School HIV/AIDS Programmes

School & Peer-based Interventions

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Background

- A large proportion of youth can be reached for HIV prevention education through schools.

- Primary School Action for Better Health (PSABH)
  - Developed and managed by Centre *for* British Teachers, Kenya
  - Evaluated by E. Maticka-Tyndale, PhD, Canada Research Chair in Social Justice & Sexual Health, University of Windsor, Canada
  - Funded by Dept. for International Development, GB
  - Data Collection by Steadman Research Services, Inc.

Primary School Action for Better Health

- Works through existing education system
- Two cycle training programme for 1 head teacher, 1 resource teacher, 1 community rep per school
  - 2nd cycle adapted based on research findings
- One cycle training programme for peer supporters
- Combined training teams MoEST/MoH
- Training of Zonal Inspectors in monitoring
- Implemented in nearly 2000 schools

Secondary School Action for Better Health

SSABH: school-based HIV prevention education programme for secondary school pupils

- Developed and managed by Centre *for* British Teachers, Kenya
- Evaluated by E. Maticka-Tyndale, PhD, Canada Research Chair in Social Justice & Sexual Health, University of Windsor, Canada
- Funded by Dept. for International Development, GB
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Why schools?

- Provide easy access to large pool of youth
- Are respected institutions in their communities
- Provide education and training
- MoEST response to need for HIV/AIDS education:
  - "Let's Talk About AIDS" by KIE
  - 1 AIDS lesson/week
  - HIV/AIDS syllabus by KIE
  - HIV/AIDS included in KCPE

Youth are the 'window of hope'

PSABH Model

- **Works through & integrated into Kenyan education system**
- **Delivered to 11,000 schools by end of 2006**
- **Trains:**
  - Trainers – 320 MoEST & 130 MoH employees
  - In-service Headteachers, teachers and parents
  - Pupil peer supporters
  - Education officers to monitor programme delivery
  - Deans and lecturers in TTCs
- **Builds capacity at all levels**
- **Is built on an A*ction Research* framework**
- **Evaluated using a randomized control 18 & 30 months trial**
  - 80 target/80 control schools in Nyanza, 40 target/20 control schools Rift Valley (18 months)
  - 20 target schools in Nyanza and 20 target schools in Rift (30 months)
  - Data collected using surveys, interviews, focus groups & monitoring instruments

SSABH Model

- **Piloted 2005-06 - delivered to 271 schools so far**
- **Works through & integrated into Kenyan education system**
- **Trains:**
  - Trainers – 60 MoEST & 40 MoH employees
  - In-service Headteachers, teachers and parents
  - Pupil peer supporters
  - Education officers to monitor programme delivery
  - Deans and lecturers in TTCs as part of training team
- **Builds capacity at all levels**
- **Is built on *Formative Research* & an A*ction Research* framework**
- **Baseline survey, to be followed by post-training survey**

Research & evaluation

- Essential part of approach from pilot onwards
- Used to assess progress, & inform content & delivery
- Enables MoEST to validate the approach
- Tests for sustainability of inputs:
  - Comparing schools given training with ‘control’ (i.e. untrained) schools
  - Comparing schools at baseline with **18** months after training
  - Comparing the impact in trained schools at **18** months and **30** months after training

Evaluation Design

- **Target population:**
  Pupils in Standards 6 & 7
  (11-17 years of age)
- **118 target, 62 control schools**
- **Surveys, FGDs and IDIs**
  - Pre-PSABH (2001/2002)
  - 9 months post (Feb 2003)
  - 18 months post (Oct 2003)
- **Monitoring Instrument**
  Completed twice

- **Sample sizes:**
  - **Pupils:**
    >10,000 surveyed,
    230 pupils, 46 focus groups
  - **Teachers:**
    >700 surveyed,
    92 interviewed
  - **Community Leaders:**
    68 interviewed
  - **Monitoring instruments in all schools**

6 variations tested in Nyanza & Rift Valley :
Basic, church leader, health worker, additional teachers, no peer supporter, cost-share

12 school-based programmes in SSA
What do we know?

Difficulties:

- Acceptance by schools and communities
  - They want programmes, but are anxious about content
  - Teachers are overworked, & poorly trained
- Sustainability once primary funding is over

Most programmes are:

- Short series of distinct activities over a limited time
- Single high profile activity (drama, art, competition)
- Not integrated into regular school day on an on-going basis

Outcomes achieved:

- Knowledge – generally good
- Behaviours – mixed outcomes
- Difficulty with condoms

Gallant & Maticka-Tyndale (2004) *Social Science & Medicine*

Comparison with other School-based Programmes in Sub-Saharan Africa

- Outcomes for pupils:
  - Reduction in sexual debut
- Compared to 11 other programmes PSABH is:
  - More comprehensive in training
  - More responsive to what pupils & teachers say
  - More comprehensive in evaluation
  - Successfully meeting challenges of implementation

Gallant, M. & Maticka-Tyndale, E. (2004) School-based HIV prevention programmes for African Youth. *Social Science and Medicine. 58*. 1337-1351

Training & school activities

- **Content of Training:**
  - H/A transmission & prevention, relation to STIs, disease progression, VCT, social influences, HBC, & positive living
  - Based on *Living Values* and *Life Skills*
  - Responsive to emerging issues & research findings
- **Teachers trained to:**
  - Develop School Action Plans for H/A education
  - Use participatory approaches
  - Infuse & integrate H/A
  - Use resource materials that are provided
  - Question Box, Information Corner, School Health Club
- **Additional Activities & Resources:**
  - Performances & competitions, thematic songs, dances, games
  - Newsletter and Q&A Booklet
  - Health Club Activity Guide

Programme objectives achieved – 18 & 30 month evaluations

- **In schools:**
  - Comprehensive, sustained HIV/AIDS programme infused and integrated throughout school activities
  - Trained teachers providing training for their peers
- **For pupils in Standards 6 & 7:**
  - Reduced high risk behaviours (delayed sexual debut)

    through
  - Building necessary knowledge, attitudes and skills

Pupil Knowledge – 18 months

No change in pupil knowledge scores (questionnaire)

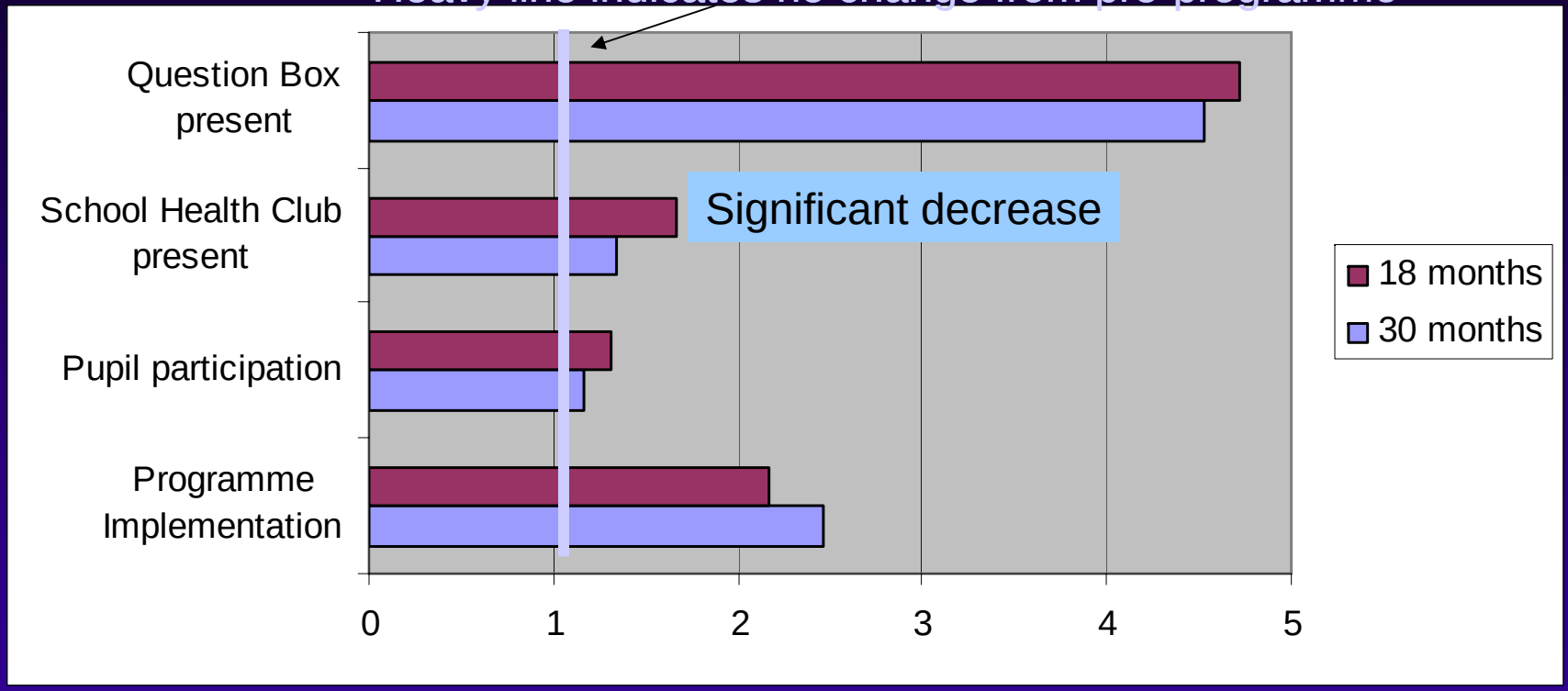
Pupils: Mean score = 50% correct pre; 52% post
Teachers: Mean score = 70% pre; 77% post

Focus Groups Post Intervention – A Different Picture

How do you stay safe?

- *Abstain until marriage*
- *Before marriage get tested*
- *Wait 6 months and get tested again*
- *If you are clean you do not need condoms*
- *Stay faithful to your husband/wife or use condoms*

Programme Implementation – 30 months



With the exception of School Health Club (SHC) , gains achieved by wave 3 were maintained.

Fall-off in SHC related to loss of teachers & peer supporters or presence of other clubs that deal with H/A.

HIV/AIDS Teaching - 30 months

- Continuing focus on abstinence
- Teach specific strategies for abstinence.
  - *Pupils & teachers can list positive reasons to abstain.*
  - *'Being forced' to play sex has statistically less effect on playing sex (debut, recent, ever) than at 18 months.*
- Schools inviting outsiders to address condoms for prevention.
  - *More open conversation among pupils & with teachers about condoms.*
- Increased diversity in use of resources since 18 months.

Answers to questions based on 30 month results

- ***Is it sustainable over time?***
  - Teachers & pupils reported on-going PSABH activities
  - Although 28-34% of surveyed teachers did not attend training, all were delivering more H/A education activities than at 18 months
  - As long as some PSABH trained teachers are in a school, the programme is present
  - Peer supporter component does not seem sustainable beyond the tenure of trained pupils in the school
- ***Will it continue to have the desired effect on youth?***
  - As the programme matures
    - Majority of gains are sustained.
    - Evidence of improvement on some 18 months outcomes
  - Pupils with greater or longer exposure made stronger gains (positive dose response)

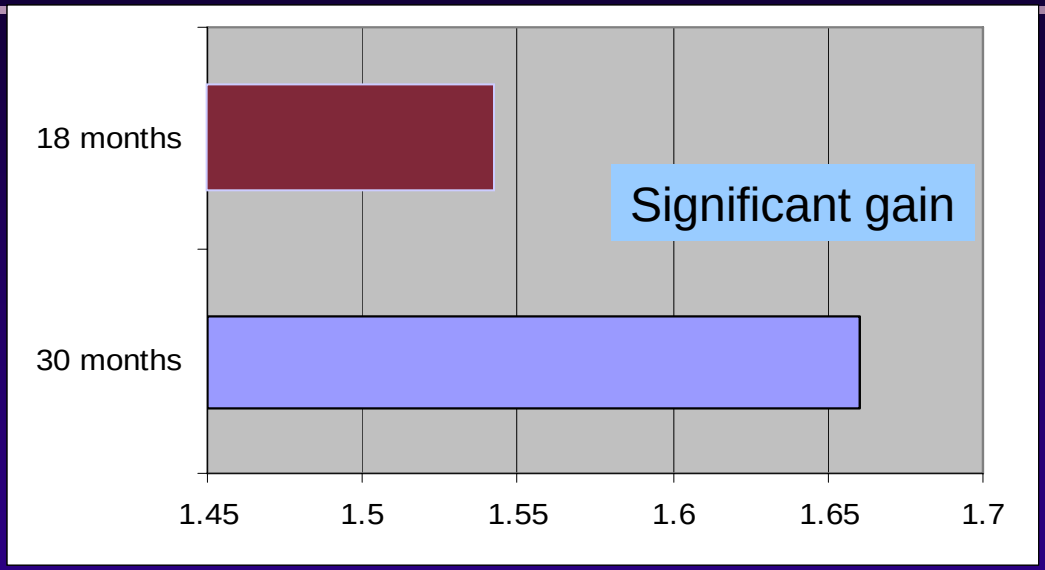
Special Ingredients of PSABH Model

- Integrated within existing government systems
- Self perpetuating
  - Schools are ‘racing’ to get trained
  - Zonal Inspectors use own time & resources to train schools
- Self adjusting
  - Able to respond to research results and adjust the training
- Operating “to scale” at 5,000 schools per year (2005)
- Cost-effective - $3.18 per pupil
- As good or better than other models in schools in sub-Saharan Africa

PSABH and the Condom

- PSABH does not train teachers to teach lessons about the condom
- PSABH does train teachers and parents to be able to answer any question from anyone about the condom responsibly
- PSABH asks adults to separate factual, objective information from moral values in their answers
- PSABH acknowledges that pupils are not empty vessels and look to teachers for ‘the truth’

Pupil Knowledge - 30 months
> 50% questions answered correctly

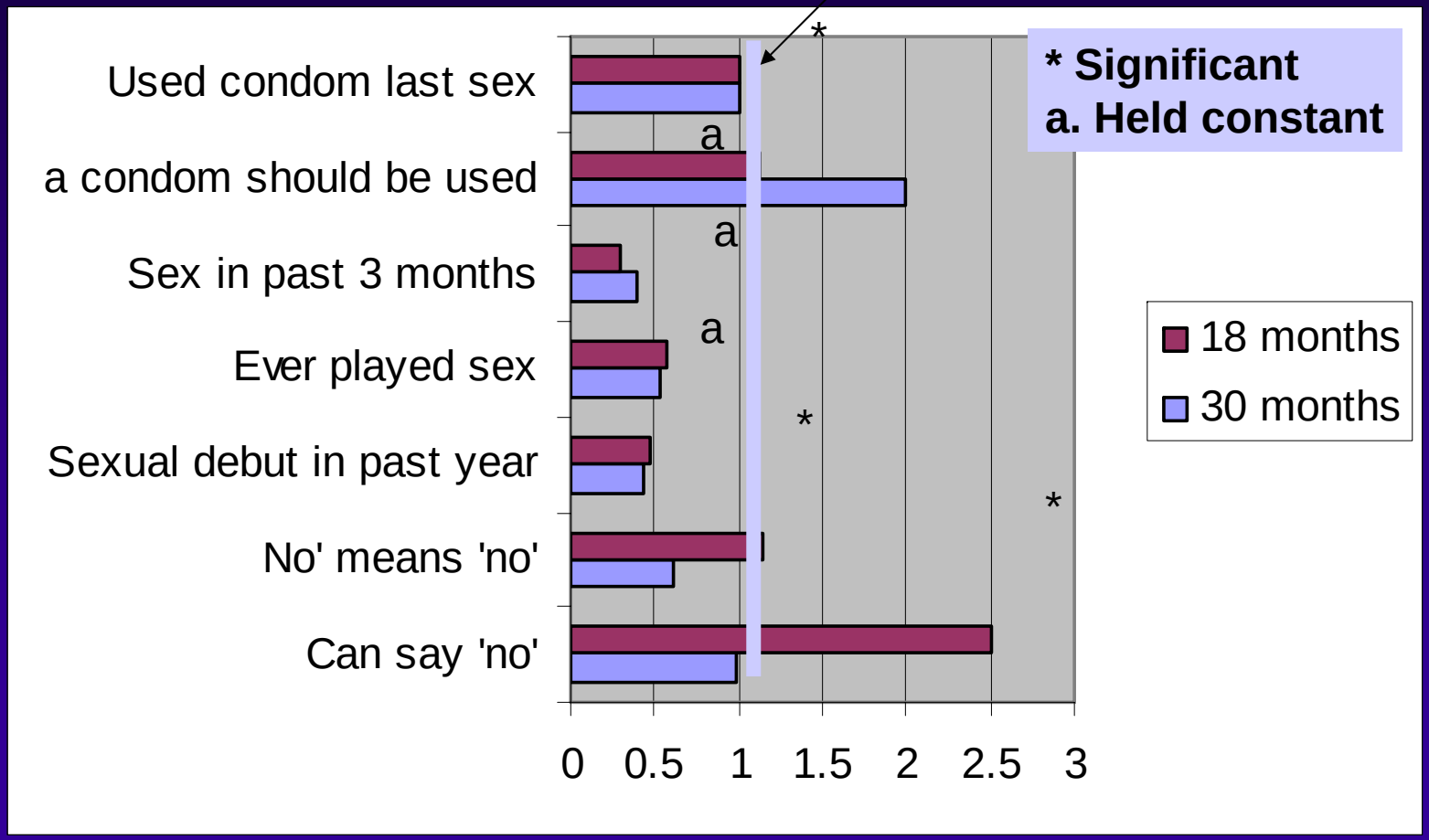


<u>Pupil FGDs:</u>

- *Considerable accuracy and breadth of knowledge.*
- *Able to dispel myths by using reasoning and critical thinking skills.*
- *Understood situational conditions associated with 'staying safe.'*

Girls Attitudes & Behaviour – 30 months

Heavy line indicates no change from pre-programme



Boys Attitudes & Behaviour – 30 months

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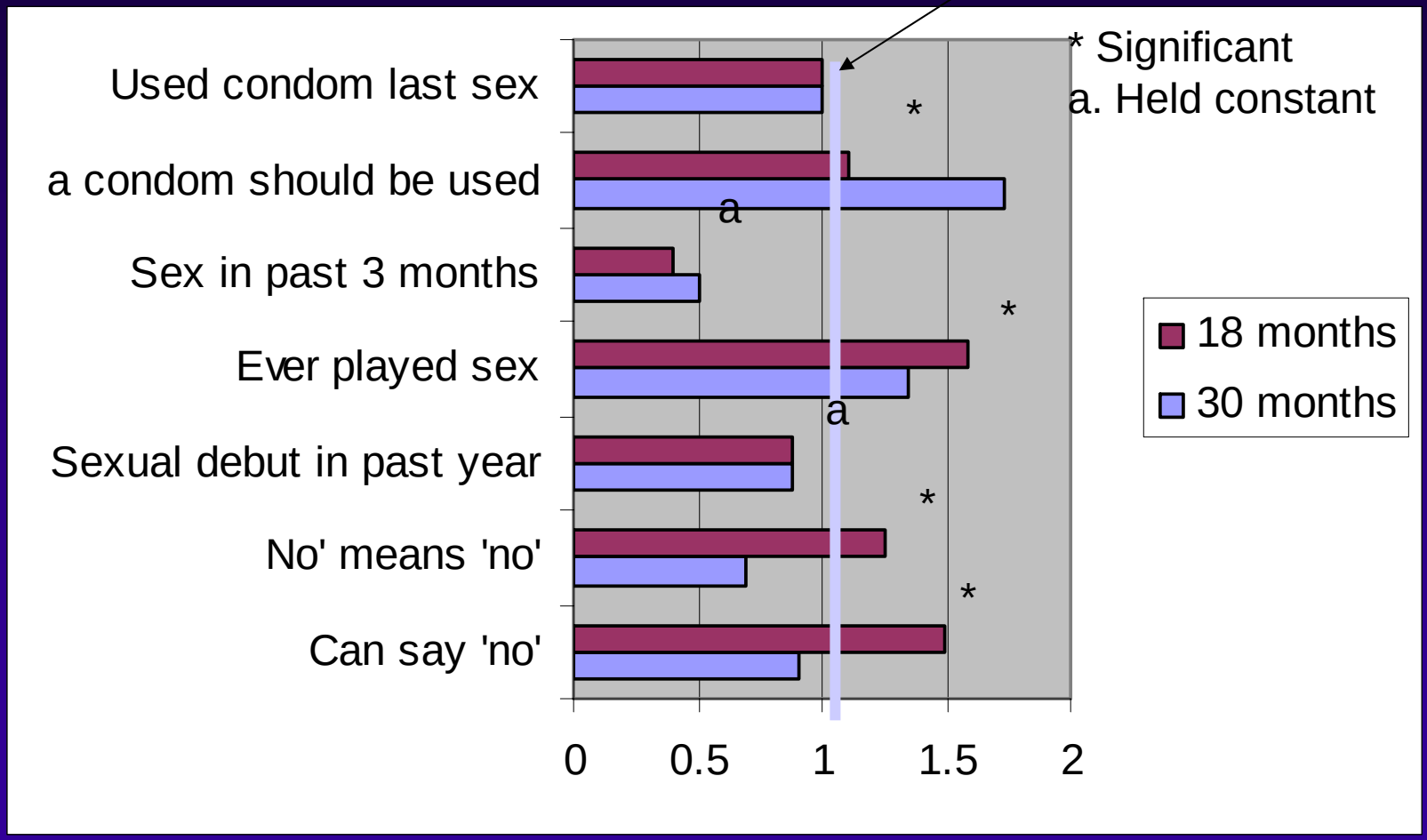

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- Self perpetuating
  - Schools are ‘racing’ to get trained.
  - Zonal Inspectors are using their own time and resources to train schools.
- Self adjusting
  - Able to respond to research results and adjust the training
- Already operating “to scale”
- As good or better than other models in place in schools in sub-Saharan Africa.

Way Forward

- **PSABH** - 2 more years at annual capacity of 5,000 schools (4,000 new / 1,000 refresher in 30 month schools)
- Full integration within MoEST
- Introduction of another health issue (malaria, sanitation etc) in refresher sites
- Decentralisation to District level
- **SSABH** - assess ongoing implementation & plan successor programme

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THANK YOU - AHSANTE

For further information please contact our website on

www.psabh.info

or

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