys	526	452	525	439	447	254	197	177	**3017**
Girls	577	462	408	474	542	294	203	196	**3156**
Total	**1103**	**914**	**933**	**913**	**989**	**548**	**400**	**373**	**6173**

Source: supplied by the headteacher

Table 4: Number of orphans at Chinsapo Primary School by class by sex

Standard	1	2	3	4	5	6	7	8	Totals
Boys	16	10	25	26	36	34	26	-	**173**
Girls	22	14	44	47	47	24	20	-	**218**
Total	**38**	**24**	**69**	**73**	**83**	**58**	**46**	**0**	**391**

Source: supplied by the headteacher

8.1.2 HIV and AIDS activities carried out at the school at Chinsapo Primary School

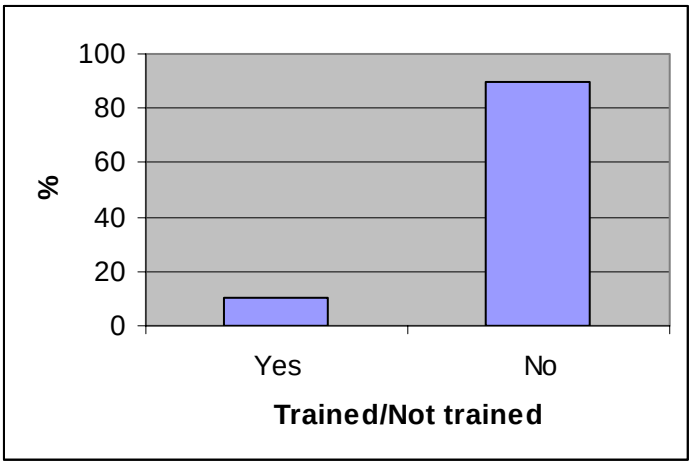
Policy

The school does not have a policy on HIV and AIDS. Activities and interventions are, however guided by the Ministry headquarters. The school, through the headteacher participated in the launch of the HIV and AIDS Strategic Plan for the education sector. However, since its launch there has been little follow up at school level. The Teacher Development Centre (TDC) to which the school belongs was requested by MOE to organize some follow up activities. An HIV/AIDS Prevention Club comprising representatives of schools under the TDC (Chimutu Zone) was set up. The headteacher of Chinsapo Primary school was elected Deputy Chair. However, not much was done afterwards.

Curriculum

HIV and AIDS issues are taught in a non-examinable subject of Life Skills Education (LSE) in three classes, i.e. standards III, IV and V. Teachers of these classes were oriented on how to teach the subject. A teacher is seen as a facilitator who introduces a topic and lets the pupils to discuss it in groups. Pupils are encouraged to present their group discussions to the rest of the class. The headteacher reported that some of the teachers who were not oriented in the teaching of the LSE displayed some negative reactions by accusing their colleagues that they were teaching pupils sensitive issues. Fig. 1 shows that only 10 per cent of the teachers are trained in LSE.

Fig. 1: Number of teachers trained/not trained in Life Skills Education (expressed in percentage)- Chinsapo school



Amongst the teachers who were trained in LSE when asked to indicate whether the training was adequate or not, 90 per cent of them indicated that they were satisfied with the training. The major obstacle in the teaching of LSE scored by most of the respondents was inadequate teaching and learning materials (20%), followed by limited time to teach (7.5%). The headteacher observed that because of the fact that LSE is not examinable, teachers were not putting a lot of effort on the subject as compared to other examinable subjects.

HIV and AIDS issues are also incorporated in Science subject. According to the headteacher, the teaching in the Science subject is however characterized by mere transfer of facts to the pupils, but has little impact on behaviour change. This is a critical observation because according to NAC, the challenge with the fight against HIV and AIDS is not with

awareness, but with behaviour change. There is almost national universal awareness about HIV and AIDS (NAC 2003).

When asked to state whether they involve members of the community in the teaching of HIV/AIDS, 51.4 per cent indicated 'yes' while 48.6 per cent said 'no'. Those that indicated 'yes' mentioned that they involve the members of the community in terms of providing guidance and counselling to the pupils. Those that indicated that they did not involve members of the community stated lack of time and lack of interest among members of the community as major reasons for not involving the community.

Extra/co-curricula activities

Guidance and Counselling support

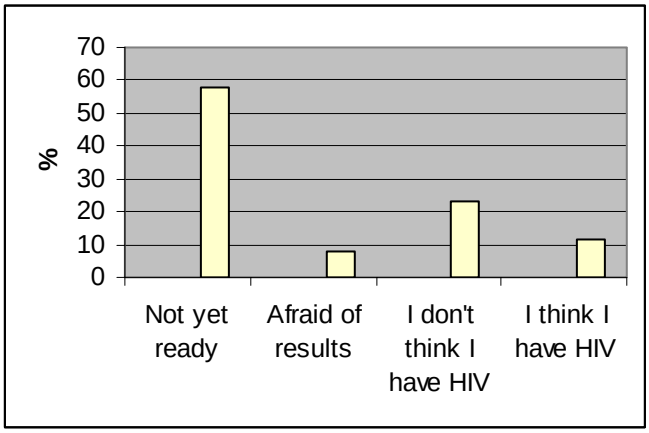
- A significant number of teachers (44%) indicated that they had come across a pupil/pupils who showed signs of AIDS. The majority of them (83.3%) indicated that they had observed some learning problems with the pupils.
- Pupils indicated teachers (12.7%), followed by school books (12.4%), and radio (11.5%) as the main sources from which they get much information about HIV and AIDS.
- On the contrary, pupils indicated traditional healers (22.7%), churches (14.9%), posters (12.3%) and traditional leaders (11.7%) as agents/materials from which they **did not** get much information about HIV and AIDS

The school has no formalized counselling programme. Majority of teachers (71.1%) indicated that they were not trained in guidance and counselling. However, the headteacher who was trained in guidance and counselling in 2001 in a course organized by MoE and UNESCO, takes the initiative to counsel both teachers and pupils. At times she interacts with parents/guardians on behalf of the pupils. The headteacher gave an example of a case she handled with the parents where a pupil living with HIV was noted to be abused by the parents. There was some recorded positive progress in the pupil after the headteacher had discussions with the parents. A small number of teachers (27.5%) were trained in guidance and counselling. However, from FGDs it was observed that these teachers have taken some initiative to provide support and counselling to pupils on HIV and AIDS related issues.

The majority of the teachers, (71.1%) indicated that they had not gone for VCT. When asked to state why they did not go for VCT, the majority of them (57.7%) indicated that they were not ready for VCT, while a fairly large number of them (23.1%) said that they didn't go for VCT because

they felt that they were HIV free. Eleven per cent (11%) indicated that they thought they were HIV positive and 7.7 per cent were afraid of results.

Fig. 2: Reasons for not going for VCT as expressed by teachers of Chinsapo primary school



Majority of the teachers (86%) indicated that they were aware of a colleague who had disclosed his/her HIV status while fewer teachers (13.2%) indicated that they were not aware. Most of those that indicated that they were aware of a colleague who had disclosed his/her status (90%) indicated that they were free to discuss HIV/AIDS issues with the colleague. Few teachers (9.4%) indicated that they were uncomfortable. On the other hand, when teachers were asked to indicate whether they were aware of a colleague who showed signs of AIDS, **but who either does not know or has not disclosed his/her status**, less than half (45%) of the teachers indicated that they were aware of such a colleague. Slightly over half of the teachers (55%) indicated that they were not aware of a colleague who showed signs that he/she had AIDS but did not know or disclose his/her status. Of those who had indicated that they were aware of a colleague who had signs of AIDS but he/she did not know whether he/she had AIDS, 30 per cent indicated that they had ever discussed HIV/AIDS with him/her while 27.5 per cent indicated that they had not discussed with him/her.

A significant number of teachers (44%) indicated that they had come across a pupil/pupils who showed signs of AIDS. The majority of them (83.3%) indicated that they had observed some learning problems with the pupils which included withdrawal, frequent absenteeism, and expressions of self pity and sadness.

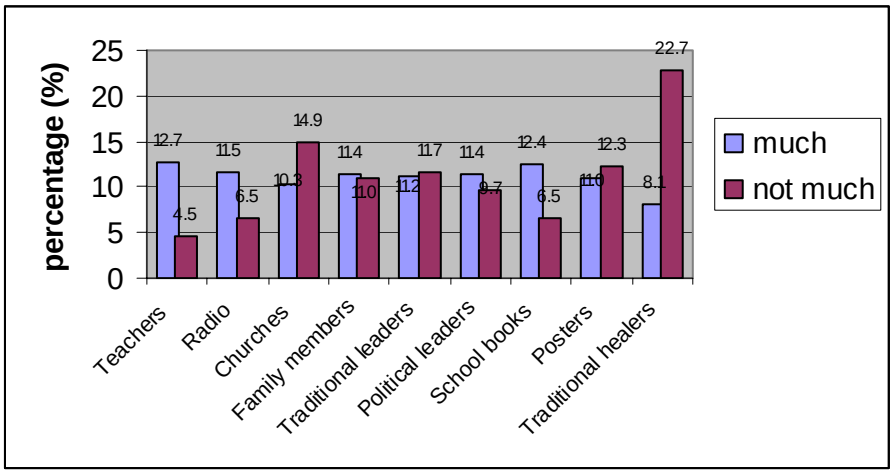
Pupils knowledge about HIV and AIDS

Majority of pupils (82.1%) reported having knowledge about HIV and AIDS. A small but significant portion of pupils (16.7%) reported that they were not aware of HIV and AIDS. A cross tabulation of pupils' knowledge with pupils' age and standard (grade) shows that most of the pupils (over 90%) who indicated ignorance about HIV and AIDS were aged between 6 and 13, and belonged to lower grades, i.e. standards 1 and 2.

Pupils' source of information about HIV and AIDS

When asked to indicate sources of information about HIV and AIDS issues, pupils indicated teachers (12.7%), followed by school books (12.4%), and radio (11.5%) as the sources from which they get much information. On the contrary, pupils indicated traditional healers (22.7%), churches (14.9%), posters (12.3%) and traditional leaders (11.7%) (see fig 3) as agents/materials from which they did not get much information about HIV and AIDS (fig 3).

Fig. 3 Main sources of information about HIV and AIDS according to responses by pupils of Chinsapo primary school



Clubs

The school has an HIV and AIDS prevention club for teachers with 39 members. The club organizes open days with the community. The last open day was held in June 2005.

No pupils' club was reported.

NGOs/CBOs and International development aid agencies

There are a number of NGOs that interact with the school on HIV and AIDS. The NGOs visit the school occasionally to sensitize, mostly teachers as patrons.

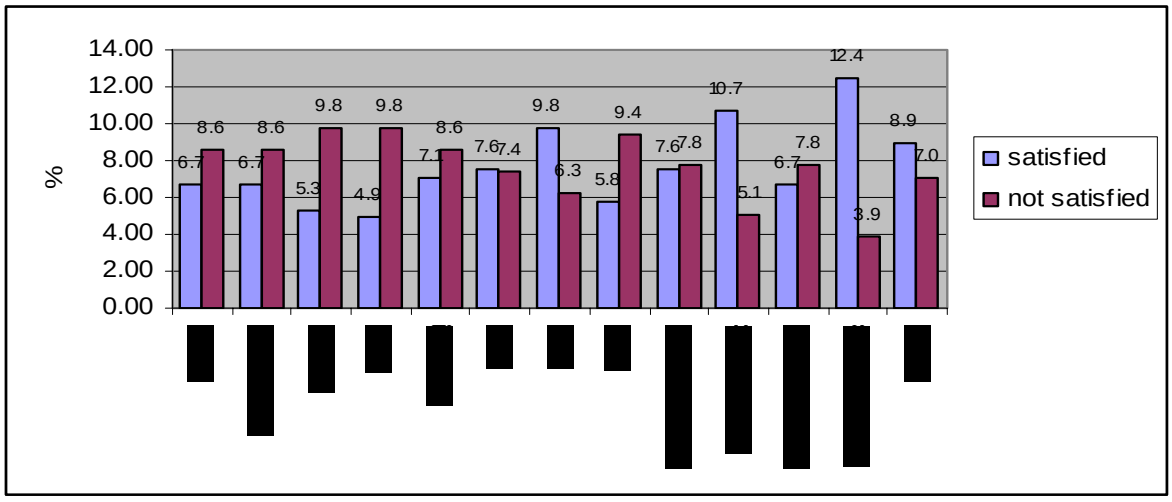
There is a Home Based Care centre near the school called Chinsapo Home Based Care which provides support to members of the community. The centre is run by Lilongwe Diocese of the Roman Catholic church. The centre provides food, medicines and VCT.

When asked to indicate whether they were satisfied with the work of the NGOs and international aid agencies, majority of teachers (60%) indicated that they were not satisfied, while 40 per cent indicated that they were satisfied.

Parents-teachers Association (PTA) and School Management Committee (SMC)

The headteacher reported that both the PTA and the SMC were not actively involved in school activities. The SMC had not met for the whole academic year. Only two out of nine committee members were active. The head teacher disclosed that this was happening despite the fact that members of the SMC had attended a training workshop at Mbidzi primary school on management of SMCs. The headteacher expressed an opinion that the problem had to do with members' perception of SMC's work as lacking financial gains.

Table 5: Teacher's views on the work of various groups on HIV/AIDS at Chinsapo primary school



From the table above it can be observed that teachers scored fellow teachers highly (12.4%), followed by religious institutions (10.7%) and

Teacher Development Centres (9.8%) as having satisfied them on HIV/AIDS work. On the other hand they indicated parents (9.8%), School Management Committees (9.8%) and Teachers' Union of Malawi (9.4%) as being most dissatisfied with their work.

Information, Education and Communication (IEC) strategies

The head teacher reported that pupils are informed about HIV and AIDS at every assembly. Teachers are also encouraged to talk to the students in their classes. Information is also shared among teachers through various interventions mentioned earlier, such as informal meetings among the teachers and through the work of NGOs.

8.1.3 SWOT Analysis at Chinsapo Primary School

Strengths

- The satisfaction that some teachers have with the training in LSE.
- Greater involvement of the community in HIV/AIDS lessons.
- Teachers are self-motivated to initiate interventions on HIV and AIDS

Weaknesses/challenges

- Lack of a policy on HIV and AIDS for the school. Activities are done. without a commonly shared policy.
- No follow-up to activities launched by the Ministry of Education.
- No formalized guidance and counselling programme.
- Non-inclusion of LSE amongst examinable subjects which makes teachers not to devote their time to it.
- Fewer teachers were trained in LSE.
- Inadequate teaching and learning materials in LSE.
- LSE is offered to only a few grades.
- Small number of teachers trained in guidance and counselling
- Large number of orphans.
- Heavy workload for the headteacher. From the enrolment figures and school facilities, it can be seen that the school has an enormous management task in view of limited resources such as teachers and classrooms.
- Non-availability of standard registers to enable the school track pupils' progress academically, socially and health wise.
- Little interest by parents and members of the community in school work
- There is little interaction between the MOE headquarters (and MOE district offices) and the school on school based HIV and AIDS activities.
- Community mobilization by the school is a big challenge: Inactive PTAs and SMCs.

- Lack of information/skills on how the school can effectively link with the community on HIV and AIDS.

Opportunities

- School's participation in the launch of the HIV/AIDS strategy for the education sector.
- Election of headteacher as deputy chairperson for the Chimutu Zone HIV/AIDS Prevention Club.
- The inclusion of HIV/AIDS in science subjects.
- Initiative by the headteacher on guidance and counselling activities.

Threats

- No follow up to activities by the Ministry of Education, e.g. the launch of the HIV/AIDS Strategic Plan.
- No clear policy by government on workplace HIV and AIDS policy in schools.
- A large proportion of teachers that are not trained in LSE.
- A small number of teachers trained in guidance and counselling
- Little interest in school affairs by the community
- Little support by the community on HIV and AIDS issues as observed by the responses of pupils on sources of information on HIV and AIDS.

8.2 Mpingu Primary School

- Though the PTAs are not directly involved in classroom activities on HIV and AIDS issues, they are involved in sensitization activities on the content of curriculum. The idea is to sensitize parents on the curriculum material on HIV and AIDS that is considered sensitive.
- Parents have welcomed the inclusion of the material in the curriculum. An NGO was requested to conduct the sensitization.
- About half (50%) of the teachers indicated that they involved members of the community in the teaching of LSE.

8.2.1 Location and Environment

Mpingu primary school is located in a rural area some 20 kilometers out of Lilongwe city. It has an enrolment of 1,175 with 118 orphans (tables 3 and 4). The average age of the pupils is around 15 years. The school has 20 teachers (14 of whom are females) giving a pupil teacher ratio of 59:1. There are six permanent classrooms and seven temporary classrooms against a total requirement of 18. The school is close to a trading centre which has bars, groceries, and video show rooms. The school has no VCT services within its catchment area. None of the teachers have ever revealed their status. However, according to the headteacher, there are some teachers who have shown signs of suffering from HIV and AIDS

related illnesses. The school has not made any efforts to provide any psycho-social support. The headteacher and other members of staff are at pains to break the communication barrier in order to encourage open discussions.

Table 6: Enrolment of Mpingu primary school by class by sex

Standard	1	2	3	4	5	6	7	8	Totals
Boys	147	98	107	72	88	37	31	16	**596**
Girls	124	105	97	93	79	43	25	13	**579**
Total	**271**	**203**	**204**	**165**	**167**	**80**	**56**	**29**	**1175**

Source: supplied by the headteacher

Table 7: Number of orphans at Mpingu primary school by class by sex

Standard	1	2	3	4	5	6	7	8	Totals
Boys	8	8	12	16	2	11	5	2	**64**
Girls	6	6	11	7	11	8	2	3	**54**
Total	**14**	**14**	**23**	**23**	**13**	**19**	**7**	**5**	**118**

Source: supplied by the headteacher

8.2.2 HIV and AIDS activities at Mpingu Primary School

Policy

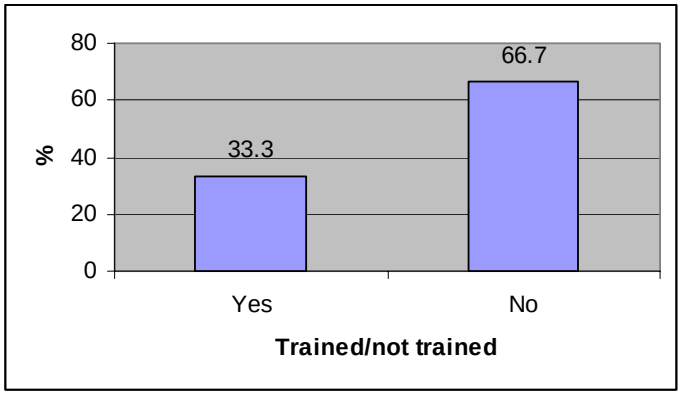
Just like with Chinsapo primary school, the headteacher reported that there was little interaction between MoE headquarters and the school in terms of awareness activities on the Ministry's policy and plans on HIV and AIDS. The headteacher however, indicated that the TDC organized a training course for headteachers on 'Stepping Stone' which was followed by visits to the schools by the Primary Education Advisor (PEA) from the TDC.

Curriculum

Curriculum implementation is similar to Chinsapo primary school in that HIV and AIDS issues are taught through LSE and through Science subject. Fig. 4 shows that only 33.3 per cent of the teachers are trained in

LSE. Though the PTAs are not directly involved in classroom activities on HIV and AIDS issues, they are involved in sensitization activities on the content of curriculum. The idea is to sensitize parents on the curriculum material on HIV and AIDS that is considered sensitive. Parents have welcomed the inclusion of the material in the curriculum. An NGO was requested to conduct the sensitization.

Fig. 4: Number of teachers trained/not trained in Life Skills Education (expressed in percentage)- Mpingu school



Half (50%) of the teachers who were trained in LSE stated that the training was adequate. Similar to teachers at Chinsapo school, the major obstacle in the teaching of LSE scored by most of the respondents was inadequate teaching and learning materials (62.5%), followed by limited time to teach (7.5%). When asked to state whether the suggested teaching strategies in LSE included the involvement of the community, most of the teachers (77.8%) indicated yes. However, when asked to state whether they actually involved the community in their teaching about half (50%) of the teachers indicated that they did.

Extra/co-curricula activities

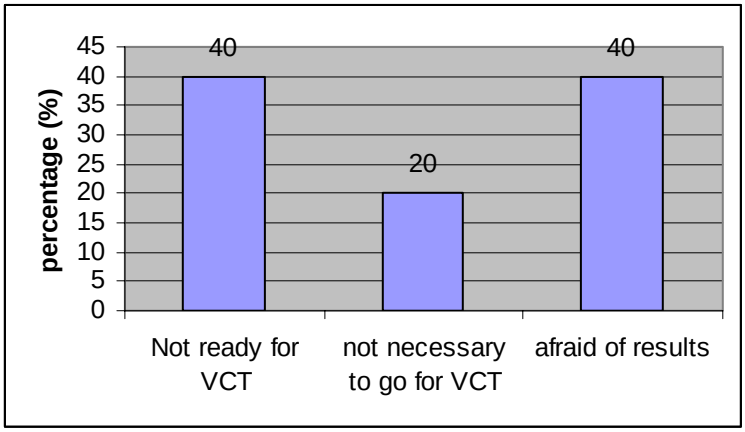
Guidance and Counselling support

There is no guidance and counselling programme at the school. On the first visit to the school the headteacher reported that none of the teachers were trained in guidance and counselling. The headteacher further reported that he was not aware of any peer support that probably might have been existing among those teachers that showed signs of illnesses associated with HIV and AIDS. However, upon interviewing the teachers, it transpired that some teachers (27.3%) had been trained in guidance and counselling and that there was some 'small' individual peer support among the teachers especially with those that had disclosed their status. For instance, when the teachers were asked to state whether they were aware of a colleague who had disclosed his/her HIV status, the majority

(66.7%) indicated that they were aware while the rest (33.3%) indicated that they were not aware. Majority of teachers (62.5%) indicated that they discussed HIV/AIDS issues freely with him/her. When asked further to indicate whether they were aware of a colleague who showed signs that he/she had HIV/AIDS but did not 'seem' to know or had not disclosed his/her status, the majority of them (58.3%) indicated 'No' while the rest (41.7%) indicated 'Yes'. When those that had indicated 'Yes' were asked to indicate whether they ever discussed HIV/AIDS issues with the colleague who showed signs that he/she had HIV/AIDS, most of them (85.7%) said 'No'.

The school and the surrounding community have no VCT centre. The nearest VCT centre is in the city of Lilongwe some 25 kilometers away. The headteacher reported that a week before the date of the interviews a member of the surrounding community had committed suicide after testing positive. It is said that the man had visited the VCT centre located in Lilongwe city. Majority of teachers (75%) had not gone for VCT. Reasons given for not going for VCT were: 'not yet ready for VCT' (40%), 'not necessary to go for VCT' (20%), 'afraid of VCT' (20%)

Fig. 5 Reasons for not going for VCT expressed by teachers of Mpingu primary school



The school has no HIV and AIDS clubs for teachers. There is, however, a club for pupils called AIDS TOTO club which meets every Thursday afternoon.

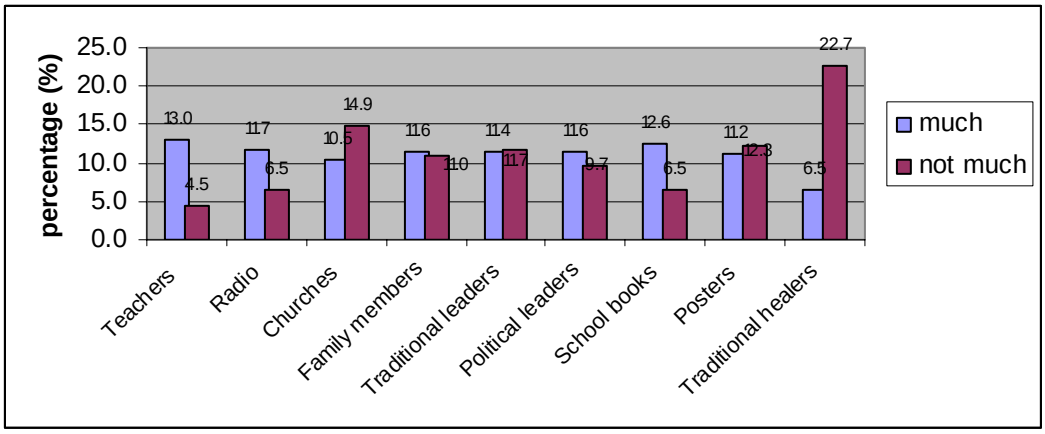
Guidance and Counselling support to pupils

As stated earlier, the school does not have a formalized guidance and counselling programme. However, teachers have demonstrated some commitment to the fight against HIV and AIDS by undertaking some initiatives. Some teachers (33.3%) reported that they had to deal with a

pupil who had showed signs of illnesses related to HIV/AIDS. Their interventions have ranged from counselling pupils on the need to maintain a positive attitude about their status to advising them to guiding them in their spiritual lives.

Pupils of Mpingu primary school demonstrated better knowledge and skills about HIV and AIDS issues. Almost all pupils (95.3%) were aware of HIV and AIDS issues as compared to 82% of Chinsapo primary school. Like with Chinsapo primary school, pupils of Mpingu primary school reported that they get most of information about HIV and AIDS from teachers (13%), followed by school books (12.6%), radio (11.7%) and family members (11.5%). Traditional healers (22.7%) and churches (14.9%) were scored as least sources of information about HIV and AIDS, fig. 6.

Fig 6 : Main sources of information about HIV and AIDS according to responses by pupils of Mpingu primary school



PTAs and SMCs

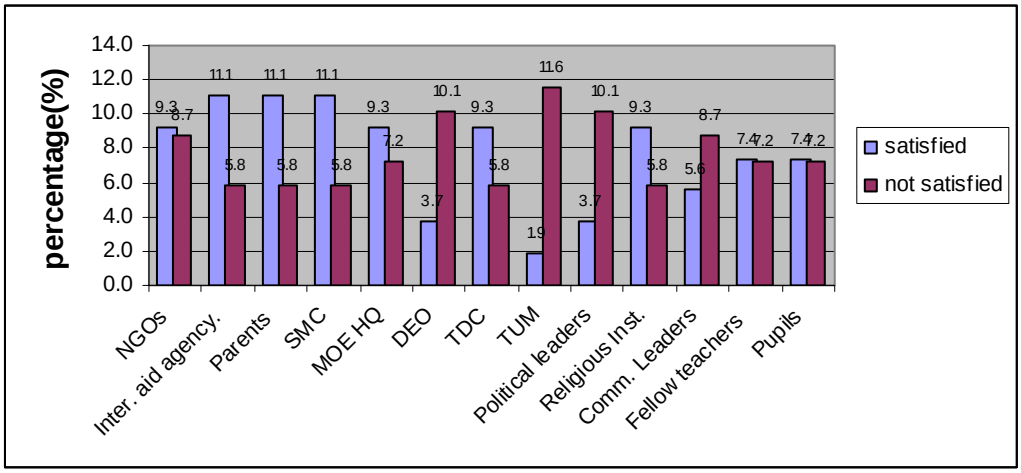
The school has very active PTAs and SMCs. Though the PTAs and SMCs are very active in encouraging pupils to attend school and in development work such as moulding of bricks for the school, there are no reported activities specific to HIV and AIDS.

NGOs/CBOs

Some NGOs and churches organize activities on HIV and AIDS that involve pupils, teachers and members of the community. From fig. 7 it can be observed that teachers at the school are more satisfied with the work of International Aid Agencies, parents, NGOs, and SMCs (11.1% each), followed by NGOs, TDC, religious institutions and ministry headquarters (9.3% each). On the other hand the teachers indicated that

they were more dissatisfied with TUM (11.6%), followed by political leaders and DEO (9.3% each).

Fig. 7. Teacher's views on the work of various groups on HIV/AIDS in the school



Information, Education and Communication (IEC) strategies

HIV and AIDS messages are disseminated to pupils through assemblies and through the work of NGOs.

8.2.3 SWOT Analysis at Mpingu Primary School

Strengths

- Involvement of PTA and SMC in sensitization activities.
- An HIV/AIDS club for pupils
- NGO activities on HIV/AIDS for pupils, teachers and the community

Weaknesses/Challenges

- No trained teacher(s) on guidance and counselling as well as on VCT.
- No formalized guidance and counselling programme.
- Life Skills Education is taught in a few classes.
- No support mechanism for HIV and AIDS affected and infected teachers, pupils and members of the community.
- No VCT centre and home based care support centre within the school's catchment area.
- No activities on HIV and AIDS by PTA and SMC despite their being very active.

Opportunities

- Very active SMC and PTA
- Training courses organized by TDC on 'Stepping stone'.

Threats

- The school management (the headteacher) is unaware of the guidance and counselling skills the teachers have and the initiative that they undertake.
- No open discussions on HIV and AIDS issues between the school management (the headteacher and SMC) and teachers.
- No VCT centre around the school

9.0 CONCLUSION

This situation analysis of the national framework and of the two schools has revealed a number of issues that need to be looked into in order to foster a strong link between the school and the community in the fight against HIV and AIDS.

Firstly, there is need for a clear mechanism and structure to ensure translation of the national strategy for HIV/AIDS into meaningful and tangible activities at school level. The proposed focal points to be established in each institution as outlined in the strategy should be formally established with clear terms of reference accompanied by appropriate training and sensitization. The case of the Chimutu zone HIV and AIDS Prevention Club which is uncertain about what aught to be done is a good example of the effect of unclear terms of reference. If such issues are not addressed, such structures may become non-functional.

Secondly, there is need for dissemination of the national strategy to all stakeholders down to school level. This would provide school managers clear guidelines on how to deal with various stakeholders in the fight against HIV and AIDS at school level.

Thirdly, there is need for MOE to set up well developed guidance and counselling programmes at school level. Capacity building at school level in this area is of paramount importance.

There is also need to establish guidelines on how schools can interact with the communities in the delivery of HIV and AIDS curricula materials such as LSE, Population Education and Science subject. Teachers aught to be trained on how to involve communities in curriculum delivery. This is apparently amongst many teachers. The major involvement of communities is in development related work and in sensitization campaigns. Examples of community involvement in classroom activities given by teachers were entirely dependent on teachers'

personal initiative and motivation. The policies of the schools and strategies for community involvement were not clear.

Government and stakeholders should think seriously about establishing VCT centres that are within walking distances from schools. An alternative to VCT centres are satellite counselling centres. These can be set up within the communities to afford people easy access to psycho-social support before and after a test at a VCT centre.
Efforts should also be made to establish psycho-social support structures within each school.

There is need to strengthen the work of teachers' and pupils' clubs. More NGOs, CBOs, FBOs should be encouraged to collaborate with the schools and communities.

The success stories of PTA and SMC involvement in school activities in rural areas should be explored in order to replicate the strategies used to semi-urban areas like Chinsapo area. The headteacher of Mpingu primary school reported that the school had to work through traditional leaders in order to garner maximum support. Urban and semi-urban areas have no traditional leaders with powers like chiefs and village heads in rural areas. However, a similar approach used at Mpingu primary school can be explored in the semi-urban area because despite having no chiefs, settlements are governed by area councilors and governors.

All in all, there are many opportunities and good practice examples that can be explored to establish a strong link between schools and communities in the fight against HIV and AIDS.

9.1 Needs Analysis

This section outlines the needs that were identified by the respondents. The purpose of the needs analysis was to identify themes for which an action plan was to be developed in order to address the needs. The needs were identified through an analysis of the problems/challenges that the respondents outlined and the solutions to the problems that they suggested. The idea of the development of an action plan was to facilitate a process of responding to the needs and to help bridge the gap between school and community, and to increase involvement of community associations in school HIV/AIDS activities.

The needs analysis begins with an examination of the problems/challenges that pupils faced both at school and at home according to their status of being a non-orphan or orphan. Table 8 shows the problems/challenges faced by pupils in the two schools. These problems/challenges were listed

down by the pupils during the focus group discussions. It can be observed from the table that there is a clear difference between the problems stated by non-orphans and orphans experienced at school and in the home. For instance, while the non-orphans did not state any HIV/AIDS related school based problems except for lack of guidance and counselling stated at Mpingu primary school, the orphans at both Mpingu and Chinsapo listed down a host of problems. Their stated problems included (not in order of priority) lack of support, frequent illnesses, forced sex, hunger, inadequate belongings, among others. Despite primary education being free, the orphans indicated inadequate learning materials as one of the problems they experience because they said that they found it difficult to replace pencils/pens when they got lost or got finished. While there were some similarities in the responses on home based problems experienced by both non-orphans and orphans such as hunger and child labour, among others, there were however some remarkable unique responses that orphans gave which non-orphans did not give. These included forced absenteeism, forced marriages, property grabbing, forced to stop schooling and lack of study time due to domestic chores.

Based on the problems/challenges expressed by the pupils and on the experiences and challenges stated by teachers and all other groups of stakeholders, the following are areas for intervention identified at the two schools:

i. Guidance and Counselling support programmes

Since pupils indicated teachers, radio and school books as the main sources of information on HIV/AIDS (Figs 3 and 6), there is need to strengthen the role of teachers by providing skills and support to teachers so that they can play a more supportive role to pupils, especially orphans. There is need to establish guidance and counselling (G&C) programmes at both schools. The G&C programmes are to be designed as a link between the school and the community. They are to serve the pupils, teachers and parents/members of the community. They are to be coordinated by someone (preferably a teacher) trained in G&C who has knowledge and skills in strategies for linking schools and communities. The programmes are to be provided with a variety of resources and activities that connect family, school and community. Effective community-school partnership is seen as filling up the gap that deceased parents of orphans played in the lives of the orphans. Several studies have demonstrated the correlation between parent/family involvement in pupils' education and better attendance, improved performance and more positive attitudes about school (Cochran & Henderson, 1986; Epstein, 1996; Hoover-Dempsey & Sandler, 1995). It would be an

interesting area of study to establish the trends in performance, attendance, and completion of school amongst the orphans as compared to non-orphans.

Table 8: Problems/challenges experienced by pupils at Chinsapo and Mpingu primary schools

Category of respondents	Problems/challenges	School	
		Mpingu	Chinsapo
Pupils (non orphans)	**School based problems**		
	lack of guidance and counselling	1	0
	Home based problems		
	lack of soap	0	1
	Hunger	1	1
	ill treatment by guardians	0	1
	child labour	1	1
	denied food as a form of punishment by parent/guardians	1	1
	lack of parental care	1	1
	inadequate clothing	1	1
	peer pressure	1	0
Pupils (orphans)	**School based problems**		
	lack of support for orphans	1	1
	inadequate belongings e.g. school bags, shoes, clothes	1	1
	Hunger	1	1
	child labour	0	1
	frequent illnesses	1	1
	fights among pupils	1	1
	inadequate learning materials	1	1
	pupil-pupil relationships	1	1
	early pregnancies	1	1
	forced sex	1	1
	Home based problems		
	forced absenteeism	1	0
	forced marriages	1	0
	inadequate clothing	1	1
	being chased away from home as a form of punishment	1	1
	denial of food	1	1
	forced to stop schooling	1	0
	lack of study time due to domestic chores	1	1
	property grabbing	1	1
	Hunger	1	1

NB: 1 stands for presence of the problem/challenge at school as expressed by pupils
0 stands for absence of the problem/challenge at school as expressed by pupils

ii. Establishment of Family Centres in schools

A *family centre or parent centre* is defined as a designated room or space in a school where activities take place that are meant to invite parents to be involved in their children's education. The family centre is visited by not only parents, but also teachers, students and community members (Mapp, Johnson, Meza & Strickland, 2005).

The different rating of teachers on parents' involvement in school activities between Chinsapo and Mpingu with Chinsapo teachers showing least satisfaction with parents' involvement is probably related to availability or unavailability of a family-centre-like facility. Mpingu primary school has a TDC within its campus. The school uses the TDC for conducting meetings with the members of the community. (Our meetings with the members of the community were held in the TDC). The TDC offers a friendly and comfortable environment for meetings with the community. On the contrary, Chinsapo primary school has no such facility. The school sometimes borrows facilities from a health centre which is near the school for some of its meetings.

There is need to establish family centres in the two schools that should provide information, training and services to meet the needs of parents/members of the community so that they effectively take part in the work of the school. These family centres would also provide training and guidance to pupils and teachers on how to conduct outreach community service projects to effectively link schools and communities.

iii. Involvement of stakeholders and establishment of support networks

The social maps and Venn diagrams that were developed and used in stakeholder analysis revealed that the two schools are surrounded by institutions and service providers that can facilitate the work of the communities and the schools in HIV/AIDS if properly coordinated. Table 9 shows a list of institutions/stakeholders surrounding the schools which contribute or have the potential to contribute in one way or another in the fight against HIV/AIDS. The table presents respondents views on the involvement of the stakeholders in a four point Likert scale (0 represents 'not involved'; 1 represents 'involved'; 2 represents 'closely involved'; and 3 represents 'very closely involved'.

Table 9: List of stakeholders/institutions and service providers in HIV/AIDS work surrounding the schools

Stakeholder/service provider	School	
	Mpingu	**Chinsapo**
Rest houses	0	0
Bars	0	0
Traditional healer	1	1
Dambwe (*Nyau* cult centre)	0	0
Orphanage	1	0
Church/Mosque	2	1
Clinic/hospital	1	3
ADMARC	0	0
Police unit	0	0
MP	2	1
Home based care centre	0	1
Market	1	1
NGOs	1	1
VCT centre – Lighthouse	0	1
VCT centre (mobile)	1	0
Video show rooms	0	0
Chiefs	2	0

Rest houses were surrounding the two schools were identified as potentially contributing to the spread of HIV because that is where people go to have sex outside their wedlock. Sometimes men take young girls to such places to have sex with. The view of the respondents were that the owners and workers of these rest houses would contribute to the fight against HIV/AIDS if they ensured that no school child was seen in such premises and also that they advise their customers on HIV and AIDS prevention. The same was said about the bars. Respondents stated that there was currently no interaction between the schools and the rest houses and bars. As for video show rooms, respondents stated that adult films are sometimes shown to children which are believed to arouse sexual desire amongst children. Respondents felt that the schools should work with the community leaders, the NGOs, the Police among others in ensuring that age limits are adhered to by the owners of these show rooms. The Agricultural Development and Marketing Corporation (ADMARC) was included as one of the potential stakeholders in the fight against HIV/AIDS because of its role in food distribution which is critical in the fight against hunger, a problem that most children expressed as one of the

major problems they experience. The other stakeholders, such as the chiefs, MPs, traditional healers, *Nyau* cult centres (*dambwe),* churches/mosques and others were seen as playing a critical role in advocacy and sensitization campaigns.

9.2 HIV/AIDS school based policy and support to PLWHA

Another area of need that was expressed was on the need to develop and implement work place or school based policy on HIV/AIDS. Such a policy is foreseen to provide a clear framework of intervention for various stakeholders that should take part in the fight against HIV/AIDS in the school and community. The policy is also meant to respond to the needs of the People Living With HIV and AIDS (PLWHA). From the two schools it transpired that fewer teachers had disclosed their status than the actual number of those that were actually living with HIV as fewer people had gone for VCT. Teachers living positively with HIV/AIDS at Chinsapo primary school revealed that they were subjected to stigmatization and name calling from fellow teachers because of their disclosure of HIV status. They also however, acknowledged the support they received from some fellow teachers. During focus group discussions, the teachers stated that they were aware that government had introduced a two-percent mandatory budgetary allocation for each institution towards HIV and AIDS. They however were not aware of how the two-per cent government's policy was to affect or benefit them.

9.3 Advocacy

The project included a component of advocacy in order to sensitize the influential members of the community and to advocate for the proposed interventions in order to foster community-school link in the fight against HIV and AIDS. Advocacy meetings which were held at the end of the focus group discussions were also meant to get input and feedback from stakeholders on the proposed strategies. The advocacy meetings were attended by chiefs, parents, teachers, pupils, political leaders, NGO representatives, SMC members and religious leaders. Each group of key stakeholders made presentations on their suggested proposals on how to foster links between schools and communities. A debate followed each presentation to reach a consensus on the proposed suggestions.

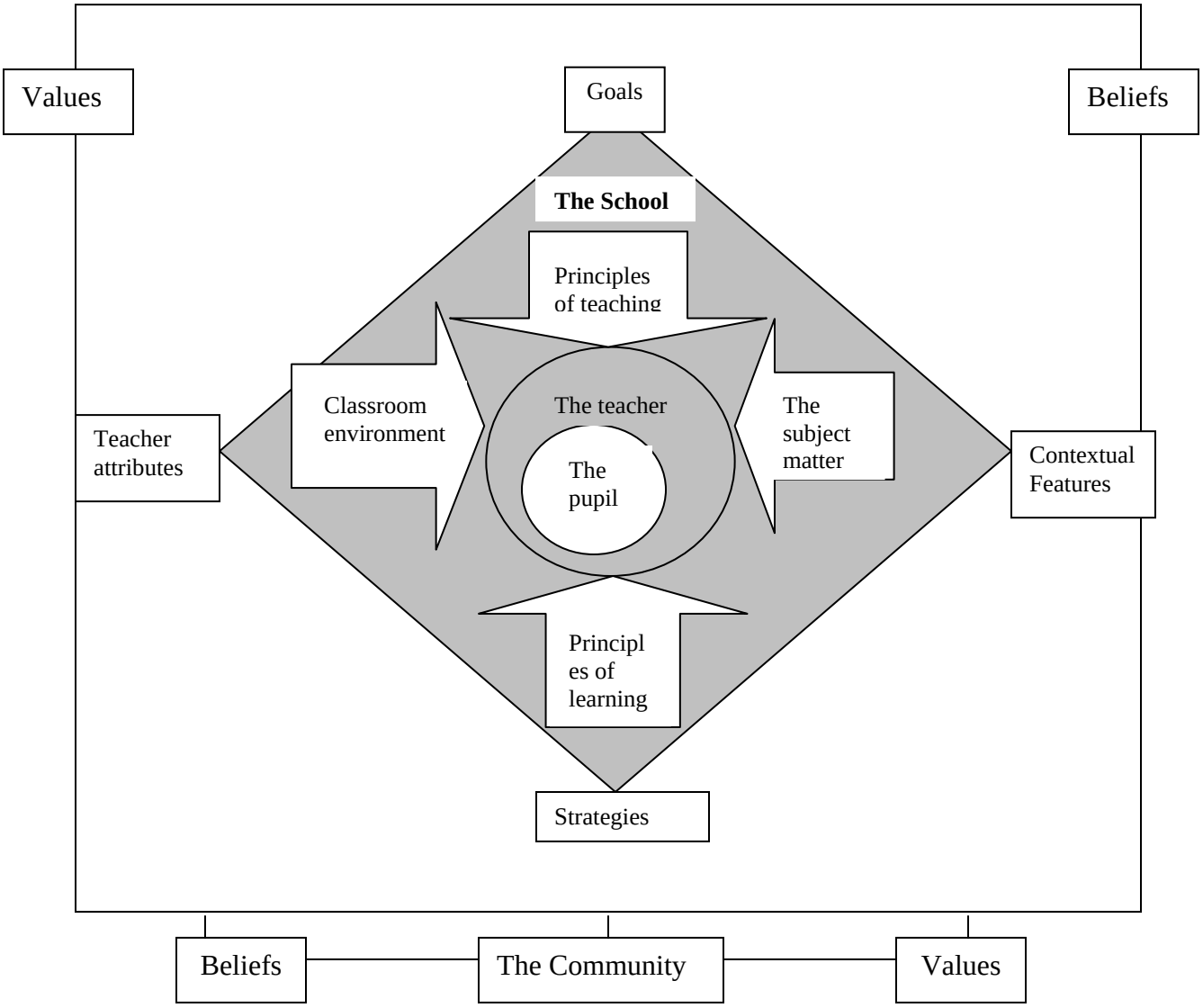
10.0 WHAT LESSONS HAVE WE LEARNT?

This study has revealed that there are many stakeholders within the catchment areas of the two schools which if whose efforts were integrated would strengthen the link between the schools and the communities in the fight against HIV and

AIDS. The study has also revealed that there are several initiatives and innovations carried out by various members of staff of the school and members of the school community such as NGOs and parents which need scaling up. Among such initiatives include the involvement of the community in LSE subjects, the involvement of parents in counselling pupils as well as peer support initiatives among teachers living positively with HIV and AIDS. The critical role that teachers play in sensitizing pupils and in imparting knowledge about HIV and AIDS as has been positively acknowledged by pupils themselves, is one of the positive aspects that the study has established which need to be strengthened. The involvement of NGOs in tackling some of the issues considered sensitive by members of the community is also another positive aspect that has been established in the study. Finally, the critical role that chiefs and all other traditional leaders as well as political leaders play in mobilizing the community members as observed at Mpingu primary school is worth expanding and replicating to ensure community's commitment towards school activities in the fight against HIV and AIDS.

Schools are microcosms of the societies which they serve and reflect the particular dynamics, influences, experiences and histories of the communities in which they are located. Schools therefore reflect values, traditions and norms as much as they serve as agents of social change (WHO, 2002). In order for schools to become agents of social change in the fight against HIV and AIDS, communities must be able to understand and appreciate the role of schools in social change. What goes on in school is a result of interactions between and among several agents such as families, communities, schools themselves and broader society as a whole. Each of these can serve as an agent of change, and can catalyse change for the good of the child or for the good of the broader social environment. It is therefore important to analyse the roles of the various agents and integrate them in a systematic manner in order to reorient the school to be both reactive and responsive to HIV and AIDS. The suggested approach to strengthening school and community link is proposed in the following framework which is an adaptation of a model of teachers' practical theory by Marland (1997, p. 41):

Fig 8: <u>A Framework For Strengthening The Link Between A School and the Community</u> - *adapted from Marland's Model of Teacher's Practical Theory (Marland, 1997, p. 41)*



In this model, the community is considered to form an important aspect of the teaching practice in HIV and AIDS because of the contextual features related to the community and the value and belief systems of the community that teachers encounter in their profession. In order to have an effective school and community link in the fight against HIV and AIDS there is need for both parties to work together in defining the goals and objectives of their interventions Each community has values and beliefs that influence the behaviours and practices of its members in as far as HIV and AIDS, and sexuality issues in general are concerned. Discussing sexuality issues with children such as condom use is considered a taboo and solicits negative reactions among members of the community. There are varied misconceptions and understandings of the impact of

HIV and AIDS messages amongst members of the community as was demonstrated during the focus group and plenary discussions during the project.

The design of the interventions should therefore aim at clarifying the misconceptions and be guided by what has been researched as being characteristics of effective HIV and AIDS programmes which Kirby (2005) outlines as including the following:

i. The focus of interventions should be on reducing sexual risk-taking behaviour.
ii. Interventions should be based on psychosocial theories that have been proved to be effective, that have identified psychosocial sexual risk and protective factors, i.e. knowledge about modes of transmission and methods of protection, personal values about having sex, attitudes about condoms, self efficacy to refuse unwanted sex or to insist on condom or contraceptive use.
iii. Interventions should give a clear message about sexual activity and condom or contraceptive use, that is to say, always use a condom or avoid sexual intercourse.
iv. Interventions should address social pressures on sexual behaviour and methods of avoiding them.
v. Provide modeling of and practice in communication and refusal skills.
vi. Use of teaching methods to involve participants and help them personalize information.
vii. Incorporate behavioural goals, teaching methods and materials that are appropriate to the age, sexual experience and culture of the students.
viii. Activities should be given adequate time.
ix. Only teachers, members of the community or peers who believe in the programme should be selected to man the program activities and they should be provided with adequate training.

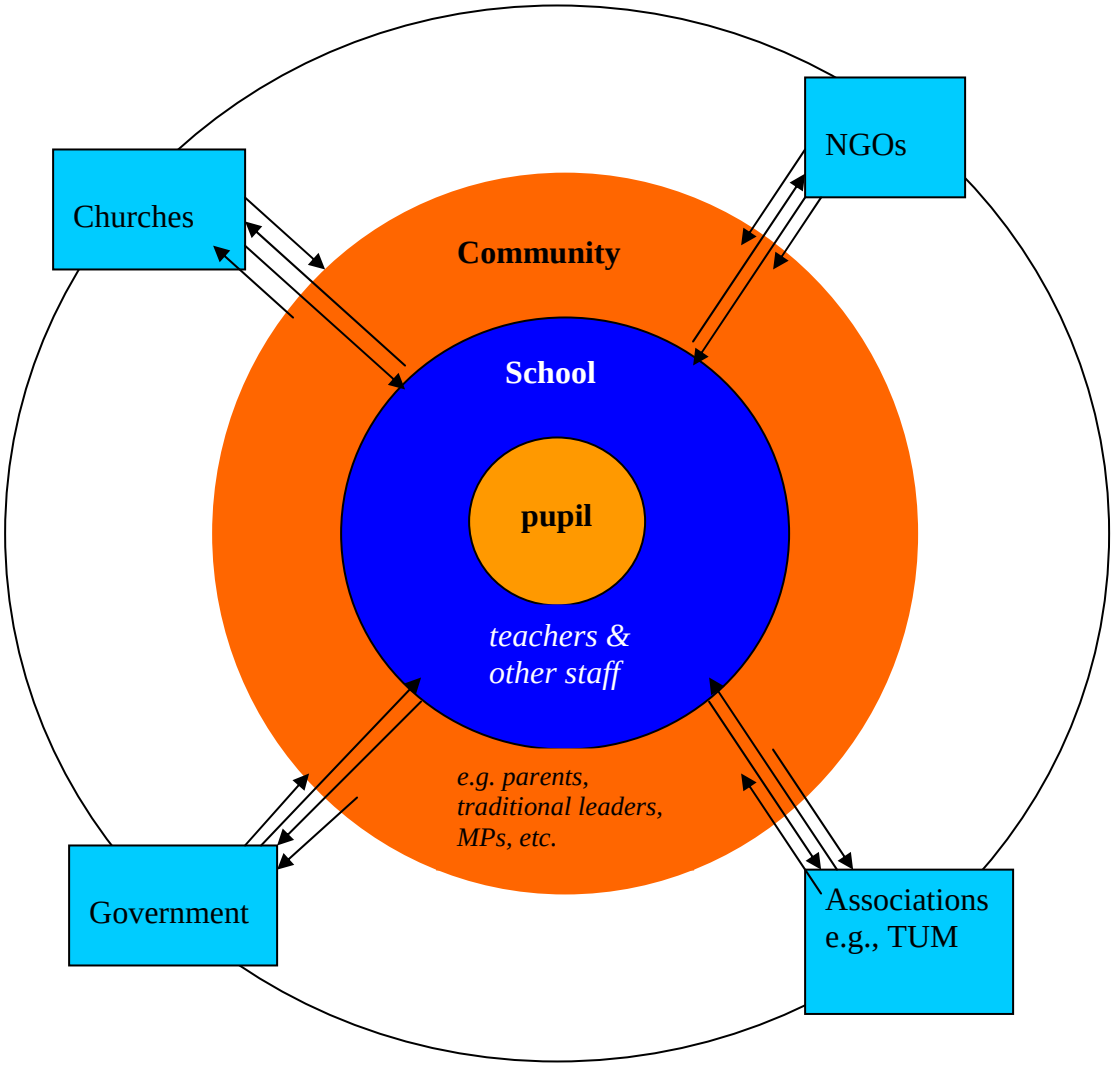
Interventions should also address the following issues affecting the learning of pupils:

- ***Discrimination and stigma:*** the study has shown that some orphans and pupils as well as some teachers that have declared their status or show signs of having HIV and AIDS suffer from discrimination and stigma. Interventions should be designed to reduce these.

- ***Poverty***: Interventions should address poverty related factors that lead to lower enrolment, attendance as well as completion rates among orphans.
- ***Family care by children***: interventions should also assist children who end up taking care of siblings or ailing family members which interferes with their education.
- ***Hunger:*** There should be interventions that should address hunger experienced by children.

Much as the pupil is to be the central focus of the interventions, the other social change agents, such as parents, teachers, members of NGOs are also to be considered as target beneficiaries of the interventions. In this context, the interactions amongst the various agents could be represented as shown in fig. 9.

Fig. 9: Diagrammatic representation of interaction of various social agents in a school-community link



11.0 RECOMMENDATIONS

Based on the results and lessons learnt from the study the following are recommendations that should be considered in order to strengthen the link between schools and the communities in the fight against HIV and AIDS:

Recommendation 1: The Ministry of Education should facilitate the translation of the National Strategy for HIV and AIDS in Education sector into meaningful and tangible school based activities. Sensitization on the strategy should be done at school level so that school can be properly guided on appropriate interventions and support.

Recommendation 2: There is need for increased participation of the Teachers Union of Malawi in HIV/AIDS issues particularly those affecting teachers.

Recommendation 3: More teachers should be trained in LSE and in Guidance and Counselling.

Recommendation 4: The Ministry of Education should facilitate the establishment of guidance and counselling programmes in schools to support both pupils and teachers. More teachers with adequate and appropriate training in this area should be provided and there should be a coordinator of guidance and counselling programmes at each school who should be provided with relevant resources and training.

Recommendation 5: More teachers should be trained in Life Skills Education and more classes should be targeted.

Recommendation 6: Schools should be provided with space/room where teachers and members of the community would interact on a regular basis (family centres). Such facilities should not only meet the needs of the teachers, but the needs of the parents and family members as well in order to make members of the community feel closely associated with the school.

Recommendation 7: Special programmes targeting orphans and other vulnerable children to meet their hunger and nutritional needs as well as material needs should be put in place in collaboration with NGOs.

Recommendation 8: NGOs and other development partners should work with the school and the community in identifying priority needs and in designing interventions.

Recommendation 9: Awareness interventions should be supplemented with interventions to support the infected and affected pupils, teachers and members of the community.

Recommendation 10: Schools should involve pupils in outreach HIV and AIDS activities in order to promote pupil involvement in community work and also to bring schools to the community.

Recommendation 11: Custodians of religious and cultural values such as chiefs, religious leaders, *dambwe* members should be involved in HIV and AIDS training and in the design as well as dissemination of HIV and AIDS messages.

Recommendation 12: This in-depth analysis of the school-community linkages in the fight against HIV and AIDS has demonstrated that there is a lot that can be established and learnt from examining the school and community activities. It is therefore recommended that a wider research covering other parts of the country should be carried out in order to draw experiences from a wider perspective for the benefit of efforts in the fight against the epidemic.

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Annex 1

Draft Guidelines for the Situation Analysis

Building bridges between the school and community has been viewed as one of the effective ways of promoting HIV/AIDS education. When the school and community play their role collaboratively there is a view that there is effectiveness in work done and efforts made in addressing HIV/AIDS related issues.

What is expected in Situation Analysis?

In a situation analysis we seek mainly to review the existing environment. It can also be an evaluation of the strengths, weaknesses, opportunities and threats of that environment. In the light of this project of building bridges between the school and community, the situation analysis should focus on answering the following questions:

v. What mechanisms currently exist to support the coordination and collaboration between the two groups (e.g. role of parent teacher association). It will also be good to document what kind of relationship the schools have with their communities.

2. Which schools and communities have worked together in dealing with HIV/AIDS related issues, (document both successful and unsuccessful practices)

3. Where attempts to collaborate have been unsuccessful, what were the obstacles to productive harmonization of education efforts.

4. What opportunities exist where greater coordination of HIV/AIDS education efforts could occur, and what proper methodologies are required for establishing coordination mechanisms

Suggested Target Group in the Communities

e .g Zimbabwe Scenario (not comprehensive)

Group 1: School	***Group 2: Community***	***Group 3: Other***
Headmaster/mistress	*Councillor/ Headman*	*Parents Teachers Association*
Teachers	*Parents*	*People Living Positively with HIV/AIDS*
*Pupils**	*Out of School Youth*	*NGO's/ CBO'S*
	District AIDS Committee	*Teachers Unions*
	RDC CEO	*Local Health personnel**

N.B* Depending on community

Draft Checklist Questions

The following checklist is not comprehensive and not a blue print but could be of use in identifying key issues to be addressed in the Situation analysis.

A. School

1. What is happening in the schools in addressing HIV/AIDS education?
2. What activities does the school have in addressing HIV/AIDS issues to the community?

3. How are teachers supported by the community? What challenges do they face in delivering HIV/AIDS education and related issues?
4. Which groups from the community benefit from the school activities? i.e. women, out of school youth
5. Which organizations/groups assist the school in promoting HIV/AIDS education?

B. Community

6. What activities are the community engaged in promoting HIV/AIDS education?
7. Who are the main beneficiaries of such programmes?
8. How are school children/ youth integrated in community programmes?
9. How are issues of gender/ out of school youth/ OVCs addressed by the community?
10. Are there support groups/ PLPWH actively participating in HIV/AIDS activities in the community?
11. What civic groups or government departments work closely with the community in addressing HIV/AIDS related issues and what programmes are implemented?

Community and the School

12. How does the community support the school in addressing HIV/AIDS education related activities?
13. Does the community support teachers in promoting HIV/AIDS education?
14. What is the perception of the community about their role in working collaboratively with the school in regards to their children in promoting HIV/AIDS education?
15. How do they think they can work best with the school/ teachers in addressing HIV/AIDS education issues?
16. What opportunities or barriers exist and how can these be addressed?
17. How do they deal with Orphaned and vulnerable children?

C. Teachers

18. How is HIV/AIDS education delivered in the school?
19. What other activities have they engaged in promoting HIV/AIDS education outside the classroom?
20. How do they deal with OVC within the school?
21. Are there teachers who have disclosed their HIV status?
22. How are/ how can these teachers be supported by the school and community at large?
23. What role is/ can the Teacher Unions play in supporting and protecting positive teachers in the community and school?
24. What policies/ legal documents/ ethics etc are available at the school to protect teachers infected by HIV/AIDS?

D. The Existing Linkages –Parent Teachers Association (PTA)/ District AIDS Committee

25. What are the existing joint activities were the school and community work together?
26. Is the school used as a centre for community meetings e.g. feeding programmes, counselling etc? What is usually discussed in theses meetings?
27. Are there any committees within the school that have members from the community participating e.g. PTA?
28. How have the school and the community worked together in jointly addressing HIV/AIDS education issues?
29. Are there any existing opportunities were the two can best work together in promoting HIV/AIDS education?
30. What support is required and by whom?

Parent Teachers Association

31. Who comprises the PTA? Which members of the community are represented?
32. What major decisions/ powers do you have as the PTA? (level of influence)
33. What role do they currently play in addressing HIV/AIDS education?
34. What are your strengths and weaknesses in addressing HIV/AIDS related issues?
35. What support can give to the PTA in strengthening the link between the school and the community?

F. NGOs/ CBO'S/People Living Positively With HIV/AIDS

Their activities and role in HIV/AIDS education in the school and community