UNAIDS Best Practices in School AIDS Education

The Zimbabwe Case Study

1. Meeting the UNAIDS Best Practices Criteria

Since its inception in 1991, the Zimbabwe AIDS Action Programme for Schools has been well documented. Because the programme was considered a flagship effort by UNICEF there was always a strong commitment to thoroughly document the process as well as outputs and outcomes of the programme to be able to share materials and lessons learned.

A series of detailed reports and documents is available from the Harare office, the Ministry of Education, and/or the Ministry of Higher Education. These include grade-specific curriculum materials, teacher training manuals, supplementary materials for students, the 1995 Flashback and Hindsight report which documents the process for designing, implementing and evaluating the programme, and several reports on the results of baseline studies. Impact studies are planned but not yet reported.

The Zimbabwe programme meets all five criteria for identifying Best Practices; effectiveness, ethical soundness, relevance, efficiency, and sustainability. Evidence for meeting the first two priority criteria, effectiveness and ethical soundness, is presented below. Rationale for meeting the efficiency and sustainability criteria are also provided.

1.1 Effectiveness:

Research, monitoring, and evaluation were built into the design of the Zimbabwe programme from the beginning to help determine the effectiveness of the programme as well as to help improve the programme design as it was being developed and implemented. The monitoring and evaluation process itself was formative in nature. Experimentation with different evaluation and research methods was required when traditional survey methods proved limited for assessing attitudes and behaviours. Richer data were collected when focus

group discussions were employed along with other qualitative methods such as narrative approaches.

Results from systematic monitoring demonstrate that the programme reached its short tem objectives and produced many of its desired outcomes. These include; 1) organisational objectives for institutionalising the programme, 2) knowledge, attitudes, and skills objectives among teacher trainers, teachers, college lecturers, and teacher trainees for appropriate classroom teaching, as well as 3) knowledge, attitudes, and skills development among pupils and students. Priority objectives and results are outlined below.

Organisational and Planning objectives:

- To create a project plan, build capacity, and manage a viable school HIV/AIDS team of programme planners, curriculum writers, teachers and researchers among both government and non-government AIDS organisations.

Outputs and outcomes:

1. A new AIDS Section was created at the UNICEF office with two former programme staff from the Health Section. A project coordinator was appointed as a consultant to head the section. Local consultants with experience from the Ministry of Education and Culture (MOEC) were recruited for the programme start-up. A national officer from the MOEC was appointed by June 1992. Other technical staff joined the team later in 1992 and 1993. The low-key, consultative management style was well suited to the rapidly evolving situation.
2. The project funding document was adopted as the project plan. The greatest benefit in this approach was the flexibility it allowed in the early phases of the programme. However, as the project document was not a true operational plan, it provided no structured workplan to help guide the timeline of responsibilities and activities. Planning and timelining became more realistic as the programme progressed.

Curriculum development objectives:

- To develop and expedite the production of a non-examinable compulsory curriculum with weekly time allocations for Grades 4 to 7 and Forms 1 and 2 that could be taught as a separate subject as well as integrated into other subject areas.

Outputs and outcomes:

1. A Chief Education Officer's policy circular was sent to all schools in June 1993, just prior to the arrival of the first core curriculum materials informing them of the compulsory nature of the new teaching programme and the separate teaching timetable. In 1995, evaluation results showed that up to 39% of head teachers for Grade 7 had not seen or received the Chief Education Officer's circular.
2. The initial process objectives to complete all core materials within three months, to develop core materials for all educational levels simultaneously, and to adopt a life skills approach using participatory teaching methods proved to be unrealistic and required adjustment. The curriculum writing and editing tasks commenced in early 1992 and went through four different organisational structures before the appropriate streamlining of the process and outputs was achieved in late 1993.
3. All materials for Grades 5, 7, and Forms 1 and 2 were pre-tested with teachers and pupils for readability, acceptability and usability by mid-1994, with the exception of the first set, Grade 7. Pre-testing for Grade 7 was impossible due to delays caused by the reorganisation of the writing and editing tasks. In general, the pre-test results showed that both pupils and teachers found the materials acceptable. Both teachers and pupils showed enthusiasm for the participatory methods. On the whole, the materials were found to be useful, appropriate and user-friendly by the teachers. The materials required specific modifications in response to minor teacher criticisms during pre-testing.

4. While some extremely good teaching skills were observed during pre-testing, other teachers had difficulty adapting the participatory methods. In addition, some teachers struggled with the controversial and sensitive issues. In response to these findings, the teacher training workshops adopted a bottom-up participatory approach, peer teaching techniques, and live teaching sessions with pupils for a hands-on learning experience.
5. The demand for supplementary materials for pupils was met by the production of a monthly newsletter targeted at youth from Grade 7 to Form 4 and school AIDS drama competitions. Evaluation results showed the Bodytalk page in the monthly newspaper to be very popular, with a single copy being read by up to 50 youths. Participation in the AIDS dramas has been high for primary schools but less popular among secondary schools. In addition, these materials had the unintended spin-off of reaching parents and school-leaving children.

Training objectives for teacher trainers, classroom teachers, tertiary tutors, and teacher trainees:

- To develop in-service teacher training materials and employ a five-stage cascade training model to train all relevant classroom teachers at national, regional-cluster, regional, district, and school levels.
- To develop pre-service training materials and integrate a three year AIDS education programme into teacher trainees' professional qualifications at all training and technical colleges.

Outputs and outcomes:

1. Nine regional training teams for both primary and secondary schools participated in a one-week national workshop in October 1992. Initial timelines for cascade training proved unrealistic and were modified accordingly. By June 1993, all 56 districts in the country were oriented to the AIDS education programme. Unfortunate compromises in the quality of the training resulted when the core classroom materials were not available in time for the regional and district level training.
2. The quality of facilitation tended to weaken as training moved down the cascade. To compensate for this problem, the training team targeted the institutionalised school clusters comprised of five schools each for generating their own training capacity. Even with this corrective approach, weaknesses in facilitation and content persisted requiring additional regional workshops. The weaknesses were also addressed with the introduction of an educational training video for primary school teachers, *Let the Children Talk*, which demonstrates participatory teaching methods. Other strategies for dealing with the dilution effect on the quality of instruction through the cascade training model included; 1) engaging the education supervisors in assessing the effects of the training and 2) reconvening the trainers following each workshop to discuss problems and improve methods for subsequent workshops.
3. When two regions were visited in late 1993 to monitor and evaluate progress, many teachers seemed confused about the rationale for participatory teaching methods and had trouble making the linkages between the training and the classroom. Results were more positive where both the head teacher, responsible for administrative support for the programme, and the classroom teacher attended the training workshop. Results were also more positive where live teaching practice in the workshops had taken place. By late 1994, almost all Education Officers and heads of schools at the regional and district levels

had been exposed to HIV/AIDS education. Two reports on baseline studies among pupils and teachers in primary schools were published; *What Grade 7 Pupils Know and Think about AIDS* and *Primary School Teachers' Knowledge and Understanding of AIDS*.

4. During the implementation of the AIDS programme in schools, monitoring and evaluation strategies were carried out to establish the extent to which the materials were being used as intended, especially the use of participatory teaching methods. Self-administered questionnaires were used among teachers and focus group discussions were used among students. Approximately 90% of the head teachers and teacher indicated they were using the AIDS textbooks in class. Between 10 and 18% said they had not received the pupil's books or the teacher's books. Only 35% said they were using the books as prescribed and only the same proportion said they had received AIDS education training. The evaluation also revealed that the AIDS Action Programme for Schools was not being timetabled in most schools in the way prescribed by the Chief Education Officer's circular of June 1993. In most cases, AIDS education was being integrated into other subjects like Social Science, Relligious and Moral Education, or Science. As a result, the developmental nature of the programme was being undermined. The report also concluded that many teachers still did not understand or use participatory teaching methods.
5. Following the successful launching of the AIDS education programme in the schools, AIDS education training was introduced into the 27 tertiary teacher training colleges through the Ministry of Higher Education (MHE) in February 1994. The first batch of tertiary students fully qualified in the three year programme graduated at the end of 1996. The cascade model was employed in the colleges as well, starting with the training of lecturers and included systematic training in counseling skills.
6. Following focus group discussions in the tertiary colleges, three facilitators' guides were produced for all trainers working with young people to provide technical support for

participatory methods for AIDS education. The expectation was that newly trained teachers would be more effective AIDS communicators with young people, both in and out of schools, than colleagues who only received the in-service training. Two publications resulted from the baseline surveys conducted in tertiary colleges, *Knowledge and Attitudes on STD/HIV/AIDS of College Students in Zimbabwe* and *How to Use the Focus Group Discussion Results: Improving Young People's Assessment and Analysis of their Own Behaviour*.

Learning objectives for primary school pupils and secondary school students:

- Twelve specific objectives for school children and youth were specified by the AIDS Action Programme for Schools. These objectives are listed in Section 3.1, page 9.

Outputs and outcomes:

1. Results of the baseline studies among primary school pupils and secondary school students are reported in the various reports listed above. Preliminary results of the impact of the programme on skill development and avoidance of risk taking behaviour are not expected until 1999 or later. Impact evaluation is currently being carried out to help determine the relationship of the school-based programme to enabling healthy and positive sexual behaviours among its primary target audience, young people in school. Already, programme implementers have learned that making sustainable achievements in this area requires broader participation from parents and the community. Expansion of the programme is anticipated in order to integrate the school-based life skills intervention into practical daily activities and lifestyles.

1.2 Ethical soundness:

Ethical issues in curriculum development and teacher training have been addressed by the Zimbabwe programme in several ways. For example, the programme has been available to all teachers and students. Equal access has been enhanced through the use of the local language where necessary. The AIDS Action Programme is expected to have a significant impact on the empowerment of girls because it gives girls more confidence and also helps boys gain a broader understanding of maleness. The curriculum incorporates materials on child abuse and child rights, an important benefit in a school system that is known to have problems of abuse. Furthermore, the teacher training materials and student materials all include modules concerning human rights to challenge the prejudices and stigma associated with persons living with HIV/AIDS. The development of all materials involved extensive consultation and pre-testing processes, including comprehensive review and input from the religious sector. Results from all monitoring and evaluation activities have been documented and widely disseminated.

1.3 Efficiency:

Flexibility contributes to understanding how well a programme achieves its objectives. The willingness of the Zimbabwe programme planners and implementers to recognize and learn from the weaknesses and adapt accordingly, features prominently in the overall success of the programme. The programme frequently made changes and adjustments in response to informal feedback, monitoring data, and baseline studies from various stakeholders, i.e. Ministry staff, head teachers, classroom teachers, pupils, students, teacher trainees, etc..

Programme planners in Zimbabwe have concluded that the cost of mounting a comprehensive national AIDS education programme is modest, even in a country like Zimbabwe where fixed costs are a high proportion of total costs. Governments contribution has been staff salaries and teachers' allowances. Even allowing for significant UNICEF's contributions in programme start-up, the additional cost of one child-year of AIDS education

is approximately US$0.61 based on actual and projected expenditures through the year 2000. This unit cost allows for an overestimate of overhead and staff costs. The estimates of the number of child-years of AIDS education are based on Ministry of Education actual enrolment data and projected enrolment increases of 3.1% per year. Also included in the calculation is the assumption that the proportion of schools teaching the AIDS Action Programme will increase from the current level of 90% to 95% by the year 2000. Thus the nominal unit cost stated above is probably an overestimate.

1.4 Sustainability:

Zimbabwe's AIDS Action Programme for Schools has benefited from a number of special circumstances that may not be present in other countries affected by the HIV/AIDS epidemic. For example, few countries in Africa enjoy the high rates of primary and secondary school enrolments existent in Zimbabwe. The Zimbabwean system of educational administration is stronger and more functional than in most other African countries. Zimbabwe has a high proportion of trained teachers and teacher training is already of a relatively high quality. In addition, many countries, especially smaller ones, do not have the quantity and quality of both local consultants and government staff.

The government in Zimbabwe has been relatively open and willing to deal with AIDS education for young people, more so than many other countries. Because of the pre-existing strengths within the Zimbabwean educational system, the potential for sustaining the level and quality of the AIDS Action Programme for Schools high. Strong commitment from the policy level on down also contributes. The institutionalisation of a three-year AIDS education programme for teacher trainees in tertiary colleges likewise contributes significantly to the future quality and sustainability of the programme.

2. Country Background

2.1 Status of HIV infection

In 1997, there were approximately 1,200,000 people in Zimbabwe living with HIV/AIDS. HIV/AIDS is the leading cause of death amongst adults in Zimbabwe and the major contributor to rising rates of infant, child and maternal mortality. About 9% of the population is HIV-seropositive and the number of orphans due to HIV/AIDS is projected to reach or exceed approximately 600,000 by the year 2000. Around 90% of the HIV transmission in Zimbabwe is through heterosexual intercourse. Current statistics show that young people aged 5 to 15 years old are relatively free from HIV/AIDS. HIV/AIDS infection begins to appear between the ages of 15 to 19, with girls six times more likely to be infected than boys. Moreover, while only about 1% of Zimbabwean 18 year olds is HIV-positive, as many as 20% of 23 year olds are infected.

2.2 Context and Planning for HIV/AIDS education; constraints and support

Getting UNICEF involved

In April 1991, the Zimbabwe Ministry of Health asked UNICEF to become involved in HIV/AIDS work in Zimbabwe. This request coincided with the appointment of a new Representative in the UNICEF-Harare Office. The new Representative brought to Zimbabwe her experience of Uganda's School Health Education Project, the first-ever UNICEF-assisted HIV/AIDS prevention project. In September 1991 UNICEF-Harare began discussions with various ministries of Government and other groups already involved in HIV/AIDS in an effort to find out where best to contribute. A situation analysis revealed wide agreement among multiple ministries that UNICEF should get involved in HIV/AIDS prevention because HIV/AIDS is a children's issue. UNICEF has an obligation to assist in protecting children from HIV/AIDS, just as it has an obligation to protect children from all other dangers. Since very little was being done with youth, it was decided that the largest component of the new

UNICEF-assisted HIV/AIDS Prevention Project would support the introduction of HIV/AIDS education into primary and secondary schools and tertiary level colleges.

In Zimbabwe, two main factors underlie the importance of an in-schools HIV/AIDS education programme. First, in-school youth represent a segment of the population that is still largely uninfected by HIV. Second, in Zimbabwe the educational infrastructure is good and school attendance rates are among the highest in Africa. Almost all children attend some primary school and about 75% finish. About half of all children have some secondary education.

Learning from Uganda's experiences

The design of the AIDS Action Programme for Schools in Zimbabwe was influenced by lessons learned in Uganda. Uganda's School Health Education Project began in 1987. It was designed to make the most of the HIV/AIDS prevention activities by complementing them with a whole set of other health promotion issues that also needed to be addressed. Materials were designed and teachers were trained on a broad range of primary health care topics in addition to HIV/AIDS. At the time, many people in Uganda believed that if children were provided with proper information, then behaviour change would follow.

Two important problems emerged from the Ugandan project. The first was that simply providing children with information did not lead automatically to behaviour change. Secondly, it became apparent that the teachers themselves were the weakest point in the whole process. Teachers, who were often untrained, were very uncomfortable dealing with HIV/AIDS, sexually transmitted diseases (STD), and related issues considered controversial and sensitive. To compensate for their discomfort and embarrassment they focused on other health topics and either ignored HIV/AIDS/STD completely or dealt with them superficially.

The design of the Zimbabwean programme reflects the experience gained in Uganda in three ways. First, instead of providing information, the programme focuses on building the

children's life skills to enable them to make better decisions for themselves. There is an explicit focus on the promotion of positive behaviours and less emphasis on the science of the disease. Secondly, the Zimbabwean Programme deliberately concentrated only on STD/ HIV/AIDS issues initially. This decision was motivated by the recognition that HIV/AIDS constitutes an emergency and by the desire to prevent teachers avoiding topics with which they are uncomfortable. Finally, the Ministry of Education and UNICEF recognised that substantial resources would have to be invested into preparing teachers to teach about HIV/AIDS and related issues.

Understanding the pervasive threat of HIV/AIDS

In 1991 and 1992 the consequences of HIV/AIDS were not highly visible in Zimbabwe. HIV/AIDS was widely perceived as something that affected only marginal members of society like commercial sex workers. Faced with this denial, UNICEF was challenged to convince many people of the need for an HIV/AIDS prevention programme. Constant advocacy efforts, exposure of key officials through workshops, and growing evidence from outside sources all contributed to eventually overcoming this denial.

In addition, there was a widely held view that HIV/AIDS was a 'health problem' that had to be dealt with by medical experts in medical terms. In fact, the initial reaction of the Ministry of Education and Culture (MOEC) was that the prevention of HIV/AIDS and the National AIDS Control Programme (NACP) were the sole responsibility of the Ministry of Health. By being exposed to HIV/AIDS education through workshops, MOEC staff grew to understand the importance of changing attitudes and behaviour among young people and to support the programme.

Raising funds

In October 1991, a public health specialist joined UNICEF-Harare as a consultant to produce a project document for the HIV/AIDS project. She was assisted by a Zimbabwean curriculum development specialist recruited in September 1991.

The project document was used to obtain global funds from UNICEF headquarters in New York. Supporting rationale demonstrated that Zimbabwe was a country where things could be done, and that the programme in Zimbabwe could in turn help other countries, provided the capacity was put in place. Once programme activities began in 1992, UNICEF-Harare initiated an aggressive fundraising campaign with local donors. During the next two years over US$ 4 million of supplementary funding were raised. No funds were taken away from existing commitments.

Seeking commitment and coordination

The support of the National Planning Agency gave UNICEF the mandate to talk to other units in Government, mainly the Ministry of Education and Culture, the Ministry of Higher Education, the Ministry of Information, and the National AIDS Control Programme of the Ministry of Health and Child Welfare (MOHCW). The reactions of the different ministries to UNICEF's approaches varied. The Ministry of Higher Education was very interested. The Ministry of Information however, was not as interested. On the other hand, the NACP were very supportive. The NACP would have liked more involvement in implementation but did not have the necessary human resource capacity.

The Ministry of Education and Culture was UNICEF's main negotiating partner since the largest component of the AIDS Action Programme was to be HIV/AIDS education in schools. Because of the desire to get the programme started quickly, it seemed appropriate to negotiate directly with the Minister. The Minister was enthusiastic and saw the importance of HIV/AIDS education in schools and of the life skills approach. The Minister readily

designated staff from the Curriculum Development Unit (CDU) to work on the new programme. However, when the Minister left MOEC in 1992, UNICEF experienced difficulties with some of the senior management of MOEC who had not been properly consulted.

A clearer understanding and wider acceptance of the programme within the Ministry would have been achieved earlier in the process had proper negotiations with been pursued at the start. As a result there was the unfortunate misperception by CDU management that the AIDS Action Programme for Schools was a 'UNICEF project', and not a Government or a Ministry project. UNICEF had a legitimate role to play in advocating for this kind of programme with Government, especially since UNICEF had been invited by Government to get involved in April 1991. UNICEF made great efforts to ensure ownership of the programme by CDU. The writers and editors of the core curriculum materials, for example, were primarily from CDU.

HIV/AIDS prevention efforts in Zimbabwe have been carried out within the framework of Government's Medium Term Plans (MTP) for HIV/AIDS/STD. UNICEF was involved in the planning process for the Medium Term Plan 2 (MTP2) (1994-1998) and as a result UNICEF's role was amicably agreed upon. Since the drafting of MTP2, NACP have acknowledged that HIV/AIDS is a multi-sectoral problem and that the solutions must also be multi-sectoral. The AIDS Action Programme for Schools was the first HIV/AIDS programme in which the main actor was not the Ministry of Health. The role of NACP in the AIDS Action Programme for Schools has been to provide technical input in both materials development and training and to approve materials before publication.

Procedures were established for enabling the Ministry of Education and the Ministry of Health to consult with one another on HIV/AIDS matters. For example, NACP includes staff from the CDU in the HIV/AIDS strategy meetings. NACP has also been an active member of

the AIDS Education Review Committee. Provincial and district staff from the Ministry of Health have been heavily involved in training MOEC staff for the AIDS Action Programme for Schools, and NACP acts as consultant to CDU on technical matters related to HIV/AIDS/STDs.

Another coordination challenge was faced with the proliferation of initiatives targeted at the Ministry of Education by different donors on various topics, e.g. the family and the law, gender education, HIV/AIDS education, population education, and primary school environmental science. Many of these initiatives are based on life skills approaches and are potentially interconnected. For example, HIV/AIDS education incorporates population, gender and legal issues. These initiatives however, suffered from a lack of coordination that has created problems for both CDU and the schools. UNFPA funded a project to introduce population issues into the school curriculum. Because of the connection between population education and HIV/AIDS education, UNFPA and UNICEF began discussions in 1991 to combine their efforts. In the end the two projects could not be combined because planning and implementation of the AIDS Action Programme had to proceed simultaneously to get HIV/AIDS education into all 6,000 primary and secondary schools as soon as possible in order to respond to the HIV/AIDS emergency. The two programmes continue to operate in parallel.

3. Description of Programme

3.1 Getting Started

Setting the objectives

From the outset, the objectives of the AIDS Action Programme for Schools were defined by CDU as follows:

1. Develop in pupils knowledge and understanding of HIV/AIDS issues and problems.
2. Develop desirable attitudes in pupils to health both through what they learn and how they learn it.
3. Challenge prejudices and fears which stigmatise people with HIV/AIDS as victims or outcasts, and help pupils to develop understanding, support and a sense of community responsibility for the problem of HIV/AIDS.
4. Help pupils to understand and deal with their health problems, fears, anxieties about puberty, sexuality and relationships.
5. Develop in pupils values and life skills such as problem-solving, analysis, evaluation and prediction that are conducive to positive, responsible and healthy life-styles.
6. Promote responsible behaviour in pupils that maximises protection from sexually transmitted diseases including HIV/AIDS.
7. Increase self-assertiveness and self-confidence in pupils in their relationships with peers and adults.
8. Enable pupils to recognise physical, emotional and sexual abuse and deal with it.
9. Develop appreciation of girls and women as equal partners to boys and men in society.
10. Foster a new youth identity and pupils' consciousness of themselves as members of a relatively HIV-uninfected group.
11. Enable pupils to make better use of available resources to improve health care.

12. Develop an appreciation by students of the socio-economic, cultural and historical factors in the transmission of HIV.

Adopting the life skills approach

From very early on, it was accepted that the goals of behaviour change and attitude change could only be achieved through a participatory, pupil-centred approach to teaching and learning. It was further felt that the basic contents of the HIV/AIDS curriculum must reflect pupils' everyday lives and should deal with issues of importance to pupils. From these two ideas, the life skills approach was adopted.

Life Skills are defined by WHO[1] as abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. The five foundation life skills areas are as follows:

decision making	-	problem solving
creative thinking	-	critical thinking
communication	-	interpersonal skills
self-awareness	-	empathy
coping with emotions	-	coping with stress

Life skills education is based upon the teaching of these generic skills for life. The practical nature of life skills is reflected in the methods used to teach them, which emphasise experiential learning (learning through active participation) rather than didactic teaching (listening to lectures).

Participatory teaching methods were adopted by the AIDS Action Programme for Schools as an essential complement to the life skills approach. Young people need to talk about the information they have and assess its accuracy and helpfulness. They need to practise

[1] World Health Organization (1993), Life Skills Education in Schools, WHO/MNH/PSF/93. A Rev.1, Unpublished Document, WHO, Geneva.

the skills necessary to help them avoid risky behaviour. Participatory activities used in the programme's materials include: group discussion, brainstorming, devil's advocate, small group work, role play, projects, poetry, song, proverbs, and stories.

Fitting HIV/AIDS into the curriculum

Initially some felt that HIV/AIDS education could be integrated into other subject areas in the curriculum. Others feared that, unless there were specific timetables, teachers might not teach the subject. In the end, the Secretary for Education and Culture endorsed a recommendation from CDU, the Regional Directors and UNICEF that HIV/AIDS education should be taught as a separate subject in its own right and specific time allocations for HIV/AIDS education were established.

From Grade 4 to Grade 7 in primary schools, HIV/AIDS education was to be taught one a week using one 30 minute lesson. In secondary schools, the subject was allotted one 40 minute lesson per week up to O-level (Form 4) and a one -hour lesson per week at A-level (Forms 5 and 6). Schools were also encouraged to integrate HIV/AIDS in other subjects wherever opportunities arose. A circular informing head teachers of the decision and stating that HIV/AIDS education was to be compulsory was sent to all schools in June 1993. The circular reached schools in time for the arrival of the first core materials in the schools.

Personnel and planning

Because of the urgency of getting HIV/AIDS education into schools, UNICEF-Harare adopted an eclectic approach to hiring staff. Responsibilities were carried out by short- and long-term local and international consultants, national officers, international volunteers and a junior professional officer, as well as by regular UNICEF project staff.

Most of the people employed by UNICEF in the new AIDS Section, including over 90% of the consultants, were Zimbabweans. Local consultants were employed because they were good, they knew the local situation (many of them had experience with MOEC), they

were less expensive than international staff, and they were readily available. Many believe that the programme's success is largely attributable to the good local consultants who got the job done quickly.

The AIDS Section used the project funding document as a project plan in the early stages of the project. The project document's main strength was that it allowed the flexibility needed to plan and execute the experimental project. Problems were encountered, however, in using the project document as the project plan after the initial planning stage. Firstly, the project document was not meant to be used as an operational plan and secondly, the project document vastly underestimated the amount of time needed to complete various activities.

While the flexibility in the overall plan of the HIV/AIDS project contributed to the project's success, the lack of specific planning at the beginning had the opposite affect. Writing of core materials began in February 1992 without a clear idea of what was needed. The team learned and adapted as difficulties were encountered, and planning of specific activities became more realistic as time went on.

Other considerations; local language and examinability:

The choice of English as the medium of instruction for the AIDS Action Programme for Schools was never a contentious issue. It was best not to depart from the normal practice within the Ministry of using English as the medium of instruction. It was agreed, however, that teachers would have the option of using the local language in situations where communication was enhanced. Since intimate relationships are conducted in the mother tongue, it follows that skills practice (e.g. saying "no") would be more effective if conducted in the mother tongue. On the other hand, in Zimbabwean culture, certain topics related to sexuality are embarrassing to write, read or discuss in the mother tongue. Dealing with them in English can be less embarrassing for both teachers and pupils.

Some feared that if the subject was made examinable, the focus would shift to giving information for passing exams, rather than developing life skills and promoting attitude and behaviour change. The consensus finally reached was that making HIV/AIDS examinable would result in didactic rather than participatory teaching and thus defeat the purpose of the programme. The decision not to make HIV/AIDS an examinable subject was eventually made after extensive discussions between MOEC and UNICEF.

3.2 Curriculum Development

Structure and Content

The materials developed for the AIDS Action Programme for Schools include both core and supplementary materials. The core materials include the pupils' and teachers' books for every Grade/Form from Grade 4 to Form 6. The core materials for each Grade/Form consist of twenty units, a project section and a reference section. The twenty units constitute two school terms' work, allowing for one unit to be covered per week. The project section is covered in the third school term, giving pupils the opportunity to use the knowledge and skills they have developed during the first two terms. The materials' life skills approach to the development of positive attitudes and behaviour is intended to equip students with knowledge and skills to avoid HIV infection. All core materials incorporate four themes: relationships, life skills, human grown and development, and health.

Relationships: This theme covers the influence and pressure of friends and peers, family members and other members of society. The influence of current community stereotypes (and in particular of gender-roles) in shaping behaviour of pupils in their relationships with others are addressed. Current sexual attitudes and practices that represent danger for adolescents are discussed.

Life skills: This theme includes problem solving, self-awareness and assertiveness, risk-taking and decision-making, communication, critical thinking, peer pressure, coping with emotions, stress and anxiety, and social adjustment.

Human growth and development: These sections aim at improving the pupils' understanding of physical, psychological and emotional changes at puberty. The materials facilitate discussion on the challenges these changes present to the pupils in adopting responsible and healthy life-styles.

Health: These sections of the materials promote healthy life-styles for the development of a positive self-image which will encourage young people to avoid diseases, especially HIV/AIDS.

The materials produced for the AIDS Action Programme for Schools were intended to achieve wide acceptance in Zimbabwean society. Therefore, issues such as condoms and safe/safer sex had to be dealt with carefully. If the message was too strong, the books might face opposition from traditional sectors in society. It was decided early on to take a strong line in favour of traditional values and responsible sexual behaviour by promoting morality, abstinence and postponement of sex until marriage. At the same time, the programme was designed to ensure that the pupils had access to information on how to protect themselves as well. Therefore condoms feature in the books in an educational sense but their use is not promoted as such.

Having taken care to include traditional values in the curriculum, it was not foreseen that a problem would arise with the Christian churches. However, the Roman Catholic church rejected the Grade 7 HIV/AIDS education book (the first book to be completed) when it was first sent to the schools in 1993. The reasons were, among others, that the books were too explicit on sexual issues, i.e the materials referred to condoms and masturbation, and lacked Christian moral content. It soon became clear that the Catholic Church felt it should have

been consulted about the introduction of HIV/AIDS education in schools, however, it had not been MOEC's normal practice to consult the churches for approval before sending new textbooks to schools.

After the Catholic Church's initial rejection of the Grade 7 book, the Heads of Denominations (HOD), a coordinating body for churches in Zimbabwe became involved. In January 1994, the ministry included HOD in the AIDS Education Review Committee along with representation from the NACP, MOEC and UNICEF. The Committee, chaired by CDU, now reviews and comments on all core materials for the programme before publication. These comments are considered by those who produce the materials and negotiations take place until everyone is satisfied. For example, more Bible quotations are included and some sexual issues such as homosexuality were not allowed. At the same time, the churches have come to accept that condoms must be mentioned.

Involving the churches has widened ownership of the programme and helped ensure the use of the books in all schools. Everybody now agrees that it was necessary to bring the churches on board to ensure cooperation. This has been done without, however, sacrificing any of the basic objectives of the programme, since there are sufficient areas of agreement. The decision not to allow discussion of certain topics (e.g. masturbation) is regrettable, but considered to be a reasonable compromise for the acceptance of a comprehensive nation-wide programme.

The Process

Two underlying factors influenced the development of core materials for the AIDS Action Programme for Schools. Firstly, the situation was perceived as an emergency, which resulted in early planning being rushed and overly ambitious. Secondly, the task was new in terms of the sensitivity of subject matter and the novelty of both the life skills approach and the participatory teaching methods adopted for the life skills programme.

Certain decisions were taken at the outset that affected the process of core materials development. These were:

- to complete all core materials within three months.
- to develop core materials for all educational levels simultaneously.
- to adopt a life skills approach using participatory teaching methods.

Between February 1992 and 1995, a series of four different organisational structures were used to organise and supervise the writing of core materials. By stage four, the process was sufficiently streamlined to result in uniformity of style and complementarity of teaching units.

The first organisational structure consisted of one writing coordinator for primary level (Deputy Chief of CDU), one writing coordinator for secondary level (UNICEF consultant), team leaders for each grade (all CDU personnel except one UNICEF consultant), and a team of two to four writers for each grade (mostly CDU personnel). The team leaders and writers from CDU were not released to the Programme on a full-time basis because of their existing work with CDU. The tasks of the team leaders included regular meetings to discuss and agree on draft syllabi, orienting writers and evaluating draft units. A three-day workshop was held in February 1992 to orient and sensitise team leaders to HIV/AIDS issues and to plan a strategy for the writing of core materials. Pupils participated in discussions at the workshop and helped map out the broad areas of content.

The team leaders began by developing working syllabi with yearly objectives for each grade and level. It was agreed that the same theme would be followed from Grade 4 up to A level, but with different emphasis at each level. The broad areas of content were used to prepare a scope and sequence chart for all levels. (See Appendix A for an example.) Regular focus group discussions with pupils were held during the development of scope and sequence charts. The draft syllabus evolved as the developers' understanding grew. In fact, the materials were produced at the same time as the syllabus.

The team leaders together agreed on the number of units to be produced and the sequence of the units. Each team leader then took responsibility for a particular Grade/Form and worked with a team of two to four writers to produce materials for that Grade/Form. Each team produced a rough outline of the book, based on the working syllabi, and consisting of titles of each unit and their purpose. The decision to develop all the core materials simultaneously meant that 20 to 25 writers were submitting materials at one time. Writers were hired primarily from CDU, but at first there was no systematic selection procedure for writers.

In the beginning, no standard format was laid out for the units for fear such formats might restrict creativity. The writers started developing the materials unit by unit on the basis of the title of each unit and a discussion with the team leader. The first evaluation of the draft units was done by the team leaders and then submitted to a review panel. In the first year, the quality of work submitted by writers was very uneven. It was erroneously assumed that all writers would understand participatory methods for a life skills programme without systematic training.

Allowing large numbers of writers to write units without reference to a standard format had advantages and disadvantages. It generated a sizeable pool of ideas from which the best were selected. However, much of the material produced in the early months had to be

rewritten or rejected. The unformatted approach also created difficulties for the review panel in monitoring the quality of draft units. The review panel, which had been meant to function as a second level of quality control, became swamped with inappropriate materials that the team leaders had failed to filter out. However, the process of the first organisational structure was useful in that it helped clarify what was needed. Based on lessons learned form the first organisational structure, it was decided that a change was needed. The arrangement involving team leaders came to an end.

Under the second organisational structure, the task of supervising the writers was given over to two coordinators: one coordinator for primary level and one for secondary level. A new procedure for reviewing draft units was adopted. In the new reviewing procedure, four review teams were set up, each consisting of one UNICEF and two or three CDU staff members. They reviewed the backlog of materials.

About eight months into the materials development process, an editor was recruited to edit the Grade 7 materials and later the Form 2 materials. Although the idea of recruiting an editor had been discussed earlier, it had been feared that an editor might insist on rigid formats and stifle the writers' creativity. In hindsight, the appointment of an editor was considered a major, positive turning point.

The third organisational structure therefore involved an editor of Grade 7 and Form 2 materials, working with the coordinators for primary and secondary levels, together with the writers' pool for those particular grades. The reviewing of materials then fell to the editor and the two coordinators, and gradually the editor took over the role. By May 1993, the Grade 7 materials, both pupils' and teachers' books, were in the schools.

The editor's initial overall impression was that some good material had been produced but there was an inconsistency in level and depth. Much of the work had not been well focused. The materials were very comprehensive, to the extent of repeating material from

other subjects in the curriculum. There was an idea of how long the Grade 7 book might be, but it was based on the amount of material that had come in, rather than on an outline plan of the book.

To improve the organisational management under the fourth organisational structure, the editor for Grade 7 and Form 2 materials was appointed as Chief Editor for all the HIV/AIDS education core materials for schools. Sub-editors from within CDU were selected and worked on one Grade/Form each. The main tasks of the Chief Editor included producing guidelines for the editorial approach, liaising with Sub-editors, ensuring that the material was well-sequenced and that no repetition occurred from grade to grade, and ensuring that the approach, quality and tone of the material was consistent throughout the course.

One of the aims of appointing Sub-editors was capacity-building. This new editorial role helped the CDU staff feel a greater sense of ownership of the process. The appointment of Sub-editors helped strengthen the link with CDU. Initially, materials were developed for Grades 5 and 6 and Forms 4 and 6. Other Grades/Forms were added later.

After the Grade 7 book was completed, it was agreed that all existing syllabi were too extensive and needed to be re-worked to produce more manageable and user-friendly books. The syllabi were revised by the Sub-editors before the writing of other materials resumed. Once a book was at a presentable stage, it was commented upon by a limited number of people at CDU and NACP. The next stage was the pre-testing of the materials in schools. The Chief Editor finalised the material based on these consultations and pre-tests.

Books for the AIDS Action Programme for Schools are universally acknowledged to be of very high quality and are now in all schools in Zimbabwe. The programme adapted, improved and learned as time went on. The core materials for the AIDS Action Programme for Schools are different from conventional school materials in terms of both content and

methodology. Because of these major differences, the need to pre-test the materials was identified.

For logistical reasons the first book to reach schools (Grade 7) was not pre-tested. Everyone felt the need to get the book into schools as quickly as possible. The second set of books (Form 2) were pre-tested in only three schools around Harare. The Form 1 and Grade 5 books were comprehensively pre-tested in 1994. Teachers from the selected schools attended a preparatory workshop where they were oriented to the programme, prepared for their expected role in the pre-test, introduced to the pre-test methods, and sensitised to participatory methods in general. Peer teaching and micro-teaching techniques were used, followed by detailed discussions with teachers. The methods used in the pre-testing exercises included Cloze tests[2] to gauge readability, classroom observation, focus group discussions, and questionnaires to gauge acceptability and usability by both teachers and pupils.

The most useful aspect of the pre-tests was in relation to teacher training. While some extremely good teaching was observed, some teachers had difficulty adapting to the participatory methods. Often, the teachers would impose themselves on the pupils and revert to simply giving information, rather than guiding discussions. Teachers also had trouble dealing with controversial and sensitive issues. It was also felt that the best feedback on materials is acquired over a period of at least one if not several years of teaching. Therefore it was recommended that testing and revision of materials should be a continuous process.

Supplementary Materials

UNICEF also supported the production of supplementary materials and their distribution to schools. The main supplementary materials are "Bodytalk in the Age of AIDS", a page in a monthly newspaper for young people called *The New Generation*, and

[2] The exercise of supplying a word that has been omitted from a passage as a test of readability or comprehension.

plays for use in school drama competitions. *The New Generation* and the schools drama competitions support the mainstream activity of teaching HIV/AIDS in the classroom. The supplementary materials however, do not go through the same approval process that school textbooks go through.

The newspaper is targeted at youth in schools from Grade 7 to Form 4. The Bodytalk page explores a number of issues surrounding HIV/AIDS from a young person's perspective. Free distribution to schools of large numbers of *The New Generation* was undertaken by the HIV/AIDS project on a trial basis. UNICEF has sponsored the Bodytalk page each month and has distributed the newspaper to schools ever since. In 1994, a drama competition was organised for secondary schools and in 1995, for primary schools. Schools are encouraged to stage dramas in local languages.

The supplementary materials and activities have been a very positive development. *The New Generation* answers a real need for extra reading materials in schools; some sources indicate that any one copy of *The New Generation* is read by up to 50 people. The layout is attractive, and the use of cartoons, 'our readers write', and other features enhances the user-friendliness of the newspaper. The Bodytalk page provides top quality information, feedback and entertainment. The drama competitions reinforce what is being formally taught in the classroom. Research shows that combining information with entertainment is advantageous in areas where change of attitudes is being sought. Finally, there is the spin-off effect of reaching parents and children who have since left school.

3.3 Teacher Training

In-Service Training

The training component was designed to ensure that the AIDS Action Programme for Schools was accepted and supported by MOEC officials and teachers and that the core

materials would be used as intended by teachers in the classroom. The training component consists of both in-service and pre-service training.

Planning for in-service training of teachers began in April 1992. A cascade model of training, the traditional way of disseminating innovations in MOEC, was chosen for in-service training. The cascade model involves training trainers at the national level, who in turn train other trainers at the next lower level, and so on through five stages until the teacher is finally trained. The cascade model was the easiest and most cost-effective way to reach the 35,000 teachers involved in HIV/AIDS education. It was initially envisaged that the training would cascade to school level by mid-1993. It soon became clear, however, that the time needed had been greatly underestimated.

In 1992, a manual for trainers was produced which focused on basic information on HIV/AIDS, an examination of attitudes towards HIV/AIDS, participatory teaching methods and how to use them in the classroom, and implementation, monitoring and evaluating the AIDS Action Programme for Schools. The national, regional and district training workshops included the same components as the manual. Two booklets were produced by UNICEF to provide basic information on HIV/AIDS and to cut down on the time devoted to these topics at workshops.

The cascade training began with a national workshop in October 1992 facilitated by the writers of the training manual and attended by three senior staff from each of MOEC's nine regions. The role of the regional staff was to coordinate the HIV/AIDS training programme in their regions. The national and regional training began before the first core materials for schools were ready in May 1993. Therefore participatory methods were presented in isolation from the materials. As a result, the link to classroom use was not clearly made. Use of core materials in training only became widespread at teacher level.

By mid-1993, national and regional level training was complete and all district level staff had received basic orientation in HIV/AIDS education. Between August 1993 and the end of 1994, 140 district workshops were held which created the district level training capacity needed for the in-service training of teachers. At the district workshops, at least all head teacher from each school was trained. The programme for the district workshops was developed during the regional workshops and was fairly standard, based on the training manual.

During 1993-4, the quality of facilitation tended to weaken as training moved down the cascade, particularly to district level and school level. To strengthen training, in late 1994 school cluster workshops were introduced, bringing together four or five school heads to form a training team. The role of the regional and district training teams was to establish and support the school clusters. In mid-1994, MOEC and UNICEF produced a training video which proved very useful during primary school cluster workshops. A video for secondary school cluster trainings followed in August 1995. The first school cluster workshops started in June 1995 to train all teachers by the end of 1996.

Pre-service Training

HIV/AIDS education was introduced to the 27 tertiary colleges under the Ministry of Higher Education (MHE) in February 1994. These included all teacher training colleges and technical colleges. HIV/AIDS education is taught to all students for one hour each week with each college appointing two lecturers as HIV/AIDS education coordinators. During a series of workshops, syllabi were developed by staff from the colleges. The training programme for college lecturers was designed and initiated in 1994. Students' and lecturers' HIV/AIDS textbooks, based on the life skills approach, were then developed.

To augment the formal training in HIV/AIDS education for students in tertiary colleges, training in peer education was introduced in August 1994. The idea was that the student peer educators would acquire HIV/AIDS education skills and promote behaviour change among students by increasing exposure to peers who endorse change. A counselling course was also made available to college lecturers in 1994 and 1995 to improve access to counselling services for students and to pass on basic counselling skills to student teachers. In addition, supplementary materials (a college newsletter, and a play) were created.

Based on research undertaken in the colleges in 1995, MHE and UNICEF developed three facilitators guides for the series *Innovative Methods to AIDS Education*. A draft of the first facilitators' guide, *How to Use the Narrative Method: Improving Decision Making Skills of Young People through Role Play,* was ready by May 1995 and went to colleges for pre-testing and refinement. The second guide, *How to Use Picture Codes: Encouraging People to Openly Discuss AIDS,* was ready in draft form by June 1995. The third guide, *How to Use the Focus Group Discussion Results: Improving Young People's Assessment and Analysis of Their Own Behaviours,* uses the results of the October 1994 focus group discussions with college students as starters for further discussions. The three draft facilitators' guides offer an innovative series of approaches

and is intended also for use by lecturers, teachers and youth trainers working with young people in HIV/AIDS education. The series gives technical support for the implementation of HIV/AIDS education in a more participatory way.

3.4 Research Monitoring and Evaluation

From the outset, an effective system of research, monitoring and evaluation for the AIDS Action Programme was seen as essential. Three major baseline surveys were carried out (Grade 7, Form 3, tertiary colleges) to assess the knowledge, attitudes and practices of pupils regarding HIV/AIDS and related issues. The surveys were designed and carried out jointly by Government and UNICEF. Baseline data were established to facilitate impact evaluation at a later date. The data also provided teachers and teacher trainers with useful reference material, and provided feedback to college students about their own behaviour. Follow-up studies will be carried out in future years to measure changes in knowledge, attitudes and practices.

During the process of carrying out baseline surveys the need to experiment with different research methods became apparent. Traditional questionnaire-based surveys gave a good indication of knowledge but they did not reveal the needed information on attitudes and behaviour. In 1994, the questionnaire-based survey with college students was followed up with focus group discussions in order to seek clarifications and gain in-depth information.

In November 1994, UNICEF decided to try out the narrative research method in the baseline survey in secondary schools. The narrative research method involves the construction and use of a storyline about a relationship between a boy and a girl, containing typical events during adolescence, to allow youths to speak about sexual matters without referring to their own personal experiences. This new research technique provided more reliable and in-depth data on students' attitudes than is possible with traditional surveys.

Everyday monitoring of programme activities is also essential to ensure effective implementation. UNICEF and MOEC staff regularly attend teacher training workshops, for example. Larger scale monitoring exercises of teaching practice in the classroom have also been carried out.

The Ministry of Education and UNICEF undertook an evaluation of HIV/AIDS education in Grade 7 classes in July 1995, two years after the Grade 7 core materials were introduced to schools. A large majority of primary school heads (89%) and teachers (90%) indicated that they used the HIV/AIDS textbooks in class, although only one third of teachers said they used the materials as prescribed in the teachers' book. The same proportion said they had received training in HIV/AIDS education. HIV/AIDS education was not being timetabled separately as required but was integrated into other subject areas instead. Many teachers did not fully understand participatory methods and life skills, and some teachers had difficulty dealing with embarrassing sexual issues in the classroom. The report recommended widespread monitoring of school cluster workshops and classroom practice. It also recommended ways to improve teacher training.

An important shortcoming in the early research, monitoring and evaluation activities of the AIDS Action Programme for Schools was the weak linkage between the use of research results and the development of new materials. The Grade 7 teachers' and pupils' books, for example, were written before the Grade 7 baseline survey was carried out. This happened partly because of the rush of getting the first books into schools and partly because of shortage of research staff at that time. Later on, however, the use of research results in programme implementation became more systematic.

4. Lessons Learned

The following lessons were learned in the course of designing and implementing the AIDS Action Programme for Schools in Zimbabwe. Some of these lessons arise from successful practices in Zimbabwe, and some of them arise from weaknesses in the programme.

Lesson 1. Consult widely, all the time.

HIV/AIDS is a multi-sectoral issue and continues to be a very sensitive issue in most countries. Broad-based consultation and participation are necessary from the very outset to ensure widespread acceptance of and support for the programme.

While school-based HIV/AIDS education obviously needs the support of the local Ministry of Education, support is also required from the national HIV/AIDS coordinating body, which in most countries is in the Ministry of Health. The political leadership needs to be informed and on board as well as senior management and technical staff of the relevant ministries. Teachers, as users of the materials, should be involved in the design of the programme. Careful integration of the new project into the existing country programme is also essential to minimise difficulties.

A national programme will benefit from involving various groups in civil society as well, especially the religious and traditional leaders, and parent groups. It might be useful to consider setting up a multi-sectoral committee made up of Government, the donor(s) and representatives of civil society as an advisory body to guide the project and help broaden its base of support.

Lesson 2. Comprehensive planning at the beginning saves time and trouble later.

A substantial planning period should be set aside at the beginning in order to conceptualise the course, explore ideas and clearly establish what is needed before the curriculum writing begins. Existing curricula should be thoroughly examined, and proper syllabi should be in place before writers set to work. Certain decisions should be made at the beginning, i.e. the time available and how the subject will be timetabled, since these affect the

design of the materials. Formats should be specified for the textbooks and the criteria by which materials are reviewed should be made clear early on.

Lesson 3. Orientation, training, and supervision of curriculum writers are crucial.

Criteria for the election of writers should be laid out at the beginning. Intensive training on HIV/AIDS and on participatory methods for a life skills programme is needed before writing begins to help standardise the outputs and avoid unnecessary delays. At the training, writers should experiment with writing units, and then together brainstorm the units with someone who knows the direction of the programme. All the major implementers should be consulted early on. Teachers, as users of the materials, could be involved in the programme, perhaps through their teachers associations as an advisory panel looking at the materials. Parents' groups can also be involved as well as church representatives.

Lesson 4. Teacher training requires detailed planning and careful monitoring to ensure quality.

A high quality teacher training component is imperative. While the cascade model is logistically and financially preferred, the quality of training tends to weaken as training moves down the cascade. In addition, the model can be slow to implement. Monitoring of the training programme is very important so that areas of weakness can be detected and corrective measures taken. Video and structured models have great potential in standardising training. Participatory methods should be integrated into the whole training through the use of hands-on participatory training for teachers, peer teaching, and live teaching sessions with children. Teaching of participatory methods should be integrated with the use of materials that teachers will eventually use in the classroom. Teachers need help in handling sensitive sexually-related topics, selecting activities appropriately, organising groupwork, helping pupils to resolve issues for themselves, and introducing and concluding lessons effectively.

Pre-service teacher training is an important component of school-based HIV/AIDS education and should be introduced from the very beginning. When graduates from teacher training college are trained in HIV/AIDS education, investment in in-service training will be minimal. A close relationship should exist between in-service training and pre-service training. A multi-sectoral committee can serve this purpose.

Lesson 5. Teaching in the local language and supplementary materials are useful.

Teaching, and allowing students to practice new skills in the mother tongue enhances perceptions of self-susceptibility and self-efficacy. Supplementary materials have far-reaching spin-offs because children enjoy them and often share them with friends, siblings and parents. Supplementary materials combine information with entertainment, which is very advantageous in an area where change of attitude is being sought.

Lesson 6. An effective system of research, monitoring, and evaluation is essential.

Systematic and timely research, monitoring and evaluation are crucial in order to design the programme, adapt materials and training, and disseminate information to relevant audiences (policy makers, implementers, donors, teachers). Baseline studies should be carried out at the beginning of the programme, with follow-up studies planned to assess impact. The success of the research efforts, however, depends on a willingness to adopt new methods where necessary. For example, in the case of Zimbabwe, the narrative research method succeeded in getting at the attitudes and behaviour of pupils, where the traditional questionnaire-based surveys had failed to do. Monitoring throughout the implementation is also essential to determine whether teachers are successfully applying participatory methods, and are complying with policy for timetabling and compulsory instruction.

Lesson 7. Proper communication is essential and requires commitment and effort.

Communication both within the programme and with outside partners requires constant attention and effort. Regular written reports and appropriate dissemination will

facilitate understanding and avoid the misunderstandings that arise through lack of communication. Time needs to be set aside by project management to communicate both formally and informally with partners and colleagues. The project should have a communications strategy.

Lesson 8. A flexible, action-oriented management style and the willingness to learn and adapt are keys to success.

In a new experimental programme, planning and management must be flexible and pro-active. Stopping the spread of HIV/AIDS is important enough that some trial-and-error is necessary and desirable. The success of any undertaking, especially an experimental one, requires a willingness to recognise weaknesses as they emerge, learn from experience and adapt accordingly. Any successful HIV/AIDS education project must learn to make mid-course adjustments.

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List of Key Informants Interviewed for the Flashback and Hindsight Report

Ministry of Education
Terry Chagonda, Deputy Secretary
Eunice Pfende, former CDU Officer

National AIDS Coordination Programme (NACP)
Margaret Mehlomakhulu, Deputy Director
Ruth Gumbie, IEC Officer

United Nations Children's Fund (UNICEF)
Sally Fegan-Wyles, former Country Representative
Anny Peters, former Project Officer - AIDS Monitoring
Bernard Gatawa, Project Officer - AIDS Education
Heather Benoy, former Consultant
Joe Vere, former Consultant
Ivan Smith, former Consultant
Margo Bedingfield, Chief-Editor
Joel Chiware, Artist/Illustrator

APPENDIX A

Scope and Sequence Chart for the AIDS Action Programme for Schools

Grade 4	*Grade 5*	*Grade 6*	*Grade 7*	*Form 1*	*Form 2*	*Form 3*	*Form 4*
SELF ESTEEM Who am I? What do I like and dislike? How can I live with my problems?	SELF ESTEEM Me, myself? What do you like? Looking my best.	SELF ESTEEM People are different. I like myself! I can...	RELATIONSHIPS What are friends for? True friends. Friendships aren't easy.	VALUES What's important.	GROWING UP Changes. I could have died. Bodytalk.	SELF ESTEEM Who am I? I'm glad to be me! Your view of you.	COMMUNICATION Communicate! Myths can be dangerous.
RELATIONSHIPS Who's my family? What is my role? What does my family do for me? Who are my friends? Why do I have friends? How can I keep my friends and make new ones?	RELATIONSHIPS AND COMMUNICATION Making friends. I didn't mean it! Fun with friends. Families. Family matters. Sharing secrets.	RELATIONSHIPS My family. Me and my family. My friends. My community and me.	PEER PRESSURE RESISTANCE Why did I do that? Think before you act. What should I do?	BODY CHANGES - GROWING UP / HEALTH Growing pains. Looking good.	DECISION MAKING AND PEER PRESSURE RESISTANCE Playing moms and dads. Playing with fire! Decisions, decisions! Consequences. Over to you. Getting it right.	RELATIONSHIPS Close ties. Your culture and you.	VALUES My values and me. Women in society. Norms, values and culture.
VALUES What is good neighbourliness? What will I be in the future? What's good for me? What's bad for me?	VALUES My area. Aiming high. Time for fun!	VALUES Why John can't cook? Early sex and promiscuity. Entertainment. My hero! My future career.	VALUES Follow me! Everyone is important. True stories or false pictures.	SELF-ESTEEM AND SELF-ASSERTION Personality. If only you'd said.	VALUES Once upon a time... Tomboys and sissies?	VALUES Appearances can be deceptive. Just between us. Athing you can do. Drastic measures?	PEER PRESSURE RESISTANCE AND DECISION MAKING Teenage pregnancies. Unplanned marriages. What influences the decisions we make? Self control. Drug use.
GROWING UP How did I come to be? What will I look like in the future? What is good health?	GROWING UP Me and my worries. As we grow.	PEER PRESSURE RESISTANCE AND DECISION MAKING When and how to say NO! Substance abuse.	DECISION MAKING Making up your own mind. Danger zone! Look before you leap!	RELATIONSHIPS Good friends. Making contact.	RELATIONSHIPS Teenage trouble! Sweethearts. What is love?	PEER PRESSURE RESISTANCE AND DECISION MAKING Making up your mind. The right time... Risks! Risks! Risks! Luck? There's no such thing! Me and my gang. Bad company.	ATTITUDES AND FACTS ABOUT AIDS Who's right? Prejudice and AIDS STDs.
FACTS AND ATTITUDES ABOUT AIDS Dangerous diseases.	FACTS AND ATTITUDES ABOUT AIDS Living and caring. What does it mean to me?	SEXUAL ABUSE How can I be safe?	FEELINGS AND GROWING UP Why am I falling in love? Boyfriends and girlfriends.	CHILD ABUSE AND SEXUAL ABUSE A day in the life... Please help me. Good and bad touches.	HEALTH AND BEHAVIOUR Up in smoke! Drink, drugs and downhill!	SEXUAL ABUSE Sugar daddies and mummies.	FEELINGS AND GROWING UP Homosexuality and Lesbianism.
PEER PRESSURE RESISTANCE AND DECISION MAKING What are the dangers to my life? Which activities can put my life in danger?	SEXUAL ABUSE A sense of touch. Feeling fine. The worst touch.	GROWING UP What's happening to me? Healthy lifestyles.	FACTS ABOUT AIDS The spread of AIDS. Who's at risk? Staying safe. Caring for people with AIDS.	VALUES Typical! Breaking out! Doing it you way. Time off.	SEXUAL ABUSE Assault! Protect yourself!	COMMUNICATION Reading between the lines. Bodyspeak.	RELATIONSHIPS Sexual responsibility.
SEXUAL ABUSE	DECISION MAKING	FACTS AND	SUGAR DADDIES	PEER PRESSURE	FACTS AND	AIDS FACTS AND	

How can I keep away from danger?

My own brain!

ATTITUDES ABOUT STDS AND AIDS
Facts and fallacies.
Caring for people with AIDS.

Esther's problem.

CHILD SEXUAL ABUSE
Tanya's story.

RESISTANCE AND DECISION MAKING
Getting physical.
Time to waste?
Your choice.
I do and I will.

AIDS FACTS AND ATTITUDES
Attack.
I care and I can help.

ATTITUDES ABOUT AIDS
How is it transmitted?
Loving care.

ATTITUDES
What shall I do?