

**PREVENTION AND TREATMENT ACCESS (PTA)
A COMPREHENSIVE HIV/AIDS PROGRAM FOR KENYAN TEACHERS
AWARD NUMBER 623-A-00-05-00006-00
FINAL PERFORMANCE REPORT**

Executive Summary

The Prevention and Treatment Access (PTA) project of the American Federation of Teachers Educational Foundation (AFTEF) is a public-private partnership designed to increase the capacity of the Kenya National Union of Teachers (KNUT) to address HIV and AIDS issues among teachers and learners in Kenya. The two year project begun in November 2004 was extended by five months for the purpose of conducting an end-of-project evaluation, which was completed in March 2007. The project ended on April 30, 2007.

In addition to providing direct technical assistance to KNUT, several joint interventions were used to achieve the project goal, including: establishing teacher peer education (study circles) in 647 primary, secondary and teacher training colleges in 14 high risk administrative districts (Meru Central, Busia, Malindi, Bondo, Kakamega, Machakos, Garrisa, Nairobi, Kericho, Uasin Gishu, Kirinyaga, Kisumu, Nakuru and Mombasa); training and supporting head teachers, principals and teachers implementing the Ministry of Education's policy on HIV and AIDS in 636 educational institutions; conducting a national HIV and AIDS policy advocacy campaign under the leadership of the KNUT National Executive Council; and, integrating HIV and AIDS issues into KNUT negotiations with the Ministry of Education (MOE) and the Teachers Service Commission (TSC) .

The project was carried out by a four-person department at the KNUT and an AFTEF project director based in Washington, DC. Twenty-eight part-time district coordinators were employed to assist KNUT branch secretaries in overseeing project implementation in the 14 target districts. Project implementation management was provided by a nine-member KNUT executive committee chaired by the National Chairman with assistance by the KNUT project coordinator. The project also included an external advisory committee comprised of key public education stakeholders, including the KNUT, MoE, TSC, NACC, UNESCO, USAID and several NGOs implementing AIDS projects in the education sector.

PTA was a follow-up to a visitor exchange project funded in 2003 by the U.S. Department of State's Bureau of Education and Cultural Affairs, which was independently initiated by the AFTEF and KNUT to address the alarming AIDS mortality rate among Kenyan teachers. A needs assessment at the time revealed that despite their strategic importance as educators and community and opinion leaders, teachers were all but totally neglected in the nation's fight against the sweeping pandemic. The needs assessment also revealed that in high prevalence districts, like Kisumu, teacher mortality and absenteeism along with increasing numbers of AIDS orphans was fundamentally changing the classroom environment and education process.

An February 2007 evaluation carried out by Dr. Akwach Abagi, and independent consultant, and Mitch Kirby, USAID/East Africa Regional Office, showed that while the PTA project presented many challenges, it made a positive contribution to increasing the capacity of KNUT and to achieving specific project objectives, including: increasing the awareness of teachers towards prevention, care and treatment; improving access to counselling, testing and community support; and, in the implementation of school-workplace policies and programs. Based on field visits to 31 schools and focus groups and key informant interviews with school managers and teachers, Abagi and Kirby recommend that the USAID continue to fund the project, including the funding of an AFTEF office in Kenya.

The project was less successful in improving conditions of service and health benefits for HIV positive teachers though the formal collective bargaining process, but informal arrangements for individual teachers have been put in place. The evaluation also noted that the absence of a baseline study precluded measuring a reduction in teacher vulnerability to HIV infection, which was one of four project objectives.

While noting progress in achieving project goals and objectives, the evaluation also notes several challenges that have hampered progress success, including a “fundamental disconnect” between USAID’s and AFTEF’s expectations of the project and linkages between project activities and project outcomes. Other challenges noted include difficulties in: complying with PEPFAR reporting requirements; establishing a functional monitoring and evaluation system; building functional strategic partnerships; and in managing the project from Washington, DC rather than having an AFTEF office in Kenya.

Actual vs. Planned Goals and Objectives

The overall goal of the project was to: *to increase the capacity of the Kenya National Union of Teachers (KNUT) to combat the spread of HIV/AIDS and to mitigate the impact amongst educators and learners* through a school based peer education and policy implementation.

The following objectives were designed to guide programme activities.

1. Reduce teacher vulnerability to HIV and AIDS through school based peer education.
2. Improve access to counselling, testing and community support services for teachers and students living and affected with HIV and AIDS.
3. Increase the capacity of teachers and school managers to implement school workplace policies to reduce stigma and discrimination.
4. Improve conditions of services and health benefits for teachers living with HIV and AIDS.

The project sought to mitigate the impact of HIV/AIDS among educators and learners by supporting programmatic responses to the epidemic. The program was national in scope with targeted interventions in 14 Districts. The 14

Districts included: Nairobi, Kirinyaga, Mombasa, Malindi, Meru Central, Machakos, Kisumu, Bondo, Nakuru, Kericho, Uasin Gishu, Busia, Garissa and Kakamega.

According to an independent end-of-project evaluation conducted in February 2007 by Dr. Akwach Abagi and Mitch Kirby: “The project activities implemented at the national, district and local/school levels worked towards improving the capacity of KNUT. The establishment of the national coordinating office and the capacity building programs for KNUT National Executive Council (NEC), district executive secretaries on program management, advocacy and strategic planning are cited by key informants to have enhanced KNUT capacities. The KNUT officials reported that through the project they have acquired useful knowledge and skills not only for managing HIV and AIDS programs in the education sector, but also in the specific area of bargaining for improved benefits and conditions of service for HIV+ teachers and also in advocating for realistic and effective legislation and policies.”

Summary of Proposed vs. Actual Project Outcomes (see original project proposal)

Proposed Outcomes	Actual Outcomes	Comments
<p>Inter-organizational links are established to coordinate HIV/AIDS policy and programs in the education sector.</p>	<ul style="list-style-type: none"> • Project advisory committee of key education stakeholders (MoE, TSC, NACC, UNESCO, USAID, CFBT, KENEPOTE, et. al.) established. Four meetings held during project period. • KNUT integrated into NACC planning and other policy discussion meetings. • KNUT working relationship with TSC HIV/AIDS control unit strengthened. • On-going dialogue between KNUT, MoE and TSC on HIV/AIDS issues affecting teachers established. • KNUT integrated into national HIV/AIDS network. • Strategic partnerships with CFBT and KENEPOTE established, but not well developed. 	<ul style="list-style-type: none"> • Despite extensive project activities occurring in the education sector, the project advisory committee established by the PTA was the only forum for sharing policy and program information among education stakeholders. While the committee served as a mechanism for sharing information, it did not function in an “advisory” capacity as noted by Abagi and Kirby in the end-of-project evaluation. • Problems in establishing strong working relationships with KENEPOTE and CFBT are discussed under “Inherent Program

<p>In-service and pre-service teachers are well informed about the AIDS pandemic, including: its impact on teachers, schools and the wider community; HIV transmission and prevention; and, care, support and treatment of people living with AIDS.</p>	<ul style="list-style-type: none"> • 28 master trainers trained. • 647 peer educators trained. • 8,898 teachers participated in peer education with 8,140 completing 60 hrs. of training. • 636 head teachers or principals trained. 	<p>Problems” below.</p> <ul style="list-style-type: none"> • While the project reached a higher number of targeted schools than anticipated, the number of teachers enrolled in peer education at each school fell slightly below anticipated numbers. • The effectiveness of the peer education [study circle] approach exceeded expectations in terms of building the capacity of teachers to address the impact of HIV and AIDS on the teaching staff, learners and schools. As noted by Abagi and Kirby, “the excitement and plain speaking by teachers ...and the HIV and AIDS IEC/BCC messages in the project schools are evidence of what difference the project has made” when compared to non-project schools.
<p>Institutional links are established to increase access to community prevention, care and treatment services.</p>	<p>Institutional links between 647 schools [employing 12,940 teachers and enrolling 399,948 learners] and community prevention, care and treatment services were established.</p>	<p>Targets are artificially high due to unrealistic estimates of the number of teachers and learners per school.</p>
<p>Teachers and students in 120 schools have direct access to a trained HIV/AIDS counsellor.</p>	<p>HIV/AIDS counsellors in 59 schools trained.</p>	<ul style="list-style-type: none"> • Funds for two additional counsellor workshops were shifted to cover the costs of the end of project evaluation

		<p>that was not anticipated in the original project budget.</p> <ul style="list-style-type: none"> • As indicated in Abagi and Kirby, the presence of front-line school counsellors seemed to lead to an increase in teachers accessing VCT services and being aware of their HIV status.
<p>Educators and education managers are aware of their rights and responsibilities under the education sector AIDS policy.</p>	<p>Education managers in all target schools received three days of training on the MoEST education sector policy on HIV and AIDS; the topic was integrated in all trainings; a pocket document was disseminated to 4,000 participants at two KNUT national delegates' conferences, briefings were integrated into KNUT branch membership meetings reaching over 80,000 members and articulated through speeches and press briefings by KNUT leadership.</p>	<p>Planned dissemination of policy documents was not completed due to a shortage of documents that were being made available through UNESCO and the MoE.</p>
<p>Schools implement school-specific strategies to reduce stigma and to create a positive learning environment for orphans and teachers and students living with AIDS.</p>	<ul style="list-style-type: none"> • School managers in 636 schools trained to implement AIDS impact reduction strategies, including anti-stigma, abstinence education, OVC programs, mainstreaming AIDS education and co-curricular activities dealing with HIV and AIDS. • Impact-reduction strategies were also integrated into teacher peer education training 	<p>As noted by Abagi and Kirby, "the capacity building, the technical support from AFTEF and IE and collaboration with the MOE and TSC through the project seem to have created good foundation for KNUT NEC, teachers, school managers and parents to put in place anti-stigma and safe school campaigns and policies to improve the learning environment</p>

	<p>in 647 schools.</p> <ul style="list-style-type: none"> • Project team as well as Abagi and Kirby found that all schools evaluated showed strong evidence that impact-reduction programs were being implemented. 	<p>for students and teachers.”</p>
<p>Teachers and education employees infected or affected by HIV/AIDS have improved conditions of service and care and treatment benefits [palliative care and treatment] provided by the government employer.</p>	<ul style="list-style-type: none"> • While improving the conditions of employment for teachers living with and affected by HIV and AIDS became a major component of the KNUT negotiating demands with the MoE, it was overshadowed by on-going negotiations on promised salary increases and the demands regarding critical teacher shortages, which were higher priorities for the union. Nonetheless, AIDS issues were raised in several private meetings and a long-term strategy for improving conditions was integrated into the KNUT advocacy campaign. • AIDS issues were also addressed by the NEC in comments to the TSC AIDS workplace policy document. • Informal agreements on teacher absenteeism and sick leave were negotiated with DEOs in several districts and a basic understanding was reached with the TSC that improved the working environment 	

	for HIV positive teachers.	
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Achievements Made During the Performance Period

Establishing the 235,000-member Kenya National Union of Teachers as a major force in fighting AIDS in the education sector could not have been done without the support provided by the PTA project. Today, the KNUT not only has the capacity to constructively participate in policy formulation and implementation, but it also has also has credibility to mobilize its members in support of AIDS issues and the political leverage to influence national policy decisions. This was not the case in 2004 when the project was begun.

With technical assistance from the AFTEF, the KNUT put in place an HIV&AIDS coordinating office with a project manager, an assistant manager and two field officers. The office was equipped with a computer, a lap top, two back up cell phones, a printer and a camera. Twenty-eight experienced AIDS educators were trained as master trainers to implement project training activities throughout the project period. Another 647 teachers were trained as AIDS peer educators (study circle conveners) and 59 teachers trained as school counsellors.

A nine-member advisory committee made up of key KNUT executive council members and headed by the national chairman was appointed to implement the union’s HIV/AIDS policies and the PTA program.

Two annual policy and planning workshops were held for the 40-member national executive council (NEC) to develop an organizational HIV/AIDS policy, review and approve project activities and to review and make recommendations on national HIV/AIDS policies, including the MoEST Education Sector Policy on HIV and AIDS, the 2006 Parliamentary Bill on HIV and AIDS and the draft TSC workplace policy for education sector employees. In anticipation of continuing the project into a third year, the NEC in October 2006 developed a strategic plan for a national policy advocacy campaign.

An external “advisory” committee composed of key stake holders in education sector was appointed for purposes of sharing information (and materials, where possible) and coordinating activities in the education sector. Members included representatives from the MOE, TSC, NACC, KNUT, UNESCO, USAID, CFBT, WOFAK and KENEPOTE. The committee held four meetings over the project period.

At the district level all 70 KNUT branch secretaries where trained in networking and HIV and AIDS policy advocacy and implementation. More extensive training in project activities and policy implementation was provided to three top branch leaders in 14 target districts. This training was also provided to district education officers who were responsible for implementing the ministry’s HIV and AIDS policy.

The project also employed and trained two retired teachers as project coordinators in each of the 14 target districts. The coordinators and branch secretaries were responsible for overseeing project implementation and M&E data collection in district schools.

Head teachers and principals in 636 schools received extensive training in the ministry's HIV and AIDS policy and were required to develop an action plan with specific activities and timelines for policy implementation.

A total of 8,998 teachers were actively involved in in-service peer education, called study circles. 71.5% of these completed 60 hours of training covering 15 modules by the end of the project. Out of 647 project schools, 84.7% completed the manual, only 15.3% did not.

The project trained 59 school based counsellors to front line counselling and referral to teachers and learners. As Abagi and Kirby note, on-site counselling services seemed to increase access to VCT among teachers. Twelve hundred teachers received VCT services at project trainings and other forums and another 4,231 are known to have sought services through on-site counsellors.

Inherent Program Problems and How to Overcome Them in the Future

Many of the problems incurred in implementing the project are well documented by Abagi and Kirby in the end-of-project evaluation. Among the most important are the following:

- **A fundamental disconnect between USAID's and AFTEF's expectations of the project and linkages between project activities and project outcomes.** The failure of all parties to establish a clear understanding of project goals, objectives and the linkage between project activities and outcomes was a major source of frustration and misunderstanding throughout the project. To quote Abagi and Kirby, "While AFTEF/KNUT viewed the project as [a] multi-dimensional HIV prevention intervention with all activities being mutually reinforcing within the context of a union culture, we surmise that USAID viewed it more as a policy implementation and system strengthening [project], with a heavy focus on the MoE Education Sector Policy on HIV and AIDS."

To correct the problem in the future, Abagi and Kirby suggest that USAID "consider ways to facilitate better coordination and planning amongst cooperating partners." Clearly, there was a need for increased and more effective communication between AFTEF and USAID at the time of project conception. It should be recognized that a lack of clarity in the AFTEF proposal as well as may have played a role in creating this "disconnect". However, we also suggest that USAID make a stronger effort to meet with KNUT leaders and project staff and to visit school sites to better understand the project and how it is being implemented.

- **One of the biggest challenges** faced by the AFTEF was not having a presence in Kenya and having to manage the project from Washington, DC. The obvious corrective is to establish an AFTEF project office.
- **Difficulties in establishing effective strategic partnerships with the Centre for British Teachers (CfBT) and the Kenya Network of Positive Teachers (KENEPOTE).** Fundamental structural constraints within the PTA and CfBT projects and a lack of support by the CfBT project staff made the strategic partnership envisioned by USAID impracticable. In theory, the two projects would be coordinated so that CfBT would target established PTA project schools for teacher training and student peer education. This sequencing strategy was based on the premise that PTA teacher peer education would provide basic skills and knowledge for teachers who would receive further training in the CfBT project. However sound the theory, in practice a one year lag in bringing PTA schools on stream conflicted with the advanced stage of CfBT project implementation, which was almost completed by the end of 2005. Meetings with the CfBT director and project staff also revealed a lack of understanding and support for such a strategic partnership. The director commented that CfBT was being funded by DFID and why should they form a partnership with the USAID-funded AFTEF.

For different reasons, which remain unclear, similar attempts to develop a strategic partnership with KENEPOTE also failed to produce concrete results. One plausible reason for this failure was that KENEPOTE, a relatively young organization with inexperienced and unstable leadership, felt threatened by the more established and powerful KNUT, which already represented many KENEPOTE members and had established channels for representing HIV positive teachers. For whatever reason, during the first year of the project KENEPOTE did not show a serious interest in forming an alliance with the AFTEF and KNUT. In year two, instability among KENEPOTE leaders made it impossible to establish contact and schedule a meeting.

Following Abagi's and Kirby's recommendations, strategic partnerships should be clearly identified and defined at the beginning of the project and face-to-face meetings should be held among all the partners under the leadership of USAID.

- **Weaknesses in establishing a functional monitoring and evaluation system** were due mainly to a lack of clarity in PEPFAR M&E requirements at the beginning of project and a failure to budget accordingly. Only \$40,000 or 5.6% of the project budget was allocated for monitoring and evaluation when typically 10% to 15% is normally budgeted for a project of this size and complexity. Additional funding was added to the M&E line item to complete the end-of-project evaluation. Should the project be continued or reinstated a full-time monitoring and evaluation staff member should be employed.

- The absence of baseline data for evaluating project achievements in reducing teacher vulnerability to HIV infection.

Given the Same Opportunity to Implement the Same Program What Would You Do Differently?

Project goals and objectives: The most obvious point of departure would be to develop more realistic and more clearly articulated and measurable project goals and objectives. The project was overly ambitiously given the limited budget and lack of human resource capacity within the AFTEF and KNUT. The lack of specificity and clarity in project objectives led to serious difficulties in measuring outcomes, especially in reducing teacher vulnerability to HIV.

Collaboration with USAID and other strategic partners: The “disconnect” mentioned in the previous section points to the need for closer collaboration with USAID and making stronger efforts to clarify project objectives and the linkage between project activities and outcomes. A stronger effort should also be made to bring all strategic partners to the table under the leadership of USAID to identify modalities for partnership coordination.

AFTEF presence: Having an AFTEF presence in Kenya would have facilitated closer communication with USAID and with strategic partners.

Creation of baseline data and increased investment in monitoring and evaluation: A full-time M&E staff member would be employed to design a realistic data collection and analysis system for the project, provide training and monitor project performance against objectives and measurable outcomes.