



**RESTLESS  
DEVELOPMENT**  
THE YOUTH-LED DEVELOPMENT AGENCY

## HIV AND LIFE SKILLS

# MONITORING TOOL PILOT REPORT

AUGUST 2013

PREPARED BY THE MONITORING AND LEARNING UNIT

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## **ABBREVIATION AND ACRONYMS**

CSO	Civil Society Organisation
CTS	Creative Technology Studies
IEC	Information Education and Communication
KI	Key Informants
MESTVEE	Ministry of Education, Science Technical Vocational Training, and Early Education
MOU	Memorandum Of Understanding
SRH	Sexual and Reproduction Health
STIs	Sexually Transmitted Infections
YFC	Youth Friendly Corner

## 1.0 INTRODUCTION AND BACKGROUND

Restless Development is the global leader in youth-led development whose mission is to place young people at the forefront of change and development. Restless Development inspires, educates, trains and supports young people to lead development in their countries and communities. It helps young people make responsible choices about their own lives. Restless Development equips young people to contribute positively to their societies. Restless Development creates space for young people to play active roles in policy and decision-making. Restless Development in Zambia has been working to place young Zambians at the forefront of change and development since 2003. In July 2012, Restless Development model has been included in the Bank of Zambia's *National Financial Education Strategy for Zambia*, as "a key model for the youth"

Restless Development developed a National Strategic Framework 2011-2015. The framework is an anchor to the youth developmental activities. The activities are based on three goal areas, these being:

- **Civic Participation:** Young people are significant contributors to development processes, resulting in government policy and practice that is both beneficial and accountable to young people and its citizens
- **Livelihoods and Employment:** Young people are taking up productive livelihood and employment opportunities that contribute to their household incomes and economy of the country
- **Sexual and Reproductive Health:** Young people are engaging in safe sexual and reproductive practices that lead to healthy lives

To achieve these goals Restless Development Zambia applies five strategic approaches namely Direct Delivery (DD), Shaping Policy and Practice (SPP), Building a Strong Youth Sector (BSYS), Sharing and Learning (S&L) and Generation of Leadership (GoL).

To read more about Restless Development and our National Strategic Framework in Zambia 2011-15 please go to: [www.restlessdevelopment.org/file/nsf-pr-071210-lowres-pdf](http://www.restlessdevelopment.org/file/nsf-pr-071210-lowres-pdf) or visit our website [www.restlessdevelopment.org/zambia](http://www.restlessdevelopment.org/zambia)

## 1.1 BACKGROUND TO THE HIV MONITORING TOOL

Restless Development has been focusing on the implementation of the Ministry of Education, Science Technical Vocational Training, and Early Education (MESTVEE) HIV policy while providing technical expertise towards the development of the HIV and Lifeskills Monitoring tool with and on behalf of the MESTVEE.

We have spearheaded the development of a Standards monitoring tool, which will enable the Ministry to effectively capture data on Life Skills and HIV awareness education activities in schools through the Standards Inspectorate.

The development of the tool started in early 2011 in partnership with the Chibombo District Education Board Secretary's office as a pilot. The tool was used by Chibombo District to improve the capturing of HIV and AIDS activities happening at school level and was piloted in schools where the Restless Development intervention was on course and in those schools, which were phased out.

Restless Development in collaboration with Chibombo District pushed for the integration of the tool within the Directorate of Standards. Subsequently, the tool received feedback from the Standards

Directorate after further editing was done on it based on the feedback from the pilot in Lusaka Province. More recently, it has been further revised following Provincial Standards feedback in late January 2013 and signed off for piloting in 2013.

## **2.0 PURPOSE OF PILOTING THE HIV AND LIFESKILLS MONITORING TOOL**

The main purpose of the monitoring tool is to strengthen mainstreaming of HIV activities within the education sector for enhanced policy implementation. The Directorate of Standards and Restless Development conducted trialling field visits to two Provinces as a way of assessing the efficiency of the tool.

### **2.1 OBJECTIVES**

The specific objectives for the piloting of the monitoring tool were:

1. Assess the efficiency of the tool and determine whether it is responding to the needs that it was designed for.
2. To identify gaps and draw lessons that can help strengthen the monitoring tool.
3. To provide recommendations for improvement.

## **3.0 METHODOLOGY**

- The HIV and Lifeskills monitoring tool was used for data collection:
- Restless Development together with the officers from the Directorate of Standards sampled out schools where the trialling will be conducted from to inform the finalisation of the tool.
- Lusaka and Eastern Provinces were sampled for piloting of the tool. Criteria for sampling took into consideration the rural vs. urban schools to have a wider understanding of how the tool will be utilised in both scenarios.
- Six Districts of Petuake, Sinda, Nyimba, Luangwa, Chongwe, Kafue and Chilanga were selected.
- Thirty two schools from six Districts were randomly sampled from the list given by the District Education Board(DEBs) office and visited.
- Data was collected and analyzed using SPSS 16.0

## 4.0 KEY FINDINGS

### 4.1 SCHOOLS VISITED

A total number of thirty-two schools from six Districts were visited, out of this number 21 were Primary schools, 2 were Basic schools and 9 of them were Secondary schools. The school's were from six Districts of Petuake, Sinda, Nyimba, Luangwa, Chongwe, Kafue and Chilanga. The table below shows the schools visited by Province.

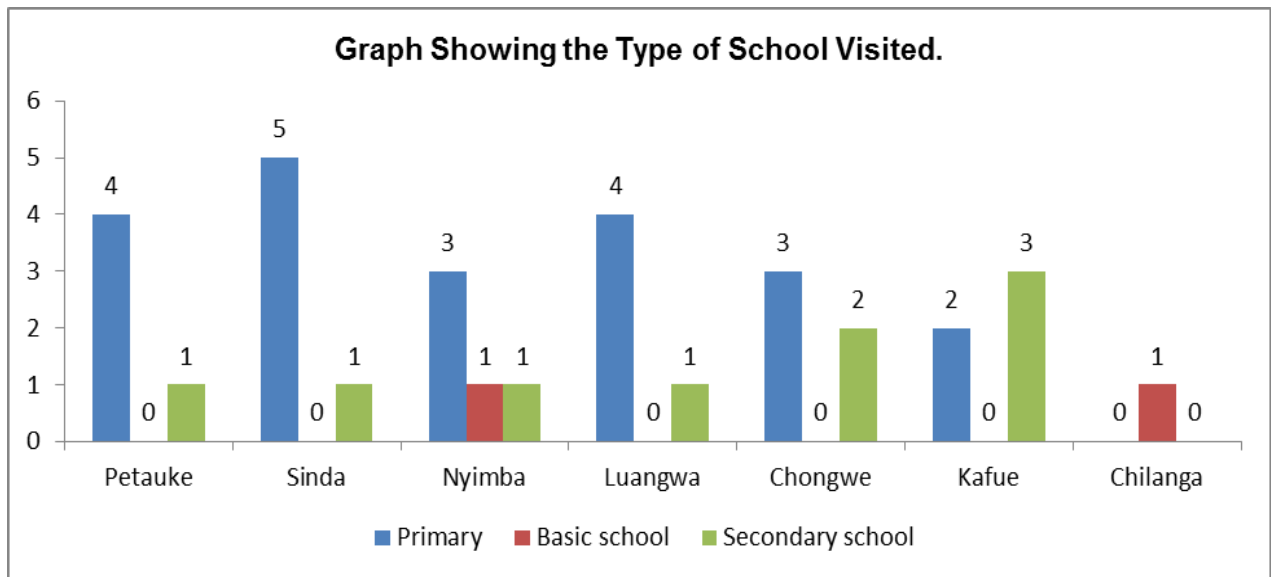
**Table 1: Shows the schools visited by Province.**

Province	Eastern				Lusaka			Total
	Nyimba	Petauke	Sida	Luangwa	Chongwe	Kafue	Chilanga	
Primary	4	5	3	4	3	2	0	21
Basic school	0	0	1	0	0	0	1	2
Secondary School	1	1	1	1	2	3	0	9
Total	5	6	5	5	5	5	1	32

Majority of the schools visited in Eastern Province were primary schools (76.1%). Lusaka Province had more secondary schools (5) compared to the 4 in the Eastern Province. Only two basic schools were visited, one in Lusaka and one in Eastern Province.

Five schools were visited per District apart from Chilanga District, where only one school was visited. The graph below shows the type of schools visited per District.

**Graph 1: Shows the type of school visited per District.**



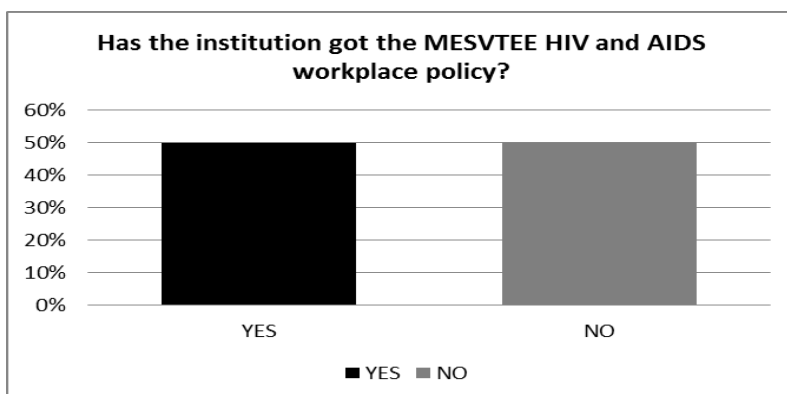
## 4.2 HIV AND AIDS POLICY ISSUES

The MESTVEE has an HIV/AIDS Workplace Policy for the Education Sector that is used for Management and Mitigation of HIV and AIDS.

The HIV and AIDS workplace policy is for education administrators in the sector but its message speaks out to everyone including teachers, school children, young people out of school, adults learners and community leaders and politicians living in a world of AIDS. The policy focuses on:

- HIV prevention and wellness programme
- Care and Support
- HIV and AIDS and the workplace
- Management of the response

MESTVEE has made considerable efforts in disseminating the contents of the policy to teachers in both urban and rural schools. The results show that most institutions especially in the Lusaka



provinces were aware of the policy and its provisions. The schools were asked further if they have the HIV and AIDS policy available and a 50:50 percentage ratio on the availability of the policy was drawn from the responses as shown on Graph 2(Left).

Out of the 50% who had the policy, they were asked if the staff members were able to access the policy and the results showed that 43.3% had accessed the policy as shown in the table below.

**Table 2: Shows Awareness and Accessibility of the MESTVEE HIV and AIDS workplace policy.**



Does the institution have the MESVTEE HIV and AIDS workplace policy? * Has the policy been accessed by members of staff?					
			Has the policy been accessed by members of staff?		Total
			Yes	No	
Does the institution have the MESVTEE HIV and AIDS workplace policy?	Yes	Count	13	2	15
	No	Count	0	15	15
Total		Count	13	17	30

Institutions were asked whether they had formulated their own HIV and AIDS policy based on the MESVTEE HIV and AIDS Workplace Policy. 29 schools responded to the question and 18 (62%) had formed their own policy based on the MESTVEE HIV policy and 11(38%) had formed their policy not necessarily based on MESTVEE.

The trends were similar the question on whether their workplace programme contain the essential elements of the policy i.e., prevention, treatment, care and support. 30 schools responded to this question, out of the 30 schools, 19(63%) said, they had programmes with essential elements while 11(37%) said their programmes did not necessarily cover all the elements of the policy.

## 4.3 MESVTEE MINIMUM STANDARDS ON HIV AND AIDS

### 4.3.1 INSTITUTIONS CARRYING OUT THE FIVE HIV AND AIDS PROGRAMME STANDARDS.

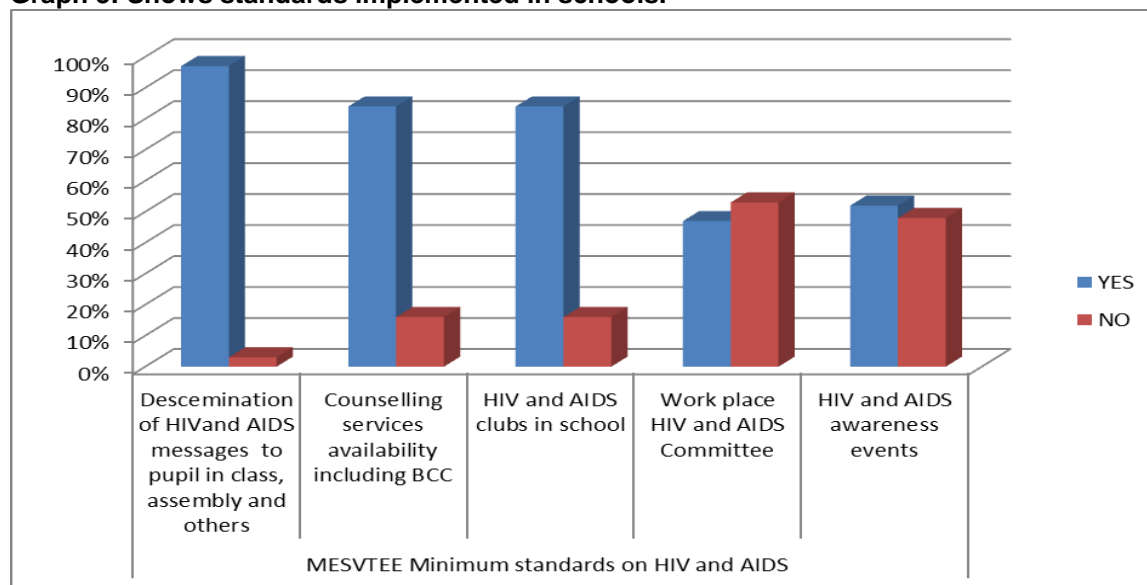
MESTVEE calls for consistency in the implementation of the HIV activities with the schools and has the five minimum standards, which are:

1. Dissemination of HIV and AIDS messages in class, during assembly and other gatherings to Educators and Learners,
2. Availability of counselling services including; Behavioral change communication (BCC) materials.
3. HIV and AIDS clubs.
4. Workplace HIV and AIDS committee,
5. HIV and AIDS awareness Raising Events

A majority of the schools sampled were doing at least two of the five standards, especially, disseminations of HIV and AIDS Messages in class and other platforms, Availability of counselling services including Behavioural Change Communication materials and HIV and AIDS clubs in schools. Almost all the schools were disseminating information to the learners on HIV.

The standard on workplace HIV committee is a least implemented standard with only 47% of the schools implementing the standard. Awareness event activities are fairly implemented in the school with 57% schools saying they were implementing the standards. The graph below shows the response on schools implementing the MESTVEE standards.

**Graph 3: Shows standards implemented in schools.**



### 4.3.2 CARE TREATMENT AND SUPPORT

The HIV and Lifeskills monitoring tool looks at what Care and Support services exist within the Institution for infected and affected Educators and Learners .e.g. Prevention, care and support. Responses showed that:

- Counselling - 70% of the school surveyed said they had counselling services for the learners who were living positive or those affected by HIV and AIDS.
- School Health Nutrition – Almost all the schools have the school Health Nutrition programme and they use these programme to support the learners.

- Others – About 80% of the schools mentioned other services they are giving out to the affected learners

### 4.3.3 EXISTENCE OF A TRAINED GUIDANCE AND COUNSELLING EDUCATOR IN THE SCHOOLS

Guidance and counselling of students is an integral component of most of the schools, the services and programs promote the personal/social, educational, and career development of all students. The question asked for the existence of a trained Guidance & Counselling Educators in the institution.

Province * Do you have trained Guidance & Counselling Educators in your Institution?			
Province	Do you have trained Guidance & Counselling Educators in your Institution?		Total
	Yes	No	
Eastern	14	2	16
Lusaka	10	6	16
Total	24	8	32

75% of the school piloted indicated that they have a trained guidance and counselling teacher who is trained to offer services to the young people and 25% did not have a trained counsellor.

Majority of the schools who had no trained a counsellor in the school were from Lusaka Province as shown on the table 3 (left)

In comparison to the schools, out of 23 schools who had a trained counselling educator, fifteen (15) were from primary school, one from the basic school and seven (7) were from secondary school.

The table below show the cross tabulation of the type of schools with a trained Guidance & Counselling Educators.

**Table 4: Shows the type of schools with a trained Guidance & Counselling Educators.**

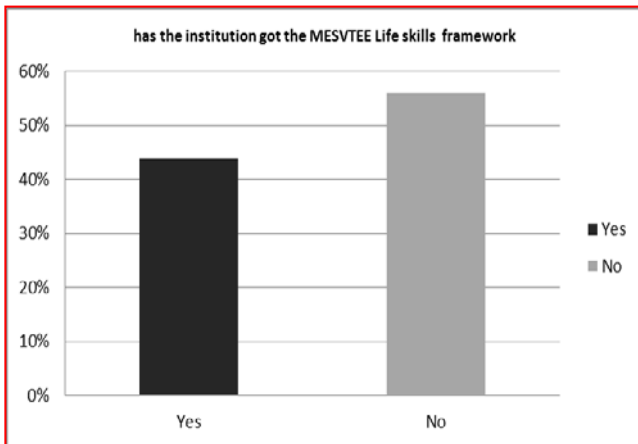
Type of school	Do you have trained Guidance & Counselling Educators in your Institution?		Total
	Yes	No	
Primary	15	6	21
Basic school	1	0	1
Secondary school	7	2	9
Total	23	8	31

### 4.4 MESVTEE LIFE SKILL FRAMEWORK

The MESTVEE recognizes the role that life skills play in promoting healthy lifestyles among learners and how life skills can be a way of halting the further spread of HIV among school going children. The development of life skills in areas of sexuality and personal relationships can serve as channel for messages about HIV and AIDS.

The MESTVEE developed life skills framework document is a guide resulting from a historical perspective that allowed various stakeholders to offer Life Skills Education to youths that was at variance with the age or level of the youths. This guide was developed:

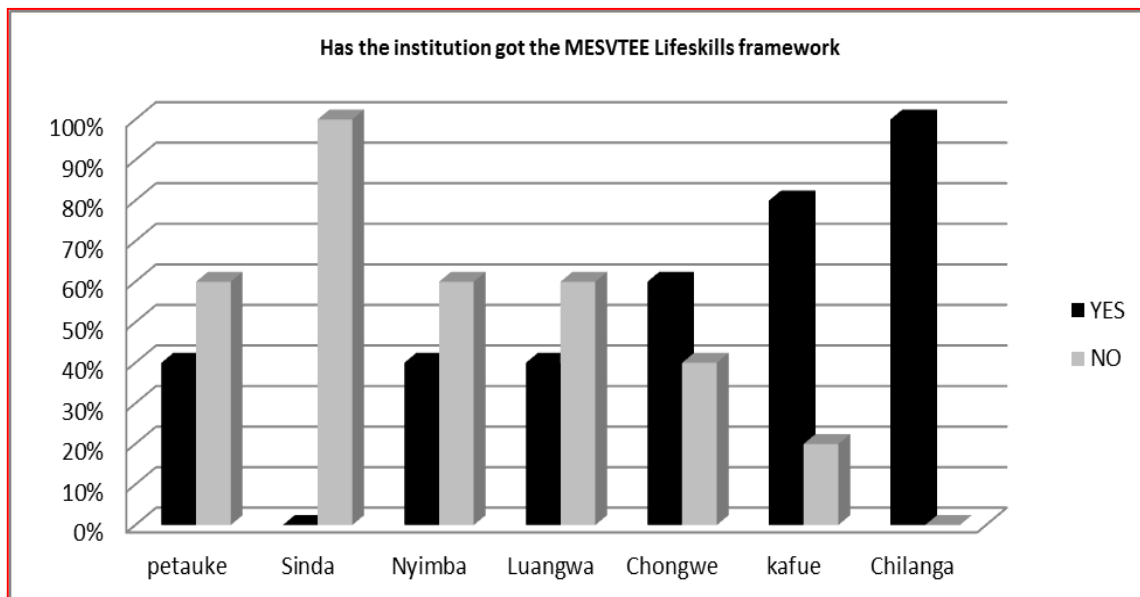
- To harmonise Life Skills Education.
- To enhance and compliment the quality of education offered to all learners across the curriculum.
- To standardized material development.



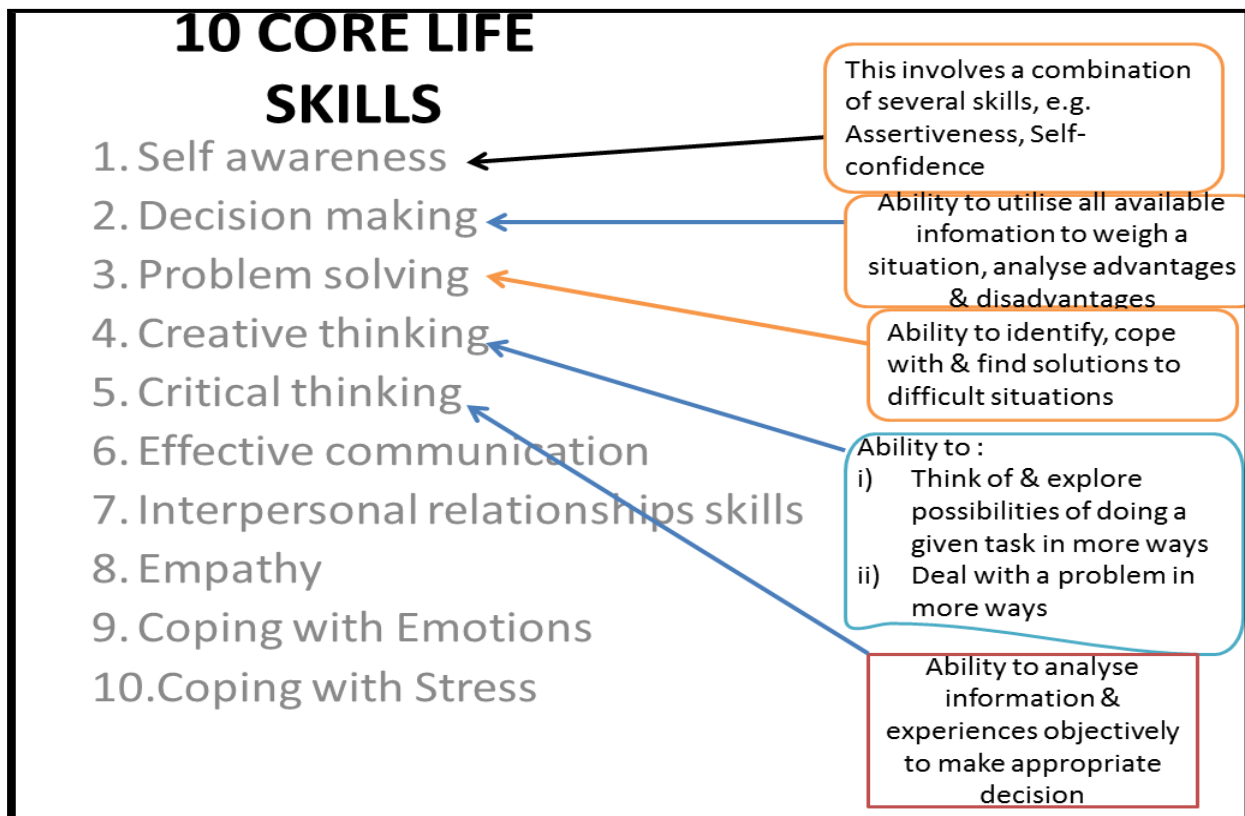
During the pilot, the schools were asked if they had the MESTVEE life skills framework. 56 % of the schools piloted did not have the life skills framework with only 44% having framework.

83.3% who had the framework had circulated it, 15.8% yet to circulate the policy to the teachers (educators). Teacher interviews showed that the framework is present in the school and they are integrating it in the school curriculum.

The analysis at District level, showed that schools in Sinda District did not have the lifeskills framework and they were implementing activities using the Creative Technology Studies (CTS) subjects which encooprates the lifeskills with the learners. The graph below shows the institutions with the lifeskills framework, by District.



#### 4.4.1 INTEGRATION OF LIFE SKILL IN LESSONS BY TEACHERS



MESTVEE standard on life skills is that teachers should incorporate the Lifeskills in their lessons. 66% of the schools were integrating the Lifeskills. 34% were not integrating the life skills. Schools who admitted integrating the activities also said they were taking advantage of the Creative Technology Studies (CTS) programmes, which is part of the school curriculum. The lessons plans were reviewed in some schools and showed integration of life skill in their lesson plans to the learners.

#### 4.4.2 AVAILABILITY OF LIFESKILLS MATERIALS IN THE SCHOOL

The implementation of Lifeskills activities in the school requires a considerable amount of resources and materials. The study shows 59.4% of the schools piloted had materials for both teachers and learners.

40.6% did not have these materials even when they are implementing the lifeskills. They are using the Creative Technology Studies subjects to facilitate the Lifeskills to the learners.

### 4.5 SEXUALITY AND PROTECTION

#### 4.5.1 TEACHER INTEGRATION OF SEXUALITY EDUCATION IN THE LESSONS

The full participation and integration of adolescent boys and girls in secondary schools require proper Management of their sexual and reproductive lives. This can be achieved through teacher integration of sexuality education in school as required by the MESTVEE. In total, 75% of the school piloted

said teachers in the schools integrate the sexuality education in their lessons with only twenty-five percent not integrating the lessons.

#### **4.5.2 TEACHERS TRAINED TO FACILITATE SRH AND LIFESKILLS EDUCATION TO THE LEARNERS**

While 75% of the schools admit to the integration of sexuality education in their lessons, only 59% of the schools had trained teachers to offer these services to the pupils and 41% of the schools have not yet trained the teachers. There is need therefore to train teachers to facilitate SRH and life skills educations to learners to create an avenue for adolescent students' better quality education on sexuality.

#### **4.5.3 SCHOOLS EXPERIENCING SCHOOL DROPOUTS DUE TO PREGNANCIES**

They were many concerns about high rates of pregnancy-related to school dropouts. 94% of the schools piloted reported experiencing school drop out because of early pregnancies. The highest of the pregnancies was at 15 girls dropping out in one single year the youngest was recorded in grade 2 in Eastern Province. The results indicate that the problem of school drop outs due to pregnancy maybe much more severe than is commonly assumed.

62% of the of the total who had experienced school drop out as a result early pregnancies, had readmitted the girls back to school while 38% of did not re-admit the girls back to school. The school staff expressed their concern on how most girls upon dropping out of school; there is no will from the parents to get them readmitted.

The trend in most of the communities is that girls who fall pregnant get married off to ease the burden of taking care of the baby. They also face a lot of discrimination in school and would rather change the school to avoid the pressure from their peers.

There is need to continue to improve programmes to reduce adolescent pregnancy, and a need to increase the number of young mothers who return to school to complete their education.

#### **4.7 COMMUNITY COLLABORATION**

Sexual and reproductive Health issues have for a long time been regarded as taboo topic to discuss between elderly and the young generation. An inquiry made to the institution on whether they were working with the communities to sensitise the young people in the communities in SRH issues, which include early marriages, defilement and teenage pregnancy showed the following results:

- 90 % admitted working with the communities through different media to sensitise the young people in the communities. 10% did not engage the community in any activities.
- Communities were engaged through Parents Teachers Association and General meetings. This was evident in some school who had documented the meeting minutes.
- Other institutions were working with health service providers and civil society organisation's like CHAZ, the Victim support unit from the police, Caritas Zambia in the communities to reach out to young people.
- One school had engaged the traditional leaders to sensitise the community on issues affecting the young people in the community.
- Other institutions mentioned church leader's community drama groups that are being used to convey the messages.
- One institution on the Eastern Province had conducted a massive sensitisation on the re-entry policy .

## 4.8 CHILD ABUSE CASES

Only nine percent (9%) reported cases of abuse in the institutions, the rest of the schools did not have any cases of child abuse. Institutions mentioned that cases might have occurred but not made official. One of the reported cases was of a grade two pupil who was abused by a father and he fled into the neighbouring community.

The few cases reported all centred on the girl child and defilement cases. There was a concern of a lot cases of defilement in the rural community and people not getting punished by the law because of traditional norms. This has disadvantaged many young girls.

## 5.0 RECOMMENDATIONS

### 5.1 SCHOOLS

- HIV activities in schools should be guided by the MESTVEE policy.
- The teachers should start integrating SRH in their lessons and not wait upon a particular topic in the syllabus talking about HIV or rather SRH.
- There is need for schools to start implementing other minimum standards like Aids Action clubs, HIV/AIDS committee and awareness raising events.
- The schools need to ensure that the HIV and AIDS workplace policy are availed to all teachers and support staff.
- The school need to be in possession of the MESTVEE lifeskills framework and other lifeskills materials in order to implement the life skills successfully.
- Work with communities on sensitization of of the policy.

### 5.2 MESTVEE

- MESTVEE should provide copies of the HIV and AIDS workplace policy to schools.
- There is a need to emphasize on implementation of the management and mitigation of HIV/AIDS at the workplace.
- There is need to build capacity of schools to understand and implement lifeskills framework.
- There must be an increase in materials provided on SRH, considering the growing number of pupils.
- Revise materials present in schools and update them.

### 5.3 CSOS AND OTHER IMPLEMENTING PARTNERS

- Need to sensitize parents on the readmission of girls after delivery.
- Push for distribution of SRH materials, lifeskills framework to schools
- Organise events on HIV/AIDS Awareness
- Give feedback to MESTVEE on what they are learning from the implementation of their work in the schools.

### 5.4 MONITORING TOOL

- The monitoring tool should be restructured to include variables such as type of school, grade.
- The tool should have section for teachers or staff member to give comments
- The variables on child protection are limited to early marriage and sexual abuse, there is need revise these variables and capture enough information.
- The tool should have skip patterns.

## 6.0 CONCLUSION

The activation of the monitoring tool will be instrumental in assessing the levels of activities being delivered on the ground and the quality standards for the work.