

Acronomys

Acknowledgements

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1. Introduction

1.1 Background

Human Immuno-deficiency Virus (HIV) started to spread in Zimbabwe in the early 1980s with the first case of Acquired Immune Deficiency Syndrome (AIDS) identified in 1985. Since then, the number of reported cases of AIDS have been rising expontenally from 119 reported in 1987 to over 655,000 cumulative estimated cases by the end of 2000.

Current estimates from the National AIDS Coordination Programme of the Ministry of Health and Child Welfare, show that around 2000 people are dying of AIDS every week.

What makes AIDS unique from other diseases is that it is affecting the young adults who are the most productive segment of the population. About 70 % of the reported AIDS cases are in the age group 20 to 29 years with male cases dominating in all age groups expect in the 15 to 19 years age group.

The impact of AIDS on Zimbabwe's future is staggering. Infant mortality is now 72% higher than it would have been without the epidemic. The cumulative number of AIDS related deaths, using conservative assumptions, will reach 1.3 million by 2005, and currently 2,000 deaths a week are attributed to HIV/AIDS. Life expectancy in Zimbabwe, which was 62 years in the early 1990s, will decrease to 35 years or even lower by 2010. AIDS will also leave 900,000 orphans by the year 2005.

In addition to its enormous toll in suffering and death, HIV/AIDS is exacerbating poverty and adding to economic hardship at the national, community and family levels. Poverty and AIDS feed on one another, and the decline in economic growth in Zimbabwe is creating conditions that encourage the spread of the epidemic and make it more difficult for those infected and affected by AIDS to cope. If unchecked, HIV/AIDS will alter the country's economic prospects by retarding growth, weakening human capital especially among adults in the most productive years of their lives, discouraging investment, and leave the next generation hostage to spending most of their effort on caring for those living with HIV/AIDS. Zimbabwe's future depends on addressing HIV/AIDS forcefully, effectively, and quickly.

1.1 Response on the Ministry of Education, Sport and Culture

Zimbabwe's response to the HIV/AIDS epidemic began in 1987 when the Ministry of Health and Child Welfare (MOHCW) established the National AIDS Control Programme (NACP). Over the years there has been increased multisectoral participation in the war against HIV/AIDS as evidenced by the growing number of sectors involved in various HIV/AIDS intervention activities. Zimbabwe's development partners, international organizations, (WHO, UNICEF, etc), bilateral organizations (SIDA, DANIDA, DFID, Royal Netherlands Embassy, USAID etc) and civil society groups have played a key role in supporting HIV/AIDS interventions to prevent, control and mitigate the impact of the epidemic. In the early stages of the epidemic, HIV/AIDS was viewed as a health problem with the major responsibility of arresting it resting with the Ministry of Health and Child Welfare. As the epidemic unfolded, it was realized that the problem was a socio-economic one which needed a multisectoral response.

The Ministry of Education, Sport and Culture was identified as one of the key Government ministries that can help reduce the spread of HIV. This is because it has a ready captive target group of school going children who are regarded as the window of hope. The Ministry also employees staff at all levels who can reach the community in their day to day activities.

The Ministry's direct response to HIV/AIDS was in 1992 when the HIV/AIDS and Life-skills programme was introduced with funding from UNICEF and Royal Netherlands Embassy. In order to strengthen the HIV/AIDS prevention initiatives, the Ministry issued a Chief Education Officer's circular number 16 of 1993, making it compulsory the teaching of HIV/AIDS in all schools in Zimbabwe from Grade 4 to form 6. This was followed up by the Permanent Secretary's memorandum of June 1998 reminding all regions to uphold the requirements of circular 16 of 1993.

The MOESC had also produced a draft work plan on HIV/AIDS for the period 2000 to 2004. This work plan has been taken into account in developing this strategic plan.

1.3 Lessons Learned From Previous Programme

Implementation of the HIV/AIDS prevention programme in the Ministry has resulted in the following lessons being learnt.

- There was little participation of children and youth in assessment, analysis and implementation of the programme.
- The cascade model of training that was being followed compromised the quality of training.
- Basic information on HIV/AIDS for teachers was not emphasized resulting in apathy among teachers.
- Teachers needed counseling skills to assist children and other teachers where necessary.
- Adequate coordination and networking with all organizations working with in school youth needed strengthening.

2. Methodology

In developing this strategic framework, the following key tasks were undertaken:

(a) Desk/document Review

An extensive review of documents relevant on children, youth and HIV/AIDS was conducted. The documents that were reviewed include:-

- HIV/AIDS Prevention Education Programme. 2000-2004 Work Plan.
- The National HIV/AIDS Policy
- The National HIV/AIDS Strategic Framework
- The Education Sector Transition and Reform Programme
- United Nations Strategic Framework For HIV/AIDS in Zimbabwe (1999 – 2001)
- Zimbabwe National Orphan Care Policy
- Chief Education Officer Circular number 16 of 1993.

(b) Consultations

Consultations and interviews were held with representatives from the National AIDS Council, National AIDS Coordination Programme in the Ministry of Health and Child Welfare, UNAIDS, UNICEF, Royal Netherlands Embassy, UNESCO and officials from the Ministry of Education, Sport and Culture.

© Strategic Planning Workshop.

A strategic planning workshop was conducted to come up with the programme's major goals and objectives, major strategies and the mission statement of the HIV/AIDS unit. This workshop was attended by representatives from donor agencies, MOESC and other Government ministries. The deliberations at this workshop form the core of this strategic plan.

3. Planning Environment

The development of this strategic plan took cognizance of the economic, political and social environment prevailing in the country.

There has been an improvement in the acceptance of the problem of HIV/AIDS in Zimbabwe. The Government has set up the National AIDS Council will responsibility is to coordinate a multi-sectoral response to the HIV epidemic. The Government of Zimbabwe also introduced a 3 % AIDS levy on PAYE in January 2000 in order to raise local resources for the fight against HIV/AIDS.

A national policy on HIV/AIDS was developed in 1998. Guidelines which are of importance to the MOESC are:-

- (i) The rights of children and young people with, or affected by HIV/AIDS must be protected and respected,
- (ii) Children orphaned as a result of HIV/AIDS shall not be discriminated against in any way and require such support as is necessary to grow up with respect and dignity.
- (iii) Children and young people have the right to information and to advice on mean to protect themselves from early sex, unwanted pregnancy and HIV/STIs.

- (iv) Children and young people should be protected from any form of abuse that is likely to expose them to HIV infection.
- (v) All persons have the absolute right to clear and accurate information, education and communication on HIV/AIDS/STIs.
- (vi) Information, education and communication on HIV/AIDS/STI should address the relationships and promote positive family and cultural values through a language and approach which must be appropriate for the respective target groups.

The planning process also took into account the children's rights as enunciated in the following acts.

- The Children's protection and adoption act,
- The Education act,
- The Guardianship of Minors Act

For the rights of the worker, the guiding principles in the Statutory Instrument 202 of 1998 were taken into consideration.

During the strategic planning workshop, the following Strengths, Weaknesses, Opportunities and Threats were identified.

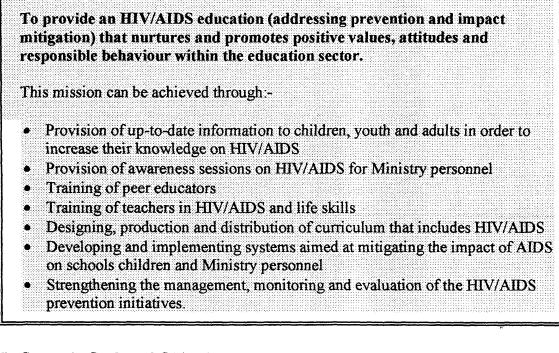
Strengths	Weaknesses
 Highly educated and informed teaching force. Existence of an HIV programme since 1993. Elaborate organisations structure reaching the grassroots. Existence of an appropriate captive target group (5 - 19 years). Good working relationships with funding agencies. Learning and teaching materials already developed. Management commitment to HIV/AIDS. Teachers ability to influence the child and chance. The use of participatory approach in teaching HIV/AIDS. Existence of social and cultural clubs in school. Presence of an HIV secretariat. 	 Inadequate planning for HIV/AIDS. Exam-oriented teaching. There is no support system for the teacher. Information dissemination distribution of HIV/AIDS materials. Poor personnel management. Lack of funding for HIV/AIDS activities. Slowness in reaching to the impact of AIDS in the Education sector. No proper coordination of similar activities done by different organisations. Overloaded curriculum. No Ministry HIV/AIDS technical advisor.
Opportunities	Threats
• Acceptance of the existence of	• Unemployment

 AIDS by the community. Availability of local expertise. International support. Media. Increasing political commitment. Increasing activity in the performing arts. Development of NAC. Increasing community involvement in education. Increasing church acceptance of AIDS. Increased awareness of the need for coordination in HIV/AIDS. Availability of Retroviral drugs. Ongoing research. 	 Adult immorality. Sexual abuse. Breakdown of family structures. Media and information technology. Inadequate housing. Institutional denial. Culture of silence. Urbanisation. Poverty. Cultural beliefs. The state of the economy.
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The above SWOT analysis was taken into account in coming up with strategies the MOESC can implement in the next five years to fight HIV/AIDS.

4. Mission Statement

The Ministry of Education, Sport and Culture's mission statement which is within the overall national vision for HIV/AIDS reads as follows:



5. Strategic Goals and Objectives

The response of the MOESC to the HIV/AIDS epidemic forms part of the overall national response. The main goals of the HIV/AIDS prevention initiatives by the MOESC were developed in a participatory workshop attended by representatives

from all the regions, Ministry of Health and Child Welfare, UNAIDS, Royal Netherlands Embassy and other donors and stakeholders. The identified goals were:-

- (i) To contribute to the reduction of the incidence and prevalence of HIV among MOESC personnel, students, pupils and the youth,
- (ii) To provide up-to-date and relevant information on HIV/AIDS to children, youth and adults that instill values and attitudes leading to positive behaviour change,
- (iii) To contribute to the mitigation of the impact of the epidemic on individuals particularly children, youth and MOESC personnel,
- (iv) To mobilize resources and build capacity of MOESC that will enable it to undertake HIV/AIDS prevention initiatives and
- (v) To effectively monitor and evaluate the MOESC's reponse to the HIV/AIDS epidemic.

Goal Number 1: To contribute to the reduction of the incidence and prevalence of HIV among MOESC personnel, students, pupils and the youth.

The specific objectives of the above goals are:-

- To increase awareness of HIV/AIDS among MOESC policy makers to enable them to make informed.
- To improve the knowledge about HIV/AIDS among MOESC personnel so as to reduce high risk sexual behaviour.
- To train selected MOESC workers as peer educators so as to equip them with interpersonal communication skills.

Goal Number 2: To provide up-to-date and relevant information on HIV/AIDS to children, youth and adults that instill values and attitudes leading to positive behaviour change,

Specific Objectives are:-

- To equip teachers with communication skills in HIV/AIDS so that they can impact the knowledge to school children.
- To develop, produce and distribute relevant IEC materials targeted at the students, pupils and adults.
- To include HIV/AIDS and life skills information in the education curriculum.
- To motivate for the formation of anti-aids clubs in schools.
- To promote dialogue among parents, teachers and pupils on issues concerning reproductive health.
- To improve provision and access to youth friendly services/

Goal Number 3: To contribute to the mitigation of the impact of the epidemic on individuals particularly children, youth and MOESC personnel.

Specific Objectives are:-

- To create a supportive and caring environment in all MOESC institutions.
- To reduce the stigma, shame and cultural silence associated with HIV/AIDS among MOESC employees, students and pupils.
- To empower the children, youth and adults in caring for the infected and affected.
- To provide psychosocial support for the infected and affected.
- To have clear orphan care and support strategies.

Goal Number 4: To mobilize resources and build capacity of MOESC that will enable it to undertake HIV/AIDS prevention initiatives

Specific Objectives are:-

- To strengthen the capacity of the MOESC to mobilize resources.
- To conduct fund raising activities.
- To strengthen the HIV/AIDS unit's organizational structures and systems.

Goal Number 5: To effectively monitor and evaluate the MOESC's reponse to the HIV/AIDS epidemic.

Specific Objectives are:-

- To support relevant research projects that will contribute to the improvement of the HIV/AIDS prevention initiatives
- To effectively monitor and evaluate the MOESC's response to HIV/AIDS.

6. Priority Strategies and Interventions

In order to achieve the above goals and objectives, the MOESC will concentrate on the following strategies.

Education and awareness. The core business of the MOESC is to provide knowledge. The MOESC has a comparative advantage in this issue. Teachers will continue to be trained in HIV/AIDS so that they can impact the knowledge to their pupils and students. Awareness session and training programmes will continue to be provided to the MOESC staff so that they have knowledge on HIV/AIDS. The Ministry will also use its expertise to reach parents and out of school youth on positive behaviour.

Impact Mitigation. Given the stage of the epidemic, the MOESC need to put in strategies to address the impact of HIV and AIDS both on its personnel and children. Given that about 900,000 children will have been orphaned by AIDS in 2005, the MOESC will look at ways of assisting these orphans to have a decent education. These will be done by effective coordination with the National AIDS Council, Department of Social Welfare and other interested development partners and stakeholders.

Resource Mobilisation. MOESC recognizes the importance of continuous resource mobilization efforts. MOESC places a high priority on long term resource mobilization. Resources will be mobilized from the Government itself and from

local resources outside Government. A resource mobilization plan will be developed by the Ministry soon.

Institutional strengthening and management support. Given the magnitude of the problem and the increasing responsibilities of the HIV/AIDS unit as the epidemic progresses, the need to strengthen the unit has been identified as a priority. The HIV/AIDS unit will be strengthened through training of existing staff, recruitment of additional staff when necessary, acquisition of computers, vehicles and other necessary equipment.

Coordination. MOESC believes in a well coordinated response to the AIDS epidemic. The MOESC will strengthen its networking with the National AIDS Council, other line Ministries, development partners and AIDS services organizations particularly those working within schools and with the youth.

7. Monitoring and Evaluation

The MOESC places significant value on monitoring and evaluation of this strategy as well as the programmes it encompasses. For the MOESC to measure progress in implementation of its strategy, there will be continuos collection of information on how resources are being acquired and used, activities essential to implementation are proceeding and generally whether things are working out as intended. Programme evaluations will be conducted through periodic reviews during the implementation period to identify the extent to which specified objectives are being achieved.

Both qualitative and quantitative data collection methods will be used to collect information. The MOESC believes that monitoring and evaluation are critical to the success of the project.

Both process and impact indicators will be used during programme evaluation.

A detailed monitoring and evaluation strategy will be developed by the MOESC.

8. Resource Requirements

Enormous resources will be required to implement this strategy. Detailed costing of this strategy will be done and will be followed by marketing it to various development partners for funding.

Summary of Objectives and Major Activities	Objectively Verifiable Indicators	Means Of verification	Important Assumptions
Overall National Goal			
To contribute towards the reduction of the incidence of HIV, AIDS and STIs in the general population in	Measurable decrease in HIV, AIDS and STIs in the general population	 Ministry of Health and Child Welfare HIV and STIs sentinel survey Reports 	Provided the Ministry of Health and Child Welfare undertakes these surveys.
Zimbabwe.		2. Zimbabwe Demographic and Health Surveys	
Purpose (Mission)	Indicators Reflecting measurable behaviour change		
To provide an HIV/AIDS	- Universal awareness among	1. Ministry of Education,	Provided funds are available to
education (addressing prevention and impact	staff members on the Ministry of Education, Sport	Sport and Culture Surveys	undertake these surveys.
mitigation) that nurtures and	and Culture of at least two	2. Ministry of Health and	
promotes positive values, attitudes and responsible	ways of preventing HIV/AIDS by end of project.	Child Welfare HIV and STIs sentinel survey	
behaviour within the education sector.		Reports 3. Zimbabwe Demographic	
		and Health Surveys	

LOGICAL FRAMEWORK MATRIX Ministry Of Education, Sport And Culture HIV/AIDS Prevention Programme for Planning Period (2002 – 2006)

Means Of verification
s Of verification Ministry of Education, Sport and Culture Surveys Ministry of Health and

Summary of Objectives and Major Activities Results	Objectively Verifiable Indicators Indicators Reflecting the deliverables due to the implementation of major activities	Means Of verification
R1: Up-to-date information and knowledge on HIV/AIDS is provided to children, youths and adults.	1.1 Revised guidelines on HIV/AIDS for Primary and Secondary School Teachers are produced by the end of 2002	1.1 Revised guidelines
	1.2 Revised guidelines for teacher education are produced by end of 2002.	1.2 Revised guidelines
	1.3 At least 90 % of teachers are trained in HIV/AIDS and life skills by the end of the project.	1.3 Training reports
R2: Knowledge on HIV/AIDS among Staff of MOESC is improved	2.1At least 90 % of MOESC personnel have attended an AIDS awareness session by end of 2002	2.1 AIDS awareness reports
	2.2 At least each station has 1 trained peer educator by end 2002	2.2 Peer educator training reports
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Summary of Objectives and Major Activities	Objectively Verifiable Indicators	Means Of verification	Important Assumptions
Results	Indicators Reflecting the deliverables due to the implementation of major activities		
R2: Knowledge on HIV/AIDS among Staff of MOESC is improved (Continued)	2.3. At least one sensitization workshop is conducted for key policy makers in the Ministry per year.	Sensitisation workshop report	
R3: Systems to mitigate the impact of HIV/AIDS in the	3.1 Survey on human resources policies is carried out.	Survey report	
education sector are in place.	3.2 Modified Human resources policies are available by end of 2002	New Policy document	The new policies are accepted by the Public Service Commission.
	3.3 At least 1 awareness session on human resource policies in conducted in each region per	Awareness sessions reports	
	year 3.4 Modified human resources policies are available in all schools and institutions.	New Policy document	
	3.5 At least two training workshops on counseling and care are conducted for staff every year.	Counselling workshop report	
	3.6 Procedures to assist orphans with their education are put in place	Agreements with Department of Social Welfare and other donors	

Summary of Objectives and Major Activities	Objectively Verifiable Indicators	Means Of verification	Important Assumptions
Result	Indicators Reflecting the deliverables due to the implementation of major activities		
R3: Systems to mitigate the impact of HIV/AIDS in the education sector are in place (continued)	3.7 At least 20 % of schools introduce lessons on positive living every year.	Teacher reports and timetables	
R4: System for access to funding are in place	4.1 Formal agreements with at least 2 donors are signed by end of	Finance reports	Donors are willing to support MOESC HIV/AIDS prevention initiatives
	4.2 A budget for HIV/AIDS is obtained from Ministry of Finance	·	Ministry of Finance see the need to allocate funds to HIV/AIDS.
R5: Institutional strengthening and	5.1 Organisation capacity of HIV/AIDS unit conducted by	Organisational capacity report	
management support ensured.	June 2002. 5.2 Training needs of staff in		
	HIV/AIDS unit identified by June 2002.	Training Reports	
	adequately furnished by March 2002.		
	5.4 All Key personnel (secretariat and regional coordinators) are trained in identified training	Training Reports	
	needs by end of project		

Summary of Objectives and Major Activities	Objectively Verifiable Indicators	Means Of verification	Important Assumptions
Result	Indicators Reflecting the deliverables due to the implementation of major activities		
R6: The HIV/AIDS prevention programme in effectively monitored and	6.1 The HIV/AIDS prevention programme is managed according to agreed upon	Progress Reports	
managed	operational plan. 6.2 Annual Review and planning meetings are conducted in each	Planning meeting reports	
· · · · · · · · · · · · · · · · · · ·	region 6.3 A mid term and end of project evaluation are conducted.	Mid term and end of projects evaluation reports	Funds are available to carry out the evaluations
	6.4 Operational research is conducted are results utilized.	Research reports.	
R7: Networking with other line Ministries, AIDS service organization and donors is ensured.	7.1 One networking meeting is conducted with other AIDS services organization and line Ministries every quarter.	Networking meetings reports	

Key Strategic Issue	Objectives	Activities	2002	2003	2004	2005	2006
1. Education and Awareness	1. To provide up-to-date and	- Training of teachers in	X	×	X	X	×
	relevant information and	HIV/AIDS education					
	knowledge on HIV and AIDS	- Revision of the HIV/AIDS	×				
	to children, the youth and	curriculum					
	adults that instills values and	 Develop and produce 	X	×			
	attitudes leading to positive	guidelines for primary schools					
	behaviour and a reduction in	 Develop and produce 	×	×			
	the incidence of HIV and STIs.	guidelines for secondary					
		schools					
		 Distribute the guidelines 	×	×	×		X
		- Conduct HIV/AIDS lessons for	×	×	×	×	X
	i,	pupils and students in schools.					
	\$	- Motivate for the establishment	X	X	×	×	X
		of anti-AIDS clubs in schools.					
	2. To reduce the	- Identification and training of	X	X			
	incidence/prevalence of HIV	staff as peer educators					
	among Ministry of Education,	- Identification and recruiting	X	×			
	Sport and Culture personnel	training facilitators					
		- Conduct HIV/AIDS awareness	×	×	×	×	X
		sessions for workers					
		- Conduct sensitization sessions	X	×	X	×	X
		for top policy makers in the		-			
		Ministry.			,		

Ministry of Education, Sport And Culture. Five Year Action Plan

Key Strategic Issue	Objectives	Activities	2002	2003	2004	2005	2006
2. Impact Mitigation	1. To create a supportive	- Baseline survey on human	X				
	and caring environment in all Ministry of	resources available at different levels of the Ministry					
	Education, Sport and	- Modify existing human	×	X			
	Culture institutions.	resources policies to make them AIDS friendly					
		- Conduct awareness workshops		X	X	×	X
		on human resources policies.		×	×	×	×
		policies as widely as possible.					
	2. To reduce the stigma,	- Conduct awareness sessions	X	×	×	X	×
	silence associated with	- Identify and recruit HIV+	X	X	×	X	×
	HIV/AIDS among	volunteers to conduct some					
	students and pupils	- Refer staff and students to	X	X	X	X	X
		psycnosocial support services.					
	3. To empower the	- Train teachers and peer	X	X	X	X	×
	children, the youth and adults in caring for the	educators in the Ministry on Basic counseling skills.					
	infected and affected.	- Develop and distribute	X	X	X	X	X
		materials on care and living positively					
		- Introduce lessons on living	×	X	X	×	×
		positively in schools.					

Key Strategic Issue	3. Resource Mobilisation				4. Institutional strengthening and management support				
Objectives	1. To mobilize resources for the Ministry of education, sport and culture that will enable	it to undertake HIV/AIDS prevention	initiatives	ł	 To provide capacity building and support initiatives with a view 	to strengthen HIV/AIDS prevention programmes in the	Sport and Culture.		
Activities	 Produce a detailed budget for the HIV/AIDS 5 year strategic plan Develop a fund raising 	- Identify potential sources of	- Develop project proposals for	- Conduct fund raising activities	 Conduct organizational capacity assessment of the HIV/AIDS education unit 	 Identify capacity building needs of the HIV/AIDS unit Train HIV/AIDS unit staff in 	- Acquire the necessary office equipment for the unit (e.g. computers, faxes etc)		17
2002	××	×	×	×	×	××	×		
2003			×	X		X			
2004			×	×		X			
2005			×	X		×			
2006			X	×		×			

Key Strategic Issue	Objectives	Activities	2002	2003	2004	2005	2006
5. Research, Monitoring and Evaluation	1. To support relevant research projects that will contribute to	- Conduct a baseline study on available HIV/AIDS materials	×				
	the improvement of the HIV/AIDS prevention initiatives.	- Conduct a study on accessibility to human	×				
	ал С	 resources policies. Conduct a baseline study on knowledge of HIV/AIDS issues among pupils, students and teachers 	×				
	2. To monitor and evaluate the	- Develop monitoring strategies	X				
	HIV/AIDS	 Conduct monitoring visits to schools and other institutions 	X	×	X	×	X
		 Conduct impact studies of HIV/AIDS in the education sector. 	X	X	X	×	×
		- Train staff in data gathering, retrieval and analysis.	X	X	X	X	X
		 Conduct regional, provincial and district planning meetings 	×		-		
		 Conduct networking meetings with line Ministries, NAC, 	×	X	×	×	×
		NGOs and all other					
		schools on HIV/AIDS.					

5. Research, Monitoring and Evaluation (Continued) HIV/A	Key Strategic Issue Objectives	
2. To monitor and evaluate the Ministry's response to HIV/AIDS (Continued)	tives	
 Organise and undertake an annual review and planning meeting Conduct Mid Term evaluation 	Activities	
×	2002	
×	2003	
× × .	2004	
×	2002 2003 2004 2005 2006	
×	2006	