

**A Report of the School/Community Linkages in
HIV/AIDS at Serenje Boma Basic and Kafue
Day High School**

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1.0 BACKGROUND

Zambia is a large country at the centre of Sub-Sahara Africa, with a population of about 11 million people. The country gained her independence on 24th October 1964 and since then, her people have enjoyed peace, but with a lot of economic difficulties. Zambia is today one of the poorest and least developed countries.

The first HIV/AIDS case in Zambia was reported in the early 1980s. Since then HIV/AIDS has continued to be one of the main cross-cutting issues affecting all sectors of society. There are some interventions that the country is undertaking, most of them being spearheaded by government, non-governmental, faith based and community based organisations.

To co-ordinate the HIV/AIDS activities, the Zambian Government established a National HIV/AIDS,STD and TB Council to spearhead policy development and implementation of activities associated with HIV/AIDS and related illnesses. The Government has developed a National Policy on HIV/AIDS, which the Government Ministries have to follow when developing sector specific HIV/AIDS policy guidelines.

In response to the National Policy, the Ministry of Education has developed a policy on HIV/AIDS in the Work Place. Under the Ministry of education, the UNESCO Cluster Office sponsored the Teacher Education Department to develop HIV/AIDS Policy Implementation Guidelines for Colleges of Education in 2004. During the survey leading to the development of the policy guidelines for colleges of education, it was observed that the colleges of education work closely with other institutions such as schools and communities to run HIV/AIDS sensitisation activities such as drama, sport and workshops.

UNESCO realised that in order to enhance the effectiveness of the various programmes carried out to reduce the effects of HIV/AIDS, there is need to enhance the linkages among the schools, community organisations and the local leadership.

Under coordination of the Education Officer at the Zambia National Commission for UNESCO, Zambia has been selected to take part in the School/Community linkages in HIV/AIDS whose main objective is to strengthen the links between schools and communities in the fight against HIV/AIDS.

For this purpose, Serenje Boma Basic and Kafue Day High School were sampled for the programme. The three main objectives of the project were to:

- carry out a situation analysis on school/community linkages in HIV/AIDS in the two schools.
- do a needs assessment to determine the what is required for the school/community linkages to be enhanced.
- carry out advocacy activities for enhancement of community/school linkages in the fight against HIV/AIDS.

This is a report of the situation analysis, needs assessment and advocacy activities of the community/school linkages in HIV/AIDS carried out at Serenje Boma Basic and Kafue Day High Schools. The report is divided into parts as listed below:

- The Background.
- The Backgrounds of the Serenje Boma Basic School and Kafue Day High School.
- Situation Analysis
- Needs Assessment
- Advocacy
- Resolutions
- Conclusion.

2.0 INTRODUCTION

2.1 Location of the schools.

Serenje Boma Basic School is located within Serenje Boma, a rural centre lying 4 kilometres off the Great North Road in the Central Province of Zambia. It is only one kilometre from Malcolm Moffat Colleges of Education. The school is situated only 300 metres from the Main Serenje market and centre of activities.

On the other hand, Kafue Day High School is located within Kafue, a peri-urban town of Kafue lying along the Great North Road in the Lusaka Province of Zambia. It is half a kilometre from Kafue post office. The school is situated only 150 metres from Kafue post office. The school was built in 1949 and officially opened in 1949.

2.2 Pupil and Teacher Enrolment

Serenje Boma Basic school caters for pupils from Grade 1 to 9, i.e. Primary 1 to Junior secondary with three sections, Lower Basic (Grades 1-4), Middle Basic (Grades 5-7) and Upper Basic (Grades 8 & 9). The pupils' ages thus range from 7 years to 18 years. The majority of the pupils come from within the location and surrounding villages within a radius of three kilometres. However, there are some pupils who are weekly boarders who rent houses in a shanty called Zambia Compound. This is where the greatest worry for teachers is, especially for the girl child.

Kafue Day High school caters for pupils from Grades to 8 to 12. The school is in the process of transformation into a high school, hence Grades up to Grade 9 are being phased out.

By virtue of being a day school, pupils are seriously exposed to dangers of HIV/AIDS, especially that most parents in Kafue have lost their jobs due to closure of industries. Girls are more at risk because of the school being along the main route to southern province of Zambia and location in the Kafue town which normally hosts track drivers waiting to cross the Kafue Bridge to other parts of Zambia and other countries. The actual pupil enrolment in the stated schools is tabulated in the following table:

Table 1. Pupil Enrolment by Sex

Grade	Serenje Boma Basic School		Kafue Day High School		Total
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	
1-4	302	299	68	79	748
5-7	164	161	58	54	437
8-9	279	219	54	38	590
10-12	77	67	40	45	229
External (APU)	745	679	77	60	1561
Total	1567	1425	297	276	3565

Information in table 1 indicates that Serenje Boma Basic School has a total of 158 male and 134 female pupils who are orphaned for various reasons. On the other hand, Kafue Day High school has a total of ---male and ---female orphans. This means that out of the ---pupils in the two schools, --% of the male and ---of the females are orphaned for various reasons.

Serenje Boma Basic has a total of 22 male and 40 female teachers, while Kafue Day High School has a total of 15 male and 17 female teachers. The total teacher population is 94 (37 male and 57 female).

3.0 SITUATION ANALYSIS: *An Analysis of the HIV/AIDS Situation at Kafue Day High and Serenje Basic Schools*

3.1 *Methodology*

Sample Population and Size

The sample population included the following: School administration (Head teachers and deputy head teachers), teachers, pupils; representatives of Teacher Unions, Parent-Teacher Associations and representatives of the NGO, CBO, CSO and FBO.

Research Design

The research was qualitative in nature. The research participants had to fill in a questionnaire each and after that take part in focus group discussions to clarify the responses to the questions in the questionnaires.

Literature review was used to collect information about the national situation and the impact of HIV/AIDS on various communities in Zambia.

Data analysis and interpretation

Data analysis was done by looking at the themes set for the project and fusing the information in thematic topics according to the objectives of the project and these form the main topics of the findings about the situation in the particular schools. A summary of findings in both schools was then given, followed by challenges and opportunities for school/community linkages in HIV/AIDS.

3.2 Research Findings.

3.2.1 The Zambian Situation

Zambia has a total population of about 11 million people. The first HIV case was reported in 1984, after which it was followed by a sharp rise, with infection rates going up to 27% of the urban population and 13-14% elsewhere (UNICEF, 2000). After a heavy implementation of intervention programmes, the UNAIDS/WHO estimates and those of the Demographic and Health Survey (DHS) of 2003 came to a national infection rate of 16.5% of people aged 15-49 years in Zambia. By the end of 2003, it was estimated that 820, 000 adults were living with HIV/AIDS, 57% of these being women. It is estimated by the UNAIDS/WHO that nearly half of the Zambian population is under 15 years and 85% of them were living with HIV or AIDS at the end of 2003. Unlike in the USA or Europe, HIV in Zambia is not a disease of the poor and underprivileged. Infection rates are high among wealthier and the better educated people than the underprivileged. However, the effects of HIV/AIDS are more severe than they are with the rich.

Latest statistics indicate that the adult infection rate still stands at 16.5%, with an estimated total of 920, 000 adults and children 0-49 years living with HIV or AIDS. The statistics indicate that 68% of Zambian males and 67% of their female counterparts know that a condom can prevent HIV infection.

The national statistics also indicate that about 630, 000 orphans of ages 0-17 are orphaned due to HIV/AIDS. The total population of orphans from all causes are estimated at 1, 100, 000. The number of orphans who lost both biological parents (10-14 years) but are attending school is high, with an orphan school attendance ratio estimated at 91 from 1998 to 2003.

The above situation indicates that a reasonably large number of the children and youth in Zambia are at risk of HIV infection and could. These pose a great challenge to the teaching profession in general and teachers in particular who have to always cope with teaching children infected and affected by the HIV/AIDS pandemic.

In addition, most the pupils may be handled by a teacher/teachers who is also infected or affected by the same HIV/AIDS, making it very difficult for both teachers and pupils adequately participate in the teaching/learning process.

3.2.2 *HIV/AIDS Activities within Serenje Boma Basic and Kafue Day High School*

It was observed that the following activities are carried out within the two schools on HIV/AIDS:

- Classroom teaching and learning- It was observed that HIV/AIDS interactive methodology have been introduced in the schools during the teaching/learning activities. All respondents, inclusive of the pupils agreed that there was actual teaching taking place on HIV/AIDS within the school curriculum. Teachers agreed that they teach about HIV/AIDS at both Serenje Boma Basic and Kafue High Schools. On the other hand, it was observed that majority of the teachers had not been trained in teaching HIV/AIDS. The teachers stated that because of lack of training, teachers sometimes don't know how to handle certain topics related to sexuality. Pupils further stated that they receive conflicting information from teachers sometimes because of their teaching being influenced by their religious and other traditional orientation and value systems.
- It was, for example, stated during the group discussions at Kafue Day High School that some "religions are against condom use and hence teachers with such religious orientations may find it difficult to teach topics related to HIV/AIDS and sexuality."
- HIV/AIDS and Life Skills Club Activities- It was observed that both schools run successful club activities such as drama, debate and training in HIV/AIDS care and support. The schools explained that sometimes they find difficulties with sponsors who restrict their operations to specific communities. For example, one of the teachers said that they were instructed by one of the sponsors to restrict their HIV/AIDS sensitisation activities to the school and not the surrounding community. The other main activity of the clubs in the two schools is peer education. Both schools had trained teachers and pupils as peer educators.

- However, the respondents stated that the training they had was not adequate and the use of the skills gained was limited as there was inadequate time and no specifically defined role they would play. It was also observed that teachers had an opportunity in both schools to talk about HIV/AIDS during tea break and at assemblies. Anti-AIDS Clubs were found to be active, had a clearly stated structure, and had Work Plans with stated functions and objectives. The clubs' were found to be in strong partnerships with the communities.

3.2.3 *School/Community Partnerships in HIV/AIDS*

It was observed that in both Serenje Boma Basic and Kafue Day High School, partnerships existed between Civil Society organisations and members of the school communities (teachers and pupils) in the fight against HIV/AIDS. At Serenje Boma Basic School, community-based civil society organisations operating within the district had cooperated with the school. The main organisation was the Students Partnership Worldwide (SPW), which had volunteers amongst the teachers. The activities of the organisation were included on the school time table.

They had a Modular programme in the Upper Basic section of Serenje Boma Basic (see Appendices Nos. I & II.) and their (SPW) Zambian office in Kabwe. The teacher respondents in interviews suggested that pregnancies had reduced since the SPW programme started in 2004. They could not however confirm the effects of the programme on sexually transmitted infections (STIs).

On the other hand, the Christian Children's Fund (CCF), under the Australian partnership with African Communities (APAC) are running a HIV/AIDS programme in conjunction with Kafue Day High School. They focus on providing psycho-social support to the orphaned and vulnerable children. Through the partnership, the CCF in conjunction with the Kafue Day High School staff and pupils had managed to hold training workshops with communities on HIV/AIDS.

In Serenje, Respondents said that some Drama groups had collaborated with the school in HIV/AIDS education. One named 'Youth Friendly' organisation had performed at gatherings such as Inter-school sports competitions and festivals. This group had been given the stage before speeches and competitions begun and targeted HIV/AIDS education in the performances.

The Forum for African Women in Education Zambia (FAWEZA), the Zambian Chapter of FAWE organisation had established a Students Alliance for Education (SAFE) corner in the school. They had trained pupil Peer educators who offered support and counsel to their schoolmates facing difficulty times. In addition, the Reformed Church in Zambia (Faith Based Organisations) was identified as the one church organisation that had an active presence in the school. This church has paid for uniforms and other user fees required in the school. The church had used the data provided by the school for identification and selection of beneficiaries.

Both Serenje Boma Basic and Kafue Day High Schools were found to have relatively strong Parent-Teachers Associations (PTAs). However, it was observed that the PTAs were very involved in infrastructure rehabilitation and construction, fundraising, organising national celebrations such as Independence Day and Labour Day celebrations. One of the parents at Kafue Day High school said that she was appreciative of the efforts made by the data collectors to include the PTA representatives among the respondents because they had never been involved in such an activity before as a parent.

At Serenje Boma Basic, however, there was a programme known 'Back to Back 2004,' locally known as 'Mayo papa na Ine Ka Ku papa.' The project started in 2004 where by pupils and parents under school supervision assisted each other educationally.

Pupils took responsibility of improving the literacy skills of their parents and the parents in turn gave skills and societal survival skills and other forms of

education to their children. HIV/AIDS education had been incorporated in this programme.

However, it was stated by one of the parents at Kafue Day High School that their role in the lives of their children in as far as sexuality is concerned was to ensure that they avoid sex before marriage. The parent went further to say that “a parent can not go ahead to say insults to his/her child. That is a duty of the grandparent and teachers.” With such an attitude, it may be concluded that although most parents are trying nowadays, most of them have difficulties communicating to their children about sexuality and HIV/AIDS.

3.2.4 *School Links with Government Departments and Ministries*

The Serenje District Health Board has organised school visits to give talks centred on sexuality and HIV/AIDS in Serenje. They also organised writing and drawing competitions involving schools in the district in which the pupils at the school took part. The Drug Enforcement Commission Serenje District office had also visited the Serenje Boma Basic to give talks and hold counselling sessions for individual pupils whose drug use has been a source of concern to the teachers. The talks have included HIV/AIDS too.

On the other hand, the Kafue District Education and Health offices have not been very involved in school activities on the issues of sexuality and HIV/AIDS. Few teachers have been trained in peer education with the involvement of the health and education offices in Kafue district. Those few are not able to function very systematically because their training was not with the active involvement of Government, but NGOs and other community and faith based organisations.

The Department of Social Welfare operates a bursary scheme for orphans and vulnerable pupils in Zambian schools, Serenje and Kafue inclusive. They had a number of orphans they supported in Serenje. Again, the majority of the boys and girls who benefited from the scheme were orphaned as a result of HIV/AIDS related illnesses.

The Ministry of Education runs a School Health and Nutrition Programme under sponsorship of USAID. The programme was established to cater for the nutrition and feeding of vulnerable children in mostly rural areas and encourage pupil attendance.

In collaboration with the Home Economics department of Serenje Boma Basic, some parents were involved in the growing of vegetables and the physical preparations of lunch for identified pupils. At the time of this situation analysis though, this programme had scaled down due to poor response from parents and yet the number of orphaned children and vulnerable had grown.

3.2.5 *Challenges*

The following contentious issues were raised during the situation analysis:

- Most parents are not involved in the HIV/AIDS activities of the school. At home, the parents agreed that they are unable to openly discuss issues of sexuality and HIV/AIDS, such as condom use and pre-marital sex. They use traditional teachings of using taboos and punishment without adequate openness.
- It was however agreed that the youth know about sexuality more than the parents think they know. This is because the children have more sources of information about the same than the parents know.
- There is lack of communication skills among parents and some teachers on the issues related to sexuality and HIV/AIDS. The parents and teachers may have the information but not know how to communicate to the youth and children, creating a gap in communication and interaction.
- Some youth feel that the parents are too punishment oriented and hence are 'harsh' to them when they ask about sexuality issues. One of the parents said 'you can't speak insults to children,' hence confirming that traditional beliefs are still a barrier to adequate communication between the parents and their children and youth.
- It was also observed that the teachers and pupils involved in peer education do not have an independent stance. When at church and in

religious groups, they will propagate abstinence, while when involved with community based organisations, they will propagate condom use.

The decision by the groups to support abstinence or condom use is not based on personal moral stance, but determined by the groups sponsoring the activities being conducted. People think condom use promotes immorality.

4.0 NEEDS ASSESSMENT: *Determining the Needs for Establishing Strong School- Community Linkages in HIV/AIDS Activities.*

After the situation analysis, meetings were planned to carry out a needs analysis for the schools and communities to develop strong links in the fight against HIV and AIDS. During the needs assessment meetings, the participants worked in the following three groups to determine their needs for the establishment of strong school-community linkages:

- Group 1: School administration, teachers and pupils:
- Group 2: District officials, PTA and the church.
- Group 3: Health and Civil Society representatives.

The programme for the Needs Assessment was as presented below:

1. Introduction
2. Group work
3. Group presentations on the needs to establish and strengthen linkages.
4. Plenary
3. Closing

4.1 *Identification of partner institutions*

It was discussed that the partners needed to know the organisations/institutions that exist in each district and their focus of operations. This, it was said, would help the individual organisations make

informed decisions on which other organisations they can partner with and the specific activities they can partner in.

4.2 *Establishment of a common goal*

Although the various stakeholders may have different operational strategies and guidelines, the main goal in HIV/AIDS is to reduce the infection rates and mitigate the effects of HIV/AIDS on the infected and the affected.

The individual organisations need to recognise this fact so that they may begin to complement other than compete with each other.

4.3 *Establishment of a communication System*

In order to facilitate identification of partners and establishment of common goals, there must be in place a communication system that allows sharing of knowledge, views, experiences and opinions between the schools and the various community organisations. Enhanced sharing of information will lead to enhanced opportunity for establishment of strong partnerships in the fight against HIV/AIDS.

4.4 *Establishment of a network*

Using already existing structures, the partner organisations and the school need to establish a network. This will allow sourcing of human, financial and material resources required for implementing HIV/AIDS activities from within the district. The more the districts become self reliant, the more the opportunity for the establishment of strong community-school linkages in HIV/AIDS.

5.0 ADVOCACY: *Workshops to Advocate for Establishment of Strong School-Community Linkages in HIV/AIDS in Kafue and Serenje Districts.*

After the situation analysis and the needs assessment meetings were held it time to advocate for the schools and communities to develop strong links in the fight against HIV and AIDS. It was realised during the situation analysis and needs assessment activities that there was need for the various players to realise the need for them to complement each other's efforts other than compete against each other if any of their activities were to bear fruits. Due to this realisation, project team decided to conduct 2 day workshops in which they advocated for the linkages. The needs assessments included what the various players needed in order to establish strong school/community linkages. The Agenda for the Advocacy Meetings was as listed below:

1. Opening remarks
2. Self introduction
3. Presentation by resource person.
4. Group work on HIV/AIDS Activities carried out by various players.
5. Group presentations
6. Group work on the need to establish and strengthen linkages
- 7.0 Group work on the SWOT Analysis for establishing and Strengthening linkages
- 8.0 Group presentations and Plenary on the SWOT Analysis
11. Resolutions
12. Closing

5.1 Opening Remarks

The project coordinator, Mr. Louis Nawa opened the meetings by giving a brief background to the project to build bridges between communities and schools in the fight against HIV/AIDS. He then asked the members present to all introduce themselves. He then handed over to the invited resource persons to go ahead with the presentations according to the agenda:

5.2 Attendance

A total of 50 people attended the meetings: 25 at Kafue Day High and 25 at Serenje Boma Basic Schools (Refer to the attached attendance lists for details)

5.3 Identifying The Roles of Various Stakeholders

Participants worked in the following three groups to list the HIV/AIDS activities they implement and the challenges they face in implementing those activities.

- Group 1: School administration, teachers and pupils:
- Group 2: District officials, PTA and the church.
- Group 3: Health and Civil Society representatives.

The groups presented the following activities:

5.3.1 HIV/AIDS Activities in the Schools

- Provision of peer education to both teacher and pupil.
- Debate by the pupils
- Teachers include a component of HIV/AIDS in their teaching.
- HIV/AIDS issues are discussed during assembly, club meetings, PTA meetings and professional teachers' meetings.
- Poems, songs and sport are used for HIV/AIDS sensitisation.
- HIV/AIDS corners have been established for provision of information.
- IEC materials such as leaflets and books are collected and distributed.
- Psycho-social support is provided to OVCs, usually by the school counsellor.
- Feeding programmes at school

The challenges schools face in implementing HIV/ADS are:

- Inadequate time
- Inadequate materials
- Lack of skilled trainers
- Vandalism, posters are sometimes pulled down
- Traditional beliefs and cultural practices
- Teacher-pupil relationships
- Peer pressure

- Stigma
- Communication (Language) barriers due to the fact that teachers are like pupils' parents.
- Lack of accommodation for girls who are weekly boarders
- Pupils' lack of freedom to express themselves freely on issues of sex and sexuality when talking to elders of the opposite sex.

5.3.2 HIV/AIDS Activities of the Church and Local Leaders

The role of the church and local leadership was to

- Encourage the affected and infected to go for VCT.
- Visit the HIV positive persons regularly and give them support
- Provide needy with basic needs
- Talk to victims of HIV/AIDS about a good diet, personal hygiene, medication and living positively
- Sensitise communities through workshops and meetings
- Discuss the dangers of HIV/AIDS with them
- Empower community members with life skills by helping them develop assertiveness, decision making and creativity skills.
- Encourage married couples to be faithful to each other.
- Encourage children and youths to abstain.

The challenges for the churches and local leadership were identified and are listed below:

- Getting hold of sex workers and out of school youth.
- Lack of finances to run community programmes successfully.
- Lack of skilled labour.

5.3.3 HIV/AIDS Activities of the Civil Society

The roles of the civil society in the community in relation to HIV/AIDS were discussed and are to:

- Provide recreation facilities
- Provide outdoor and indoor sporting activities
- Conduct mobile counselling and peer education
- Provide support for health and education
- Support OVCs in income generating activities (IGAs).
- Conduct focus group discussions on particular topics and issues.

- Implement the girls empowerment through sport (GES) programme, emphasising on football.
- Organise debate/talk shows in schools
- Implement the Edusport Sunday school programme

The challenges of civil society in implementing their HIV/AIDS programmes are listed below:

- Some schools are not willing to partner.
- The ever increasing number of OVCs.
- Conflicting information on HIV/AIDS especially about abstinence and condom use.
- Peer pressure
- Traditional beliefs and cultural practices.

5.3.4 Meeting the Challenges from Within the Community

After the presentations, the groups were assigned to find out how the challenges of each group could be met from within the community (Kafue and Serenje) by the activities carried out by other organisations presented in the same workshop.

During plenary, it was observed that there were opportunities for linkages between the community and the school in the fight against HIV/AIDS, and that most of the challenges the different players faced could be answered within the community by the other categories of community members.

The opportunities are as described below:

- The challenge of lack of IEC materials in the schools could be tackled by the church, local leadership and civil society.
- The lack of skilled personnel in schools and, churches and local leadership may be solved by partnering with the civil society.
- The challenge of traditional beliefs and cultural practices faced by civil society and schools may be handled by partnering with local civic leaders, politicians, headmen and chiefs.

- Teacher/Pupil relationships may be handled by developing a strong partnership among the school administration, PTAs, churches and specific groups.
- The lack of finances may be tackled by partnering among civil society, government departments and the local communities to do fundraising ventures.

The above were considered entry points through which partnerships could be established in the fight against HIV/AIDS.

5.4 The Strengths, Weaknesses, Opportunities and Threats for School-Community Linkages in HIV/AIDS in Kafue and Serenje.

The participants worked in the same three groups to determine the *Strengths, Weaknesses, Opportunities and Threats* towards the establishment of strong school-community linkages as follows:

4.4.1 Strengths

- In each district, the individual community organisations and the schools already collaborated in a number of activities. Therefore, there was an entry point.
- The same leaders in some community organisations formed part of the PTA in the schools, while some were teachers. This presents a situation where organisations are already connected to each other in one way or another.
- Most community organisations are linked to one or more government department(s) in their operations. This creates a situation where the organisations are already operating within the government policies and guidelines.
- After sensitisation and advocacy meetings with the research team, the participants realised how much they could complement each others' efforts if they had strong links. They now appreciate the need and want to link.

5.4.2 Weaknesses

- Various organisations have varying focus and policies, making it difficult for them to link activities.
- Different groups have different opinions, beliefs and practices. For example, the church does not appreciate condom use but abstinence, while the NGOs support condom use.
- Lack of finances and other resources tends to create unnecessary competition for resource mobilisation as each organisation struggles to exist.

5.4.3 Opportunities

- The Parent/Teachers' Associations in both sample Schools bring together communities and schools.
- The District AIDS Task Force (DATF) in Serenje District is an all embracing organisation under which school-community linkages can be established and enhanced.
- There already existing links between the schools and other Organisations.

5.4.4 Threats

- The Ministry of Education has banned the distribution of condoms to pupils in schools because of pressure based on religious, social, cultural and moral basis which suggest that condoms just promote immorality as they provide an opportunity for premarital sex. The Ministry does not want to be seen to promote immorality although the school communities admit that there is high level sexual practice in these schools. On the other hand, the civil society is propagating behaviour change, with one of the indicators being the use of condoms. They want to leave it to the pupils to decide whether to use condoms or abstain.

- Poor attitudes and beliefs are also a threat. Most programmes to mitigate the effects of HIV/AIDS have something to do with collection of blood samples, food and supplementation. Meanwhile, there are strong beliefs that some of such foods are donated by Satanists who make their donations in exchange for blood. This may create a situation where schools have to be very careful as regards the organisations they link their pupils and staff with.
- Poor structural arrangements are a threat. At the moment, most organisations operate independently, with independent goals and obligations. This creates a situation where the various organisations have to compete for resources to survive and meet their individual obligations with or without other players. In the process, the intended beneficiaries become a means to access resources and survival for the individual organisations and institutions.

5.5 *Strategies for Establishing School Community Linkages*

The following strategies were adopted to foster linkages between the school and community during the plenary sessions: Identify/establish a team/committee.

- The team/committee to develop and district inventory of government institutions (health, education, and social welfare), community service and community based organisations, religious institutions, civic leadership, politicians and traditional leaders that exist around the schools.
- The team/committee to establish the common goals of the participating organisations.
- The team/committee to develop a communication system to allow sharing of information and resources among the members of the partnership.
- Partners to organise regular meetings and workshops to share knowledge, skills and discuss their challenges.

5.6 Resolutions

The participants at the Serenje Boma Basic school resolved to establish a committee that would operate under the District AIDS Task Force. The Membership of the Committee would comprise the following categories:

S/N	Category	No. of Representatives
1	School administration and staff	2(1 male and 1 female)
2	Pupils	4; (2 male and 2 female)
3	Parents	2(1 male and 1 female)
4	Civil Society (CBO and NGO)	2(1 male and 1 female)
5	Religious Organisations (Churches)	2(1 male and 1female)
	Total	12(6 Male and 6 Female)

The various categories were given up to Wednesday 2nd November, 2005 to submit the actual names of the representatives on the committee. The District AIDS Task Force promised to organise an initial meeting to develop operational guidelines once the committee was in place.

6.0 CONCLUSION

Both Serenje Boma Basic and Kafue Day High School have established HIV/AIDS programmes with well streamlined structures within the school systems. Civil society institutions usually play the role of capacity building through financing and conducting training programmes in HIV/AIDS for the teachers and pupils. Peer educators in both schools mostly use sport, drama and debates for sensitisation purposes. The pupils in both schools are part of the communities as they are both day schools. Teacher Unions and PTAs have not been actively involved in the fight although they exist and are strong. Teachers need to take their noble role of spearheading change in society. The communities and schools need to be more meaningfully linked if they are to succeed in the fight against HIV/AIDS. The resolution made by the participants in the Advocacy workshop in Serenje needs to be commended and supported as it might be an exceptional and experimental case for establishment of school-community linkages in the fight against HIV/AIDS.

Attendance List

S/N	Name	Organisation	Address
1	P.D.G Phiri	Nakatete D/H	Box 95, Kafue
2	W. Gambwe	PTA Chairman, Kafue Day High	Box 360086, Kafue
3	B. Mangani	Kafue Day High	Box 36, Kafue
4	w. Simfukwe	Kafue Day High	Box 36, Kafue
5	Cletus Hakubeza	Kafue Day High	Box 36, Kafue.
6	Mrs. I Choonga	PTA Member, Kafue Day.	Box 86, Kafue.
7	Mrs Namuswa Shiopa	Natatete Basic- Teacher	Box 360010, Kafue.
8	Mrs. Nkomesha, M.G.	Mutendere Basic, Teacher	Box 370145, Kafue
9	Mrs. Amase N Fungaloko	Kafue Day High	Box 360086, Kafue.
10	Mrs. S.H. Zulu	Mutendere Basic	Box 37014, Kafue
11	K. Kaale	CCF	Box 360110, Kafue
12	Ms. Evaless Chima	Edusport-Coordinator	Box 370041, Kafue
13	Heartwell Haweza	Edusport-Peer Coach	Box 370041, Kafue
14	Cacious Miyanda	CCF	Box 360110, Kafue
15	Mrs. Dorothy Kaunda	United Church of Zambia	Kafue
16	Catherine Sakala	Kafue Day High	Box 360086, Kafue
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Appendix No. 1 THE HIV/AIDS/ASRH CLASSROOM MODULE: 2005: GRADE 8 {SPW Provided}

TOPIC	SUB-TOPIC	OBJECTIVES	TEACHING MATERIALS
SESSION 1. Introduction to the HIV/AIDS/ASRH Module	Establish the ground rules. Importance of HIV/AIDS/ARSH Education/Intro to SPW. Ask pupils to prepare for the Art Competition.	Introduction to the module. Evaluate students basic knowledge of HIV/AIDS	NFE Manual Fact sheet 1.1 - Overview of HIV/AIDS/ASRH Education in schools
SESSION 2. ART Competition for both old and new schools	Ask a few students to do their Art presentations in class and explain the information behind.	To introduce the students to SPW interactive methodologies.	
SESSION 3. Life skills 1.	Emotions and Adolescence. Different kinds of Relationships	Discuss and clarify different emotions that young people experience during adolescence. Explore different kinds of relationships – teacher/student; parent/son or daughter; friends; boyfriend	Fact Sheet 3.1 – Different emotions during adolescence. Fact Sheet 3.2 – Different kinds of relationships.
SESSION 4. Life skills	Peer pressure and risky behaviour. Assertiveness and avoiding risky situations	To elicit different kinds of risky behaviour by young people. To discuss different ways of avoiding risky situations by being assertive.	Picture Code 1 – Peer pressure and smoking. Fact Sheet 3 - 4 Risky and unsocial behaviour. Fact sheet 3 – 5 How to say NO.
SESSION 5 Growing up and adolescence 1.	Parts of the body Body changes in Adolescence puberty.	To clearly identify the different reproductive organs in boys and girls. Explain the changes that occur in young people's bodies during adolescence.	Fact sheet 2-1 – The external female Organs. Fact Sheet 2.2 The internal female reproductive organs. Fact Sheet 2.3.- The external Male organs. Fact Sheet 2-4- The internal male reproductive organs. Fact Sheet 2.5 – Changes in girl's bodies during adolescence. Fact Sheet 2.6 – Changes in boys bodies during adolescence GTZ Booklet 1 Growing Up
SESSION 6. Growing Up and Adolescence 2.	Sexuality and peer pressure. Virginity and delaying sex.	Emphasise the importance of abstinence for young people/students. Explain benefits of virginity and delaying sex. Strengthen ability to resist peer pressure to have sex.	Fact Sheet 3.6. – The benefits of delaying sex MOE IM P.36 Sexual intercourse.
SESSION 7. Teenage Pregnancy	How pregnancy can and cannot be caused. The dangers of pregnancy at a younger age. Abortion	Clarify any popular misconceptions about how pregnancy can and cannot be caused. Explain the biological dangers of a young pregnant girl. Explain the dangers of	Picture code 2 – Pregnant school girl Fact Sheet 4.1 – How pregnancy can and cannot be caused. MOE IM P. 37 – 39 Unwanted pregnancy. MOE IM P. 40 – 42 Abortion

		abortion	
SESSION 8. HIV/AIDS – Facts and statistics	Definition of HIV and AIDS. History of HIV/AIDS Current HIV/AIDS statistics. HIV/AIDS and young people.	Discuss background issues to HIV/AIDS Definitions, history, origins, facts and figures. Emphasise high prevalence. HIV infection among young people.	Fact Sheet 1.2 – History of HIV/AIDS Fact Sheet 5 –4 HIV/AIDS and young people MOE IMP.75-79. Booklet HIV/AIDS and the new generation.
SESSION 9. HIV/AIDS – Biological facts	How HIV can and cannot be transmitted. Signs and Symptoms of HIV/AIDS	Clarify ways in which HIV can and cannot be transmitted. Distinguish differences between HIV and AIDS.	MOE IM P 80 – 85 Transmission of HIV. Fact Sheet 5.5 – How HIV can cannot be transmitted Fact Sheet 5.6 – the signs and symptoms of HIV/AIDS MOE IM P.91 – 94 Prevention of HIV/AIDS
SESSION 10. HIV/AIDS	Prevention of HIV/AIDS Emphasise on ABC	Explain ABC in line with prevention	MOE IM P.91 – 94 prevention of HIV/AIDS. Fact sheet 5 – 7 – The ABC
SESSION 11: HIV/AIDS	Myths and misconceptions about HIV/AIDS	Allow students to ask questions they may have on HIV/AIDS. Clarify any other popular myths and misconceptions they might have about HIV/AIDS	FAQ
SESSION 12. HIV/AIDS	Our culture and society and HIV/AIDS. Parents and HIV/AIDS education	Discuss importance of openness when discussing sensitive issues. Think of practical ways to help parents discuss with their children about HIV/AIDS	
SESSION 13. HIV/AIDS – People affected/PLWHA	Care and support for orphans and vulnerable children and PLWHA	Discuss best ways of supporting orphans and vulnerable children/PLWHA	MOE IM P. 95 - 96
SESSION 14. Good Nutrition	Balanced diet and Nutrition.	Importance of having a balanced diet to both PLWHA and those who are not infected.	MOE Materials Fact Sheets
SESSION 15. Sanitation and Keeping Environment Clean	Clean drinking water and general surrounding.	Stress out importance of having a constant supply of clean water and keeping the surroundings clean for health living.	MOE Materials Fact Sheets
SESSION 16. Health and preventing Malaria	Malaria and positive living	Bring out importance of preventing malaria for both PLWHA and those who are not infected.	MOE Materials Fact Sheets
SESSION 17. HIV/AIDS social services	Youth friendly health services in the school/community	Introduce students to the health services that are available in local community/district	Research services available locally.

		<p>centre. Invite local health worker to the school to talk about HIV/AIDS.</p> <p>Take students to a study tour to a local clinic.</p>	
SESSION 18. Child Rights	<p>Child abuse and AIDS/HIV/AIDS.</p> <p>Vulnerability of abused children to HIV/AIDS.</p>	<p>Explain the vulnerability of abused children. Stress out the importance of children rights</p>	<p>MOE IM P. 59 – 60</p> <p>MOE Life Skills Manual Grade 5 P –30.</p>
SESSION 19. Life Skills	Emotional skills	<p>Talk about ability to personalise the risk of contracting HIV/AIDS</p> <p>Identifying consequences of one’s decisions.</p> <p>Confidence</p> <p>Self-esteem</p>	<p>MOE IM P. 1</p> <p>MOE Life Skills Manual Grade 5 – p. 4-8.</p>
SESSION 20. RECAP on what has been learnt.			

APPENDIX No. II THE HIV/AIDS/ASRH CLASSROOM MODULE: GRADE 9 {SPW Provided}

TOPIC	SUB-TOPIC	OBJECTIVES	TEACHING MATERIALS
SESSION 1. Introduction to the HIV/AIDS/ASRH Module	About form2 module; impact of HIV/AIDS in schools. Ask pupils to prepare for the Art Competition.	Introduce Year 2 module. Evaluate students basic knowledge of HIV/AIDS/ASRH	NFE Manual Fact sheet 1.1 - Overview of HIV/AIDS/ASRH Education in schools
SESSION 2. ART Competition for both old and new schools	Ask a few students to do their Art presentations and the information behind them.	To introduce the students to the interactive methodologies.	Paper and crayons/coloured pencils.
SESSION 3. Life skills-Gender Issues.	Sexuality and peer pressure. Assertiveness in decision making, saying 'No Means No'	To raise awareness of the specific problems that school girls face as regards to peer pressure. Reinforce importance of girls' assertiveness and self-confidence.	Fact Sheet 3.3 – Different ways of communicating. Fact Sheet 3.5 – How to say 'No'.
SESSION 4. Life skills-Decision Making	Virginity and Delaying sex, protected sex. Alternatives to sex.	Stress importance of abstinence for young people and students. Bring out benefits of virginity and delaying sex. Propose alternatives to sex.	Fact sheet 3.6 – the benefits of delaying sex. Fact Sheet 3.7 – Alternatives to sex. Fact Sheet 5.7 – The ABC
SESSION 5. Sexually transmitted Infections (STIs) 1. Facts	Definitions – common signs and symptoms of STIs. Transmission of STIs.	Identify common STIs, signs and symptoms and how they are transmitted.	MOE IMP. 51-56 STIs. Fact Sheet 6.1 – Different types of STIs.
SESSION 6. STIs	Treatment of STIs, STIs and youth friendly health services.	State the need to go to the clinic for treatment. Clarify the available youth health services at the clinic.	Fact Sheet 6.1 – Different types of STIs. MOE IMP. 60 – 61.
SESSION 7. STIs	Myths and facts about STIs	To clarify myths held locally by students. To answer questions they might raise over the lesson.	MOE IMP. 57-58 Myths and Facts about STIs.
SESSION 8. STIs and young people	The vulnerability of young people to STIs, STIs and HIV transmission.	Explore stigma of visiting local health facilities, Explore link between young people's vulnerability to STIs and the increased chance of HIV infection.	Fact Sheet 6.2 – STIs increase likelihood of HIV transmission. MOE IMP. 60-61.
SESSION 9. HIV/AIDS – Facts and Statistics	Up to date HIV/AIDS statistics	Provide students with accurate and up to date HIV/AIDS statistics at the Global, Africa, Zambia and local level.	Fact Sheet 5.2 – History of HIV/AIDS. Fact Sheet 5.4 – HIV/AIDS and young people. Fact Sheet 5.5 – How HIV can and cannot be transmitted.
SESSION 10. HIV/AIDS – Culture	Religious attitudes and perceptions and	Discuss and debate about the role of	Fact Sheet 5.12 – Traditional cultural practices and beliefs

and Society	HIV/AIDS/ASRH Education. Tradition culture practices and HIV/AIDS.	religion in HIV/AIDS/ASRH education. Discuss and debate traditional cultural practices and beliefs.	about HIV/AIDS. Fact Sheet 5.11 – religion and HIV/AIDS/ASRH Education.
SESSION 11. People living with HIV/AIDS	Feelings and emotions of an AIDS sufferer. Home and community care for the PLWHA	Explore the psychological feelings of a PLWHA. Think about appropriate care and support for PLWHA. Home and community care.	MOE IMP> 95 – 97 . Care and support and positive living. Food for PLWHA Vol. 1.
SESSION 12. Good Nutrition	Balanced diet and nutrition.	Importance of having a balanced diet to both PLWHA and those who are not infected.	MOE Materials Fact Sheets.
SESSION 13. Sanitation and Keeping Environment Clean	Clean drinking water and general surrounding.	Stress out importance of having a constant supply of clean water and keeping the surroundings clean for health living.	MOE Materials. Fact Sheets.
SESSION 14. Health and avoiding Malaria	Malaria and positive living.	Bring importance of avoiding Malaria when living positively. Emphasise the importance of Malaria prevention to all.	MOE Materials. Fact Sheets.
SESSION 15. PLWHA	Reducing stigma and discrimination against PLWHA.	Discuss common myths and misconceptions about PLWHA. Psychological feelings of a PLWHA who feel discriminated.	MOE IMP. 101 – 102 Countering stigma and discrimination. Fact Sheet 5 – 13 – Reducing stigma and discrimination against PLWHA
SESSION 16. Social services and HIV/AIDS	Voluntary Counselling and Testing.	Emphasise importance of VCT. Clarify VCT services available in the community or nearby town.	Fact Sheet 5 – 17 – What is VCT? MOE IMP. 98 – 100 VCT.
SESSION 17. Family Planning	Importance of family planning. Different birth control methods. Family planning services available in the community.	Clarify importance of family planning. Explain different kinds of birth control methods. Discuss family planning services available in the community.	Fact Sheet 6.3 – family planning techniques and importance. MOE IMP. 34 – 45 Family Planning.
SESSION 18. Sexual abuse	Rape and other sexual abuse	Discuss different kinds of sexual abuse. What students can do when they discover incidence of sexual abuse.	MOE IM P. 46 – 50 Sexual abuse and reproductive rights. Fact Sheet 7.1 – Different kinds of sexual abuse. Fact Sheet 7.2 – How to get help if you are raped or discover a rape.
SESSION 19. Social services & HIV/AIDS/ASRH	Voluntary counselling and Testing	Emphasise importance of VCT. Discuss psychological barrier to deciding to attend for VCT.	MOE IM P. 98 – 100VCT Fact Sheet 5.17 – What is VCT. Picture Code 12 – Nervous Girl going for VCT

		VCT services available in the community	
SESSION 20. RECAP on what has been taught			

Appendix III

PROGRAMME TO ENHANCE COMMUNITY SUPPORT SYSTEMS FOR CHILDREN LIVING WITH HIV/AIDS

Background

The number of children affected by HIV/AIDS in sub-Saharan Africa is escalating dramatically and increasing numbers of children are being orphaned. By 2010, in 11 countries in Africa with a combined population of 109 million, 20-37% under 15 years of age will have lost one or both parents. Children are repeatedly caring for and then losing their parents and guardians and often experience trauma including anxiety, fear and depression.

HIV/AIDS and other community development Programmes are responding to the pandemic but not enough attention is being given to the emotional and psychological needs of children by HIV/AIDS. Failure to address their psychosocial needs, as well as their physical needs, can lead to serious, long-term emotional and behavioural problems. Therefore, Christian Children's Fund (CCF), through a cooperation agreement with the Australian government, will work to develop a community model to offer emotional, psychological and physical support for children affected by HIV/AIDS. This community care and support model will be implemented in three target countries of Zambia, Uganda and Kenya.

Program Vision

CCF's vision is for the needs of HIV affected and other vulnerable children and youth to be adequately met within their own communities. Through the programme proposed under the Australian government grant, CCF aims to create an enabling environment for HIV/AIDS affected and other vulnerable children and youth from the national policy to the family level. The programme's three major components include the development and trailing of a viable community care and support model;

transfer of this model to other communities in target districts of each country, and promotion of a supportive policy and planning environment for HIV/AIDS affected and other vulnerable children and youth at national and local government levels.

The Programme is expected to contribute to the care of HIV/AIDS and other vulnerable children and youth initially in eight communities in the neediest districts in the three target countries. In addition, it is anticipated that the Programme will contribute to regional responses to HIV/AIDS through dissemination of the model and other training resources. This programmatic response will be complemented by awareness-raising within the different levels of governments of the three target countries about the need for a supportive policy environment, as well as developing the planning and programming capacities of government officials, especially at local levels to adequately reflect the interests of HIV affected and other vulnerable children and youth.

Programme design team

The Programme design team will constitute three team members from Australia, accompanied by CCF staff from Zambia, Uganda and Kenya.

The Australian-based team is coordinated by Ms Tania Flood, Programme Manager for CCF Australia. Ms Flood is responsible for overseeing all of CCF's country Programmes. She has more than 10 years' development experience and also has excellent knowledge and experience of the Southern Africa region where she lived and worked from 1993-1997.

CCF has contracted Dr. Kimberley McClean as the Programme Designer for this Programme. Dr. McClean is an experienced Project designer and trainer with more than 15 years' consultancy experience in the areas of proposal design and development. She holds international health qualifications and has great deal of experience in this field, including HIV/AIDS in Kenya and Uganda. Dr. McClean has an excellent understanding of the culture,

processes, policies, and relationships in countries in Eastern and Southern Africa, having lived and worked in the region from 1991 to 2000.

Ms Veronica Bell, Programme Officer, Africa, is responsible for managing CCF's Programme work in Africa. Ms Bell has seven years' experience in the development field. She has extensive experience working with community-based organizations in Central America and Haiti, and expertise in advocacy, Programme management and food security issues.

Ms. Tracy Dolan, HIV/AIDS Specialist for CCF US, will also accompany the design team for part of the mission. Ms Dolan has been working in the HIV/AIDS field in Canada and internationally for seven years. She holds a M.Sc. in Community + Health and has experience working with indigenous peoples, youth, and inmates in the areas of sexual health and drug/alcohol addiction in Canada. In Africa, she was involved in supporting an HIV/AIDS community-based Programme in Malawi. Currently, Ms Dolan is responsible for supporting CCF's HIV/AIDS Programmes in Africa, Asia, and Eastern Europe.