Part Two

Promising Educational Responses to HIV/AIDS
Identifying Promising Approaches in HIV/AIDS and Education
by Gabriel RUGALEMA and Richard AKOULOUZE

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

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

Ministries of Education in sub-Saharan African were invited to participate in the exercise. They were requested to take stock of activities underway within their education systems that address HIV/AIDS related problems. This included on-going policies, programs, innovations, and/or experiences that show promise in tackling the problems caused by HIV/AIDS in the education sector be they happening throughout the education system, in one or several schools, and/or in one or several communities. Participating countries
were expected to analyze what it is about such activities that show promise, and why. The initiative sought to stimulate countries to take a close look at, and take stock of HIV/AIDS interventions in the education sector, how they operate, what makes them work, and their results. The ADEA initiative was aware that in some, if not most cases, it could be premature to talk of actual results, let alone success. In such cases, ministries of education were encouraged to focus on their expectation for positive results. The countries that participated in this exercise are listed in Table 23.

This initiative is built on the broader initiative and methodology of ADEA’s “Prospective, Stock-Taking Review of Education in Africa” which was initiated in 1998 and presented at ADEA’s 1999 Biennial Meeting.¹ That exercise identified successful experiences to the challenges of quality, access, and capacity development in African education systems. The spirit and philosophy of the prospective stocktaking approach is to stimulate mutual learning (countries learning from each other), a philosophy based on the belief that it is possible to find solutions to Africa educational problems that are contextual and home grown.²

Purpose and scope

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

Effective or promising approaches?

To identify an “effective approach” we need to define effectiveness. Literature on effectiveness of interventions aimed at preventing HIV and mitigating its impact is scanty especially in the field of education. This is partly due to the “newness” of the interventions. It has taken education ministries a long time to accept the inevitable that HIV/AIDS is a formidable problem and establish appropriate interventions. Secondly, monitoring and evaluation of interventions is weak in most education ministries. HIV/AIDS interventions

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

². See Ndoye (2000).
### Table 23. Summary of the country case studies by programmatic area and topic

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

* Denotes countries that submitted a complete, final report.

have suffered from this. Nevertheless, to identify an effective approach would entail looking at it both in terms of input and output, as well as the process through which inputs are made available and transformed into output. Clearly, this would be difficult to achieve given some of the issues...
raised in respect to HIV/AIDS interventions in the education ministries. We have, thus, opted for a more pragmatic approach, which we call an analysis of “promising” approaches.

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

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

**Methodology**

The work reported here is exploratory. Each education ministry interested in joining the exercise submitted a proposal for a case study. Except for Zanzibar, all the countries that submitted research proposals have HIV prevalence rates higher than five percent. In that sense, they are all facing a severe epidemic. Given that each country submits its own proposal to ADEA, there is wide variety in the research and design of the different case studies. In all countries, evidence was collected using questionnaires, in-depth interviews, and/or focus group discussions.

Given the lack of information on how education systems are responding to the HIV/AIDS crisis, this approach appears justified. For this reason, it is important to keep in mind that the “promising approaches” reported here are those selected and reported by the education ministries that responded to ADEA’s invitation to participate in this exercise. In other words, the results are self-selected, according to criteria established by each country.
Indicators of effectiveness or promise were not defined before the selection of promising interventions was made. Some case studies administered questionnaires to samples of students and teachers, which enabled the construction of indicators used in those studies. In the Mali study, for example, the indicators of “promise” were participation rate in club activities, attitudes and opinions about participating in club activities and the membership figures. The studies for Niger, Senegal, Swaziland, Zanzibar, Togo and Burkina Faso assessed students’ knowledge, attitudes and behaviour in relation to biological aspects of HIV/AIDS, methods of prevention and other problems related to the pandemic. The Tanzania study assessed declines in pregnancies, love letters, and cases of sexual abuse, as well as use of health services for advice on sex. None of the case studies is able to measure individual behavior change as a result of interventions or participation in a “promising” activity.

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

**Overview of the case studies**

Figure 13 presents an overview of the approaches reported by all of the countries that have indicated willingness to participate in this exercise. To date, however, not all have completed their case studies. The following overview presents those that have been completed.

**Burkina Faso: The effectiveness of the multi-sector approach**

The study consists of a qualitative evaluation of three components: the partnerships, interventions and coordination in the Gaoua region. This project is a good example of a partnership in the fight against HIV/AIDS, despite the rising rate of infection in the region, which is due to the massive influx of Côte d’Ivoire citizens into the area.
• The project is being implemented in the education system in the Gaoua region. The teachers are grouped in anti-AIDS committees in which they receive instruction in biology and the problems of the pandemic. The pupils, in turn, take part in school teams in which they are educated about HIV/AIDS and STIs. These clubs receive support from the project; their activities consist of educational discussions, theatre and forums. The project also takes charge of orphans.

• Activities take place at the community and local level. The agents of each government service come together to form an anti-AIDS committee and take part in implementing the provincial action plan in their sector. The NGOs, in turn, help fund the sector-based activities. The community-based organizations (CBOs) are voluntary groups that conduct awareness-raising activities. At the level of the local population, each village has created its own anti-AIDS committee and takes part in implementing the multi-sector project.

• The approach in Gaoua reflects a rich partnership. This partnership is organized by level of responsibility. Thus the national level groups the central government services, the regional level brings together the NGOs, the community level consists of the CBOs and the local level of the local communities.

A provincial committee headed by the High Commissioner for the province coordinates all the activities. The committee is made up of representatives of the public services, the NGOs, the CBOs and the villages. It considers proposals for activities and handles all the financial contributions raised to fund them.
The study consisted of evaluating the school programs, the teaching materials and the anti-AIDS school clubs (“clubs stop SIDA”). The study showed that the level of understanding of the pupils and teachers about HIV/AIDS was satisfactory, and that they – including the clubs – had adopted positive attitudes towards prevention programs. On the other hand, it seems that the teaching material developed by the Rural Education Board (BER) was not very suitable.

**Mali: The strengths and weaknesses of the anti-AIDS clubs**

The study made use of a sample to assess the level of participation in club activities, the attitudes and opinions about club activities, the level of involvement in the clubs and their strong points and weak points.

- With regard to participation in club activities, the results show that the students appreciate the conferences, the discussions-debates and the distribution of condoms and other activities: of the students in the sample, 37.9% (relative majority) say they have taken part in conferences, 27.6% in discussions-debates and 23.7% in the distribution of condoms.

- As for changes in attitudes and opinions about the prevention of HIV/AIDS, 49.2% (relative majority) of the students say that the school clubs had a positive impact on them. The result of this change was stopping unprotected sexual relations or a decision to stay with a single partner. With regard to the level of involvement in the clubs, 32.5% of the youth say that the majority of the youth are members.

This study pointed out the strengths and weaknesses of the anti-AIDS clubs.

“The strong point of the clubs was the existence of an awareness-raising body organized by the students who worked in it voluntarily; another strong point was the use of students as organizers (which facilitated communications) and the advance training of support staff and student-organizers in communications techniques.”

The weaknesses undoubtedly included the fact that the organization lacked resources. In addition, the school directors indicated that club activities tended to be sporadic, indicating a lack of continuity in the activities. The lack of a longer-term schedule of programs is a weakness of the clubs.

**Namibia: A peer-led HIV/AIDS intervention**

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

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

**Senegal: The impact of the curriculum approach**

This consisted of three dimensions: (i) education/training, (ii) information and awareness-raising, and (iii) teaching materials.

- With regard to evaluating both the education/training component and the information/awareness-raising component, the methodology used in the Senegal study was to question a sample of pupils and teachers to assess their attitudes and understanding about HIV/AIDS.
- The results of the education/training show that the primary school pupils have a satisfactory understanding of the biology, seriousness and methods of transmission of HIV/AIDS. The performance of students in the fourth year of secondary school (150 pupils) was mediocre in the biology of the pandemic, prevention and patient care. But they had a greater understanding of methods of transmission of the virus. Students in the final year (50 students) and students in higher education (99) mastered the biology of HIV/AIDS, its seriousness, methods of transmission and prevention and patient care.
• With regard to information/awareness-raising, the results showed that this approach is more effective than education/training. Students exposed to the former expressed their fear of the illness and said that their behavior had changed and that they are already committed to getting involved in fighting the pandemic. As for the teachers, 59.1% of them said that they had not conducted any awareness-raising activities as part of the anti-AIDS program because most of them had not received sufficient training to enable them to speak with confidence about AIDS to the students.

• The results on teaching material indicated that 62.5% of the respondents (not specified) felt that the teaching material used during education/training and the informational sessions was reliable and that 53.1% found it relevant.

• The study noted that these results could not be attributed exclusively to the interventions, because “it is difficult from an evaluation viewpoint to identify which results reflect the direct activity conducted in the school (proximal variables) and which result from direct activities taking place at the national and international level as part of the anti-HIV/AIDS fight (distal variables).”

**Swaziland: Approaching HIV through a task force**

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

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

The case study selected by the Tanzanian Ministry of Education is the analysis of the School Youth Program that is executed by the ministry in collaboration with Tanzania/Netherlands Support Project to Control AIDS (TANESA). The School Youth Program is currently implemented in two districts, namely Magu and Mwanza in northwestern Tanzania. This multi-pronged program is made up of three inter-linked and mutually reinforcing components – peer education, school guardian, and school HIV/AIDS action committee.

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

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

- There has been a marked decrease in incidences of pregnancy among schoolgirls;
- There has been marked reduction in love letters and sexual encounters among pupils;
- Collaboration between school authorities, community, and village governments has improved markedly;
- There has been a reduction in sexual abuse of schoolgirls by teachers;
- Pupils have become confident in seeking sexual health services as well as seeking counselling services from teachers (particularly guardians).

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

**Zanzibar’s school health clubs**

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

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

*Table* 24 summarizes the results.

<table>
<thead>
<tr>
<th>Country</th>
<th>Results</th>
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<tbody>
<tr>
<td>Tanzania</td>
<td>• Reduction of early pregnancies,</td>
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<td></td>
<td>• Fewer love letters, cooperation between sexual partners,</td>
</tr>
<tr>
<td></td>
<td>• Reduction of sexual abuse,</td>
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<tr>
<td></td>
<td>• Consultation of health services for advice on sex.</td>
</tr>
<tr>
<td>Burundi</td>
<td>• Acquisition of knowledge, responsible behavior and information about the pandemic</td>
</tr>
<tr>
<td>Namibia</td>
<td>• Massive participation of young people in program activities</td>
</tr>
<tr>
<td>Swaziland,</td>
<td>• Acquisition of knowledge and information about the pandemic,</td>
</tr>
<tr>
<td>Zanzibar,</td>
<td>• Freedom of expression to acquire further information</td>
</tr>
<tr>
<td>Burkina Faso,</td>
<td>• Massive participation of young people, teachers and parents in the activities</td>
</tr>
<tr>
<td>Niger, Senegal,</td>
<td></td>
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<tr>
<td>Mali, Togo</td>
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Policy implications

Curricular and extra-curricular approaches

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

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

Extra-curricular activities are another common approach. They include child participant approaches, such as role-plays, peer education, school club activities, drama, and creative writing. Like the curricular approach, extra-curricular activities are designed to build knowledge on various aspects of HIV/AIDS and elicit responsive behavioural and attitudinal responses from learners. Notably, many of these approaches are based on peer group strategies, whereby the social and cognitive learning about HIV/AIDS occurs mostly within peer groups.

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

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

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

The anti-AIDS clubs illustrate the power of peer education and the benefit of learning outside the formal educational system. The approach of the clubs to combating HIV/AIDS is based essentially on peer education. The strength of this method of education stems from the fact that ideas or information can be more easily accepted if they come from an individual with whom one shares the same concerns.

• In societies where children organize play together, the children who are slightly older play a significant role in educating the younger ones. They imitate the teachers in teaching lessons, recitations, and singing to the younger children, and very soon the younger ones are repeating the lessons, recitations and singing themselves. In this situation of teaching and learning, knowledge is assimilated quickly thanks to the climate of confidence and tolerance that exists between the child-teachers and the learners, and due to the suitability of the language used. The child-teachers take the time to repeat and to explain in different ways.

• Observation shows that children change their behavior quickly when it is other children who give them advice and information about the behavior that needs changing. This is due to the fact that the children who have been given the information about the phenomenon that is the subject of the change in behavior feel shame before their peers if they do not adopt the desired behavior after having received the information; they are ashamed to conduct themselves negatively in front of their peers. Peer pressure thus seems to be stronger than that of parents or teachers, which is understandable given that the children spend more time with their peers than with their parents or teachers.

• Peers are thus credible intermediaries who are capable of providing viable solutions to the problems of HIV/AIDS prevention. In terms of effectiveness, however, there are still issues of competence with regard to advice, solidarity, decision-making, resistance to group pressure, and mutual respect and confidence. Hence the need for special training to deal with these issues.

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

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

**The partner or multi-sector approach**

This approach is included in almost all the studies, although only the Burkina Faso study considered it to be the most promising. The partnership approach consists of coming to the assistance of the State, the anti-AIDS school clubs and the schools.

- All the studies show that the international development agencies and the NGOs entered into partnerships very early with the states of sub-Saharan Africa in the fight against HIV/AIDS. They show how certain international and national NGOs entered into partnerships with other NGOs and with the schools (school clubs). They also show a kind of partnership between the parents and the school milieu and between religious congregations and young people.
- The studies show that a variety of activities exist within these partnerships. Some agencies and NGOs are concerned with the production of teaching materials, teacher training, showing films and videos and organizing discussions and conferences in the schools. Others are concerned with conducting studies, or the psychosocial treatment of people living with HIV in CESAC, or funding projects related to the pandemic. Still others develop and implement direct informational and awareness-raising prevention programs to fight the spread of the pandemic.

The case studies of Mali, Burundi, Tanzania and Swaziland as well as the proposed case studies of Congo (Brazzaville) and the Côte d’Ivoire clearly illustrate the areas of intervention of the international development agencies and NGOs. The point for these agencies and NGOs is to come to the aid of State efforts. In Mali, for example, the UNFPA provides assistance in the production of teaching materials, teacher training, the showing of films/videos and the organization of conferences and discussions in schools. It also helps
to organize the “Scenarios of the Sahel” film festival to train young people in HIV/AIDS prevention and with regard to the treatment of people living with the virus. The European Union is active in conducting studies and producing brochures on the pandemic, and in the psychosocial training and treatment of people with HIV in the CESAC centers (Centers for listening, treatment, help and advice). UNICEF helps fund guides for teacher training and student education. NGOs, including the Pivot Group, Plan International and CESAC, have developed and implemented AIDS and STI prevention programs at the level of communities, neighborhoods and villages and at the school level. These are good examples of partnerships between the agencies and NGOs on the one hand and the State on the other.

**Lessons**

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

Extensive discussions and consultations with ministries of education and other stakeholders in the education field augurs well with the insights gathered from country case studies that despite the current efforts, there are critical gaps in the overall approach of ministries of education to HIV/AIDS. Interventions are being implemented piece-meals without recourse to systemic analysis. Figure 13 depicts the subtle linkages between HIV/AIDS and the education sector and provides some light on what areas of programming are critical if the epidemic is to be confronted systemically.

The analysis of the studies shows that the anti-AIDS clubs are not autonomous entities but links in a chain of partnerships. They draw on the experiences and accomplishments of other anti-AIDS programs and obtain information about the pandemic from the educational system, NGOs and other activities. The studies thus reveal two basic ideas about the anti-AIDS school clubs: first, the clubs constitute an ideal framework for HIV/AIDS education, and second, to become effective the clubs need financial support and to acquire the experience and knowledge of education programs and other activities.
There is need to move away from the current single actor programming (focus on pupils) to multi factor programming (designing and executing programs for all main actors in the system. We have identified such actors as teachers and educational managers. Teachers have to be provided with skills to deliver a quality HIV/AIDS curriculum as well as to assist pupils in the design of interesting extra-curriculum activities on HIV/AIDS. At the moment HIV/AIDS training programs for teachers in most African countries are few, far between, and shallow. This is clearly an area in need of improvement.

Besides there is need to recognise that HIV/AIDS is a workplace problem for teachers and hence to implement program that would enable teachers to cope with problems associated with illness and death (Lawrence 2002). Similarly HIV/AIDS programs are required for educational managers as they play critical diverse roles ranging from curriculum design to distribution of educational materials. Anecdotal evidence from various countries show that teachers as well as educational managers are affected by HIV/AIDS just as everybody else, if not more. It is therefore imperative for the ministries of education to focus on these actors urgently.

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

The lack of sufficient statistics about HIV/AIDS and the related problems is a weak point for all the countries. The case studies cannot obtain statistics because the ministries of education do not seem to use their health services to develop databases about the problem. There is no proper collection of statistics on changes in HIV/AIDS infection rates, early pregnancies, and other issues related to the pandemic. In light of this observation, it would seem that a significant challenge facing the education ministries is to strengthen the analytical capacities of their human resources and to develop modern information systems to monitor and evaluate interventions in order to facilitate the process of implementing and coordinating anti-AIDS activities.
Conclusions

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

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

Bibliography


Soul City Going to Scale Across Borders: The Choose Life Project

By Harriet PERLMAN

Introduction

“Since the death of our parents we are alone in the world – me and my five brothers and sisters. We are struggling but people give us the little they can afford. I’d like to get a job myself or start a small business and sell second-hand clothes. But who will take care of the children.” Phumzile is only 22 years old. She lives in the Lubombo region in Swaziland. Both her parents died of AIDS.

Eddy’s parents are dead too. He lives in Kavango, Namibia. “My mum died in 1996 and now we live with my grandmother. I miss my mum especially when days go by without food to eat. I wish I had money to buy shoes for myself then I will not be so shy. I left school because no one could pay for me,” he said.

Kinah Kgwarai is 23 years old and used to live in her grandmother’s house in Francistown, Botswana. But she was forced to leave. “When my uncle and aunt heard that I was HIV positive they made me move out. My brother Lekgobo supported me, so they chased him out too. Lekgobo and I went to live in a small rented house where we look after each other.”

“If ever there was a phenomenon that knows no borders, that bears no discrimination and that spares no victim, it is the HIV/AIDS virus.” President Festus Mogae – Botswana

These stories of hardship, neglect and rejection are but a few of many.

- In Swaziland 25.9% of young people under 20 years are infected with HIV.
- By October 1999 the government of Botswana registered 28,801 children as orphans.
- 23% of all adults aged 15 and older are HIV positive in Namibia.

The HIV/AIDS pandemic continues to gain momentum in much of sub-Saharan Africa, with devastating personal, social and economic impact.

1 This article was a precurseur to the document published in 2004 by the Working Group on Books and Learning Materials entitled "Crossing Borders: Adapting educational materials for other countries: The Soul City Choose Life Project".
Across the continent the majority of new infections are in young people between 15-25 years old. A recent study in Namibia showed that one in seven youth are sexually active by the age of 14. Young people are most at risk of unwanted pregnancies, STDs and HIV infection.

Effective communication is at the cornerstone of most health interventions; whether in providing knowledge, shaping attitudes and behaviour or connecting people to services.

Most development initiatives seek to empower people through knowledge which will enable them to make positive and informed decisions about their lives.

The key question is then how to reach the people who need this knowledge most.

Soul City, a multi-media health project in South Africa has been effective in imparting much needed information on health and development, and in changing attitudes and behaviour as well.

“It changed my life as well because my friends used to tell me that if you sleep with your boyfriend with a condom he is going to leave you. But through Soul City I have discovered that I don’t have to listen to friends. I should do what I think is best for me, and that is to use a condom.” Soul City Series 4 Evaluation – young, urban female

Soul City works primarily within South Africa but the TV program has been shown in a number of African countries as well. In the last two years Soul City has worked on a sponsored education booklet called Choose Life, aimed at 12 –16 year olds in Botswana, Lesotho, Swaziland and Namibia.

1,331,000 copies of the booklet will be printed and distributed in the four countries in seven different languages. The project is still in process. Three of the four countries have marketed and distributed the booklet, with the Namibian booklet being launched in January 2002.

This paper looks at how the Choose Life booklet was developed, marketed and distributed in these four countries. It examines the lessons we have learnt about how to take materials, developed in one context, to scale in the region.

What Is Soul City?

Mass media is a powerful communication tool, with enormous possibilities to effect social change. Soul City: The Institute for Health and Development Communication, is a multi-media health project. A South African based
NGO, it uses mass media to promote health and development, in order to impact positively on the quality of people’s lives.

It was initiated in 1992 and in the last eight years has become a household name in South Africa for both entertainment and education. It has generated local and international acclaim for its impact on health and development and for the high quality of its education materials.

Soul City is not a once-off program, but an ongoing media intervention that has become popular and credible over time. It uses a concept known as edutainment – educating while entertaining.

The Soul City media vehicle consists of:
- **A prime-time TV drama series** which has been one of the top two most watched TV programs in the country.
- **A daily radio drama series in 9 languages** which is broadcast in partnership with the country’s biggest radio stations.
- **Easy-to-read print booklets (3 per series)** based on the TV series. A million copies per booklet are carried through partner newspapers around the country.
- **An innovative marketing campaign** which brings together the different media elements, creates awareness and promotes brand popularity. It uses radio and competitions, and there is a planned public relations campaign which puts the issues on the public agenda.

Soul City uses this media vehicle to reach the largest possible audiences with health and development messages. It also uses the popularity of the brand and the exposure that the mass media gives, for other education interventions which include:
- Lifeskills materials for schools
- Adult Education materials
- Supporting other health and development initiatives
- Advocacy around major policy issues that impact on the themes dealt with.

The key aspects of the Soul City method are illustrated in the diagram on the following page (Figure 14. Soul City Edutainment Methodology).

To date there have been five series of Soul City, which have covered topics such as youth sexuality and reproductive health, TB and violence against women. HIV/AIDS is a topic covered by all series.

Soul City recognises that mass media can raise awareness, generate discussion and increase knowledge. It can also play a part in shifting attitudes and behaviour. However, to be effective it needs to be used in the right way.
Key principles of our approach

Developing effective educational media is not just about what you do but how you do it. Two elements, research and the creation of partnerships are at the heart of our approach.

- **Research.** Through vigorous research we consult both audiences and experts. All materials are thoroughly tested with the target audience to ensure that the materials work effectively. Through formative research the lived experiences and voices of the target audience are captured, giving the materials resonance and credibility.

- **Partnerships.** Materials are developed in partnership with relevant organizations and people. Communication by itself is not the only answer, it needs to be integrated into wider local initiatives and strategies to achieve maximum impact.

Additional principles that govern our work include:

- **Drama can teach!** Human beings have always learnt through stories which can provide positive models for behaviour. Drama creates identification and gives a human face to issues such as HIV/AIDS.

- **Use media when it has access to its maximum audience.** This means prime time for radio and TV.

- **A mix of media (multi-media) works well.** Different media reach different audiences and have different strengths. For instance radio tends to be more rural and TV more urban.

- **Create a sustained intervention or ‘ongoing vehicle’ which gives popularity and credibility over time.** This reduces lag time and draws audiences immediately.
• **Promote and market** the intervention to ensure the maximum audience.
• **Brand all material** with one brand to tie the different media together.

### Evaluations of Soul City

Soul City has been extensively evaluated and findings conclusively prove that not only is Soul City reaching over 79% of the South African population, but it is also reaching hard to reach rural and illiterate groups.

Soul City has also been evaluated as having real impact in the areas in which it has concentrated, especially in the field of HIV/AIDS, where it has been effective in both knowledge gain and attitude change.

Some key findings of a recent evaluation of series 4 found that:

- The Soul City television series reached 79% of its urban target population and 68% of its rural target population.
- Both quantitative and qualitative evidence show that Soul City played a major role in increasing accurate knowledge about HIV/AIDS and in shifting people’s attitudes and behaviour.
- Soul City TV and print material have also increased communication on key topics.

> “When I got home the first time with this book my mother read it. She [said], ‘really do you know about sex?’ I started communicating with her about sex because it was easier for her to talk with me because she had an idea that I now know what sex is. So now it’s easier for me to ask her, ‘Mom if I do this and this will it cause me harm?’” Pilot study – Soul City Grade 9 Lifeskills materials

### Moving into the region

Since 1996 Soul City has been used in a more limited way in a number of other African countries. This has mainly been in the form of the TV program, which has been sold to nine national broadcasters in different parts of Africa. In Zambia, Namibia and Mozambique various other Soul City materials have been adapted for local use as well.

At present there is a dearth of effective African communication materials and the skills to produce them. In the last two years Soul City has worked on a sponsored publication for all youth aged 12 -16 in Namibia, Botswana, Lesotho and Swaziland. The two-year process has taught Soul City a good deal about going to scale in the region. Most importantly, it has learned about working with local partners.
The Choose Life project – An overview

As noted above, in most of sub-Saharan Africa, acquired HIV infections are highest among 15-24 year olds. The Choose Life project essentially addresses the HIV/AIDS pandemic in Sub-Saharan Africa by positively informing adolescent sexual behaviour in order to reduce teenage pregnancy, HIV and other sexually transmitted diseases. International and local research indicates that effective lifeskills/sex education helps delay the commencement age of sexual activity and results in an increase in safer sexual practices. Furthermore, educating young people to adopt safer sexual behaviour does reduce HIV/AIDS risk.

The project aimed to produce, market and distribute an HIV/AIDS publication for all youth aged 12-16 years in Lesotho, Botswana, Swaziland and Namibia with adapted versions for each country.

Project challenges

The 3 challenges facing the project were to:
1. Create appropriate materials for each country.
2. Distribute the materials effectively
3. Ensure that they are used.

The original plan was to adapt (with minimal changes) a Soul City adult education booklet entitled, AIDS in our Community for young people. However, through the process of research and working with partners in each country, it became clear that a very different publication was required for a youth audience. An effective HIV/AIDS booklet for youth cannot simply provide accurate information on how HIV/AIDS is transmitted. It needs to deal with a range of issues that affect and impact the sexual decisions and choices that young people make. Teenage sexual activity is profoundly influenced by feelings of self-esteem, an ability to be assertive and an understanding of what sex really means in a relationship. Young people need appropriate knowledge and information, as well as opportunities to practice life and decision-making skills.

The format of the booklet

Young people need a fresh approach. If we want teenagers to read we need to give them something that they want to read; that speaks to them in a voice and language they know, with a look and feel that is young and vibrant.

“When they [young people] see a face similar to theirs they can relate to the information talked about.” Youth, focus group Namibia
The Choose Life booklet was developed in a way that would appeal to youth.
- Simply written stories deal with a range of relevant lifeskills; e.g. being a teenager, violence in relationships, standing up for yourself and living with HIV/AIDS.
- Full-colour photographs give a vibrant youth feel
- True stories and youth voices create identification
- Through quizzes and interactive questions skills are practiced, discussion and debate promoted and community action encouraged.
- Celebrities act as role models to carry key health messages.

“We have to ensure our youth are appropriately armed in their expedition as they choose life and live it to the fullest. This book ... nourishes youth with lifeskills that are critical for survival and success in today's challenging environment.” Minister of Health - Botswana launch

An outline of the process
As previously stated in this paper, developing effective educational media is not just about what you do but how you do it as well. Research and the development of partnerships—at the core of Soul City's approach— informs the way we worked in the region.

Project process
The process has involved the following phases:
- Phase 1: Research
- Phase 2: Develop core publication
- Phase 3: Pre-test in each country
- Phase 4: Develop country specific versions
- Phase 5: Design marketing & distribution strategies
- Phase 6: Print and distribution
- Phase 7: Project Evaluation

Phase 1: Research
The aim of this phase was to consult with key people in each country on the viability of the project; ascertain the distribution possibilities and select a local partner.

We felt that a partner could establish local ownership in the country and best coordinate the activities. As the project developed their role became much more complex than we initially anticipated.
Phase 2: Develop core publication
The aim of this phase was to develop a core publication for youth 12-16 years on HIV/AIDS which would be pretested in each country and could form the basis of country specific versions.

A new publication called Choose Life – Living with HIV/AIDS in our community was researched and developed in South Africa and ready to be tested in the 4 countries. During Phase 2 we conducted a second round of consultation meetings in the four countries with key people in the health and education sector to get feedback on the core publication and explain the testing process.

Phase 3: Pre-test in each country
The aim of pre-testing was to ensure that the booklet was relevant and appropriate for local use and to inform the development of a country specific version.

This process involved administering questionnaires and conducting focus group discussions with the target audience. It also included a stakeholder workshop in each country to present the research findings. On the basis of the research findings and a mandate from stakeholders, final recommendations for the development of a country specific version were made.

Phase 4: Develop country specific versions
The aim was to develop country specific versions of the booklet and do translations if these were shown to be necessary.

Originally we had envisaged that Soul City would do the rewriting (based on the findings in Phase 2). But in the process of working with country partners, it became clear that a strong local input into materials development and writing was needed for an effective product. During this phase black and white copies of the new booklet were shown to stakeholders for final approval.

Phase 5: Design marketing & distribution strategies
The aim was to distribute the booklet to all 12-16 year olds in each country and to promote and popularise its usage.

The original broad strategy envisaged was to:

- Distribute through the school system in consultation with the departments of education in each country
- Identify other potential distribution points
- Run a promotional campaign using radio, to encourage youth to access the material. This would include a competition element and a promotional campaign using radio, to encourage teachers to use the publica-
tion. The concept of a national radio promotional campaign has been developed by Soul City in order to create awareness of our materials. This broad strategy was adapted and modified to suit the needs and priorities of the different countries.

**Phase 6: Print and distribution**

By January 2002 a total 1,331,000 copies of the booklet will have been printed and distributed in the four countries in seven different languages:

- In Botswana: one edition in English with some Setswana translations
- In Swaziland: two editions; English & Siswati
- In Lesotho: two editions; English & Sesotho
- In Namibia: 3 editions Afrikaans (with key word translations in Otjiherero); English (key word translations in Lozi and Rukwangali) and Oshiwambo.

**Phase 7: Project evaluation**

The aim is to critically evaluate the implementation of the Choose Life project, its reach and its reception by the primary target audience.

What was originally planned as a 10 month project has lasted approximately 2½ years. While the timing has varied from country to country, the breakdown in Table 25 gives a general overview of the project time scale.

The project took longer for a number of reasons. These include:

- The level of local capacity in each country
- The need for a new approach to reach a youth audience. The core Choose Life booklet was totally reworked and was not a simple adaptation of an existing Soul City publication as originally envisaged
- Misjudgements on our part of how long working across borders can take
- The inevitable telecommunications breakdowns (e.g. telephone lines down in Lesotho)
- The informal and formal training that took place along the way
- Distances and difficulties of travelling within countries, during the testing phase
- Consultation, particularly with senior government officials, takes time.

From the beginning the process was an inclusive one. It was labor and resource intensive. But this approach is essential to ensure local ownership.

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“Take time to put all role-players in place to ensure full support, proper co-ordination and success of this project.” Participant at Stakeholders’ meeting – Lesotho
Table 25. Project timelines

<table>
<thead>
<tr>
<th>Process</th>
<th>Swaziland</th>
<th>Lesotho</th>
<th>Namibia</th>
<th>Botswana</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase 1</strong> Project research</td>
<td>April 1999</td>
<td>April 1999</td>
<td>April 1999</td>
<td>April 1999</td>
</tr>
<tr>
<td><strong>Phase 3</strong> Pre-testing</td>
<td>5-6/2000 (2 months)</td>
<td>5-8/2000 (4 months)</td>
<td>5-10/2000 (6 months)</td>
<td>4-7/2000 (4 months)</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>Approx 2 yrs</td>
<td>Approx 2 ½ yrs</td>
<td>Approx 2 yrs 9 months</td>
<td>Approx 1 yr &amp; 9 months</td>
</tr>
</tbody>
</table>

A number of key issues emerged during this process which deserve close consideration. They may be important to any future regional initiative. In the next section of the paper we will examine some of these issues.

**Consultation**

In Phases 1 & 2, Soul City travelled to each country on a fact finding mission and met with key people working in the education and health sector to assess the viability of the project and establish a local partner. A year later (Phase 2) we consulted again to get feedback and support for the core publication and the testing process.

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2  This includes the time from the initial country visits. It involved reconceptualising the content and format of the booklet for youth, research, sending draft outlines to the four countries for feedback, rewriting, editing, design and printing. It also includes sending copies of the core booklet to stakeholders in countries for feedback. There was also a second country visit to discuss the core booklet, utilising the school system for distribution and the testing process.

3  This includes up to the stakeholder meeting at the end of the research process. This took time to organise.

4  The development of the country specific booklet and design of the marketing and distribution strategy ran concurrently. This time also involved extensive training in for example writing, developing marketing campaigns, and proofreading copy.

5  We have calculated up to the official launch of the publication. The actual distribution took between 6-8 weeks. The marketing campaign ran over 2 weeks. It started a week or two before the launch and continued after it.
During this process we consulted with approximately 74 different decision-makers and representatives of organizations. These included ministry of education heads and officials; heads of curriculum development units; senior officials in health departments; key local funding agencies; heads of national AIDS programs and a range of NGOs working with youth and education (including HIV/AIDS).

Findings

- **Soul City credibility.** In all the countries stakeholders were familiar with Soul City through the TV series, which can be received by some of our neighbours. In addition, in Namibia the first and second TV series had been broadcast and two of our booklets had previously been adapted. This gave the project credibility and support from the beginning. For example, at a meeting of NGOs in Swaziland it was reported that: “Lots of our youth are already aware of Soul City.”

- **South African dominance.** While there was support for Soul City, some anxieties about “South African dominance” were expressed along with the benefits of having local material.

- **A valuable initiative.** While some people expressed the view that a more appropriate booklet for youth was needed, most people felt that it was a valuable initiative to explore. In Namibia for example it was stated that, “youth, teachers and parents are desperate for access to information and good materials.”

- **Better communication.** Many people spoke about the need to “bridge the gulf of silence” between parents and children.

- **Endorsement of process.** A great deal of enthusiasm was expressed for the consultation process. “If the project was to be owned by the people, then they must be involved in the process.” In Swaziland one ministry official stated that, “his department would support the project if all stakeholders were involved.” However, caution was also expressed about the fine line between consulting and getting things done. A line that is always difficult to tread!

- **Concern to test what works.** For example in Botswana it was said: “Something which works in South Africa does not automatically work here.”

- **The importance of utilising the schools for distribution** came up strongly as “the bulk of our target audience are in schools.” Many people expressed concern to bolster and support existing lifeskills programs.

- **A need to locate the booklet within wider health education programs.** There was a strong concern expressed that this booklet needs to be linked to existing country plans and programs. In Namibia at a large meeting with the Namibia Network of AIDS Service Organisations (Nanaso) one representative said: “This booklet would provide good support to our
existing activities … There is definitely room within our programs. It could be used as back-up information.”

- **Need for initiatives to be co-ordinated.** In all countries National AIDS plans had been developed. However, many people expressed concern about the lack of co-ordination both within and out of government around the implementation of these plans. At the Lesotho Stakeholders’ workshop one delegate called for: “co-operation, co-ordination and communication between different role-players.”

- **Importance of buy-in from the Ministry of Education.** It became clear that the Ministry of Education plays an important role both in an advisory capacity and in helping facilitate distribution to schools.

- **The local environment’s impact on the project.** The consultation meetings alerted us to the way in which the environment, e.g., local support services, attitudes to the disease, and cultural norms and practices would impact on the project. However, there was rarely a uniform view on these issues.

- **Local capacity.** A number of people spoke about the problem of capacity within the country to produce quality materials or deal with the HIV epidemic. In Lesotho, for example there is a real lack of HIV/AIDS services available and very poor condom distribution.

- **Growing recognition that the scale of the epidemic requires frank and direct interventions.** We had anticipated that stakeholders might find certain aspects of the booklet too direct and frank, for example the page on How to Use a Condom. However, this was not the case. Most people felt that in tackling the AIDS epidemic, countries needed to deal with the issue of safe sex among young people head-on.

It became clear that extensive consultation is essential. When one starts a new initiative there is always the danger of reinventing the wheel. Local actors have often grappled with problems for years and can provide innovative and locally relevant solutions.

**Role of Partners**

In April 1999 the following partners were selected in each country to establish local ownership and co-ordinate the project in the country.

- **Botswana:** Population Services International (PSI)
- **Lesotho:** Catholic Council of Lesotho (CCL) this changed to The Lesotho Network for AIDS Service Organisations (Lenaso) during Phase 4. Lenaso, a consortium of organizations working in the field of HIV/AIDS was keen to support the project as their first major initiative. Choose Life was formally endorsed by Lenaso members at a meeting in Maseru early this year.
- **Namibia:** Population Services International (PSI) changed to Red Cross in Phase 4. PSI staff were too stretched to continue with the project. The
Namibian Red Cross, decided that HIV/AIDS and, specifically, communication were priorities for them and was keen to partner us. They have extensive rural outreach.

- **Swaziland**: Schools HIV/AIDS and Population Education (Shape)

**Findings**

The role of the local partner is central to the success of the project in the country.

- **The partner brings legitimacy and local buy-in.** This is important not only for consultation but for distribution and marketing as well.

- **Understanding of context.** The local partner provides an understanding of political, social and cultural norms and practices which is essential for the effectiveness of any communication initiative.

- **Negotiating the political playing field.** The AIDS arena can be a nightmare. In all four partner countries here is a plethora of task teams, cabinet committees and sub-committees, AIDS strategic plans and implementing committees. The partner plays a crucial role in finding a route through this maze, which is often difficult and time-consuming. For example, in Swaziland, Shape worked tirelessly to successfully set up a meeting with the critically important Information Education and Communication (IEC) team. The IEC is a national task force in Swaziland which is mandated by government to approve all HIV/AIDS materials in the country. Their endorsement of Choose Life was crucial. Finally, at a meeting between the IEC and Shape at which 28 people attended, the IEC gave feedback on the booklet and officially endorsed it.

- **Effective monitoring.** The local partner has a key role to play in monitoring distribution and marketing. A distribution agency needs to effectively track and monitor deliveries. However, there will always be queries, complaints and requests which the country partner needs to manage. In Botswana for example, complaints came in that a few schools had not received copies. PSI followed it up and in most cases found that the booklets had been delivered but not given to the relevant teacher. In another instance, a guidance teacher had kept the booklets in her cupboard to use with students next year. PSI negotiated with the teacher concerned to give the booklets to the students.

- **Ensure a synergy with other HIV/AIDS initiatives and a cohesion of messages.** The initiative must be integrated into the local HIV/AIDS strategy. A partner can ensure that mixed or conflicting messages don’t occur. An amusing example of this was in Swaziland. The original booklet used a heading: “Trust won’t protect you”. However, a new brand of condoms was being marketed called Trust condoms. An unfortunately mixed message!
• **Leverage other opportunities.** A local partner is best placed to use the brand to take advantage of other opportunities. This in turn increases the potential for social change. For example, in Botswana, PSI used the Choose Life brand to get radio coverage on a popular teentalk program.

• **Seek local solutions to problems.** A partner is best placed to explore local solutions to problems. This has been particularly successful in distribution. For example in Lesotho, a solution was found to use maize food bags to get the booklet to difficult to reach rural areas.

### The testing process

The aim of pre-testing the core publication was to inform the development of country specific versions.

> “The move you have made [to test] is good in understanding people here, especially the youth.” Participant at consultation meeting – Swaziland

Testing outcomes:

- To assess the effectiveness of the booklet; its appropriateness for local use in terms of its educational message, readability, cultural sensitivity, language level and format
- To assess the potential usage of the booklet by teachers and other educators in schools and within HIV/AIDS programs
- Based on research findings to make recommendations for changes to the booklet

The research methodology involved:

1. **Administering a questionnaire** to youth before and after giving them the booklet to read, to see if their attitudes and knowledge levels had changed as a result of reading the booklet.

2. **Conducting focus group discussions.** A minimum of 8 focus groups with young people (in and out of school) and a minimum of 3 focus groups (or key informant interviews) with gatekeepers teachers, parents, church leaders, principals and relevant officials in the education ministry were conducted to collect qualitative data. In some countries site observations in schools to observe classroom practice were also conducted.

3. **A stakeholder workshop** to present research findings, discuss recommended changes and get a mandate to develop a local booklet.

### Some research findings

In Botswana, Lesotho, Swaziland and Namibia testing showed that the booklet was effective in increasing knowledge and awareness around sexual issues
and HIV/AIDS and promoting discussion and debate among young people. The use of stories, young people’s views and voices created empathy and identification. People wanted to read and talk about the booklet.

“You cannot see it [the booklet] and not want to read it.” Lesotho, youth focus group

Most importantly the testing provided crucial information on what young people liked and didn’t like in the booklet: which stories were and weren’t effective and what changes would be needed in an adapted version.

“We have gone through the publication and found it to be useful and youth friendly. It is factual, resourceful, colourful and attractive. The topics are in simple language that can be understood by the target group.” Namibia

**Some of the key overall findings are outlined below.**

**The booklet increases knowledge**
The testing findings showed that the booklet was effective in enhancing readers’ understanding of HIV/AIDS. The booklet also clarified confusions and improved readers level of knowledge.

“The findings of the study in Swaziland confirm findings of a recent study by the Ministry of Education (1999) that Swazi youth are quite knowledgeable on issues of sexuality, STDS and HIV/AIDS, but they still have misconceptions. Evidence indicates that the Choose Life booklet has been useful in clearing some of the misconceptions, hence improving knowledge.” Shape – Choose Life pre-testing report

“I liked page 23 because I never knew how to use a condom, now I know.” Swaziland

“I know now that I do not have to fear wet dreams.” Namibia

**Changing attitudes**
The booklet was effective in changing attitudes:

“I used to think that if a man beat a woman, this showed that he loved her. Now I don’t believe that anymore.” Namibia

**Format promotes reading**
Research showed that the use of young voice, real stories and photographs is an effective way to encourage young people to read. The interactive features (quizzes and questions) also helped to get readers thinking and talking.

“It is a book with all the relevant information for youth, only it is even better because it is written in a clear way and has beautiful pictures which all make it enjoyable to read.: Youth, Lesotho
Facilitates communication

Youth, parents and teachers said that the booklet helped to facilitate communication inside and outside the classroom.

“The booklet is very useful because as parents, it is very difficult for us to talk to our twelve-year-olds especially about sexual education.” Parent, Botswana

“The story Being a Teenager provoked a lot of discussion among participants in all the groups. Group members were very enthusiastic and said that that was the most educative and interesting session they’d ever been involved in.” Lesotho youth focus group facilitator

In addition testing showed us which stories were most effective. There were local differences, which we will discuss later. But there were also similarities, some of which were:

The pages on relationships and gender issues were particularly well received and focus group discussions on these topics were often vigorous and heated. In Swaziland over 90% of the pupils identified information on sexual rights as the most important information they learnt from the booklet.

“This booklet should be distributed quickly to the youth because it will help us a lot. Nowadays boys hit or hurt girls.” Swaziland

The agony aunt column was particularly popular.

The pages on death and dying were not liked. In Swaziland close to 60% of the participants suggested that these pages be removed. Writing messages in memory of dead people is not a common practice in Swazi society.

A better reflection of rural youth was needed. This was particularly true in Lesotho and Namibia.

On the whole respondents (including parents) liked the directness and frankness of the language. A small percentage felt that some of the more explicit language should be toned down.

There was a strong suggestion to include local youth and celebrities. Soul City actors were well known in Lesotho and Swaziland, less so in Botswana and Namibia

“There are many different groups in Namibia and the faces of the children must reflect this. When they see a face similar to theirs, they can relate to the information talked about.” Girl, Namibia

“It is time we called a spade a spade because calling it a garden tool has contributed to the spread of the disease.” Parent – Botswana
Stakeholder workshops

At the end of the testing process, stakeholder workshops were held in all four countries. The aim was to present the research findings, get feedback on the booklet and a mandate to develop a local version. At all the workshops there was a high level of participation from senior officials within ministries, the church, local funding agencies and NGOs. Many of the issues that had come up during the consultation process emerged again, like the need to link the booklet to broader programs and the importance of school distribution. One issue worth noting is the response to the page on How to use a condom.

As previously mentioned, we had anticipated that stakeholders might find certain aspects of the booklet too direct and frank, for example the page on How to Use a Condom. However, this was not the case.

All stakeholder workshops supported the research findings that the page on How to use a condom should remain. This was despite earlier predictions from stakeholders that “80% of teachers will reject this page.” However, it was recommended that this be balanced by a stronger abstinence message elsewhere in the booklet and the inclusion of a religious voice.

Country differences

The testing process highlighted a number of similar responses but it also showed some of the differences. When one looks at the final versions of the booklet that each country developed, the differences are very clear. Approximately two-thirds of the booklet stayed the same and one-third changed. Some of the changes in the different country versions are worth highlighting:

- **Local celebrities and role models are different in each country.** While some of the Soul City characters remained many were replaced by a range of stars from soccer players, to beauty queens and radio DJs.
- **Some South African youth colloquialisms were replaced** with local English usage.
- **How to link the booklet to existing AIDS services** changed from country to country. For example where to get condoms, HIV testing, contraceptives and information on health issues.
- **In all countries the page on death and dying was dropped.** In Botswana it was replaced with a story on an AIDS care project. In Swaziland, where there are few orphan support programs, the story highlights the plight of orphans and suggests ways for communities to deal with the problem.
- **Other content issues and local myths were included** for example, the problem of sugar daddies in Lesotho and alcohol abuse in Namibia.
Marketing

A book is not a book until it is read! In terms of the three challenges of the project marketing and distribution are core components.

Quite simply our marketing and distribution goals were to:
- Get the booklet into the hands of all 12-16 year olds (effective distribution)
- Create awareness of and demand for the booklet
- Get kids to use it!

In any marketing and communications campaign you need to know who your target audience is – who do you want to reach with your product. With Choose Life the target market was:
1. Primary audience (youth 12-16 years old, in and out of school)
2. Secondary audience (gatekeepers; teachers, parents, principals etc).

Marketing and distribution work closely together. In all the countries, we worked with a marketing and distribution agency to develop a model and implement the strategy.

The Open the Box campaign

In terms of school distribution, our experience in South Africa (partners confirmed that their situation was similar) was that it is one thing to get materials to schools. It is another to get the material out of the principal’s office and into the hands of teachers and pupils. The journey that needs to be travelled from central depots to schools across the country, is often less hazardous than the journey from a storeroom in a school to a classroom!

We therefore developed a model called the Open the Box campaign, which aimed to encourage the relevant gatekeepers in schools or clinics to distribute the booklets to the youth.

The campaign elements consisted of:
1. **Product Packaging** (colourful sticker and tape on the box) to promote the booklet and competition.
2. **A competition for pupils** (inserted into the booklet) with great prizes attached.
3. **An information pack for teachers** consisting of an introductory letter, poster, a facilitators competition information flyer, and notes on how to use the materials to promote learning (for teachers).6

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6. The same information pack was given to gatekeepers responsible for distributing the booklet to out of school youth e.g. nurses in clinics. The letters were adapted accordingly. Samples of some materials are attached as Appendix A.
4. **Letter to the principal** endorsing the material from the Permanent Secretary (PS) of Education.

The *Open the Box* campaign was supported by radio spots for parents and youth and print media. The objectives as well as the different campaign elements were broken down in the following way (See Table 26).

**Table 26. Marketing and communication objectives and elements**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Marketing &amp; Communication Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To advocate and lobby support for <em>Choose Life</em> with secondary audience gatekeepers—e.g., government officials, adolescent health advocates, decision makers and teachers.</td>
<td>Personal contact (meetings, lobbying)</td>
</tr>
<tr>
<td></td>
<td>Launch</td>
</tr>
<tr>
<td></td>
<td>Newspaper editorial</td>
</tr>
<tr>
<td></td>
<td>Print adverts in press</td>
</tr>
<tr>
<td>2. To create excitement and interest in the product when boxes arrive at the distribution outlet.</td>
<td>Open the box: product packaging</td>
</tr>
<tr>
<td>3. Lobby support of school principals to pass on the booklet to relevant teachers</td>
<td>Open the box: letter from the PS</td>
</tr>
<tr>
<td>4. Encourage facilitators to hand out the booklet to youth.</td>
<td>Facilitators’ competition</td>
</tr>
<tr>
<td>5. Create awareness of the booklet and encourage young people to read it.</td>
<td>Radio</td>
</tr>
<tr>
<td></td>
<td>Competition</td>
</tr>
<tr>
<td></td>
<td>Poster</td>
</tr>
<tr>
<td>6. Create awareness of the educational value of the booklet among parents</td>
<td>Radio</td>
</tr>
</tbody>
</table>

While the broad elements of the marketing components were the same in Swaziland, Lesotho and Botswana different countries used the media in different ways. For example:

- Botswana made use of an extensive roadshow tour to promote the booklet to both in and out of school youth. The roadshows were done at randomly chosen schools and selected BP filling stations.
- In Lesotho, radio has a reach of 75% of the population and radio adverts were broadcast in both Sesotho and English for parents and youth.

**Leveraging other opportunities**

In the first part of this paper we discussed Soul City’s communication model and how a successful social brand can be used to leverage other opportunities. Lesotho provides an interesting example of how this worked.
We ran into distribution difficulties as the cost of reaching rural areas was extremely high.

We explored the possibility of approaching a local company to come on board as a commercial partner on a trade exchange basis. The advantage of this was that it might solve a financial problem and at the same time build an important partnership between an NGO and a commercial organization.

Local business partners are important not only in terms of financial support but also in terms of the marketing opportunities they bring. Soul City has successfully worked with BP and MTN in South Africa. A successful brand presents opportunities for a mutually beneficial co-operation between NGOs and commercial organizations. Some of these benefits include:

- Advertising space on the product and promotion campaign elements (including radio, posters)
- Product branding
- Association as a key player in the implementation of AIDS education.

**The maize bag solution**

We finally found an innovative solution! We made an agreement with Lesco foods, who distributed 165,000 copies of the booklet inside selected maize bags that sell in far-flung rural communities. The booklets are covered in a plastic sleeve to protect them and a label has been sewn on the outside of the bag telling customers that there is a free health booklet inside!

In exchange Lesco foods have a full-colour advert on the back of the booklet as well as product acknowledgement on other promotional elements such as posters. Their product is being promoted to 400,000 young people around the country as well as key decision-makers and teachers. And our booklet is getting to places we otherwise couldn’t reach.

**Distribution**

All countries used the school system as the primary distribution vehicle to reach youth but the out-of-school sector was accessed differently. It is best to contract distribution out to a commercial company that has experience of packing and dispatching. They need to have effective recording and proof-of-delivery systems in place. The partner however, needs to monitor distribution and answer queries and requests. The following Table 27 shows the print quantities and distribution outlets in the four countries.
Table 27. Distribution outlets

<table>
<thead>
<tr>
<th>Country</th>
<th>Quantity</th>
<th>Distribution outlets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>400,000</td>
<td>Schools: Junior &amp; senior secondary&lt;br&gt;Out of school: Teacher training colleges&lt;br&gt;District youth offices&lt;br&gt;BP filling stations&lt;br&gt;Roadshows&lt;br&gt;Botswana College of Distant Ed</td>
</tr>
<tr>
<td>Swaziland</td>
<td>116,000</td>
<td>Schools: 177 high schools&lt;br&gt;Out of school: Tinkundla Centres&lt;br&gt;Clinics</td>
</tr>
<tr>
<td>Lesotho</td>
<td>435,000</td>
<td>Schools: 1050 primary schools and 154 high schools&lt;br&gt;Out of school: NGOs (Lenaso members)&lt;br&gt;Maseru Roller Mills&lt;br&gt;District hospitals&lt;br&gt;Adolescent corners</td>
</tr>
<tr>
<td>Namibia</td>
<td>380,000</td>
<td>Schools: 170,000 school learners (Gr 7-12)&lt;br&gt;Out of school: Namcol&lt;br&gt;Red Cross Regional Centres&lt;br&gt;Post Offices&lt;br&gt;Community libraries&lt;br&gt;Clinics</td>
</tr>
</tbody>
</table>

Conclusion

Soul City is an African solution to African problems. As such, we are well placed to work regionally. Working regionally allowed for the sharing of experiences and learning from each other in a practical and immediate way. And the learning goes both ways. We have all learnt a great deal from each other.

Going to scale in the region creates the possibility of building regional capacity which in turn will strengthen the fight against HIV/AIDS in Africa. At the same time, establishing strong country partners ensures that the project is locally owned and relevant and appropriate to the country’s needs and concerns.

The crucial processes of consultation and the forging of partnerships provide the foundation for effective materials development across borders.
HIV/AIDS Impact on Education in Africa
An Analysis of Conferences, Workshops, Seminars, Meetings and Summits Focusing on HIV/AIDS Impact on Education in Africa, December 1999 to June 2001
By Peter BADCOCK-WALTERS, Marelize GÖRGENS

Introduction

The purpose of this analysis is to provide a coherent and comprehensive picture of the outcomes of meetings on HIV/AIDS and education in Africa held over the period December 1999 – June 2001. A total of 17 such meetings were identified for analytical purposes and are analyzed in this document. However there may have been others about which nothing is widely known. In addition, the scope of work did not take into account the very many workshops, seminars and focus groups which have taken place within education ministries over this period, for purposes of internal strategic planning, orientation, advocacy and training, albeit sometimes with the assistance of professional facilitators and other technical assistance.

It should also be noted that throughout the document, the term “conference” has been used to refer collectively to any one of the following types of meeting in the documentation that was studied for this analysis:
- Seminars;
- Conferences;
- Workshops;
- Meetings; and/or
- Summits.

Methodology

The following process of analysis was used to review and assess the available conference documentation and derive certain preliminary conclusions. The steps included:

1 In fact 18 are listed in Annex A, but of these identified meetings, the Seminar for Ireland Aid Education Advisors and HIV/AIDS Focal Staff did not meet the criteria and was not included in the analysis.
A) Compilation of a list of conferences that focused on HIV/AIDS in education during the specified period – see Annex A for a detailed list of these conferences;
B) Obtaining copies of all conference documentation, including declarations, proceedings reports, strategies developed as a result of conference discussions/decisions and relevant press releases/web sites prepared subsequent to conferences;
C) Study and review of all documentation, and establishment of evaluation criteria;
D) Identification of key issues and pertinent areas to be used in drawing up a matrix;
E) Conducting the analysis;
F) Drafting and editing the analysis results and final report.

It should be noted that this analysis was carried out remote from the conference dynamics in most cases, and that individual follow-ups or interviews with conference hosts did not form part of this scope of work.

Observations and comment

“Is there anyone so wise as to learn by the experience of others?” - Voltaire (1694-1778)

Several observations flow from this analysis which are offered in order to assist in discerning any apparent trends in this sequence of conferences, and to determine what might be usefully done in future events of this kind.

Rich content, limited reach

The unexpected reaction to the experience of reading 17 conference reports in an extended sitting is the discovery of how much excellent material they contain; but more overwhelming than this is the realization of how limited has been their audience and impact. The fact is that everyone in the world of education, HIV/AIDS and development is busy beyond endurance and probably suffers from some degree of conference fatigue. Recognition that so many issues have been extensively covered in these conferences, and that in some cases groundbreaking work of real import is contained, is at once humbling and frustrating. This said, it is apparent that while conferences – of whatever kind – remain a viable means of communicating, training and motivating, they are somewhat inadequate as they stand.

The time has come to reconsider the way in which very large amounts of money are spent and time made available for such interactions, and define a better way of doing things. As will be seen below there any number of
ideas available but the key must be to conceive of each event as adding value to whatever has gone before, as part of a continuing non-duplicatory process; to managing agendas meticulously based on prioritized demand; to identifying achievable and measurable outcomes, captured in professionally written reports that provide a framework for replication and utilization; and ensuring dissemination and access to these reports for all interested parties. It is therefore suggested that thought is given to commissioning the development of a new paradigm for conferences, in order to realize these and other outcomes.

**Internal MoE workshops and seminars**

It should be noted that this analysis does not cover the considerable number of internal workshops and seminars held by and within MoEs, principally for planning, training and management purposes. It is acknowledged that many such activities took place over the period and that these often involved external facilitators, experts and resource organizations; moreover it is probable that many of these achieved substantive outcomes and led to the establishment of strategic implementation plans and action not captured or recognized by larger national and regional conferences. It is suggested that a follow-up study to catalogue and capture these experiences and outputs should be considered, given that they are likely to yield a catalogue of best practice and provide deep comparative insights into practical application.

**Trends**

It is difficult to identify any coherent trend in this chronology of 17 conferences: In real terms there appear to be minimal links between the learning experiences of each, and even a puzzling lack of relationship between conferences within sub-sectors and related organizations. Notwithstanding competitive pressures between organizers and simple ignorance of what has gone before, the fact is that the geographic spread means that while Africa hosted 14 of the 17 conferences held over the 18 month period, Southern Africa had only 6, and West Africa and East Africa 4 each. Each region had its share of weighty declarations and one higher education meeting, while Southern Africa had a greater preponderance of action-oriented conferences. In short, there is little evidence of an evolving pattern of engagement but certainly a self-evident need to carry forward the experience and outputs of each conference into some form of clearing house to inform and support future events. The establishment of such a clearinghouse, with a comprehensive database and ease of access, should arguably constitute a priority activity for some appropriate agency with the capacity and resources to extend this service. However, such a development should be linked to a
change in “conference culture” and an understanding that the first step in future planning should be to review what has gone before as well as the material and lessons offered.

**Political endorsement**

It has long been common cause that no sustainable response can be contemplated without political endorsement at the highest levels; this presumes that within the public sector little is possible without a nod from on high, for example. However there may be a need to re-examine this concept, given the fact that, conversely, “political blessings” are no guarantee of action and may excite an unrequited crisis of expectation. A number of the conferences analyzed demonstrated remarkable levels of political support – in the form of physical presence, personal statements and formal declarations – yet had little prospect of realizing the anticipated, indeed demanded, outcome.

In short, it may be necessary to redefine this as the creation of a continuum in which Political leaders create a climate within which political heads and senior officials are empowered to attract and provide the resources required to enable a sustainable response. This would suggest that it is less a “blessing” than a personal commitment on the part of the Political leader concerned to oversee the process to fruition. Given the constituency impact of HIV/AIDS, the sooner it is recognized that this would be politically astute as well as the right to do morally and developmentally, the better.

**Pronouncements and declarations**

In a related sense there is an apparent danger in making ever more determined and ambitious pronouncements and declarations if it is patently clear that these will not be realized. Several of the conferences analyzed fell into this category and while there can be nothing but admiration for the sentiments expressed, it is quite clear that often the actions demanded are beyond the reach of those charged with implementation. This poses a quandary since there continues to be pressure on political leaders to pronounce and inevitably to promise solutions.

There is no simple answer but an approach might be to give considerably more thought to the nature of conference declarations and outcomes, and identify achievable action in “bite-size” pieces; in other words, begin with the possible and deliverable and then tailor the declaration to this end. The continuous citing of previous conference declarations that are simply not realizable in an HIV/AIDS era reinforces this point.
The effect of issuing statements that few people really believe to be achievable, is to devalue the worth of the meeting and increase conference fatigue; it also places a question mark behind the process of disseminating these outcomes amongst those charged with implementation and may lead to cynicism and dismissal. Global visions are vital, but they can only be realized through the achievement of a set of prioritized goals and objectives within a capacitated and sustainable system of response, and the lesson may be to begin delivering on more limited targets within what is more correctly a principled framework.

**Report quality and wider impact**

It is interesting to note how important the quality of the conference report itself appears to be: A mediocre encounter can be elevated to a position of prominence through excellent reporting while a really vital conference can be condemned to obscurity by poor written output. While it is unfair to point to any given conference analyzed in this report, there are certainly some outstanding and professional reports in comparison to some which are at best adequate.

Since the impact of any conference will be limited to those who attended it (dependent on their memories), the quality and extent of its action and output, and to those few who then read the conference report, it will be seen that dissemination of a professional and comprehensive report is critical. Ideally this should be a valuable piece of development literature in its own right, and should not fall prey to incorporating elements of little consequence to any but those who attended; for example, the direct capture of all flip chart pages, or introductory speeches that have little value outside the context of the conference.

This output of what are very expensive meetings should therefore be elevated in importance, certainly requiring interpretative and writing skills, and understood to be the legacy and measure of the meeting as well as the development of a freestanding development document in its own right. Extensive dissemination of the latter should therefore become a key conference objective.

**Increased conference utility**

Certain of the conference reports were little short of excellent in translating their content and proceedings into effective checklists and management response guides. This suggests that if the conference is opening up new
fields of practical methodology and implementation, it is incumbent on the report writers to treat it as a “user manual”, to ensure greater utility and dissemination. For example, most conferences beseech their participants to go home and spread the good word of what they have experienced, but do not provide the means for them to do this effectively.

There is a huge opportunity to cascade the impact of a good conference downward if the materials are available for participants to replicate and disseminate it. This, too, should constitute a conference objective. This argues for the design of a generic conference template for this purpose.

Second, the conference materials should be carefully considered in the same light: Electronic presentations, for example, should be provided on disk to allow participants to repeat them in their own environments, and even adapt them for use in their own presentations. Sub-sections of the reports which constitute training or information modules in their own right should likewise be structured so that they can be extracted and used to widen the dissemination of the material, and hence its utility. Copyright, so jealously guarded by tradition, should be more rationally understood to be the protection of intellectual rights through acclaim, accreditation and acknowledgement and not a constraint on the material’s use for the greater good.

Relevance and commitment of participants

It is necessary to recognize that participative, strategic development planning, of the kind envisaged in all the conferences under review, can only really be done by those who will be directly affected by its outcomes. While professional facilitators, conference organizers and resource people are central to this process, it is not their task to provide the answers, but to guide and distill what must be said and agreed. The point of this comment is that all too often many of those engaged have a limited personal or institutional stake in the outcome and implementation; they can for example fly north or return to a sinecure that insulates them from the uncomfortable process of turning words into action.

This is not to say they should not be there or be involved – quite the contrary – but that the comparative weight of responsibility should be recognized and roles and voices assessed accordingly. On this basis it may be possible to develop greater frankness and honesty about what can be done, and how; declarations of intent may indeed be more realistic, if those from outside the field of action opt for an objective and critical role in guiding conference quality and outcomes, rather than exacerbating the problem by imposing their own well-intentioned visions. There is no easy answer to this issue,
but a useful start would be to comb invitation lists and establish roles and responsibilities in direct relation to stake in the outcome, versus a professional input in ensuring there is one. If the way forward lies in sustainable, systemic mitigation and management, then those directly charged with these tasks should be supported in playing the leading roles that fall to them, with due acknowledgement of their responsibility.

**Future conference design**

This analysis proposes that future conferences should begin by reviewing what has gone before and asking the question: Why have another, and for what purpose?

Second, they should determine where in the intervention continuum they fit, what is required to make them useful, what outcomes should be expected and how these will be implemented and monitored. This sequence should be carefully considered to determine whether the envisaged theme is a priority, or whether there are other interventions required ahead of it, to enable its success.

Third, they should carefully consider who should attend and why, and what stake these participants have in the outcome; they should consider too whether the proposed conference should not be “multiplied” into a series of meetings at a level closer to the ground, to empower those more directly responsible for action.

Finally, they should make certain that the outcome has practical utility, that it is accessible to all interested parties and that its declarations and promises are deliverable.

**Analysis results**

**Types of conferences**

An analysis of the workshop participants and conference discussion points, and categorization of the types of conferences were developed (See Table 28 and Figure 15 on following page).
Table 28. Conference type categorization

<table>
<thead>
<tr>
<th>Conference Type</th>
<th># of Conferences</th>
<th>Typical Attendees</th>
<th>Typical Conference Discussions</th>
<th>HIV/AIDS Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heads of State conference (Code: HoS)</td>
<td>1</td>
<td>• Heads of government • Donor Agencies • United Nations</td>
<td>• Issues affecting all countries on a particular continent</td>
<td>Part of discussions, but not main theme</td>
</tr>
<tr>
<td>Education Sector Conference (Code: ESC)</td>
<td>8</td>
<td>• Education Sector Specialists • Ministries of Education • Education Institutions (e.g. universities) • Academics and education researchers • Education section representatives of donor/funding agencies • NGOs • Opinion Leaders</td>
<td>• The future of education • Strategies and policies regarding education</td>
<td>Part of discussions, could be the main theme or a sub-theme of the conference</td>
</tr>
<tr>
<td>Regional Education Conference (Code: REC)</td>
<td>5</td>
<td>• Ministries of Education within a particular region (e.g. SADC) • Other Ministries • Education section representatives of donor agencies</td>
<td>• Impact on education sector in each country • Development of a regional strategic framework</td>
<td>HIV/AIDS impact and mitigation strategies is the main theme of the conference</td>
</tr>
<tr>
<td>HIV/AIDS Conference (Code: HAC)</td>
<td>3</td>
<td>• HIV/AIDS specialists • PLWA • Government representatives • Religious Sector • NGOs • Donor Agencies • Opinion Leaders</td>
<td>• HIV/AIDS research • Prevention, counselling and care strategies • Main streaming of HIV/AIDS • HIV/AIDS intervention methodologies</td>
<td>HIV/AIDS is main focus of workshop</td>
</tr>
</tbody>
</table>

Figure 15. Different types of conferences

Conference Types

- Heads of State conference (Code: HOS)
- Education Sector Conference (Code: ESC)
- Regional Education Conference (Code: REC)
- HIV/AIDS Conference (Code: HAC)

All further analyzes have been carried out based on this categorization of conferences.

**Conference location and duration**

- Of the 17 conferences analyzed, 14 conferences (82%) took place in Africa and principally involved representatives from African countries.
These 14 conferences were geographically located across the African continent as follows: 6 in Southern Africa; 4 in East Africa; 4 in West Africa.

It is assumed that there is a direct association between the levels of HIV/AIDS prevalence and incidence and the choice of conference venues; this would explain the slight predominance of Southern Africa, for example.

- The average workshop duration was 3.6 days.

**Conference Proceedings**

Conference proceedings followed one or other of the general patterns described in Table 29 below. The proceedings of each of the conferences listed in Annex A, has been categorized using the definitions already described. Analysis results are as follows:

**Table 29. Conference Proceeding Types and Analysis Results**

<table>
<thead>
<tr>
<th>Pattern</th>
<th>Pattern Descriptors</th>
<th>Percentage</th>
</tr>
</thead>
</table>
| One     | • Introduction by host country  
          • Key note speakers from education sector and HIV/AIDS research field  
          • Identification of workshop themes  
          • Working Groups to discuss theme selected  
          • Feedback from Working Group  
          • Agreement on actions/the way forward | 6.25% |
| Two     | • Introduction by host country/organization  
          • Keynote speaker – to contextualise political commitment and severity of impact  
          • Specialists providing research results in presentation format  
          • Case study presentations by various groups  
          • Group discussions – based on predefined themes  
          • Feedback from groups  
          • Joint closing session - identify outcomes  
          • Closing keynote speaker | 87.5% |
| Three   | • Opening address  
          • Case studies – presentations by participants  
          • Open Space Technology – no formal group and feedback sessions  
          • Discussion on issues not yet raised  
          • Workshop conclusions and actions | 6.25% |

The individual conference proceedings are summarized in Annex B.
Conference Content Summary

Objectives of the Conferences
An analysis of the conference objectives per conference type (See Table 30) yielded the following results:

Table 30. Objectives for different conference types

<table>
<thead>
<tr>
<th>Conference Type</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Regional Education Conference (REC)</strong></td>
<td>Develop a shared understanding of impact of the pandemic on education and economy. Provide management guidelines and frameworks to assist in dealing with realities of impact. Attain a greater understanding of the scope of HIV/AIDS strategy Agree on guidance on working with/supporting governments Develop principles for mainstreaming HIV/AIDS in Area Based Programs and at sectoral level Draft guidelines for supporting NGOs Understand how educators are responding to the impact of HIV/AIDS on education Understand the current and potential future impact of the disease on all education sub-sectors Understand how to act in a proactive manner to protect the education system</td>
</tr>
<tr>
<td><strong>Education Sector Conference (ESC)</strong></td>
<td>Draft a policy that universities could use Establish a Commonwealth Knowledge Network Draft a communiqué to be presented to the Commonwealth Heads of Government meeting Formulate a framework for action Instill hope and positive messages with participants Develop a Declaration: Dakar Framework for Action - Education for All Understand the socio-economic impact of HIV/AIDS on education sector Assess current national strategies and their effectiveness Discuss and approve the Synthesis Report on HIV/AIDS in education for submission at ADF-II Exchange experiences on the impact of HIV/AIDS pandemic Identify measures that have been introduced Identify strategies needed to ensure successful implementation of identified measures Understand the challenge of knowledge creation and application in the 21st century Scope the extent of the HIV/AIDS problem Share experiences of what activities and strategies have proven successful Agree on a detailed program that will have real, long-term impact and provide lasting materials</td>
</tr>
<tr>
<td><strong>HIV/AIDS Conference (HAC)</strong></td>
<td>Enable participants to discuss the serious consequences for children directly and indirectly affected by HIV/AIDS Understand the effects and impact of HIV on the education sector Understand how to involve youth in the fight against HIV/AIDS Finalize the African Consensus and Plan of Action for Leadership to Overcome HIV/AIDS</td>
</tr>
<tr>
<td><strong>Heads of State Conference (HOS)</strong></td>
<td>Endorse the ADF 2000 consensus on fighting HIV/AIDS</td>
</tr>
</tbody>
</table>
For 12 of the 17 conferences it can be deduced from the information supplied that the workshop objectives were at least partly met. The report information for the other 5 conferences was not conclusive in terms of whether workshop objectives have been achieved.

**Understanding of the effects of HIV/AIDS**
Some discussions on the effects and impacts of HIV/AIDS took place during various conference plenary sessions. In total, 7 conferences (42%) specifically addressed the issue of HIV/AIDS impact in the education sector. A summary of the types and levels of impact within the education sector (See Table 31) has been summarized below:

**Table 31. Types and levels of impact**

<table>
<thead>
<tr>
<th>Type of Impact</th>
<th>Level of Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased enrollment</td>
<td>Leads to decreased demand in education due to:</td>
</tr>
<tr>
<td></td>
<td>• Reduced number of learners</td>
</tr>
<tr>
<td></td>
<td>• Higher drop out rate</td>
</tr>
<tr>
<td></td>
<td>This will lead to decline in skills development</td>
</tr>
<tr>
<td>Provision of education and training</td>
<td>Reduces number of skilled personnel able to supply educational services</td>
</tr>
<tr>
<td></td>
<td>Reduces efficiency of sector through increased costs of service delivery</td>
</tr>
<tr>
<td></td>
<td>(increased sick leave payments)</td>
</tr>
<tr>
<td>Quality of education</td>
<td>Decreases the amount of time spent on teaching</td>
</tr>
<tr>
<td></td>
<td>in classroom and learning outside formal classroom time (increased sick that</td>
</tr>
<tr>
<td></td>
<td>need to be cared for)</td>
</tr>
<tr>
<td>Resource availability</td>
<td>Reduces resources available to education sector</td>
</tr>
</tbody>
</table>

It is important to note that this understanding of the impact/effect of HIV/AIDS on the education sector was the product of these conferences and that it was communicated/shared at the conferences in different ways. In several, this impact was demonstrated using qualitative comments and anecdotal information to create understanding and awareness, as opposed to the use of scientific analysis and hard data. In some conferences however, statistics and hard data were used to great effect to demonstrate impact on education, but these indicators were often limited in scope and availability, reconfirming the overriding need to develop, capture and analyze dependable data, on a regular basis.

In summary, the impact on the education sector was understood to be very significant and quite unlike any other impact previously experienced. Please refer to Annex C for a visualisation of the types and levels of impact discussed and described.
Key challenges identified / constraints to implementation

Table 32. summarizes the key constraints identified in six of the conferences; while these may have been discussed in other conferences, there is no information forthcoming to inform this analysis.

**Table 32. Indicated constraints on implementation of policy and mitigation/prevention strategies**

<table>
<thead>
<tr>
<th>REF</th>
<th>Conference Name</th>
<th>Conference Date</th>
<th>Type</th>
<th>Implementation Constraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>Working Group on the Teaching Profession/ Francophone Section</td>
<td>29 - 31 May 2000</td>
<td>REC</td>
<td>Geographic - location in Africa (e.g. Mauritius protected) Economic factors - poverty Cultural factors - use of condoms, etc Political factors - e.g. refugees from other countries, lack of control</td>
</tr>
<tr>
<td>G</td>
<td>Regional HIV/AIDS Seminar for Ireland Aid</td>
<td>6 - 8 September 2000</td>
<td>REC</td>
<td>Lack of government resources for mainstreaming Lack of understanding of need for multi sectoral approach Lack of consistency between local and national policies Lack of NGO co-ordination with government</td>
</tr>
<tr>
<td>H</td>
<td>United Nations Economic Commission for Africa</td>
<td>15 - 17 Sept 2000</td>
<td>ESC</td>
<td>Lack of effective leadership commitment Need for openness and recognition of severity of disease Creating a real awareness Need to examine a number of untouchable cultural taboos</td>
</tr>
<tr>
<td>I</td>
<td>Rights of the Child and HIV/AIDS</td>
<td>22 - 24 October 2000</td>
<td>HAC</td>
<td>National legislation is not in place Traditional healers are not sufficiently engaged Political leadership not yet galvanized Stigma associated with the disease is not being dealt with</td>
</tr>
<tr>
<td>L</td>
<td>African Development Forum 2000: AIDS: The Greatest Leadership Challenge</td>
<td>3 - 7 December 2000</td>
<td>HAC</td>
<td>Lack of effective leadership commitment Need for openness and recognition of severity of disease Creating a real awareness Need to examine a number of untouchable cultural taboos</td>
</tr>
<tr>
<td>P</td>
<td>HIV/AIDS: Towards a strategy for Commonwealth Universities</td>
<td>11 - 13 March 2001</td>
<td>ESC</td>
<td>Lack of commitment, and the pressing nature of other problems Fear and denial, and reluctance to deal with prevention measures that encroach on students' time Religious, cultural and moral considerations No co-ordination of response, and lack of financial resources</td>
</tr>
</tbody>
</table>
### Actions agreed upon and status of these actions

Table 33. summarizes the actions agreed upon at each workshop, and lists the status of the actions agreed upon (it should be noted that not all information was available on this matter). Each conference is coded (A to R) according to the complete and chronological list to be found in Annex A.

#### Table 33. Actions agreed and levels of achievement at various conferences

<table>
<thead>
<tr>
<th>Ref</th>
<th>Conference</th>
<th>Type</th>
<th>Declaration Prepared</th>
<th>Strategy After Conference?</th>
<th>Action Agreed To Achieve</th>
<th>Achievement Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>The Social, Demographic and Development Impact of HIV/AIDS: Commonwealth Universities Respond</td>
<td>ESC</td>
<td>N</td>
<td>Y - Draft policy for Universities developed</td>
<td>Finalisation of policy</td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Present communiqué to Commonwealth Heads of Government meeting</td>
<td>Completed</td>
</tr>
<tr>
<td>B</td>
<td>Third Biennial DFID Education Advisors’ Conference</td>
<td>ESC</td>
<td>N</td>
<td>N</td>
<td>HIV/AIDS to be included in Dakar Declaration: Framework for Action</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Initiation of a network of professionals in the field</td>
<td>In Progress</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Demand for regional database identified</td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Agreement on the need for the development of an HIV/AIDS manual for district level managers</td>
<td>In Progress</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Development of a toolkit as a framework within which to define management responses to the impacts</td>
<td>In Progress</td>
</tr>
<tr>
<td>C</td>
<td>HIV/AIDS in Education Workshop</td>
<td>REC</td>
<td>N</td>
<td>N</td>
<td>Implementation of Dakar Framework Agreement</td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Each member country to prepare an action plan</td>
<td>Unknown</td>
</tr>
<tr>
<td>D</td>
<td>World Education Forum</td>
<td>ESC</td>
<td>Y</td>
<td>(The Dakar Framework for Action)</td>
<td>N</td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Implementation of Dakar Framework Agreement</td>
<td>Unknown</td>
</tr>
<tr>
<td>E</td>
<td>Working Group on the Teaching Profession / Francophone Section</td>
<td>REC</td>
<td>N</td>
<td>Y - each country developed an action plan</td>
<td>Each member country to prepare an action plan</td>
<td>Unknown</td>
</tr>
<tr>
<td>F</td>
<td>Regional HIV/AIDS Seminar for Ireland Aid</td>
<td>REC</td>
<td>N</td>
<td>Y - Policy developed («Modalities for Effecting Support»)</td>
<td>Ireland Aid to develop HIV/AIDS policy</td>
<td>Completed</td>
</tr>
<tr>
<td>I</td>
<td>IIEP Workshop on the impact of HIV/AIDS on education</td>
<td>ESC</td>
<td>N</td>
<td>N</td>
<td>Development of an HIV/AIDS clearing house for information sharing</td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Conducting a study on the impact of HIV/AIDS and education and the response in 5 African countries</td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Development of training materials to develop regional networks</td>
<td>Unknown</td>
</tr>
<tr>
<td>K</td>
<td>14th Conference of Commonwealth Education Ministers</td>
<td>ESC</td>
<td>Y (Halifax Statement from Ministers of Education)</td>
<td>N</td>
<td>Preparation of Halifax Declaration plus schedule of objectives</td>
<td>Completed</td>
</tr>
<tr>
<td>P</td>
<td>HIV/AIDS: Towards a Strategy for Commonwealth Universities</td>
<td>ESC</td>
<td>N</td>
<td>Yes - workshop document developed</td>
<td>Conducting of sensitization workshops for vice-chancellors</td>
<td>Unknown</td>
</tr>
<tr>
<td>O</td>
<td>Elmina Conference on HIV/AIDS and Education: A Call for Action</td>
<td>REC</td>
<td>N</td>
<td>N</td>
<td>The conference defined how prevention and controlling the spread of HIV/AIDS should be handled</td>
<td>In progress in countries</td>
</tr>
<tr>
<td>R</td>
<td>Special Summit to endorse ADF 2000 consensus on fighting HIV/AIDS</td>
<td>HOS</td>
<td>Y (Abuja Declaration on HIV/AIDS, Tuberculosis and other related Infectious diseases)</td>
<td>N</td>
<td>Leadership at national, regional and continental levels to mobilize society</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
Conclusions

Conference logistics

It is a positive sign that 82% of conferences held took place in Africa. This would have had the effect of creating “ownership” of the problem and creating an important focus on contextual issues specific to Africa, and indeed to the local regions within which these conferences took place. This would have also assisted in facilitating the interrogation and transfer of knowledge and skills, and the involvement of Africans in discussing, planning and designing their collective future.

The average workshop duration of 3.6 days should not be seen as an indication of optimal duration, but simply the average amount of time available to the events and their planners. While future conferences may view this as some sort of benchmark, its significance is probably limited to an indication of the number of issues that can be discussed over that conference period. This may assist in fine-tuning workshop planning, maximizing effectiveness and minimizing participant fatigue, but it should be recognized that the key constraint is the availability of the right type and level of participant for the period in question. An objective should be to reduce the length of conferences in the future, based on prioritization and focus.

Conference objectives and outcomes

Conference objectives were extremely diverse, but few were seen to be achieved. In some cases, workshop objectives were either not defined, or not clearly stated in the documentation available for analysis. This is hardly surprising insofar as few conferences of any kind ever achieve their objectives in full, a problem compounded by the sheer enormity and complexity of the HIV/AIDS challenge. Areas that have not been extensively covered in the conferences are:

a) Determining success factors – how success can be measured and monitored over time;

b) Determining follow-up action and allocating responsibility for this within an agreed time frame;

c) Articulation of factors influencing best practice and useful case studies;

d) Identifying and understanding the fact that HIV/AIDS in education is a systemic management problem within which prevention, life skills etc must be located;

e) Understanding that HIV/AIDS will make worse existing systemic problems;
f) Recognizing that existing levels of system dysfunction will reduce the prospects for sustainable behavior change irrespective of the investment in prevention measures;
g) Identifying the importance of data and how this may be captured or supplemented.

**HIV/AIDS: Understanding the impact/effects of the disease**

The conferences demonstrated a good deal of understanding about the impact of HIV/AIDS, in general terms. The conference records indicate that although the severity of the impact is influenced by economic, cultural, religious and social factors within a country, the areas of the education sector that are identified as being affected by HIV/AIDS, are:

- a) Demand for education services
- b) Supply of education services
- c) Quality of Education
- d) Availability of Resources

It is clear throughout the conference material that whether the impact is understood on a qualitative basis or a quantitative basis, the scarcity of hard data required to validate these assumptions remained a key problem. As a consequence, use of anecdotal insights and subjective assessments were common, as was the lack of issue-related dialogue.

**Assessment of actions agreed upon at conferences**

The focus on “declarations” in these conferences was predictable, and is due at least in part to the need to establish and demonstrate visible Political support in the form of high profile statements of intent; indeed, there is a demonstrable international demand for such declarations. It is also a means of creating a “marketable” promise of action and transferring responsibility for its implementation, on the basis that someone else will be charged to do something about it, once the media response has subsided. The focus could also be due in part to the fact that many of these HIV/AIDS conference initiatives were hosted and funded by international agencies, which have all too often in the past relied on such declarations as a proxy for country commitment, and a way of asserting that the conference objective had been achieved. It may also be substantively influenced by the repetitive involvement of the same organizers, agendas and participants, suggesting that it is high time the existing framework of “cultural” reference be reviewed and perhaps replaced. This should challenge the prevailing sense of “mission accomplishment” borne of simply mounting a conference and place the
focus on the measurable implementation of plans capable of moving good intentions off the drawing board and into action.

Some very comprehensive and visionary declarations were made in this sequence of conferences and had much to offer, including measurable commitment to action and well thought through schedules of implementable activity. Amongst these more implementation-related successes was, for example, the ADF 2000 Conference, at which a practical plan of action was developed and accepted, and later endorsed at a linked summit in Abuja in April 2001.

Some parts of the university sector, particularly the Association of Commonwealth Universities, also took some excellent steps and developed frameworks to directly address the implementation constraints through a series of sensitization workshops, for example. This sector, one of the first to “politically” commit to the fight against HIV/AIDS, appeared to make good progress in converting action plans into measurable and implementable action, and in fact pioneered approaches that have relevance across the education spectrum. Although it is too early to claim a trend, these and other palpable successes in this chronology suggest that conferences are indeed getting better at recognizing their inherent limitations and setting their sights on some long term, developmentally-sound action. As indicated earlier, there is a rich vein to be found in most of these conferences and even value in those which fell short of discernable excellence; the secret of improving future outcomes will lie in translating ideas and intent into action, through the creation of access to their content and lessons, and the consequent mobilization of those required to deliver.

**Level and effectiveness of commitment to HIV/AIDS solutions**

Involving Ministers of Education and Heads of Government to publicly commit to fighting “the new war” ensured visible and demonstrable political commitment to the process. Declarations to this effect were made at 5 of the 17 conferences (29%).

This indicates much needed visible political commitment to the process, but still required some means of translating promise into action. This perceived gap between political commitment and operationalization/implementation, may be due amongst other things to:

a) A lack of human and material resources;

b) A lack of systemic capacity and structure in which action and prioritized implementation can be mounted and monitored;

c) A lack of permanently dedicated personnel within such structures; instead
there are “part time people handling a full time crisis”, often in committee environments, with a growing feeling of despondency – “how can I cope with this as well as my regular job and the many other crises and development agendas of my department?”

d) No marketing of regional frameworks and support structures and resources to various line function departments;

e) No operational presence at conferences to translate commitment into action;

f) The continuing lack of hard and regularly collected data and indicators to inform and guide prioritized response and quantify results sufficiently to provide a reality check.

The different types of commitments (See Scatter Diagram 1) demonstrated at the 17 conferences that were analyzed, can be visualized as follows:

**Scatter Diagram 1:**

**Level of political commitment and level of action**

The criteria used in this Scatter Diagram are subjective, but are based on the following principles:

Political commitment was defined as the clear, public and unequivocal commitment of leaders at the Political level as well as sectoral/institutional heads (who might also be described as political leaders) to create the political space and resources required, for appropriately qualified individuals and institutions from across the societal spectrum to respond to and mitigate the impact of HIV/AIDS on education. This also implies the commitment of leaders at every level of a given sector or institution, and their preparedness to work together for the greater public good and integrate their responses into every aspect of their public, professional and social responsibilities. Conversely, by way of a process check, the question is whether the neces-
sary international, regional, national and local response to HIV/AIDS will be inhibited in any way as a result of the lack of such support.

In the context of this analysis, political commitment was therefore deemed to be the expressed commitment and support of those leaders (Political and political) whose support was critical to progress and the empowerment of action, regardless of whether they were international, national, sectoral or institutional in stature.

Level of Action was defined as the presence or likely development of a plan of action, flowing from the conference proceedings and linked to its stated objective(s), which looked likely to have a fair chance of successful implementation within the indicated time lines. Prospects for success necessitate the identification of a mechanism, agency or other systemic means of carrying the planned action forward, and some reasonable – if subjective – sense that this will have the desired capacity to achieve the objective. Conversely, by way of a process check, the question is whether the identified action plan is likely to fail or simply not be initiated as a result of the lack of some practical and sustainable systemic means to implement it, or the required resources to effect its implementation.

Thus, in the context of this analysis, Level of Action was deemed to represent the reasonable likelihood of action flowing from the conference and the achievement of at least 50% of its stated objectives.

It should be stated that the application of these criteria is subject to interpretation of conference reports that vary greatly in style, quality and content; for this reason, the location of these conferences on the Scatter Diagram above should be seen merely as a general indication rather than a hard and fast bracketing based on absolute and constant indicators.

**Types of action**

An analysis of the types of action plans developed at these conferences was undertaken to determine the nature of the action agreed upon and its area of focus. It is disturbing to note that the lowest frequency (1) was accorded to developing research, followed by systemic management tools (3) and dissemination of conference outputs (3), confirming a number of concerns already noted. The following criteria were used in placing conferences on the following histogram:

- Assessing the types of actions agreed upon for all conferences where the conference reports listed specific actions, per the analysis summary provided in Table 34 of this document; and
- Locating the type of action agreed upon in one of the defined categories.
The figure below (See Histogram 1) provides an insight into frequency of the types of action agreed upon at conferences where action plans were developed.

**Table 34. Types of action agreed upon**

<table>
<thead>
<tr>
<th>Type of Action</th>
<th>Conference Reference</th>
<th>Frequency of Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop/finalize policy document or action plan</td>
<td>A, E, G, H, L, N, R</td>
<td>7</td>
</tr>
<tr>
<td>Develop/finalize/inputs for declaration</td>
<td>B, D, K, M</td>
<td>4</td>
</tr>
<tr>
<td>Implement policy/strategy discussed and agreed upon</td>
<td>G, M, P, R</td>
<td>4</td>
</tr>
<tr>
<td>Develop systemic management tools</td>
<td>C, I, Q</td>
<td>3</td>
</tr>
<tr>
<td>Conduct research</td>
<td>I</td>
<td>1</td>
</tr>
<tr>
<td>Present/disseminate conference discussions to other persons in participant organizations</td>
<td>A, Q, R</td>
<td>3</td>
</tr>
<tr>
<td>Develop/establish network of regional/local partners</td>
<td>C, I, Q, R</td>
<td>4</td>
</tr>
</tbody>
</table>

**Histogram 1. Frequency of response**
Lack of visual materials

Whilst there was a good conceptual understanding of, and consensus on, the impact of HIV/AIDS on the education sector, the lack of reliable data, analysis and value-added information, together with relevant case studies and best practice insights, was problematic for most of the conferences. Yet the foregoing analysis of Types of Action agreed suggests participants did not see this for the problem it patently is, nor did they appear to identify the need for sustainable and systemic approaches to mitigation in many cases.

While it is not known how much use was made of visual aids and electronic presentation techniques at the conferences themselves, the conference proceedings and subsequent records are text-intensive and lack graphic and illustrative representations (as well as maps and other models and tools) that would together have more effectively and economically focused the limited attention span of the reader. Examples of such graphic illustrations are contained in this report, although even here there is text-dominance.

What is clear is that any strategy to minimize the amount of time required from busy individuals and leaders, and provide summarized information that is easy to digest and respond to, is likely to shorten conference time and improve the quality of outcomes.

Such graphics (Annex C, Scatter Diagram 1 or Histogram 1 are cases in point) could be circulated prior to conferences, as part of preparatory reading sets for example, to ensure the rapid grasp of a common point of departure and early focus on strategically important areas. In reference to the conference proceedings however, it should be acknowledged that:

a) The impact of HIV/AIDS on education appears to be broadly understood although there is clearly limited perception of its systemic implications; secondly, that the nature of its impact is broadly generic to Sub-Saharan Africa, although the severity or level of impact differs from country to country, and within countries, from area to area, depending on circumstances.

b) The implication is that conferences should now move beyond “understanding” the and debating declarations and instead begin to focus on:
   • Advocating HIV/AIDS policies/strategies that have been successfully developed
   • Reaching agreement on action plans and initiating measurable implementation
   • Developing/utilizing reliable data and value-added management information
   • Assessing the mitigation impact of actions that have already been undertaken
Critical success factors identified

The following critical success factors were identified in these conferences, and are listed to help ensure that future conferences are more successful:

a) The need for political will and determination clearly linked to an achievable plan for visible action within a given time frame;

b) The need and importance of identifying “bite size” activities that can be quickly and visibly implemented, particularly those options requiring little or no budget commitment (i.e., zero budget options); the value of short-term gains and small successes should not be discounted in building momentum and developing a sense of achievement;

c) The need to identify key data sets and indicators for benchmarking, measurement, analysis, and monitoring, and ensure the systemic means of their regular capture and provision to inform proceedings and country strategies with supportable scientific evidence;

d) The need to establish a process to involve conference participants in the direction, prioritization, and guidance of the agenda, so as to ensure shared ownership of the meeting and its outcomes. Failure to do so will lead to detachment, disinterest, and even cynicism, particularly where conference declarations are obviously distant from implementation realities and constraints, and may exacerbate conference fatigue syndrome;

e) The need to “humanize” the HIV/AIDS pandemic by acknowledging and involving PLWAs, young people, and others in presenting their views and needs as key stakeholders, in tackling the disease;

f) The need to acknowledge the sense of fatalism and denial that exists within many MoEs at various levels, and adopt strategies and specific interventions to systemically convert this outlook from negative to positive by demonstrating success and building momentum within the context of a “we will win” attitude;

g) The need to define mechanisms to ensure the feedback and dissemination of conference information and outcomes to MoEs and all other partner organizations, agencies, and interested stakeholders after the event;

h) The need to also define and institute monitoring and evaluation procedures, both of the conference proceedings themselves and of the programs and outcomes that are developed and initiated, and identify the means to feed back this information to the participants and other stakeholders involved;

i) The need to improve focus on key points and conclusions through better presentations, conference reports and outcomes, and ensure the inclusion of succinct Executive Summaries, prioritized key points, best practice lessons learnt and better graphic and tabular information – based on hard data;

j) The need to identify the barriers/constraints – at all levels – to implementation and develop systematic means and mechanisms to directly target and overcome these;
k) The need to ensure Political Commitment from both political leaders and sectoral heads, as well as senior operational staff, to create the space for strategic decision making and planning, and that these plans are effectively and accountably implemented (Operational Output);

l) The need to recognize the availability of skills and specialist resources and best practice experience, and apply these to the regional benchmarking of impact on the sector to determine the current, real position in respect of future declarations, policy and planning, and the factors that influence them;

m) The need to facilitate and promote regional learning/sharing at all levels – between countries, between departments within countries, between public, civil and private sector partners, and between funding agencies. Conferences are a means to this end and therefore have a responsibility to address these issues in their objectives.

**Closing remarks**

It has been acknowledged in various of these conferences that “HIV/AIDS means having to do things differently” and that it is no longer “business as usual” in education management. By definition, this means that HIV/AIDS is making an already bad sectoral situation worse. Thus, the real issue is recognizing that this is not simply a health issue but an education management challenge of the highest order; consequently, it must be recognized that mitigation is dependent in the first instance on better systemic management at all levels of the system. Policy change and prevention initiatives, however good, will be fundamentally inhibited by the comparative dysfunction of the school system and its management at district, regional and national levels. For all these reasons, it is vital that conferences begin in future by examining the prevailing structural and systemic climate within which they hope to locate declarations, policy and action, and become grounded in the reality of the situation in the classroom and school. To do otherwise is to betray the trust of those for whom the outcomes of such conferences are intended, and would be a missed opportunity of unparalleled magnitude.

The organic nature of the intervention strategy/methodology that has evolved over these workshops, and outside them, has developed a natural progression as understanding about HIV/AIDS and its impact increases. This may be represented graphically (See Figure 16).

This implies a natural progression from acknowledgement and understanding of the disease to understanding system impact and defining response modalities and mechanisms. This may represent a generous view of how far these conferences have come over the period of review. In any case, it is useful to consider locating the progression of conferences in this context, and to apply it to future planning.
It suggests that in order to move all the stakeholders involved to the next step along this progression (i.e., implementing and assessing actions plans), it is necessary to acknowledge the extent and value of the often unrecognized country work done so far, and then move all concerned from a detached strategic vision to prioritized goal and objective setting and the translation of these into practical, time-bound implementation plans within an information sharing and networking environment.

**ANNEX A**

**Table 35. List of education conferences**

<table>
<thead>
<tr>
<th>Conference/Strategy Name</th>
<th>Conference/Report Name</th>
<th>Dates</th>
<th>Duration</th>
<th>Venue</th>
<th>Hosted/convened by</th>
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<tbody>
<tr>
<td>A</td>
<td>The Social, Demographic and Development Impact of HIV/AIDS: Commonwealth Universities Respond</td>
<td>Report on the proceedings of a Symposium hosted by the Association of Commonwealth Universities and the University of Natal</td>
<td>8-9 November 1999</td>
<td>2 days</td>
<td>Durban, South Africa</td>
<td>ACU, UND</td>
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<td>B</td>
<td>DFID Africa Education Conference</td>
<td>HIV/AIDS: The Challenge to Education</td>
<td>4-6 April 2000</td>
<td>3 days</td>
<td>Glenburn Lodge, Pretoria, SA</td>
<td>DFID</td>
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<td>C</td>
<td>HIV/AIDS in Education Workshop</td>
<td>HIV/AIDS in Education Workshop</td>
<td>11-12 April 2000</td>
<td>2 days</td>
<td>Durban, South Africa</td>
<td>HEARD</td>
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<td>D</td>
<td>World Education Forum</td>
<td>Information from web obtained, no formal proceedings report</td>
<td>26-28 April 2000</td>
<td>3 days</td>
<td>Dakar, Senegal</td>
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<td>F</td>
<td>XIII International AIDS Conference</td>
<td>Report on Session D01: HIV Prevention in Educational Institutions</td>
<td>9-14 July 2000</td>
<td>6 days</td>
<td>ICC, Durban, South Africa</td>
<td>UNAIDS</td>
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<td>G</td>
<td>Regional HIV/AIDS Seminar for Ireland Aid</td>
<td>Seminar Report</td>
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<td>Jinja, Uganda</td>
<td>Ireland Aid</td>
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<td>I</td>
<td>IIEP Workshop on the impact of HIV/AIDS on education</td>
<td>Summary Note of Workshop</td>
<td>27 - 29 September 2000</td>
<td>3 days</td>
<td>Paris, France</td>
<td>IIEP</td>
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<td>O</td>
<td>Seminar for Ireland Aid Education Advisors and HIV/AIDS Focal Staff</td>
<td>Report on Seminar topic: HIV/AIDS and education</td>
<td>26 - 28 February 2001</td>
<td>3 days</td>
<td>Dublin, Ireland</td>
<td>Ireland Aid</td>
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<td>Q</td>
<td>Elmina Conference on HIV/AIDS and Education: A call for Action</td>
<td>Workshop Recommendations Report</td>
<td>19 - 23 March 2001</td>
<td>5 days</td>
<td>Elmina, Ghana</td>
<td>UNESCO</td>
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<td>R</td>
<td>Special Summit to endorse ADF 2000 consensus on fighting HIV/AIDS</td>
<td>Web based workshop summary</td>
<td>26-27 April 2001</td>
<td>2 days</td>
<td>Abuja, Nigeria</td>
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<td>DECLARATIONS</td>
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<td>Special Summit to endorse ADF 2000 consensus on fighting HIV/AIDS</td>
<td>Abuja Declaration on HIV/AIDS, Tuberculosis and other related Infectious diseases</td>
<td>26-27 April 2001</td>
<td>Abuja, Nigeria</td>
<td>ADF ??</td>
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<tr>
<td>World Education Forum</td>
<td>The Dakar Framework for Action: Education for All - Meeting our Collective Commitments</td>
<td>26-28 April 2000</td>
<td>Dakar, Senegal</td>
<td>WEF ??</td>
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<td>10th General Conference of the Association of African Universities</td>
<td>AAU Declaration on the African University in the Third Millennium</td>
<td>5 - 9 February 2001</td>
<td>Nairobi, Kenya</td>
<td>AAU AAU</td>
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<tr>
<td>XIII International AIDS Conference</td>
<td>The Durban Declaration</td>
<td>9-14 July 2000</td>
<td>ICC, Durban, South Africa</td>
<td>UNAIDS UNAIDS</td>
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| STRATEGIES                                                                 |                                                                                                                                               |                                                                                           |                                                                                           |                                                                                           |
| Action Program on HIV/AIDS in Education and Training in the Southern African Development Community | No conference - strategy paper                                                                                                                             | 1-Jan-00                                                                                 | not applicable                                                                           | not applicable                                                                 | SADC SADC                                  |
| SAUVCA HIV/AIDS Publication -                                               |Strategy completed after conference on 26 Oct 2000 - strategy paper                                                                                                                                         | 26-Oct-00                                                                                | not applicable                                                                           | not applicable                                                                           | SAUVCA ?                                   |
| SADC HIV/AIDS in Education Strategic Framework                              | No conference - strategy paper                                                                                                                             | 1-Apr-01                                                                                 | not applicable                                                                           | not applicable                                                                           | SADC SADC                                  |
| Irish Government: Department of Foreign Affairs                             | Modalities for Effecting Support: Ireland Aid’s HIV/AIDS Strategy                                                                                                                                           | not applicable                                                                           | not applicable                                                                           | not applicable                                                                           |
Annex B: Conference summaries

Report A

The Social, Demographic and Development impact of HIV/AIDS: Commonwealth Universities Respond (8-9 November 1999, Durban, South Africa)

This thorough and well-structured 31-page Symposium Report details the impact of HIV/AIDS on the Commonwealth university sector, and goes further than might be expected in two days of engagement. Two of its three objectives were met: A communiqué was drafted for, and issued by, the Commonwealth Heads of Government Meeting within three days of the Symposium, and a comprehensive 36-point HIV/AIDS Policy for Staff and Students at Commonwealth Universities was drafted and offered to ACU members as a framework for consideration, adaptation, adoption or rejection. A third objective, the establishment of a Commonwealth Knowledge Network apparently proceeds apace.

The Symposium was effective in unpacking many complex issues, including the need to mainstream response, better understand the nature of the challenge, and support strong leadership to drive research, improved institutional management and prevention strategies. Care, counseling, support and training as well as ethical issues and the fundamental re-thinking of resource allocation were also noted. The Report provides many thought-provoking insights: The fact that treatment cost per patient per year equates to the costs of educating ten primary school children per year, and that the term ‘immerserisation’ has been coined to describe the process by which peoples’ lives are made miserable by poverty, disease and disadvantage.

While the Symposium drew on contextual inputs from Botswana, South Africa, Tanzania, Uganda and Zambia, the Report does not provide much insight into these. Apart from a few well-known statistics, it is also thin on hard data regarding HIV/AIDS, a reflection of the paucity of such data at all levels of the education system; what is more problematic is that the Symposium failed to flag the university sector’s potential role in meeting this strategic need. The Symposium identified the sector’s links with the communities ‘from which they draw their staff and students’, but failed to locate universities within a wider definition of the education sector or recognize their direct dependence on the basic education feeder system.

On balance, the Symposium Report ranks as a very useful and perhaps groundbreaking resource document for the university sector, and its draft

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Note: Report O (Seminar for Ireland Aid Education Advisors and HIV/AIDS Focal Staff) is listed in Annex A, but has not been summarized or otherwise analyzed elsewhere given its limited relevance in the context of this report.
Policy document provides a substantive checklist for more detailed institutional response and regulatory framework formulation.

(Note: Although technically falling outside the period of review, this Symposium warrants mention and inclusion, not least because of its establishment of a principled approach within the tertiary sector; this is particularly relevant given other subsequent Commonwealth and university-sector workshops which spare little passing thought to the subject).

**Report B**

DFID Africa Education Conference (4-6 April 2000, Pretoria, South Africa)

41 education advisors, consultants, MoE officials, NGO and development agency personnel attended this third biennial DFID Education Advisors’ Conference. The focus was squarely on HIV/AIDS impact on the education sector, and process rather than product; however the Conference Report claims success in generating a set of action plans for each of the four main DFID Africa regions, to be implemented in association with local partners.

The Conference theme was very clearly prevention related, with contextual inputs from Uganda, Zambia, Botswana, Kenya, and Nigeria. Each of these provided some key statistical indicators, often anecdotal, which together confirmed reduction in life expectancy, population movement, high mother-to-child transmission rates, reducing enrollments and stocks of teachers and managers, increasing orphan numbers and gender disparity, early and high risk sexual behaviour and limited evidence of behaviour change.

There was some emphasis on management and planning in one of four focal groups (described as an action plan), with the suggestion that future donor support should be conditional on MoE development and adoption of HIV/AIDS strategies. It suggested that technical support and capacity building be provided by the donor community, where required, with the support and assistance of NGOs. The Conference also considered who constituted ‘agents of change’ and stakeholders in mitigation, assessed availability of resources and examined issues of support and care structures and systems with particular emphasis on orphans. The use of radio as a key communication and behaviour change medium was analyzed and it was recommended that other countries in Africa should set up community radio stations to bring HIV/AIDS messages home to communities.

The Conference Report gives the impression of a loosely structured and largely informational if passionate meeting to share and learn. While it was clearly successful in awareness raising, and indeed contained many very valuable inputs, the lack of articulated objectives, linked outcomes and
structure in the Report make for somewhat fragmented comprehension and reading. As a consequence, its value to the wider development community is diminished by the difficulty of disseminating the lessons of this Conference. The four action plans mentioned early in the Report are perhaps more accurately focal points of discussion and interrogation and cannot be seen as objective-led plans emanating from this Conference.

**Report C**

HEARD HIV/AIDS in Education Workshop (4-6 April 2000, Durban, South Africa)

This two-day regional Workshop was attended by 60 representatives of Southern and West African government education and finance ministries, development and donor agency personnel and other researchers and academics; these included officials from Botswana, Ghana, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Zambia and Zimbabwe, and representatives from USAID, DFID, British Council, UNESCO, UNHCR, UNAIDS, CIFCD and HIID.

The main objective of the Workshop was to develop a shared understanding of the impact of HIV/AIDS on education and the economy, and begin to provide management guidelines and frameworks to assist in management and planning. The Workshop focused on four key themes: Understanding current levels of impact in each sector of government; reviewing likely future impact; examining options for mitigation; and identifying key indicators for benchmarking and monitoring. The participants used a HEARD-developed Toolkit for Education Managers to assist in considering these themes and were also introduced to the use of GIS and spatial analysis in identifying patterns of impact and potential high-risk areas.

The Workshop also examined prospects for a Resource Manual or Kit to assist local level education managers, a project which was already supported by DFID.

The well-structured Workshop Report claims four main outcomes. First, the initiation of a cooperative network of officials and development partners, in which a common understanding of the problem between education and finance ministry officials was established. Second, the identification of demand for a regional database; third, agreement on the need for the development of an education managers’ Resource Manual or Kit; and fourth, the provision of a Toolkit to assist in management and monitoring. In addition, the Report notes very great interest in the further development of GIS and spatial analysis in establishing trends and sectoral associations in HIV/AIDS impact; usefully, it also lists other initiatives then underway in the region.
It would appear that the Workshop realized its stated objectives, and additionally introduced a number of new innovations and tools to the response effort. It also benefited from the seniority and standing of the officials opening and closing the Workshop, but the Report recognizes that participants were still—in spite of their comparative seniority—dependent on the support and ‘buy-in’ of their superiors on their return. Many participants noted that ‘money’ was not the limiting factor in their sectoral response, but ‘political will and determination at the highest levels’. The Report notes the need for longer periods of workshop interaction and the need for ‘mobile task groups’ to go in country, and vertically integrate this kind of intervention within MoEs, from the highest levels down. On balance, this well-reported Workshop appears to have opened the way to a more practical, hands-on approach to mitigation and management response and focused exclusively on systemic management intervention rather than prevention.

Report D

The Dakar Framework for Action: Education for All – Meeting Our Collective Commitments (26-28 April 2000, Dakar, Senegal)

More than 1100 participants from 164 countries met for this World Education Forum, and ranged from teachers to prime ministers, academics to policy makers, and political activists to heads of international organizations. According to the Report, these participants shared a common vision of a world in which everyone would have the basic literacy and numeracy skills required to function as a citizen, worker, family member and fulfilled individual in the emerging global society. The purpose of the 3-day Forum was to agree on a strategy to turn this vision of ‘education for all’ (EFA) into a reality.

This meeting followed the 1990 World Conference in Jomtien, which adopted a ‘World Declaration’ on EFA, affirmed education as a fundamental human right and urged international support for the basic learning needs of all. Importantly, it approved a Framework for Action to Meet Basic Learning Needs, spelling out targets and strategies for attaining this goal by 2000. The Forum in Dakar was convened to assess progress towards EFA since Jomtien, to analyze where and why the goal had remained elusive and to renew commitments to turn this goal into reality. Participants presented data and analyzes, debated strategies and listened to input from across the spectrum, before adopting the Dakar Framework for Action, Education for All: Meeting our collective commitments. This Framework reaffirms the goal of EFA as laid out by Jomtien and other international conferences, commits participants to working towards specific educational goals by 2015 or earlier and affirms that ‘no countries seriously committed to education for all will be thwarted in their achievement of this goal by a lack of resources’. It also calls
for the developing or strengthening of national, regional and international mechanisms, built on existing structures, to coordinate global efforts and to accelerate progress towards EFA.

The Forum participants collectively committed themselves to achieving six specific goals related to EFA, which encapsulated the various themes and issues that permeated the sub-meetings and plenary sessions. These included: Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children; ensuring that by 2015 all children, especially girls, those in difficult circumstances and those from ethnic minorities, have complete access to completely free and compulsory primary education of good quality; and assurance that the learning needs of all young people and adults are met through equitable access to appropriate learning and life skills programs. Also, the achievement of a 50% improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults; the elimination of gender disparities in primary and secondary education by 2005, and the achievement of gender equality in education by 2015, with a focus on ensuring girls’ full and equal access to, and achievement in, basic education of good quality; and the improvement of all aspects of the quality of education and the assurance of excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and life skills.

**Report E**


This Seminar was attended by 13 Francophone African countries, with 39 representatives in three person teams from the Ministries of Education and Health and the country WGs of the WGTP in Benin, Burkina Faso, Central African Republic, Côte d’Ivoire, Djibouti, Gabon, Guinea, Madagascar, Mali, Niger, Senegal, Tchad and Togo.

The well-structured and professional Report sets out a comprehensive background, identifies the participants and provides a rationale for the Seminar. The early provision of the agenda provides a clear sense of issues and sequence and gives an indication of flow through to the Seminar outcome. The best feature of the Report is its provision of a structured framework for response reporting, ensuring some utility and continuation of the Seminar process. Importantly it notes geographic, cultural, political and economic variations in impact and analyzes the process through which policies develop, thus providing insight and a common understanding. The Report
also emphasizes the importance of partnerships but seems trapped in the view that HIV/AIDS is a health issue; however it is innovative in identifying how such a partnership with Health might work: Health might provide the technical knowledge/skills, for example, while Education could provide action at a local level.

While the Seminar, and therefore the Report, is appropriately sensitive to the views, needs and capacity of participants, it fails to articulate any clear objectives for the meeting and instead raises a series of incremental questions about possible actions. Given that the Seminar seems to have been exclusively focused on issues of prevention, perhaps influenced by the view of HIV/AIDS as a health issue, this limits any appreciation of the systemic context within education. However, there is pleasing attention to the future, and the framework for future action outlines five steps which provide for commonality of reporting, and identify the need for general and specific objectives, linkages with the Ministry of Health, identification of actions to achieve each objective, expected results, timeframes and statement of support needs. This action was apparently directed at reporting to a scheduled Steering Committee meeting on 20-21 September 2000, in Paris; there is no information regarding this meeting or the success of the reporting to it.

One very useful insight into the problems of sectoral response is provided by the information that the representatives felt they 'had no mandate' to respond to the Seminar’s key questions and request to participate in future activity. This goes to the heart of the matter of conferences and meetings on this topic and suggests the comparative impotence of participants in responding to what are, in effect, the major management challenges of the era. This statement opens the way to a continuing debate about the necessary seniority of decision-makers at such meetings, versus their limited availability, and alternative modalities for the empowerment of representatives.

**Report F**

XIII International AIDS Conference (9-14 July 2000, Durban, South Africa)

Given the scope and scale of this monumental event in Africa, and its unquestioned organizational triumph, the fact that only six out of 196 papers presented were on education-related issues, is simply outrageous.

This suggests that at a conceptual and organizational level, the allocation of only 3% of the available sessions to the issue of HIV/AIDS in education means there is scant appreciation of either the importance of the sector or its size and leverage in socio-economic and mitigation terms. On the face of it, the Conference organizers simply failed to grasp that the education system and sector represents both the largest defined block of population at risk
and yet the greatest opportunity for containment and mitigation. Given the fact that the education sector either enrolls or employs up to a third of the population of most developing countries, and that it consumes up to 30% of their national budgets, it is difficult to understand this lack of recognition and attention. One uncomfortable explanation is that the Committee believes the pandemic to be a health issue and not the development and systemic management challenges it more accurately represents.

Six papers on education were presented, only two of which were from Africa; this notwithstanding the continent’s burden of 70% of the world prevalence and infection. Of the two African papers, one was from Malawi and described a project in which community volunteers were used to develop awareness and provide peer counseling. This pilot project provided some useful insights, as did the second from Ghana, which described a peer education and support program in universities, using students living with AIDS; the use of infected persons in this program contributed to its reach and effectiveness, and was linked to some degree of behaviour change, albeit short-term. A similar response was reported in a paper from the United States, in which presentations by students living with AIDS were also shown to motivate varying degrees of behaviour change in peer groups.

In fact, all six papers were prevention oriented and none had any bearing on the health of the education system itself or otherwise addressed issues of systemic management or sustainability. This observation is not a criticism of the papers, which in fact provided some useful and thought-provoking ideas, but rather of the selection criteria by which they were chosen. For example, a paper on response in Mongolia discussed life skills, curriculum change and materials development in a country so sparsely populated, and with such miniscule levels of infection, that it bore not the slightest relation to the problems of Africa; while the level of response described was laudable in the extreme, it was also apparent that it was being mounted in a comparatively functional system, again far removed from the experience of Africa.

The three permeating themes were that HIV/AIDS education is a crucial ingredient in combating its spread; that this is difficult to accomplish because it is a sensitive and complex issue; and that we need to rethink old assumptions and theories of teaching and learning.

**Report G**

*Regional HIV/AIDS Seminar for Ireland Aid (6-8 September 2000, Jinja, Uganda)*

The fact that this is not specifically an education-focused Seminar Report does not detract from its excellence and demonstration of good development practice and professional strategic planning skills. There is however
constant reference to MoEs and every issue discussed is cross cutting, with implications for education.

The key point of departure is Ireland Aid’s thoroughgoing internal evaluation of its capacity to mount a sustained response to HIV/AIDS and consequently do an effective job of supporting African ministries to mount and sustain theirs. This review of systemic capacity and the prioritization of strategic and institutional response is precisely what is lacking in most of the conference proceedings reviewed, and speaks to the fact that no ministry or organization can hope to respond effectively unless it is itself institutionally sound and equipped.

The Report is clear and professionally structured with content and objectives set out at the beginning; it also provides the Seminar program, list of participants and appends all the presentation papers. Most importantly, the Seminar Report identifies the structure and survival of their own organization as being a precondition to its ability to support others; while this internal focus may seem strange to some, their reaction may be driven by the fact that few MoEs and donor organizations appear to have engaged the simple truth of this basic development principle.

The Report lists the Seminar’s targeted outputs upfront, which are systematically attained through the establishment of an operational management framework, and provides a valuable and replicable checklist and virtually guarantees that this Report will be utilized and disseminated widely – a valuable lesson indeed. It is also one of the few conferences reviewed to identify issues of recognition, learning and practice and to flag the overarching importance of monitoring and evaluation; it also deals extensively with the issue of ‘mainstreaming’ and provides useful practical insights into definitional and operational aspects. In short, the Report warns that it is no longer ‘business as usual’ and cites the need to seriously engage ‘changing priorities’.

It also pays due attention to the views of Ireland Aid’s country partners and provides welcome ‘success stories’ and best practice examples, emphasizing the value of partnerships with NGOs and Civil Society and a multi-sectoral approach to response – highlighting all the while that this requires operational frameworks and accountability. The Report sets out a schedule of achievable steps as well as action plans by country, with comprehensive, responsibility-allocated tasks clearly linked to defined deliverables. The only criticism of this approach is the looseness of its time frames (ie ‘short-term’, longer-term’ etc).

Given the comparative size of Ireland Aid, this Report and the Seminar it details is an exemplary example to other development agencies – and indeed to MoEs themselves.
Report H


This Meeting was called to review the social and economic implications of the epidemic on education, in light of the emergency situation and the imminent danger of the collapse of the formal system. It brought together 40 participants, education policy makers and experts from 10 countries in the Eastern and Southern African region, including specialists at all levels, NGOs, religious leaders, resource persons and representatives from several development agencies. UNDP, UNAIDS, UNFPA, UNICEF, WHO and the EU Aids Project also attended.

The Meeting Report sets out seven focal points for discussion: A brief socio-economic study of HIV/AIDS impact on education; assessment of current country strategies; a review of steps to increase MoE response capacity; examining strategies to support systemic capacity and human resource development; reviewing teacher demand and the flexibility of training options; identifying how systems could better recognize and mitigate the vulnerability of females; and debating the leadership role of education and its multi-sectoral relationships.

The Meeting was divided into eight sessions to review Country Desk Studies prepared for a Sub-Regional Synthesis Report: Session One was an Overview of the Strategic Issues and presentation of the draft report of the ECA, while Session Two and Three looked at country case studies in Rwanda, Ethiopia, Malawi, Tanzania, Kenya, Uganda, Zimbabwe and South Africa. Session Four examined conceptual frameworks for evaluating what education can do to HIV/AIDS; Session Five focused on plenary discussion of each chapter of the Report in order to review Main Conclusions and Recommendations of the Meeting and synthesize these. Sessions Six, Seven and Eight summarized the recommendations of the Report and incorporated these into the Synthesized Report.

and Activities for Containing and Responding to HIV/AIDS and Chapter Six addresses The Strategic and Organizational Response of Education to HIV/AIDS. In the third section, The Way Forward, Chapter Seven looks at Providing Leadership for Education’s Response to HIV/AIDS and Chapters Eight and Nine examine The Role of the International Community and A framework for Action. Conclusions and comprehensive references and tables are dealt with in Chapter Ten in this seminal if lengthy work.

**Report I**

IIEP Workshop on the Impact of HIV/AIDS on Education (27-29 September, Paris, France)

This Workshop Report provides a good example of an established international agency, UNESCO’s IIEP, coming to terms with the extent of the impact and seeking inputs from the countries concerned, on issues and responses. This structured Report provides a table of Contents and clearly sets out the purpose of the Workshop: To exchange experiences on the impact of the pandemic on education systems, identify measures that have been introduced to cope with this at all levels and identify strategies to introduce such measures.

The Report is in effect a synthesis of inputs from MoEs and experts in the Southern African field. Consequently the issues cited reflect practical experience on the ground and include: The slowness of MoEs and international agencies to recognize and respond to the scale of the problem; difficulty in obtaining data to measure systemic and socio-economic impact; the difficulty of dealing with the level of associated trauma; lack of capacity and resources to design counter-measures; the development of frameworks for local level response; and the need to move forward with existing indicators of ‘order of magnitude’. The Report contains a useful analysis of the key areas of impact on the system, identifying four, including demand, supply, quality and equality of opportunity. It notes the challenge of simultaneously protecting the structural capacity of the education system while adapting to new needs and contexts.

The role of Impact Studies was interrogated at length, and several ideas and recommendations were mooted to improve the design of theses studies and supplement available data. While the Report betrays a degree of confusion around using prevention strategies to protect systemic capacity, it is driven by the participants’ view that this is first and foremost a management problem, which must be addressed systemically.

These regional views also confirmed that Ministries of Health, Finance and related economists should be involved in a multi-sector response and that
mobile task teams of specialists should be deployed to provide support to MoEs. The Report notes that such a team is already in development at HEARD, in the University of Natal. It goes on to review national and local planning considerations and makes several recommendations based on these inputs: That committed and informed leadership is critical, and that a regular flow of local data is needed to determine trends; in this regard it noted that HEARD was developing such a system with support from DFID. It also recommends that HIV/AIDS should be seen as a core concern of management and planning, and that partnerships with NGOs, Civil Society, communities and development agencies should be strengthened.

Importantly, the Report identifies a number of knowledge gaps and proposes the creation of a clearing-house on information at the IIEP, action research, and the development of capacity building materials and courses for regional network workshops. There is no information on the action status of these ideas in the Report.

**Report J**

*The Impact of HIV/AIDS on the Rights of the Child to Education (22-24 October 2000, Harare, Zimbabwe)*

The reported proceedings of this Seminar provide a good example of a critical issue being addressed with passion and concern, but highlight the impotence of such gatherings to articulate practical outcomes, and consequently the frustration and even anger manifested in the face of issues of this scale and enormity. In terms of stated objective, the Seminar was designed to enable participants to discuss the serious consequences for children directly and indirectly affected by HIV/AIDS, from a child right perspective.

This was a direct outcome of SADC/EU cooperation aimed at strengthening the rights of the child, a priority for both organizations. The level of political involvement, in respect of the Ministers’, envoys’ and other speeches, inputs and declarations of intent was substantial, but while the Report lists any number of challenges, it does not identify many open courses of action. Indeed, one keynote speaker cited the gathering of world leaders 10 years ago (United Nations, 1990) to discuss the future of children, which made a World Declaration and set a Plan of Action; he noted that achievements are presently being assessed and the reason that so many targets have not been met, is being analyzed. Several key themes and targets for intervention were however listed: The need to ‘galvanize’ political leaderships; the importance of education; gender inequity; the need for coordination and partnership; the growing number of orphans; and the need for youth to play a role in decision making.
There was much reference to global consensus and international campaigns, but again little substance in respect of how change might be effected; one exception to this was the clear identification of schools as ‘the only permanent structures in many communities’ and the potential of these to become ‘social and service centers and bases of operations for local organizations and caregivers’. An excellent analysis of the Convention on the Rights of the Child was presented and made very articulate reference to the key issues for consideration. This was supported by a thorough review of tabular data and confirmed the importance of education, the child’s right to it, the performance of infected/affected children, the growing number of orphans, decline in quality, trauma and stigma and the need for children to become social and economic providers. This reinforced the extent of the challenge and confirmed that a systemic response, within a policy and regulatory framework, was required.

Several other key points were identified in summation; these included the threat to the girl child, changing family structures, child abuse and neglect and the role of youth. A number of problems constraining response were also noted, including deepening poverty, lack of political leadership and legislation, the need to engage traditional leaders and healers and the lack of donor support. This was patently an important and passionate exchange, and many good ideas were captured; however, the inclusion of raw flip chart notes does not make for clarity and flow, and their interpretation and organization would have added value to the Report.

**Report K**


This Conference is summarized in an official News Release, followed later by The Halifax Statement on Education in the Commonwealth. The importance of this Conference and its Statement is underlined by the fact that while 30% of the world’s population lives in the Commonwealth, its member countries together record more than 60% of the global prevalence of HIV/AIDS.

The Halifax Statement sets out a comprehensive undertaking to translate intent into action in a number of areas and links its commitment to the ‘spirit’ of the 1990 Jomtien Declaration on Education for All, the 2000 Dakar Framework for Action, and the 2000 UN Millennium and G8 Summits. However the Ministers note that member countries face continuing capacity problems in developing, sustaining and managing quality education, a situation exacerbated by the ‘burdens of civil conflict, natural disasters, the HIV/AIDS pandemic and foreign debt’. In the context of the fact that
the Ministers affirm their belief that education is ‘pivotal in the work of the Commonwealth’, they have set out in this Statement a series of proposed action steps as well as a mechanism to measure and monitor progress. This approach is a welcome departure from generalized declarations of intent and confirms, first, that this represents a step in an important continuum and, second, that outputs will be required and built upon.

HIV/AIDS is flagged as the fourth of nine points in an Action Plan linked to the Halifax Statement, in which it is required that gender concerns – both male and female – and issues of poverty and inclusion should be mainstreamed. Under the heading ‘Education to Combat HIV/AIDS’, the Action Plan requires that urgent efforts should be made to ‘formulate and implement policies and strategies leading to an increase in education programs and interventions for preventing the spread of HIV/AIDS and mitigating its impact on education. Education strategies for combating HIV/AIDS should also be intensified’. While it is general in character, this call for response opens the way for the development of systemic management interventions and recognizes that there are indeed multiple strategies required. Read together with other of the points in this Action Plan, including a call to establish a data bank of existing strengths and resources, support for ‘education in difficult circumstances’, the need for improved information and technology as well as the strengthening of teacher support systems, this is a welcome engagement with the pandemic’s impact.

This is confirmed in the Ministers’ advocacy of the ‘increased use of education to combat HIV/AIDS through a holistic and multi-sectoral approach that emphasizes prevention and mitigation’, and opens the way for innovative and sustainable responses at all levels within Commonwealth countries. While the Halifax Statement only makes passing reference to the Association of Commonwealth Universities (ACU), the exceptional quality of the ACU’s conferences and action plans (see summaries A and P) emphasizes the value of linked, Commonwealth-wide development thinking, and confirms its potential in providing international and regional guidance and support.

Finally, the Statement requires the Commonwealth Secretary-General to provide an interim progress report and comprehensive final report on the implementation of these decisions and action plans at the forthcoming Commonwealth Triennial meeting, further confirmation of their commitment to delivery.

**Report L**

This ADF Meeting of some 1,500 leaders drawn from all segments of society across Africa was its second annual meeting and was positioned as a ‘turning point in Africa’s continental struggle against HIV/AIDS’. The executive director of UNAIDS, Dr Peter Piot, said it was ‘not another AIDS meeting’, making clear the implied distinction and perhaps summing up the level of conference fatigue that appears to dog response to HIV/AIDS. The ADF itself was a working meeting and was preceded by a series of 23 preparatory consultations across Africa at the national level, in which governments, UN agencies and civil society came together to set agendas and demands for the Forum itself.

The Forum scored high on political commitment both in terms of attendance and statements of concern and intent: ‘Rarely in a prominent international conference have so many leaders spoken frankly about deeply personal issues’; perhaps the key point in this regard was that the entire meeting was focused on HIV/AIDS and it was not lost in a welter of other ‘business as usual’ issues. It was also refreshing in stating that there is no ‘inevitable future’, but that with the ‘right leadership, the necessary resources and a true partnership of all, HIV/AIDS can be overcome’. This determined theme seemed to permeate the Forum, and the result is a very extensive schedule of outcomes reflected in five levels of commitment: Personal, community, national, regional and international.

These commitments are expressed in compelling if emotive language and leaves the reader in no doubt as to the anger of Africa at what they see as the lack of commitment, response and mobilization. This ‘mood’ characterizes the Report but is entirely understandable given that ‘many commitments have not been translated into action’; the international donor agencies came in for some criticism, and reminded that they must change their worldview.

It would be presumptuous and unsatisfactory to attempt to synthesize the Forum Report but it is important to note the very substantial and rational links it makes between personal, community, national, regional and international levels of commitment: In short, no one level can be seen to work without the others and this fact is often overlooked in proposing a response agenda. It is candid in recognizing that a series of preconditions for mitigation, including peace, were required; it also recognized that HIV/AIDS is exacerbating existing problems and dysfunctionality: ‘Every measure necessary to prevent HIV/AIDS and help those living with it is, without exception, something we want anyway for a better, more developed Africa’.

The Forum aroused considerable emotive energy and placed an enormous number of challenges on the table, but it remains difficult to derive from...
the Report clear and articulate plans for action. What it has done however is integrate the views of leaders across the spectrum, and created an unprecedented climate of awareness and determination for action; whether the ADF remains another ‘talk shop’, or in the words of Mrs Graca Machel, becomes a ‘turning point in the struggle’, remains to be seen..

Report M

10th General Conference of the Association of African Universities (5-9 February 2001, Nairobi, Kenya)

This Conference, the tenth in the series, is intended to determine the general policies of the Association and approve its programs and budgets. This session attracted over 250 delegates, comprising Vice Chancellors, policy makers, senior public administrators, eminent academics, NGO representatives, donor agencies, resource persons and observers from various countries.

The theme of the 10th General Conference was, African Universities and the Challenge of Knowledge Creation and Application in the New Century. It addressed four sub-themes, namely: Higher Education Management and Leadership in the Information Age; Quality of Training and Research: Towards a Dynamic Process of Curricular Reform and Innovation in African Tertiary Institutions; Information and communications Technology: Building Capacity in African Universities; and Women in Tertiary Institutions, Equity, Empowerment and Advancement.

Given that the Conference theme was quite clearly linked to the ‘new century’, it is quite surprising that after five days of deliberation, none of the eleven recommendations adopted mentioned HIV/AIDS. In fact, the subject only appears as part of a new Core Program of Activities for the period 2001 – 2004 and is bracketed with the need for Education for Peace and Conflict Avoidance. The Record does go on to say, however, that the ‘challenge posed by HIV/AIDS to human and economic resource development as well as teaching and research’ was discussed, and that there was a recommendation that higher education institutions take a ‘pro-active role in its presentation and management’.

Given the preponderance of prevalence on the African continent, and indeed the views expressed fifteen-months earlier by the Association of Commonwealth Universities, this afterthought approach to the problem of HIV/AIDS impact is difficult to reconcile. A review of the eleven issues identified as recommendations for the Association does not reveal any more pressing issue, and thus it remains unclear why this representative body does not consider the pandemic enough of a threat to flag it as a priority issue for the sector.
While this was intended as a ‘general’ conference, it is therefore disturbing to reflect that the largest direct and indirect challenge to the future of tertiary education in Africa did not warrant more than passing mention as a future agenda item. Nor can it be argued that not enough is known about the problem: Many of the participants were also involved in the Association of Commonwealth University meeting in November 1999, and were party to the design and adoption of a comprehensive management checklist for the university sector.

In short, few parts of Africa are so remote from the pandemic to occasion this remarkable insularity and it remains amazing that the sector can be so blinkered to the present and future impact of HIV/AIDS on the sector.

Report N


This Report takes the form of a Country Preparedness Report Synthesis, and is pragmatic and useful. It stems from a meeting of the SADC country education and training sector representatives and is located within the three-pronged SADC Regional Strategic Framework to combating HIV/AIDS in the Southern African Region.

The first of these, appropriately, is Creating a Foundation for Action: This cites the need for a dual approach in which prevention and mitigation are coupled with systemic response; the need for committed and informed leadership; collective dedication; research and monitoring; effective management; policy planning and regulatory frameworks and adequate resources. The second is Mitigating the Impact: This includes the need for impact assessments; projecting supply and demand; stabilizing provision and quality; reducing institutional impact; responding creatively to new learning needs; and supporting orphans and other vulnerable children and youth. The third is Preventing the Spread of AIDS, and addresses the need to introduce curricula; develop and use appropriate materials; develop educator skills and knowledge; upgrade teacher educators; evaluate curriculum interventions; provide counseling and care; and work in partnerships.

The Report is set out as a Country table in respect of each of these issues. Thirteen countries are reported, and in each case scored against their responses to a set of questions. For example, under a Foundation for Action, the questions probe whether or not there is a Dual Approach, Leadership, Collective Dedication, a Research Agenda, Effective Management, Policy and
Regulations, a Strategic Plan and Resources. The effect of this is provide a snapshot of preparedness, apparently on a scale of 1 to 3, although there is no explanation of how the measurement is undertaken; however, the Country comments are both comprehensive and informative within reason and provide a good comparative insight.

One inevitable problem is how objective the comments are: It may be difficult, for example, for a departmental official to point to anything less than the highest political commitment from the Country’s leaders; however, since this is work in progress and will be regularly updated, this problem may be reduced. The value of this approach is that the key issues are quickly and simply addressed, without the cloak of a verbose report, and are considered in a common framework which compares their preparedness in a way that has real value for other interested parties. From a development agency’s perspective, for example, there is sufficient information to narrow the search for answers and a sense of which other parties or agencies may be involved.

This methodology would benefit from more background and written context perhaps, but it gets to the heart of the issue and provides a usable investigative tool to open up a number of issues that may otherwise be lost in conventional reporting. Certainly, some insight into the criteria for scoring would add value.

**Report P**


This is a Report on a Consultation process involving 15 interested parties from DFID, UNESCO, the university sector in Southern Africa, India, Latin America, Malaysia, the United Kingdom and the West Indies, the World Bank and the project leaders from the Association of Commonwealth Universities Secretariat.

It establishes the context within which the ACU has developed the deepest concern about the impact of HIV/AIDS, and makes clear that this Consultation is one step in a continuing process of engagement; strangely however, it does not cite or refer to the November 1999 meeting of the ACU, in which a comprehensive beginning was made in this regard. It can only be assumed that there is a link but this would not be obvious to the Report reader, and thus misses an important opportunity to establish a continuum of process and thought over a somewhat longer period. This said, the Consultation was thorough in setting out a valid and developmentally sound approach to sectoral response, albeit on a limited scale.
The Consultation was in the first instance refreshingly predicated on research. It analyzed the response of some 100 universities of the 450 in the Commonwealth, and set out the extent to which HIV/AIDS is recognized as a problem; this research was appended and also provided examples of strategies in use and certain of the policies that have been developed. It went on to ask some key questions, including why the ACU should take a role and interrogated the priority areas of response; these included Research, Advocacy, Capacity Building, Policy Development, Resourcing and Programs/Strategic Plans. This established a logical framework for further activity and was grounded in areas that lay within the realm of practical possibility for the sector.

This approach was supported by the balance of the well constructed Report and placed the desired qualities of the Project Outcomes up front; these spoke to the attainment of three inter-related outputs: Institutional Action Plans; a Refined Workshop Document; and a Good Practice Guide. It was agreed that these outputs or goals would be completed by 31 March 2002 and that workshops would be undertaken for this purpose between October 2001 and January 2002. This commitment to time frames was also very satisfactory and a welcome departure from many conference outcomes and reports.

These outputs were also well considered in terms of sectoral comparative advantage, and the Consultation examined Key Elements of the Project, Barriers to Implementation, Opportunities for Raising Student Awareness, Curriculum Change and Linked Activities. In essence, the Project sets out to facilitate a number of 2-3 day workshops designed to target Vice Chancellors and senior staff, in Southern Africa and India, to which 8 to 10 regional universities will be invited. These institutions would then be expected to cascade the workshops within their university communities, and a refined workshop document will be provided for that purpose. It was agreed that this must have Vision, Information, Self-Analysis, Threshold Standards, provoke Vice Chancellors and involve PLAs.

**Report Q**

The Elmina Conference on HIV/AIDS and Education: A Call to Action (19-23 March 2001, Elmina, Ghana)

This Report details the Recommendations of the Elmina Conference on HIV/AIDS and Education: A Call for Action, which stems from the Senior Experts Conference on HIV/AIDS and Education in ECOWAS. The Conference itself was attended by senior experts from MoEs and other ministries, such as Health, Manpower and Employment, Youth and Sports and Social Welfare in 13 ECOWAS nations; from universities; from social partners in education and NGOs; from UN organizations at HQ, regional and national levels; and
most major development/cooperation agencies.

The Conference was held to consider how educators are responding to the impact of HIV/AIDS and interrogate issues relating to access, equity, quality, relevance, capacity and partnerships, and establish the level of ability to provide education appropriate to national development in light of this threat. The point was made that while West Africa is comparatively less affected than East and Southern Africa, rates are climbing and mobility and conflict will exacerbate this situation; it was noted that Cote d’Ivoire is already among the 15 worst affected countries and that Nigeria, with a 5% infection rate already has more than 2.7 million people living with HIV.

The Report calls for ECOWAS education ministers to fulfill the national and international commitments they have already made and then focuses on three ‘strategic lines of action’: Preventing and Controlling the Spread of HIV/AIDS, Reducing the Traumatic Impact of HIV/AIDS and Improving Management Capacity and Procedures. In the first of these, the bullet points are all laudable but it is noteworthy that this is one of few conference reports to cite the importance of peer education and participation in response development. In the second, various interventions are listed but there is no sense of how these will be actioned, or by whom.

The third ‘strategic line of action’ is much more constructive and identifies several key interventions which are self-evidently the business of MoEs in any event. These include the establishment of a permanent HIV/AIDS Management Unit within each MoE, the regular and systematic collection of management data to inform a research agenda, policy audits and reviews, budget revision, capacity building and mechanisms for monitoring and evaluation.

The Report calls for Regional Action, linking national response and action plans; this response should include Regional Frameworks for Cooperation, the establishment of ‘Regional Assets’ such as a Task Team and generic materials and training, regular meetings and a Regional Forum for advocacy and the expansion of expert networks – linking institutions of learning to supplement country capacity. It also calls for better regional cooperation between the ECOWAS-linked WHO and UNAIDS and other concerned UN agencies.

**Report R**


Sub-headed The Abuja Framework for Action for the Fight Against HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, this Summit Report is
primarily Health Sector-focused, but its scope and indeed acknowledgement of the role of education make it a useful addition to this analysis.

It claims that African Heads of State and Government recognize the challenge of developing feasible policies, strategies, structures and processes to ensure adequate prevention and control of HIV/AIDS, Tuberculosis and Other Related Infectious Diseases (ORID); however the evidence to the contrary in many cases raises some doubt about the validity of this far-reaching claim. Nevertheless, the Report takes this position and implies a level of political support that is entirely desirable.

What is more important is that the Report indicates a clear line of development thought and a sequenced process that suggests the prospect of some agreeable outcome: In the first instance this Framework for Action follows and articulates the commitments made in the earlier Abuja Declaration on HIV/AIDS, and insists that Member States will implement the activities in close collaboration with all stakeholders. It also declares that a Mechanism for Implementation, Monitoring and Follow-up exists to ensure that the Framework for Action is implemented in a sustainable manner, and that actions are well coordinated with continuous evaluation and feedback. These bold words do not, however, address the issue of who actually will do this.

The primary goal of all this activity is to arrest and reverse the accelerating rate of infection, and this is supported by a set of guiding objectives: First, to advocate for the translation into action and mobilization of the earlier commitments of African Leaders; second, to develop policies and strategies aimed at prevention and controlling impact on socio-economic development; third, the establishment of sustainable mechanisms for resource mobilization; and fourth, to attend to the needs of vulnerable groups.

For all its good intentions, the attainability of these visionary objectives seems uncertain given that, in the first instance, sights have been set so high, and in the second, the following Framework for Action betrays its very early stage of development. This is less a criticism than a reality check, and a reminder that the gulf between political declarations and implementation is vast indeed. In the event, the Framework for Action calls for Member States to adopt it in order to develop and strengthen their own plans, for the OAU Secretariat to follow up the development and implementation of National Action Plans of Member States and Mechanisms for Monitoring and Evaluation. It mandates the OAU Secretariat, together with Members of the Bureau and Regional Economic Communities, to develop the Strategic Framework into an Action Plan for the Continent, to be presented to the World Health Assembly in May 2001. It also calls on the OAU Secretariat to develop its own operational plan, but nowhere answers the key question of where all the required and specialized human and material resources are to be found.
Annex C

Figure 17. Understanding the Impact of HIV/AIDS on Education

- Increased Service Delivery
- Reduced Number of Skilled Personnel
- Reduced Resource Availability
- Reduced Quality of Education
- Decreased Enrolment
- Decreased Demand
- Declining Skills

Learners

Teachers

Officials

Decreased Availability

Reduced Number of Skilled Personnel

Increased Service Delivery

Reduced Resource Availability

Reduced Quality of Education

Decreased Enrolment

Decreased Demand

Declining Skills
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About this publication

How can the educational policies and practices that have proved effective be expanded and made sustainable? This question, examined in depth by ADEA in 2000-2001, is reviewed in these pages, which bring together the major documents presented in Arusha (Tanzania) at the ADEA Biennale, in October 2001.

Among the topics covered are: scaling up educational reforms; the role of communication for increasing participation by the stakeholders; educational networks in Africa; leading educational programs; the impact of HIV/AIDS on education; and, identifying the most promising approaches for overcoming HIV/AIDS through education.