



**FAWE BEST PRACTICE
PROTECTING GIRLS IN SCHOOLS FROM HIV/AIDS**

Table of Contents

Introduction	2
About the Project	2
Why Thika?	2
Issues Addressed	3
Target Groups	3
Project Objectives	4
Implementation Process	4
The training component	5
Outcomes	6
Outputs	7
Expected Long term impact	7
What Makes this Project a best practice?	7
Lessons Learnt	8
Challenges	9
Implications for Scaling up	9
Conclusion	10

FORUM FOR AFRICAN WOMEN EDUCATIONALISTS (FAWE)

Is grateful to

Mrs Shiphrah GICHAGA

For the documentation of this Best Practice

Preface

Various interventions have been undertaken to try to address the gender gaps in the education sector. Significant achievements have been scored through these initiatives towards improving girls' access, retention and performance. However, the gender disparities are still wide. It is clear however, that unless quicker and strategic action is taken to address these gaps, the Education for All goals is unlikely to be achieved.

One strategy that is being proposed is to take successful interventions to scale in order to ensure that a higher number of girls are reached. This has so far not been adequately undertaken. As a first step towards scaling up best practices, it is necessary to identify and document the most successful interventions in a way that can be taken up by education policy makers and other stakeholders.

One of FAWE's strategic objectives is to influence replication and mainstreaming of best practices. FAWE has undertaken to document its best practices with the aim of disseminating them to education policy makers and influencing mainstreaming of these interventions into education plans and programmes. FAWE, with its partners, will be holding a Ministerial Con

This booklets summarizes the FAWE Kenya Chapter's experience in protecting girls from HIV/AIDS. As this deadly scourge ravages our continent, hope lies in educating the girls to protect themselves and each other, and in educating boys to care for their sisters and peers.

FAWE hopes that this experience will inspire the replication of this best practice far and wide in sub Saharan Africa to the benefit of the continent.

Penina Mlama
Executive Director

PROTECTING GIRLS IN SCHOOLS FROM HIV/AIDS

FAWE Kenya's Thika HIV/AIDS Intervention

Introduction

FAWE Kenya (**FAWEK**) is the National Chapter of the Forum for African Women Educationalists (FAWE). The overall goal of FAWE is to significantly reduce gender disparities so that more girls have access to education, remain in school and perform to the best of their abilities.

FAWE and its National Chapters have identified various barriers to the advancement of girls' education. HIV/AIDS is one such barrier. Available statistics show that young women in the age groups of 15–19 years and 20–24 years are two to three times more likely to contract HIV than their male age mates. When a family is affected by HIV/AIDS, it is the girl-child who is the first to drop out of school to provide the necessary care to ailing parents. Girls also head households where both parents have died.

The situation in Kenya in year 2004 is that:

- Approximately two million Kenyans have died of HIV/AIDS since 1984, when the first HIV/AIDS case in Kenya was diagnosed.
- There are about 1.25 million orphans.
- 80–90% of new infections occur in the productive and reproductive age bracket of 15–49 years, with significantly more women affected than men.
- In 1999, the president of Kenya declared HIV/AIDS a national disaster.
- The HIV/AIDS prevalence rate declined from 14% in 2000 to 7% in 2003.

This drop is encouraging and is due to increased advocacy and the commitment of government and other players to significantly reduce the rate of infection. The Thika HIV/AIDS project was started for the purpose of contributing to the fight against HIV/AIDS. The project targeted 10–13-year-olds, the children within what the World Bank has described as the "window of hope".

ABOUT THE PROJECT

The FAWE Kenya Chapter was one of eight National Chapters identified by FAWE in 2001 to implement interventions in the area of HIV/AIDS. Other chapters were Burundi, Cameroon, Gabon, Namibia, Togo, Zambia and Zimbabwe. FAWE chose these National Chapters on a pilot basis to lead its contribution to the global responsibility of creating awareness about the HIV/AIDS scourge. The National Chapters were asked to design locally appropriate interventions that would *have a positive marked impact in addressing HIV/AIDS as it relates to girls' education at local and national levels.*

Why Thika?

FAWE Kenya chose to work in Thika District because of its high HIV/AIDS prevalence rate in 2001. According to a report carried out by one of the local dailies, the *East African Standard*, on 11 January 2001, *37% of Thika District residents were HIV positive*, thus making it the leading district in Kenya in HIV/AIDS infection. Kisumu District had the next highest prevalence rate, at 27%. According to this article, *"these two districts should have been declared HIV/AIDS risk areas and there was need for everybody to be made aware of the situation"*.

FAWEK chose to work with 32 primary schools within Thika municipality with the hope of

reaching grassroots communities. In the course of establishing the project, FAWEK learnt through the Municipal Officer of Health that 17% of primary school pupils and 22% of secondary students were infected with HIV. The newspaper article and the available statistics provided FAWEK with the justification to work with the schools in Thika.

Issues Addressed

FAWEK's focus was primary school pupils in their early stages of adolescence (10–13 years old). The intention was to establish peer counselling clubs in the project schools. The clubs would provide forums for young girls and boys to acquire basic knowledge, skills and attitudes on adolescent sexuality, reproductive health issues, sexually transmitted diseases (STD) and HIV/AIDS. The project therefore targeted upper primary classes so as to emphasize abstinence and empower girls and boys to learn to say "No" to early sex.

Through this project FAWEK hoped to create awareness about how HIV/AIDS is spread, provide the necessary facts and educate young people on myths circulating on the spread of the disease. FAWEK also planned to educate girls on their vulnerability to the disease, as the infection rate was six times higher for girls than for boys.

FAWEK also intended to provide life skills training so as to boost girls' self-esteem, confidence and assertiveness. Other life skills, like decision making, problem solving and negotiation skills, would be dealt with.

TARGET GROUPS

The project had three main targets:

- ***Girls and boys in the project schools:*** The primary targets were the 64 pupils (32 boys and 32 girls) trained as peer counsellors. These peer counsellors would act as club leaders. Through the activities of clubs, they would create awareness about HIV/AIDS in the whole school community (other pupils, teachers and parents) through poems, drama, skits, role plays, debate, talk shows, songs and dance. They would also provide one-to-one counselling services.
- ***Teacher-counsellors:*** The second tier target group was the 64 teachers trained in HIV/AIDS counselling. These teachers would provide leadership as patrons of the peer counselling clubs. Together with pupils, they would create wide awareness on HIV/AIDS among other teachers, pupils and parents. The teachers would also reach out to other community members in their churches and residential areas. They would also provide counselling services in a more confident and informed way.
- ***Education Officers in the Municipal Education Office:*** These are officers charged with the responsibility of inspecting schools and providing the necessary professional guidance. The officers are employees of the Government of Kenya and would inspect club activities as part of their normal duties. Their involvement would build sustainability into the project.

PROJECT OBJECTIVES

The project's objectives were to:

- Create awareness on the importance of girls' education.
- Train and equip head teachers and teacher counsellors in basic skills in counselling and in HIV/AIDS counselling.
- Train and equip peer counsellors in basic skills in HIV/AIDS counselling.
- Create awareness on the impact of HIV/AIDS on the education, personal development of girls and boys and for their future.
- Educate girls and boys on adolescent sexuality and reproductive health, STIs and HIV/AIDS.
- Encourage boys and girls to speak out on issues related to HIV/AIDS.
- Establish peer counselling clubs in targeted schools
- Monitor and evaluate the performance of peer counselling clubs in targeted schools.

IMPLEMENTATION PROCESS

The project implementation took the following stages:

- **Identification of two FAWEK members to work with the National Coordinator in the implementation of the project:** This team would work in partnership with the Municipal Education Officer and his officers.
- **Consultative meeting with the Municipal Education Officer:** At the initial stage, FAWEK visited the Municipal Education Officer to sell the project. The MEO embraced the idea and identified a focal officer and two other officers to work with her. The three officers formed the project implementation team (PIT) at Thika.
- **Identification of schools to be included in the project:** This was done by the MEO and his officers. Of the 42 schools within Thika municipality, 32 were involved in the project.
- **Collection of basic data for each school on enrolment:** Staffing, status of clubs, HIV/AIDS education and basic knowledge in HIV/AIDS counselling.
- **Development of the training component:** This included identifying facilitators and their areas of strength, discussing training needs for teacher-counsellors and peer counsellors, collecting materials on HIV/AIDS and adolescent issues from FAWEK partners and the Ministry of Health, and developing training guides and manual for the teacher-counsellors and peer counsellors. Guidelines for establishing clubs were also developed.
- **Identification of teachers to be trained:** Each school through the head teacher was asked to identify two teachers – one man and one woman – preferably those handling guidance and counselling. In all, 64 teachers were trained.
- **Identification of pupils to be trained:** Each school was asked to identify two pupils, one girl and one boy, in classes six and seven. The focus on classes six and seven was deliberate as they would have some time to establish clubs and train others to run the clubs before finishing their primary, education in class eight. Sixty-four (64) pupils were trained.
- **Formation of clubs at individual schools:** This process was to be started by the teachers and pupils trained by the project. Teachers were given guidelines on the

establishment of the clubs, including suggestions of topics to handle during club activities. The clubs were to be used as forums to reach out to the rest of the schools and the wider communities through drama, songs, poems, debate, talk shows and role plays. After the training they were requested to recruit 20–30 pupils as club members. In mixed primary schools, gender balance was to be observed. All 32 schools established clubs.

The Project Implementation Team (Thika) and the FAWEK Secretariat monitored activities.

THE TRAINING COMPONENT

The training component consisted of two training workshops, one for teachers and one for pupils:

- **Head teachers and teacher-counsellors:** Each of the 32-targeted primary schools identified two teachers – one man and one woman – to participate in a two-day workshop for training in basic skills in HIV/AIDS counselling. The teachers identified were expected to play the role of patrons of the peer counselling clubs and provide guidance and counselling services in their respective schools. Head teachers were included in the training because of the pivotal role they play in the management of school programmes and activities. During the training, the teachers were equipped with knowledge, skills and attitudes in general counselling and specifically on HIV/AIDS counselling.
- **Peer counsellors:** A second workshop was organized to train the pupils who would be peer counsellors. For two days in September 2001, these 64 pupils (32 girls and 32 boys), accompanied by one teacher from each schools, learned skills in leadership, awareness raising and counselling, along with facts about HIV/AIDS and related topics. The teacher who accompanied the pupils was expected to act as the *chief patron* for the peer counselling clubs at the respective school level, while the pupils would be leaders of the clubs at school level. As adolescents, they were likely to identify themselves with issues discussed.

During the presentations at the two-day workshop for the prospective peer counsellors, girls were made to realize that HIV/AIDS affects them more than it does boys. For example, the infection rate in 2001 was six girls to one boy (*FAWE News*, vol. 8, no. 2). They were also informed that when parents are attacked by the disease, they were more likely to stay away from school to nurse the sick parents and other members of the family. Some girls drop out of school and assume the responsibility of heading households. Poverty levels in homes force some girls into prostitution, making them even more vulnerable to contracting sexually transmitted infections including HIV/AIDS.

Boys and girls were encouraged to take responsibility of their sexuality and to abstain from sex if they were to stay HIV/AIDS free and remain the “Window of Hope” and have a bright future. After the training they pledged to say “No” to sex and remain the window of hope for their families.

Some of the voices captured during the training included:

- *I will counsel and educate other girls so that they can change their behaviour.*
- *I will say No to early sex.*
- *I will not to be a victim of AIDS.*
- *I will stop grouping with friends of bad behaviour.*

- *I will say No to lifts given by strangers who end up giving us AIDS.*
- *I will tell my friends to stop prostitution.*

Some pupils blamed their parents for their ignorance on sex and HIV/AIDS. As one pupil observed, "Pupils do not have someone to explain to them issues about HIV/AIDS. They therefore engage in early sex before marriage". On pornography, especially on television, some pupils suggested the following measures to control the viewing of TV:

- Close the TV.
- Change the channel.
- Hide the remote control.
- Chase the children away from the sitting room.

The club activities are ongoing. In 2004, two schools celebrated International Women's Day at the school through poems, songs, dance and drama.

OUTCOMES

- ✓ The **64 girls and boys trained** as peer counsellors took leadership roles in the establishment of peer counselling clubs. The clubs continue to be used as vehicles for creating awareness about HIV/AIDS on a larger scale at school level. *This expectation was achieved as the **32 primary schools** in the municipality have clubs that meet regularly during the club hours.* The existence of clubs has been authenticated through regular monitoring visits to selected project schools.
- ✓ The clubs are reaching other girls and boys in the respective schools through songs, poems, drama, debate, talk show, video shows, group and one to one counselling services. The work of the clubs has reached about **10,000 girls and 1,000 teachers.**
- ✓ Some schools have set up support mechanism for orphans and their ailing parents. Each of the 32 schools has an average of 250 girls. The project has therefore reached about **8,000 girls and 800 teachers.**
- ✓ The peer counsellors are given time during school assemblies and school meetings and functions to make performances with HIV/AIDS messages. The impact of this programme is being felt in the communities and neighbouring schools.
- ✓ The impact of the club activities has also reached churches and residential areas through some of the teachers and peer counsellors trained. One teacher told how she was using her position in the church to reach out to other women. Some girls also shared their experiences of reaching out to other girls in their churches and in their estates through the formation of support groups.
- ✓ The other major impact of this programme is that teachers in project schools take HIV/AIDS lessons very seriously. This is an important development, because in the past the teachers ignored HIV/AIDS lessons or taught other subjects in their place.

This programme has helped girls in the following ways:

- Girls learnt that their education is important and they should pursue it to the highest levels.
- Those trained as peer counsellors gained positive knowledge, skills and attitudes on

HIV/AIDS and how it affects their future. They also learnt about adolescent sexuality and reproductive health issues.

- Girls learnt that they are more vulnerable to contracting HIV/AIDS, hence the need to abstain from early sex so that they can secure a good education and a good future.
- Peer counsellors trained by the project gained leadership and counselling skills that they are using to educate and counsel other pupils.
- Girls are being useful and helpful to one another. They have established support groups in their schools and in their residential areas.
- Girls gained skills in decision making, problem solving and negotiation. They are more assertive, have more confidence and exhibit high levels of self-esteem.
- Girls have also gained leadership skills, which they are using in organizing the HIV/AIDS peer counselling clubs.
- Girls learnt that they have control about their future.

OUTPUTS

The active period of this project lasted eight months, July 2001 to February 2002. During this period FAWEK:

- Set up a project implementation team (PIT) comprising of three Inspectors of Schools in Thika Municipality and two members of the FAWEK Secretariat.
- Trained **64 teacher-counsellors** from 32 primary schools (**32 females and 32 males**).
- Trained **64 peer educators** from the 32 targeted primary schools (**32 girls and 32 boys**).
- Provided guidelines of establishing HIV/AIDS peer counselling clubs.
- Established HIV/AIDS peer counselling clubs in **32 primary schools**.
- Conducted monitoring visits to schools to ascertain the status of club activities.

EXPECTED LONG-TERM IMPACT

- Club activities mainstreamed in all activities and programmes of the school.
- Schools with HIV/AIDS peer counselling clubs to be model schools in HIV/AIDS awareness activities so that others can learn from them.
- Girls and boys equipped with knowledge, skills and attitudes in HIV/AIDS.
- Reduction of HIV/AIDS prevalence among the 10–13 years olds and 14 – 18 year olds.
- Institutions that are sensitive to the plight of orphans and those infected with HIV/AIDS.
- Replication of HIV/AIDS peer counselling clubs to other schools in Thika District and in other parts of Kenya.
- Ministry of Education to scale up the Thika HIV/AIDS project.

WHAT MAKES THE THIKA HIV/AIDS PROJECT A BEST PRACTICE

- ***A favourable policy environment:*** The project was embraced by all the stakeholders involved. These ranged from policy makers at national and district levels, to school administrators, teachers and pupils. The Ministry of Education has provided policy guidelines, syllabuses and materials for teaching about HIV/AIDS in schools. One period per

week is supposed to be used for teaching about HIV/AIDS.

- **Ownership:** The project is owned at school level as teachers conduct HIV/AIDS lessons and club activities as part of their normal teaching duty. The Project Implementation Team (PIT) at Thika is made up of school inspectors who monitor club activities and the teaching of HIV/AIDS as part of their normal duties, providing any needed professional advice.
- **Cost effective processes and structures:** FAWEK used participatory processes and existing structures in the implementation of the project. These included identification of officers to work with FAWEK, and identification of teachers in project schools and pupils. Teachers trained were already identified as teacher counsellors at school level. Most of the facilitators used were drawn from the Ministry of Education at the national and district levels. For example, the Director of Education was invited to give a keynote address. The Municipal Education Officer attended most of the sessions, while personnel from the Kenya Institute of Education (HIV/AIDS Section) contributed in determining the training curriculum. Schools have also set time aside for club activities on Wednesdays and Fridays. HIV/AIDS peer counselling clubs fitted very well within these times.
- **Human and financial resources framework:** The project was relatively inexpensive to implement and had immediate impact on learners as messages are passed through video shows, poems, drama, songs and talk shows. The FAWE Regional Secretariat provided a grant of US\$5,000, which FAWEK used to train the 64 teachers and 64 pupils. The grant also assisted in the development of training guides and in the establishment of the 32 peer counselling clubs. Teacher-counsellors and school communities have provided resources in kind, for example, through the time they spend with club members and in providing one-to-one counselling. The unit cost per school is US\$156.25 and per girl reached US\$0.6.
- **Stakeholders and partnerships:** The project targeted pupils in the age bracket of 10–13 years, those who are the window of hope. To reach the pupils, FAWEK worked with partners such as Ministry of Education, Municipal Education Officers, Ministry of Health officials based in Thika, curriculum developers, the provincial administration, teachers, parents and pupils. Through project activities, partnerships have widened to include religious organizations and communities outside the participating schools. HIV/AIDS education is mainstreamed in all subjects of the curriculum. The Ministry of Education encourages integration and infusion.

LESSONS LEARNT

- Teachers appreciate the training they received in HIV/AIDS counselling, as most lack basic knowledge and skills in this area and have inadequate information on HIV/AIDS.
- The training helped girls gain self-esteem, confidence and assertiveness.
- Peer counsellors gained leadership skills and were able to steer club activities.
- Information about HIV/AIDS is effectively presented through video shows, poems, drama, songs, dances, debates and talk shows. Used effectively, these and learning resources such as films, books and magazines attract participants' attention and communicate a lot of information in an interesting way.
- The project had immediate impact on teacher and peer counsellors. HIV/AIDS education is now taken seriously.
- The project is easily replicable as there are existing structures within schools to establish clubs. It is also sustainable once teachers have been trained and have acquired basic skills

in HIV/AIDS counselling.

- The involvement and support of policy makers and the provincial administration were key to the project's success.
- A multi-sector approach is needed in the war against HIV/AIDS, and a project like this has potential to pull in stakeholders from many areas: policy makers, teachers and pupils, parents and communities, opinion leaders, faith-based organizations, local and international NGOs, other government ministries, the print and electronic media, individuals, Constituency AIDS Committees

CHALLENGES

- The project had a very short life span – only eight months. Since 2002, FAWEK has developed a number of proposals for funding, but these are yet to bear fruit.
- Monitoring activities from FAWEK Secretariat have become irregular because of lack of financial support.
- There are many competing demands on teachers' time. Many teachers concentrate more on examinable subjects than other activities.
- Teachers and pupils need further training. Most of pupils trained have completed their primary grades. There is need to build capacity of the current student leaders of these clubs.
- Data are lacking at school level on number of orphans, parents infected with HIV/AIDS and other impacts of the HIV/AIDS epidemic.

IMPLICATIONS FOR SCALING UP

There are a number of reasons why this project can be easily mainstreamed and scaled up:

POLICY

- ✓ A sound infrastructure is in place:
 - There are policies in place to teach HIV/AIDS.
 - Syllabuses and curriculum materials have been prepared and disseminated to schools.
 - Schools have been given guidelines on how to establish clubs and how to integrate and infuse HIV/AIDS education in ongoing school curricular and co-curricular activities.
 - Peer education is one of the major recommendations in the Koech Report of 1999. The report recommends that peer education be part and parcel of school programmes so as bring more awareness among the youth on HIV/AIDS.

OWNERSHIP

- ✓ Schools own the projects because:
 - They already have appointed teacher counsellors.
 - They have club activities.
 - HIV/AIDS is integrated into the timetables and subjects of the curriculum.

COST EFFECTIVENESS

- ✓ The process of scaling up is cost effective. Once teachers and peer counsellors are trained, the club activities start immediately.
- ✓ It requires US\$156 to set up peer counselling clubs for each school. Most of the resources are provided in kind at school level through the contribution of teachers. School inspectors also contribute as they do this as part of their normal duties.

STRUCTURES

- ✓ Involving officers at the education offices at the local levels ensures sustainability. The officers provide professional guidance to club activities as part of their daily activities.
- ✓ The project uses existing structures within the Ministry of Education for example:
 - Policy makers at national and district level
 - Curriculum developers
 - Head teachers and teachers in schools.
 - Designated teacher-counsellors in schools
 - Girls and boys in schools

Issues to be considered:

- Policy makers and head teachers should be sensitized on the importance of peer counselling/education. Although the Ministry of Education has recommended that peer education be provided in schools, the monitoring mechanism need to be stepped up.
- All schools in Kenya and in Africa should be assisted to establish peer counselling clubs. People of the same age group, when properly guided, will be able to educate one another on issues of adolescent sexuality and HIV/AIDS.
- Teachers designated as counsellors in schools should be routinely trained in general counselling and in HIV/AIDS counselling.
- The teacher-counsellors should have their teaching load reduced so that they can have more time for counselling services. The situation in Kenya today is that they perform their counselling duties as one of their duties. Competing demands on their time means that the peer counselling clubs may be unattended.
- In establishing peer counselling clubs, the target should be girls and boys in the age bracket of 9–16 years – those in window of hope bracket. The emphasis should be *preventive* education/counselling.
- School administrators and teachers should be encouraged and trained on the maintenance of records and in compiling data at school level. Statistics on impact of HIV/AIDS at school level should be up to date.

CONCLUSION

The Thika HIV/AIDS Intervention was a small pilot project with a short life span of eight months, July 2001 to February 2002. The training given to teachers and peer counsellors resulted in the establishment of peer counselling clubs in 32 of the 42 two schools in the municipality. *The activities of these clubs are keeping HIV/AIDS message alive in schools.* As a result of the training, teachers are taking HIV/AIDS education seriously. The project is likely to instil positive behaviour changes among pupils that will enable them to abstain from early sex and thereby prevent themselves from contracting HIV and other related sickness. Through this project, HIV/AIDS prevalence among the adolescents in the targeted schools is likely to go down.

This project is easily replicable and is also cost effective. Many pupils can be reached through the establishment of HIV/AIDS peer counselling clubs. This is also one of the recommendations of the 1999 Koech Report, a major review of Kenya's education system.