

**BOTSWANA NETWORK OF PEOPLE LIVING WITH
HIV/AIDS (BONEPWA)**

**MINISTRY OF EDUCATION
&
UNICEF**



**A REPORT OF THE EVALUATION OF
"RINGING THE BELL: A RE TSOGENG" PROJECT**

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ACRONYMS

ACU	Aids Coordinating Unit
AIDS	Acquired Immune Deficiency Syndrome
AEO	Area Education Officer
ART	Anti Retroviral Therapy
BCAIP	Botswana Christian AIDS Intervention Programme
BCIC	Behaviour Change Information Communication
BIDPA	Botswana Institute for Development Policy Analysis
BONEPWA	Botswana Network of People Living with HIV/AIDS
CFS	Child-friendly School
CRC	Convention on the Rights of the Child
CYP	Commonwealth Youth Programme
DAMSC	District AIDS Management Sectoral Committee
FBO	Faith-Based Organization
FO	Field Officer
GDP	Gross Domestic Product
GIPA	Greater Involvement of People Living with HIV/AIDS
GOB	Government of Botswana
GOK	Government of Kenya
HIV	Human Immuno Deficiency
IECD	Integrated Early Childhood Development
KIE	Kenya Institute of Education
MLG	Ministry of local Government
MMCDC	Mwana Mwende Child Development Centre
MOH	Ministry of Health
MOE	Ministry Of Education
NACA	National Aids Coordinating Agency
NGO	Non Governmental Organization
OVC	Orphans and Vulnerable Children
PEOII	Principal Education Officer II
PLWHAs	People Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PTA	Parent Teachers' Association
REO	Regional Education Officer
ROB	Republic of Botswana
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
TCM	Total Community Mobilization
UN	United Nations
UNAIDS	Joint United Nations AIDS Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNSG	United Nations Secretary General
UNICEF	United Nations Children's Fund
IECD	Integrated Early Childhood Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

YAPL
YOHO

Youth Ambassadors of Positive Living
Youth Health Organization

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EXECUTIVE SUMMARY

Background

In 2002, Botswana Network of People Living with HIV/AIDS (BONEPWA) entered into a partnership with UNICEF and the Ministry of Education to engage people living with HIV/AIDS (PLWHAs) as role models and ambassadors of hope in Botswana's fight against the escalating HIV/AIDS epidemic. This initiative known as Ringing the bell (*A re tsogeng*) project empowered the PLWHAs to bring "behaviour change messages to schools and in the process making the schools become youth-friendly information centres on adolescent reproductive health, sexuality, and human rights." It was anticipated that the PLWHAs as the credible voice would help fight stigma and discrimination.

The ideals of the project fitted within UNICEF's policies, strategies and the framework of human and child rights. The rights referred in the project are the right to life, information, education, health, participation, dignity, non-discrimination and equality. The involvement of PLWHAs has been recognized nationally and internationally through the framework of the Greater Involvement of People Living with HIV/AIDS (GIPA). Within Botswana the involvement of PLWHAs is a significant aspect of the National Vision and Strategy to create an HIV/AIDS-free nation by 2016.

The Project

The PLWHAs, popularly referred to as field officers in the project underwent a three-week orientation course before the initiation of the project in selected schools. They were attached to the schools between September and November 2003. (see table 3.1)

The objectives of the project were:

- To improve schools to be active, child-friendly community education outreach centers for information and services on HIV/AIDS, sexuality and sexual reproductive rights through provision of information countrywide.
- To improve schools to be gender-sensitive, with particular focus on the girl child, identified as a vulnerable child, not forgetting the boy child, who culturally takes the lead in proposing marriage and sex.
- To develop a model of Greater Involvement of People Living with HIV/AIDS (GIPA) so as to reduce stigma and discrimination and foster acceptance by giving a face and a voice to the epidemic.
- To develop the capacities of PLWHAs in delivering appropriate life skills education to the primary school children and the communities.

The project was piloted in 16 health districts and covered 37 primary schools. It reached out to at least 10,000 pupils and 37 guidance and counselling teachers.

Purpose of the Evaluation

The purpose of the evaluation was to identify lessons that can be used to inform the scaling of the BONEPWA/MOE/UNICEF project to national level. The evaluation is therefore intended to identify strengths and challenges of the project for continuous improvement and quality enhancement during the up-scaling of the project with particular focus on replicability; identifying its relevance, challenges and opportunities in reducing the stigma associated with HIV/AIDS by engaging PLWHAs as effective role models for how to live healthy, productive lives with HIV and reinforce information about the need to adopt and maintain safe behaviours.

Terms of Reference

The evaluation was expected to assess the following aspects of the project:

- Effectiveness of BONEPWA, MOE and UNICEF activities in general and UNICEF support in particular
- Efficiency of the BONEPWA/MOE/UNICEF project activities
- Relevance of the project as a strategy to establish HIV/AIDS information out-reach resource centres in the schools and engage PLWHAs to promote greater involvement of PLWHAs
- Sustainability of project and programme outcomes and their *replicability* at national level
- Specificity of objectives and activities and their relevance and appropriateness in relationship to the Human Rights Approach and the MOE HIV/AIDS programme.

Methodology

Methods

The evaluation used both qualitative and quantitative methods. The quantitative methods were to provide data to quantify the outputs and the outcomes of the project. The qualitative methods on the other hand were to get in depth reflections on the issues in the project and facilitate the assessment of impact factors that are not easily captured in quantitative data.

The following specific methods were used:

- Desk review of relevant literature
- Interviews and focus group discussions with pupils
- Pupils' stories and statements
- Pupils' drawings
- Interviews with head teachers, guidance and counseling teachers, field officers, Principal Education Officers and other key informants
- Focus group discussions with pupils, parents, field officers and Principal Education Officers

The reference group reviewed the evaluation plan and the instruments

The data collection was carried out from 5 to 15 October 2004. Fourteen primary schools were visited.

Sample

Category	Number
Pupils	2797
Guidance & counseling teachers	13
Field officers	24
Head teachers	8
Focus group discussions	6

In addition, key informants as shown in appendix 11 were interviewed.

Review by the Reference Group

The Reference Group reviewed the draft report and suggested amendments, which were incorporated in the report.

Stakeholders Forum

A stakeholders' forum will be organized to receive the evaluation report. Field officers, teachers, parents, community leaders, DAMSCs, PLWHAs, BONEPWA, Ministry of Education officials, UNICEF and other partners will participate in this forum and will discuss the future of the project. The forum

will review the recommendations of the evaluation and the experiences of the partners to chart the way forward.

Summary of the Findings

Role, Design and Focus

- The general objectives of the project were well stated. However, they contained concepts such as "child-friendly," "outreach centre" "resource centre" "gender sensitive" "vulnerable child," "stigma," "discrimination," which should have been defined and their characteristics explained. This could have helped the field officers to provide more specific activities. In addition, each major objective should have had specific operational objectives to guide the field officers in developing appropriate activities.
- The project was within the MOE HIV/AIDS strategic plan goals. However, the design did not make reference to the curriculum. The goals recommended activities focusing on all staff though the project did not emphasise this.
- While the project focused on stigma, discrimination and information on HIV/AIDS, some of the information was inappropriate for the younger pupils.
- There was no monitoring plan which should have been part of the project document. There was therefore no discussion of monitoring with PLWHAs during training and with other staff involved in the project.
- The project objectives are within the framework of Human Rights Approach to Programming and Community Capacity Development (HRAP/CCD)

Efficiency

- The introduction of the field officers to the selected schools was accomplished; However due to coverage of a large area by one person the impact was minimal.
- Guidance and counseling teachers were incorporated into the project and their role was specified. It does not appear there was a laid down plan for involving other teachers.
- PTAs and parents as well as the community were not fully sensitized about the project. They needed to know the objectives of the project and what their children were taught. While they had a role to play in the project little had been done about their enrolment and involvement..
- The supply of materials for the project was not sufficient to support the activity-based, child-friendly approaches that were recommended for the project.
- BONEPWA had developed monitoring forms, which many field officers, pupils and guidance and counseling teachers completed and submitted through the Principal Education Officers. No analysis of the forms seems to have been done and therefore there was no feedback to the field officers.
- The reporting system between the field officers and BONEPWA was not direct, though BONEPWA was the implementing agency.
- The BONEPWA Program Officer was not able to make monitoring visits to the schools to guide and support the field officers.
- PLWHAs were not formally involved in creating awareness amongst teachers and community.

Effectiveness of the Project Activities

- The project demonstrated that PLWHAs can promote greater involvement of PLWHAs to impart relevant knowledge to primary school pupils. Their participation was accepted and appreciated by pupils, parents, teachers and staff from different government departments, UN agencies and civil society.
- The objectives of the project were achieved in so far as:
 - The 27 PLWHAs were posted and participated in organizing activities for pupils in 37 schools where they were involved continuously for a period of 3 months.

- PLWHAs established a good working relationship with some teachers, the guidance and counselling teachers and pupils.
- An assessment of pupils shows that they gained information on HIV/AIDS, sex and sexuality and there were indications that they have started to utilize the information in their daily lives.
- Teachers felt more concerned about OVC. They also reported to have gained more knowledge on HIV/AIDS. They accept PLWHAs and many are ready to go for testing.
- The potential of utilizing children for outreach to parents, peers and relatives was demonstrated.
- Involvement of parents and the community was limited but there is potential as parents expressed their desire to be more involved in the project.
- The project has facilitated better understanding and acceptance of PLWHAs and those who are affected amongst pupils and teachers, making them more empathetic towards the affected and infected people.
- The very fact that PLWHAs spoke openly about sex,sexuality and HIV/AIDS; gave their personal testimonies seems to have generated interest as well as created impact on the pupils and teachers.
- The establishment of resource centres was not achieved. The PLWHAs, teachers and head teachers were not even aware of this concept. In most schools, the libraries were not well maintained and no computers had been allocated.

Relevance

- The topics covered by the field officers were relevant as they touched on aspects of reduction of stigma and discrimination, while providing information on HIV/AIDS.
- The project, however, should have been sensitive to cultural issues and involvement of the local people in conversations on how to overcome some of the cultural constraints.
- To a certain extent, the cooperation between guidance and counseling teachers and the field officers facilitated a certain degree of integration of the project within the curriculum and school programmes. However, the project design had not indicated how integration would be achieved.
- The methods used were not fully relevant and appropriate particularly for younger pupils. They were also not engaging enough to facilitate effective learning.
- The project was aligned with national and UN initiatives in schools. Its philosophy and objectives were drawn from stated national and international goals to using child rights, child-friendly approaches to provide information and create behaviour change. In addition, involvement and support of PLWHAs are stated in the UN and national policy statements.

Sustainability

- There is potential for sustainability of the project because:
 - Of the relevance of the project and its high degree of acceptability
 - Possibility of training, involvement of more PLWHAs and the regular teachers
 - Existence of structures that can be utilized to support as well as monitor the project such as DAMSC, PLWHAs' support groups and Village AIDS Coordinating Committees
- However, more needs to be done to strengthen resource mobilization from the community to the national to the level.
- BONEPWA needs to chart its own road map to sustainability.
- BONEPWA and its support groups need capacity building to effectively manage resources, deliver services and coordinate the inputs from different partners and stakeholders.

Strengths of the Project

- The project is a partnership in which each partner has "*brought something to the table.*" BONEPWA brought the PLWHAs who are the credible voices, UNICEF brought the funding, MOE provided the schools and teachers and the community brought children and parents.
- The project is in keeping with the goals of *Vision 2016* to ensure that there will be no more infections by 2016. This *Vision* recognizes the potential contribution and support of PLWHAs in its realization of Botswana's goals.
- Involvement of PLWHAs in the response to HIV/AIDS pandemic is recognized and supported internationally.
- PLWHAs as the credible voice, is a unique example that Botswana and its partners have operationalised their commitment.
- Participation of PLWHAs illustrates that AIDS does not seclude an infected person from productive work and this also promotes their sense of self-dignity.
- The project is appreciated and accepted by pupils, parents, teachers and people working at various levels in government and civil society as all recommend that the project should be revived and replicated throughout the country.

Issues and Challenges

- **Partnership and Collaboration**
The response to HIV/AIDS requires a holistic and multi-sectoral approach that demands synergies and linkages at implementation level. This project was a partnership between UNICEF, Ministry of Education and BONEPWA with Ministry of Education joining the partnership later. The need to broaden the partnerships was recognized. There were, however, no linkages with other parties like DAMSC, which operates at community level and has formed HIV/AIDS committees at the District and village levels. There were overtures in area like Kasane for PLWHAs' support groups to join those committees. While there were those support groups both at the district and village levels, these networks do not seem to have been coordinated and school based activities linked to them. The nature of the collaboration should be defined and the coordination structures be strengthened.
- **Project Management and Coordination**
The Ministry of Education school staff undertook the day-to-day supervision. BONEPWA Programme Officer was not able to visit schools on a regular basis because of financial and transport constraints. They did not have a direct link with the supervisors at the school level. BONEPWA was responsible for the day-to-day implementation of the project. There is need to establish closer links between the Regional and Principal Education Officers, the supervising teachers and the BONEPWA Programme Officer. Adequate transport should be provided to enable the officer to visit schools. In addition, meetings should be organized so that the participating PLWHAs can meet on a regular basis to exchange experiences as well as give and receive feedback.
- **Project Monitoring**
Monitoring is a critical management tool. NGOs often cite lack of monitoring of their programmes as a key challenge. Evaluators noted that BONEPWA needs to sharpen the monitoring aspects in the programme. Though the general objectives were specified and the field officers had a *Facilitators' Manual*, there were many important guidelines that were missing. It is therefore important that when the project is redesigned, a clear framework should be developed containing specific objectives of the different activities. The framework should spell out the topics for various targets and age groups, strategies and methods to be used, roles of different players, integration of activities into existing programmes, linkages with other related initiatives, resources available as well as monitoring and evaluation systems. In addition, precise indicators of

efficiency and effectiveness should be established. The teachers, parents and participating PLWHAs should be involved in the development of the indicators and the monitoring framework. A clear reporting system should be established. BONEPWA and Ministry of Education officials should give feedback to the schools after the schools have submitted the reports.

- **Integration of the Project into the Curriculum**
The project did not have clear guidelines on how it would be integrated into the curriculum and the school timetable. Hence there was mention of integration but no evidence was available.
- **Content and Methodology**
Field officers did not have adequate skills and information and no practice was provided on how to facilitate children's learning using child-friendly and child-centred methods. In addition, the field officers had to cope with the constraints of teaching large numbers within a limited period of time with, most times, insufficient and appropriate materials for the pupils. There were general complaints from parents, teachers and key informants that some topics covered in lower primary were not appropriate for the age group.

The *Facilitators' Manual* that the field officers used handled the topics in a general way. It did not specify topics appropriate for different ages and developmental levels. It does not appear that the preparation of this manual made reference to the current guidance and counseling, and science curricula.

- **Relevance**
In general, the project is very relevant given the extent of HIV/AIDS infection rates in Botswana. Its focus on pupils is a strategic move as childhood is the best time to influence behaviour formation and change. Parents and key informants expressed concern about the appropriate age to discuss sexuality and HIV/AIDS with children. In particular, they were concerned about the imagery used in the materials used for pupils as well as in the media. Finally, the project should take cognizance of people's cultures
- **Parent and Community Involvement**
There was concern from the parents that they had not been well informed about the project and consequently not many were involved in the project. They felt that it was not enough to expect all the information about the project to be relayed by the pupils.
- **Impact, Behavior Formation and Changes**
Though pupils and teachers reported improvement in knowledge and certain changes in behaviour and life skills, pupils had some glaring misconceptions or were uncertain of the facts. A considerable number of the lower primary pupils have many gaps in knowledge on vital issues such as how HIV is transmitted, how HIV is not transmitted and also in life skills.
- **Sustainability**
It appears that the partners had not thought through and mobilized adequate human and financial resources to maintain the pilot project. The duration of the project was too short to allow for adequate lessons to inform an expanded and sustainable programme. In particular, BONEPWA should consider and identify other ways of mobilizing resources from diversified sources.

Lessons Learnt

- In a partnership everyone brings something to the table
- PLWHAs indeed offer a credible voice in the dissemination of information and facilitating behaviour formation and change among children, youth and adults. They however need training to use appropriate methods when delivering the messages
- A project should have a well considered design and be adequately resourced to realize its objectives
- Community enrolment and involvement is critical in ensuring the sustainability of the project, particularly through conversations with children on issues of sex and sexuality
- For sustainability mainstreaming the project within the MOE school programmes is critical
- Monitoring and supervision have a great impact on the quality of a project
- Organizations should not be over-dependent on donor funding and should diversify sources of their resources

Recommendations

Project Design

- The project design should
 - Include an advocacy and sensitization programme so that the community is aware of the programme. This can lead to increased demand and mobilization of resources.
 - Indicate how the inputs of PLWHAs fit within the curriculum and school programmes with the involvement of MOE.
 - Include a sensitization programme for principal education officers, head teachers on the objectives of the project, how it fits within the school programmes, their roles and those of the school governing bodies in the implementation of the project.
 - Provide a joint orientation and planning programme for guidance and counseling teachers and PLWHAs who will be involved in the school activities.
 - Establish criteria for selection of PLWHAs who will be involved in the school-based project and indicate the competencies they should have.
 - Post an adequate number of trained PLWHAs in one district for a specific period to allow for full coverage of schools in that district before they are moved to another district
 - Introduce a programme for orienting and involving all the teachers in the school, in particular there should be an input into the TCB programme so that parents can participate in the conversations with teachers.
- Developmentally and culturally relevant materials should be made available in sufficient quantities to ensure quality learning. Imagery portrayed in the materials should be appropriate and relevant.
- The community and grassroots professionals should be involved in deciding on the most relevant and appropriate messages and effective delivery approaches. In this regard they should have been utilized.
- Relevant and appropriate local and indigenous knowledge, skills and methods should be researched on and integrated into the educational programmes on sexuality and HIV/AIDS.

Partnership and Collaboration

- The Reference Group should be strengthened by incorporating other agencies such as the AIDS Coordinating Unit (ACU) and the Behaviour Change Intervention and Communication Board, and UN agencies, which are key actors in the fight against HIV/AIDS.
- The partnership should define clearly the roles and its mode of operation as well as the expectations of the different partners,
- MOE should play a more central role in the project. Teachers should teach most aspects of the project and involve the PLWHAs as resource people in areas where they give added value such as the fight against discrimination and stigma.

- The mechanism and structure for facilitating collaboration of the partners should be established with clear procedures guiding frequency of meetings, communication and monitoring progress.
- UNICEF should facilitate mobilization of more funds from funding and development agencies
- The government should support the expansion and ensure sustainability of the project.
- MOE train guidance and counseling teachers and be more involved in training the PLWHAs, supervision in the design of the program to ensure proper fit of the project in the school curriculum and programmes.
- As MOE has a responsibility to the learners, parents, and community regarding the quality and management of education it should ensure that professionally trained educators/teachers teach, impart knowledge, and facilitate learning and acquisition of life skills in learners. Its guidance and counseling teachers who supervise the PLWHAs should be trained, be more involved in training the PLWHAs, and supervision in the design of the programme to ensure proper fit of the project in the school curriculum and programmes.

Coordination

- The Project Coordination Office in BONEPWA should have qualified persons who are supported with the necessary infrastructure to be able to coordinate the inputs of the partners, and monitor the project effectively.
- The BONEPWA officer should work closely with the MOE officials at the headquarters and in the field.
- The linkages should be established between the support groups of PLWHAs, the project and DAMSCS and Village AIDS Management Committees (VAMSCS).
- The vertical and horizontal communication should be strengthened to ensure efficient flow of information between the different stakeholders and partners.

Monitoring, Supervision and Support

The following are needed to improve monitoring:

- Specific objectives and indicators for assessing the efficiency, effectiveness and impact
- Monitoring, reporting and feedback system with specification of roles and responsibilities for the monitoring of various aspects. In addition there should be indication of how the monitoring results will be utilized
- Documentation and regular reporting of the activities
- MOE officers should be more involved in the monitoring process working hand in hand with the BONEPWA project coordinator.

Institutional Capacity Building

- BONEPWA is an important organization for PLWHAs. It can also play a critical role in the prevention of the spread of HIV/AIDS and elimination of stigma and discrimination. There is need for building its capacity to be able to:
 - Make itself more visible and its impact felt
 - Map its own road to sustainability
 - Mobilize more resources
 - Coordinate and build the capacity of the PLWHAs' support groups countrywide.
 - Provide technical support and adequately monitor the projects it is implementing.
 - Network with other agencies involved in the fight against HIV/AIDS.

Provision should be made to attain adequate staffing and relevant skills levels, training of staff and support groups, and provide adequate infrastructure.

- At school level there should be committees that link the AIDS support groups, teachers and school management bodies. These committees would monitor the project, provide support to teachers and strengthen linkages and dissemination of information to parents, out of school youth and the community-based activities.

- The nomenclature of PLWHAs who participate in school-based activities should be changed to reflect their inputs in the schools.

Training of PLWHAs

The training of PLWHAs should be the responsibility of MOE and should incorporate the following areas

- Child growth and development as well as how children learn
- Listening to and observing children
- Child-centered methods and developmentally appropriate curriculum (appropriate and culturally relevant topics)
- Selection and use of relevant as well as appropriate teaching and learning aids
- Guidance and counseling techniques
- Communication skills and dissemination of information, for example on testing
- Information and empowering the community to address discrimination and stigma

Parent and Community Involvement

- The role of parents and the community should be recognized and promoted. It is important to take cognizance of their cultures, values, aspirations, expressed needs and their strengths in the fight against HIV/AIDS. The programmes should define strategies for promoting individual and community demand for information on HIV/AIDS, behaviour change and their empowerment.
- Strategies of enrolling and involving more men in the programmes should be developed.

Research

- Participatory research should be promoted on issues of sex,sexuality, relationships and personal development as a way of enlisting people's participation and commitment and collecting relevant data to inform the programme.
- The research should look into the following aspects, among others:
 - Needs and aspirations of children and youths in the area of sexuality and relationships
 - Needs of and support to OVC.
 - What parents want their children to be taught and how
 - Learning needs of parents
 - Traditional methods of teaching sex, sexuality and relationships, and how they can be integrated with modern approaches
- Existing research relevant to the project should be reviewed.
- Research findings should be disseminated and incorporated into the programmes

Chapter One

INTRODUCTION

1.1 The Project

In Botswana a network of people living with HIV/AIDS (BONEPWA) was formed in 2000 when different stakeholders agreed to register the network whose mission and goal is to improve the well being and quality of life of PLWHAS. It also aims to protect the nation from infection by promoting positive living, self-reliance and reduction of infection rates. The network, however, has not rid us of stigmatization and discrimination against PLWHAS. There is denial of the diseases, shame, blame, fear of rejection and discrimination where there is unfair treatment or inequality of chances. In fact many Batswana do not know their status because of stigma, confidentiality and fear¹. Financial assistance and technical support was received from the AIDS/STD Unit a structure under the Primary Health Care in the Ministry of Health and other development partners such as UNICEF, UNDP, NGOs.

On realizing that only 6-8% of children, 10-14 years old know the three ways of preventing HIV/AIDS and that there is no significant difference in the lack of knowledge between children living in urban and rural areas, that only 6.6% and 6.2% of children living in the urban and rural areas respectively knew three ways of preventing HIV transmission and only 6.3% of boys and 7.4% of girls of the same age knew three ways of HIV transmission,² UNICEF became interested in supporting BONEPWA to provide educational and information services to primary school children and the community in order to fight the spread of HIV/AIDS. In addition, misconceptions about HIV/AIDS also exist about HIV transmission and a gender desegregation of the information shows that these misconceptions are held by about two thirds of girls of the same age. HIV/AIDS represents the most outrageous violations of children's rights. High rates of teenage pregnancy, early sexual activity, unsafe sexual practices and increasing HIV/AIDS prevalence especially in young are some of the problems³. The education sector therefore is certainly one of those that have been and continue to be hard hit by HIV/AIDS because by its nature, education is a human-focused and human intensive activity. MOE, through its Curriculum Development Department, has covered aspects of the CRC at different levels of basic education. It has also taken cognizance of the UNICEF blueprint curriculum for life skills ⁴ (CFS checklist check) in primary schools in Botswana although it does not address all the specific needs of the UNICEF curriculum resulting in gaps.

1.2 Project Objectives

With the assistance of UNICEF and in collaboration with MOE, BONEPWA initiated a project aimed at providing relevant HIV/AIDS life skills education in Botswana with the following specific objectives:

- To improve schools to be active child friendly, community education outreach centers for information and services on HIV/AIDS, sexuality and sexual reproductive rights through provision of information countrywide.
- To improve schools to be gender-sensitive, with particular focus on the girl child, identified as a vulnerable child, not forgetting the boy child, who culturally takes the lead in proposing marriage and sex.
- To develop a model of Greater Involvement of People Living (GIPA) with HIV/AIDS so as to reduce stigma and discrimination and foster acceptance by giving a face and a voice to the epidemic.

¹ A situational analysis of stigma associated with HIV/AIDS. A pilot Study, Ministry of Health. Botswana Government. 2001

² Base line Study on knowledge, skills and attitudes.....

³ Young People, gender, sexuality and HIV/AIDS in Education: A regional Study in Botswana, Kenya, Rwanda, Tanzania, South Africa, Zambia, and Zimbabwe.

⁴ CFS checklist

- To develop the capacities of PLWHAs in delivering appropriate life skills education to the primary children and the communities.

1.3 Status of the Project

According to the available project document, the project was piloted for three (3) months in 16 health districts and covered 37 primary schools and reached out to at least 10,000 pupils and 37 Guidance and Counseling teachers.

The project was implemented in a tripartite partnership between BONEPWA, Ministry of Education (MOE) and UNICEF. In the partnership BONEPWA's role was to provide leadership in training the PLWHAs and overall supervision of the PLWHAs and the project itself. MOE ensured overall supervision in the schools; It utilised Principal Education Officers to introduce the field officers while UNICEF provided financial support for the project.

The three partners conducted a consultative stakeholders' workshop with Districts AIDS Management Sectoral Committee (DAMSC) to identify other HIV/AIDS initiatives in place at district and community levels. The consultative forum also provided opportunities to agree on roles for each partner and the logistics of implementation of the project.

At school level the PLWHAs worked under the supervision of the Guidance and Counseling teachers. They conducted 40 minutes experience sharing sessions with children in allocated classes. In schools where there were no Guidance and Counseling teachers, the PLWHAs conducted their sessions in the afternoons during extra-curricular activities time.

To date the following key activities were said⁵ to have been implemented:

- Training of 30 People Living With HIV/AIDS (PLWHAs) as field educators
- Production of video documentation on the project
- Development, production and distribution of 150 000 HIV/AIDS facts booklets to all the 670 government funded primary schools and private primary schools
- Donation of 30 computers to 6 selected schools
- Consultative workshop with relevant stakeholders to agree on implementation logistics and roles
- Community and PTA consultations at district and school levels about the project
- Pilot testing of the project by sending PLWHAs to the 37 schools to teach about HIV/AIDS.

1.4 Purpose of the Evaluation

This is a formative evaluation of the BONEPWA/MOE/UNICEF project intended to identify lessons that can be used to inform the scaling of the project to national level. The evaluation is therefore intended to identify strengths and challenges of the project for continuous improvement and quality enhancement during the up-scaling of the project with particular focus on replicability; identifying its relevance, challenges and opportunities in reducing the stigma associated with HIV/AIDS by engaging PLWHAs as effective role models for how to live healthy, productive lives with HIV and reinforce information about the need to adopt and maintain safe behaviours.

1.5 Terms of Reference

The evaluation was expected to assess the project with a view to provide answers to several questions and was commissioned on the Terms of Reference set out in Appendix 12

⁵ BONEPWA Reports

Chapter Two

LITERATURE REVIEW

2.1 Background

Botswana has one of the fastest growing HIV/AIDS infection rates and the highest prevalence rate of HIV in the world. The median HIV prevalence rose from 18.1 percent in 1992 to 38.5 percent in 2000. By 1999, about 300,000 people (close to one third of the population) were estimated to be HIV positive.

The impact of HIV/AIDS threatens the fulfillment of the rights of women and children. Many children are orphaned through AIDS-related deaths. In 2000, there were about 78,000 orphaned children below the age of 15 years who had lost one or both parents. The burden of HIV/AIDS is particularly strong on adolescents. In 2000 the estimated prevalence rate among adolescents 15-19 years old was 27 percent. Girls are at a greater risk of infection. Many young persons do not have adequate information on HIV/AIDS prevention and life skills to help them adopt risk-free behaviour.

A window of opportunity exists with the 10-14 year old children given their low prevalence rate of 2 percent. Three percent of 10-14 year old girls are sexually active and one third of these were forced to have sex. Prevailing socialization patterns dis-empower girls and make them more vulnerable to forced sex and risk of early pregnancy and contracting HIV/AIDS. The country has a high enrolment rate of 92 percent with almost gender parity. Therefore, the school provides an opportunity of transmitting relevant information and life skills to empower the majority of the children to avoid risks, prevent further spread of HIV/AIDS and mitigate the impact of the epidemic on their lives.

Botswana expects that by 2016, there will be no new HIV/AIDS infections. A lot of emphasis is put on behaviour change. Botswana's education system is a key agent for facilitating behavioural change in young people both in schools and the wider community. Towards this end the Ministry of Education (MOE) mainstreams HIV/AIDS in all aspects of the education system including schools and training institutions. It is also mainstreaming HIV/AIDS in the educational policy. Development agencies such as UNICEF are partnering with the government and the civil society to realize the *Vision*.

Great attention is given to the school-based programmes in recognition of the fact that the majority of young children and adolescents are currently in school.

2.2 The Rights of the Child

The development of life skills in children and youth derives from and supports human rights and specifically the rights of the child the rights especially the right to non-discrimination (article 2), name and identity (article 7 & 8), participation (article 12), inclusion of children with special needs (article 23), health (article 24), education (article 28 & 29) and development (article 31). Children have universal and indivisible rights to survival, development and education, protection from abuse, harmful influences and exploitation, and participation in family, cultural religious and social life. They have a right to be well informed about things that influence their lives. They also require skills and attitudes that prepare them for the future. Skills-based education plays a significant part in the realization and safeguarding the rights of the child

Box 1

The full realization of human rights and fundamental freedoms of all is an essential element in a global response to HIV/AIDS pandemic; including prevention, care, support and treatment, and that it reduces vulnerability of HIV/AIDS and prevents stigma and relation discrimination against people living with or at risk of HIV/AIDS.

and enabling the child to be able to play an active part in this process. The promotion and realization of human and child rights is crucial in the response to the HIV/AIDS pandemic.

2.3 Life Skills

Life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life (WHO)⁶. Many life skills are interrelated and a number of them can be promoted through similar approaches and practices. Life skills are psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, resolve conflicts, negotiate a position, build health relationships, empathise with others and cope with managing their lives in a healthy productive manner. The development of life skills involves the acquisition of relevant knowledge, skills and attitudes. Knowledge refers to information and understanding. Attitudes are personal biases, preferences and subjective assessments that predispose one to act or respond in a predictable manner. Skills are abilities that enable people to carry out specific behaviours. Life skills may be directed toward personal actions or towards others or may be applied to actions to change the surrounding environment to make it conducive to health. WHO also includes advocacy as a life skill because it is important in personal and collective efforts to make a strong case for behaviours and conditions that support and promote health, learning and total well-being of the individual and of groups.

Life skills are broadly divided into three categories:

- Skills of living and knowing oneself (intra-personal relationship). These skills include self awareness, self esteem, coping with emotions, coping with stress and self efficacy or the feeling of being in control or being able to.
- Skill of living with others (interpersonal relationship) these skills include assertiveness, empathy, effective communication, negotiation and conflict resolution skills
- Skills of making effective decisions. These skills include critical thinking, creative thinking and problem solving

According to UNICEF Blue Print Curriculum for Life Skills in Primary Schools in Botswana life skills cover 10 areas including personal skills; interpersonal skills; cognitive skills; gender issues; cultural values, norms and beliefs; health and physical fitness skills; civic skills; basic counseling skills and management skills. These aspects are covered in the formal education curriculum of MOE. (BTWA 2002-10)⁷

Methods of life skills facilitation: Life skills are designed to enable the learner to acquire information and understanding, develop desirable attitudes and use skills appropriately. Life skills should be learner-centred where the role of the teacher is to facilitate learning by creating an environment that enables the learner to learn through practical and real life experiences. The learner should have the opportunity to reconstruct his or her own learning. The teacher should be friendly and approachable by children. Children learn best when they trust the teacher. She/he should ensure that the learning environment is safe and children feel secure. In addition life skills need to be reinforced in and outside the school. Therefore, parents and the community should be well informed of what the school is teaching children. Parents should also be consulted on what and how children are taught because they have a lot of knowledge and experiences that should be tapped. Making parents part of the life skills programmes also ensures that the programmes are culturally relevant and incorporate the aspirations of parents and the community. The following interactive, participatory and practical facilitation techniques and approaches

⁶ WHO (undated) Skills for health. Information series on health. Document 9

⁷ UNICEF Botswana & BCAIP Resource centre guidelines

are recommended to ensure that learners are fully involved: case study, role play, skits and drama, debates, group work, brainstorming, card games, outdoor games, songs, poems, sayings, and planning real life activities and projects to be carried after the classes (KIE, 1999).⁸ The MOE Guidance and counseling curriculum⁹ and the BONEPWA Facilitators' Manual¹⁰ recommend the use of interactive and child friendly methods to enhance behaviour change in children and adolescents.

2.4 Child and Adolescent Development Theories and Research on Life skills and Behaviour Change

Life skills are based on the theories, research and practices in child and adolescent development. According to developmental psychologists, children have innate potential to learn and they learn by acting on their experiences with people and the environment.

During middle and later childhood (7-12 years), children learn through concrete experiences. Children of this age can appreciate another person's point of view and are therefore able to listen empathetically and to negotiate a position logically. According to Eric Erikson, achievement and mastery of things means much to them. It builds their self-confidence. Failure leads to the development of negative self-esteem. Further during adolescence, children think logically and abstractly (Piaget, 1972)¹¹. The implication of these theories is that the middle, later and adolescent years offer a critical opportunity for children to acquire many skills. Activities should be developmentally appropriate. For the younger children, learning activities should be presented in practical and concrete ways so that children fully understand how they can protect themselves from HIV/AIDS and developing caring and empathy to assist the affected and infected persons. This is in line with the teaching of John Dewey who postulated that for learning to be effective, children should be involved in practical real life activities. He proposed the project method that allows children to conduct their own investigations on relevant issues both inside and outside the classroom. He was a believer in democracy and proposed that children should be involved in decision-making and problem solving from early childhood.

Social interactions become more complex during adolescence. Adolescents spend more time in interactions with peers. Establishment of identity is a major task for them. They can easily be misled if they are involved in bad company or if they decide to emulate the wrong role models. They are also trying to establish their independence and may often run into conflict with their parents if the parents are not sure how to deal with and guide them in an agreeable manner. Parents need to understand the developmental and social needs of adolescents. Parents should allow adolescents to spend time with peers but help them to identify qualities of friends who are not likely to lead them astray.

However, according to Kohlberg (Kaplan, 1986)¹², their moral development is quite advanced and they begin to rationalize the different opinions and messages they receive from different sources as well as begin to develop values and rules for balancing the conflicting interests of self and others.

Howard Gardner proposes the theory of multiple intelligences that should be taken into account in a wide variety of human experience, and learning. He proposed eight categories of intelligences: linguistic, logical/mathematical, musical, spatial, bodily kinesthetic, naturalist, interpersonal and intra-personal. The

⁸ Kenya Institute of Education, 1999 Life skills education for behaviour change

⁹ Ministry of Education, 1998-2000, Primary, Junior and Senior Secondary Curriculum

¹⁰ BONEPWA, 2002, Training of PLWHAs Trainers

¹¹ Kaplan, P., S., 1986 The child's odyssey , West Publishing House

¹² ibid

implication of this theory is that life skills should focus on all these aspects and all teaching and learning should be multi-sensory and utilize different methods.

The work of Albert Bandura (Kaplan, 1986)¹³ points out that children learn through formal instruction by parents, teachers and others, and observation of what they see adults and peers doing and behaving. Children's behaviour is modified by the consequences of their actions and the responses of others to their behaviour. Bandura also proposed the theory of efficacy and a lot of research has indicated that efficacy or the feeling by the individual that he or she is able and in control influences how one is able to cope with situations and life challenges, and adapt to the environment. The implications of the social learning theory is that teaching should incorporate the natural ways in which children learn such as observation, modeling behaviour and practices, and social interaction. Reinforcement is important and therefore children should have enough time and opportunities to practice what they are expected to learn. Children should be given opportunities to achieve and to develop self-esteem, which are key to the development of efficacy. Efficacy is an important factor which enables children make wise and informed decisions and adhere to their principles. These are important qualities in the fight against HIV/AIDS.

Another relatively recent theory is the theory of resilience. Resilience is the ability to cope well with extended stressing situations and to come out successfully. According to this theory both internal and external factors to the individual interact among themselves to enable the person to overcome adversity. Important factors in development of resilience are self-esteem, self-efficacy, internal locus of control (I am in charge and accountable for my actions), and sense of life purpose. External factors include the social support from the family and the community especially a family that sets clear, caring, non-punitive limits and standards, has strong bonds, values academic achievement and relation with peers. Resilience is very important for children who have to cope with poverty, negative social environment, caring for sick parents and coping with orphanhood.

2.5 A Child-friendly School

Globally, UNICEF promotes the concept of Child-friendly School (UNICEF 2004). This concept aims to ensure that children are healthy, well nourished, confident, able to learn and participate fully in the life of the society in which they grow and develop. The friendly school contributes to the realization of the rights of the children and their fullest development. The child friendly school ensures children have good nutrition and are ready to learn with the support of their teachers, families and communities. Teaching

and learning should be child-centred and include life skills. The school should have adequate learning facilities with safe water and clean toilets separate for girl, boys and adults. There should be in place adequate school policies, procedures services. Child-friendly schools are inclusive of all children, protective and healthy for children, and, in all aspects gender sensitive. Quality learning should be

Box 2

A child-friendly school

- Is gender-sensitive for both girls and boys
- Protects children; there is no corporal punishment, no child labour and no physical, sexual or mental harassment
- Ensures that children are learning and not being preached at
- Involves all children, families and communities; it is particularly sensitive to and protective of the vulnerable children
- Is healthy; it has safe water and adequate sanitation, with separate toilets for girls
- Teaches children life skills and HIV/AIDS
- Involves children in active participatory learning
- Develops children's self-esteem and self-confidence free of bias from teachers and parents

Source: The State of the World's Children 2004

¹³ ibid

ensured with respect to the learners' developmental level, needs, and experiences. The curriculum content, methods and teaching learning materials should be appropriate and culturally relevant.

In addition, there should be appropriate assessment of learning outcomes, all areas of learning and development as well as the learning environment (*WHO Information Series on School Health*). Also refer to appendices 1-4.

2.6 Resource Centres

During the evaluation no resource centres were found in all the school visited and yet the purpose of the resource centers is to disseminate information for a supportive environment in schools, family and community. The resource centre should be and community-based and act as a community outreach centres providing services and information. It should empower pupils by giving them information about sexuality and life skills such as assertiveness and decision-making. In addition, the resource centre should empower pupils to face life with strength and determination (BCAIP & UNICEF, 2002)¹⁴.

The resource centre should offer the following services:

- Provision of factual information on HIV/AIDS and STDs
- Services and information on mitigation and prevention
- Provision of internet facilities and technical assistance to use computer
- Communication services
- Competitions and exhibitions at school and village levels in order to increase awareness and build confidence of stakeholders.
- Establish networks with other resource centers and exchange of information between stakeholders and partners.

The centre should be managed by a subcommittee of the PTA and should include other key players such as the clinic staff, social workers, local leaders and private sector. There should be a full time coordinator assisted by volunteers (BCAIP & UNICEF 2002¹⁵; MMDC, 2004¹⁶)

¹⁴ BCAIP & UNICEF Resource centre guideline (BTWA/2002-10)

¹⁵ Ibid

¹⁶ Mwana Mwendu Child Development Centre, 2004 A guide for community-based child and youth resource centres

Chapter Three METHODOLOGY

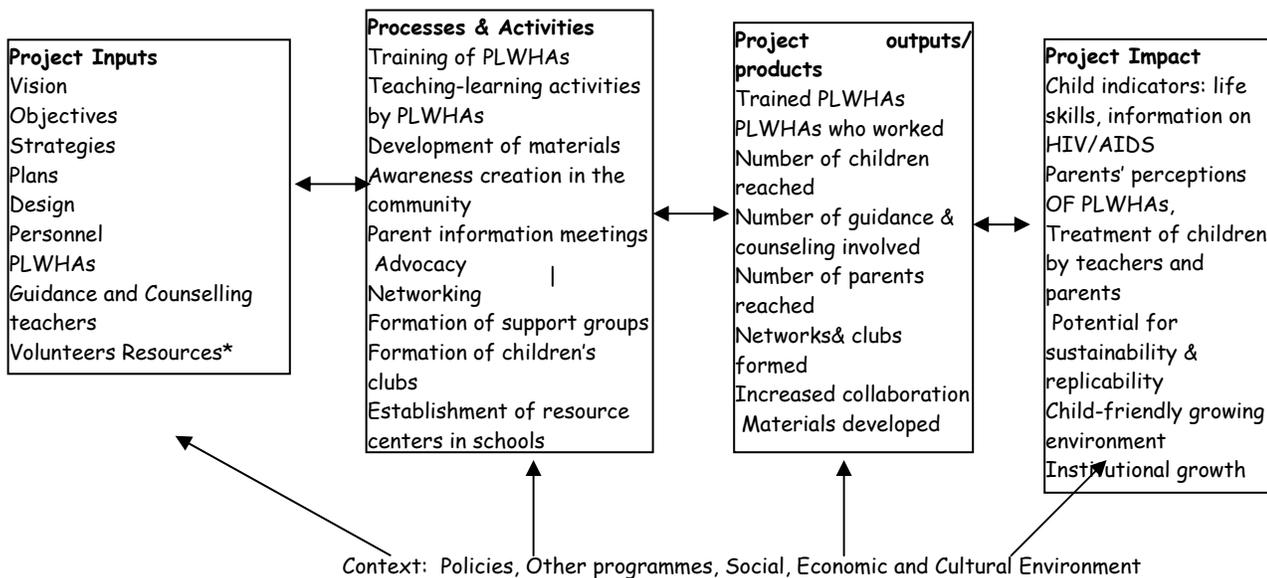
3.1 The Evaluation Approach

The Ringing the Bell: A re Tsogeng project was implemented through the joint partnership of UNICEF, Ministry of Education (MOE) and BONEPWA. Accordingly, the three partners collaborated in the organization and review of the evaluation. The evaluation was carried out under the guidance and support of the UNICEF Project Officer, Integrated Early Childhood Development (IECD), BONEPWA and a Reference group comprising MOE, and other stakeholders. The MOE staff, specifically, from the Guidance and Counselling, HIV/AIDS and project departments were involved. They participated in the process by giving feedback on the evaluation tools, assisting with the identification of the sample and informing the schools about the visit by the evaluators. BONEPWA provided transport and counterpart officers to accompany the evaluators in the field. They also participated in the identification of the sampled schools. UNICEF played the central role of coordinating the evaluation and convening the meetings between the partners and the consultants. UNICEF also played a key role in giving technical advice on various aspects of the evaluation.

3.2 Evaluation Conceptual Framework

The evaluation was based on the premise that the project inputs (policies, objectives, strategies, design, plans, personnel and materials) interact with the processes and efforts (management and activities to generate expected results and outcomes (outputs, effects and impacts)

Evaluation Conceptual Frame



3.3 Evaluation Methods

Quantitative methods were used to generate statistical data on outputs and to describe some of the outcomes of the project. Qualitative methods such as discussions, interviews, focus group discussions,

children's drawings and story telling were employed to bring out major issues. Use of qualitative methods gave the parents and the community an opportunity to reflect on their experiences and stock take on how the project has influenced their lives individually and collectively. During such reflection sessions, the evaluators were in a better position to assess the implementation process and the impact of the project on the participants' knowledge, attitudes and possible change in behaviour. This also made it possible to ground the evaluation within the human rights framework by giving people opportunity to reflect and stock take on what had been done, what had not been achieved and what needs to be done. In addition, the discussions allowed them to talk about what they believe their children should be taught about the important issues of sex sexuality and HIV/AIDS.

The evaluators used the following methods:

- **Consultative meetings**

The consultants held consultative meetings with the partners and key informants in recognition of their role in the development of the project and also to promote the ongoing participatory process on the strategies of the project and to cement the ownership of the project. The consultation process involved defining the parameters of the evaluation including the purpose, scope, sample and methodology. These key stakeholders provided key insights about the project and contributed significantly to shaping the evaluation design and process.

- **Desk Review**

This involved sourcing information from the relevant sources such as UN documents, project documents and reports, MOE reports and primary school guidance and counseling curriculum. Information was also sought from the country's policy documents such as *Vision 2016*, plans and operational frameworks on HIV/AIDS. Reference was also done on research and theories on child and adolescent development, learning and behaviour change. The desk review briefly discusses terminologies and concepts such as life skills, child- friendly school and rights based approaches to behaviour change. The summary of key aspects has been presented in chapter two.

- **Open Discussions, Guided Questionnaires and Interviews**

Key stakeholders including children, PLWHAs, guidance and counseling teachers were guided in completing the interview schedules. Working with the guidance and counseling teacher, the evaluators interpreted the questions into mother tongue for the lower primary pupils and helped each child work at his or her pace. Head teachers were interviewed individually.

- **Focus Group Discussions**

Focus group discussions (FGDs) (Appendix 17) were held for Parent-teachers' Association (PTA) members who included parents and teachers. The discussions centred on the challenges facing families, the perceptions about the project, the issues of stigma and discrimination as well as community involvement. One FGD was for principal education officers, while another was for 21 field officers. There was also one for pupils. While some issues relevant to particular areas in the report are discussed there in the details of the FGDs are captured in Appendix 17(A-F)

- **Pupils' Stories**

The storytelling was used to capture how pupils felt and whether they had internalized the information and changed attitudes. The stories also provided insights about what is happening in their lives which may be related to this project and other lessons they receive. Stories also placed the methodology within the framework of the rights of the child whereby children got an opportunity to have their voices heard.

- **Pupils'Drawings and Sketches**

The evaluation also involved a few pupils in drawing aspects of interest related to HIV/AIDS as another way of enabling children to express their views and feelings.

Review by the Reference Group

The Reference Group reviewed the draft report to made comments and amendments that were incorporated into the final report.

Stakeholders Forum

A stakeholders meeting will be organized after the evaluation to plan the way forward. Field officers, guidance and counselling teachers from selected pilot schools, DAMSCs, PLWHAs, BONEPWA, UNICEF, Ministry of Education officials and other partners will participate in this forum. The forum will review the recommendations of the evaluation and the experiences of the different partners to design an expanded and improved project,as well as chart the way forward.

3.4 The Sample and Sampling Method

3.4.1 Project Schools

The selection of schools to participate in the Ringing the Bell: A re Tsogeng project by BONEPWA was based on their proximity to the homes or places where the PLWHAs who were involved in the project could easily find accommodation. This arrangement was necessary because the PLWHAs worked as volunteers in the project and were being paid small allowances mainly to cover costs of transport. It was assumed that some of the PLWHAs would receive support from their families especially when they were not feeling well. The PLWHAs had been recruited through an advert placed in the media. They were then short-listed and interviewed. As it turned out, the final list of 27 PLWHAs came from 16 districts spread across the country as shown on table 3.1

Table 3.1: Project schools

Towns/villages	Primary schools	District
Kang	Mahusane	Hukutsi
Mapoka	Mapoka	North East
Nhaphwane	Nhaphwane	North East
Francistown	Maradu Satellite	Francistown
Mahalapye	Fredrick Maherero St James	Mahalapye
Otse	Otse	South east
Ramotswa	Seboko	South East
Tlokweg	Batlokwa National	South east
Selibe Phikwe	Boitumelo Tebogo	Selibe Phikwe
Lobatse	St Theresa	Lobatse
Digawana Lobatse	Digawana New Look	Lobatse
Kasane	Plateau	Chobe
Kasane	Kasane	Chobe
Bobonong	Mabumahubidu	Bobirwa

	Rasetimela	
Mochudi	Phaphane	Kgatleng East
Kanye	Motsatsing Sebogo	Kanye Central Kanye West
Jwaneng	Teemane Dinonyane	Kanye West
Molepolole	Suping	Kweneng West
Molepolole	Lekgwapheng	Kweneng West
Letlhakeng	Lethakeng	Kweneng West
Gabane	Gasiko	Kweneng East
Mmankgodi	Letlole Mmoni	Kweneng East
Metsimotlhabe	Serameng	Kweneng East
Molepolole	Louis Memorial	Kweneng East
Pitsane	Maiphitlhwane Dinatshane	Good Hope
Middlepits	Vaalhoek	Kgalagadi
Maun	-	North West

3.4.2 Sample of Schools for the Evaluation

The sample of schools that were used in this evaluation was based on the interest to represent a wide geographical spread from arid, remote rural, urban and mining areas as well as border towns. Critical issues related to HIV/AIDS such as prevalence rate, Corridors of Hope, risk factors such as commercial sex and truck driving were taken into account. Table 3.2 shows the schools, which were involved in the evaluation

Table 3.2: Sample schools

Area/village	School	Criteria
Tlokweng	Batlokwa National	Commercial sex workers Truck drivers
Mochudi	Phaphane	Proximity to Gaborone and HIV prevalence
Pitsane	Maiphitlhwane	Near border
Jwaneng	Teemane	High prevalence
Kang	Mahusane	Arid Poverty
Kasane	Kasane	Border town Corridors of Hope
Kasane	Plateau	Border town Corridors of Hope
Mapoka	Mapoka	High prevalence
Selibe Phikwe	Boitumelo	Mining town
Mahayapye	Fredrick Maherero	High prevalence
Molepolole	Suping	High prevalence
Francistown	Maradu	High prevalence

Lobatse	St. Theresa	Urban Church school
Letlhakeng	Letlhakeng	High prevalence

In each school, the sample consisted of the head teacher, the guidance and counseling teacher, FO, and on average, 4 pupils from each of standards 2 to 7 classes balanced for gender. (see tables 3.3)

Table 3.3: Sample by category and school

School	Guidance & Counselling Teacher	PLWHA	Lower Primary Pupils	Upper Primary Pupils	Head Teacher	FGD	Key Informant
Batlokwa	1	1	12	14	1	-	
Maiphithwane	1	1	4	11	1	-	
Teemane	-	1	12	13	1	-	DAC
Mahusane	1	1	13	11	1	1	
Kasane	1	1	11	10	-	-	DAC, PEO 11
Plateau	1	1	12	13	1	-	
Maradu	1	1	12	12	-	-	
Mapoka	1	1	12	8	-	-	
Boitumelo	1	1	13	8	-	1	
Fredrick Maherero	1	1	12	12			
Suping	2	1	12	12	1	1	
St. Theresa's	1	1	-	4	1	-	DAMSC member DAC
Letlhakeng	1	1	12	12	1	-	
Mochudi	1	1	12	8	-	1	

Other field officers who completed the form were from the following primary schools: Serameng, Bokspits, Stuzendam, Nlaphwane, Dinonyane, Digawana, New Look, Motsatsing, Sebego, Lewis M., Leabawena, Mpolokeng, Seboko and Paphane.

Maiphithwane - The school had had no water for 3 days and therefore the pupils had been dismissed early. Standard two and three children had gone home.

In Lobatse, Jwaneng and Molepolole the Education officers were out of their stations on official business. In Teemane the 2 guidance and counseling teachers were attending a workshop. The evaluators were given a report, which the teacher had written last year.

Field Officers

Twenty four field officers were interviewed and each completed an individual interview schedule. Sixteen of them were females and eight were males. The field officers were later engaged in a FGD.

Guidance and counseling teachers

Thirteen guidance and counseling teachers participated in the evaluation. Twelve of them were professionally trained teachers. Their teaching experience ranged from 4 years to 20 years. Eight out of them had been teaching for a period of over 11 years. The majority of them had received short courses (1-3 weeks) in guidance and counseling. One teacher had one year training in guidance and counseling while one had not received any training in guidance and counseling. All of them were women.

Focus group discussions (FGD)

The people who participated in focus group discussions included pupils, parents, teachers and PTA executive committee members, FOs and principal education officers. Most adult members of the focus group discussions were women.

Table 3.4: Membership of the focus groups by school, age and sex

Year	Suping		Mahusane		Boitumelo		Mochudi		Tlokweng	
	W	M	W	M	W	M	W	M	W	M
20-29 years	2	-	-	-	8	1	3	1	4	-
30-39 years	4	-	2	-	7	1	2	1	6	-
40-49 years	2	-	1	3	2	2	2	-	4	-
50+	6	-	-	-	-	-	2	-	-	-

W - Women M - Men

Suping - there were 2 teachers in the FGD

Mahusane - there were 2 teachers in the FGD

Boitumelo - there were 9 teachers in FGD

There was one focus group each in Suping, Mahusane and Boitumelo. In

Mochudi and Tlokweng there were 2 focus groups in each of the schools one for pupils and one for adults.

Pupils

In total, 297 pupils participated in the evaluation. Of these, 154 were girls and 143 were boys. One hundred and thirty seven (149) were in lower primary and 148 in upper primary (see table 3.4). The modal age in lower primary was 9 years while it was 12 years in upper primary.

Table 3.5: Sample of pupils by school, standard and sex

School	Sex	P2	P3	P4	P5	P6	P7	Total
Batlokwa National	B	2	1	2	2	1	3	11
	G	2	3	2	2	3	3	15
Maiphitlhwane	B	-	-	1	3	2	1	7
	G	-	-	3	2	2	1	8
Teemane	B	2	2	2	2	3	2	13
	G	2	2	2	2	2	2	12
Mahusane	B	2	2	2	1	2	2	11
	G	2	3	2	2	2	2	13
Kasane	B	2	2	2	3	2	-	11
	G	1	2	2	2	3	-	10
Plateau	B	2	-	1	2	3	1	9
	G	3	3	3	3	2	2	16
Mapoka	B	2	2	2	2	2	-	10
	G	1	3	2	2	2	-	10
Boitumelo	B	2	2	2	3	2	-	11
	G	2	3	2	1	2	-	10
Fredrick Maherero	B	2	2	2	2	2	2	12
	G	2	2	2	2	2	2	12
Suping	B	2	2	2	2	2	2	12
	G	2	2	2	2	2	2	12
Maradu	B	2	2	2	2	2	2	12
	G	2	2	2	2	2	2	12
St. Theresa's	B	-	-	-	-	-	2	2
	G	-	-	-	-	-	2	2
Letlhakeng	B	2	2	2	2	2	2	12
	G	2	2	2	2	2	2	12
Mochudi	B	2	2	2	2	2	-	10
	G	2	2	2	2	2	-	10

St. Theresa's - The programme had been implemented in standards six and seven only.

In Kasane, Plateau and Boitumelo, - Standard 7 were sitting an examination.
In Mochudi standard seen pupils were not in school.

Key informants

The key informants who participated in this study included MOE and MLG officials, BONEPWA staff, UNICEF, UNDP and UNAIDS staff, head teachers, Principal Education Officers and District AIDS Coordinators.

3.5 Evaluation Tools

The following evaluation tools were used:

- Lower primary child interview schedule
- Upper primary child interview schedule
- Interview schedule for guidance and counseling teachers
- Interview schedule for PLWHAs
- Focus group discussion guide
- Checklist for key informants

The tools are appended. (see appendices 5- 10). The content of each tool is summarized below:

3.5.1 Pupil interview schedules

The two pupil interview schedules sought similar information from the pupils but the format of the questions was different to take cognizance of the different levels of understanding and language. The lower primary schedule also omitted some details, which were contained in the upper primary schedule. The instruments sought information about the knowledge of HIV/AIDS, whether pupils had passed on information to other people and if they had changed their behavior since they participated in the project. The instrument also sought to find out what life skills pupils had acquired, their attitudes to gender issues and towards people living with HIV/AIDS. Upper primary pupils also wrote short stories about life skills or behaviour change or knowledge about HIV/AIDS.

3.5.2 Interview schedule for guidance and counseling teachers

This instrument expected the guidance and counseling teachers to assess the topics covered by the PLHWA in terms of coverage, relevance, appropriateness of methodology, materials used and effects on pupils' behaviour. There were also questions on integration of the project to the school curriculum, the achievements and challenges experienced in implementing the project.

3.5.3 Interview schedule for field officers

The interview schedule for the field officers sought information on their motivation to participate in the project, their satisfaction with the project, achievements and challenges. The instrument also expected them to assess their own training before the project and their own success in teaching children. In addition, the instrument sought information on the topics covered, methods and materials that were used and the time spent in the classroom. Information was also sought on the field officer's networking and outreach activities in the community. It finally sought to find out how PLWHAs are perceived and treated by children, teachers and the community.

3.5.4 Focus group discussion guide

This instrument sought information on the objectives of the project, parent and community participation, networking and outreach activities through the project and attitudes towards PLWHAs. The parents and

community members were also asked whether they teach children about sex,sexuality and HIV/AIDS, and their views about what children should be taught in these subjects.

3.5.5 Checklist for key informants

Key informants in Appendix 11 were asked about the objectives, results, outcomes and achievements of the project, and their role at individual and organizational level as well as their views about the partnerships in the project. In addition, the instrument sought information about networking and outreach activities, its monitoring, sustainability as well as replicability.

3.6 Considerations in the Interpretation of the Evaluation

The evaluators were well received in all the offices and the schools. All respondents completed the interview schedules or participated in the discussions willingly. Some of the head teachers were uncomfortable about the evaluation because they had not been informed by the Ministry of Education about the evaluators' visit or had been given the wrong dates. A number of the respondents said they could not remember some of the information given because of the long time lapse between the project implementation (September and November 2003) and the evaluation.

In assessing the impact of the project it is incumbent to take into consideration that a whole year had lapsed. The project targets had had other experiences and influences for one to be able to assess the inputs of the project per se towards changes in knowledge, attitudes and behaviour. The interview schedules were in English. The evaluators, with the assistance of the guidance and counseling teachers worked with small groups of pupils and interpreted the questions into Setswana and explained what information the question required. However, one cannot rule out the fact that language may have influenced the responses of the pupils.

The evaluators reached a critical number of the targeted sample. Two hundred ninety seven (297) pupils out of 336 or 88.4% were reached. It should be noted that:

- In one school, the field officer had only taught the standard seven classes while in three schools standard seven classes were sitting an examination
- In the schools where the evaluators found examinations in progress, the head teachers, were not interviewed as they were invigilating the examinations. They interviewed 8 out of the expected 14.
- Thirteen out of the 14 projected guidance and counseling teachers were interviewed.
- Twenty four out of 27 field officers involved in the project participated in the evaluation.
- Seven Principal Education Officers participated in the discussions. Six of them were interviewed in Gaborone as it was not possible to get them in their work - stations during the visit to their areas.
- The evaluators managed to talk to only 3 District AIDS Coordinators, as the others were not available during the data collection exercise.

This sample coverage was adequate to provide credible data and voice to the evaluation

Chapter Four

DESIGN, ROLE, FOCUS AND EFFICIENCY

4.1 Role, Design and Focus

Role, design and focus address the extent to which the project objectives and activities are specific, measurable, achievable, relevant, and time bound. They also focus on the degree to which the project was aligned to the Human Rights Approach to Programming and Community Capacity Building (HRAP/CDD), UNICEF's overall policies and strategies as expressed in the Medium-Term Plan (1997 to 2002) as well as MOE HIV/AIDS Strategic Plan Goals.

4.2 Quality and Relevance of Objectives

The general objectives of the project were well stated. However they were too general to be able to adequately guide the implementation of the project. The field officers who were to implement the project were expected to interpret the objectives and come out with relevant and appropriate activities for the pupils and the community despite the fact that they had only undergone a three - week orientation course and most were not professionally qualified teachers.

The objectives contained concepts such as "child-friendly," "outreach centre" "resource centre" "gender sensitive" "vulnerable child," "stigma," "discrimination," were not defined and extrapolated to ensure that all the field officers held a common understanding of their meaning. Each major objective should also have had specific operational objectives.

The project objectives were within the MOE HIV/AIDS Strategic Plan Goals¹⁷. However, the design did not make reference to the curriculum, which brings the goals to the operational level for disseminating information to pupils and influencing their behaviour¹⁸. The MOE Goals recommend activities that focus on all the staff and this aspect was not emphasized in the project since the field officers mainly focused their activities on pupils.

One of the aims of involving PLHWAs in the schools was to reduce stigma and discrimination by demonstrating that one can continue to live a fairly healthy life and contribute positively to the welfare of others. This is in line with the policies of the UN bodies as well as the government.

The PLHWAs were expected to disseminate information on HIV/AIDS using interactive and participatory methods, which is in line with HRAP/CCD and UNICEF's overall policies and strategies.¹⁹ Such methods are critical in behaviour formation and change particularly in sensitive issues such as sex, sexuality and HIV/AIDS. Because of lack of specificity in the objectives, some of the information was not appropriate for younger pupils

¹⁷ See summary of MOE's response to HIV/AIDS in Appendix 13

¹⁸ MOE 1998-2000 Guidelines for Guidance and Counselling for primary, junior and senior secondary schools

¹⁹ See summary of UNICEF's response to the HIV/AIDS in the country in Appendix 13

4.3 Efficiency

Efficiency refers to the extent to which the least costly approaches were used and organised to achieve the objectives, the timeliness and adequacy of the inputs, quality of activities as well as the monitoring system. The chapter examines the implementation plan, which includes the management coordination, communication and monitoring structures. The training process, adequacy of the funds and other resources and how well they were utilised to support training, school and community activities are also reviewed

4.4 The Reference Group

The reference group was charged with the responsibility of defining the policies to guide the project and the procedures to be followed during implementation. It also had a vital role in monitoring and supporting the project.

Except for the consultative stakeholders workshop the three partners organized with the Districts AIDS Management Sectoral Committee (DAMSC) to identify other HIV/AIDS initiatives at district and community level and to discuss the roles for the different partners in the implementation of the project; there was no other meeting held. Regular meetings should have been held to ensure outreach to as many district partners as possible. The feedback from members of DAMSC and MOE education officers was that not enough advocacy had been done for the project and therefore many of the DAMSCs and education offices were not aware of the project though they, as stated in the FGD, would be willing to participate, particularly in the monitoring of the project.

4.5 BONEPWA Project Staff

Box 1

Coordination and communication between Coordinator of the project and head teachers should be strengthened e.g. BONEPWA office should always inform head teachers of the events and activities that should be undertaken by field officers rather than leaving the field officer to do the task.

(Source: Field officer November 2003)

BONEPWA employed a Programme Officer with a salary top-up from UNICEF. Her responsibility was to supervise, provide support to field officers, and monitor the progress of the project. There was a general consensus from the field officers that there was a lack of communication and supervision. From information available the Programme Officer does not seem to have been adequately prepared for this role and she was, therefore, not able to adequately

supervise and provide support.

The reason given for inadequate field visits by the Programme Officer was lack of funds as well as lack of transport. Indeed, BONEPWA did not have a vehicle specifically assigned to the project. The vehicle that had been estimated for the project was not purchased by the time the project ran out of funds at the end of 2003. However, a laptop was provided to support the monitoring and other work. The lack of visits and supervision undermined the work of the field officers and BONEPWA's ability to control the work

On the positive side, the Programme Officer developed monitoring forms to be completed by the pupils, field officers and guidance and counseling teachers, immediate supervisors of the field officers. A number of these forms were completed and submitted to BONEPWA but they were not analysed. It is the view of the evaluators that if they had been analysed they could have provided feedback to the project. The reporting system was also cumbersome. These reports were submitted through a long chain of offices, which must have contributed to the delay in the forms being received in BONEPWA. There should have

been a way of distributing the reports where BONEPWA would receive a copy direct with copies to other partners. This would, perhaps, have contributed to enhancing the efficiency of information flow between BONEPWA and the field. Due to lack of linkage between the education offices and BONEPWA, the education officers did not follow up the field officers who did not submit their reports. In addition, they did not provide feedback to the field officers since they had not been requested to do so.

4.6 Training of the Field Officers

Training is an important component of capacity building. It enables participants to acquire relevant knowledge, attitudes and skills to enable them can carry out the jobs they are trained for effectively. Training should also contribute to building the person's well - being and personality. It empowers individuals to realize their potential and ability to transmit knowledge, skills and positive attitudes to others.

The 30 PLWHAs who received training are referred to by their designation of field officer in the report. However, in certain parts of the report they are referred to PLWHAs. The criteria for selection to undergo training was not clear. They underwent a three-week course, which was conducted at Molepolole from 2nd to 19th December 2002. by two consultants, one from Trend and the other from Communication, Civic Education and Showbiz Agency. The workshop, according to the consultants, was needs oriented and geared to ensuring that the PLWHAs acquired the competencies and skills they would need in the project. The consultants therefore adopted an approach that would rapidly empower and build the capabilities of PLWHAs (BONEPWA, 2002[2])²⁰. The workshop had the following objectives whose emphasis was communication:

- To help the participants acquire communication skills with adults and children in both formal and informal situations.
- To equip the PLWHAs with skills they can use to search for information and resources in their communities.
- Ensure that the same standard of language and level of understanding regarding the epidemic is being demonstrated by PLWHAs.

None of the objectives covers the imparting of particular information to pupils from Std 1-Std 7. The training did not go outside the objectives of the training as evidenced by the content of the course. The field officers were therefore not equipped to deal with young learners.

According to the consultants the training was participatory and interactive and drew from the experiences of the participants. The participants were also involved in a practical activity of collecting information in homes and the community so that they would test the methodology and the accurateness of their messages on HIV/AIDS. They indicated that, after the training, they were able to interact with the Police, District Health Team, Institute of Health Studies, Molepolole College of Education, youth officers and several clubs except schools because of lack of communication. The content of the training is summarized in appendix 14.

The effectiveness of the training was likely to be affected by the motivation of the participants. According to one of the consultants who facilitated the course, the field officers showed interest and creativity in the course where their leadership qualities were exhibited in the discussions and

²⁰ BONEPWA, Report of training of PLWHAs trainers: Sex is worth the wait project by Chris Adjah & S. Situmo, Trends, 2002[2]

demonstrations. In addition, there was passion towards the project they were going to initiate. Table 4.1 shows the reasons that the field officers gave to the evaluators for wanting to participate in the project.

Table 4.1: Why field officers decided to participate in the project

Response	N	%
Share knowledge on HIV/AIDS	3	20.0
Advocate for abstinence	1	6.7
Promote awareness on HIV/AIDS	1	6.7
Reduce stigma and discrimination	10	66.7

Since the course was needs oriented, the facilitators in the redesign of the course curriculum took cognizance of the participants' demand for the following subjects: stigma and discrimination, human rights, community entry, methods of teaching children and communication. It was however not possible to go into details and incorporate practical activities with pupils due to time constraints and lack of appropriate skills.

The field officers who were interviewed (see table 4.2), while remembering a few of the topics they learnt in the course such as how to teach children, HIV/AIDS and the field visits, but they had difficulty, recalling other aspects of the training due to the time lapse.

Table 4.2: Things remembered from the training

Response	N	%
Teaching children about HIV/AIDS	17	57.6
Field visits	12	42.4

Table 4.3 shows that the field officers gained skills in communication and public speaking which they found useful during their work in the schools and the community. They also acquired a lot of knowledge about HIV/AIDS, which they shared with the pupils, teachers as well as some parents.

Table 4.3: Skills and knowledge acquired during training

Response	N	%
• SKILLS		
Managing children	10	30.3
How to communicate	15	45.5
Public Speaking	8	24.2
• KNOWLEDGE		
Knowledge about AIDS	20	100*

*All those who responded

However, as shown on table 4.4, the field officers also felt that they would benefit from further training in public speaking, counseling, methods of teaching children, advocacy and computers to improve their inputs if the project is revived.

Table 4.4: What field officers would like to be trained in

Response	N	%
Public speaking	8	19.5
Counselling	15	37.1
How to teach minors	3	7.3
Advocacy	4	9.8
Computers	11	26.8

4.7 Modality of Project Implementation at School Level

Before the field officers were posted to the schools, a stakeholders' meeting was held in August 2003 to discuss the modalities for the implementation of the project. The reference group agreed on the following modalities for the operations of the field officers:

- The field officers would report to the Principal Education Officer 11 who would in turn introduce them to the schools.
- The immediate supervisors of the field officers would be the school heads and the Principal Education Officer II.
- Field officers would submit monthly reports through the school heads and the Principal Education Officer to BONEPWA.

Box 4

The project should establish linkages with stakeholders within the district. This will help in giving the project wide publicity and will also make the community we work with recognize our impact. (Field officer November 2003)

- Field Officers would work in the schools for three days a week.
- The field officers would be paid an allowance of P2000 and an additional P300 to cover transport expenses per month.
- The schools did not have clear guidelines on how to fit the project within the school programme.

The role of parents, PTA and DAMSC in the project were also not defined.

Though BONEPWA was the implementing agency, its specific role in monitoring the school level activities was not clearly defined. Neither was the relationship between the BONEPWA Programme Officer, the school level supervisors and the Provincial Education Officers specified.

Proper definition of roles and communication could have strengthened the feedback from schools to the partners and back to the schools and community. The procedure of submitting all the reports through the education officers meant that the reports took a long time to reach BONEPWA, the implementing agency. The need for improvement in this area can not be over emphasized.

4.8 Communication Structure

The communication plan envisaged for the project was as follows:

- Basic reports-monthly, quarterly narrative and financial reports from implementing agencies (BONEPWA and field officers) to relevant stakeholders as defined by the memorandum of understanding. The sample format for these reports was to be developed during training and inception phase.
- Quarterly planning meetings between UNICEF, MOE, BONEPWA and field officers
- Annual and Audit reports
- Special reports and publications generated by the project.

In December 2003, BONEPWA prepared a report on the project. However since the project in the schools lasted only three months, the other reporting requirements could not be completed.

4.9 Project Monitoring, Supervision and Support

BONEPWA designed a project monitoring and evaluation reporting profiles which required the field officers to:

- Prepare a scheme for the topics to be covered with specific objectives, time frame and comments by the field officer. This scheme was expected to guide the field officers on what topics to cover depending on the arrangements that were agreed upon by the guidance and counseling teachers.
- Prepare and complete an activity plan for each activity and which was to be signed by the guidance and counseling teacher and the head teacher. The guidance and counseling teachers were the immediate supervisors of the field officers. The activity plan contained information on the date of the activity, class, duration, topic, objectives, materials, content and comments.
- Complete a lesson evaluation form, which the field officer completed after each lesson. The field officer was expected to include the following information in the form- topic of the day, responsiveness of the pupils, questions which the pupils asked during and after the lesson, whether pupils trusted the field officer, whether the field officer was invited to the children's homes, what he/she had learnt about the lesson and her/his rating of the lesson.
- Write a report every month and submit it to BONEPWA through the head teacher who in turn sent it through the Principal Education Officer II, then to the Regional Education Officer who would then submit the report to BONEPWA.
- Arrange for a sample of pupils to complete a student evaluation form. The student evaluation form sought information on the name of the pupil, class and age. In addition, it expected the pupil to indicate the topic covered, what the pupil was going to share with parents, how the information would help him/her in daily life, what else he/she would like to learn about HIV/AIDS and how he/she feels about the field officer. The instrument was in both English and Setswana.

The guidance and counseling teacher completed a form indicating the impact of the project activities on the pupils and the community. The form contained information on the parents' feelings about their children being taught by a PLWHA, what is positive and negative about the project, whether the supervisor believes the project is changing people's attitudes about PLWHAs and whether the community utilizes the services of the PLWHA.

However the evaluators noted that there was no feedback from BONEPWA on the reports that had been submitted and the field officers were not invited for any meetings to discuss their experiences. In the FGD the field officers' responses were evasive about why there were no meetings claiming that though lack of funds was a contributory factor BONEPWA had the answer.

Box 5

Probably the programme officer has the answer. I personally don't have.

Because of funds we could not meet each other for meetings

Once at end of training to discuss methods of operation

It is above my knowledge

I do not know

Source: Field Officers October 2004

The field officers reported that one of the major

constraints that they experienced was lack of supervision and support as shown on table 4.5.

Table 4.5: What field officers were unhappy about

Response	N	%
Lack of supervision, monitoring and communication	12	28.5
Lack of training on how to handle children with special needs	10	23.6
Lack of materials	20	20.0

At the end of the three months, the stakeholders and partners were expected to meet and to evaluate the impact of the project and to chart the way forward. The meeting was not held at the time as it was decided to hold an evaluation first so that the meeting would be informed by the findings of the evaluation.

4.10 Challenges and Constraints Experienced by the Field Officers

Table 4.6 shows the challenges, which the field officers reported to have experienced during their attachment to the schools.

Table 4.6: Challenges the field officers reported to have experienced

Responses	Females		Males	
	N	%	N	%
Inadequate time	14	23.7	2	12.5
Discrimination by some teachers	14	23.7	2	12.5
Lack of counseling	10	16.9	3	18.8
Lack of teaching materials	11	18.8	4	25.0
Children not allowed to talk about sex and sexuality	10	16.9	5	31.3

- Time for individual lessons and for the whole project period was limited. The field officer was given time to teach within the guidance and counseling classes or in the afternoon. Sometimes several classes were combined and of course in such a situation it was difficult to use practical and interactive methods.
- Many people were still in denial and still refused to accept the seriousness of HIV/AIDS. *"People told themselves that issues of HIV/AIDS are daily songs and they did not come in large numbers when asked to discuss HIV/AIDS related issues with the field officer."* Guidance and counseling teacher, October 2004.
- Some of the information given to the lower primary school classes was far beyond their level of understanding. According to the guidance and counseling teachers, a few children appeared confused and seemed not to understand what the field officer was explaining.

- In quite a number of schools, field officers did not have adequate child-friendly learning materials that would have made it easier for pupils to grasp the concepts.

4.11 Costs and Financing

UNICEF provided the finances, materials and equipment that were required for the project. The funds provided amounted to P314,300 and the expenditure at end of evaluation was P281,050²¹. BONEPWA used the funds to top up the salary of the programme officer, pay travel allowances for the field officers and meet administration costs. UNICEF purchased supplies required for training and a laptop to facilitate monitoring. Funds were also utilized to produce a video documenting the project and to develop a training guide and a facilitators' manual. The consultants were informed that 6 computers had been supplied to 6 project schools so that they could establish resource centers. However, the evaluators did not get any information about the computers in the schools they visited or from the field officer or the MOE officers whom they interviewed.

BONEPWA indicated that the funds were inadequate since the project ended abruptly after three months and the vehicle that had been promised was not purchased. Lack transport was the main explanation for inadequate visits to the project as the project schools were spread across the whole country. The lack of transport, not with standing, it was not cost effective to post one FO, utilising public transport, to cover large areas in only three months.

In addition, although the evaluation did not have enough data to assess the cost effectiveness of the project the outcomes and impact on the children (See chapter 5) indicate the potential of involving PLHWAs in all the schools in the country to contribute to the formation of positive behaviour in children and adolescents in the efforts to fight the spread of HIV/AIDS.

4.12 Summary

- The project design specified that the schools would be gender sensitive and child friendly but the schools visited did not have these characteristics listed in Appendices 1,2,3 and 4 of this report
- The project design did not specify the roles of different stakeholders and its mode of operation at the school, community level and district level.
- The general objectives of the project were well stated but more specific objectives should have been developed to guide the activities.
- The project was within the MOE HIV/AIDS strategic plan goals. However, the design did not make reference to the curriculum. The MOE goals recommended activities focusing on all staff though the project did not emphasise this.
- While the project focused on stigma, discrimination and information on HIV/AIDS, some of the information was inappropriate for the younger pupils.
- The objectives were aligned to and relevant to HRAP/CCD and UNICEF'S policies on HIV/AIDS.
- The introduction of the field officers to the schools was well accomplished by the Principal Education Officers.
- Guidance and counseling teachers were incorporated into the project and their role was specified. It does not appear there was a laid down plan for involving other teachers.

²¹ Appendix 15

- PTAs and parents were not fully sensitized about the project. They needed to know the objectives of the project, what their children were taught and whether they had a role to play in the project.
- The supply of materials for the project was not sufficient to support the activity-based, child-friendly approaches that were recommended for the project.
- BONEPWA had developed monitoring forms and which many field officers, pupils and guidance and counseling teachers completed and submitted through the Education Officers. No thorough analysis of the forms seems to have been done and therefore feedback to the field officers was weak.
- The monitoring plan was not part of the project document and was not discussed with PLWHAs during training and other staff involved in the project.
- The reporting system between the field officers and BONEPWA was not direct, though BONEPWA was the implementing agency. The reporting system from schools through the education officers to BONEPWA was too long and hindered quick response and feedback on issues raised at the school level.
- There was a lack of monitoring of the project by both UNICEF and BONEPWA. The monitoring forms that were completed by the field officers, supervisors and pupils were not analysed though they seemed to contain useful information .
- The BONEPWA programme officer was not able to adequately monitor the project and give support to the field officers due to lack of capacity a factor that was compounded by financial and transport constraints.
- There was no formally established linkage between the Principal Education Officers and BONEPWA. This had implications for monitoring of the project as the education officers did not actively participate.
- The field officers lacked management skills, in particular, skills for sustaining their support groups, income generating activities and networks.

Chapter Five RELEVANCE

5.1 Introduction

Relevance refers to the extent to which activities undertaken by the project could contribute to the reduction of HIV/AIDS stigma and provide children with relevant HIV/AIDS prevention information. It also includes the extent to which the project activities were integrated with the teaching processes and HIV/AIDS curriculum and aligned to the UN and national initiatives in the schools. To assess relevance, the evaluation examined the topics covered, teaching methods and materials used by the field officers as well as how the project activities were fitted into the school curriculum and programmes.

5.2 Teaching Methods used by the Field Officers

One of the major goals of this project was to involve PLWHAs in disseminating information to children, youth, their families and teachers on HIV/AIDS and sexual reproductive rights in order to influence behaviour change towards the prevention of the spread of HIV/AIDS and reduction of discrimination and stigma towards people who are infected or affected by HIV/AIDS. It was anticipated that the intervention of the PLWHAs would contribute to making the schools more child-friendly and gender sensitive by using participatory, interactive and child-centred methods. The evaluation therefore, examined the relevance and appropriateness of the topics and methods used by the field officers; integration of the intervention with the school curriculum and programmes; the acceptability and success of the programme.

5.3 Topics Covered by Field Officers

Table 5.1 shows the rating of the topics, methods and depth of content by the guidance and counseling teachers. The majority of these teachers said that the topics covered by the field officers were relevant and appropriate since the topics mainly amplified the topics in the guidance and counseling curriculum. However, a number of them felt that some topics and concepts such as the use of condoms and definition of HIV were far beyond the level of understanding of lower primary school classes. . To a large extent lessons on condom use are contradictory to the MOE stand, which is abstinence. While in upper classes, the coverage was shallow due to the large classes of two or three standards at the same time and attending to more than one school.

Table 5.1: Rating of topics, methods and depth of content by guidance and counseling teachers

Item		Yes		No	
Appropriateness of Topics	Std. 1-4	10	90.9	1	9.1
	Std. 5-7	12	100	0	0
Relevance of topics	Std. 1-7	11	91.7	1	8.3
Appropriateness of methods	Std. 1-7	8	80.0	2	20.0
Adequacy of knowledge	Std. 1-7	6	54.5	5	45.5

In the focus group discussions parents said that they were concerned about teaching of sex and sexuality particularly to the

Box 6

The topics were relevant because HIV/ AIDS is affecting every country. You may be affected or infected. Some children are orphans whereas some are staying with parents and relatives who are ill. Some children are ill and those affected, their work had started to go down.

Source: Guidance and counseling teacher, October 2004

younger learners. Whilst the majority were of the view that young children should not be taught about condoms a few felt strongly that older children should be taught about condoms because experience and existing literature indicates that they engage in sexual intercourse, risk unwanted pregnancies as well as sexually transmitted diseases and HIV/AIDS. They however objected to having their children being supplied with condoms. *"We should teach children about condoms. Teach them and not supply them in schools. This is like telling them to go ahead."*

In addition the inappropriateness of the teaching is captured in the Video where the FOs lay emphasis on use of Condoms. Also included are other ways that are culturally unacceptable.

Parents also proposed that abstinence should be emphasized more in the educational programmes and children should be encouraged to enlist in educational programmes run by churches. Some cautioned that parents should closely monitor the church programmes because some church leaders have been known to abuse children.

5.4 Integration of the Intervention with the School Curriculum and Programmes

The majority of the guidance and counselling teachers said that they participated in the Ringing the Bell Project by working alongside the field officers, organized timetables for them within the time allocated for guidance and counseling. They organized the timetable for the field officers within the time allocated for guidance and counseling. They also mobilized teachers and parents to support the field officers.

Box 7

"I helped to mobilize teachers and parents to support the field officer in any way affordable. Helped to sensitize pupils to know how the pandemic is ravaging the community."

Source: Guidance and counseling teacher, October 2004

Most of them sat in the classes and joined in the class discussions. Others said they extended the discussions to other classes to reinforce what the field officers were teaching. As the immediate supervisors of the field officers they assessed them and sent monthly reports through the head teacher to the

education offices.

However, while the guidance and counseling teachers facilitated the work of the field officers, it seems that there was no formal integration into the curriculum and school programmes. In fact, the view was that it was

Box 8

"We have a problem with infusing your work."

"Your work is a stand alone"

Guidance and counseling teachers

difficult to infuse the activities, which were being introduced by the field officers. The evaluators noted that one of the causes of the problem encountered in integrating the intervention into the school curriculum is that the *Facilitators' Manual* did not indicate the topics to be covered in each class level and how this was to be linked with the existing curriculum and the school timetables.

The majority of the teachers believe that the field officers contributed information on antiretroviral, home-based care, importance of and how to achieve positive living, advantages of testing to know one's sero status as these aspects are not dealt with in-depth in the curriculum. There was an appreciative view that the field officers in their coverage enhanced topics that are covered in science, and by guidance and counseling thus decreasing the teachers' workloads. The guidance and counseling teachers have a full timetable like other teachers and they are expected to create their own time to offer guidance and counseling services.

Interviews with head teachers revealed that the intervention by the field officers demonstrated to teachers that it is possible to have open discussions

Box 9

Again with teachers this also reduces their day-to-day schedule at school for example, like now we have been teaching about HIV/AIDS. Some of the teachers do not know about ARV and positive living. This is helping to understand and get something.

Source: Field officer, November, 2003

with pupils on issues related to sex, sexuality and HIV/AIDS. Guidance and counselling teachers, on the other hand, stated that they had become clearer on how to integrate different topics in HIV/AIDS in guidance and counseling lessons and other school programmes.

A few field officers helped to start HIV/AIDS clubs in a few schools. These clubs were said to keep pupils actively involved in learning more about HIV/AIDS and motivate them towards behaviour that will help them avoid risk of contracting HIV/AIDS. The field officers also provided real life testimonies about HIV/AIDS and this created an impact on children, teachers and parents.

The evaluators noted that one of the causes of the problem encountered in integrating the intervention into the school curriculum is that the *Facilitators' Manual* did not indicate the topics to be covered in each class level and how this was to be linked with the existing curriculum and the school timetables.

5.5 Usefulness and Relevance of the Teaching-Learning Materials

Teaching-learning materials are vital to effective teaching, communication and learning. Therefore availability of adequate, appropriate and relevant materials is one of the most important factors in making the school child-centred and child friendly.

The field officers stated that the main support materials they used were the *Facilitators' Manual*, the *UNICEF Booklet* and *Masa* acquired through BONEPWA. The *Facilitators Manual* gives objectives for a number of the topics but not all. Where the objectives are stated these are in broad terms such as "to facilitate an understanding of what is HIV/AIDS and its related aspects" This objective covers all the subtopics under "All I need to know about HIV and AIDS." There are no specific and measurable objectives for behaviour. Lack of specific objectives makes it difficult to assess changes in pupils' knowledge, skills and attitudes. The manual does not explain specific methods for different activities. Most of the suggested activities are discussions yet the manual was also used in lower primary. One would have expected to find active practical and interactive child-centered activities that are recommended especially for activities targeting behaviour change. The coverage of the content is broad and should be able to provide adequate knowledge of HIV/AIDS to pupils of primary school level. However, the topics are not organized by class-levels. This would make it difficult for the facilitators to choose the right topics that are appropriate for the class level or to know the details they should include in a topic or sub-topic. There is a risk that the facilitator may introduce information that is not appropriate and this was shown to have happened in the lower primary classes. The way the content is written and the language used appears more appropriate for adults than primary school age pupils. The *UNICEF Booklet* has a comprehensive coverage of information on HIV/AIDS; some topics are presented with too much detail for the younger pupils. And yet this is what the field officers used in their lessons. *Masa* is presented in the form of 100 most asked questions. It provides very good information for youths, teachers and facilitators of behaviour change and information on HIV/AIDS prevention programmes but most topics are not suitable for young children.

Other materials that were available in the schools are shown on table 5.2. Clinics and *Tebelopele* are other key sources for materials used in the schools. All the schools have the official MOE guidance and counseling curriculum but not the support materials.

Table 5.2: Materials used in the schools according to guidance and counseling teachers

Types	No. mentioned for children		No. mentioned for teachers	
	N	%	N	%
Posters/charts	10	38.4	3	10.3
Booklets	8	26.9	-	-
Reference books	2	7.7	8	27.6
Pamphlets/leaflets	2	7.7	5	17.2
TV	3	11.5	3	10.3
Talk back	-	-	5	17.6
Condoms	1	3.8	5	17.6
Gloves	1	3.8	-	-
Total	26	100	29	100

According to table 5.3, the majority of the guidance and counselling teachers said that the materials are useful for teachers and pupils but there was a minority view that the materials are not suitable for children because of the imagery.

Table 5.3: Usefulness of the materials according to guidance and counseling teachers

Item	Useful		Not Useful	
	N	%	N	%
Children's materials	11	91.7	1	8.4
Teachers' materials	11	100	-	-

Box 10

The problem is that lower classes need pictures and posters to make them understand but we do not have enough pictures and posters. The school provides us with chalks, dusters and other materials.

(Source: Field officer, November 2003)

There was no uniformity in the materials as most field officers neither used books on guidance and counseling nor other books or materials on HIV/AIDS that were available. They used other materials such as cassettes, posters, charts, pamphlets, brochures, and condoms, which they brought with them. However, the consensus was that the materials were not adequate a factor that compromised the quality of teaching especially in the lower primary classes.

The evaluators noticed few posters in the libraries, the head teachers' offices and the staff rooms. They also observed that in most schools, libraries are not functional and are not well maintained making it difficult for the pupils and teachers to access the materials easily. Lack of accessibility of materials by pupils was corroborated by the guidance and counseling teachers as indicated on table 5.4. Materials were not adequate for the large number of pupils in the schools.

Table 5.4: Assessment of regularity of use of materials by guidance and counseling teachers

Item	Used regularly		Rarely used	
	N	%	N	%
Children's materials	8	72.7	3	27.3
Teachers' materials	11	90.9	1	9.1

In the focus group discussions, it was obvious that parents are concerned about the posters and other audio-visual materials that are presented to their children in schools, clinics and

tebelopele. It was stated that the imagery in posters is not culturally appropriate and that the pictures

pupils see in schools or in the clinics frighten them. The pictures traumatize them as they remind them of their dead ones and they are unable to verbalise their feelings. A parent stated such pictures *"break their (children's) hearts. It is also as if we are enjoying sick people."* The FGD recommended that pictures for children should depict patients who are not in very bad condition and should be culturally appropriate,

5.6 Summary

- The topics covered by the field officers were relevant as they touched on aspects of reduction of stigma and discrimination, and providing information on HIV/AIDS.
- The project, however, should have been sensitive to cultural issues and involved the local people to discuss how to overcome some of the cultural constraints.
- To some extent, the cooperation between guidance and counseling teachers and the field officers facilitated a certain degree of integration of the project with the curriculum and school programmes. For example, teachers extended explanation of the concepts they felt were not clear to the pupils during their regular guidance and counseling classes. They also said they are more confident to handle topics such as ARVs, testing and positive living after interacting with the field officers. However, the project design had not indicated how integration would be achieved.
- The methods used were not fully relevant and appropriate particularly for younger children. They were not engaging enough to facilitate pupils' understanding of concepts and implications of behaviour.
- The project was aligned with national and UN initiatives in schools. Its philosophy and objectives were drawn from stated national and international goals, which refer to respect for child rights, child-friendly approaches in schools as well as the provision of information and promotion of behaviour change. Last but not least Botswana's policy statements are indicative of involvement and support of PLWHAs thus confirms its commitment to the UNGASS goals.

Chapter Six

EFFECTIVENESS: OUTPUTS, OUTCOMES AND IMPACT

6.1 Introduction

Effectiveness refers to the extent to which the project achieved its goals and objectives. This section reviews and provides evidence of the extent to which the 30 field officers who completed the course run by BONEPWA succeeded in delivering appropriate life skills education to pupils and the community, and how far pupils acquired relevant skills, knowledge and attitudes so that they can make safe behaviour choices in the fight against HIV/AIDS and formation of dignified, fully developed individuals. The evaluation therefore examined teaching methods utilized by PLHWAs and the extent of their outreach to other teachers and the community. In addition, it assessed pupils' knowledge, attitudes and behaviour related to issues of sex, sexuality and HIV/AIDS, life skills and gender roles. The study also sought information on the pupils' sources of information and messages on HIV/AIDS and the extent to which pupils facilitated outreach, dissemination of information as well as messages to the family and the community.

6.2 Changes on Facilitation Methods and Approaches Used by Field Officers

The guidance and counseling teachers were asked to rate the facilitation techniques used by the field officers and the pupils' reaction to the lessons. As shown on table 6.1, the field officers were rated high on their encouragement of pupils' creativity and imagination and on giving responsibilities to children. They sometimes involved children in problem solving, planning and group work. The areas where the field officers were rated low were on the use of group work and practical activities. It is therefore evident that despite the short period of preparation during their training before and the time in which they were attached to the schools, they tried to create child-friendly learning environments. The happy and participatory reactions of the children as reported by the guidance and counseling teachers bears testimony (pupils enjoyed the lessons most times 77.8 percent and sometimes by 22.2 percent). In many cases, it was not easy for the field officers to engage in practical activities and to use more participatory, interactive methods as they had limited skills alluded to above and they also lacked sufficient materials, which pupils would have worked with. It is, however, important to note that they reinforced life skills such as creativity, imagination and problem solving which are vital in the fight against the spread of HIV/AIDS.

Table 6.1: Rating of the facilitation techniques, approaches and children's reactions by guidance and counseling teachers

Technique/children's reactions	Most times		Sometimes		Rarely	
	No.	%	No.	%	No.	%
Enjoyed by children	8	80.0	2	20.0	0	0
Involved in group work	3	30.0	5	50.0	2	20.0
Practical activities	4	40.0	2	20.0	4	40.0
Involved many sense	4	44.4	5	55.6	0	0
Encouraged creativity & imagination	8	72.7	2	18.2	1	7.1
Involved problem-solving	3	30.0	7	70.0	0	0
Involved children in planning	2	16.7	7	58.3	3	25.0
Gave children responsibilities & roles	5	50.0	6	50.0	1	0
Involved children in assessment & evaluation	5	40.0	4	40.0	2	20.0

The field officers were aware that there were problems while conducting classes namely shy children since sexual issues are not discussed openly at home. They also realized that they needed more information to be able to answer the pupils' questions adequately. In addition the inadequacy of teaching materials to enable children to learn effectively continued to be a problem.

Box 11

Sometimes children ask tricky questions so we should be ready to do more research before the lesson. We should be provided with sufficient reference materials

"Upper classes are participating well and asking some questions. But others are shy to talk about sexuality and HIV/AIDS. I have also seen that there is too much lack of parental guidance. . But we will talk to the parents to learn them to talk to their children about HIV/AIDS and sexuality especially in kgotla meetings or PTA meetings."

"One topic includes many topics through questions"

Source: Field officers, September- November 2003

6.3 Removing Discrimination and Stigma of PLWHAs

The project has made a contribution towards removing or reducing discrimination and stigma against people who are infected or affected by HIV/AIDS. It is important that people living with HIV/AIDS accept themselves and their situation.

They also need to be given space and time to declare their status so that they are able to positively influence other people. They have their own dignity, which should be honoured and respected. The field officers said that they had learnt that they have a vital role to play in making people accept and respect them. Their views on issues of discrimination and stigma are shown in the adjacent box.

Box 12

"I believe that despite it being obvious that BONEPWA is of PLWHAs, it is not really necessary for the network to insist on introducing us as PLWHAs. May be we could have been prepared to go public with our status first so that we can be comfortable with everybody knowing our status. I personally see this programme as beneficial to the students because some of them get information from others."

"I have learnt that stigma and discrimination occur because of self-stigma and discrimination."

"I have also learnt that if you preach what you do, people believe and accept your message."

"The approach of the facilitator to the pupils opens the door of understanding. Fear and ignorance lead to lack of understanding."

Source: Field officers November 2003

The information and encouragement provided by the field officers seems to have made an impact on the pupils and the teachers who have come to accept people living with HIV/AIDS. In addition, they acquired skills on how to support and take care of them.

Box 13

"I have learnt that people do not know the difference between HIV and AIDS. When I told them that I was living with the virus they expected symptoms. If people can be taught, stigma and discrimination can be reduced."

Source: Field officer, October 2003

Box 14

"Some people were frightened and they seemed to ask themselves questions. Some came to me (teacher) and asked about the disease. The school needs to work hard and the problem is we don't have enough materials. I can say that there are changes. Since we stayed with the field officer and most of us have realized that PLWHAs are just like anybody."

Source: Guidance and counseling teacher, October 2004

6.4 Achievements and Impact of the Project in the Schools

According to the field officers their participation in the schools as positively received and supported by the schools. Field officers said that pupils and teachers appreciated the

Box 15

"Some students at this school in one class were having a child who was sick of HIV and this child was having wounds so they started treating the child in an unacceptable manner. They did not want to sit next to that child. The teacher and the headmaster invited me to teach the students how to treat or take care of a sick pupil in class. With this teaching, the teacher told me that after that there was a lot of improvement in the class about that the students now developing love and sympathizing with the sick students."

Source: Field officer, November 2003

importance of testing to know their sero status.

The field officers judged their success in the

schools through the increased pupils knowledge and their ability to engage in discussions and the feedback from

Box 16

"If there is need of material such as plain papers and manilla, TV for video shows I am provided. Staff participation is very high. They give me support, respect, love and there is nothing like stigma or discrimination."

Source: Field officer, September-

Box 17

"Some teachers and children have gone for testing"

"People we have seen are motivated to know their status."

Field officers, October, 2004.

parents as shown on table 6.2

Table 6.2: How field officers judged their success in schools

Responses	N	%
Lower primary		
Pupils aware of dangers of unprotected sex	10	83.7
I helped put a child on ARV	2	16.7
Upper primary		
Pupils discussing sex and sexuality openly	11	31.0
Appreciation by parents	18	54.0
Discussing HIV/AIDS issues in <i>Talk back sessions</i>	6	15.0

The guidance and counseling teachers confirmed that the field officers had reinforced what they cover in guidance and counseling as they added more information on topics such as home-based care, ARVs and positive living. The teaching by the field officers provided comfort to the affected and infected children.

In addition, teachers and pupils are now able to discuss sex, sexuality and HIV/AIDS more openly. They learnt to appreciate the importance of testing, and some have gone for testing. They accept people living with HIV/AIDS and a testimony from one guidance and counseling teacher states, "*We learnt that PLWHAs are just people like us.*" Pupils have learnt how to live with sick people at home and how to help them. Teachers said they now take note of the OVCs, show concern and provide whatever support they can to them. They are more motivated to teach about sex, sexuality and HIV/AIDS.

This change in behaviour has been observed in regular school attendance, more confidence, participating in class as well as being helpful to other pupils.

Box 18

Her contributions have helped to improve the students' knowledge and attitudes towards PLWHAs and to accept them as loved ones. It could bear fruit if this programme could be extended to the community in the same manner as it has been done to schools and there could be sustainability.

Source: Primary school head teacher, November

In general, the guidance and counselling teachers indicated that the project was very useful and should therefore be revived giving the following reasons for revival:

- It has a potential for continuing to educate people including teachers, pupils and parents and influencing behaviour change.
- It has made it easier for pupils and teacher to understand each other.
- It empowers children when they are still young. "It is better to prevent than to cure."
- It gave an example to teachers and parents on how to communicate with children on sexuality and HIV/AIDS.

"The project should be continued for more information to achieve goals of 2016 - HIV/AIDS free generation."
Guidance and counseling teacher, October 2004.

6.5 The Involvement of Field Officers in the Community

While field officers were able to establish relationships with individual parents they had limited discussions at community level; a factor that was mentioned at FDGs. Some of the relationships persist to date. Meetings took place largely at the schools and only took place in homes when individual parents requested the FO.A few field officers met parents at the beginning of the project to sensitize them about the project. Four Principal Education Officers in the FGD, observed that some field officers had an impact on the community but that this could not be attributed to all FOs. A number of the field officers have been able to mobilize support groups for PLWHAs. They play a central role in the groups as committee members. The support groups meet regularly so that members exchange experiences and support one another.

Box 17

"Many people have gone for testing. They have mobilized other people who went for counselling."

"People were highly motivated both in school and the community. Teachers are healed psychologically."

"The field officer went to the community and this raised a lot of interest."

Principal Education Officers II, November 2004

A few active field officers were involved in the youth and community resource centres run by DAMSC where they provide information to the community. In addition, they are involved in counseling people in need and DAMSC involves them in the community information and capacity building workshops.

Box 20

"In the meeting with leaders I was told that parents wanted that type of project because most parents do not know how to talk to their children on matters like HIV/AIDS, sex and condoms. They feel shy to talk about them to their kids."

"Some parents come to the meetings and most of them felt that it would be a good idea to teach children about sex and HIV/AIDS because this will help them into their day-to-day lifestyles. Again some said that because the kids are the most affected at home where their parents are dying or have died of HIV/AIDS, this will help them to cope with the situation."

"Parents feel that they cannot talk freely to their children because it would be as if they are encouraging them to do certain things, for example, when a parent talks about contraceptives."

Source: Field officers, November 2003

Field officers visited homes of affected and infected families to provide support and information especially on home-based care.

In the schools visited

Box 21

"In what ways did the field officers participate in the community?"

"They (community) are being informed at the *Kgot/a* meeting and most of the parents are participating in community activities like home-based care"

"Some are participating in village clubs."

Source: Guidance and counseling teachers, October 2004.

many field officers talked to parents during PTA meetings. Parents still consult them and ask them for advice even to date.

Box 22

"I have not stopped working in the community. Last week I met a young woman. I greeted her and as I was just about to go she told me she wanted to talk to me. Then she started to cry. I asked her if someone had died and she said no. Then she told me that she had a very big problem. She had gone to the clinic last week where she was told that she is pregnant and HIV positive. She did not know what to do and was afraid of telling her mother. She wanted me to go and tell her. I told her that it was best if she went and told her mother that very day and then I would visit her afterwards. I went to her home and found that she had informed her mother. I talked with them and encouraged her to continue going to the clinic and take the drugs regularly. She seemed more peaceful after this."

Source: Field officer, October 2004

The field officers judged their success in the community by the number of community members who consulted them, increased use of *Tebelopele* and reduced discrimination as shown on table 6.3.

Table 6.3: How field officers judged their success in the community

Responses	N	%
Realizing the importance of testing	5	8.6
People consulting the field officer	16	27.6
Utilising the <i>Tebelopele</i>	5	8.6
Knowledge that exists	17	29.3
Less discrimination	15	25.9

The focus group discussions for parents pointed out that they had benefited from the activities of the field officers. Some said that they are now more aware of how AIDS infects people and that they can prevent it by conducting themselves appropriately. They know that those who are infected can live long if they are well taken care of. They also know that their children and the teachers have been sensitized on HIV/AIDS, sex and on the use of ARV to prolong life.

6.6 Resource Centres

The establishment of resource centres was not achieved. The PLWHAs, head teachers and teachers did not appear to be aware of this concept. In most schools, existing libraries were not well maintained

6.7 Pupils' Knowledge about HIV/AIDS

6.7.1 What is AIDS and What is HIV? The study showed that upper primary pupils have a fairly sound knowledge base about HIV and AIDS. Table 6.4 shows that over one half of the pupils in upper primary (standards 5-7) have the concept of AIDS as a dangerous, incurable disease.

Table 6.4: What AIDS is according to upper primary pupils

Response	Boys		Girls		Total	
	N	%	N	%	N	%
A killer	27	48.2	35	58.3	62	53.4
It is caused by HIV	5	8.9	5	8.3	10	8.6
You get AIDS from unprotected sex/you do not use condoms	9	16.1	9	15.0	18	15.5
You get AIDS by touching blood	2	3.6	3	5.0	5	4.3
Dangerous disease	10	17.8	5	8.3	15	12.9
Acquired Immuno Deficiency	-	-	2	3.3	2	1.7
One must abstain not to get AIDS	3	5.3	1	1.7	4	3.4

Table 6.5 shows that over seventy percent were able to define HIV as a virus. However, there is a sizable proportion of boys (24.5%) and girls (9.0%) who said that HIV is a disease.

Table 6.5: What HIV is according to upper primary pupils

Response	Boys		Girls		Total	
	N	%	N	%	N	%
A disease	12	24.5	12	19.0	24	21.4
A virus	36	73.5	51	80.9	87	77.7
Human Immuno Deficiency	1	2.0	0	-	1	0.9

Table 6.6 shows that over fifty percent girls and 48.2% boys know that AIDS is a killer disease and 16.9% girls and 10.7% boys that it is acquired through sex.

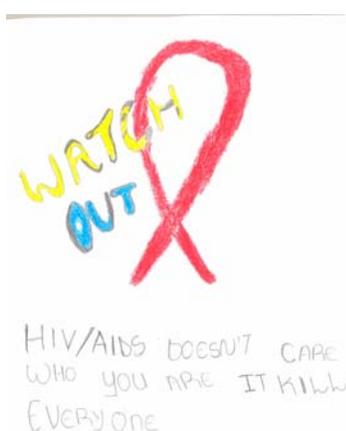


Table 6.6: What the lower primary school children know about AIDS

Types	Girls		Boys	
	N	%	N	%
A disease that kills	36	55.5	27	48.2
Acquired through sex	11	16.9	6	10.7
It is infectious	1	1.5	2	3.6
AIDS can touch you	3	4.6	1	1.8
Acquired through unprotected sex	2	3.1	2	3.6
It is caused by virus HIV	4	6.2	8	14.3
A dangerous disease	2	3.1	2	3.6
Through rape	-	-	1	1.8
Sharing razor blade	1	1.5	3	5.4
Being friends with a person with AIDS	5	7.7	4	7.1

However, it is clear that lower primary pupils did not perform as well as the upper primary pupils, confirming the fears expressed by teachers, key informants and parents that some of the information given to the younger pupils is far beyond their level of understanding. The methods of delivery of the information should also be developmentally appropriate with practical, real life examples.

6.7.2 How HIV/AIDS is Spread

More than half of the pupils in upper primary indicated that HIV/AIDS is spread from sex and the majority of them specified unprotected sex. Other common methods cited were use of common razor blades, scissors, needles and other sharp objects and touching blood. Table 6.7 shows the upper primary pupils responses on how HIV/AIDS is spread.

Table 6.7: How HIV/AIDS is spread according to upper primary pupils

Response	Boys		Girls		Total	
	N	%	N	%	N	%
Sex	10	14.9	11	14.5	21	14.7
Unprotected sex	25	37.3	38	50.0	63	44.1
Using common blades/needles	10	14.9	9	11.8	19	13.3
Touching blood	9	13.4	6	7.9	15	10.5
Mother to child	4	6.0	2	2.6	6	4.2
Blood transfusion	3	4.8	6	7.9	9	6.3
Sharing sweets/chappies/gum	1	1.5	1	1.3	2	1.4
Others e.g. kissing, not taking medicine, air, sitting next to a person with HIV/AIDS	5	7.5	3	3.9	8	5.6



On a follow-up question about how they can protect themselves against HIV/AIDS, the majority of the pupils in upper primary cited abstinence (36.6% boys and 38.5% girls). Other popular methods mentioned were use of condoms (23.1% boys and 15.4% girls) and going for testing (25.0% boys and 23.0% girls) as shown in table 6.8.

Table 6.8: How upper primary pupils would make sure they do not get HIV/AIDS?

Response	Boys		Girls		Total	
	N	%	N	%	N	%
Being faithful	3	5.8	2	3.8	5	4.8
Use condoms	12	23.1	8	15.4	20	19.2
Get information	1	1.9	1	1.9	2	1.9
Go for testing	13	25.0	12	23.0	25	24.0
Not touch body fluids	5	9.6	9	17.3	14	13.5
Abstain	18	34.6	20	38.5	38	36.5

Table 6.9: How HIV is spread according to lower primary pupils

Types	Girls		Boys	
	N	%	N	%
Sexual intercourse	20	47.6	22	43.1
Unprotected sex	15	35.7	8	15.7
Friends with a person with AIDS	4	9.5	5	9.8
Touch blood of infected person	8	19.0	2	3.9
Touch wounds or cuts	3	7.1	3	3.9
Coughing not covering mouth	-	-	4	7.8
Sharing razors	5	11.9	3	5.9
Mosquito bites	-	-	1	2.0
Sharing sweets from mouth	1	2.3	2	3.9
Kiss a boy/girl	3	7.1	1	2.0

As shown on table 6.9 most lower primary pupils view sex as the major method through which HIV is spread (47.6% girls and 43.1% boys). Compared to pupils in upper primary, much fewer lower primary pupils cited unprotected sex as a way through which HIV is spread (35.7% girls and 15.7% boys compared to 44.4% girls and 37.3% boys in upper primary). There is a sizable proportion

of the younger pupils who think that one can get AIDS if they sit next to an infected person (9.5% girls and 9.8% boys).

Box 23

"If you play or hug somebody who has AIDS you can't get AIDS. If you sleep with someone who has AIDS you get AIDS. If you share food with people who have AIDS I am not sure."

A Pupil, November, 2003

6.7.3 Additional Knowledge and Facts about HIV/AIDS

Table 6.10 shows upper primary pupils' views about behaviour that is likely to cause AIDS. The majority of the upper primary pupils are aware that one cannot contract HIV/AIDS by shaking someone's hand (78.2% boys and 82.1% girls). A substantial proportion (over 12% of both girls and boys) thought that one can get HIV/AIDS by shaking someone's hand. Over 70% of both girls and boys in upper primary knew that a person cannot get HIV/AIDS by sharing food with a person who has AIDS. However, a sizeable number, 20.1% boys and 13.1% thought that one could get AIDS by sharing food and 9.1% of the girls were not sure. Surprisingly, many more pupils in upper primary, (24% girls and 27.6% boys) said that they can get AIDS by playing with a child who has AIDS. In addition, 29.9% boys and 22.4% said that they cannot get HIV/AIDS if they touch the blood of a person who has AIDS. A similar percentage of pupils had a misconception about sex, saying that they cannot get AIDS by having sex. Notable proportions of the pupils also had misconceptions or were not sure if one can get AIDS by being bitten by mosquitoes, touching body fluids, sharing gums/lollipops which have been put in the mouth and even being taught by a teacher who is HIV positive.

Table 6.10: How one is likely to get AIDS according to upper primary pupils

Items	Boys						Girls					
	True		False		Not sure		True		False		Not sure	
	N	%	N	%	N	%	N	%	N	%	N	%
I greet a person who has AIDS	7	12.7	43	78.2	5	9.1	6	12.5	46	82.1	13	5.4
Share food with a person who has AIDS	10	20.1	35	72.9	3	6.3	8	13.1	47	77.1	6	9.5
Play with a child who has AIDS	16	27.6	39	67.2	3	5.2	13	24.0	39	72.2	2	3.7
Touch blood of a person who has AIDS	40	69.0	17	29.3	1	1.7	41	70.7	13	22.4	4	6.9
Have sex	43	71.7	13	21.7	4	6.7	44	69.8	14	22.2	5	7.9
Being bitten by a mosquito	11	19.0	36	62.0	14	19.0	11	16.4	41	61.2	12	17.9
Touch body fluids (semen, saliva)	36	54.5	24	36.4	6	9.1	31	50.8	22	36.1	8	12.1
Share lollipops/chewing gums	27	45.8	25	42.4	7	11.9	34	54.0	18	28.6	11	17.5
Taught by a teacher who is HIV positive	11	22.4	35	71.4	3	6.1	13	20.1	51	78.5	3	4.6

As table 6.11 shows despite having been taught by a PLWHA who in many cases had revealed his or her HIV status, over 15.8% boys and 24.2% girls in upper primary said that a person who has HIV/AIDS cannot look and feel healthy. However, knowledge on the possibility of a pregnant mother transmitting the virus to the baby was quite high (86.6% boys and 93.3% girls).

Table 6.11: Other knowledge and facts about HIV/AIDS by upper primary pupils

Items	Boys						Girls					
	True		False		Not sure		True		False		Not sure	
	N	%	N	%	N	%	N	%	N	%	N	%
A person who has HIV/AIDS can look and feel healthy	43	75.4	9	15.8	5	8.8	43	69.4	15	24.2	4	6.5
A pregnant woman can give the virus to her child	46	86.8	5	9.4	2	3.8	55	93.2	3	5.1	3	1.7

In response to whether a person can look and feel healthy if he/she is infected, 56.3% girls and 58.2 boys in lower primary replied in the negative. This illustrates the need to engage children in more dialogue, using practical activities so that they can internalize the concepts.

Table 6.12 shows that lower primary school pupils have many gaps in knowledge and facts about HIV/AIDS. For example, 69.2% girls and 34.7% boys thought that one can get AIDS if they share food with an infected person. Over one third of the pupils also thought they can get AIDS by playing with an infected child or greeting a person who is infected.

Table 6.12: How one is likely to get AIDS according to lower primary pupils

Types	Girls				Boys			
	True		False		True		False	
	N	%	N	%	N	%	N	%
Greet a person who has AIDS	22	31.4	48	68.6	33	40.7	48	59.2
Share food with a person with AIDS	45	69.2	20	30.8	19	34.7	36	65.5
Play with a child with AIDS	23	32.9	47	67.1	15	27.3	40	72.7
Touch blood of person with AIDS	50	71.4	20	28.6	36	65.5	19	34.5
Have sex	52	72.2	20	27.8	43	79.6	11	20.4
Being bitten by a mosquito	21	36.2	37	63.8	28	51.9	26	48.1
Share a gum/sweet from mouth	39	55.7	31	44.3	35	63.6	20	36.4
Taught by a teacher with AIDS	16	23.5	52	76.5	11	20.4	43	79.6

6.8 Sources of Pupils' Information

Table 6.13 shows that the upper primary pupils gave field officers as their main source of the information followed by teachers, radio, TV, parents and *Tebelopele* in that order. This shows that the field officers made an impact in transmitting information to the pupils. Teachers and media are also significant sources of information for pupils and youth. Parents do not rate high as sources of information confirming the views expressed in FGDs and from key informants who observed that many parents do not openly discuss issues of sex, sexuality and HIV/AIDS with their children. Available research shows that parents indeed are not rated high as sources of information on sex and sexuality as the subject these are rarely discussed in the family.

Table 6.13: Upper primary pupils' source of information on HIV/AIDS

Response	Boys		Girls		Total	
	N	%	N	%	N	%
Field officer	20	34.4	42	48.8	62	43.1
Teachers	14	24.1	16	18.6	30	20.8
Parents	2	3.4	8	9.3	10	6.9
Clinic/hospital	4	6.9	4	4.7	8	5.6
Tebelopele (VCT)	4	6.9	5	5.8	9	6.2
Radio/TV	6	10.3	6	7.0	12	8.3
Pact/club	3	5.2	3	3.5	6	4.2
Brother/sister/cousin	3	5.2	-	-	3	2.1
Books	2	3.4	2	2.3	4	2.8

Table 6.14: Lower primary pupils' source of information about HIV/AIDS

Types	Girls		Boys	
	N	%	N	%
Teacher or field officer	45	67.2	40	90.9
Mother	6	9.0	1	2.3
Galarwe centre	5	7.5	-	-
TV	10	14.9	3	6.8

Similarly lower primary pupils said that field officers and teachers were their main source of information (table 6.14).

6.9 What Pupils Learnt from the Field Officers

Pupils in upper primary indicated that they had acquired substantial information from field officers as indicated in table 6.15. Of significance to note is that pupils said they had learnt about the prevention of HIV/AIDS (43%) and an additional 15.8% mentioned abstinence and 8.8 use of condoms as methods of preventing the spread of HIV/AIDS.

Table 6,15: Things learnt from the field officer by upper primary pupils

Response	Boys		Girls		Total	
	N	%	N	%	N	%
AIDS	6	9.2	1	2.0	7	6.1
Prevention of HIV/AIDS	29	44.6	20	40.8	49	43.0
AIDS is dangerous	6	9.2	5	10.2	11	9.6
ARV	1	1.5	-	-	1	0.9
Use of condoms	3	4.6	7	14.3	10	8.8
Abstinence	9	13.8	9	18.7	18	15.8
Teenage pregnancies	1	1.5	2	4.1	3	2.6
Child abuse	1	1.5	-	-	1	0.9
Food	1	1.5	-	-	1	0.9
PMTCT*	1	1.5	-	-	1	0.9
Joining clubs	1	1.5	1	2.0	2	1.8
Taking care of sick people	3	4.6	2	4.1	5	4.4
Not touching blood	3	4.6	2	4.1	5	4.4

*PMTCT Prevention of mother to child transmission

6.10 Outreach to Parents, Relatives and Friends

Table 6.16 shows that upper primary school pupils played a significant role in disseminating information to parents, brothers, sisters, friends, other children and other members of the family. There was, however, a relatively smaller proportion of the older pupils informing teachers about what they had learnt as they argued that the teachers were already informed about HIV/AIDS. Some of the pupils said that they were afraid to talk to their parents or teachers about what they had learnt. This may be a reflection of the fact that in certain cultures, as pointed out elsewhere in the report, adults are not free and do not expect children to discuss issues of sex and sexuality with adults. But as was pointed out in one group discussions, young children know many things about sex as seen in Box 24

Box 24

We have seen children engage in *black mmampatile* (hide and seek) play husband and wife or boyfriends and girlfriends and they talk about using condoms "*ke na le condom! ke e!*"

Source: A parent, October, 2004

Table 6.16: Upper primary pupils' outreach to parents, relatives and friends

Item	Boys				Girls				Total			
	Yes		No		Yes		No		Yes		No	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Parents	57	86.4	9	13.6	49	92.4	4	7.5	106	89.1	13	10.9
Brother/sister	37	77.1	11	22.9	52	92.9	4	7.1	89	85.6	15	14.4
Friend	47	76.3	13	21.7	46	82.1	10	17.9	93	80.2	23	19.8
Another child	28	54.9	23	45.1	44	80.0	11	20.0	72	67.9	34	32.1
Another family member	37	74.0	13	26.0	33	75.0	11	25.0	70	74.5	24	25.5
Teacher	13	30.2	30	69.8	25	52.1	23	47.9	38	41.8	53	58.2

Table 6.17 shows that less lower primary pupils took the message to parents, relatives, brothers or other children than upper primary pupils. However, more lower primary school pupils talked to their teachers about what they had learnt about HIV/AIDS, possibly because younger children are more spontaneous and not fully aware of the views or expectations of the other persons

Table 6.17: Lower primary pupils' outreach to parents, relatives and friends

Types	Girls		Boys	
	N	%	N	%
Parents	40	60.6	43	79.6
Brother/sister	47	66.1	39	72.2
Friend	45	70.3	39	70.9
Another child	51	70.8	34	65.4
Another family member	49	68.1	42	68.9
A teacher	43	60.7	35	62.5

Box 25

"One day when I was walking near a bush, with some of my friends, I saw a man putting a mask and crawling like a baby. I wondered what he was doing her. He was holding a knife and we ran away. He took one of my friends and raped her."

A Pupil, October 2004

6.11 Life Skills

Life skills help the individual to make informed choices and to cope with the challenges in life. This evaluation examined the choices pupils would make if they were confronted with situations such as someone touching their sexual organs, if another child is hurt during play and if another child's mother dies. Table 6.18 shows that most upper primary school pupils would inform a responsible adult such as a parent (28.8%), or teacher or police/social work (24.0%) in case someone touches their sexual organs. A sizeable number (19.2%) said they would tell the person to stop an indication that these children are assertive.

Table 6.18: What would upper primary pupils do if someone touches their sexual organs

Item	Boys		Girls		Total	
	No.	%	No.	%	No.	%
Go to clinic	5	10.4	2	3.8	7	6.7
Scream	-	-	1	1.9	1	1.0
Tell him/her to stop	11	22.9	9	16.1	20	19.2
Beat him/her	8	16.7	5	8.9	13	12.5
Tell my parents	9	18.8	21	37.5	30	28.8
Tell a teacher/adult	10	20.8	15	26.8	25	24.0
Tell police/social worker	5	10.4	3	5.4	8	7.7

Lower primary children show (table 6.19) a similar trend of responses like upper primary children but with a few of them showing unhelpful behaviour such as "Would cry" "Would not like it" or even risky reactions "I would feel sexy."

Table 6.19: What lower primary pupils would do if somebody touched their sex organs

Types	Girls		Boys	
	N	%	N	%
Cry	10	13.5	8	18.2
Not like it	3	4.1	2	4.5
Tell him/her to stop	4	5.4	7	15.9
Just leave him	-	-	2	4.5
Scream	8	10.8	1	2.8
Tell teacher	9	12.2	1	2.8
Tell parent	20	27.0	6	13.6
Tell police	3	4.1	4	9.1
Go to Tebelopele	2	2.7	2	4.5
Run away	1	1.4	1	2.8
Beat him/her	6	8.1	16	36.4
Feel sexy	3	4.1	1	2.8
Be sad	1	1.4	1	2.8

A large number of the pupils said that if another child is hurt during play, they would wear gloves and help the person. This shows that pupils have acquired important information and skills on how to protect themselves from contracting HIV. Some would inform an adult, which is also a good decision, or show comfort and empathy. (table 6.20).

Table 6.20: What upper primary pupils would do if another child is hurt

Item	Boys		Girls		Total	
	No.	%	No.	%	No.	%
Wear gloves and help	23	48.9	20	35.7	43	41.7
Call a big person to help	6	12.7	12	21.4	18	17.5
Comfort and help	3	6.4	1	1.8	4	3.9
Wash and bandage	10	21.3	7	12.5	17	16.5
Call ambulance	1	2.1	7	12.5	8	7.8
Take to clinic or hospital	3	6.4	5	8.9	8	7.8
Tell her/him to clean himself	1	2.1	4	7.1	5	4.9

Table 6.21 shows that a larger percentage of girls in lower primary (30.4%) have the correct information about the use of gloves when helping an injured person compared to boys (10.9%). A notable proportion girls (10.1%) and boys (12.9%) would wipe the blood or bandage with unprotected hands which is a risky behaviour. This is an indication that the pupils have not fully internalized the concepts that the field officers and others are trying to put across.

Table 6.21: What lower primary pupils would do if another child is hurt

Types	Girls		Boys	
	N	%	N	%
Wipe blood	7	10.1	7	12.9
Be sorry	4	5.8	5	9.1
Help him with gloves	21	30.4	6	10.9
Take to hospital/clinic	14	20.3	13	18.8
Bandage	2	2.9	5	9.1
Tell teacher/mother/adult	16	23.1	13	18.8
Take him/her home	2	2.9	1	1.4
Buy medicine	4	5.8	1	1.4

Comparison of data on tables 6.22 and 6.23 shows that more upper primary pupils

would comfort or help a child whose mother has died than lower primary pupils. In addition, they would be less likely to “just cry, be frightened or feel sad” than lower primary pupils, indicating that they have better coping and helpful behaviour. Pupils also portrayed more life skills in their stories, which portray self-confidence, communication skills and pro-social behaviour. They have also good knowledge and skills, which they would utilize in reaching out to others.

Table 6.22: What upper primary school pupils would do if a mother of one of the classmates died

Item	Boys		Girls		Total	
	N	%	N	%	N	%
Be sorry/sad/cry	15	38.4	13	25.4	17	31.1
Comfort	10	25.6	21	41.2	31	34.4
Ask my parents to help	-	-	2	3.9	2	2.2
Help the child/visit home	6	15.4	6	11.8	12	13.3
Give money/clothes/food	8	20.5	9	17.6	17	18.9

Table 6.23: What lower primary pupils would do if a mother of one the classmates died

Types	Girls		Boys	
	N	%	N	%
Be frightened/sad/cry	28	56.8	16	40.0
Tell teacher/mother/grandfather	16	29.1	9	22.5
Comfort him/her/go to her house	7	12.7	8	20.0
Collect money for family	3	5.5	4	10.0
Go to the funeral	10	18.1	5	12.5
Call hospital/clinic	1	1.8	1	2.5

Box 26

"I know what I can do when I live with people who have AIDS. I can teach them to eat vegetables. To wash their bodies 3 times a day. To drink medicine in the right time given. To tell people about the disease."

"I can talk to a big group of people. I can tell them that AIDS is not relating carelessly"

"To encourage them to go and check themselves

To tell them a person who has HIV is still a person

To tell them that a person who has HIV can live like a person who is negative

To tell them that ARV can work if you take them in right amount and right time."

"I can talk to people about AIDS and I should not get shy because it is a fact."

"We once had a best friend who is now late. He had the virus. We used to take care of him. We brought some fruit and vegetables. He passed away because the hospital refused to give him ARV pills."

Extracts from pupil's stories/statements, October 2004

6.12 Ways in which Pupils are Changing their Behaviour

The most frequently mentioned behaviour change in pupils by the guidance and counselling teachers is their openness in discussing issues of HIV/AIDS and this seems to have been transferred to other aspects of their lives. Teachers said that children are more open with them and even when interacting in other forums. One teacher said *"Pupils are now able to discuss. They are now open. Even after teaching I attended a seminar with them on youth involvement in crime and they participated fully."*

According to the guidance and counseling teachers the following are other ways in which the pupils have changed or are changing behaviour:

- Minimized absenteeism and truancy
- Pass information to their families and to other children
- Include HIV/AIDS issues in their compositions
- Show knowledge about HIV/AIDS
- Play well among themselves
- Help a child who has problems
- Some said they used condoms

One teacher observed that there was no meaningful change in the pupils because of their cultural beliefs and the fact that some of their parents would not allow them to discuss issues of sex and HIV/AIDS.

As shown on table 6.24, a good number of pupils (38.0% boys and 29.6% girls) reported that they behaved well, which some of them qualified as not having sex or having boyfriends or girlfriends. Another 23.8% boys and 14.5% girls specified that they had abstained from sex. Over 22% of the girls and none of the

boys said that they had helped others. The next frequently mentioned change in behaviour was not touching blood (14.8% girls and 9.5% boys).

Table 6.24: Views of upper primary school pupils on how they have changed their behaviour

Response	Boys		Girls		Total	
	N	%	N	%	N	%
Behaved well	8	38.0	8	29.6	16	33.3
Answered questions on HIV/AIDS	1	4.7	2	7.4	3	6.3
Decided to abstain	5	23.8	4	14.8	9	18.8
Helped others	-	-	6	22.2	6	12.5
Not touched blood	2	9.5	4	14.8	6	12.5
Not touched, shared or used razors	3	14.3	1	3.7	4	8.3
Told others about it	2	9.5	2	7.4	4	8.3

In their stories pupils also indicated many ways in which they had changed their behaviour especially becoming pro-social and willing to outreach to others with information and helpfulness.

On being asked about what makes them happy many pupils talked about being happy because they now know more about HIV/AIDS, seeing people going for testing besides the answers that would be expected such as "getting a present or going to a party." The most common response to the question of what makes you sad is the death of a loved one such as a father, sister, cousin, uncle or friend. Pupils also talked of being sad because many people are dying of HIV/AIDS. In addition, they mentioned being sad because people are careless in their behaviour.

Box 27

"I can make my own decisions on how to live my life because if someone makes decisions for you might get HIV/AIDS. By helping other people who do not have information I can also help myself and do better than before. I take care of others so that they can also help me when I am sick."

"To abstain, to say no to sex, not to have relationships."

"I can take care of a sick person by giving her fruit, vegetables and warming water for her to bathe."

"I have a very good relationship with my parents because sometimes we just sit down and talk about things that bother me or they can give me some advice."

"I help people like my neighbours. I baby sit for them. When the mother goes to see the father in the hospital or go shopping for them."

"I take care of sick people by giving them some food every month. Clean her house and her clothes. Every month I take her to the clinic/hospital for blood test."

Source: Pupils, October 2004

6.13 Gender Perspectives

Attitudes towards gender and gender roles are established early in life. Perspectives on gender can influence the way one perceives herself or himself and how she or he perceives other people and relates with them. These perceptions and behaviour can have far reaching implications in the prevention of the spread of HIV/AIDS.

Data on table 6.25 shows that on the question of who does better and participates more in class, in upper primary, each sex thought it performed better in school but more girls and boys said that both sexes performed equally well. However, over half of girls and boys said that girls should do housework (64.6% girls and 56.4% boys). Over one third of the boys (36.4%) and 27.7% of the girls said that both girls and boys should be involved in housework. This reflects that even among children housework is still perceived as a woman's role but some change in this perception may be occurring since a sizeable number of pupils

said that both sexes should be involved in housework. The largest proportion of both boys (40.6%) and girls (45.2%) were of the view that both boys and girls are likely to contract HIV/AIDS. Significantly more girls than boys (76.4% and 48.4% respectively) said that girls should look after sick parents. The reasons given for having girls look after their parents is that girls know what should be done and are used to doing such work. Others said that girls are more responsible, careful, kind and reliable. Those who thought that boys should take care of sick parents said that boys are courageous and when they grow up they are likely to have more money. The ones who thought that girls and boys should be involved said that all children have the responsibility towards their parents and in some cases you need girls to take care of certain aspects of the sick person while boys take on others. If for example, a male is sick and needs to be bathed and clothed, a boy would be a better choice than a girl.

Table 6.25: Upper primary pupils' gender perspective

Items	Boys						Girls						Combined					
	Boys		Girls		Both		Boys		Girls		Both		Boys		Girl		Both	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Who does better in school	20	67.6	10	18.5	24	44.4	10	14.3	30	42.9	30	42.9	30	24.1	40	32.3	54	43.5
Who participates more	19	36.5	11	21.1	22	42.3	7	10.4	30	44.8	30	44.8	26	21.8	41	34.5	52	13.7
Who should do housework	4	7.3	31	56.4	20	36.4	5	7.7	42	64.6	18	27.7	9	5.8	73	60.8	38	31.7
Who is more likely to get AIDS	10	15.6	18	28.1	26	40.6	10	16.4	21	34.4	30	49.2	20	16.1	48	38.7	56	45.2
Who should look after a sick parent	14	25.5	31	48.4	10	18.2	11	20.0	42	76.4	2	3.6	25	22.7	73	66.4	12	10.5

Similarly as shown on table 2,26, the majority of lower primary pupils 69.7% girls and 75.0% boys said that girls should do housework. However, more than half of the boys said that boys should look after sick parents while 78.5% of the girls said girls should do it.

Table 6.26: Lower primary pupils' gender perspective

Items	Girls						Boys					
	Girls		Boys		Both		Girls		Boys		Both	
	N	%	N	%	N	%	N	%	N	%	N	%
Who should do housework	46	69.7	7	10.6	13	19.7	36	75	6	12.5	6	12.5
Who should look after sick parents	51	78.5	14	21.5	-	-	7	46.7	8	53.3	-	=

6.14 Impact of the Project on Pupils on Discrimination and Stigma

The pupils were also asked a question related to discrimination and stigma both during the project implementation period and

Box 28

"I would give them love. If they are not my relatives I would take them to one of my family. I would give him/her balanced food so that the sickness would not increase. If I don't have money I would go and see the people who give food (*bommapoipelego*) so that they will help with food. I would make him/her wash everyday so that he/she would not have lice. "

"I know that a few people have HIV and they can check themselves by going to *tebelopele*. If they are afraid I would be a doctor to tell them not to be afraid."

Source: Pupils October 2004

during the evaluation. The pupils' responses show mixed feelings though there is a tendency towards more acceptability during the latter period. In addition, children's stories suggest that children are more comfortable with and willing to help people who are infected or affected.

**Box 29 Pupils' voices in September-
November 2003**

How do you feel being taught by a person who is living with HIV/AIDS?

"I feel so frightened when I am taught by a person living with HIV/AIDS"

"I feel very sorry for him"

"I am surprised that people living with HIV/AIDS can talk to others about the dangers of HIV/AIDS"

"I would feel good because that people living with HIV/AIDS he will teach me how he lives and what kind of food he she eats. I would ask him when HIV/AIDS get him. I would love him and respect him. He is human just like me."

Box 30 Pupils' voices in October, 2004

What do you feel being taught by a person living with HIV/AIDS?

"I feel that we must not fear anything if we have AIDS, that we must be open and talk about it with everyone."

"I thank the person because he tried to help us not to make mistakes in our lives. He help us to learn how to live with someone who has AIDS"

"I feel comfortable when someone teaches me about HIV/AIDS who is infected because he/she tells me about something he/she knows"

"I am very excited being taught by a person living with HIV/AIDS because some people could not teach us only because they don't want us to know that he/she is HIV/AIDS positive."

"I am very confused being taught by a person living with HIV/AIDS"

"I feel unhappy because this person is sick of a terrible disease"

6.15 Summary

- The project demonstrated that PLWHAs can promote greater involvement of PLWHAs to impart relevant knowledge to primary school pupils. Their participation was accepted and appreciated by pupils, parents, teachers, staff from different government departments and civil society.
- The objectives of the project were achieved in so far as:
 - The 27 PLWHAs were posted and participated in organizing activities for children in 37 schools. The majority of them were in the schools continuously for a period of 3 months.
 - PLWHAs established a good working relationship with the guidance and counseling teachers and pupils.
 - Assessment of pupils shows that they gained a lot of information on HIV/AIDS and sexuality and there were indications that they have started to utilize the information in their daily lives.
 - Pupils have also acquired life skills that can help them to protect themselves against HIV/AIDS.
 - However, the behaviour changes cited by the pupils, they note that among the younger pupils there is likely to be behaviour formation than change..
 - Teachers also reported to have gained more knowledge on HIV/AIDS. As they accept PLWHAs, they feel more concerned about OVC and many are ready to go for testing.
 - The potential of utilizing pupils to outreach to parents, peers and relatives was demonstrated. Pupils showed willingness to inform other people about HIV/AIDS and to help those who are infected or affected by HIV/AIDS
 - Involvement of parents and the community was limited but there is potential as parents said they need to be more involved in the project.

- The project has achieved a lot in making pupils and teachers accept PLWHAs and those who are affected. The project has also motivated them to become more pro-social towards affected and infected people.
- The very fact that PLWHAs spoke openly about sex, sexuality and HIV/AIDS and their personal testimony seems to have generated much interest and created impact on the pupils and teachers.
- On the gender issues it seems that both girls and boys believe in their own capabilities in school, which should motivate them to perform well.
- However, they still have stereotyped roles for women and men whereby they expect girls to be more involved in household chores and in caring for the sick. Culturally sensitive and developmentally appropriate methods and messages are needed in order to reach and positively influence all the children.

These findings reflect the potential of reaching children during their formative years and instilling behaviour and attitudes that will enable the country to attain *Vision 2016* of no new infections.

Chapter 7

REPLICABILITY, MAINSTREAMING AND SUSTAINABILITY

7.1 Introduction

Sustainability refers to the extent to which the project can be mainstreamed at the national level. Factors that influence the sustainability of the project include its relevance, availability of resources and acceptance by the people, ownership and skill development. This evaluation examined the role of the different partners since they have the potential to play a central role in resource mobilization, sharing expertise and in advocacy and communication. The evaluation also assessed the extent to which the project was integrated to and enriched the MOE HIV/AIDS life skills programmes.

7.2 Role of the Implementing Partners

This project was a partnership between UNICEF, BONEPWA and MOE. Other partners particularly at the district and community levels were not involved in the project and yet given the broad nature of HIV/AIDS and the need for a holistic and multi-sectoral response to the epidemic they should have been.

7.3 Role of BONEPWA

BONEPWA was responsible for the day-to-day coordination of the project. The organization was responsible for the identification and recruitment of the field officers. It organised the development of the training guide and the facilitators' manual for use by the field officers in facilitating their activities.

The organisation provided the field officers with the working guidelines and procedures. Each field officer worked in one or two schools teaching children from standards one to seven. They were expected to be in school three days a week, and to liaise with the head teacher for the allocation of time.

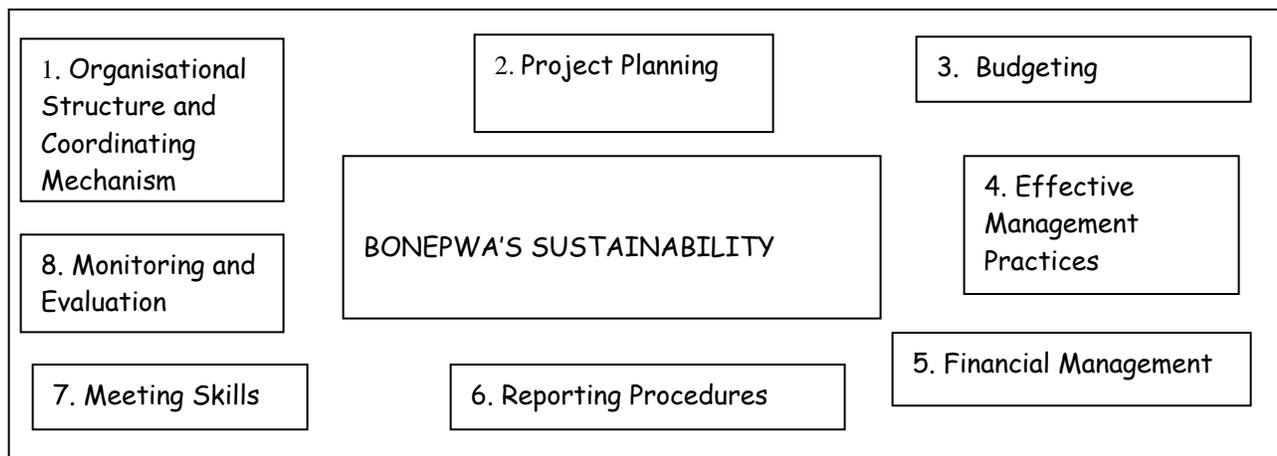
Whether or not the Ringing the bell(A re tsogeng) project should be revived, rolled out and/or replicated hinges on the sustainability of BONEPWA. A literature review (Lisa Cannon 1999²²) defines sustainability as the ability of an organisation to secure and manage sufficient resources to enable it to fulfill its mission effectively and consistently overtime without excessive dependence on any single funding source. She defines what sustainable organisations should have as a minimum:

- A clear mission and strategy direction
- The necessary skills to attract resources from a variety of local, national and international sources and ability to manage them efficiently for maximum benefit to communities.

BONEPWA should define and map out its own road to sustainability by understanding and engaging in the components depicted in the Figure below. The road would take into account its own needs so that it can achieve sustainable development benefits. This is critical, as lack of sustainability would impinge on its ability and that of PLWHAs to sustain the project. The diagram below captures the key elements for sustainability.

²² Cannon.Lisa: Life Beyond AID. Twenty Strategies to Help Make NGOs Sustainable
Published by the Initiative For Participatory Development (IPD)

Critical Components towards Sustainability



All above components are critical to sustainability and are at the heart of BONEPWA's organisational effectiveness.

Currently it would seem that BONEPWA does not have adequate capacity to run the project and coordinate effectively with the partners and stakeholders. Management and the PLWHAs do not have sufficient and appropriate skills to manage the project. Lack of adequate skills impinges on their ability to account for both the results and funds they receive. Time and resource management are not fully comprehended. Therefore training of BONEPWA staff as well as the PLWHAs is a priority. It should also address each individual's role within the organization.

7.4 Role of the Ministry of Education

MOE provided technical inputs to the project as a member of the reference group. It also provided supervisory services at the school level through the guidance and counseling teachers who were the immediate supervisors of the field officers and in some cases directed the PLWHAs in the delivery of their lessons. It is not clear what coordination existed with the Principal Education Officers with regards to the reports to BONEPWA and DAMSCs though education officers were expected to build rapport between the project and stakeholders such as parents, DAMSC, village committees, PTAs and teachers.

During the FGD for Principal Education Officers indicated that they were not briefed about the project, its objectives and mode of operation as well as their expected inputs into the project. They did not even know that the project is known as "Ringing the bell: A re tsogeng project." The fact that they were not well informed had implications on the project monitoring and support. Only four of them had received reports, which the field officers asked them to forward to BONEPWA. Due to lack of linkage between the education offices and BONEPWA, the education offices did not follow up the field officers who did not submit their reports. They did not provide feedback to the field officers since they had not been requested to do so.

The MOE should be central in planning the project if it is revived to ensure that it provides the necessary leadership. The education officials should be more involved in monitoring and providing professional support to the project. To be effective they should be give proper orientation on the project aobjectives and implementation strategies. Teachers should cover most of the areas covered in the school curriculum

on HIV/AIDS and Life skills. The critical areas where the inputs of the PLWHAs are required should be identified and teachers given the guidance on how to incorporate them (PLWHAs) as resource persons.

7.5 Role of UNICEF

UNICEF provided the resources as well as technical support to the project. The funds provided by UNICEF covered the training of field officers, development of the *Facilitators' Manual*, support for attachment of the field officers to the schools for a period of three months, top up of Programme Officer's salary, payment of some running costs as well as for establishment of resource centres in the schools for awareness of HIV/AIDS in the schools and communities. In spite of this input, there is no evidence that any monitoring visits were made to the schools where the field officers were posted. There were therefore no monitoring reports available to the evaluators both at UNICEF and BONEPWA. The evaluators are of the opinion that such a situation should not be allowed as visits give proper feedback on progress made. Most of the people who informed the evaluation were of the view that three months was too short a time to allow proper piloting that would provide sufficient information for improvement or expansion of the project. Support provided for transportation was inadequate and this affected the efficiency and effectiveness of the monitoring process. More resources will be needed if the project is replicated and rolled out to the rest of the country. UNICEF can play a central role in advocacy and mobilization of additional resources.

7.6 Participation of Other Partners

While there is documentary evidence that the Red Cross Society, National AIDS Coordination Agency and Ministry of Local Government were incorporated into the Reference Group, their roles are not defined and there is no evidence that they ever participated in the committee or project.

7.7 District Level Partners

With the decentralized mode of operations being implemented in the country, it would have been expected that a coordination team would have been formed to bring together key partners at the district level. No such committee existed. A committee of this nature would have established strong partnership between the project and the DAMSC, which is responsible for coordinating HIV/AIDS activities in the districts. DAMSC has a potential for providing resources to support school-based activities and yet there was reluctance on the part of field officers to participate in the DAMSC activities. The MOE education officers said that the education office is a member of DAMSC. This is a potential opportunity through which the DAMSC could be informed about the project and in turn, the project would benefit from the experiences of other initiatives with similar objectives. However the opportunity was not exploited during the project implementation.

7.8 Summary

- The project was a partnership between UNICEF, BONEPWA and Ministry of Education. Other relevant partners should be incorporated into the project given the broad nature of HIV/AIDS issues and the need for holistic and multi-sectoral approach.
- There is potential for sustainability of the project because:
 - Of the relevance of the project and its high degree of acceptability
 - Possibility of training, involvement of more PLWHAs and the regular teachers
 - Existence of structures that can be utilized to support as well as monitor the project such as
 - DAMSC, PLWHAs' support groups and Village AIDS Coordinating Committees.
- The partnerships at the district and community levels were not well articulated. The role of DAMSC in the monitoring and support to project should be made clear as it brings together all the

HIV/AIDS initiatives in district to ensure that they are well coordinated and networked. Similarly the community level networks and initiatives should be well coordinated and the school-based projects linked to them.

- The duration of the project was too short to allow for adequate lessons to inform an expanded and sustainable programme.
- Resource mobilization and coordination was inadequate from the community to the national to the level.
- BONEPWA needs to chart its own road map to sustainability.
- BONEPWA and its support groups need capacity building to effectively manage resources, deliver services and coordinate the inputs from different partners and stakeholders.

Chapter Eight

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

8.1 Strengths of the Project

- The project is a partnership of UNICEF, MOE and BONEPWA and each of them has "*brought something to the table.*" BONEPWA brought the PLWHAs who are the credible voices, UNICEF brought the funding while MOE provided the schools and teachers. The community is also a partner in that it brought pupils and parents.
- The project is in keeping with the goals of *Vision 2016* to ensure that there will be no more infections by 2016.
- *Vision 2016* recognizes the potential contribution of and support to PLWHAs in the realization of the Vision. Involvement of PLWHAs in the response to HIV/AIDS pandemic is also recognized and supported internationally.
- PLWHAs provide a unique aspect to the response. They give practical testimonies and have a credible voice as they talk to peers and pupils in schools particularly on issues of prevention, testing, positive living, dialogue between adults and children, and fighting stigma and discrimination.
- Participation of PLWHAs also illustrates that AIDS does not seclude an infected person from productive work. This recognition also promotes their sense of self-dignity.
- The project is appreciated and accepted by pupils, parents, teachers and people working at various levels in government and civil society. They all recommend that the project should be revived and replicated throughout the country as the project has a critical role to play in the national response to the epidemic.

8.2 Issues and Challenges

- **Partnership and Collaboration**

The response to HIV/AIDS requires a holistic multi-sectoral approach. This project was a partnership between UNICEF, Ministry of Education and BONEPWA. However, it is evident that other key partners such as the AIDS Coordinating Unit and the Behaviour Change Intervention and Communication Board need to be incorporated because of the vital role they play in the national response to HIV/AIDS.

The partnerships at the district and community levels were not well articulated. The role of DAMSC in the monitoring and support to project should be made clear as it brings together all the HIV/AIDS initiatives in district to ensure that they are well coordinated and networked. Similarly the community level networks and initiatives should be well coordinated and the school-based projects linked to them. The nature of the collaboration should be defined and the coordination structure be strengthened. This means that the training of PLWHAs should include their involvement and participation in DAMSCs AIDS committees where conversations about HIV/AIDS take place.

- **Project Management and Coordination**

Supervision of the field officers was carried out by the guidance and counseling teachers. BONEPWA was responsible for the day-to-day implementation of the project. BONEPWA Programme Officer was unable to visit schools on a regular basis and therefore did not have a direct link with the supervisors responsible for the day-to-day supervision at the school level. There is need to establish closer links between MOE Principal Education Officers, the supervising teachers and the BONEPWA

Programme Officer. Adequate funds and transport should be provided to enable the officer to visit schools. In addition, meetings should be organized so that the participating PLWHAs can meet on a regular basis to exchange experiences, give and receive feedback.

- **Project Monitoring**

Though the general objectives of the project were specific and the field officers had a *Facilitators' Manual*, there were many guidelines that were missing. It is therefore critical that when the project is redesigned a clear framework should be developed containing important Guidelines. The framework should contain specific objectives of the different activities, topics for various target and age groups with strategies and methodologies to be used. It should also include the roles of different players, and how the activities will be integrated into the school programmes, In addition, the linkages with other interventions, resources as well as monitoring and evaluation systems should be defined.

In addition, precise indicators of efficiency and effectiveness should be established. The teachers, parents and participating PLWHAs should be involved in the development of the indicators and the monitoring framework. A clear reporting system should be established. BONEPWA and Ministry of Education should give feedback to the schools after they have submitted the reports.

- **Integration of the Project into the Curriculum**

The good working relationship between the guidance and counseling teachers with the field officers was commendable. The head teachers though generally supportive were not well informed on the objectives of the project and the work of the field officers as they depended on the reports of the guidance and counseling teachers. These teachers assisted the field officers to schedule their teaching within the time allocated for guidance and counseling or in the afternoons when other teachers did not have crowded time tables. No guidelines had been provided as to how the project would be integrated into the curriculum and the school timetable. And yet it was recognized that the topics amplified a number of subjects in the curriculum and provided additional information such as ARV, testing, positive living and care of infected and affected people. This confirms the finding from the BIDPA KAP study.²³ Which indicates that the quality of HIV/AIDS content leaves much to be desired and varies from school to school with the situation in the rural schools being the worst.

- **Content and Methodology**

During the orientation of the field officers, emphasis had been placed on the use of participatory and interactive methods. However, not enough information and practice was provided on how to facilitate pupil's learning and use of child-friendly and child-centred methods. In addition, the field officers had to cope with the constraints of teaching large numbers within a limited period of time. They also did not have sufficient and appropriate materials for the pupils. There were general complaints from parents, teachers and key informants that some topics covered in lower primary were not appropriate for the age group. The *Facilitators' Manual* that the field officers used handled the topics in a general way and did not specify topics appropriate for different ages and developmental levels. This was a big omission given that the field officers were not professionally trained teachers. In addition, it does not appear that the preparation of this manual made reference to the guidance and counseling, and science curricula.

It would also have been helpful if there was an indication of how the project would outreach to other teachers since issues of HIV/AIDS and life skills are supposed to be infused in all subject areas and school activities.

²³ Botswana Institute for Development Policy Analysis: Knowledge, attitudes and practices of teachers and students on HIV/AIDS, baseline study report, August, 2003.

- **Relevance**

In general, the project is very relevant given the extent of HIV/AIDS infection rates in Botswana and also the fact that childhood is the best time to influence behaviour formation and change. However, for the project to be fully accepted and to have the desired impact, it has to be culturally relevant and to take cognizance of factors that can negatively influence its acceptability. During focus group discussions, parents expressed concern about the appropriate age to discuss sex, sexuality and HIV/AIDS with children. Many parents and even teachers are still bound by the cultural traditions, which prohibit adults from openly discussing sex and sexuality with children. While parents agreed that they could discuss some issues, they strongly objected to lower primary pupils being taught about condoms. They also felt that abstinence should be more emphasized in keeping with MOE guidelines. They were concerned about the imagery used in materials for children and in the media. Participatory appraisal and planning methods should be used to involve parents more and solicit their views on what should be taught and how.

- **Parent and Community Involvement**

It is important to involve parents and the community in any project targeting their children in recognition of the fact that parents are the primary educators and caregivers of their children. In addition, they play a significant part in influencing children's values, attitudes and behaviour. Parents can provide resources, knowledge and skills that can enrich the project, make it more relevant, accepted and owned.

During the focus group discussions, parents indicated that they did not have adequate interaction with the field officers. They recommended that they be more involved in the project. They would be willing to participate in sensitizing and mobilizing others.

- **Impact, Behaviour Formation and Change**

It is important to note that this evaluation was carried out almost a year after the pilot project ended. During the intervening period regular teachers have continued to discuss HIV/AIDS as per the requirements of the school curriculum. Other agencies also talked to the pupils about HIV/AIDS. Pupils also got information from *Tebelopele* and clinics. All these interventions made a positive contribution to increasing awareness and positively influencing behaviour change. The project should be seen as part of this total effort to respond to the epidemic. The discussion on the impact should be interpreted within this context.

- Pupils's attitudes, knowledge and behaviour

The responses of the children to the interviews by the evaluator's indicated that pupils, particularly in upper primary, have acquired a lot of knowledge and skills. However, there were some glaring misconceptions and indications that pupils were not sure of some of the information because they gave contradictory answers. A large percentage of the lower primary children have many gaps in knowledge on vital issues.

Pupils reported some changes in behaviour and life skills in such areas as use of razor blades, avoiding contact with body fluids, being helpful, being confident and informing other people about what they had learnt about HIV/AIDS. Teachers also confirmed that pupils had become more confident, more open and helpful to one another.

The majority of the pupils appreciated and accepted people living with HIV/AIDS. They knew what to do to support people who are sick or help affected families.

- Teachers

Teachers said they have been motivated to be more open with the pupils about sex, sexuality and about HIV/AIDS. Some teachers say that they are now more sensitive in identifying and supporting orphans and children whose parents are sick. There are also teachers who have been motivated to go for testing.

- Parents

While some parents consult the field officers particularly on issues of testing and use of ARVs others have listened to their children's reports and say they are ready to learn more about what their children are learning. They also want to know more about how they can be more open in discussing issues of sex, sexuality and HIV/AIDS with their children.

8.3 Lessons Learnt

- A project should have a well considered design and be adequately resourced to realize its objectives
- Community enrolment and involvement is critical in ensuring the sustainability of the project, particularly through conversations with children on issues of sex and sexuality
- For sustainability, mainstreaming of the project within the MOE school programmes is critical
- PLWHAs indeed offer a credible voice in the dissemination of information and facilitating behaviour formation and change among children, youth and adults. They however need training to use appropriate methods when delivering the messages
- The posting of a single FO to cover more than one school in a large district is not the best way to make an impact
- Monitoring and supervision have a great impact on the quality of a project
- Organizations should not be over-dependent on donor funding and should diversify sources of their resources

8.4 Recommendations

Project Design

- In the project design there must be specification of the life span of the project. There should be a first phase where adjustments and modifications dictated by lessons from the pilot stage are effected; in addition
 - Have an advocacy and sensitization programme to ensure that the community is aware about the project. This can lead to increased demand and mobilization of resources.
 - Particular attention should be put in the design of the project to ensure that the project is well integrated into the curriculum and school programmes.
 - Indicate how the inputs of PLWHAs fit in the school programmes and curriculum.
 - Incorporate a sensitization programme for all stakeholders: head teachers and school governing bodies on the objectives of the project, how it fits the school programmes, their roles and the role of the school governing bodies in the implementation of the project.
 - Contain joint orientation and planning programmes for all teachers, guidance and counseling teachers and PLWHAs who will be involved in the school activities.
 - Spell out criteria for selection of PLWHAs who will be involved in the school-based project.
 - Indicate how a group of trained PLWHAs can cover a particular district over a three month period before moving to another district

- Cognisant of the fact that in participatory training of development workers short and regular courses have more impact such courses should be in the design
- Developmentally and culturally relevant materials should be made available and in sufficient quantities to ensure quality learning. Imagery portrayed in the materials should also be appropriate. The community and grassroots professionals should be involved in deciding on the most relevant and appropriate messages and effective delivery approaches.
- Relevant indigenous knowledge, skills and methods on sex, sexuality and HIV/AIDS should be researched on and integrated into the educational programmes
- A programme should be developed for orientation and involvement of all the teachers in the school as all teachers should take responsibility
- An adequate number of PLWHAs should be trained and placed in one district to cover all schools for a minimum of three months before they are moved to the next district during the project period

Partnership and collaboration

- The Reference Group should be strengthened through the incorporation of other key players such as the AIDS Coordinating Unit (ACU) and the Behaviour Change Intervention and Communication Board.
- The reference group should also clearly define its functions and roles and the mode of operations.
- The mechanism and structure for facilitating collaboration of the partners should be established with clear procedures guiding frequency of meetings, communication and monitoring progress.
- UNICEF should facilitate the mobilization of more funds from funding and development agencies.
- The government should support the expansion and sustainability of the project.
- MOE should train guidance and counseling teachers to ensure that they can effectively teach all the aspects of HIV/AIDS, sex and sexuality that are in the curriculum.
- MOE should be fully involved in the redesign of the project to ensure that the project is well integrated into the curriculum and school programmes.
- MOE, as key Ministry responsible for education, must be involved in the overall training and supervision of PLWHAs. To this extent, it should, in conjunction with BONEPWA, ensure that the field officers are equipped with appropriate teaching and facilitation skills to implement the programme.
- In collaboration with UNICEF review and improve the *Facilitators' Manual* to guide facilitators on how to address young learners.

Coordination

- The Project Coordination Office in BONEPWA should have qualified persons who are supported with the necessary infrastructure to be able to coordinate the inputs of the partners, and monitor and support the project effectively. In this regard the Executive Director should be trained as a matter of priority.
- Formal coordination mechanisms should be established.
- The linkages should be established between the support groups of PLWHAs, the project and DAMSCS and Village AIDS Management Committees (VAMSCS).
- The vertical and horizontal communication should be strengthened to ensure efficient flow of information between the different stakeholders and partners.

Monitoring, Supervision and Support

The following are needed to improve monitoring:

- A monitoring Plan with specific objectives and indicators for assessing the efficiency, effectiveness and impact
- Monitoring visits

- Monitoring, reporting and feedback system indicating who will be responsible for the various aspects and how the monitoring results will be utilized
- Documentation and regular reporting of the activities

Institutional Capacity Building

- BONEPWA is a critical organization for PLWHAs. It can also play a critical role in the prevention of the spread of HIV/AIDS and elimination of stigma and discrimination. There is need for building its capacity to be able to:
 - Map its own road to sustainability
 - Make itself more visible and its impact felt
 - Mobilize more resources
 - Coordinate and build the capacity of the PLWHAs support groups countrywide.
 - Provide technical support and adequately monitor the projects it is implementing.
 - Network with other agencies involved in the fight against HIV/AIDS.
 - Continue to be responsible for recruitment, training(in conjunction with MOE) and placement of suitable and committed PLWHAs
 - Have adequate staffing with relevant skills
 - Provide adequate infrastructure
- At school level there should be project committees that link the AIDS support groups, teachers and school management bodies to monitor the project, provide support to teachers and strengthen linkages and dissemination of information to parents, out-of-school youth and the community-based activities.
- Screen and retrain present FOs
- The nomenclature of PLWHAs who participate in school-based activities should be changed to reflect their inputs and role in the schools.

Training of PLWHAs

This training ought to be in the control of MOE (with BONEPWA support) and should incorporate the following areas

- Child growth and development as well as how children learn
- Listening to and observing children
- Child centered methods and developmentally appropriate curriculum (appropriate and culturally relevant topics)
- Identification, selection and incorporation of indigenous knowledge into the programmes.
- Selection and use of relevant and appropriate teaching and learning aids
- Guidance and counseling techniques
- Advocacy and networking
- Communication skills and dissemination of information, for example on testing and use of ARV
- Information and how to influence the community to address discrimination and stigma
- Computer skills
- New approaches on how to enroll and involve others

Parent and Community Involvement

- The role of parents and the community should be recognized and promoted. It is also important to take cognizance of their cultures, values, aspirations, expressed needs and their strengths in the fight against HIV/AIDS.

- A mobilization programme for the enrolment and involvement of parents/ communities, left out in the pilot stage, should be undertaken as a matter of priority. In this regard there should be engagement of communities in focus group discussions as a way of ensuring their participation and involvement in the intervention. This approach will help rid them of the perception that people do things for them without consultation. The involvement of the traditional leaders in the mobilisation is also critical.
- The programme should define strategies for promoting individual and community demand for information on HIV/AIDS, behaviour change and their empowerment to be able to influence their own behaviour and that of their children.
- Strategies should be developed of enrolling and involving more men in the programmes

Sustainability

- Considering BONEPWA's limited resources, there should be a focus on priorities that would bring better results
- Capacity building of BONEPWA should be made a priority.
- An advocacy and networking strategy should be developed to create more awareness and mobilize additional resources.

Research

- Participatory research should be promoted in issues of sex, sexuality, relationships and personal development as a way of enlisting people's participation and commitment and collecting relevant data to inform the programme.
- The research should look into the following aspects among others:
 - Needs and aspirations of children and youths in the area of sexuality and relationships
 - Needs of and support to OVC
 - What parents want their children to be taught and how
 - Learning needs of parents
 - Indigenous methods of teaching sex, sexuality and relationships
- Existing research relevant to the programme should be reviewed.
- Research findings should be disseminated and incorporated into the programme



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Appendix 1: Characteristics of a Rights-Based, Child-Friendly School

- 1. Reflects and realises the rights of every child** -- cooperates with other partners to promote and monitor the well-being and rights of all children; defends and protects all children from abuse and harm (as a sanctuary), both inside and outside the school
- 2. Sees and understands the whole child, in a broad context** -- is concerned with what happens to children before they enter the system (e.g., their readiness for school in terms of health and nutritional status, social and linguistic skills), and once they have left the classroom -- back in their homes, the community, and the workplace
- 3. Is child-centred** -- encourages participation, creativity, self-esteem, and psycho-social well-being; promotes a structured, child-centred curriculum and teaching-learning methods appropriate to the child's developmental level, abilities, and learning style; and considers the needs of children over the needs of the other actors in the system
- 4. Is gender-sensitive and girl-friendly** - promotes parity in the enrolment and achievement of girls and boys; reduces constraints to constraints to gender equity and eliminates gender stereotypes; provides facilities, curricula, and learning processes welcoming to girls
- 5. Promotes quality learning outcomes** -- encourages children to think critically, ask questions, express their opinions -- and learn how to learn; helps children master the essential enabling skills of writing, reading, speaking, listening, and mathematics and the general knowledge and skills required for living in the new century -- including useful traditional knowledge and the values of peace, democracy, and the acceptance of diversity
- 6. Provides education based on the reality of children's lives** -- ensures that curricular content responds to the learning needs of individual children as well as to the general objectives of the education system and the local context and traditional knowledge of families and the community
- 7. Is flexible and responds to diversity** -- meets differing circumstances and needs of children (e.g., as determined by gender, culture, social class, ability level)
- 8. Acts to ensure inclusion, respect, and equality of opportunity for all children** -- does not stereotype, exclude, or discriminate on the basis of difference
- 9. Promotes mental and physical health** - provides emotional support , encourages healthy behaviours and practices, and guarantees a hygienic, safe, secure, and joyful environment
- 10. Provides education that is affordable and accessible** -- especially to children and families most at-risk
- 11. Enhances teacher capacity, morale, commitment, and status** -- ensures that its teachers have sufficient pre-service training, in-service support and professional development, status, and income
- 12. Is family focused** -- attempts to work with and strengthen families and helps children, parents and teachers establish harmonious, collaborative partnerships
- 13. Is community-based** -- strengthens school governance through a decentralised, community-based approach; encourages parents, local government, community organisations, and other institutions of civil society to participate in the management as well as the financing of education; promotes community partnerships and networks focused on the rights and well-being of children

Source: UNICEF, New York

Appendix 2: Characteristics of Rights-Based Child-Friendly School

Globally UNICEF has adopted the Child friendly Schools (CFS) framework and several countries, in the ESAR Kenya, including Ethiopia, Uganda, and South Africa have embraced the methodology and are applying it in their programming of girls' education. UNICEF also encourages all countries to use the CFS framework during the period of the MTSP because it is proving to be effective in accelerating access to quality basic education particularly for girls. All schools using the CFS approach are aiming to meet the 13 requirements of a CFS.

In Uganda, for example, the school management including PTAs work in partnership to realise CFS. Local authorities are committed to CFS and use the framework in both formal schools and complimentary basic education. The challenge for Uganda and other countries using the CFS framework is how to scale up the CFS initiative during the period

Consistently, operational research has shown that girls fare comparatively worse than boys when it comes to retention and learning outcomes of literacy, numeracy, and life skills. Interventions in education should be designed to assist in accelerating progress in for all children terms of access, retention, quality and outcomes.

Source: UNICEF ESARO

Appendix 3: Characteristics of Rights-Based Child-Friendly School

Based on grounded Experience of CFS 13 characteristics of a right-based, child friendly school have been identified as follows:

- Reflects and realizes the rights of every child
- Sees and understands the whole child in a broad context
- Is child-centred
- Is gender-sensitive and girl-friendly
- Promotes quality learning outcomes
- Provides education based on the reality of children's lives
- Is flexible and responds to diversity
- Acts to ensure inclusion, respect, and equality of opportunity for all children
- Promotes mental and physical health
- Provides education that is affordable and accessible
- Enhances teacher capacity, morale, commitment, and status
- Is family focused
- Is community based

Source: UNICEF

Appendix 4: CFS Checklist Check

Name of school.....

Sub county..... District.....

FIRST TERM: LEVEL ONE

Characteristic	Indicators/Milestones	Mark 1-5 Give points for each CFS characteristic 1: Poor 2:Fair 3:Good 4:Very good 5:Excellent	Action to follow-up
<p>A Rights Based School</p> <ul style="list-style-type: none"> • Enrolment includes disadvantaged, (orphans, children with disabilities, poor girls and boys, isolated rural, nomadic, etc.) • Records kept of absentees and reasons • Special needs teacher available/deployment • School seeks out the not controlled 	<ul style="list-style-type: none"> • A register with disaggregated formats and pupil profiles • A School Development Plan in place • Rights or other clubs (& content) • A register with disaggregated formats & teacher profiles 		
<p>An Effective School</p> <ul style="list-style-type: none"> • Interactive methodologies (child to child; Mediated Learning Experience; multi-grade; Breakthrough to Literacy) • Adequate/use of furniture • Adequate/use of T/L materials • Trained teachers and school based INSET programmed • Co-curricular activities/clubs • Leadership, school management & learning 	<ul style="list-style-type: none"> • One interactive methodology being applied • P1 and P2 classroom adequately furnished and have T/L materials in core subjects • CPD part of School Development plan • Formats & Teacher profiles for P1 & P2 • GEM plan for the plan for the classroom/school level 		
<p>A Healthy School</p> <ul style="list-style-type: none"> • Adequate sanitation facilities • Lunch provided/food shelter • Water available within 0.5 km/ utilization • Life skills based health education • Sex education, HIV/AIDS education • Falling sick 	<ul style="list-style-type: none"> • Adequate latrine stances: girls 40:1 boys 70:1, urinal boys • Hand washing facility for boys and girls with age & soap • Water available • Washroom for girls/availability • De-worming plan • First aid kit with appropriate contents 		
<p>A Safe/Protective School</p> <ul style="list-style-type: none"> • School pregnancy & HIV/AIDS • Positive discipline in use • Compound free from hazardous/risky materials/buildings 	<ul style="list-style-type: none"> • Teacher code of conduct against sexual abuse • School based policy, rules and regulations on pregnancy • Plan on practice of positive 		

<ul style="list-style-type: none"> School based policies on child protection/girl specific/disadvantaged specific 	<ul style="list-style-type: none"> discipline Guidance & counseling or Mediated Learning Experience applied 		
School/Community Linkages and Partnerships <ul style="list-style-type: none"> Community participates in school activities School community plan including function/role definition Functional SMC Community representation Child to child for school community linkages Parental role in learning and teaching process 	<ul style="list-style-type: none"> School community plan available Child to child methodology/activities in school Child to child work-plan for SCL 		

Carried out by.....

Title.....

Date.....

Signature.....

Total.....

Levels of monitoring: The assessment is done of all CFS twice a year. Level 1 will be conducted at end of first term and Level 2 at the beginning of third term.

Level one: by District team may include, DEO/DIS, CCT, DHI, DWO, CDO

Reward: A training kit for the school

Level two: by the above mentioned district team members joined by one or two national officers from ITEK or NCDC, FAWE U or UNICEF, UNED or ESA

Reward: free training around areas that need strengthening and training kit for the whole school

Name

of school.....

Sub county.....District.

BEGINNING OF THIRD TERM: LEVEL TWO

CHARACTERISTIC	Indicators/Milestones	Marks 1-5 Give points for each characteristic 1:Poor 2:Fair 3: Good 4:Very good 5: Excellent	Action for follow-up
A Rights Based School <ul style="list-style-type: none"> Enrolment includes disadvantaged, orphans, children with disabilities, poor girls and boys Records kept of absentees and reasons Special needs facilities available/utilization School seeks out the non-attending and not enrolled 	<ul style="list-style-type: none"> Disaggregated formats and pupil profiles School development plan - content School based policy on pregnancy Rights & other clubs & relevance of content School community plan with clearly defined roles and 		

<ul style="list-style-type: none"> • Sensitivity/understanding of Rights • Second chance for girls who get pregnant 	<p>responsibilities</p> <ul style="list-style-type: none"> • Nos, by gender enrolled, retained, completing and performing through seeking out & targeted process • Deployment of special needs teachers (if available) • Accessibility of physical environment/mobility for girls & boys with special needs 		
<p>An Effective School</p> <ul style="list-style-type: none"> • Interactive methodologies (child to child; Mediated Learning Experience; multi-grade; Breakthrough to Literacy) • Adequate/use of furniture • Adequate/use of T/L materials • Trained teachers and school based INSET programme • Co-curricular activities/clubs • Leadership, school management & learning 	<ul style="list-style-type: none"> • Two gender-sensitive interactive methodologies practiced in lower primary • P1 and P2 classrooms adequately furnished and have T/L materials in core subjects • School Development plan includes T/L processes; HIV/AIDS education • Continuous Professional Development - on-going • Disaggregated formats & Teacher profiles for P1 & P2 • Time on task by girls and boys • Mentoring for MST/ICT • Frequency of MALP • P2 performance in reading, writing & demonstration of 3 life skills • Head teacher support to teachers to enhance learning in class 		
<p>A Gender Sensitive /Girl Friendly School</p> <ul style="list-style-type: none"> • Both male and female teacher's roles • Guidance and counseling for girls and boys • Strategy for enrolling/retaining girls • Male support for girls' education • Gender matters in the classroom and school • Girls' education and HIV/AIDS • GEM activities/girls' participation 	<ul style="list-style-type: none"> • At least 30% teachers female • Records of G&C cases & child abuse cases by number/issue • Affirmative action cases by number & gender • Gender responsive School Development plan in use • School organization, prefect system by gender & class • Girl & boy performance in MALP & PLE • Girl and boy roles & responsibilities in HIV/AIDS & life skills clubs • Gender in local materials & wall displays • A GEM club/chapter (in & out of school) 		

<p>A Healthy School</p> <ul style="list-style-type: none"> • Adequate sanitation facilities • Lunch provided/food shelter • Water available within 0.5 km/utilization • Life skills based health education • Sex education, HIV/AIDS education • Falling sick 	<ul style="list-style-type: none"> • Adequate stances: girls 40:1 boys 70:1, urinal for boys • Hand washing facility for boys and girls with water and soap in use • Water available (for washing & drinking) • Washroom for girls/availability /utilization • Solid & liquid waste disposal system in use • Clean, safe, attractive, hygienic classes & school compound • Adolescent friendly health services referrals in community • Children demonstrate 3 health & HIV/AIDS related life skills • De-worming takes place • First aid kit accessible & used 		
<p>A Safe/Protective School</p> <ul style="list-style-type: none"> • School pregnancy & HIV/AIDS • Positive discipline in use • Compound free from hazardous/risky materials/buildings • School based policies on child protection/girl specific/disadvantaged specific 	<ul style="list-style-type: none"> • Teacher code of conduct against sexual abuse being applied • School based policies, rules & regulations on pregnancy & for disadvantaged girls and boys being applied • Best practices on positive discipline • G&C or Mediated Learning Experience being practiced 		
<p>School/Community Linkages and Partnerships</p> <ul style="list-style-type: none"> • Community participates in school activities • School community plan including function/role definition • Functioning SMC/PTA • Community representation • Child to child for School Community Linkages • Parental role in learning and teaching processes 	<ul style="list-style-type: none"> • School community plan with clear roles & responsibilities for partners • Minutes/reports on SMC, PTA, parents, community/parental and older sibling involvement in making teaching and learning materials or provision of tasks for P1 & P2 		

Carried out by.....

Title:.....

Date.....

Signature.....

Total.....

Source: UNICEF Uganda

Appendix 5: Lower Primary Child Interview Schedule

School _____

Area/village _____

Child Profile

1. How old are you? _____
2. When were you born? _____
3. Are you a boy or a girl? Girl ___ Boy ___
4. In what standard are you? _____

Knowledge about AIDS

5. What do you know about AIDS?
6. How is HIV/AIDS spread?
7. From whom or where did you get your information on AIDS?
8. Can you get HIV/AIDS if:
 - a. You greet a person who has AIDS Yes ___ No ___
 - b. Share food with a person who has AIDS Yes ___ No ___
 - c. Play with a child who has AIDS Yes ___ No ___
 - d. Touch blood of a person who has AIDS Yes ___ No ___
 - e. Have sex Yes ___ No ___
 - f. Being bitten by a mosquito Yes ___ No ___
 - g. Touch open wounds or cuts Yes ___ No ___
 - h. Share a sweet or chewing gum from another person's mouth Yes ___ No ___
 - i. Taught by a teacher who has HIV/AIDS Yes ___ No ___
9. A person with HIV/AIDS can look and feel healthy. True ___ False ___ not sure
10. Since you received this information, did you tell?
 - a. Your parents Yes ___ No ___
 - b. Brother or sister Yes ___ No ___
 - c. A friend Yes ___ No ___
 - d. Another child Yes ___ No ___
 - e. Another member of your family Yes ___ No ___
 - f. A teacher Yes ___ No ___

Gender

11. Who should do house work, boys or girls? Girls _____ Boys _____ Both _____
12. Who should look after the sick parents Boys ___ Boys ___ Why?

Life skills

13. If someone touches your sexual organs, what would you do?
14. If another child gets hurt and begins to bleed what would you do?
15. If you were told that the mother of one of the children in your class has died what would you do?

Appendix 6: Child Interview Schedule for Upper Primary

School _____

Area/village _____

Child Profile

1. How old are you? _____

2. When were you born? _____

3. Are you a boy or a girl? Girl _____ Boy _____

4. In what standard are you? _____

Knowledge about AIDS

5 a) What do you know about AIDS?

b) What is HIV?

6. How is HIV/AIDS spread? What are the different ways in which HIV/AIDS is spread?

7. From whom or where did you get your information on AIDS?

8. What things were you taught by the field officer last year?

9. Since you received this information from the field officer, in what ways have you done things differently? How have you behaved differently?

10. I am more likely to get AIDS if:

a. Shake hands with a person who has AIDS True ___ False ___ Not sure ___

b. Share food with a person who has AIDS True ___ False ___ Not sure ___

c. Play with a child who has AIDS True ___ False ___ Not sure ___

d. Touch blood of a person who has AIDS True ___ False ___ Not sure ___

e. Have sex True ___ False ___ Not sure ___

f. Being bitten by a mosquito True ___ False ___ Not Sure ___

g. Touch body fluids e.g saliva, blood or vomit True ___ False ___ Not sure ___

h. Share a lollipop or chewing gum from my friend's mouth True ___ False ___ Not sure ___

i. Being taught by a teacher with HIV/AIDS True ___ False ___ Not sure ___

11. A person with HIV can look and feel healthy. True ___ False ___ Not sure ___

12. A pregnant woman with HIV can give the virus to her child. True ___ False ___ Not sure ___

13. How can I make sure that I do not get HIV?

Outreach

14. Since you received this information, did you tell :

a. Your parents _____ If yes, what I told them
If no, why?

b. Brother or sister _____ If yes, what I told them
If no, why?

c. A friend _____ If yes, what I told her
If no, why?

d. Another child _____ If yes, what I told him or
her _____

e. Another member of your family _____ If yes, Who? _____ What I told
them _____

f. A teacher _____ If yes what, I told
her _____

Gender

16. Who does better in school? Girls ___ Boys ___ They do well equally _____

17. Who participates more in class Girls ___ Boys ___ Both equally ___

18. Who should do house work, boys or girls? Girls ___ Boys ___ Both_____

19. Who is more likely to get AIDS? Boys _____ Girls ___ Both _____

20 Who should look after the sick parents Boys _____ Girls _____ Why?

Lifeskills

21. If someone touches your sexual organs, what would you do?

22.If another child gets hurt and begins to bleed what would you do?

23. If you were told that the mother of one of the children in your class has died what would you do?

24. Do you know someone who has HIV/AIDS?

How do you know they have it?

25. Tell me about something that made you very happy.

26. Tell me something that made you very sad. What did you do about it?

27. Write a short story (about 5 sentences) to show that you have one of the following characteristics:

- You know what you can do
- You can make your own decisions
- You help other people
- You relate well with other children
- You can relate well with adults such as your parents
- You take care of sick people
- You can speak in front of a big group even if you do not know them.

Appendix 7: Interview Schedule for Guidance and Counseling Teachers

School name _____

Area/village _____

1. Age _____
2. Sex _____
3. Professionally Trained _____ Untrained _____
4. Teaching experience _____
5. Training in guidance and counseling Yes _____ No _____ If yes, duration of training _____
6. In what ways did you participate in the "Ringing the bell: Are Tsogeng" project?
7. In your opinion:
 - a. Were the topics covered by the PLWHAs appropriate?
 - In grades 1-3 Yes _____ No _____
Reasons _____
 - In grades 5-7 Yes _____ No _____
Reasons _____
 - b. Were the topics in relation to the issues affecting children relevant?
Yes _____ No _____
Reasons _____
 - c. How appropriate were the methods appropriate? Yes _____ No _____
Reasons _____
 - d. Was the knowledge acquired by children enough? Enough _____ Not enough _____
Reasons _____
8. To what extent did the activities organized by field officers have the following characteristics:

	Most times	Sometimes	Not at all
i. Enjoyed by children	_____	_____	_____
ii) Involved group work	_____	_____	_____
iii) Had practical activities for children	_____	_____	_____
iv) Involved many senses	_____	_____	_____
v) Encouraged creativity and imagination	_____	_____	_____
vi) Involved problem solving	_____	_____	_____
vii) Encouraged children to make decisions	_____	_____	_____
viii) Involved children in planning	_____	_____	_____
ix) Gave children different responsibilities and roles	_____	_____	_____
x) Involved children in assessing and evaluating their own work	_____	_____	_____
9. In what ways have children changed? Examples of pupils behaviour change?
10. In what ways did the project add to the topics you cover in the curriculum?
11. In what ways did the project add to the methods you use in teaching the life skills and HIV/AIDS?
12. What materials does the school have on HIV/AIDS
 - a. for children
 - b. for teachers
13. How often are the materials used

By children used regularly _____ rarely used _____

Appendix 8: Interview Schedule for Field Officers

1. Area _____
2. Schools _____
3. Name _____
4. Age _____
5. Marital status _____
6. Number of children _____
7. Education level _____
8. Type of training _____
9. Occupation/livelihood _____

Motivation

10. What is your title in this project?
11. Why did you decide to participate in this project?
12. Do you feel fulfilled/ happy/ satisfied with your work as a field officer?
13. What are you most happy about your work as a field officer?
14. Are there some things you are unhappy about? What are they?

Training

15. What do you remember most about your training?
16. What i) skills ii) information/knowledge iii) attitudes did you acquire during training for field officers?

- i) Skills
- ii) Knowledge
- iii) Attitudes

17. Would you wish to get more training in this area?
18. If yes, what would you like to be trained in?

Materials

19. Were you involved in the development of materials
 - i. for children Yes _____ No _____
 - ii. for training Yes _____ No _____
 - iii. field officers' guide Yes _____ No _____

20. In what ways were you involved?

21. What materials/books did/do you use
 - i. in teaching children in the schools
 - ii. passing information to other people

22. How useful were the materials

- i. for children useful _____ not very useful _____
- ii. for you as facilitator/teacher useful _____ not very useful _____
- iii. for the community useful _____ not very useful _____

Give reasons for your assessment in each case

Project activities

23. What were your objectives for the activities you were expected to carry out?
24. What activities did you carry out:

In lower primary

Topics/activities	No. of sessions	Duration of each session	No. of children

In upper primary

Topics/activities	No. of sessions	Duration of each session	No. of children

For community

Topics/activities	No. of sessions	Duration of sessions	No. of participants

Assessment of the project

25. How successful do you think you were in achieving your objectives?

26. How can you tell that you succeeded for each category?

Lower primary

Upper primary

Community

27. What problems did you encounter in teaching each category?

28. Do people tell you what they think about your work in teaching children? Yes ___ No-___

29. If yes, what do they say?

Perceptions by community

30. Do the children know that you are a person living with HIV/AIDS?

How do they respond?

Do they believe you?

ii) Does the community know that you are a person living with HIV/AIDS?

How do they respond?

Do they believe you?

iii) Do you feel that you are accepted by the community? Yes _____ No _____

31. How would you assess the way you are treated by the community?

Networking

32. i) Do you have a local network of PLWHAs?

a. If yes, what activities are you engaged in?

b. What changes has the network introduced in the community?

33. Have you had a meeting of the whole group that was trained as field officers since you completed the training?

34. If yes, how many times?

35. How useful were the meetings. Give reasons.

36. What are the main achievements of the project?
37. What were the challenges/problems/constraints?
38. What lessons have you learnt?
39. What recommendations would you give for improving the project in future?
40. Have you been doing any activities related to the project since you stopped teaching in the schools in November 2003? If yes, which ones?
41. In what ways can you continue the activities of the project?
42. Any other recommendations

Appendix 9: FGD for Parents and Community Leaders

Area/village _____

1. Sex of members
2. Age of members
3. Profession/livelihood
4. Do you know about the "Ringing the bell: Are Tsogeng" project?
5. How did you come to know about it?
6. Did your child/children tell you anything about what they were taught by the field officers about I) sex ii) HIV/AIDS?
7. What did the child/children tell you?
8. Has the information you received from the children influenced you in any way?
9. If yes, in what ways?
10. Have you been involved by the project in any of its activities? If yes, in what ways?
11. What would you say are the successes or achievements of the project?
12. Are there other HIV/AIDS projects in the area/village? How do you compare this project with them?
13. Is there a network/group of PLWHA in this area/village? If yes, what activities is the network involved in? To what extent are the activities helpful to families and community?
14. What recommendations would you give for the future if the project is restarted? Probe in terms of
 - a. what children should be taught
 - b. links with and involvement of parents
 - c. outreach to out of school children and youth
15. What should be taught about
 - a. Sex to children i) 6- 9 years ii) 10-14 years?
 - b. HIV/AIDS to children i) 6-9 years ii) 10-14 years?
16. What do you feel about PLWHAs teaching your children?
17. Should teachers who have HIV/AIDS continue teaching? Why?

Appendix 10: Checklist for Key Informants

- Do you know the objectives of this project?
- What are they intended to achieve?
- Look at the objectives and indicate what the tangible results are; the challenges; what, in your opinion, needs to be done?
- What is your role, first, as an individual, second, as an organization?
- How successfully have you carried out this role? What were the achievements? What else can be done?
- Who are your partners? What have their achievements and challenges been?
- How can this partnership be strengthened?
- What linkages exist between parents and teachers as well as the PLWHAs
- How is the project monitored
- Can this project be trickled down/rolled out/ replicated and how?
- How do you link with DAMSC?

Appendix 11: List of Key Informants

S. Nkoane	Coordinator, HIV/AIDS, MOE HQ
Thatayotlhe Nchadi Kutuso	Principal Education Officer, MOE HQ
M. Mabote	Principal Education Officer, Guidance and Counselling
Uche Nwokenna	MOE HQ
Dr. Tewatech Bishaw	Programme Officer, UNICEF
Mmamiki Kamanakao	Project Officer, IECD, UNICEF
Mareledi Segotso	Project Officer, M & E, UNICEF
David Ngele	Executive Director, BONEPWA
Ben Goroba Aliwa	Programme Officer, BONEPWA
Ruth Radibe	Programme Officer, BONEPWA (on Study Leave)
Watson S. Thibelang	Principal Education Officer, South East District
Sefhemo M. Ramolelekwane	Principal Education Officer, Kweneng South East
Patrick Pule Ralotsa	Principal Education Officer, Kweneng North
Malebogo Temane	Principal Education Officer, Kgatleng East
Bontle Kuhlmann	Principal Education Officer, Kgatleng West
S.M.Thabano	Principal Education Officer, Kweneng West
Bathonyana Bakwena	Principal Education Officer, Kasane
M. Ratshipo	School Head, Batlhokwa School
Gaofengwe Lesole	School Head, Maiphithlwane Primary School
Michael Moses Mohamadi	School Head, St Theresa, Lobatse
Margaret Solomon	Deputy School Head, Teemane Primary School
Ditshupo Olaetse,	School Head, Suping Primary School
Mokogane	Head teacher, Mahusane Primary School
N. Mpotokwane	Head teacher, Plateau Primary School
Chris Adjar	Consultant, Trends
Kwame Ampomah	UNAIDS Country Coordinator
Lydia Matebese	Programme Manager, HIV/AIDS, UNDP
Rose Mandevu	Programme Manager, TCB, UNDP
Rosina Motlhagodi	HIV/AIDS Coordinator, Lobatse
Emang Muchado	HIV/AIDS, DAMSC
G. Orbita	Coordinator, HIV/AIDS Coordinating Unit, Ministry of Local Government(MLG)
Ndundu Macha	Policy Advisor, 'Caring for Us' MLG

Appendix 12: Terms of Reference

To assess the project with a view to provide answers to the following questions:

Effectiveness of BONEPWA/MOE/UNICEF activities in general and UNICEF support in particular, i.e. the degree to which engaging PLWHAs was able to promote greater involvement of PLWHAs, impart relevant HIV/AIDS information, reduce stigma associated with HIV/AIDS in the pilot areas, and make schools to be child-friendly gender-sensitive community out-reach resource centres:

- a. To what extent and in what ways was information needed to assess the outputs, outcomes, and impact of the project activities collected and analyzed?
- b. To what extent and in what ways were the objectives of the BONEPWA/MOE/UNICEF achieved in terms of outputs, outcomes, and *impact*?
- c. To what extent has the programme been successful in reducing stigma surrounding HIV/AIDS in the schools?
- d. To what extent have schools been able to establish HIV/AIDS out-reach resource centres that would provide them with HIV/AIDS prevention information and in the long run create stigma free environment in terms of integrating the PLWHAs field workers in the teaching process. What are the critical factors for adequate (lack of) integration?
- e. Which outputs and outcomes can be considered direct and indirect results of UNICEF support?
- f. To what extent and in what ways did the project result in measurable improvements in the pupils' knowledge of critical HIV/AIDS information, reduction of stigma in schools? What interventions tend to be most effective in accomplishing these ends in the school environment?
- g. What lessons can be learned for future programme design and implementation at a national level?

Efficiency of the BONEPWA/MOE/UNICEF project activities, i.e. the degree to which the least costly approaches were used to achieve the objectives, or, if the relevant information is incomplete or absent, the degree to which attempts were made to give adequate attention to factors required for a cost-benefit analysis.

- a. To the extent that relevant information is available, were the activities implemented in an efficient manner, i.e. generating the best possible outputs, outcomes, and impact of the least possible cost?
- b. If the relevant information is not available, to what extent were attempts made to collect and analyze data that would allow for adequate cost benefit analysis?
- c. Were the strategies for minimizing cost that offer promising models for future programme design and implementation?

Relevance of the project as a strategy to establish HIV/AIDS information out-reach resource centres in the schools; engage PLWHAs to promote greater involvement of PLWHAs; impart relevant HIV/AIDS information and eventually reduce stigma associated with HIV/AIDS as well as make schools to be child-friendly gender-sensitive community out-reach resource centres in terms of outputs, outcomes in the pilot areas:

- a. To what extent were activities undertaken under the project directly relevant to reducing HIV/AIDS stigma, and providing children with relevant HIV/AIDS prevention information?
- b. Within the schools, how well integrated were the project activities with the teaching processes and other HIV/AIDS related activities
- c. What is the added value of the project in relation to other HIV/AIDS information providing activities in the schools?

- d. To what extent was the project integrated or aligned with other UN or national initiatives in the schools?

Sustainability of project and programme outcomes and their *replicability* at national level i.e. mainstreaming of the project activities in school activities

- a. What indications were there to suggest that the project outcomes would be sustained at national level? What factors contributed to the likely sustainability of outcomes? What factors worked against sustainability?
- b. To what extent and in what ways do partners at Ministry of Education and school level feel ownership of the project activities? To what extent is it likely that government and BONEPWA will continue these activities in the absence of external funding?
- c. How have national life skills programmes been strengthened in the pilot areas and how firmly is the involvement of PLWHAs' incorporated in the MOE's HIV/AIDS Strategic Plan?

Role design and focus

- a. To what extent were the objectives and activities of the programme designed to be specific, measurable, achievable, relevant, and time-bound?
- b. To what extent did the design of the project address issues of Human Rights Approach to Programming and Community Capacity Development (HRAP/CCD)?
- c. To what extent and in what ways did the design of the BONEPWA/MOE/UNICEF activities allow for adequate attention to MOE HIV/AIDS Strategic Plan goals?
- d. How well focused were BONEPWA/MOE/UNICEF activities on imparting appropriate HIV/AIDS information to the children?
- e. What lessons can be learned regarding the design of BONEPWA/MOE/UNICEF project?
- f. How do BONEPWA/MOE/UNICEF activities relate to UNICEF's overall policies and strategies as expressed in Medium-Term Plan (1997 to 2002)?

Deliverables:

- All original copies of interview transcripts, interview guidelines, desk review guidelines, selection procedures will be approved by the reference group
- Presentation of the findings of the evaluation at a stakeholder forum
- Two copies of the final report, revised on the basis of feedback from the reference group, plus a diskette of the electronic version in MS Word format.

Appendix 13: The Response to HIV/AIDS Situation in Botswana

Socio-economic Background of the Country

Botswana has an estimated population of 1.7 million (2001 census), with an annual growth rate of 2.38 percent. The estimated population distribution by age groups was as follows; 15 percent below 5 years of age, 13 percent between 5-9 years, 11 percent between 10-14 years, and, 12 percent between 15-19 year-olds. This shows that Botswana has a very youthful population with 50 percent or about 800,000 people being children below 19 years of age (UNICEF, 2002)²⁴.

Botswana has enjoyed rapid social and sustained economic development since it attained independence in 1966. It has recorded an average gross domestic Product (GDP) of 6 percent. The achievement is attributed to abundant mineral resources, prudent and disciplined macro-economic and monetary policies, political stability, democratic institutions, the rule of law, and good governance.

There has been a rapid progress in the provision of educational services since independence. Primary school enrolment has reached 92 percent and with almost gender parity. Primary education is free. Over 70 percent of primary school leavers continue with secondary education.

The health infrastructure has improved steadily since independence. The health policy emphasises the importance of primary and preventive health. The health standards have been quite high for a developing country. Life expectancy had stood at 67 years but has declined to 41 years by 2002 mainly due to the high incidence of HIV/AIDS (UNICEF 2004, p122)²⁵. Immunisation coverage is over 90 percent. Over 95 percent of households use water from improved sources while 66 percent have adequate sanitation facilities (UNICEF, 2003, p110).²⁶

However, despite the sustained economic growth, it was estimated that in 1993/94 about 43 percent of the population lived below poverty line (Vision 2016; p24)²⁷. Rural areas are the most affected, with the most severe poverty being experienced in the Ghanzi and Kgalagadi areas where it is estimated that 71 of the people live below poverty line. Ghanzi, Kgalagadi, Kweneng and the Southern part have the weakest economic base, and experience adverse climate and high unemployment.

According to the 1991 census, nearly 47 percent of the households are female-headed. About 50 percent of the members of women-headed households live below the poverty line compared to 44 percent of male-headed households. The explanation given for this situation is that female-headed households have more dependants and fewer income earners than male-headed households. Women and children in female headed-households are more vulnerable and unlikely to cope well with the challenges of HIV/AIDS epidemic.

The HIV/AIDS epidemic increases the interconnected challenges of poverty, discrimination, inadequate access to services, gender inequalities, sexual abuse, and exploitation. The epidemic is likely to decrease the household income by 13 percent, increase the number of people living in poor households by 5 percent with every income earning person having at least 4 additional dependants.

²⁴ UNICEF, Botswana, UNICEF and Government of Botswana Programme of Cooperation

²⁵ UNICEF, ESARO, Botswana national life skills consultative meeting between UNICEF and the Ministry of Education.

²⁶ UNICEF, The state of the world's children 2004

²⁷ Republic of Botswana, The long term vision for Botswana

HIV/AIDS Situation

Botswana has one of the fastest growing HIV/AIDS infection rates and the highest prevalence rate of HIV in the world. The median HIV prevalence rose from 18.1 percent in 1992 to 38.5 percent in 2000. By 1999, about 300,000 people (close to one third of the population) were estimated to be HIV positive.

The impact of HIV/AIDS threatens the fulfillment of the rights of women and children and forcing families to shift resources to cater for assisting patients compromising child care, nutrition, health and education. Many children are orphaned through AIDS-related deaths. In 2000, there were about 78,000 orphaned children below the age of 15 years who had lost one or both parents. Many orphans are taken care of by relatives who in many cases are elderly grandparents who are overburdened by the new responsibility. The number of child headed households is increasing. If the trend of spread is not reversed, it is estimated that more than 210,000 children will be orphaned by 2015.

About 30,000 of the registered orphans receive food baskets and other material support from the government. However, it is observed that the system is often slow and does not provide adequate psychosocial support. Few non-governmental organizations (NGOs) are sufficiently well staffed and equipped to deliver efficient orphan care services.

The burden of HIV/AIDS is particularly strong on adolescents. In 2000 the estimated prevalence rate among adolescents 15-19 years old was 27 percent. By the age of 20 years, 60 percent of the population has had sexual intercourse. Girls are at a greater risk of infection. The peak age for new infection for young women is 15-24 years while that of men is later. During this age, girls are twice as likely as men of the same age group to be infected. Most young people can accurately cite the symptoms of AIDS but they do not have a comprehensive knowledge of how the disease is transmitted or not transmitted. They are therefore ill-equipped to identify and avoid the risk of being infected or spreading HIV. Many are still engaging in risky sexual activity.

A window of opportunity exists with the 10-14 year old children given their low prevalence rate of 2 percent. Three percent of 10-14 year old girls are sexually active and one third of these were forced to have sex. Prevailing socialization patterns dis-empower girls and make them more vulnerable to forced sex and risk of early pregnancy and contracting HIV/AIDS. The country has a high enrolment rate of 92 percent with almost gender parity. Therefore, the school provides an opportunity of transmitting relevant information and life skills to empower the majority of the children to avoid risks, prevent further spread of HIV/AIDS and mitigate the impact of the epidemic on their lives.

The Country Response to the HIV/AIDS Epidemic

Botswana has joined forces with the rest of the world in the fight against HIV/AIDS and supported various dialogues on the pandemic at national, regional, international and even at the level of civil society. Botswana recognizes the work of United Nations Agencies including the United Nations Children's Fund (UNICEF) in Botswana on the HIV/AIDS pandemic. In particular the United Nations Secretary General (UNSG's) task force on women, girls and HIV/AIDS in Southern Africa, which focused on Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, South Africa, Zambia and Zimbabwe has given abundant information in relation to the scourge. This exercise has resulted in a report²⁸ that has generated and synchronised existing information on some of the initiatives and gaps in relation to programming on women, girls and HIV/AIDS in Botswana.

²⁸ United Nations Secretary-General 's Task Force on Women Girls and HIV/AIDS in Southern Africa. Botswana Report. United Nations in Botswana. June 2004.

Botswana has responded to international agreements to which it is a signatory, for example the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), The Millennium Development Goals 2000, where six of the eight goals can best be met as the rights of children to life, health, education, protection, participation, dignity, non-discrimination and equality are protected, the Abuja Declaration, the World Summit on Sustainable Development, Convention on Elimination of Discrimination Against Women (CEDAW), and the African Charter on the Rights and Welfare of the Child. Botswana like other African States has committed itself to engage in socio-economic and legislative efforts to ensure the protection, survival and development of the child in conformity with the provisions of the Charter. This Charter compliments the United Nations Convention on the Rights of a Child (CRC), which Botswana acceded to in 1995.

The country's vision and programming for HIV/AIDS are driven by the principles of Botswana's *Vision 2016 - Towards Prosperity for All*. *Vision 2016* is a national multi-dimensional framework covering economic, cultural, social, political and spiritual aspects of national life and development. *Vision 2016* sets goals for continued nation building covering: education and information for all; prosperity, productivity and innovation; compassion, justice and caring; openness, democracy and accountability; morality and tolerance; and unity and pride. One of the main challenging aspirations of *Vision 2016* is an HIV-free generation by the end of the plan period. The National Development Plan (NDP9) (2003-2007) puts the fight against HIV/AIDS as the lead development strategy across the sectors. This is further emphasized by *Vision 2016* (p24-25), which identifies the youth as in need of for special attention.

Vision 2016 stipulates that:

- The spread of HIV will have been stopped and there will be no new infections by the virus in that year.
- The current campaigns for prevention of the spread of the virus must be intensified through all possible media of communication.
- Family planning and education services to the youth should be diversified to reduce the incidence of HIV/AIDS other sexually transmitted diseases and teenage pregnancies.
- If there will still be no cure, all people suffering from AIDS related illness will have access to good quality treatment in the health facilities, community or the workplace so that they can continue to live full and productive lives as long as possible.
- There is need to assess and minimize the impact of AIDS related illnesses and death on families, businesses, the government budget and economy as a whole through health and education systems.
- Support should be intensified to families and communities providing support to orphans. In addition orphanages should be appropriately staffed and equipped to cater for the rising numbers of orphans beyond the coping capacity of the extended families.
- Greater support should be provided for home-based or hospice care to relieve the burden placed on women who are usually the main caregivers for the sufferers and their dependants. Many women of childbearing age have the highest risk of contracting HIV virus and therefore require special attention.
- Public and private research into measures to prevent the spread of HIV and to cure the AIDS virus should be funded.

Vision 2016 calls for responsive service and care as well as support for PLWHAs. Several programmes were initiated and the most important realization was that people living with HIV/AIDS (PLWHAs) should be involved in the fight against AIDS. Their involvement and integration in implementation would, inter alia, contribute to reducing stigma and discrimination and thus foster acceptance. The working with PLWHAs as ambassadors of hope in bringing behavioral change messages to schools and communities would

result in promoting human rights being part of discussions that result in breaking down barriers. However, there is, in some programmes, a glaring absence of involvement of PLWHAs. Already at international level in 1999 UNAIDS had introduced the Best Practice Collection on From Principle to Practice: Greater Involvement of People Living with or Affected by HIV/AIDS, a document which set out standards for definitions and responses. In addition, the UN produced a report on greater involvement in Sub-Saharan Africa and countries that have followed these initiatives have reported positive results. The Commonwealth Youth programme (CYP), for instance, developed an innovative programme- The Young Ambassadors *of Positive Living (YAPL)*. The main objective of this programme is to enable young women and men (aged 15-29) living with the HIV Virus to exchange personal experiences with their peers and create public awareness through fostering the concept of Positive Living. It is a programme that empowers young persons to generate awareness about HIV/AIDS thus promoting social acceptance of people living with the virus. Young people telling their stories is a powerful strategy in overcoming the rigid stereotypes associated with HIV/AIDS.

The goals and priorities of battling HIV/AIDS stipulated in NDP9, *Vision 2016*, the Botswana National Strategic Framework for HIV/AIDS 2003-2009 are further articulated and concretized in the National Operational Plan for HIV/AIDS 2003-2009. The development of the Plan was coordinated by the National AIDS Coordinating Agency (NACA) and consisted of a reference group including government sector, civil society and development sectors. The reference group held consultative meetings with various government departments and ministries, local government, and a broad spectrum of other stakeholders. The plan recognizes the importance of decentralizing the response by building the capacity of district and community level structures.

The highlights of the national operational plan are:

- Concrete action: The Plan refines the goals, objectives, potential strategies, roles and responsibilities contained in the Strategic Plan by defining and costing the specific tasks that ministries, sectors and civil society should undertake
- Decentralized focus: The specific actions and terms of reference for the District Multi-sectoral AIDS Committees (DMSACs) are clarified. The plan also posits the district-village symbiosis and earmarks funding for district and village level activities.
- Rationalised resources for HIV/AIDS: The allocation of funds is based on the plans. Each ministry and sector can annually draw upon earmarked resources to fund their response.

The operational plan has five priority goals:

- Prevention of HIV infection
- Provision of treatment, care and support
- Strengthened management of the national response
- Psycho-social and economic impact mitigation
- Provision of a strengthened legal and ethical environment

The plan has the following planning units of the national response within which costed activities are presented under the five goals with performance indicators. These planning units are:

- Village and district
- Sectoral
- Multi-sectoral

Village and district initiatives are expected to

- Mobilize, support and empower local groups and networks to facilitate access to information and HIV testing
- Facilitate access to ART, establish support groups for PLWHAs and support home-based care services
- Empower villages to define and operationalise their response to HIV/AIDS
- DMSACs develop their roles and responsibilities and ensure that they develop synergy with village level leaders and core implementers.
- Village leaders facilitate strategic partnerships for increasing access to services for orphans and quality counseling for affected households
- Conduct workshops and ensure understanding of ethical and legal issues in relation to HIV/AIDS at the village level.

The public sector response. The public sector has a leading role to play in the National Response. This role is realized by mainstreaming HIV/AIDS into the core business of each Ministry and sector. The ultimate goal of mainstreaming process is to influence functions, policy environment, administration, and human resource practices. The HIV/AIDS plans are aligned to each sector/ Ministry's mandate and core business. Each sector/ ministry should develop its own set of roles and responsibilities for responding to the HIV/AIDS epidemic.

National level cross-sectoral programmes. Collaboration among civil society, private sector, development agencies and government partners is critical to facilitate synergy and linkages in the provision of a comprehensive range of responses activities. Mutual responsibilities and expectations of all the collaborating partners should be defined in order to attain productive synergy and expected results, and to harmonise and allow common themes and issues to be integrated. The following are some cross-sectoral programmes that will be continued during the plan period:

i) Prevention programmes

- HIV counseling and testing services
- Condom social marketing
- Services to mobile populations
- Multi-sectoral response to alcohol misuse and abuse
- Total community mobilization on HIV/AIDS (TCM)
- Youth Health Organisation (YOHO) activities
- Teacher Capacity Building Programme "Talk back" project
- Makgabaneng radio drama for Behaviour Change
- Soul City "Choose life" activities
- *Tsaya Kgato!* Change Agent Recruitment and Training Initiative
- Microbicide and vaccine research
- Prevention of Mother to Child Transmission (PMTCT) Programme
- Blood safety: "Maitlamo" club 25

ii) Provision of treatment, care and support

- Antiretroviral therapy
- Prevention and treatment of tuberculosis
- KITSO training programme
- UNICEF support to OVC and PMTCT
- UNHCR care and support programmes to refugees
- WHO programmes for strengthening institutional and human capacities for effective implementation of STI/HIV/AIDS prevention, care and support initiatives

iii) Strengthened management of national response:

- HIV programme inventory
- Community mobilization
- Development of a national AIDS resource centre
- BCIC training programme
- Formation of the intervention programme support board
- Resource mobilization training
- Bonaso Small Grants Scheme
- Funding for district generated responses to HIV/AIDS for district level generated responses
- Project management training
- Capacity building for district level management
- UNFPA support for expanding management and delivery capabilities for sexual reproduction health programmes
- UNDP strengthening of gender sensitive multi-sectoral response to HIV/AIDS

iv) Psycho-social and economic impact mitigation

- UNICEF supported adolescent mobilization and empowerment project

v) Strengthened legal and ethical environment

- UNICEF policy and legal analysis project
- UNDP sponsored stigma reduction projects

The Ministry of Education Response to HIV/AIDS

Botswana's education system is a key agent for facilitating behavioural change in young people both in schools and the wider community. Towards this end the Ministry of Education (MOE) mainstreams HIV/AIDS in all aspects of the education system including schools and training institutions. It is also mainstreaming HIV/AIDS in the educational policy. According to the Operational Plan for HIV/AIDS and in line with the prioritized goals, MOE carries out the following HIV/AIDS programmes:

a. Prevention of HIV infection

- Life skills education
- Development and dissemination of relevant HIV/AIDS educational materials and support services for staff
- Facilitation of HIV routine testing through an annual campaign for HIV testing
- Development and implementation of sector specific behaviour change and information communication (BCIC) initiatives for condom use
- Development of school-based programmes that promote knowledge and understanding of HIV/AIDS
- Increasing active participation in school/community activities

b. Provision of treatment, care and support

- Strengthen counseling services for individual decision making
- Providing counseling and remedial support for learners whose learning has been affected by the epidemic
- Providing guidance and counseling to staff across all levels

c. Strengthened management of the national response to HIV and AIDS

- Capacity building workshops on health and safety
- Monitoring interactive teaching methods in the classroom
- Development and implementation of workplace policy
- Promotion of research among learners and staff

- Infusion of HIV/AIDS into the curriculum at all levels of the education system
- Installation of MIS into all districts and monitor impact

d. Psychosocial and economic impact

- Facilitation of the capacity of the education sector to cope with the impact of HIV/AIDS on families and the education system

e. Provide a strengthened legal and ethical environment

The MOE developed the curricula for guidance and counseling for both primary (2002) and secondary schools (1998). The primary school curriculum provides activities grouped into four categories: personal guidance, social guidance, educational guidance and vocational guidance. The curriculum specifies the topics for the different classes and for each topic or sub-topic specific objectives, methods and activities are given. HIV/AIDS topics and life skills are spread throughout the primary curriculum and the expected coverage for each class is defined. The curriculum is being implemented in all the schools in the country.

According to a study²⁹ by the Botswana Institute for Development Policy Analysis, August 2003 MOE adopted a policy of 'integration and infusion' of HIV/AIDS in all subjects in 2001 and introduced the Teacher Capacity Building (TCB) Project for HIV/AIDS and STIs which is to contribute to HIV and AIDS prevention and mitigation. With regard to the TCB MOE developed a curriculum for the teachers in primary, secondary and tertiary levels. The rationale stated is that children and young people have the right to knowledge and understanding and therefore must have access to the full range of information and resources on HIV/AIDS including how to use condoms and other preventive measures.

UNICEF's HIV/AIDS Goals and Strategies

UNICEF focuses its country programme on HIV/AIDS prevention and mitigation of its impact on children, pregnant women and adolescents within the framework of human and child rights. This focus was prompted by the government's declaration in 2000 that the HIV/AIDS epidemic represented a national emergency. UNICEF also takes into account that HIV/AIDS represents the biggest threat to sustaining the achievements the country has made towards child survival, protection and development. UNICEF supported programmes contribute to the implementation of the NDP 9 by adopting HIV/AIDS prevention and mitigation as the key aspects in resource mobilisation and programme interventions.

The UNICEF programme framework contains a strong life-cycle approach, whereby key health, education and participation, and child protection interventions are promoted in three age cohorts: conception to six; six to twelve; and twelve to eighteen years of age. Great attention is given to the school-based programmes in recognition of the fact that the majority of young children and adolescents are currently in school. Schools are seen as 'sanctuaries' of protection against HIV/AIDS and other determinants of risks and negative life skills (UNICEF, 2002).³⁰ The current programme will fast-track life skills activities in schools, and reinforce peer education. The plan is to address in a holistic way adolescent issues such as reproductive health, recreation, parenting (both in terms of adolescent parenting and the relationship between adolescents and their parents). In the new programmes, adolescents are empowered to take charge and responsibility for their own development. They are involved in the development and utilisation of interventions, programmes and services targeting them.

²⁹ Botswana Institute For Development Policy Analysis: Knowledge, Attitudes, And Practices of Teachers and Students on HIV and AIDS. Baseline Study Report. August. 2003

³⁰ UNICEF and Government of Botswana Programme of Cooperation

UNICEF has pledged to ensure the achievement of these goals, which are:

- Young people will have increased knowledge about HIV/AIDS and related issues and the skills to make safer behaviour choices
- Adolescents delay initial sexual activity, practice safer sex (including consistent and correct condom use), and have reduced the number of sexual partners
- HIV prevention among young people will be a key priority at family, community and national level, while stigma and discrimination will be reduced
- Communication initiatives to provide relevant, accurate information *to all young people* on risk, vulnerability and impact reduction
- Providing life skills based education *for all young people* through in and out of school interventions
- Consultations with Parents Teachers Associations (PTAs) and the community are carried out in imparting relevant information in the prevention of future HIV/AIDS infections.
- Harmonization with other existing community level HIV/AIDS activities is promoted.

Parent and Community Involvement

Parents and communities are seen as agents of change and are involved in addressing social, cultural and economic factors outside schools that can undermine the success of school based programmes. For the success of these programmes, schools have to be safe environments with zero tolerance for sexual abuse or coercion. In addition, parents and communities should be involved in enhancing and supporting the development of children and youth; mitigating against stigma and discrimination; and as stronger and better able to provide care and support to those most affected by the HIV/AIDS epidemic.

According to the Operational Plan of Operations for HIV/AIDS, it is very important to involve parents and communities in all aspects of programme implementation. Mobilisation and capacity building initiatives should be strengthened to empower parents and communities to play their roles effectively in the prevention of the spread of HIV/AIDS and mitigating its impact on their lives. Their abilities as duty bearers should be enhanced so that they can provide opportunities for the realization and protection of the rights of the child. Parents and communities should be empowered with skills, knowledge, attitudes and methods to promote caring, supportive and protective environments that ensure opportunities for children and youth to realize their fullest potential.

Programmes to improve parenting and communication skills in the family will be central to providing support to adolescent development and support activities. Community level health promoters, home-based care groups, other community groups and structure as well as NGOs will be trained and supported to facilitate mobilisation, information, education and support to families and communities. Communities will play a central role in needs assessment, situational analysis, monitoring and evaluation to ensure they are fully involved in the provision and informed about the processes and outcomes of the interventions.

Appendix 14: Summary of the Resource Materials Used by the Field Officers

Facilitators' Manual

Content

The manual covers the following topics:

- a. All I need to know about HIV and AIDS
 - What is HIV?
 - What is AIDS?
 - How can you tell a person is HIV positive?
 - Is there a cure for HIV?
 - How is HIV transmitted?
 - Ways in which HIV cannot be transmitted
 - How should we relate with people who have HIV/AIDS?
- b. Voluntary counseling and testing
 - What a VCT is
 - What are the benefits of VCT?
 - Elements of testing - voluntary, confidentiality
 - Pretest and posttest counseling
 - Care and support after VCT
 - HIV testing
- c. Safe sex
 - Purpose of safe sex
 - All about condoms - what they are, how to use and dispose of them
- d. Antiretroviral therapy
 - What ARV is
 - Importance
- e. Positive living
 - Nutrition
 - Reducing alcohol intake and smoking
 - Keeping active and resting
 - Hygiene
 - Thinking positively
 - Care and mutual support for PLWHAs
- f. Children and HIV/AIDS
 - How should we treat HIV positive children?
 - HIV positive children need special help
 - Confidentiality and special help
 - Hygiene and risk of transmission through blood
 - Community support
- g. Teenage pregnancy
 - Causes
 - Consequences
- h. Human rights and HIV/AIDS
 - Rights to life, respect, freedom and association
 - Shared responsibilities
 - HIV testing
 - Confidentiality

- HIV/AIDS Education and prevention
 - Treatment
 - Youth and children
 - Women
 - Employment
 - Access to public facilities
 - Finance-money matters
 - Prisons and facilities for care (mental hospitals and schools of industry)
 - Media and language
- i. Abstinence
- What is abstinence?
 - Why abstain?
 - How I can make sure that I abstain

AIDS is also Your Problem and Responsibility

UNICEF booklet on HIV/AIDS titled *AIDS is also Your Problem and Responsibility* (2002) is also one of the materials that PLWHAs reported to have used. The booklet is available in both English and Setswana. It is an attempt to cover some aspects of health and physical fitness. The target group is not stated in the booklet but the lower primary classes would find it difficult.

The booklet covers the following topics:

- The meaning of HIV and AIDS
- What causes AIDS
- How long does it take from infection with HIV to AIDS?
- How do we get infected with HIV?
- How HIV is passed on through sexual intercourse
- What increases the chances of being infected with HIV/
- How can we reduce the transmission of HIV?
- How else is HIV transmitted?
- What can you do if you are infected with HIV?
- How HIV is not transmitted.
- How must we treat people infected with and affected by HIV and those with AIDS

Masa

Masa is a booklet produced by the government and the African Comprehensive HIV/AIDS Partnership (ACHAP). One side of the booklet is in English and the other side is in Setswana.

The booklet covers the following aspects:

- Understanding HIV/AIDS
- Taking the test
- I have found out I have HIV - what shall I do?
- Introduction to anti-retroviral therapy
- Men and HIV/AIDS
- Women and HIV/AIDS

I am HIV-positive, any questions?

Appendix 15

Details on the Training Programme for PLHWAs

Approaches that were proposed during training for use by the Field Officers

- Discern context
- Build a solid base of support
- Identify programme ideas
- Sort and prioritize programme ideas
- Develop programme objectives
- Design instructional plans
- Devise transfer of learning plans
- Formulate evaluation plans
- Make recommendations and communicate results
- Prepare schedules and activity plans
- Arrange for coordination

Content covered during training

- Communication and facilitation skills
- Community mapping, vulnerability and risk analysis
- The multi-sectoral and mainstreaming nature of HIV/AIDS response in Botswana
- The multi-sectoral and community nature of primary education
- Work planning and personal effectiveness
- HIV/AIDS and human rights
- Ethical issues
- Stigma and discrimination
- Organising debates and using clubs to advocate and mainstream HIV/AIDS
- Understanding the child and culture

Appendix 16

Expenditure to Date

ITEM	DESCRIPTION AND BREAKDOWN	OUTPUT	TIME FRAME	RESPONSIBLE OFFICE	ALLOCATED FUNDS	EXPENDITURE TO DATE	BALANCE TO DATE
2.0	Monthly Allowances for FEOs	FEOs paid P2000 per month	15 August - November	BONEPWA+	P210 000	P185 000 P19 500	P5 500
2.2	Contingency provision for medical services with work related emergencies	FEOs supported for injury in the course of duty	15 August - November	BONEPWA+	P5 000	-	P5 000
2.3	Administration and Management costs	Transport, Telephone Stationery	15 August - November	BONEPWA+	P15 000	P9 350	P5 650
2.4	Recruitment, induction and retention of one PO (M&E)		15 August - November	BONEPWA+	P38 000	P28 500	P9 500
2.7	DSA for monitoring and evaluation	DSA paid according to BONEPWA+	15 August - November	BONEPWA+	P14 800	P10 950	P3850
				TOTALS	P314 300	P281 050	P33 250

Appendix 17 (A)

Focus Group Discussion with PTA at Boitumelo Primary School, Selibe-Phikwe

(21 participants - 15 women and 6 men)

(8 were teachers including the head teacher and deputy head teacher)

The objective of the meeting was explained to the participants

Do they know about the project.

Participants knew about the project from the pupils who were attending the school. They knew a PLWHA was teaching them about HIV/AIDS

What did the pupils tell their parents about the lessons.

It was confirmed that pupils had had lessons on *HIV/AIDS, its transmission, Condoms, and How to handle HIV/AIDS at home*

In the ensuing discussion, several issues emerged:

- our culture does not allow pupils to tell/discuss sexual matters with parents
- Sometimes they find it difficult to mention some words like condoms
- Taking alcohol has disadvantages as it can lead to unprotected sex which is a risk
- The government should restrict the taking of alcohol especially for young people
- Elderly men (Sugar Daddies) are cheating young girls as they have sexual intercourse with them with and without condoms
- While it is good to have children taught about condoms; parents are in a dilemma because when you give children condoms it is as though one is giving them a licence to have sex There is an urgent need to find another strategy which would result in better control by both parents and teachers
- Young children should not be taught about condoms. The view was that lessons about condoms should be from Std 5. though one parent whose daughter got pregnant in Form 1 was adamant that it should be earlier. The age mates also became pregnant.
- Parents should learn to be open and to inform their children about dangers of sex and the resultant pregnancies. The need for parenting lessons was recognized.
- Yes there is need for control. If they are left alone they would never develop self- control. They should not be allowed to go for night entertainment as that is when they engage in risky behaviour
- Parents have become lax in their control of their children and do not reinforce what is taught in school. They should be responsible for their children's behaviour. They should not abdicate their responsibility to the school and should be exemplary at all times
- Children should be encouraged to go to church where they are taught about good behaviour and relationships. The church should play its part.
- Let children be informed so that they can make informed decisions

What do you want your children to be taught at home and in school?

In the discussion this is what emerged

- Parents should find out what information their children are receiving and discuss it with the teachers at the PTA meetings. In particular parents should influence what is taught on sexual issues as some of the topics like condoms were not appropriate for very young pupils in Std 1 and Std 2. The teaching on condom use should be discriminatory in the case of the young
- There are other ways of getting AIDS. This information should be spread to the community through the PTA and Kgotla meetings

Appendix 17 (B)

Focus group discussion held with PTA in Mochudi on 21st October, 2004

Total number in Focus group: 11

Age range 20-30: 3females(1 teacher)1 male.31-40:2 females,1male(1 teacher).

41-50: 2females.(1 teacher)51-60: 2females

The discussions with the parent teachers' association (PTA) were to enroll and involve the parents and teachers, who are part of the community in Mochudi, using participatory approaches.

They were not aware of the objectives of the project.The consensus was that:

- Parents indicated that they were happy with the information/knowledge Zolani Kraai was imparting to the pupils. However, it was also revealed that, a few parents, at the beginning of the lessons were concerned about the talks on sex. They believed the children in standards 1, 2 and 3 were too young. However discussions with those parents resulted in their appreciating the need for the lessons at that age.
- Teachers indicated that they involved parents because parents are the people who should know the appropriateness of lessons on sex, sexuality and HIV/AIDS. Both teachers and parents indicated that pupils do engage in "Black mampatile" (Hide and seek game) where they assume role plays of Husband, wife,father, mother and children at about 5 and 6 years. During these role-plays, it was alleged that, pupils do talk about "using a condom." The conclusion was that pupils in standard 1 know about sex and may know more than their parents.
- Open discussions between parents and their children do not take place at home. This was due to the fact that Batswana are not open about sex and sexuality. It is taboo for parents to engage in conversations on matters of sexuality with their children. The consensus was that there is need to bring together parents and pupils to discuss the issues of sex, sexuality and HIV/AIDS together.
- **Agreed** - If the project is revived twice a week each pupil to bring the parent so that they can participate together in discussion of sex and HIV/AIDS issues. In addition, there should be appropriate materials with acceptable child friendly imagery.
- Parents with the knowledge should move door to door to disseminate the information on the subject of HIV/AIDS. Both parents and teachers were concerned that there seems to be greater emphasis on condoms and not abstinence. The approach seems to give a license for sexual

intercourse as long as you have a condom. Again references were made to the hide and seek game, where children are heard to say "ke na le condom! ke ye!

- The churches should be involved so that abstinence is emphasized from Sunday school. Children should be informed of the dangers of engaging in sex early before marriage. They know that sex is not discussed among Batswana. It is only discussed in private.
- **Agreed** - There is need to revisit and change the strategy on condoms to abstinence.

The church should be involved as the Christian teachings do emphasis "abstinence."

- Out of school children

They should also be engaged in workshops utilizing the kgotla, clinics, and community halls with the assistance of social workers, traditional leaders and the community.

- Discrimination against PLWHAs

The discrimination against PLWHAs was recognized. However, it was noted that the BONEPWA project was making a difference. Through the children, parents were able to understand that one cannot get AIDS by associating with a person with AIDS. The situation of the Field officer, who is a PLWHA, is good testimony

Agreed - To utilize Field officer to encourage the pupils to go for testing.

Successes and challenges of the project

- The pupils are telling their parents and others about HIV/AIDS.
- There is some behavioral change e.g. - Razor blades are not being used. In cases where a pupil produces one, a report is made to the teacher.
 - There is no sharing of chewing gum from another pupil's mouth.
- The materials utilized need to be changed. They should be "people friendly" with acceptable imagery and written in Setswana.
- The project should be revived with the following emphasis:
 - PLWHA to be increased as a Field officer has many places he had to cover.
 - PLWHA to involve the community as there was no contact with the parents.
 - There should be more of discussion and conversations as opposed to telling and instructing.
- Programme should be integrated with others like the Teacher Capacity Building (TCB) so that both teachers and parents can be better informed.

- Strategy should be "Operate as a community"

Networks

The following networks exist:

- Bakgatla polokang matshelo - Home based caregivers, also give assistance to patients at home.
- COCWEPA
- Mochudi support group - which is affiliated to BONEPWA, Kraai is a member.
- The need for protective clothing (gloves) was emphasized. Radio programmes should also inform communities why protective clothing is essential for those caring for the sick. Sometimes it is school going pupils who give care.

Appendix 17 (C)

Focus group discussion held in Tlokweng with PTA on 22nd October, 2004

All women. Age range 20-30: 4 (1 teacher).

31-40: 6 (2 teachers). 41-50: 4.

The meeting opened with a prayer.

- In response to the consultant's question why there were no men, parents indicated that their husbands had said the meeting was about children and therefore, meant for women.
- The parents knew about the project at the school where the Field officer taught the pupils on sex and HIV/AIDS.
- Their children had told them about the project and that they were taught about sex and HIV/AIDS as well as how people get infected.
- Some parents were concerned about the teaching of sex to young children. After discussion the consensus was that children should be taught about sex from Pre School as the children are sexually active from an early age.
- The teaching about condoms, however, should be for older children who understand. Condoms should not be used as a license to have sex.
- Abstinence should be encouraged but parents were afraid of pregnancies.
- There may be need to look at available research. Also the presence of the older men who entice young girls is a matter of serious concern.
- There must be community involvement in the project for parents.

Agreed that there should be a meeting of the PTA at the school and other meetings of the community in different wards to discuss the issues raised by pupils. These meetings to be organized at the kgotla. The guidance and counseling teacher should arrange the meeting of the parent/teachers at the school.

- On what should be taught, the consensus was that in addition to sex, HIV/AIDS and that moral education should be added. They strongly felt that children of 5-7 years should not be taught about condoms.
- Parents have a joint responsibility for the teaching of sex. They should involve the traditional leaders and the youth parliament and childline.
- They as parents are often not aware that they are needed at school. They noted that when pupils brought letters about meetings they often forgot to give them to their parents.
- There is need for change on the part of parents and that they should discuss sex, testing for HIV/AIDS openly.
- There is a lot of denial resulting in parents visiting the traditional healers with a complaint that they are bewitched.
- On issue of networks they are involved with Nkaikela a group that consists of young women who are engaged in activities to keep them off the street/Sikonturo in Tlokweng where long distance truck drivers park over night.
- The young woman working as an FO at the school has not had much contact with parents but pupils enjoy her lessons.

Appendix 17 (D)

Focus Group Discussion with Pupils- Paphane School in Mochudi on 22 Oct. 2004

Age	Stds	girls	boys
8-10	2 - 4	4	5
11-12	5 - 6	6	5

- There were 10 girls and ten boys from Std 2- Std 6. Two teachers stayed through the discussion. One was the Guidance and Counselling teacher
- The pupils were informed of the purpose of our meeting with them
- To put them at ease they were informed that we wanted to know what they had learnt from Zolani Kraai who had been joking with some pupils earlier. So many hands went up.

- The discussions sought to ascertain what the pupils had learnt, their perceptions about HIV/AIDS and whether they are telling other people including their parents what they had learnt:
- Although not all of them spoke they related that they liked Zolani- he taught them that they should not 'tlhakanela dekobo'; they must use condoms. They miss him because he joked with them
- Not all were free to discuss with their parents on what they had been taught. One boy who said he told his parents was told 'wa aka ga wa boa se pe' and there was laughter
- One said when she talked to her mother she said 'Hee metlholo ke eo. Tswa fa'
- About HIV/AIDS they exhibited their rich knowledge about AIDS. Most interesting was that they kept on repeating 'Zolani said you cant get AIDS from...':
- About gender issues some argued with a friend because one girl told a boy that she had seen him washing pots outside their compound. He had said girls do those chores.
- On condoms they said Zolani had shown them new condoms and yet there are dirty ones in the furrows or under trees which they see when they are playing or going home
- To a question whether they have seen any one who has AIDS and how they know; there was reticence and only a few said they knew or have seen some one who suffers from AIDS. They described people with 'dintho' all over their bodies and unable to walk. The rest of the pupils said they knew Zolani, who did not look sick.

NB The denial of knowledge of someone with AIDS may be indicative of the stigma that still exists.

Appendix 17 (E)

Focus Group Discussion with Principal Education Officers held on 5th October, 04 (3 females and 6males)

Knowledge of the project

Know the project but not the name 'Ringing the Bell'

Objectives of the Project

The field officers were sent thro' the Principal (then Regional) Education officers who introduced them to the schools. These education officers knew nothing else. They were not briefed on the objectives but guess

- Is to reduce infections by using PLWHAs as actual testimonies
- To share information and sensitise pupils at that level
- To forge networking between the school and community eg 'Going for testing'

What is your role as an individual?

As individuals they did not want to interfere but wanted to create an atmosphere where FOs can operate freely

It is important that regular teachers and parents know more about the programme not only as a benefit to themselves but also to reinforce what the FO is imparting. Many parents do not talk freely about sexuality to their children. The FO lessons could open way for discussion in the home and in the community. Education officers indicated that at first there was resistance but later there was openness from teachers and parents.

They stated that they cannot, however, say the project has reached everyone. Not all schools were included and on receipt of information about the project, there were queries why their schools were left out.

Impact

The time allocated was too short. The FO covered only two schools. One of them was Paphane. People were highly motivated and were encouraged to go for testing. They noted that, teachers are going for testing.

The project was interrupted by other activities in BONEPWA, for example a field officer was sent on a trip outside Botswana thus interrupting the school activities.

What should be done in future

- All people involved should be taken on board. Education officers should be involved from the beginning.
- A schedule for the FO should be drawn up so that there can be proper coordination
- During training of teachers a session could be arranged for the participation of FOs to sensitise teachers on HIV/AIDS issues
- The education officers should have proper feedback on FOs
- Education officers and other stakeholders should be involved in the planning. This includes parents, village headmen, counselors village committees.
- FOs should be part of the village AIDS committees, Home based care and other networks
- Flexibility and creativity essential in this project
- Must make this project a programme thro' which an FO would work with a cluster of schools. However before introduction of the programme, there should be a pilot stage where those aspects not addressed in the first phase can be considered and adjustments as well as modifications made.
- Increase number of FOs especially in outlying schools.
- Must clarify roles of all partners and ensure periodic meetings for them.

Appendix (F)

Focus group Discussion with Field Officers

The meeting began with a prayer and introduction of all participants.

- Present were 16 women and 8 men (FOs) Also present was the BONEPWA Patron, Executive Director, The Advisor, Programme Officer.
- The Patron Mr Jagdish opened the workshop.
- The group made ground rules which all upheld through the workshop
- After the Director explained the purpose of the workshop the facilitator involved all FOs in drawing up the checklist to guide the deliberations
- The following issues were discussed:

Contracts: FOs were concerned about the termination of their contracts without any explanation and no indication of when they would be called back. It was explained that that was a pilot project intended to last for three months only. This evaluation is to determine whether or not the project should be revived and rolled out.

Organisational Structure

Discussed the BONEPWA organisational structure as FOs did not understand where they fit and the lines of communication. Noted that they fall under the programme officer

The role of the programme officer

-to, inter alia, visit, supervise and monitor the work of the FO

The role of the FO

- to educate pupils and the community on HIV/AIDS
- to be an HIV/AIDS resource person
- A friend and teacher of pupils
- To submit monthly reports to the programme officer
- To make referrals to the Clinic

Supervision

There was concern about lack of supervision by the PO which resulted in the FO having difficulties with implementation of their programmes as they did not have guidance.

The consensus was that BONEPWA should consider having volunteers based in different regions who would assist the PO with monitoring and supervision of FOs

Reports

There was some confusion over submission of reports While some were submitted BONEPWA others were submitted to the guidance and counselling teacher, who occasionally did not send them to the PEO. To avoid this unsatisfactory state of affairs it was agreed that in future all reports should be sent to BONEPWA for onward transmission

The work of the FO and her/ his relationships within the school

There was no integration /infusion of what the FO was imparting into the curriculum. FOs indicated that what they taught seemed to stand alone and some teachers perceived them as being apart from them. The utterance of one guidance teacher and another teacher in the box below captures how the work of the FO was perceived

We have a problem with infusing your work into the curriculum.
Your work is a stand alone

handling pupils as it is sometimes very difficult without another teacher to control the pupil when there are large numbers . It was noted that it was advantageous to have the guidance and counselling teacher as she / he understood the issues.The FOs also related how sometimes teachers left them in charge of their classes.

There was minimal involvement of parents . They noted that the problem was that they do not know how to involve others.....

Lack of commitment and unbecoming behaviour

There was concern that some FOs were reneging on their commitment to work at the schools.They reported at the school drunk and disorderly.FOs took time to discuss this issue. At the end the consensus was that there should be a Code of Conduct for all FOs

Accreditation

The FOs recommended that they should placed on recognised training courses that can be accredited internationally. This matter was left for resolution by BONEPWA.

Further Training

FOs after discussion noted that they need further training and that some of the areas are

- New approaches on how to disseminate information to pupils
- Networking
- Counselling
- Advocacy
- How to involve and/or enrol others in their work and lessons
- Communication
- Computer skills

Recommendations

The following recommendations were made: Further training in areas identified above; Introduction of a Code Of Conduct; Revival of project; More time for lessons; Better and more effective supervision;