

IDENTIFYING PROMISING APPROACHES IN HIV/AIDS AND EDUCATION

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Introduction

Twenty years into the HIV/AIDS epidemic, the question is no longer how will it affect the education sector. The issue now is extent to which the sector is being affected by the epidemic and what responses could be, or are being put in place to address the negative consequences. It is now acknowledged that the impact of HIV/AIDS in the education is systemic. It not only affects learners and teachers but it is also a problem for education managers. In short, the epidemic is affecting both the demand and supply of education in terms of quality, quantity, and process (Kelly 2000).

Against this background, in April 2000 the Association for the Development of Education in Africa (ADEA) initiated an exercise aimed at identifying effective responses by education systems to the effects of HIV/AIDS on the education structures of countries in sub-Saharan Africa. The objective was to identify promising approaches and interventions in the education sector to issues caused by the epidemic. The intent was to focus on (i) the impact of HIV/AIDS on the functioning of the education sector (mainly, in terms of its effects on teachers and students), and (ii) ways by which the education sector can respond to the challenges of HIV/AIDS (mainly, through the teaching of relevant values and life skills). Interventions and policy responses to the ravages of HIV/AIDS that show promise in tackling the problems caused by this epidemic were identified and analysed. This is part of ADEA's long-term strategy of developing a "culture" amongst the ADEA partners — ministers, agencies, professionals and researchers — of finding responses from within the African context to the issues, problems and constraints we know all too well.

Ministries of Education in sub-Saharan African were invited to participate in the exercise. They were requested to take stock of activities underway within their education systems that address HIV/AIDS related problems. This included on-going policies, programs, innovations, and/or experiences that show promise in tackling the problems caused by HIV/AIDS in the education sector — be they happening throughout the education system, in one or several schools, and/or in one or several communities. Participating countries were expected to analyse what it is about such activities that show promise, and why. The initiative sought to stimulate countries to take a close look at, and take stock of HIV/AIDS interventions in the education sector, how they operate, what makes them work, and their results. The ADEA initiative was aware that in some, if not most cases, it could be premature to talk of actual results, let alone success. In such cases, ministries of education were encouraged to focus on their expectation for positive results. The countries that participated in this exercise are listed in Table 1.

This initiative is built on the broader initiative and methodology of ADEA's "Prospective, Stock-Taking Review of Education in Africa" which was initiated in 1998 and

presented at ADEA's 1999 Biennial meeting.¹ That exercise identified successful experiences to the challenges of quality, access, and capacity development in African education systems. The spirit and philosophy of the prospective stocktaking approach is to stimulate mutual learning (countries learning from each other), a philosophy based on the belief that it is possible to find solutions to Africa educational problems that are contextual and home grown.²

¹ See Association for the Development of Education in Africa (2001). It should be noted that 26 countries completed case studies for that exercise, compared with only nine for the HIV/AIDS exercise reported here. Resources (financial, technical, follow-up) available to countries for each of these two exercises were about the same.

² See Ndoye (2000).

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

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

* Denotes countries that submitted a complete, final report

Purpose and Scope

Seventeen countries responded to the invitation to participate in this exercise. This paper is a synthesis of findings to-date of the case studies from those countries, not all of which are fully completed. Indeed, this paper is a report of an on-going exercise composed of case studies at different phases of their work. In other words, the objective of this exercise is to focus on promising approaches to tackling the epidemic within the context of the education sector. For this reason, we do not present the usual background information on rates of prevalence, nor on the general HIV/AIDS situation in the countries.

Effective or promising approaches?

To identify an "effective approach" we need to define *effectiveness*. Literature on effectiveness of interventions aimed at preventing HIV and mitigating its impact is scanty — especially in the field of education. This is partly due to the "newness" of the interventions. It has taken education ministries a long time to accept the inevitable — that HIV/AIDS is a formidable problem — and establish appropriate interventions. Secondly, monitoring and evaluation of interventions is a weak in most education ministries. HIV/AIDS interventions have suffered from this. Nevertheless, to identify an effective approach would entail looking at it both in terms of input and output, as well as the process through which inputs are made available and transformed into output. Clearly, this would be difficult to achieve given some of the issues raised in respect to HIV/AIDS interventions in the education ministries. We have, thus, opted for a more pragmatic approach, which we call an analysis of "promising" approaches.

By analyzing promising approaches we are seeking to harness the benefits of scientific investigation and, at the same time, develop capacity of ministry staff who, in most cases, were/are the researchers and authors of country case studies. Instead of going around countries looking for evidence of effectiveness of interventions, we have opted for an approach that would put education ministries in a reflective mode — an approach designed to enable the ministries to reflect on what they are doing, identify strengths and weaknesses of their interventions, scale-up what shows promise, and formulate policy and programmes to strengthen weak areas.

Approaching the issue from this vantage point underscores the fact that problems wrought by HIV/AIDS in the education sector are still escalating. Effective counter measures and interventions, therefore, are still in their infancy. More important, however, is that the term "promising" confers a sense of expectation that may stimulate education ministries to look deeper into processes and methodologies, as well as structures and resources to support HIV/AIDS interventions. For these reasons, we did not embark on this exercise with a set of qualifiers or indicators to characterise "a promising approach." Rather, the research teams and respondents were expected to explore and innovate and bring to surface issues that are pertinent to the interventions being analysed and indicators that make sense to the target groups.

Methodology

The work reported here is exploratory. Each education ministry interested in joining the exercise submitted a proposal for a case study. Except for Zanzibar, all the countries that submitted research proposals have HIV prevalence rate higher than five percent. In that

sense, they are all facing a severe epidemic. Given that each country submits its own proposal to ADEA, there is wide variety in the research and design of the different case studies. In all countries, evidence was collected using questionnaires, in-depth interviews, and/or focus group discussions.

Given the lack of information on how education systems are responding to the HIV/AIDS crisis, this approach appears justified. For this reason, it is important to keep in mind that the “promising approaches” reported here are those selected and reported by the education ministries that responded to ADEA’s invitation to participate in this exercise. In other words, the results are self-selected, according to criteria established by each country.

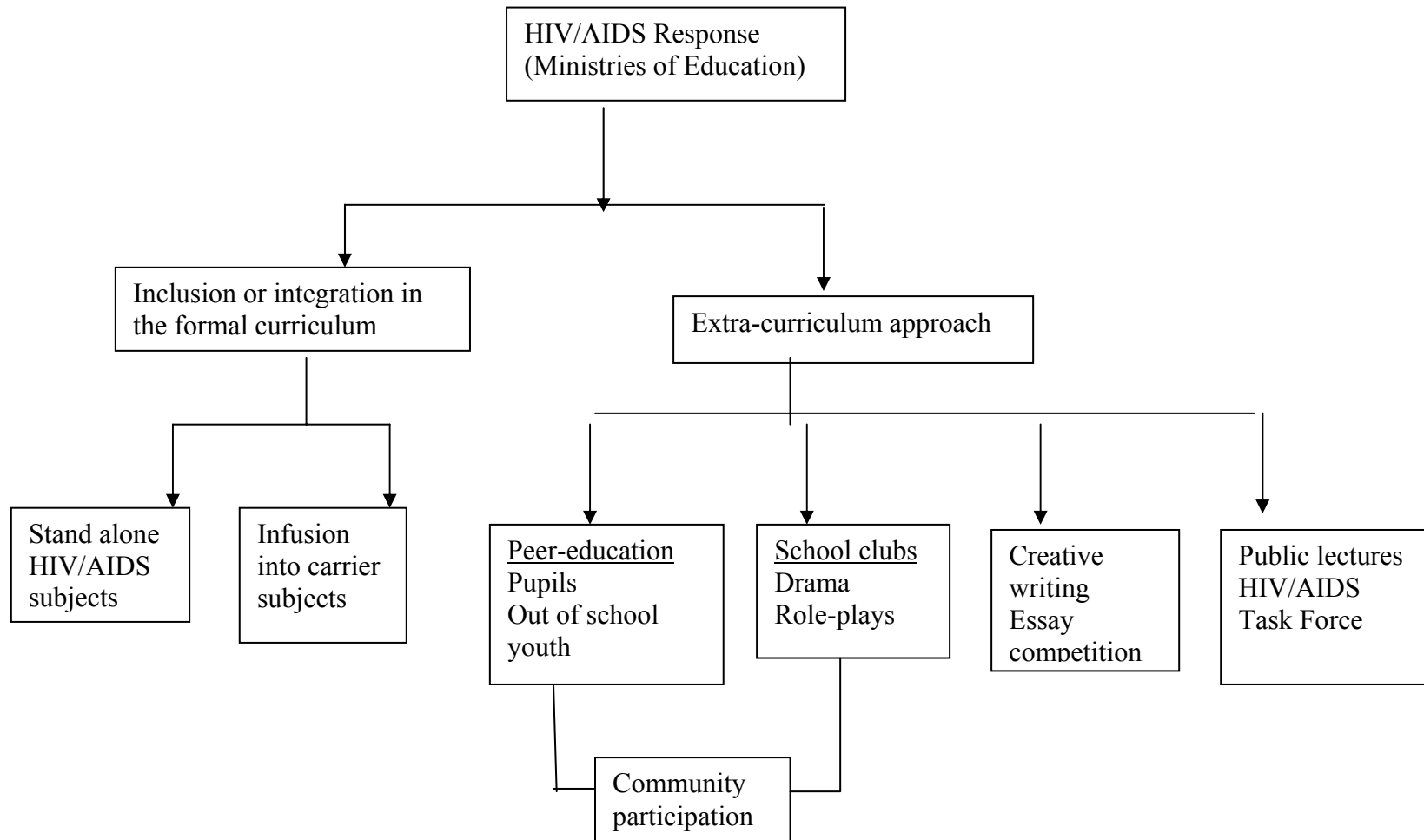
Indicators of effectiveness or promise were not defined before the selection of promising interventions was made. Some case studies administered questionnaires to samples of students and teachers, which enabled the construction of indicators used in those studies. In the Mali study, for example, the indicators of “promise” were participation rate in club activities, attitudes and opinions about participating in club activities and the membership figures. The studies for Niger, Senegal, Swaziland, Zanzibar, Togo and Burkina Faso assessed students’ knowledge, attitudes and behaviour in relation to biological aspects of HIV/AIDS, methods of prevention and other problems related to the pandemic. The Tanzania study assessed declines in pregnancies, love letters, and cases of sexual abuse, as well as use of health services for advice on sex. None of the case studies is able to measure individual behavior change as a result of interventions or participation in a “promising” activity.

One of ADEA’s requirements was that the findings and recommendations of the case studies be disseminated widely within and outside the participating countries. To this end, a one-day dissemination workshop was organised in each of the following countries — Tanzania, Zanzibar, Swaziland, and Namibia. A regional workshop for West African countries was organised in April 2001 and a similar workshop was organised for East and Southern African countries in July 2001. A preliminary synthesis of case studies was presented at the ADEA 2001 Biennale held in Arusha, Tanzania, in October 2001.

Overview of the case studies

Figure 1 presents an overview of the approaches reported by all of the countries that have indicated willingness to participate in this exercise. To date, however, not all have completed their case studies. The following overview presents those that have been completed.

Figure 1: Approaches to HIV/AIDS in Education in Africa



Burkina Faso : l'efficacité de l'approche multisectoriel.

L'étude consiste d'une évaluation qualitative des trois composantes que sont le partenariat, les interventions et la coordination à Gaoua. Ce projet est un bel exemple de partenariat de lutte contre le VIH/SIDA malgré la montée du taux de prévalence dans la région, montée qui serait due à l'exode massif des Ivoiriens vers la région.

Le projet intervient au sein du système éducatif dans la région de Gaoua. Les enseignants sont regroupés au sein des comités de lutte contre le Sida au sein desquels ils sont formés à la biologie et aux problèmes de la pandémie. De leur côté, les élèves disposent de cellules scolaires au sein desquelles ils reçoivent l'éducation en matière du VIH/SIDA et des IST. Ces clubs sont encadrés par le projet et leurs activités consistent en des causeries éducatives, des théâtres, et des forums. Le projet prend aussi les orphelins en charge.

Les interventions ont lieu au niveau communautaire et local. Ici les agents de chaque service public regroupés pour créer un comité de lutte contre le SIDA participent à la mise en œuvre du plan d'action provincial dans leur secteur. Les ONG, de leur côté, contribuent au financement des activités définies par les secteurs. Les OBC sont des organisations associatives qui mènent des activités de sensibilisation. Au niveau des populations locales, chaque village a créé son comité de lutte contre le SIDA et participe à la mise en œuvre du projet multisectoriel.

L'approche de Gaoua s'illustre par un partenariat riche. Ce partenariat est organisé suivant les niveaux de responsabilités. Ainsi le niveau national réunit les services de l'Etat, le niveau régional réunit les ONG, le niveau des communautés réunit les organisations à base communautaire (OBC), le niveau local réunit les communautés. La coordination de toutes les activités est assurée par un comité provincial dirigé par le Haut Commissaire de la province. Le comité comprend les représentants des services publics, des ONG, des OBC et des villages. Il examine les projets d'activités et gère l'ensemble des contributions financières destinées à leur financement.

Burundi : les programmes de formation des enseignants

L'étude a consisté à évaluer, les programmes scolaires, le matériel didactique et les clubs scolaires antisida ou *clubs stop SIDA*. L'étude montre que le niveau des connaissances des élèves et des enseignants en matière du VIH/SIDA est satisfaisant et que ceux-ci ont adopté des attitudes favorables vis-à-vis des programmes de prévention, y compris les clubs. Par contre, il apparaît que le matériel didactique conçu par le Bureau d'Education Rurale (BER) n'est pas adapté.

Mali : les forces et les faiblesses des clubs antisida

Sur la base d'un échantillon, l'étude a évalué le taux de participation aux activités des clubs, les attitudes et opinions par rapport aux activités des clubs, le niveau l'adhésion aux clubs ainsi que les forces et faiblesses de ceux-ci.

A propos de la participation aux activités des clubs, les résultats montrent que les élèves apprécient plus les conférences, les causeries-débats et la distribution des préservatifs que les autres activités : 37,9% (majorité relative) d'élèves de l'échantillon déclarent avoir participé aux conférences, 27,6% déclarent avoir participé aux causeries-débats et 23,7% à la distribution des préservatifs.

Quant au changement d'attitudes et d'opinions sur la prévention du VIH/SIDA, 49,2% (majorité relative) des élèves disent que les clubs scolaires ont favorablement agi sur eux. Ce changement a eu pour conséquence l'abandon des

relations sexuelles sans préservatifs ou le choix de rester avec un(e) seul(e) partenaire. Pour ce qui est du niveau d'adhésion aux clubs, 32,5% des jeunes répondent que la majorité des jeunes y ont adhéré.

Cette étude a signalé les forces et les faiblesses des clubs antisida. « Les forces des clubs résident dans l'existence d'un organe de sensibilisation animé par les élèves qui y travaillent bénévolement ; elles résident aussi dans l'utilisation des élèves comme animateurs (ce qui facilite la communication) et dans la formation au préalable des encadreurs et des élèves-animateurs aux approches de communication. » Au nombre des faiblesses, il y a incontestablement le fait que l'organisation manque de moyens. En outre, les chefs d'établissements ont laissé entendre que les activités des clubs se réalisent de façon discontinue. Ce qui signifie l'absence de continuité dans les activités entamées. L'absence de programmes planifiés dans le temps, constitue une faiblesse des clubs.

Namibia: A peer-led HIV/AIDS intervention

The Namibian ministry of education, sports and culture has incorporated HIV/AIDS into the curriculum and extra-curricular programmes to complement and strengthen the former. The country case study was designed to analyse the curricular and extra-curricular interventions with the view of identifying a promising programme. About 1,500 pupils were interviewed and the survey covered six out of the seven educational regions. Interviewees were asked to rank interventions according to the perceived "effectiveness" of the programme in imparting knowledge on HIV/AIDS and facilitating the process of behaviour change. All respondents pointed out that My Future is My Choice (MFMC) — a peer education programme — is the best. Reasons given for the choice of the MFMC programme include the following: (i) The programme is participatory nature. Although it is delivered to the pupils by a group of out-of-school youth, pupils are able to relate to it and can provide inputs into it; (ii) The programme is relevant because it captures both in school and out of school discourses on sexuality and HIV/AIDS; (iii) Pupils claimed that MFMC has provided room for dialogue on sexual matters and some claimed that it has helped them reduce their sexual risk. There is an overwhelming demand for the programme to be expanded to cover pre-teen children.

The analysis shows that besides the informal nature of the programme, which is undoubtedly one of the factors that makes it very attractive to children, the very process of designing and implementing MFMC has been instrumental in making it a promising approach. MFMC is a multi-sectoral programme driven through collaboration between government, religious groups, UN agencies, and NGOs. This has not only given MFMC a wide legitimacy, it has catalysed the availability of resources from a variety of stakeholders.

Sénégal : l'impact de l'approche curriculaire

Il s'agit de trois dimensions qui sont : (i) l'éducation/formation, (ii) l'information et la sensibilisation et (iii) le matériel didactique.

Tant pour l'évaluation du volet éducation/formation que pour celle du volet information/sensibilisation, la méthodologie utilisée dans l'étude du Sénégal a consisté à interroger un échantillon d'élèves et d'enseignants pour mesurer leurs attitudes et connaissances en matière de VIH/SIDA.

Les résultats sur l'éducation/formation montrent que les élèves de l'école primaire ont des connaissances satisfaisantes sur la biologie, la gravité et les voies de transmission du VIH/SIDA. Les élèves de 3^{ème} (150 élèves) montrent des performances médiocres en biologie de la pandémie, en prévention et en prise en charge. Mais ils ont plus de

connaissances en matière de voies de transmission du virus. Les élèves de Terminale (50 élèves) et les étudiants (99) maîtrisent la biologie du VIH/SIDA, sa gravité, ses modes de transmission et de prévention et les mécanisme de la prise en charge.

A propos de l'information/sensibilisation, les résultats montrent que cette approche est plus efficace que l'éducation/formation : les élèves y ayant été exposés expriment leur peur de la maladie, disent que leur comportement a changé et qu'ils sont déjà engagés à s'impliquer dans la lutte contre la pandémie. Quant aux enseignants, 59,1 % d'entre eux déclarent qu'ils n'ont pas mené des activités d'information/sensibilisation dans le cadre du programme de lutte parce que la plupart n'avaient pas bénéficié d'une formation pouvant leur permettre de parler du SIDA aux élèves avec maîtrise. Les résultats relatifs au matériel didactique prétendent que 62,5 % de répondants (non spécifiés) estiment que le matériel didactique utilisé lors de l'éducation/formation et des séances d'information/sensibilisation est fiable mais que 53,1 % le trouvent pertinent.

L'étude signale que ces résultats ne sauraient être attribués à ces seules interventions parce qu' « *il est difficile, du point de vue de l'évaluation, d'identifier ce qui, dans les résultats, relève des actions directes développées à l'école (variables proximales) et ce qui résulte des actions indirectes développées au niveau national et international dans le cadre de la lutte contre le VIH/SIDA (variables distales).* »

Swaziland: Approaching HIV through a Task Force

The School HIV/AIDS Intervention Programme (SHIP) is a collaborative activity between the Ministries of Education, Health and Social Welfare on the one hand and three NGOs. The SHIP team is made up of people living with AIDS (PLWA), nurses, teachers, and career guidance/counselling officers. SHIP team members are tasked with dissemination of information on HIV/AIDS by holding training sessions for teachers and pupils (age 10 and older) at each of the 750 schools in the country. Training sessions cover three main topics: basic facts on HIV and AIDS, Positive Living and Life Skills.

The case study sought to analyse the contribution of SHIP to knowledge of HIV/AIDS and change of behaviour among target groups. Although the programme had only covered 240 schools at the time of this study, findings show that the programme has managed to broaden the knowledge base on HIV/AIDS both teachers and pupils. Respondents claimed to have learned some new things but most important they liked the programme because presenters allowed free discussion and welcomed a wide range of questions that it would normally be in the teacher/class context. The critical weakness of this approach is *consistency*. Respondents pointed out that a once a year contact between trainer and trainee is not optimal, particularly given that trainers spend but a few hours at every school. Much as the intervention in Swaziland is breaking new ground, the country team is aware that what is needed to achieve long-term behavioural change is not a one-time intervention but a more substantive one and school-based for that matter.

Tanzania: School – Community and Peer Interaction in Controlling HIV/AIDS

The case study selected by the Tanzanian ministry of education is the analysis of the School Youth Programme that is executed by the ministry in collaboration with Tanzania/Netherlands Support Project to Control AIDS (TANESA). The School Youth Programme is currently implemented in two districts, namely Magu and Mwanza in northwestern Tanzania. This multi-pronged programme is made up of three inter-linked and

mutually reinforcing components – peer education, school guardian, and school HIV/AIDS action committee.

Peer education is a child-to-child method of HIV/AIDS information dissemination and is carried out by pupils chosen by their peers in consultation with teachers. It is targeted at standards 5 to 7 (children between 12-15 years of age). The school guardian component is hinged on selection of one or two teachers at a school whose responsibility is to guide and counsel children. Its *raison d'être* is to guard against sexual exploitation of [girl] pupils by teachers and community members. The school guardian is appointed by consultation between pupils and the school committee (made up of teachers, parents, and community members). The School AIDS Action Committee is comprised of members drawn from school (teachers) and community. It is a forum through which the community participates in school HIV/AIDS events but also a vehicle through which concerns and views of pupils and teachers are incorporated into village agenda (including by-laws).

The case study indicates that over the five year period since inception the School Youth Programme has registered the following achievements:

There has been a marked decrease in incidences of pregnancy among schoolgirls.

There has been marked reduction in love letters and sexual encounters among pupils.

Collaboration between school authorities, community, and village governments has improved markedly.

There has been a reduction in sexual abuse of schoolgirls by teachers.

Pupils have become confident in seeking sexual health services as well as seeking counselling services from teachers (particularly guardians).

Although it has been difficult to quantify the achievement (largely due to lack of baselines), interviewees (pupils, teachers, village leaders, and educational authorities) claimed that the programme has brought qualitative change in behaviour not only among pupils but also among teachers and members of community. The programme has also enabled the fears and concerns of school children to be addressed in legal instruments such as village by-laws. The strong point and lesson from the Tanzanian case study is that it is possible to implement a complex intervention provided the individual components fit tightly into a coherent whole. Also, strong participation by the local community is key to the operation of school-based HIV/AIDS interventions.

Zanzibar's School Health Clubs

In seeking to complement curriculum-based HIV/AIDS education, the Zanzibar ministry of education initiated School Health Clubs in 1999. This is a pilot project currently implemented in six schools on the island. The main objective of this intervention is to equip pupils with knowledge and life skills required for survival in a world with AIDS. It is targeted at in-school youth aged 11-16. In order to compare the effectiveness of the school clubs the case study compared pilot and non-pilot schools.

Findings indicate that school clubs are useful vehicles of HIV/AIDS information among members. The Zanzibar school clubs have small membership and thus information tends to circulate within this small population. Although there was no statistical significance in HIV/AIDS knowledge between pilot and non-pilot schools, further analysis indicate that clubs are useful in connecting schools and community as parents and community leaders are

involved either as club committee members or as audience to dramatic pieces produced by clubs.

Summary of Results

The following table summarizes the results

Pays	Résultats
Tanzanie	<ul style="list-style-type: none"> ● Réduction des grossesses précoces, ● Réduction des lettres d'amour, collaboration entre les partenaires, ● Réduction des abus sexuels, ● Recherche des services de santé et de conseils en matière de sexualité.
Burundi	<ul style="list-style-type: none"> ● Acquisition des connaissances, des comportements responsables et des informations sur la pandémie
Namibie	<ul style="list-style-type: none"> ● Participation massive des jeunes aux activités du programme
Swaziland, Zanzibar, Burkina Faso, Niger, Sénégal, Mali, Togo	<ul style="list-style-type: none"> ● Acquisition des connaissances et d'information sur la pandémie, liberté de s'exprimer pour acquérir d'autres informations ● Participation massives des jeunes, des enseignants et des parents aux activités

Policy Implications

Curricular and extra-curricular approaches

In general, the case studies reveal that the education sector responses to HIV/AIDS are primarily through the curriculum and related activities. None of the completed case studies focused on issues related to management of the education system. Curricula approaches include (i) introduction of HIV/AIDS topics into carrier subjects such as biology, social studies, hygiene, reproductive and sexual health, family life education, life skills, and counseling and guidance, and (ii) stand-alone subjects on the biology and transmission of HIV and consequences of AIDS. Using the curriculum allows the schools to address HIV/AIDS issues directly to young children. It means that knowledge and attitudes likely to modify traditional behavior will be disseminated throughout the age group. This increases the likelihood that these children, in turn, will become informed and credible communicators within their peer groups.

Senegal and Burundi have focused on this approach. All the other case studies mention the formal curriculum and indicate that is playing a role, although perhaps only a supporting role to other approaches.

Extra-curricular activities are another common approach. They include child participant approaches, such as role-plays, peer education, school club activities, drama, and creative writing. Like the curricular approach, extra-curricular activities are designed to build

knowledge on various aspects of HIV/AIDS and elicit responsive behavioural and attitudinal responses from learners. Notably, many of these approaches are based on peer group strategies, whereby the social and cognitive learning about HIV/AIDS occurs mostly within peer groups.

Namibia, Mali, Burkina Faso and Togo identify school clubs as promising strategies. Their analyses show that all the school clubs provide important support for other approaches, such as curricular activities. Although the Senegal study did not focus on such clubs, it recognizes their importance in complementing and, even, orienting the work of the schools. Senegal has used peer educators and “bridging students” (élèves relais). The proposal submitted by Côte d’Ivoire provides extensive information on their school clubs (“clubs anitsida”).

Perhaps the most innovative part of the extra-curricular approach is the involvement of community groups and NGOs in the design and/or execution of some of the interventions, notably peer education (Tanzania mainland, Namibia) and school clubs (Zanzibar). Indeed, the case studies suggest that NGOs are playing an important role in the delivery of HIV/AIDS-related programs and activities.

These two approaches (curricular and extra-curricular) have not been adopted on an either/or basis but, rather, in combination. Thus, schools may offer both HIV/AIDS knowledge through the formal curriculum and extra-curriculum activities. In other words, the approaches complement each other, rather than compete in terms of method and audience

Les clubs antisida sont une illustration du pouvoir de l’éducation par les pairs et du bénéfice d’apprendre en dehors du système formel d’éducation. L’approche de lutte contre le VIH/SIDA par les clubs repose essentiellement sur l’éducation par les pairs. La force de ce mode d’éducation tient au fait qu’une idée ou information peut facilement être acceptée et partagée si elle émane d’un individu avec qui l’on partage les mêmes préoccupations.

Dans les sociétés où les enfants organisent des jeux ensemble, les enfants légèrement plus âgés que d’autres jouent un grand rôle dans l’éducation de leurs cadets. Ils imitent les maîtres pour enseigner la lecture, la récitation, le chant aux cadets et, très vite, les cadets récitent ces lectures et ces récitations et chantent. Dans cette situation d’enseignement et d’apprentissage, les connaissances sont vite assimilées grâce au climat de confiance et de tolérance qui existe entre les enfants-enseignants et les apprenants et grâce à l’adaptation du langage utilisé. Les enfants-enseignants prennent le temps de répéter et d’expliquer de plusieurs manières.

L’observation montre que les enfants changent rapidement de comportement lorsque ce sont d’autres enfants qui leur donnent des conseils et des informations sur les comportements à changer. Ceci s’explique par le fait que les enfants à qui leurs pairs donnent des informations sur le phénomène qui fait l’objet de changement de comportements ont souvent honte devant leurs pairs de ne pas adopter les comportements souhaités après avoir reçu les informations ; ils ont honte de manifester des comportements négatifs devant leurs pairs. La pression des pairs semble donc plus forte que celle des parents ou des enseignants, et ceci se comprend parce que les enfants passent plus de temps avec leurs pairs qu’avec leurs parents ou les enseignants.

Les pairs constituent donc des interlocuteurs crédibles et capables d’apporter des solutions valables aux problèmes de prévention contre le VIH/SIDA. Le problème de

compétences en matière de conseil, de solidarité, de prise de décision, de résistance à la pression du groupe, d'assurance et de respect de soi se pose cependant pour leur efficacité. D'où la nécessité d'une formation spéciale en leur faveur.

Thus, while the case studies have singled out one or two approaches as most promising, they each are aware of other approaches as well. In this sense they have adopted a multisectoral approach as exemplified by the Burkina Faso study. What is different among them are the goals, the conception, the analysis and the emphasis of each.

All studies mention school programs, the role of training and information/awareness rising, school clubs, NGOs and teaching materials. Concerning training, this is destined for teachers and students so they can lead the club activities. Information and awareness building also happen within the clubs, which serve as channels for transmitting knowledge and understanding of the pandemic. All studies, even the Cote d'Ivoire proposal, discuss the important role of NGOs in preventing the spread of HIV/AIDS. NGOs use the school clubs to pass their message along. They help run them and help fund their activities. All studies also mention education and teaching materials as important vectors used by the clubs.

L'approche partenariale ou multisectorielle

Cette approche figure dans presque toutes les études, bien que seule l'étude du Burkina Faso l'ait considérée comme la plus prometteuse. L'approche partenariale consiste à venir en appui aux Etats, aux clubs scolaires antisida et aux établissements scolaires.

Toutes les études montrent que les agences internationales de développement et les ONG sont très tôt entrées en partenariat avec les Etats d'Afrique au Sud du Sahara pour lutter contre le VIH/SIDA. Elles montrent que certaines ONG internationales et nationales sont entrées en partenariat avec d'autres ONG et avec les établissements scolaires (clubs scolaires). Elles montrent un type de partenariat entre les parents et les milieux scolaires, entre les congrégations religieuses et la jeunesse.

Les études montrent que les activités au sein des partenariats sont diverses. Certaines Agences et ONG s'occupent de la production du matériel didactique, de la formation des enseignants, de la projection des films/cassettes vidéo et de l'animation des conférences-débats dans les établissements scolaires. D'autres s'occupent de la réalisation des études, de la prise en charge psychosociale des personnes vivant avec le VIH dans les CESAC, du financement des projets relatifs à la pandémie. D'autres encore développent et mettent en œuvre des programmes directs d'information et de sensibilisation sur la prévention contre l'expansion de la pandémie.

Les études de cas du Mali, du Burundi, de la Tanzanie et du Swaziland ainsi que les projets d'étude de cas du Congo Brazzaville et de la Côte d'Ivoire montrent clairement les domaines d'intervention des agences internationales de développement et des ONG. Il s'agit pour ces agences et ONG de venir en appui aux efforts des Etats. Au Mali, par exemple, le FNUAP apporte un appui en matière de production du matériel didactique, de formation des enseignants, de projection des films/cassettes vidéo et d'animation des conférences-débats dans les établissements scolaires. Il aide aussi à l'organisation du « concours scénario du Sahel » pour la formation des jeunes en matière de prévention contre le VIH/SIDA et en matière de prise en charge des personnes vivant avec le virus. L'Union Européenne intervient dans la réalisation des études, la réalisation des brochures sur la pandémie, la formation et la prise en charge psychosociale des personnes vivant avec le VIH dans les Centres d'Ecoute, de Soins, d'Animation et de Conseil (CESAC). L'UNICEF participe au financement des

guides de formation des maîtres et d'éducation des élèves. Les ONG dont le Groupe Pivot, le Plan International et le CESAC, ont développé et mis en œuvre des programmes de prévention contre le SIDA et les IST au niveau des communautés, des quartiers et des villages et au niveau des écoles. Il s'agit là de bons exemples de partenariat entre les agences et les ONG d'une part, et l'Etat d'autre part.

Lessons

Based on case studies reviewed here, insights from proposed case studies, and discussions held during the sub-regional workshops and ADEA Biennale show that ministries of education in Africa have responded to HIV/AIDS overwhelmingly through instituting programmes for learners. Time and again questions have been raised on whether schools offer the best platform for HIV prevention and whether focusing on learners alone is sufficient to achieve that aim – HIV prevention. The answer to the concerns raised above is surely not as clear-cut as one would expect. As country case studies have indicated, schools have a role to in educating children and imparting social values and norms necessary for “an AIDS free” society.

Extensive discussions and consultations with ministries of education and other stakeholders in the education field augurs well with the insights gathered from country case studies – that despite the current efforts, there are critical gaps in the overall approach of ministries of education to HIV/AIDS. Interventions are being implemented piece-meals without recourse to systemic analysis. Figure 2 depicts the subtle linkages between HIV/AIDS and the education sector and provides some light on what areas of programming are critical if the epidemic is to be confronted systemically.

L'analyse des études montre que les clubs antisida ne sont pas des entités autonomes mais des maillons d'une chaîne de partenariats. Ils sont tributaires des expériences et des acquis des autres programmes de lutte. Ils puisent les connaissances sur la pandémie dans les systèmes éducatifs, les ONG et autres interventions. Ainsi, deux idées principales ressortent des études à propos des clubs scolaires antisida : la première idée c'est que les clubs constituent le cadre idéal d'application de l'éducation en matière de VIH/SIDA, la deuxième, c'est que, pour devenir efficaces, les clubs doivent se nourrir des appuis financiers et des expériences et connaissances acquises à travers les programmes d'éducation et d'autres interventions.

There is need to move away from the current single actor programming (focus on pupils) to multi factor programming (designing and executing programmes for all main actors in the system. We have identified such actors as teachers and educational managers. Teachers have to be provided with skills to delivery a quality HIV/AIDS curriculum as well as to assist pupils in the design of interesting extra-curriculum activities on HIV/AIDS. At the moment HIV/AIDS training programmes for teachers in most African countries are few, far between, and shallow. This is clearly an area in need of improvement.

Besides there is need to recognise that HIV/AIDS is a workplace problem for teachers and hence to implement programme that would enable teachers to cope with problems associated with illness and death (Lawrence 2002). Similarly HIV/AIDS programmes are required for educational managers as they play critical diverse role ranging from curriculum design to distribution of educational materials. Anecdotal evidence from various countries

show that teachers as well as educational managers are affected by HIV/AIDS just as everybody else, if not more. It is therefore imperative for the ministries of education to focus on these actors urgently.

Monitoring of the epidemic both in terms of prevalence of HIV and the impact of AIDS on the sector is another weak area. As the ADEA initiative progressed it became apparent that most ministries of education we are working with are unaware of the extent of HIV in the system. They are also unaware of the impact (number of teachers sick or who have died, number of orphaned pupils, extent of loss of skills and experience, etc.). It is also clear that the ADEA initiative provided the opportunity for the ministries to evaluate some of the interventions. Under normal circumstances this would probably not have happened. Lack of monitoring system for the impact of the epidemic and interventions might help explain why we are unable to confirm the hypothesis that “there are promising approaches out there”. It is difficult to think of any interventions succeeding if designed out of context.

L'insuffisance ou l'absence de statistiques sur le problème constitue pour tous les pays une faiblesse en matière d'information sur le VIH/SIDA et les problèmes y relatifs. Les études de cas ne pouvaient pas entrer en possession des statistiques parce que les Ministères de l'éducation semblent ne pas utiliser leurs services de santé pour la constitution des banques de données sur le problème. Il n'y a pas maîtrise des statistiques sur l'évolution du taux d'infection par le VIH/SIDA, de grossesses précoces, et d'autres aspects liés à la pandémie. A la lumière de cette observation, il apparaît que le grand défi des Ministères de l'éducation est de renforcer les capacités d'analyse des ressources humaines et de donner des moyens modernes d'information pour le suivi et l'évaluation des interventions afin de faciliter le processus de mise en œuvre et l'ordonnement des activités de lutte.

Conclusions

Given the inherent weaknesses in the educational infrastructure of most African countries, it is comforting to see that many ministries of education are implementing HIV/AIDS prevention programme. Some programmes are more elaborate than others, but the most important thing is that authorities have seen the need and people within the education sector are demanding more. Currently most programmes or interventions are school based. They range from standard curriculum lessons to per-led extra-curriculum intervention. To some extent local communities are being drawn in the programmes either as overseers and/or as designers of interventions. There is no doubt that community participation would, in the course of time, provide a better environment upon which school programmes can succeed. It is risky for schools to design programmes that either alienates or excludes local communities for the two interact on daily basis.

The ADEA initiative is ongoing and the present analysis should be seen in that context. It is expected that further evidence will emerge as the number of completed case studies get bigger. Preliminary evidence presented here shows progress that is being made by ministries of education and it is expected that with time the interventions will succeed in reducing HIV risk.

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