

**HIV AND AIDS WORKPLACE POLICY: AN IMPLEMENTATION
ASSESSMENT OF STRATEGIES IN SELECTED HIGH SCHOOLS
OF LUSAKA AND NORTHERN PROVINCES**

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BY

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UNIVERSITY OF ZAMBIA

2009

DECLARATION

I, Mwansa Mukalula, do solemnly declare that this dissertation represents my own work, which has not been submitted for a degree at this or another University.

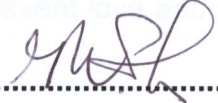
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APPROVAL

This dissertation of Mwansa Mukalula is approved as fulfilling part of the requirements for the award of the degree of Master of Education in Educational Administration by the University of Zambia.

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DEDICATION

This work is dedicated to the tens of millions of world citizens who have died of AIDS or are HIV-positive and their loved ones. It is also dedicated to the pioneering spirit of persons like; Nkosi Johnson, Jonathan Manns, Ashok Pillais, Magic Johnson, Rock Hudson, Phil Lutaya, Winston Zulu, Larry Kramers and all who have fought incessantly to break the world's silence on AIDS and fought it tirelessly. It is further dedicated to the many millions of children orphaned by the disease.

To my dear parents Nkole and Mwila; I say, this is just one of the many things I would not have done without your love and nurturing of Jehovah's gifts in me. You dedicated yourselves to raising us and your death inspired my life's purpose, memories of your example are the foundation for my convictions. My impassioned desire to contribute and make a difference is because of you. I miss you.

To the one after my own heart, my wonderful man for ten years. Hitler, I am grateful for your ever-present love and support of me. I love you.

ABSTRACT

Using mainly the interpretive qualitative and a bit of quantitative approach, this study investigated the extent to which teachers and high school pupils were benefiting from the strategies that were being implemented in high schools of Lusaka and Northern Provinces as workplaces in relation to the HIV/AIDS Workplace Policy. It tried to provide insight into the responses of pupils and teachers to the HIV/AIDS Workplace Policy. It was undertaken to establish if the strategies as stipulated in the HIV/AIDS Workplace policy of the Ministry of Education were benefiting the intended targets.

The main objectives of the study were to:

- Determine if teachers were able to teach HIV and AIDS, Life Skills and Sexual Reproductive Health (SRH) after they have been trained.
- Establish how effective the feedback mechanism vis-a-vis to HIV/AIDS Workplace Policy of the MoE had been.
- Find out how the stakeholders were responding to the HIV and AIDS Workplace Policy.
- Ascertain what challenges administrators were facing in the flow of information about HIV and AIDS education.

The study was carried out in two Provinces, Lusaka and Northern using one school from each Province with their surrounding communities. The sample had a total number of 165 respondents – 3 Ministry of Education officials, 2 head teachers, 2 Focal Point Persons, 11 teachers and 147 pupils (from grades 10,11 and 12).

The findings were as follows;

- The teachers were able to teach about HIV and AIDS though there was need to have a standard syllabus.
- The feedback mechanism of implementation strategies between the Ministry of Education and the high schools was weak.
- The teachers were familiar with the HIV/AIDS Workplace policy but the pupils had no idea that such a policy was in place.

- The administrators encountered a number of problems in the flow of information about HIV and AIDS education due to lack of funds and lack of standard teaching materials.

In line with the findings of the study the following were the recommendations;

- The Ministry of Education should spend more money on programmes meant for sensitising pupils and teachers about the HIV and AIDS Workplace Policy.
- In order to sustain all these strategies the MoE should encourage incentives to raise money as a way of reducing reliance on donors.
- In a more holistic manner the MoE should use the funds across a balanced agenda to include HIV/AIDS prevention, treatment, care and support and management of the responses in place.
- In order to ease the challenges faced by administrators to implement the HIV/AIDS Workplace Policy, wider involvement of representatives from communities surrounding the schools should be enhanced especially the catchment areas where most pupils come from.

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I also received unwavering support from the following :

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Mrs. C. Tuchili (Life Skills & HIV/AIDS Education Coordinator, CDC)

Mr. P. Mudendende (HIV/AIDS Programme Manager, MoE)

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ACRONYMS

AATAZ	Anti- Aids Teachers' Association of Zambia
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Ritro viral Treatment
CDC	Curriculum Development Centre
CHAMP	Comprehensive HIV/AIDS Management Programme
EDC	Education Development Centre
EFA	Education For All
EQUIP	Educational Quality Improvement Programme
FGDs	Focus Group Discussions
FPPs	Focal Point Persons
GRID	Gay Related Immune Deficiency
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
IIEP	International Institute for Educational Planning
ILO	International Labour Organisation
MOE	Ministry of Education
MMWR	Morbidity and Mortality Weekly Report
MTCT	Mother to Child Transmission
MTT	Mobile Task Force
NAC	National AIDS Council
NGOs	Non Governmental Organisations
PERFAR	Presidential Emergency Fund for AIDS Relief
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
SESTUZ	Secondary School Teachers Union
SFH	Society for Family Healthy
STIs	Sexually Transmitted Infections
SPRINT	School Programme of In-Service for the Term

SRH	Sexual Reproductive Health
TB	Tuberculosis
USAID	United States Agency for International Development
UNAIDS	Joint United Nations Programme on HIV /AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations International Children’s Fund
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation
WPP	HIV and AIDS Workplace Policy
ZANUT	Zambia National Union of Teachers
ZDHS	Zambia Demographic and Healthy Survey

CHAPTER ONE

INTRODUCTION

BACKGROUND

AIDS is not only a deadly disease; it is the greatest scientific, political and moral challenge of our era. In this time of abundant resources and increased global connectivity, we have the means and knowledge to control the pandemic, yet to do so will require unparalleled global cooperation and shared recognition that AIDS threatens not only individuals, but entire societies.

In the mid 1990s, the Ministry of Education and other line ministries began to be devastated by HIV and AIDS. The impact of the pandemic continues to threaten the achievement of the Millennium Development Goals (MDGs) and of paramount concern, attainment of Education For All (EFA). As the disease continues its rapid spread, it is important to find ways of helping people change behaviours that are risky. Boler and Jellema (2005:12) point out that: “these behaviours are usually embedded in deep social, economic and cultural patterns”. Recent times have seen the appreciation of the power of education as a tool against AIDS. School systems have a threefold role to play in fighting AIDS. These are: protecting individuals, informing individuals and protecting societies. Socially and morally it is imperative that schools embrace the responsibility of teaching all young people about sexual reproductive health. Educational theory dictates that educational systems should be flexible enough to respond to the changing needs of their learners, including when necessary, a change in what is actually taught (Actionaid, 2005).

Formulation, implementation and monitoring of educational policies are tasks entrusted with the Ministry of Education, hence, any systematic response to the impact of HIV and AIDS should be planned by it. These policies must take into consideration the cultural values, beliefs, and practices of the targeted groups. Singhal and Rogers (2003:205) point out that, “only then can communication strategies accentuate the positive undercurrents of a culture, reducing the effects of opposing forces”.

Like many African countries, Zambia in 2000 came up with the 2001-2005 strategic plan which emphasised the mainstreaming of HIV and AIDS. This involved the integration of HIV into organizational and operational strategy, work plans and day to day activities. This brought HIV issues and responses to the centre of the organizational agenda, the epidemic being seen as an endogenous and exogenous factor that negatively affected the production process or service delivery of educational institutions. In line with the plan, mainstreaming was to be based on principles of multi-sectoralism, decentralisation, community mobilisation, ownership and partnership.

The mainstreaming involved internal integration of HIV workplace programmes for staff and learners. This required active participation and consultation among key stakeholders to create a spirit of ownership, commitment and sustainability that would yield results. In order to coordinate these programmes the HIV and AIDS Workplace Policy for the Education Sector was put in place in 2004. Its main thrust was to encourage the prevention of further HIV infection among teachers and pupils, to reduce stigma and discrimination and to promote preservation of human rights of people living with HIV. In order to ensure and enhance effective implementation, monitoring and evaluation of the policy coupled with an open and reflective communication process was needed. This was intended to improve the practice and strengthen the policy and to serve as a tool to provide a sense of ownership among stakeholders. The threat of HIV and AIDS was so extensive in certain settings that no planning initiative could succeed without specific strategies aimed at mitigating the impact of the disease. The education sector needed to continue mitigating the impact of the epidemic by delivering the social vaccine of education to the Window of Hope otherwise its major outcomes, learning achievement and personnel formation, were threatened. The fight against AIDS was a battle fronted towards bigotry, fear, denial and ignorance. Communication strategies could help stop the epidemic or slow it down. It was therefore cardinal that the epidemic was seen as a political problem, cultural problem and a socioeconomic problem, one in which communication could help address and possibly solve. Therefore, it was imperative that the Ministry of

Education communication system of administering the workplace policy in high schools had to be evaluated.

STATEMENT OF THE PROBLEM

The threat of HIV and AIDS in Zambia was so significant that a number of measures were put in place. The specific areas of focus included policy, socio-economic, gender, culture and spirituality. This was adopted to fully utilise communication as a tool for responding to the questions of what, who and when. It should be further noted that mitigating efforts on HIV and AIDS were varied across the different groups. People Living with HIV and AIDS (PLWHA) support groups have been encouraged in school workplaces to help create a positive environment. USAID (2003:20) observed that “mitigating the effects of HIV and AIDS on the education sector is especially important because this sector trains all public servants, is often the largest employer in government and the private sector, for that matter, it is crucial to economic development”.

By 2006 the MoE had an HIV and AIDS Workplace Policy in place, but as to how the strategies were being implemented by teachers and pupils was not known. Hence the researcher’s decision to embark on this study.

PURPOSE OF THE STUDY

The study was designed to assess how the HIV and AIDS workplace Policy strategies were being implemented in selected high schools of Lusaka and Northern Provinces.

OBJECTIVES OF THE STUDY

- The objectives of the study were to:
- 1. determine if teachers were able to teach HIV and AIDS, Life Skills and Sexual Reproductive Health (SRH) after being trained.
 - 2. establish how effective the feedback mechanism on the implementation of strategies between high schools and the MoE had been.

3. find out how the stakeholders were responding to the HIV and AIDS Workplace policy.
4. ascertain what challenges administrators were facing in the flow of information about HIV and AIDS education.

RESEARCH QUESTIONS

1. Are teachers able to teach HIV and AIDS, Life Skills and Sexual Reproductive Health (SRH) after being trained?
2. How effective was the MoE feedback mechanism ?
3. Were the stakeholders able to relate with the HIV/AIDS Workplace Policy?
4. What challenges were administrators facing in the flow of information about HIV and AIDS education?

SIGNIFICANCE OF THE STUDY

At the time our Education system is faced with adverse effects of HIV and AIDS pandemic, any study dealing with strategies to help teachers and pupils change their behaviour to reduce infection rates is important to educators. The study might help government strengthen its communication systems in the implementation of the HIV and AIDS Workplace Policy. It might also help High school administrators, teachers and pupils to utilize fully the Workplace Policy in meeting the challenges posed by HIV and AIDS.

LIMITATIONS OF THE STUDY

The research sought to evaluate strategies that were being implemented in high schools as regards the HIV and AIDS Workplace Policy. Considering that the AIDS scourge was a national problem the researcher was unable to cover all the nine provinces in Zambia due to limited finances.

DEFINITION OF TERMS

- Affected person:** An affected person is someone whose well-being is affected by the impact of HIV and AIDS on their family, friends, community or fellow employees.
- AIDS:** Acquired Immune Deficiency Syndrome (AIDS) is the final phase of the HIV infection and is a condition characterised by a combination of signs and symptoms caused by HIV which attacks and weakens the body's immune system making the affected person susceptible to other life threatening diseases.
- Communication Strategy:** Formula for behaviour change, based on communication theories that provide the basis for designing and implementing interventions.
- Education sector:** All the programmes, activities and players in the field of education.
- Employee:** Includes, but is not strictly limited to, teachers, administrators, literacy workers, support staff, managers and other employees, from the various directorates and from national, provincial, district and institutional level.
- HIV:** Human Immunodeficiency Virus- the name of the virus which undermines the immune system and leads to AIDS.
- HIV/AIDS impact:** The socio-economic, psychological, emotional and other consequences arising as a result of the spread of the virus.
- Holistic care and support :** Means of care and support that addresses physical, emotional, psychological and other needs of infected and affect individuals.
- Infected person:** A person who is diagnosed or living with HIV and AIDS.

- Life skills:** Practical skills and values taught as part of the curriculum to prepare pupils for real living and to be more self- assured. Curriculum also often includes aspects of teaching children how to protect themselves from harm, including HIV infection.
- Psychosocial support:** Physical, economic, moral or spiritual support provided to an individual under any stress.
- VCT:** Voluntary Counselling and Testing is voluntary HIV testing that involves the process of pre- and post-test counselling, that helps people to know their sero-status (HIV status) and make informed decisions.
- Workplace:** Occupational settings, stations and places where workers spend time for employment. Schools and other institutions of learning are also considered to be workplaces.

CHAPTER TWO

LITERATURE REVIEW

This chapter presents a review of relevant literature. It deals discusses the overview on the HIV and AIDS pandemic, the pandemic and its epidemiology, modes of infection, HIV and AIDS in Zambia, impact of HIV and AIDS on the education system, responses by ministries of education and workplace policies at the school level.

OVERVIEW

According to Barnett (2002), 'HIV and AIDS is not the first global epidemic, and it certainly won't be the last'. It is a disease that is changing human history. Its presence and effects are felt most profoundly in poor countries and communities. USAID (2003: 46) asserts: "the spread of the disease has undermined human capital and it weakens a country's potential for sustained economic growth and poverty reduction". USAID further goes on to say that ...in the most severely affected nations, the disease is reversing the gains of economic development and shortening life expectancy.

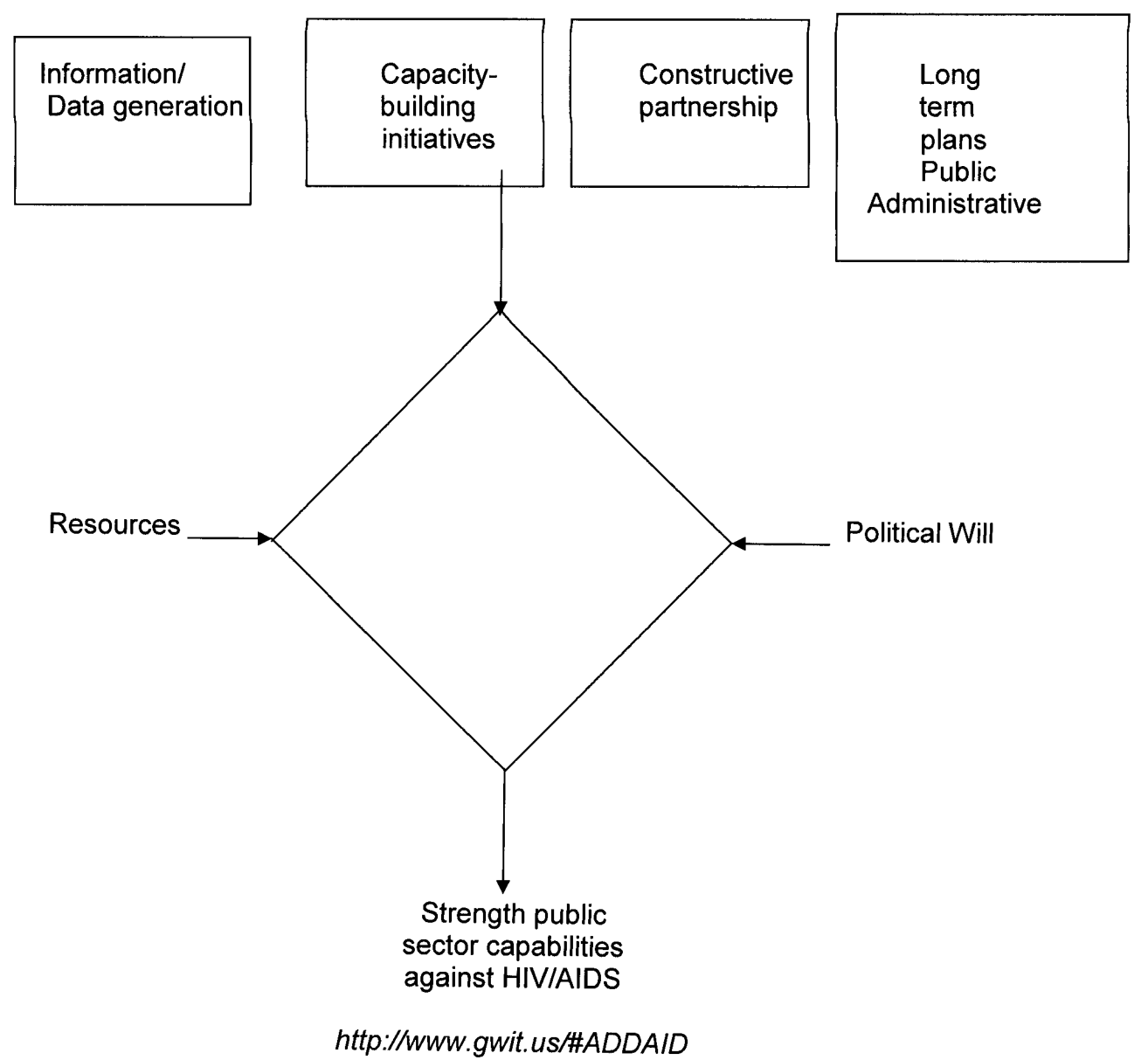
Africa is the epicentre of the epidemic with the highest mortality in the world. In 2006, Africa accounted for 63% of all persons living with HIV (UNAIDS, 2006). Among all the new infections 40% were observed in young people aged between 15 and 24 years, and over one third of the population in Sub-Saharan Africa were living with AIDS and its debilitating effects, 716.8 million were in their primary and secondary-school age cohort. The vast majority of those infected were men and women in the productive 15 to 50 age group, and is very conspicuous among young adults in the 15 to 25 age group.

ILO (2004) estimates that two thirds of people living with HIV go to work. It was therefore, imperative that the impact of HIV and AIDS on productivity of the workforce and enterprise efficiency in all sectors of economic activity and

development was dealt with. Teachers have not been spared in this spread. Ministries of Education world over were faced with a great challenge of having to put a stop to the negative effects of HIV and AIDS on its valuable human resource development. The systematic and management challenges faced were mortality and morbidity of sector employees. The MoE face an increased attrition of staff due to HIV and AIDS related factors, low morale, stigma and discrimination in the Education Sector Workplaces especially in schools (MoE,Uganda;2004). Until then it remained the single largest management challenge for the education sector.

The responses to the epidemic were manifold. Countries introduced legislation to facilitate mitigation of the impact of the epidemic and for the protection of the rights of Persons Living with or affected by HIV and AIDS. At sector level a lot of consultation was done among workers, employers and their organisations as well as other key stakeholders and these resulted in comprehensive workplace policies and programmes. These have been constructed on the following schemata:

Figure 1: Workplace Policies and Programmes



Despite all these efforts, new infections continued to occur and the impact of the epidemic continued to cause untoward pain and suffering across sectors and at family and individual levels. More still needed to be done. UNAIDS (1999), favoured a communication framework which looked at the multi-level, cultural and contextual guide to designing interventions. These interventions must be aligned with five contextual domains, these being; government policy, socioeconomic status, culture, gender relations and spirituality. Singhal & Rogers (2003:217) quoting Pasick (1995) assert that: 'by focusing on these five contextual domains , communication experts

can come up with flexible, cultural-based, holistic strategy in which the interventions are located in the social patterns of relationships among individuals, as may be determined by their age, seniority, gender, socioeconomic class, and cultural and spiritual beliefs'. The pertinent question was, were the communication systems in high schools effective enough to deliver information to the intended groups?

THE PANDEMIC AND ITS EPIDEMIOLOGY

The earliest case of the HIV virus was detected in one of the 1,213 stored blood samples that were collected in 1959 in Africa. One of the donors, labelled as "L70" believed to be a Congolese living in Kinshasa with sickle-cell carried the virus (Zhu et al., 1998). Later in 1970, experiences of a strange disease were observed in European hospitals. In 1975 Dr. Grethe Rask, Danish by origin returned home from the then Zaire after falling ill and died in 1977. After his death a biopsy was conducted and it was discovered that he had died from a rare *Pneumocystis Carinii* Pneumonia (PCP), and a lot more doctors developed this rare condition in Paris hospitals (Shilts, 1987). Shilts further explains that a young Air Canada flight steward who frequented Paris during this period and contracted the virus was years later known for spreading the virus in America.

In 1979/1980, Doctors in America started observing clusters of past rare diseases such as pneumonia found in birds (*pneumocystis carinii*) and a cancer called kaposi's sarcoma. The diseases were reported about in the MMWR of 5th June, 1981. The first cases of the disease were found among homosexuals. It was for this reason that the disease was called, Gay-Related Immune Deficiency Syndrome (GRID). In later years the disease was observed among haemophiles (mostly recipients of blood), injecting drug users, as well as infants born to drug addict mothers. At this point it was realised that it was not a 'gay' disease, hence it was renamed; 'Acquired Immuno-Deficiency Syndrome' (AIDS).

The acronymy can further be explained as:

- 'A' standing for Acquired. The virus is not contracted through casual contact like flu. To be infected, one has to do or have something done to them to be exposed to the virus.
- 'I' and 'D' represent 'Immunodeficiency'. The immune system is attacked by the virus to levels where it is unable to fight infections, thereby becoming deficient.
- 'S' stands for syndrome. AIDS is not one disease but a presentation of a number of diseases that unveil as the immune system collapses. It is for this reason that it is regarded as a syndrome.

In Zambia according to Bayley, (1984:11), 'there was an increase of cases of Kaposi's Sarcoma at the University Teaching Hospital (UTH). By 1981, AIDS was recognized as a global syndrome. At this point scientific research intensified and in 1983 the virus known as HIV-1 (Human Immunodeficiency Virus) was discovered by a team led by a French scientist Luc Montagnier. Later the HIV-2 was identified and is said to be more difficult to transmit. HIV-1 is more lethal and infectious and of all HIV cases 55 percent are of this type. Since HIV-1 multiplies fast, mutation occurs, over the years 11 different subtypes of it has been known and is designated as A through K. According to Singhal and Rogers (2003:63), 'Subtype B is found among Americans, Japanese and Europeans, as for South Africa and India subtype C is dominant'. In Thailand the E strain is observed. The virus does not have cell walls hence being parasitic in nature and resistant to drugs. It can only replicate by entering host cells called T lymphocytes which protect the human body. The agility of the human body to protect itself is measured through the CD4 count and a healthy body must have a minimum of 1500-7000 cells per cubic millilitre of blood. When the number of CD4 cells drops to less than 500 it is a sign that the immune system of the body is oppressed, below 200 the person develops opportunistic infections.

As at December, 2007, the disease had infected a total of 33.2 million people worldwide, reflecting a reduction of 16% from that of 2006 (UNAIDS, 2007). This was as a result of reductions in infection rates in India and Sub-Saharan Africa, particularly in Angola, Kenya, Mozambique, Nigeria and Zimbabwe attributed to

reduction in risky behaviour. Even with these reductions a staggering 6800 persons die from AIDS everyday and a further 5700 get infected.

MODES OF INFECTION

Singhal and Rogers (2003: 47), allude to the fact that ‘current strains of the virus are very fragile, and cannot survive for more than a second at room temperature and it is because of this, that it cannot be spread through a handshake, kiss, or a sneeze, nor by means of a mosquito bite’. They further point out that even sharing food, sharing drinking glasses or clothes will not transmit the virus.

The HIV virus can be transmitted through contaminated body fluids. The entry point can be the skin of mucous membranes into the bloodstream. The five major ways of transmission are:

- Unprotected sex.
- Mother to Child Transmission (MTCT).
- Use of infected blood or blood products.
- Use of intravenous needles which are contaminated
- Bleeding wounds.

According to the World Bank (1997a), the probability of HIV-1 infection per exposure can be summarised as follows:

Table 1: Probability of HIV-1infection per exposure

Modes of Transmission	Infection per 1000 exposures
Female to Male (unprotected vaginal sex)	0.33-1
sex Male to Female (unprotected vaginal	1-2
Male to Male, (unprotected anal sex)	5-30
Needle stick	3
Mother to Child Transmission	130-480
Exposure to contaminated blood products	900-1000

HIV & AIDS IN ZAMBIA

The world has been fighting the AIDS epidemic for the past 20 years and it has been followed by a string of predominantly losing battles. Year after year, more people become HIV-infected, and a lot more die from AIDS.

The Zambia National AIDS Council (2005) quoting (ZDHS, 2002), points out that the country was crippled economically, socially and in the health sector. Zambia was by 2008 experiencing a generalised epidemic and one of the worst in Southern Africa. Among the productive ages of 15-49 the prevalence rate was 17%, with women having a higher rate of 18% while men were at 13%. In urban areas the prevalence rates were as high as 25% as compared to 13% in rural areas. Among women of ages 15-24 the prevalence rate was 11.2% and for men the rate is quite low, at 3% (NAC, 2006). The following table shows the infection rates among the different age groups.

Table 2: HIV Prevalence among Young People

Age	Women %	Men %	Total %
15-19	6.6	1.9	4.6
20-24	16.3	4.4	11.4
15-24	12.5	3.0	7.7

Source: Zambia Demographic & Health Survey (ZDHS, 2002)

In general, sexual behaviours exposing both men and women to HIV infection seemed to have continued in spite of national efforts to change the trend. Mortality and morbidity rates because of the disease were still high; the orphan problem had been exacerbated putting household food security at risk. Other cardinal features of the Zambian scenario that were increasing the spread of the disease were the high rates of urbanization and high level of poverty which was over 70% of the population. In response to this the government had put in a number of measures like Provincial and District AIDS Task Forces, and HIV & AIDS intervention Strategic Plan

2002-2005. In 2006, the National Strategic Plan was put in place to guide multi-sectoral response plans.

Despite current economic conditions, the past decade saw an increase in attention to the pandemic in the public and private sectors, hence the declaration of HIV and AIDS as a national crisis from August 2004 to July 2009 (NAC, 2005). According to NAC, the staggering statistics show the desperate need for greater collaborative multi-sectoral strategies and extensive public and private resources to slow the spread of HIV and AIDS and to address the critical needs of those infected and directly affected. According to Donato (2004), the impact of HIV and AIDS is greatly manifested in three critical issues, these are:

- increasing need for effective prevention, care, and service programmes in disenfranchised communities hit by this disease.
- increasing domestic HIV and AIDS needs as the number of people living with HIV and AIDS increases.
- volatile, often politically-charged debates over the efficacy of current HIV prevention interventions.

The corporate sector supported the fight against HIV and AIDS through essential workplace programmes, which were also consistent with growing trends in the corporate social responsibility. Companies and ministries with large workforces in heavily affected areas committed resources to fight the disease in the workplace through comprehensive programmes including non-discriminatory policies, awareness and prevention and, access to care, support and treatment of employees who were HIV positive, and in some cases, their families also. In order to streamline HIV issues in the MoE workplaces including schools, the donor community had spearheaded the establishing of HIV and AIDS structures within the Ministry of Education as well as engaging persons to fully coordinate the work.

IMPACT OF HIV AND AIDS ON THE EDUCATION SECTOR

Sub-Saharan Africa faced a daunting task of countering the devastating impact of HIV and AIDS. Countries like Kenya, Uganda, Swaziland, Zambia and Zimbabwe faced a future shortage of teachers in the years to come. In the case of Swaziland (World Bank: 1997a), by 2020 there would be a need to train 7000 teachers to sustain the demand for teachers caused by AIDS deaths.

Rispel (2006), quoting Boukary (2006) gives a proper analysis of the challenges and threats the education sector faced due to HIV and AIDS. This is reflected in Table 3 below:

Table 3: Overview of Challenges and Threats Posed by the Epidemic to the Education Sector

HIV and AIDS and the Classroom Environment

- Teachers and students under severe psychological and physical stress
- Interference of discriminatory practices in the teaching-learning processes.
- *Teachers ill-prepared to cope with rapidly changing learning and learners' conditions.*
- Access to and knowledge of coping mechanisms scarce and poorly focused and organised.

Impact on the School Environment

- . Disruption in management of teaching personnel and overall organisation of schools due to death and absenteeism of teachers, discrimination and stigmatisation.
- School managers (Principals) ill-prepared to face new challenges, including pressure from communities regarding perceived insecure working conditions.

Impact on Teachers

- .Teacher absenteeism due to attending funerals, market days and /or - moonlighting for extra income.
- Teacher illness and death
 - in all countries, learning is adversely affected when a teacher dies.
 - in a few countries, even neighbouring schools are affected by deaths.

Immediate Community Environment under HIV and AIDS

- Climate of suspicion straining relationships between schools and communities
- Integration of teachers in communities compromised
- School Management Committees, when they exist, are busy settling conflicts
- Parents and community leaders ill-informed about, and unprepared to cope with, HIV and AIDS.

Source: H. Boukary, " HIV and AIDS in Africa: the education and the need for an accelerated response", A Paper presented at Regional Workshop, 12-14 September, 2006.

The Ministry of Education fully recognised the need to have a focused reformatory direction in order to effectively respond to the dynamic international, national and individual needs. This is clearly highlighted in the National Policy, 'Educating Our Future' of 1996. The need to fully appreciate the impact of HIV and AIDS on the sector in Zambia was visibly obvious in the 1990s.

The epidemic was posing a great challenge on the education sector and the public service as a whole. There had been loss of skilled labour, increased recruitment and training costs, distortions in manpower planning, absenteeism, increased health care expenditure, decline in performance, erosion of work ethics and interruptions in career progressions (Ssemakula, 2004). This greatly compromised the ability of the public sector as a whole to serve the common interest of the national service delivery and development.

According to Kelly (1999), HIV and AIDS has been able to affect education in ten different ways. These are outlined as follows:

- Reduction in demand
- Reduction in supply
- Reduction in availability of resources
- Adjustments in response to the special needs of a rapidly increasing number of orphans.
- Adoptions to new interactions both within schools and between schools and communities.
- Curriculum modification
- Altered roles that have to be adopted by teachers and the education system.
- The ways in which schools and the education system are organised.
- The planning and management of the system, and
- Donor support for education.'

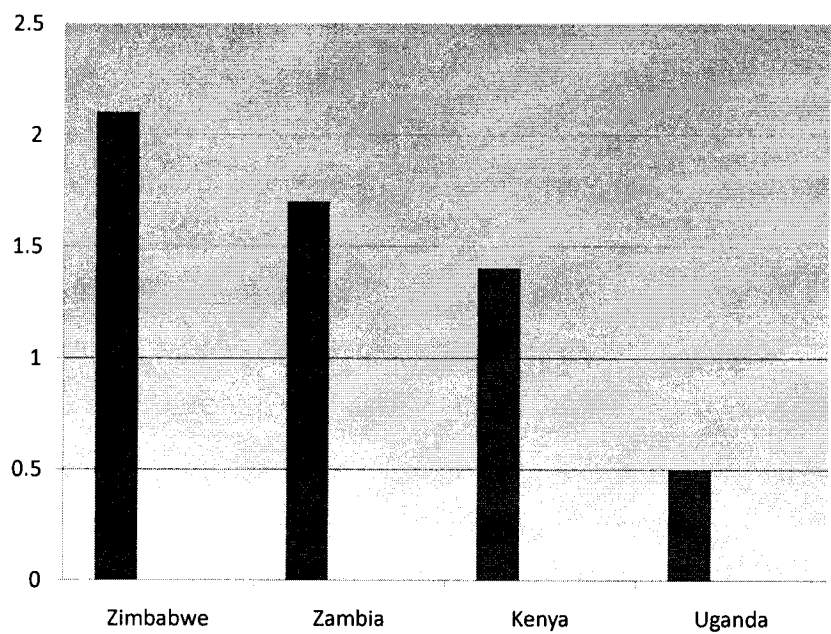
Demand for education in some countries has been badly affected in that children who become sick are taken out of school. Households' financial ability were strained

therefore, parents were unable to support their children's education .It is however, not right to generalise the impact of HIV and AIDS on the demand of education as systematically declining in all countries. In Botswana for example, absenteeism rates were relatively low in primary schools and there was evidence to show that orphans had better attendance records than non-orphans (UNESCO,2006). In the case of Malawi and Uganda the situation was better, the difference in school attendance among orphans and non-orphans was minimal. As for Zambia by 2010 the population of primary school age was expected to be three-quarters of a million less than it would have been without AIDS.

According to the World Bank (2002), HIV and AIDS has had a visible effect on the supply of education and quality. In 1999 it was estimated that 860,000 children in Sub-Saharan Africa had lost teachers to AIDS. Additionally AIDS deaths increased among education sector personnel like administrators, planning officials, inspectors etc. Teachers in Africa, have been labelled as a 'high-risk group' in this era of HIV and AIDS. This has been attributed to the young teaching personnel found in most countries as well as their relatively well off positions. This scenario has adversely affected the delivery of education.

Evidence from Africa as seen in Figure 2 reflects an emergent situation; in Central African Republic 85 percent of teachers who died between 1996 and 1998 were HIV positive, and on average died 10 years before they were due to retire. In the case of Kenya as of 1995, about 450 teachers died and this figure rose to 1,500 in 1999, triple the initial number. In Malawi and Uganda, 30 percent of the teacher population were HIV positive, 20 and 12 percent in Zambia and South Africa respectively (World Bank, 2002).

Figure 2 : Average Annual Percentages of Teachers who Would Die from AIDS, Selected Sub-Saharan African Countries, 2000-10



Source: World Bank 2000b

Note: The estimations in Figure 2 are based on the assumption that teachers have the same infection rates as estimated for the general population.

Ramos (2006), quoting the Commonwealth of Learning (2005), observed that a total of 1,000 teachers had died in the previous two years due to HIV and AIDS related diseases. In the light of these circumstances the MoE put in place a number of responses and further encouraged efforts of organisations like the Anti Aids Teachers Association of Zambia (AATAZ).

RESPONSES BY MINISTRIES OF EDUCATION

In the absence of a national HIV/AIDS/STI/TB, Strategic Plan in Zambia, the Ministry of Education had to develop a Strategic Plan. The 2001-2005 Strategic Plan came in as a reactive process to a new issue. MoE (2006) asserts that a lot of lessons were learnt from this strategic plan and these included the following;

- i. Most programmes were dealt with holistically although a mid-term review was not undertaken.
- ii. Although a comprehensive framework to address HIV and AIDS at all levels was available, not much impact was created in reducing infection.
- iii. The training of Trainers on HIV and AIDS, Life Skills (LS) and Sexual reproductive Health (SRH) fell short of developing relevant curricula and structures that were available.
- iv. Emerging complexity of the HIV and AIDS issue, not as a health issue, created a crisis in terms of implementation strategies.
- v. Lack of monitoring and evaluation of the Strategic Plan to assess the impact, made it difficult for the sector to appreciate the interventions.
- vi. Relevant policies were not well articulated during the implementation of the Strategic Plan and hence it was difficult to establish linkages with some areas.
- vii. The emphasis on investment in basic education meant that similar reforms needed in high school and tertiary education had not been fully implemented.
- viii. HIV and AIDS data had not been developed and operationalized by 2005.
- ix. Care and support needs were not clearly articulated and hence no mechanisms for follow up were put in place during implementation.
- x. Roles of NGOs in the Strategic Plan were not well articulated.

It was after this critical assessment that the MoE came up with the HIV and AIDS Workplace Policy in 2006. The MoE planners realised that the epidemic was very significant hence the need to implement specific strategies in the Work Place Programme (WWP). This move, though not an easy task, has tremendously helped Ministries of Education world over to effectively mainstream HIV and AIDS interventions across all sub-sectors. The 2006-2007 Strategic Plan was put in place and its priority strategic areas were school, learner, teachers, MoE and other stakeholders. In this plan, the emphasis is largely placed on high schools and tertiary institutions, the reason being that in the first Strategic Plan they were neglected and had poorly planned and uncoordinated preventive education programmes.

Across countries responses have reflected a similar pattern and the main reason being that most of them, if not all, were donor-driven. UNESCO (2006), notes that an effective education sector response must include five essential components:

- i. Quality education, including cross-cutting principles based on inclusive rights, gender and cultural sensitivity and must be scientifically accurate.
- ii. Content, curriculum and learning materials which are level appropriate and inclusive of preventive knowledge, attitudes and other risk factors.
- iii. Educator training and support.
- iv. Policy, management and systems such as workplace policies, planning for human capacity, strategic partnerships and effective monitoring and evaluation of outcomes.
- v. Approaches and illustrative entry points which encompass school health, life skills, peer education, counselling and referral, communications and media, school feeding, adult education and literacy, and greater involvement of people living with HIV and AIDS.

According to UNESCO (2006:15), “Experiences from many countries show that coverage on its own, while important, is not enough”. There is need to improve on the quality of education for the learners as well as reinforce learning at regular intervals. In the light of the present circumstances, communication professionals, tackling the pandemic presents challenges on four fronts:

- i. Transmission challenges: HIV and AIDS was unseen, silent, and non-debilitating for many years, yet infectious. It was non-discriminatory in its transmission and 90 percent of people living with it do not know that they carry the virus.
- ii. Behavioural challenges: HIV and AIDS is transmitted through unequal human interactions between men and women. These behaviours were shaped by

deeply embedded socio-cultural traditions like patriarchy and circumcision, private and personal behaviours like sex and drug abuse, and recurring behaviours such as condom use. Singhal & Rogers (2003: 206), explain: 'these behaviours are highly functional in that they satisfy physiological, psychological, or socio-affiliative needs and those whose discussion was considered taboo by society; those moralized upon, stigmatized, and discriminated against by society'. Communication, he explains clearly helps to break these inequalities and put in place policies that equalise the status-quo.

- iii. Response challenges: effective responses to the disease look at issues of picking lifestyles that are compliant with certain behaviours, availability of certain products or services. In these times, it also needs foregoing pleasure and adventure. In this case communication helps deliver prevention messages to an intended audience.
- iv. Targeting challenges: HIV and AIDS is widespread among populations hard to reach such as gay men ,injecting drug users, commercial sex workers, women and children, compound dwellers, migrant workers, and truck drivers (Singhal and Rogers,2003:112). Communications through people like peer educators can help reach these people.

In 2000, at a conference organised by Education International, Ministries of Education in Africa had a close analysis of interventions they had in place. Among the many responses in place , 17 countries put a lot of stress on school-based programmes focusing on learners. They intended to achieve this through curriculum based education as well as extra-curricular activities to deliver messages on HIV and AIDS. The scientific approach focuses on the inclusion of HIV and AIDS in Science subjects like Biology while life-skills focus on the need to empower pupils with assertive skills to prevent HIV. Kenya and Zambia adopted the Life-Skills approach and India was the best example of a country which had adopted the scientific approach (Boler and Aggleton, 2005).

In Sub-Saharan Africa a number of countries like South Africa, Lesotho, Ghana, Tanzania, Botswana and Zambia have made headways in the inclusion of HIV and AIDS in their curricula's. As for Uganda, as highlighted by Jacob et al (2006), the integration was slow due to outdated text books, inadequately trained teachers and administrators, and sensitive cultural issues that had hindered discussion about sex education and safe-sex practices in schools. In the case of Commonwealth Caribbean countries, through extensive works carried out by UNESCO and UNICEF, ministries in charge of education in Barbados and Jamaica implemented a number of responsive programmes though not much at school level (Morrissey, 2005). By 2003, there was renewed commitment which saw the inclusion of HIV and AIDS in teacher training university curriculum and publishing of instructional textbooks on mitigation and prevention.

UNESCO (2006:23) point out that: "In Kenya a needs assessment was conducted in 2003 to establish the training needs of education planners and managers for HIV and AIDS management in the sector", after having started HIV and AIDS education in schools. The findings revealed an urgent need to enhance capacity and proper understanding of the disease's impact on the sector.

It is from this background that organizations like USAID- Mobile Task Team (MTT), IIEP, WHO and EDC were supporting capacity building to speed up education sector responses, especially in Africa.

Apart from India, according to Boler and Jellem (2006:27), 'all countries with an HIV and AIDS curriculum had them designed for both primary and secondary levels, though some representatives from civil society fear that most countries with well thought comprehensive guidelines for HIV and AIDS curriculum were not progressing beyond this stage'. This resulted in the schools being left to decide to follow it or not. Ramos (2006:13), points out that:

“ in Zambia a manual on interactive Methodologies for HIV and AIDS prevention was developed in 2003, but the challenge has been to get

teachers trained in interactive methodologies and life skills for psychosocial competencies”.

These challenges were systematically dealt with by the introduction of programmes like School Programme of In-Service for the Term (SPRINT) where information and methodology were shared. This was conducted in the cascade model and headteachers from school as well as Zonal Resource Centres and District Resources Centres were active members.

WORKPLACE POLICY AT THE SCHOOL LEVEL

Past international AIDS conferences had put a lot of emphasis on biomedical research, with prevention and policy advocacy shoved into back rooms, “but the 2002 Barcelona Conference marked the emergence of intervention and policy from the shadows of biomedical science” (Singhal and Roger;2003:389).

Policy in so many ways endeavours to govern professional lives of educators and is primary to their and the sector’s response to crises like the AIDS pandemic. In a big way, if well implemented, policy has a direct bearing on attrition levels of teachers by providing a positive and supportive working environment. Simbayi et al. (2005), noted that in many countries policies were found to be well written and a number of successes observed in aspects of transformation of educational structures. They further observed that “problems encountered are brought about by a lack of implementation due to disjuncture between the national office and provincial and district offices in South Africa”. This is further worsened by inadequate finances and planning.

Workplace policies comprised one of the key themes fundamental to any comprehensive education sector. UNAIDS (2004) sees workplace policies as initiatives that had a legal framework for the protection of employees’ rights containing regulations that govern the appropriate conditions of employment, establish efficient monitoring and reporting mechanisms of HIV and AIDS impact on teachers and other employees in the sector. HIV and AIDS is a workplace issue and

should be treated like any other serious illness/condition in the workplace. This is necessary not only because it affects the workplace, but also the workplace being part of the local community has a role to play in the wider struggle to limit the spread and effects of the epidemic (ILO, 2000).

In public high schools comprehensive workplace policies with specific features unique to the sector were contained within educational environments.

The HIV and AIDS workplace policy for the Education Sector in Zambia had four main strategic areas;

i . HIV prevention and wellness programme

In order to avoid further infection the MoE wanted all persons to be well informed and knowledgeable on prevention techniques. In the absence of a vaccine or cure, education and awareness are vital. IEC materials would be provided to easily avail the information to teachers and learners. HIV and AIDS prevention and life skills were mainstreamed into the existing curriculum with appropriate learner and teacher support materials.

ii .Care and Support

Teachers and learners affected by the disease would be supported through counselling, VCT and guidance services at learning institutions. Treatment and care would be provided for infected employees and learners.

iii .HIV and AIDS and the workplace

According to the policy, the school should be sensitive, responsive to HIV and AIDS and free of risk and stigma, that is supported by non-discriminatory terms and conditions of service and labour practices for all teachers and learners

iv. Management of the response

All schools needed management structures, information systems, partnerships and programmes to plan and ensure and sustain quality education in this era of HIV and AIDS. Schools needed Focal Point Persons to coordinate and manage the responses

in place. To achieve this there was need for capacity building and strong will on the part of leaders.

SUMMARY

This chapter two gave an overview of the HIV and AIDS pandemic, its epidemiology and its impact on the education system in Zambia and World over. Responses in place to deal with the epidemic were also discussed. The next chapter three will focus on the methodology.

CHAPTER THREE

METHODOLOGY

This chapter gives an overview of the rationale behind the selection of the Provinces and schools, the research design, methods and tools of data collection and sampling methods adopted. Finally, the data analysis framework will be availed.

LOCATION

This research was carried out in Lusaka and Northern Provinces of Zambia. In Lusaka, the high school selected was located in the prime area of the city whose catchment areas were: Kamwala, Misisi, Kayama, Chawama and John Leing compounds. In the Northern Province, the school selected was also in the prime area of Kasama.

The field study was carried out in Lusaka and Northern provinces of Zambia, and the two provinces were picked for the following reasons;

- i. Lusaka had the highest HIV and AIDS prevalence rate of 25% and Northern with the lowest rate of 8%.
- ii. They both had the workplace policy being implemented in high schools.

The schools which remained anonymous had students enrolled in grades 10-12.

RESEARCH DESIGN

Much of the study took the form of an interpretative qualitative approach and a bit of quantitative. The interpretative qualitative approach was adopted to address the research questions using a case study design to evaluate current policy and practice in high schools. Parker (1995:68), explains that: 'qualitative research is especially suited to unravelling the complexities of local knowledge, social and cultural perculiarities, and power and control issues'. Qualitative research describes and interprets; and since the AIDS epidemic dramatizes what we do not know about

sexuality, it is able to overcome this by paying particular attention to the socio-cultural context. According to Akpaka (2006), the qualitative approach pays attention to the many modes of communication (spoken language, body language, written records etc). As further stipulated by Randall (1988), it is able to draw a line between what people say they have to do (the rules), what they say they do (the norms), and what they actually do (reality).

The case study used multiple methods of data collection (Triangulation). This was to enhance enrichment of the quality of the data thereby establishing validity and reliability of the findings of the study.

POPULATION

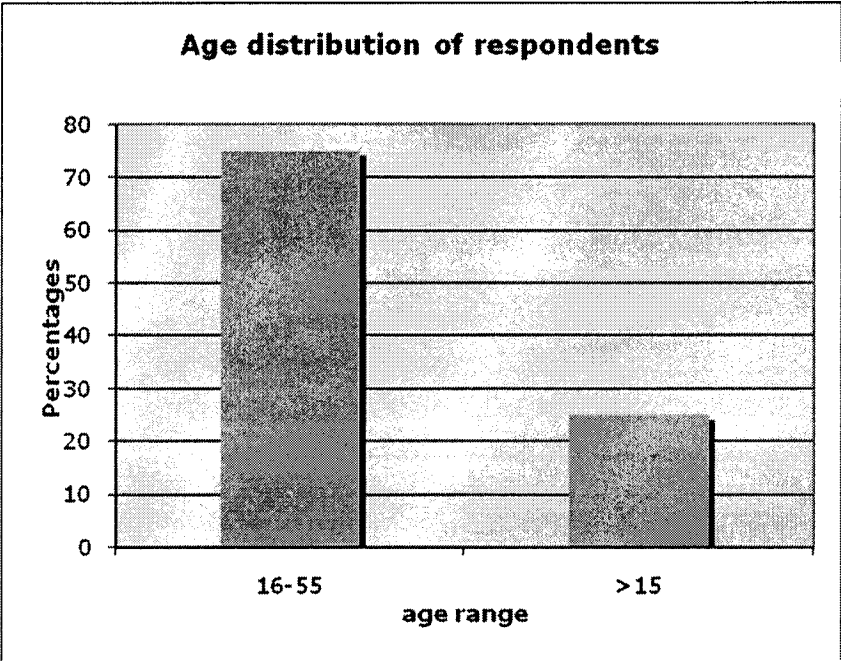
The population included all high schools in Lusaka and Northern Provinces.

SAMPLES AND SAMPLING TECHNIQUES

The informants were purposively selected in relation to their job descriptions. Selection was based on their status and rank at MoE and the school as well as their daily responsibilities. The key informants included; the school Headteacher, chairperson of the Anti HIV and AIDS committee (Focal Point Person), teachers trained in teaching life skills, pupils and MoE officials. A total of 165 informants were selected: These were 3 MoE officials, 2 headteachers, 2 focal point persons, 11 teachers and 147 pupils.

Seventy-five percent (75%) of the respondents were between the ages of 16 – 55 years and twenty-five (25%) were below 16 years of age. This reflects the diversity in age range among the respondents, as both the young and old were captured in the study. The bar chart below reflects the age difference:

Figure 3: Age Distribution of Respondents



SEX OF RESPONDENTS

From a total of 165 respondents sixty percent 60% (99) of the respondents were male and forty percent 40%(66) female, meaning that the larger number of the participants were males, as reflected in the table below;

Table 4: Sex of Respondents

SEX	NUMBER	PERCENTAGE (%)
Female	66	40
Male	99	60
Total	165	100

Data Collection Instruments

A number of research instruments were used to collect data to ensure comparison of the findings. These included the following;

1. Interview guide for MoE officials- The instrument solicited data on how their jobs required them to deal with issues pertaining to HIV and AIDS. Questions on how long the HIV and AIDS Workplace policy had been in place and what monitoring mechanisms were in place as seen in appendix A.

2. Interview guide for Head teachers- The guide tried to get data on what strategies were in place at school level and if there was a feedback mechanism with the Ministry of Education. It also shade light on what challenges they faced as administrators. This is reflected in appendix B.
3. Interview guide for teachers-As seen in appendix C, the guide solicited for data on how well they were able to teach HIV and AIDS and how familiar they were with the policy.
4. Interview guide for Focal Point Person (FPPs) - The guide looked at issues of challenges faced in the course of implementation and what indicators they were using to monitor the policy, this is reflected in appendix F.
5. Questionnaire for Pupils- The tool found in appendix E solicited for personal data and how much information they had on the HIV and AIDS Workplace policy.
6. FGDs guide for pupils- This guide was used to get information from pupils such as things they would like to see put in place to help fight the pandemic. This is found in appendix D

DATA COLLECTION

Data were collected during the first term of the school calendar which extended from January to April. A tape recorder was used to record FGDs with pupils and interviews with MoE officials, Headteachers and focal point persons. Since FGDs were complimentary of other research methods, they helped the researcher gain insights into the shared understandings of everyday life and in which others influence individuals in group situations. Projective questions were presented to the pupils and responses were received in written essays.

At the MoE three (3) senior officials in key decision making positions and officials in charge of policy direction related to implementation of strategies on HIV and AIDS workplace policy in high schools were interviewed. Interviews at the MoE were used to elicit for information pertaining to: MoE policy on HIV and AIDS at the workplace, feedback mechanism (if any), institutional strategies and obstacles to effective communication and how the MoE was assisting in dealing with these obstacles.

At the school level, in-depth interviews were conducted with key informants. These included the school Headteacher, teachers on the Anti-AIDS committee and those trained in teaching Life Skills, Focal Point Persons and pupils.

The tools used enabled the researcher to capture information such as, presence and use of HIV and AIDS strategies or policy guidelines in the school, known or perceived impact of the HIV and AIDS policy strategies on the school, ways in which HIV and AIDS education was organised and managed in the school, how training in teaching of HIV and AIDS and Life Skills had impacted on teachers.

FGDs with pupils covered issues on how they perceived information that was provided on HIV and AIDS. What they saw as weaknesses and strengths as well as recommendations on ways of improving the teaching of the subject in high schools. Questionnaires for the pupils were based on personal profile, Workplace policy and HIV and AIDS activities in high schools.

DATA ANALYSIS

Data from projective essays were thematically analysed. Interview data were analysed and categorised in terms of themes. A bit of quantitative data collected were analysed in the form of tables. Observational data were coded in common themes.

SUMMARY

The chapter has looked at the methodology used to collect data as well as the population. The samples and sampling techniques were also reflected. In the next chapter four the findings of the study will be dealt with. It will look at responses from all the respondents.

CHAPTER FOUR

FINDINGS OF THE STUDY

This chapter presents the findings of the study. It shades light on the strategies adopted in high schools and how learners were relating with them. The responses are presented according to research instruments used with each group of respondents. The chapter gives presentation of responses from Ministry of Education senior officials, Headteachers, teachers and learners in line with the objectives of the study.

RESPONSES FROM MINISTRY OF EDUCATION OFFICIALS

Three officials were interviewed at the Ministry of Education. These were the HIV and AIDS programme Manager, the Director of Human Resources and the Coordinator of Life Skills and HIV and AIDS Education. All three in carrying out their duties dealt with issues pertaining to HIV and AIDS in schools as workplaces. They were therefore, able to acknowledge the seriousness of the pandemic in the Ministry.

Questions concerning feedback mechanism to monitor statistics and implementation of strategies on HIV and AIDS received divergent responses. This was mainly due to the fact that the HIV and AIDS Workplace Policy was initially the responsibility of the Human Resources Directorate but since 2004 the Educational Quality Improvement Programme (EQUIP2) had been running and providing technical support to the Ministry of Education on issues pertaining to HIV and AIDS. EQUIP2, being a programme funded by the United States Agency for International Development (USAID) under the Presidential Emergency Fund for AIDS Relief (PEPFAR) had, in practical terms, taken over running of programmes on HIV and AIDS.

To have an effective monitoring system in place was a far fetched dream but under the existing system the best option would be to fuse it into the Standards Directorate. The EQUIP2 Programme Manager commented:

It would be easy to monitor implementation of strategies if the monitoring mechanism was coordinated with the Standards Directorate since personnel from there are frequently in schools to monitor the quality of education.

Since the monitoring mechanism was poor it was difficult to know how many high schools were implementing the policy in Lusaka, but it was a well known issue that all the Headteachers were trained to come up with school based HIV and AIDS policy. After the training drafted policies workable within the immediate environment were submitted from a lot of high schools, there was no follow up from the Ministry. As much as they could not make follow-ups the Ministry through EQUIP2 provided minimal financial support to high schools.

As one of the major strategies the Ministry had in place, Life skills teaching was encouraged from basic up to high school levels. According to the Life Skills and HIV/AIDS Coordinator, teachers' and pupils' handbooks for high schools at the time this research was conducted were non existent, but the coordinator was hopeful that by the end of 2009 they would have come up with something. She further said that the teaching materials being used in HIV and AIDS were in most cases solicited by the individual schools from cooperating partners.

RESPONSES FROM HEADTEACHERS

The Headteachers who participated in the research indicated that their duties as heads included, supervision of teachers, ensuring that all academic programmes were running smoothly and disciplining both teachers and pupils. In carrying out their duties the Headteachers saw to it that HIV and AIDS activities were well conducted. They provided finances for the running of the Anti AIDS club. The Headteachers pointed out that, girls were the most risky group in high schools.

The Headteachers pointed out that no survey or statistical information was at that time conducted or available to help in the planning process but all the teachers were aware of the existence of the Workplace Policy unlike the pupils who knew nothing.

During the sensitization period of the policy a lot of talks were held but stopped along the way because there was nothing new to discuss.

The schools had no feedback mechanism with the Ministry, and no structures to coordinate HIV related activities though the sensitization period on the Workplace Policy contributed to reducing stigmatisation among the HIV infected teachers. A number of teachers were also trained in teaching Life Skills and talks on HIV/AIDS were held during Assembly and occasionally in classrooms. According to the headteacher, teachers were able to identify with the Workplace Policy in that they were in a position to enjoy a number of strategies put up for them, including VCT and Supplements for the HIV positive.

RESPONSES FROM THE FOCAL POINT PERSONS

All the teachers trained in teaching Life Skills did not encounter any problems in teaching the subject. For the schools to counteract the challenges posed by the disease, the administration held workshops to discuss what measures to improve on. The schools faced a lot of challenges in the implementation of the Workplace policy due to lack of funds but to ensure that the strategies put in place benefited the target groups peer educators were available to give talks.

The Focal Point Persons were able to point out that , HIV and AIDS was the second greatest challenge the schools faced, the first being a lot of teacher deaths and a high degree of absenteeism.

RESPONSES FROM TEACHERS

The majority of the teachers who participated in the research perceived HIV and AIDS as a manageable threat. Over the years its effects had been dealt with in many ways. The teachers were able to make mention of measures such as Anti -retroviral Therapy (ART), Voluntary Counselling and Testing (VCT),HIV sensitization, Teachers' Health Days. During Assembly, teachers trained in HIV and AIDS gave talks to Learners and other members of staff. One of the teachers said:

The school administration organises workshops with organisations such as CHAMP at least once a year. These workshops are coordinated by the facilitators. Yes they have brought about change, teachers discuss freely and openly issues to do with HIV and AIDS.

The teachers were quick to point out that the school administration from time to time provided booklets and posters for learners and teachers to be constantly reminded about the disease. The school had further integrated HIV and AIDS in subjects like Biology and Religious Education.

Apart from those who taught Mathematics, all teachers who took part said they were able to teach about HIV and AIDS as well as life skills. Additionally, a teacher stated:

I teach about HIV/AIDS and life skills such as assertiveness, self esteem during SAFE Club Programmes.

All the teachers admitted that the teaching of HIV and AIDS was not difficult because there was a lot of literature, learners already had some knowledge about the disease and were always keen to learn more about it.

In order to effectively teach about HIV and AIDS teachers suggested that their salaries must be increased, while others thought it wise to just increase training opportunities.

Teacher informants pointed out that counselling and food provision were effected in order to help both teachers and learners suffering from HIV and AIDS in the school. These provisions were in place partly due to the fact that all teachers were aware about their rights as stipulated in the Workplace Policy. The teachers perceived the measures in place as adequate though some felt more could be done. Those who felt that more could be done pointed out:

The administration should pay particular attention to issues of literature provision, time, capacity building among teachers, drama and talks in classrooms.

RESPONSES FROM PUPILS

This section presents findings related to the questions given to pupils as informants in this research. The questions looked at pupils’ response to HIV and AIDS teaching, infected colleagues and what pupils knew about the disease. A total of 147 pupils responded to these projective questions:

- 1. How do the pupils in your classroom react when they have been talked to about HIV and AIDS?
- 2. If a pupil in your class misses lessons, and it is rumoured that he/she may have AIDS, how do you think the other pupils would respond?
- 3. If at any time your class is given a forum to discuss issues about sex, HIV and AIDS, what important issues usually arise?

The findings were presented according to the above questions as follows:

PUPILS’ RESPONSES TO HIV AND AIDS TEACHING

Pupils who tackled the first question were 46 and their responses were diverse. In class pupils did not take the teaching of HIV/ AIDS and Life Skills seriously because they had more important things to do. They thought issues of HIV were for elderly people. They were too young to worry about their status and since it was not examinable, pupils thought it was a waste of time. Some pupils denied the existence of the disease, referring to it as witchcraft.

On the other hand some pupils paid more attention and were eager to learn more so that they could make informed decisions. The pupils were eager to learn more because it helped them know how to take care of those infected and also to prevent infection.

Among the 46 pupils who responded 21(45.6%) were receptive, 19 (41.3%) thought it not necessary and 6 (13%) were not sure about the teaching of HIV and AIDS in the classroom. The table below shows these findings:

Table 5: Responses on HIV and AIDS Teaching

Response	Number of Pupils	Percentage (%)
Receptive	21	45.6
Non Receptive	19	41.3
Not Sure	6	13
Total	46	100

Of the 46 pupils who responded to the question on how they felt about HIV and AIDS teaching, the majority indicated that it was important to teach the topic while the minority were not sure.

PUPILS’ RESPONSES ON HOW THEY WOULD REACT TO A RUMOUR ABOUT ONE OF THEM HAVING AIDS

Pupil respondents to the second question were 49 and had different answers. Some would feel pity for the infected pupils but would discriminate against them in terms of eating and talking because of fear of contracting the disease. Other pupils were uncomfortable with HIV positive pupils because of ignorance.

Pupils would show compassion to those infected and encourage them to have a positive attitude towards life. They would also provide help in school work for those infected in case they missed classes because of sickness. Some pupils would show support by sharing food and taking time to visit their HIV positive friends in case they failed to come to class.

Of the 49 (100%) pupils who responded 35 (71.45%) were more compassionate while 14 (28.50%) were resentful, the reason been ignorance. The table below shows this information:

Table 6: Pupils’ Reactions to a Rumour About one of them having AIDS

Reaction	Number of pupils who Responded	Percentage (%)
Compassion	35	71.45
Resentful	14	28.50
Total	49	100

PUPILS’ RESPONSES TO DISCUSSIONS ABOUT HIV/AIDS AND SEX

A total of 52 pupils responded to the third question. The highlighted issues pertaining to the role of condoms in sex, unsafe and safe sex and its consequences, abstinence as well as HIV and AIDS prevention and ways to teach people.

The pupils wanted to be taught how HIV and AIDS was contracted and challenges faced by those infected and how HIV and AIDS has impacted on our society. Other issues of interest that arose included the origin of the HIV virus and The right time to start engaging in sex.

During focus group discussions a number of issues were dealt with. Pupils pointed out that apart from the weekly assembly talks on HIV and AIDS, there were no programmes for pupils. Anti AIDS Club membership was not compulsory therefore not all pupils benefited from the activities conducted.

They did not know anything about the HIV and AIDS Workplace Policy. They were quick to point out that no one ever talked to them about HIV and AIDS during their normal classroom intercourse.

They suggested that Fridays should be AIDS days where talks to tackle all their fears about the disease would be fully dealt with and management should put up facilities like VCT and condoms for them. In conjunction with other Ministries, schools should put up sports facilities and provide books on HIV and AIDS. The Table below reflects a summary of the responses:

Table 7: Responses from Projective Questions for Pupils

Projective Question #	Responses	Positive Response	Negative Response
1.How do pupils in your class respond to HIV/AIDS teaching?	46	21-Eager to learn more.	19-Thought HIV/AIDS teaching not important and 6 were not sure
2.A pupil in your class is rumoured to have AIDS, how would other pupils respond?	49	35-Felt pity and compelled to show compassion.	14-Felt uncomfortable to sit or share anything with the infected person.
3.Given a forum to discuss issues about sex, HIV/AIDS what important issues arise?	52	52-They all wanted to learn about; -Role of condoms in sex, unsafe and safe sex and its consequences. -Abstinence -HIV and AIDS prevention and ways to teach people. -How HIV and AIDS is contracted and challenges faced by those infected. -How HIV and AIDS had impacted on our society. -How pleasurable sex was and its consequences. -The origin of the HIV virus. -The right time to start engaging in sex.	

SUMMARY

The chapter looked at the findings of the study and availed responses from all the informants. It shade light on the strategies adopted in high schools and how the learners were relating with them. The next chapter will focus on the discussion of the findings

CHAPTER FIVE

DISCUSSION OF THE FINDINGS

INTRODUCTION

This chapter focuses on the discussion of the findings of the research conducted to assess the strategies implemented in high schools as stipulated in the HIV and AIDS Workplace Policy. The presentation covers the findings based on the objectives of the research. The headings of the discussion are outlined as follows: the impact of the HIV and AIDS pandemic on high schools, teachers' ability to teach about HIV and AIDS and life skills after training, how the MoE gets feedback on HIV and AIDS activities in high schools, learners and teachers relating to the policy as stakeholders, challenges encountered by administrators in the flow of information about HIV and AIDS education, followed by a summary.

IMPACT OF THE HIV AND AIDS PANDEMIC ON HIGH SCHOOLS

Teacher respondents were able to point out that 'more work loads due to sickness had reduced due to ART'. Since most teachers thought the negative effects of the disease were being managed, one deputy headteacher was quick to point out that, and 'teachers trained as peer educators were claiming to have run out of things to teach others'. The reason given was that all that they were trained in had been exhausted. The scenario highlighted above had led to the decline of HIV and AIDS activities or programmes apart from Anti-AIDS club and weekly Assembly talks.

TEACHING OF LIFE SKILLS IN HIGH SCHOOLS

The teachers and learners who participated in the study had diverse views about the teaching of life skills in high schools. The teachers had a full understanding of the Workplace Policy and life skills teaching as one of the strategies put in place to deal with HIV and AIDS among learners. The learners on the other hand had no idea about what the Workplace Policy was about.

One of the objectives wanted to find out if teachers were able to teach Life Skills and the teachers sampled pointed out that they were able to teach Life Skills after the training they had undergone. They were able to tackle issues about HIV and AIDS, sex education, and skills that could help enhance attitudes and knowledge. They were able to do this by teaching alongside subjects like Biology and Religious Education, a situation which led to the Life Skills programme receiving less attention in the overloaded syllabuses. To counteract the situation, the teachers felt the need to have standard teaching of Aids, particularly for high schools which, according to the Life Skills Coordinator at the Curriculum Development Centre, were underway and could be available to schools in 2009.

The pupils sampled were quick to say that they had learned very little about Life Skills, HIV and AIDS or sex education. During FGDs it was observed that the pupils had a fair understanding about the disease. The pupils felt that a lot more needed to be done for them if their future was to be secured. They complained that the strategies in place for them were not sufficient, and the most prominent of them which was emphasis on abstinence was not enough. They advocated for a more holistic approach which would cater across their different needs. It should be born in mind that the adolescents were a homogenous cohort due to age, gender, cognitive development, sexual activity, school status, familial relationships, and cultural norms. The pupils thought that it would be helpful if Life Skills were revised to include group values against unsafe sex.

COMMUNICATION BETWEEN HIGH SCHOOLS AND THE MINISTRY OF EDUCATION

Further this study wanted to find out if there was an effective communication link between the MoE and high schools. According to the HIV/AIDS programme Manager, all school Headteachers across the country had been trained in developing institutional HIV and AIDS policies with the guidance of the national HIV and AIDS Workplace Policy of the MoE. A lot of policy drafts were received from high schools countrywide, but knowing how the strategies were being implemented still remained a

challenge. The MoE had no capacity to conduct monitoring activities in schools due to lack of funds. The Programme Manager was quick to state that:

Monitoring of Workplace Policy Strategies being implemented in high schools should be fused in with the Directorate of Standards. This is because they are always in schools to monitor the quality of education being provided. It would be cost effective for the MoE. There is no monitoring and evaluation system but it is underway and they hope to place it under Standards Directorate.

The Life Skills and HIV/AIDS Coordinator expressed the same sentiments on the monitoring and evaluation of the teaching of Life Skills in high schools.

At the school level, it was learnt that there was no system of collecting or compiling statistics on teachers or pupils affected or infected with the virus.

This was mainly due to the fact that they received very little funding from the Ministry of Education. In essence what was concluded was that there was very little communication between the MoE and high schools on issues pertaining to HIV and AIDS Workplace Policy.

TEACHERS AND LEARNERS IDENTIFYING WITH THE POLICY

Teacher respondents were all familiar with the Workplace Policy unlike the pupils. The teachers had been sensitised on the policy and knew what was to be in place to help them face the challenges that came with their work. Through, Comprehensive HIV/AIDS Management Programme (CHAMP), Society for Family Health (SFH), Secondary School Teachers' Union of Zambia (SESTUZ) and Zambia National Union for Teachers (ZNUT), HIV/AIDS mobile VCT and sensitisation were carried out between the period of October 2006 and September 2007. Since then, the unions mobilised teachers for VCT offered at school and district levels through Teachers' Health Days. The SESTUZ is provided with funds to carry out activities by the MoE through EQUIP2 but according to teacher respondents these activities were not felt at school level.

The teachers were able to point out that they were provided with information on HIV and AIDS prevention and awareness. Prevention systems and supplies were in place for them. Those infected were able to access ART to improve their lives.

The pupils knew very little about the policy. They did not know that it even existed. The pupils were only talked to about HIV and AIDS issues during assembly but not in class. They did not have appropriate learner support materials to help in teaching, counselling, VCT and psychosocial support. The pupils had no adequate information on ART, prevention of Mother to Child Transmission (PMTCT), opportunistic infections and positive living, including nutrition. Even when these services were not in place for the pupils, those suspected of being positive were allowed to continue with their education.

Responses from the pupils in their projective writings were able to reveal the lack of information that still existed among high school pupils.

CHALLENGES ENCOUNTERED BY ADMINISTRATORS IN FLOW OF INFORMATION ABOUT HIV AND AIDS EDUCATION

MoE officials and headteachers were able to highlight a number of issues on problems they faced on the flow of information pertaining to HIV and AIDS Education. The administrators faced a lot of roadblocks in the flow of information due to lack of coordination between the MoE and high schools. The headteachers attributed this to poor funding from the Ministry, which had made it very difficult to put up structures that would improve information flow.

At high School level standardized Information Education and Communication (IEC) materials were still not available hence making it very difficult to teach HIV and AIDS as an examinable subject. One headteacher went on to point out that;

“there is very little investment in teacher training and support which is very cardinal for school-based HIV and AIDS education”

As for the MoE, the Life Skills and HIV/AIDS Coordinator observed that they were unable to set symposia with stakeholders as much as they would want to because of poor funding. As a result, regular review, where necessary, was not conducted, making it very difficult to measure what more needed to be done for the different target groups.

The high schools lacked the spirit of reporting and frequent monitoring of their own activities. Without an effective Education Management Information System (EMIS) in place, it had proved very difficult to have an effective flow of information on HIV and AIDS education. Exchange of information was perceived to be very cardinal in the success of any policy implementation programme. Feedback from the intended targets would be able to provide the administrators with information on how to strengthen or modify the strategies. The absence of such information made the strategies put in place unworkable.

SUMMARY

The discussion above presented a lot of insight on how the HIV and AIDS Workplace Policy was being implemented in high schools. HIV and AIDS was still posing great challenges to the education sector as a whole and the strategies in place needed to be strengthened for the intended groups to benefit. The teachers were benefiting greatly from the policy but for the pupils, a lot more needed to be done. There was need to sensitise the pupils on what the policy was about. Challenges of the pandemic on high schools were huge hence the need to have an extensive study so that a lot more could be done to avert the situation.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

The purpose of this study was to assess the strategies implemented in high schools of Lusaka and Northern Provinces of Zambia under the HIV and AIDS Workplace Policy. The Investigation was conducted in two High Schools owned by the Government. It was an interpretative qualitative research and interview guides and focus group discussions were used as data collection tools. The following findings were established from the study:

- I. The Ministry of Education had been implementing the HIV and AIDS Workplace Policy and had put a number of strategies in place to cater for all personnel in high schools.
- II. Teachers were well familiarised with the policy but the pupils as stakeholders did not know much about it.
- III. Pupils still held misconceptions about HIV and AIDS .
- IV. Teachers trained in teaching life skills were able to teach in class even though there were no nationally accepted teachers' and pupils' teaching manuals at high school level.
- V. Strategies in place for teachers were accessible. Teachers were able to have mobile VCT services, dissemination/sensitisation workshops, ART and to enjoy Teachers' Health Days.
- VI. The link between HIV and AIDS activities between high schools and the MoE is very weak hence making it difficult to effectively implement strategies.
- VII. There was lack of reporting and monitoring systems in high schools to enhance communication with the MoE.
- VIII. There was very little being done to deliver information on sex education, HIV/AIDS and provision of health facilities for pupils.
- IX. Lack of an effective Education Management Information System had an impact on the flow of information on HIV and AIDS.

- X. Financial resources and utilisation posed the greatest challenge towards implementation of strategies on HIV and AIDS Workplace Policy. There was a lack of planning within what was available to provide a broad systematic roadmap to deal with the impact of HIV and AIDS.
- XI. The financial woes were further worsened by the fact that much of the money was from donor funds.
- XII. The poor communication systems between the MoE and high schools was said to be attributed to the ineffective decentralisation process.

RECOMMENDATIONS

The following recommendations are made based on the findings of the study:

- I. The MoE should widen their net in sensitising all stakeholders especially pupils about the HIV and AIDS Workplace Policy especially among pupils.
- II. The MoE through School Administration should strengthen the teaching of sex, Life Skills and health education in high schools.
- III. To reduce on misconceptions held by pupils, Friday of every week, should be AIDS day so that a lot of activities are held.
- IV. The MoE should improve the funding given to schools for HIV and AIDS activities to enhance implementation of the strategies in place.
- V. Communication links at high school and MoE must be strengthened through regular interaction and briefing to report on how at the school level the strategies are being implemented.
- VI. Refresher courses must be held from time to time to improve on the delivery of information on HIV and AIDS education.
- VII. There is need for the MoE to create an Educational Management Information System which will be able to capture data to help in the implementation of the policy.
- VIII. There is need to cut down on red tape through shared reporting systems.
- IX. In order to increase use of resources the MoE should come up with self sustaining incentives to raise money as a strategy to reduce the reliance on donors.

- X. For the implementation of strategies to be enhanced, there is need for a holistic approach to the use of funds across a balanced agenda to include prevention, treatment, care and support and management of the responses in place.
- XI. Training in research, budget development and management, coordination and reporting will be of help to high school teachers and all personnel involved in HIV and AIDS activities.
- XII. Administrators should ensure that the strategies in place are on-going and not episodic, because workplace HIV and AIDS programming is a process whose power is cumulative.

The study highlighted some of the challenges being faced in the implementing of the policy and in order to strengthen the strategies in place, a countrywide research can be conducted.

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APPENDIX A

INTERVIEW GUIDE FOR SENIOR OFFICIAL MoE H/Q-PLANNING

- **JOB PROFILE**

1. What is your job title with the MoE?
2. What are your specific duties and responsibilities?
3. How long have you been working with the MoE?
4. Does your current job require you to deal with HIV and AIDS related issues specifically the work place policy?

HIV AND AIDS AND EDUCATION

5. The Workplace Policy has been in place, has the MoE been able to assess the strategies suggested in the policy?
6. Does the MoE have a feed back programme in place to monitor statistics on HIV and AIDS? If yes (probe how they are obtained)

HIV AND AIDS AND HIGH SCHOOL EDUCATION

7. As MoE, do you have any information system to monitor the strategies under implementation in high schools? YES/NO (if yes –probe how the system operates)

POLICY DEV AND INSTITUTIONAL RESPONSE IN HIGH SCHOOLS

8. How many high schools do you have in Lusaka Province with HIV/AIDS workplace policy being implemented?
9. How was the MoE H/Q involved in the development of these policies at high school level? Financially, technical advise

TEACHER TRAINING IN HIV AND AIDS CURRICULA

10. Are teachers trained in HIV and AIDS teaching able to perform? Yes/no .
11. How have you been able to monitor HIV and AIDS and life skills teaching, who does?

ASSISTANCE AND FINANCE

12. Does the MoE provide finances to enhance capacity to deal with HIV/AIDS, YES/NO,

END



APPENDIX B

INTERVIEW GUIDE FOR HEADTEACHER

JOB PROFILE

- 1) What is your designation within the school?
- 2) What are your specific responsibilities?
- 3) For how long have you been working in this school?
- 4) In the course of carrying out your work, how do you take part in HIV and AIDS activities?

IMPACT OF HIV AND AIDS

- 5) Are there any particular categories of staff or pupils whom you would consider to be at a greater risk of becoming infected with HIV than others? YES/NO.
- 6) Has the school ever carried out a survey on the impact of HIV and AIDS on its functioning and operations?
- 7) Are you and your staff aware of the existence of the MoE work place policy on HIV and AIDS? If so what strategies are in place or been implemented?
- 8) Does your school keep any statistics on HIV and AIDS in the education sector as a whole? If so how does it help you?
- 9) Does your school have a feedback mechanism with the MoE?
- 10) In what other ways has your school responded to the challenges posed by HIV and AIDS? in terms of;
 - a. Establishing structures for coordinating HIV and AIDS related responses.
 - b. Establishing an HIV and AIDS programme within the school
 - c. Establishing an HIV and AIDS monitoring systems
 - d. Integration of HIV and AIDS in the curriculum
- 11) What has been the nature of these interventions, (adhoc Or planned; internally or externally driven)

What is the main emphasis of these interventions, prevention, care, support, treatment, counselling

- 12) Would you say that the presence of HIV and AIDS Workplace Policy in your school has strengthened its capacity to respond to the disease?
- 13) What HIV and AIDS management structures do you have in place, describe them?
- 14) Do you have any teachers trained in HIV and AIDS and life skills teaching?
- 15) Are HIV and AIDS taught as a separate subject or is it integrated in other subjects (if integrated in other subjects. Which subjects are these?)
- 16) Is there a way of monitoring the effectiveness of that curriculum? YES/NO : If yes, how is monitoring done and who does it?
- 17) Do you think the teachers and learners identify with the workplace policy?
- 18) In your own view, what challenges do you face in the delivering of HIV and AIDS education; what actions would you use to see take place to strengthen the capacity of high schools in dealing with the pandemic.

END

THANK YOU FOR YOUR COOPERATION

APPENDIX C

INTERVIEW GUIDE FOR SCHOOL TEACHERS

1. In what ways has the HIV and AIDS pandemic impacted on the school? (Increased teaching loads, cancellation of courses, teaching and supervision being carried out by less qualified staff, increased costs, and readjustment of institutional budget to cater for increasing funeral costs?)
2. Has the school had to reorganize itself in order to meet challenges brought by the disease?
3. If yes what forms of reorganization have taken place? (How were they done and who are the key players?).
4. Does the school have any specific programmes for staff and pupils addressing HIV and AIDS? (What are they, how are they organised, by whom, how often, who funds them, have they brought about any changes, who coordinates them?)
5. Does the school make available to students and staff reading materials on HIV and AIDS? YES/NO
6. Has the school integrated HIV and AIDS into any of the subjects it offers? (Which ones and what is covered)
7. Have you ever taught or are you currently teaching HIV and AIDS or life skills in your courses? YES/NO
8. Do you think it is a difficult subject to teach? YES/NO (Why or why not? Lack of teaching materials, pupils not interested, not an examinable subject, not enough time for it, very personal subject, don't like talking about sex or embarrassed by it, was never trained myself in it)
9. What would the school need to do to make the teaching of the subject easier for you? (salary increase, offer incentives, decrease workload, offer training for teachers, provide quality teaching materials, train new teaching methodologies)
10. Are there any running programmes for assisting teachers and pupils suffering from HIV and AIDS in this school? e.g. treatment programmes, counselling .
11. Are teachers and pupils aware of their rights as stipulated in the workplace policy?

12. How would you rate the school's response to HIV and AIDS so far?
(Enough/adequate, inadequate, lukewarm, could be better, if so in what areas, where are the gaps?)

13. What concrete suggestions would you like to make to the top administrators in this school for the enhancement of the school's capacity to respond to the pandemic effectively?

END

THANK YOU FOR YOUR COOPERATION

APPENDIX D

INTERVIEW GUIDE FOR FOCUS GROUP DISCUSSIONS WITH PUPILS

Ask group members to write a short essay on a given subject . Make it clear that it is not a school exercise. They are to choose from any of the following;

- A) How do the pupils in your classroom react when they are being talked to about HIV and AIDS?
- B) A pupil in your class often misses lessons, and it is rumoured that he/she may have AIDS. How do you think the other pupils will respond?
- C) If at any time your class is given a forum to discuss issues about sex, HIV and AIDS, what important issues usually arise?

1. Interactive Exercise: Ask pupils to write on pieces of paper the questions that they still about HIV which have not been answered in their subjects and all things they wish they had learned about the disease?

Discussion

- 2. Discuss what HIV and AIDS related services pupils would like to see the school make available?
- 3. According to your own view, do you feel that management, human resources and administrative structures are effective, if no, what things are promised and not delivered on? What would you like to see changed?)

APPENDIX E

Questionnaire for Pupils

1. Indicate your area of residence
2. Sex: (i) Male
(ii) Female
3. Age:
(a) Less than 15 years []
(b) Between 15 and 24 years []
(c) Between 25 and 30 years []
4. Are there any HIV and AIDS programmes available for pupils in this school?
(i) Yes
(ii) No
If yes, what type of programmes and who is involved?.....
.....
.....
.....
5. Have you ever been introduced to the HIV and AIDS Workplace Policy for the school? (i) Yes
(ii) No
If yes, how is the Workplace Policy enforced?.....
.....
.....
.....
6. Is HIV and AIDS taught in any of the subjects that you take in this school?
(i) Yes (ii) No
If yes, is it taught as a separate subject or integrated in other subjects?.....
.....
.....
.....

7. What issues are addressed during these lessons? Tick any of which applies to you;

- (i) Transmission
- (ii) Preventive Education
- (iii) Treatment, Care and support

8. How is the teaching conducted?

Tick any of which applies to you;

- (i) Interactive
- (ii) Electronic
- (iii) Group Work
- (iv) Normal Lessons

9. What major HIV and AIDS interventions have pupils been actively involved in?

Tick what applies to you;

- (i) Condom use
- (ii) Abstinence
- (iii) Peer Group Discussions

Television Programmes

END

THANK YOU FOR YOUR COOPERATION

APPENDIX F

INTERVIEW GUIDE FOR FOCAL POINT PERSONS

1. How many teachers are trained to teach Life Skills /Sex and HIV and AIDS education at this school?
- 2.Are they having problems in teaching the above? If so what are you doing as a school to improve on the delivery of the materials?
3. Do you have a monitoring system in place to ensure proper delivery of teaching in sex education and life skills?
4. How well has your school done in implementing of the Workplace Policy and what strategies have been put in place?
5. Has the school had to reorganize itself or undergo any internal reorganization in order to meet the challenges brought about by HIV and AIDS? YES/NO. (If YES in what areas)
6. Do you think the MoE and the administration at your school are committed enough to the fight against HIV and AIDS? If not what things would you like to see being done to effectively fight the disease in the school?
7. What challenges is the school facing in the implementation of the workplace policy? (is it lack of financial resources, lack of commitment from higher authorities, too much stigmatization)
8. Does your school compile data to ensure regular capture of indicators across the district?
9. What measures has the school put in place to see if the strategies put in place are benefiting the targeted groups?
10. Among all the challenges facing the school would you consider HIV and AIDS to be a priority? Where would you rank on a scale one to ten? WHY?

END