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Ministry of Education of Zambia

**Workshop Report  
on  
Strategic and Operational Planning  
for the Management and Mitigation of HIV/AIDS  
In Education**

**SUMMARY OF WORKSHOP PROCEEDINGS**

**Facilitated by the Mobile Task Team on HIV/AIDS in Education  
& Supported by USAID  
Andrew's Motel, Lusaka  
15 to 19, January 2001**

# 1 CONTEXTUALISATION

In January 2001, a workshop entitled "Strategic and Operational Planning for the Management and Mitigation of HIV/AIDS In Education" was convened at the request of the Zambian Ministry of Education (MOE). A detailed Workshop Report on the outcomes, proceedings and deliberations at the workshop was prepared. The purpose of the full Workshop Report was to:

- ❖ Provide the Zambian MOE with an understanding of the strategic planning process, its objectives and the consensus reached;
- ❖ Provide the basis of a preliminary strategic plan for the mitigation and management of HIV/AIDS in education;
- ❖ Provide action planning steps, processes and other skills that can be adapted and expanded to suit MOE requirements and ensure sustainable implementation;
- ❖ Provide the MOE and its donor and development agency partners with an insight into the extent and range of needs for technical assistance, from both inside and outside Zambia; and
- ❖ Provide the Mobile Task Team (MTT) and other concerned agencies with insights into the Zambian experience and its response to HIV/AIDS planning, in order to:
  - a) widen understanding of the southern African situation; and
  - b) improve the collective capacity to provide focused assistance.

This summary document **provides an overview of these workshop discussions**. The full Workshop Report is available from *Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban, 4041*

## 2 WORKSHOP OBJECTIVES

Three workshop objectives were identified:

- a) To initiate the process of developing a prioritized and implementable strategic plan for the management and mitigation of HIV/AIDS in education in Zambia, over the next 3 to 5 years.
- b) To define the education sector and the extent of the MOE's responsibility, and need for links and partnerships.
- c) To provide information, tools, guidelines and skills to help empower the MOE and its partners to take the strategic planning and implementation process forward in a measurable and sustainable way.

## 3 KEY WORKSHOP OUTCOMES

Workshop outcomes have been described in a particular logical framework following the structure of the workshop proceedings and discussions:

- ❖ Rapid Appraisal of Current Situation (Utilising the Rapid Appraisal Framework Methodology) (Section 3.1)
- ❖ MOE's response to the HIV/AIDS pandemic (Section 3.2)
- ❖ Definition of the education sector for purposes of intervention (Section 3.3)
- ❖ Draft Vision, Goals and Objectives (Section 3.4)
- ❖ Draft action planning (Section 3.5)
- ❖ Proposed technical assistance required (Section 3.6)
- ❖ Next steps (Section 3.7)

*Please note: All workshop outcomes are subject to internal interrogation within the MOE, adaptation and development thereof as an action plan.*

### **3.1 Rapid Appraisal Framework Outcomes**

The following outcomes reflect the consolidated views of the participants, in response to the questions outlined in the Rapid Response Framework form distributed for group discussion and interrogation on Day One of the workshop.

#### **Question One: Which was most serious issue identified in the Framework?**

ISSUE	MOTIVATION FOR ANSWER
<i>Social implications of orphans/vulnerable children</i>	<ul style="list-style-type: none"><li>❖ Response/planning is poor</li><li>❖ Few adults to support them</li></ul>
<i>Loss of skilled HR at all levels</i>	<ul style="list-style-type: none"><li>❖ Affects implementation/response</li><li>❖ Compels the MOE to adopt inappropriately "rapid" training</li><li>❖ Need to investigate the need to reduce length of training</li></ul>
<i>Regulatory Framework</i>	<ul style="list-style-type: none"><li>❖ If not in place no guidelines exist</li><li>❖ Kids out of school because of non payment of fees</li><li>❖ Education sector does not end at Grade 7</li><li>❖ Need regulatory revision</li></ul>

It was agreed that the above implies that the MOE would need to set **multiple priorities**.

#### **Question Two: Which issue(s) required most action?**

ISSUE	MOTIVATION FOR ANSWER
<i>(Need for) Committed/Informed Leadership</i>	<ul style="list-style-type: none"><li>❖ If not committed, nothing will be done</li><li>❖ No collaboration</li></ul>
<i>Impact assessment</i>	<ul style="list-style-type: none"><li>❖ Need benchmark</li><li>❖ Need an EMIS/data system</li></ul>
<i>Harmonize Prevention Strategies</i>	<ul style="list-style-type: none"><li>❖ See example of current controversy on condoms;</li><li>❖ Harmonize traditional/cultural practices</li></ul>
<i>Impact Assessment</i>	<ul style="list-style-type: none"><li>❖ Do not know what position is!</li><li>❖ Provides tools/basis for mitigation</li></ul>

It was agreed that the MOE could start to address some/all of these issues with immediate effect.

#### **Question Three: What did the group disagree/have discussion on most?**

ISSUE	COMMENTS TO ISSUE MENTIONED
<i>Cost Analysis</i>	<ul style="list-style-type: none"><li>❖ Unions etc, all will fight!</li><li>❖ "Cost efficiency" leads to conflict of interests</li></ul>
<i>HIV interventions should be community driven</i>	<ul style="list-style-type: none"><li>❖ May be (?) more effective than MOE</li></ul>
<i>Intensive capacity building</i>	<ul style="list-style-type: none"><li>❖ Is there support for vulnerable children?</li></ul>
<i>Social implications of orphans</i>	<ul style="list-style-type: none"><li>❖ Needs assessment is needed</li></ul>

### **3.2 MOE Response to the Pandemic**

A synopsis of the response of MOE representatives at the workshop is provided below:

- a) The MOE took part in the development of the national strategic HIV/AIDS framework in association with the Ministry of Health.
- b) HIV/AIDS is now a full component of BESSIP, but is not only restricted to Primary School due to the wider nature of the problem.
- c) The Deputy Permanent Secretary for Technical Cooperation (also the BESSIP Coordinator) is on the National HIV/AIDS Secretariat. This ensures that the MOE forms part of the decision-making body on HIV/AIDS in Zambia.
- d) The Ministry has appointed a Focal Point Person at Policy Level and a full time Coordinator. Further, provincial and district Focal Point Persons have been appointed and school Focal Point Persons are in the process of being appointed.
- e) There is an HIV/AIDS Sub-Committee in place to help make decisions.
- f) The MOE has begun research into HIV/AIDS activities in schools to identify "best" practices.
- g) There is networking and coordination with other line ministries, cooperating development partners and NGOs.
- h) Brochures have been developed for pupils, parents and teachers. These are awaiting final review, printing and distribution.
- i) Provincial Advocacy and Sensitization Workshops have been carried out in 5 out of 9 provinces.

### **3.3 Definition of the Education Sector in Zambia**

MOE representatives defined various aspects of the education sector in Zambia as follows:

ASPECT	DEFINITION AND COMMENTS
Layers in education sector	<ul style="list-style-type: none"><li>❖ Pre-School</li><li>❖ Primary</li><li>❖ Secondary</li><li>❖ Teacher Training Colleges</li><li>❖ Universities</li><li>❖ Private sector Institutions</li><li>❖ Curriculum Centers, ABET etc (Support)</li><li>❖ Orphans/children out of school</li></ul>
Pre-School	<ul style="list-style-type: none"><li>❖ Not Government responsibility</li><li>❖ Some training of teachers by Government for this sector</li></ul>
Primary Cycle (First 7 years)	<ul style="list-style-type: none"><li>❖ Government responsibility</li><li>❖ This will extend to the first 9 years (Grades 1-9)</li></ul>
"Basic" Schools	<ul style="list-style-type: none"><li>❖ Child enters and remains 9 years (Grades 1-9)</li><li>❖ Not enough space for all children</li></ul>
Senior Secondary Schools	<ul style="list-style-type: none"><li>❖ This covers Grades 10, 11 and 12 - about 25 000 learners</li><li>❖ Of these, about 5 000 to 6 000 go on to tertiary education</li></ul>
Community Schools	<ul style="list-style-type: none"><li>❖ Small structures</li><li>❖ Volunteer teachers/many under-qualified</li><li>❖ About 50,000 pupils in this system</li></ul>

ASPECT	DEFINITION AND COMMENTS						
Teacher Training Colleges	<ul style="list-style-type: none"> <li>❖ 14 Government Colleges (can't keep up with supply)</li> <li>❖ 10 Science and Technology/Health/Agriculture colleges</li> <li>❖ Unknown number of private colleges</li> </ul>						
Exit Points	<ul style="list-style-type: none"> <li>❖ Many learners "squeezed" out at end Grade 7.</li> <li>❖ There is also an outflow in Grades 9 and 10 (25% to 35%)</li> <li>❖ Large numbers of children are out of school (650 000+)</li> </ul>						
Number of Learners	<ul style="list-style-type: none"> <li>❖ There are about 2 million learners in the system</li> </ul>						
Number of Teachers	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">❖ Primary school Teachers</td> <td style="width: 10%; text-align: center;">:</td> <td style="width: 30%;">40 000</td> </tr> <tr> <td>❖ Senior Secondary School Teachers</td> <td>:</td> <td>6 000</td> </tr> </table>	❖ Primary school Teachers	:	40 000	❖ Senior Secondary School Teachers	:	6 000
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During the above definition by the MOE officials, it was agreed that:

- ❖ There was a high degree of consensus that the MOE's responsibility cannot end after the basic primary system, although the current BESSIP plan only covers this phase;
- ❖ HIV/AIDS is a multi-level, multi-sectoral problem and that the real responsibility of MOE is the welfare of *all* learners in the wider system;
- ❖ This implied the need for collaboration and partnerships with others to ensure a holistic approach and reduce duplication; and
- ❖ that the **Strategic Vision and Implementation Plan should cover all grades and teacher colleges, support areas plus links with tertiary and other Ministries.**

### 3.4 HIV/AIDS Strategic Plan: Draft Vision, Goals, and Objectives

#### 3.4.1 Vision Statement

MOE defined its vision statement as follows:

We are planning for a Zambia where learners, families, educators, churches and non-governmental organizations collaborate to achieve a society free of AIDS and its stigma where the rights and dignity of all – men, women, children, and those living with AIDS – are respected.

As planners for the Education Sector, we are specifically committed to responses to AIDS that result in:

- **Schools** that are safe, adequately resourced, and multi-purpose centers of hope, learning, and service in their communities.
- **Learners** who are given equal access to knowledge and skills, health care, and nutrition that sustain them in mind, body, and spirit; and who are aware of and committed to behaviours that protect them from infection.
- A sufficient number of **Educators** who are equipped and supported to teach about HIV and AIDS and are role models for responsible behaviour to their students and communities.
- A **Ministry of Education** that is a leader in a systemic government response to AIDS; fully able to provide policies, resources, and support for schools, learners, and all employees; has adequate and timely information to guide and monitor its responses to AIDS; and that participates fully in
- **Partnerships** with non-governmental and community-based organizations, other ministries, donors, communities, faith groups, and others that are based on mutual respect and shared commitment to the future of a healthy, well-educated nation that is free of AIDS.

To bring about this vision, goals and objectives were drafted, and summarized in the table overleaf.

GOALS	OBJECTIVES
Schools	To transform schools so that they become well managed institutions that provide the necessary resources and support services for teachers and learners
	Improve school management by training over a two-year period senior school staff in AIDS-related education, management, and counseling aspects; and monitoring that they are applying their newly acquired skills.
	Provide AIDS-related teachers' manuals, pupil textbooks, and teaching aids for all grades in all government, aided, and community schools over a period of three years.
	Train teachers in the use of AIDS-related materials.
	Work immediately with providers of health care to establish in each school health services for teachers, learners, and the community
	To transform schools so that they initiate a dynamic two-way interaction with their communities
To transform schools so that they become safe institutions where the leadership is well-informed and committed to guide the school community in halting the spread of HIV/AIDS and responding to the needs of those who are affected	Within 12 months MOE will develop a policy to promote school initiatives for closer interaction with the community
	No later than the beginning of 2002, schools will take action to participate in home-based care and other forms of response to the AIDS related needs of their communities
	By mid-2001, each school will establish an HIV/AIDS committee that will look to every aspect of HIV/AIDS and the school, have clear guidelines, and include school management, staff, pupils, parents, and communities
Learners	Within the next six months, MOE will develop more comprehensive regulations on all aspects of sexual violence and abuse in schools, and thereafter school heads with their AIDS committees will ensure that these regulations are observed.
	Through such events as regular assemblies, drama, debates, essays, slogans, quizzes, etc., the leadership in every school will continue to give HIV/AIDS education and guidance an important place in school life.
	Continue to develop and distribute HIV/AIDS life skills materials to learning institutions and out of school children.
	Ensure that HIV/AIDS and life skills materials are utilized for the benefit of learners.
	Monitor and evaluate the use of materials after one year of implementation and revise the materials if necessary.
To ensure that all learners have access to a conducive learning environment in which they will actively participate in acquiring relevant knowledge and skills and form attitudes to meet everyday challenges.	Review the focus on grade five/level three, and examine the possibility of expansion to other higher grades
	Introduce guidance and counseling for the benefit of orphans and other vulnerable children.
	Include nutritional foods for HIV/AIDS infected children in the school health and nutrition program.
To ensure that all learners have access to quality health services and good nutrition for healthy life styles and risk free behaviour.	Seek resources to expand the health and nutrition programme to include secondary and out-of-school children.

	<b>GOALS</b>	<b>OBJECTIVES</b>
<b>Educators</b>	<i>To ensure a sufficient number of trained educators who have acquired knowledge and skills regarding HIV and AIDS, which they are actively supported in passing on to learners and to others, and which they use to protect themselves against infection.</i>	To train all teacher-trainers in life skills, reproductive health, and basic facts about HIV/AIDS by the end of 2001. To train all teachers in life-skills, reproductive health and basic facts about HIV/AIDS by the end of 2002. To engage parents, school boards, administrators, and community leaders in supporting and reinforcing the efforts of educators
	<i>To ensure a sufficient number of trained educators who adhere to their roles and responsibilities, in and out of the classroom, as defined in MOE policies and regulations</i>	To produce a handbook, or other materials, which discuss the roles and responsibilities of teachers, and have it in schools by 2002
	<i>To ensure a sufficient number of trained educators who participate actively in efforts to combat the epidemic in their communities</i>	To ensure that each teacher has, by the middle of 2002, access to a list of organizations that provide resources/support in their communities to deal with students and staff infected or affected by AIDS. To identify and communicate ways for teachers to identify and assist orphans and vulnerable children in their schools
	<i>To have access to a sufficient number of teachers</i>	Have written guidelines on the management of HIV infected and affected staff in place and in use by end 2001. Have an AIDS in the Workplace in place by 2002. Develop a model that predicts the required number of teachers in future years by 2002. Explore incentives to increase the number of teachers in underserved areas.
<b>MINISTRY OF EDUCATION</b>	<p>To address the impact of HIV/AIDS and ensure the continued delivery of quality education to all Zambians, the Ministry of Education will</p> <ol style="list-style-type: none"> <li>1. Establish and implement policies that provide needed regulatory frameworks and guidelines</li> <li>2. Develop and sustain appropriate structures, networks, and partnerships</li> <li>3. Establish or modify needed information systems</li> <li>4. Provide resources – including dedicated, trained personnel – sufficient to meet identified needs.</li> </ol>	<ol style="list-style-type: none"> <li>1. Have the Minister of Education take "ownership" of the Workshop Report and Strategic Plan and present this at a press conference, within 6 weeks, to Government, MOE officials and personnel, current and proposed partners, and the donor community.</li> <li>2. Audit existing policies, regulations, planning criteria, plans (e.g., BESSIP) and codes of conduct, and where necessary revise, rewrite or create new ones necessary to manage the impact of HIV/AIDS and support the continuing involvement of HIV/AIDS infected and affected learners and educators.</li> <li>3. Design and implement a data collection, analysis and decision support system (EMIS) to continuously support and empower decision making at all levels, to provide management with strategic planning information and HIV/AIDS early warning indicators and pilot test by middle of 2001.</li> <li>4. Identify and categorize current and potential partners, networks and resource providers and institute procedures to ensure their involvement in appropriate aspects of planning and implementation.</li> <li>5. Institutionalize structures and guidelines for MOE operations, financing, procurement, training, distribution, etc, and ensure transparent and interactive communications with development partners.</li> <li>6. Define the meaning and profile of "learners" and agree the extent of MOE responsibility for the process and level of learning in Zambia.</li> <li>7. Design and supply HIV/AIDS-sensitive training packages and materials for personnel at all levels of the system.</li> <li>8. Ensure the availability of both "internal" and "external" resources to provide an adequate supply of trained, motivated personnel at all levels of the system.</li> <li>9. Supplement the supply of trained educators by expanding the availability of alternative learning systems, such as radio.</li> </ol>

PARTNERSHIPS	GOALS	OBJECTIVES
	To create an environment of mutual respect and co-operation in which the MOE and its partners can effectively apply their unique skills and experience to ensure the prevention and control of the further spread of HIV	Promote the use of peer approach by 2001 at all levels to encourage safer life styles.
	To create an environment of mutual respect and co-operation in which the MOE and its partners can effectively apply their unique skills and experience to ensure effective response to the impacts of AIDS on education	Mobilize and train trainers in peer education methodologies, life and counseling skills to ensure targeted service delivery by 2001?
	To create an environment of mutual respect and co-operation in which the MOE and its partners can effectively apply their unique skills and experience to ensure care and support to the infected and affected.	Develop monitoring and evaluation tools to assess the effectiveness of partners' responses to the impact of AIDS education Establish Youth Friendly Health Corners, Teachers Against HIV/AIDS Network (TAHAN), and Anti AIDS clubs in all learning institutions by end of 2001. Link all schools to home based care providers in order to facilitate early identification of vulnerable children by end of 2001. Form support groups and referral systems to ensure quality care and support services to the infected and affected. Establish a national forum for partners and MOE by March 2001, which will meet quarterly to conduct participatory reviews and other information sharing.

#### ***Possible “missing” objectives for learners***

1. *Meeting the needs of infected and vulnerable children re: a conducive learning environment*
2. *Expanding parent participation to all districts*
3. *Involvement of community in food programs*

#### ***Possible “missing” objectives for partnerships***

1. *National forum for partners and MOE to regularly meet*
2. *Linking schools to home-based care*
3. *In-school presence (home based care or other) for early identification of vulnerable children*

### **3.5 Draft Action Planning**

For each of the goals identified (refer to Section 3.4), a series of goals were defined. The workshop participants drafted a detailed Action Plan for each of these objectives. Each objective's Action Plan contained the following elements:

- a) Action Step Number
- b) Action Step Description
- c) Date that action will be started
- d) Date that action will be checked
- e) Date that action will be finished
- f) Identification of persons/organisations who will be accountable and responsible for implementation
- g) Identification of collaborators/partners
- h) Costs implications
- i) Funding Source

Further, the Level of Effort and a definition of the Technical Assistance needed, was also defined in the action plan for each objective.

### **3.6 Technical Assistance Needs**

The Technical Committees flagged the following Technical Assistance needs during the drafting of the various action plans:

TARGET GROUP	DESCRIPTION OF TECHNICAL ASSISTANCE REQUIRED
Schools	❖ Design of program/curriculum to train senior staff in schools on HIV/AIDS management
Learners	❖ NGO assistance/participation in developing monitoring tools ❖ Consultation re: optimal nutrition for children, especially those with HIV/AIDS ❖ Mobilizing communities for participation in food programs
Educators	❖ Drafting hand book ❖ Development of AIDS in the workplace program/materials
Ministry of Education	❖ Consultant for review of policies, guidelines, etc ❖ Directory of partners, categorized by activity type ❖ Audit of training needs (possibly link to AIDS in the workplace program) ❖ Preparing proposal to donors and implementable business plans ❖ Conducting evaluation of training activities ❖ Preparing personnel demand and supply models ❖ Research/analysis of alternative learning options ❖ Consultancy re: AIDS component of EMIS
Partnerships	❖ Training tools for peer approaches ❖ Monitoring and evaluation tools to assess interventions ❖ Designing and implementing support groups ❖ External facilitators to help define rules/protocols for partnerships, coalitions

### **3.7 Next Steps**

**MOE personnel committed themselves to:**

- ❖ internalising the draft Strategic Vision (as defined in section 3.4.1), Goals and Objectives (as defined in section 3.4.2);
- ❖ internalising the draft Action Plan; and
- ❖ prioritization of the adoption of a detailed Action Plan.

It was agreed the development of an Action Plan is a process and not an event, and that it was the responsibility of the MOE and its Focal Point Persons to finalise the Action Plan by implementing the following **process steps**:

- ❖ the support of an internal task team to co-ordinate time frames and responsibilities
- ❖ extensive interaction with donor and development agency partners around issues of Technical Assistance; and
- ❖ agreement regarding action to be taken.
- ❖ the adoption by the Minister of Education of the draft vision and strategic and implementation plan (of critical importance); and
- ❖ a presentation of the adopted plan and vision to a media and donor meeting (within six weeks of the workshop).

This will create momentum that will include the development of a draft template for a district level EMIS (Education Management Information System). EMIS may also provide HIV/AIDS indicators.