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BASELINE SURVEY

FAMILY LIFE AND

HIV/AIDS EDUCATION PROGRAMME

IN LAGOS STATE, NIGERIA

Introduction

The Lagos State Ministry of Education has recognized a need to educate Nigeria's youth about HIV/AIDS, sexuality, reproductive health, and safer sexual behavior. National health statistics show that in Africa, adolescents represent over 50% of all new HIV infections and the majority of complications from unsafe abortion. Adolescents commonly experience pressure, are coerced or may choose to become sexually active yet they lack the means to resist pressure or protect themselves from the risks of unprotected sex. In order to effectively address this situation the Ministry launched the Family Life and HIV/AIDS Education Programme in public junior secondary schools across Lagos State in September, 2003.

The Lagos State Family Life And HIV/AIDS Education Programme Has Four Important Goals

- To increase the age at first intercourse among young people;
- To reduce the rates of teenage pregnancy;
- To increase the age of marriage; and
- To reduce rates of HIV infection.

To achieve these goals, the programme trains teachers on sensitivity to sexuality issues and provides them with the National Family Life and HIV/AIDS Education curriculum and the State Ministry of Education approved Scheme of Work for young people including facts on basic physiology and health; guidance for setting life goals and resisting negative peer pressure and how to abstain from sexual intercourse. The programme is being implemented in the Integrated Science and Social Studies classes by starting off with over 200 teachers from 100 public junior secondary schools across Lagos State.

To document the great need and to measure the effectiveness of the programme, a needs assessment and baseline survey of student's knowledge, attitudes and reported sexual behavior was conducted with 2,466 students (JSS1, JSS2 and SSS1 students, ranging in age from 10 to 19). This survey confirmed that in Lagos State:

- both male and female students lack basic knowledge about their bodies and how to protect themselves from unwanted pregnancy and HIV
- most are curious, interested in trying, or experience peer pressure around sex
- boys and girls behave differently and experience pressure differently
- most feel that abstinence from sex is not a viable option
- those who choose to be sexually active do not use protection against pregnancy and STIs due to lack of knowledge, and human and financial barriers to such reduce space services.

The study confirmed the great need for the Lagos State program-the first major pilot of the national curriculum in schools in Nigeria.

The Study Showed That Students Lack The Most Basic Information To Protect Themselves And Remain Healthy.

- Many of the students did not have basic knowledge of physiology, menstruation, and abstinence.
- More than half of the students erroneously believed that a 10-year-old girl cannot get pregnant and that a girl cannot get pregnant the first time she has sex.
- 40% of the students erroneously believed one cannot get HIV from people one knows very well.

The Family Life and HIV/AIDS Education Programme directly addresses these gaps by increasing students' knowledge of physiology, sexually transmitted diseases and abstinence

Like Their Peers All Over The World, Many Students Reported That They Experience Some Peer Pressure Around Sex, Are Curious About Sex Or Are At Least Somewhat Willing To Have Sex

- More than 20% of the students indicated that they would have sex now because their friends would make fun of them if they didn't.
- More than 40% of the students thought some or most of their friends were having sex.
- Almost 30% of the students said that they would have sex right now because they are curious and want to know what it is like.
- On average, about 1 in 4 students evidenced a willingness to have sex with someone that they liked.

Youth Are Already Sexually Active Either In Response To Pressure Or By Choice And Boys Are Most Sexually Active.

- Boys were more likely to indicate that they would have sex with someone that they like, and boys are more likely to be sexually experienced than girls.
- Girls endorsed more reasons for not having sex than boys.
- Boys agreed with more reasons for having sex than girls.

To strengthen youth to resist unwanted pressure, the Lagos State Ministry of Education programme spends considerable time addressing positive and negative peer influence, ways of resisting peer pressure, sexual decision making, and abstinence.

Both Boys And Girls Lack Essential Information And Face Peer Pressure, But They Experience That Pressure Differently. Encouragingly, Most Girls Reported That They Could Refuse A Boy's Sexual Advances And These Same Girls Were Less Likely To Be Sexually Active.

- Most of the girls indicated that they could tell a boy 'no' if he wanted to touch their breasts, genital area or have sex with them.
- Almost three-fourths of the girls indicated that they could say 'no' to sex even if a boy said that he would no longer be their boyfriend unless they had sex with him.
- Girls who endorsed these attitudes were more likely than other girls to report that they had never had sex.

But Girls Experience Disproportionate Pressure For Sex From Boys

- More than half of the boys thought it would or might be acceptable to talk a girl into having sex with them.
- More than 40% of the boys said that they would stop seeing a girl if she refused to have sex with him.
- Only 60% of the boys said that they would stop trying to have sex with a girl if she asked them to stop.



And Girls Themselves Do Not Understand Their Right To Make Their Own Decisions About Sexual Activity.

- More than two thirds of all the students believed that if a girl accepts an invitation to go somewhere with a boy and he pays the bills for her, he has a right to expect sex.

The Lagos State Family Life and HIV/AIDS Education Programme is designed so that it serves the needs of both boys and girls. A substantial portion is designed to improve communication and negotiation skills. Girls are taught to be more assertive and boys are taught to respect girls' decisions in sexual situations.

Faced With A Decision About Being Sexually Active, Young People May Choose To Abstain From Sex Or Protect Themselves From Unwanted Pregnancy And Diseases If They Become Sexually Active. But Many Students Do Not See Abstinence As A Practical Choice.

- Less than 40% of the students believed that they could just say no with giving a reason for refusing sex.
- More than 70% of the students did not disagree with the erroneous statement that “abstinence is for weak people or those who can't get someone to have sex with them”.
- More than half of the students erroneously agreed or were unsure with the statement that boys will damage their bodies if they don't have sex for a long time.

Alarmingly Very Few Of Those Who Chose Or Were Pressured To Be Sexually Active Protected Themselves Whether Boy Or Girl Due Largely To Lack Of Information And Lack Of Support From Adults.

- About 20% of the sexually active students have been pregnant or made someone pregnant.
- Less than one third of sexually active students reported doing something to prevent a pregnancy the last time they had sex.
- More than 80% of sexually active students reported that they do not use contraceptives or some kind of protection every time that they have sex.
- Only 10% of sexually active youth report that they use a condom every time that they have sex.

The Lagos State Family Life and HIV/AIDS Education Programme covers facts and myths about sexual abstinence, reasons for abstaining and skills that enhance sexual abstinence.

SUMMARY

Young people in Lagos State clearly need the Family Life and HIV/AIDS Education programme. The programme, as developed by the State Ministry of Education, emphasizes the clarification of attitudes and values to help students consider their choices carefully, understand the need to respect the rights of others especially young women, communicate their decisions clearly and effectively, and take action to protect themselves. These elements are represented in the Ministry's Family Life and HIV/AIDS Education Programme.

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EVALUATION

FAMILY LIFE AND

HIV/AIDS EDUCATION PROGRAMME

IN LAGOS STATE, NIGERIA

Introduction

The Lagos State Ministry of Education has recognized the importance of educating Nigeria's youth about HIV/AIDS, sexuality, reproductive health, and safe sexual behaviour. The Nigerian National AIDS Control & Prevention Programme estimates that more than 60% of new HIV infections occur in youth, ages 15 to 25 (with the highest prevalence rates amongst girls), and national health statistics show that the majority of complications from unsafe abortion are among youth. Adolescents commonly experience pressure, are forced, or may choose to become sexually active, yet they lack the means to resist coercion or protect themselves from the risks of unsafe sex. In order to effectively address this situation, the Ministry commenced implementation of the Family Life and HIV/AIDS Education Curriculum (formerly called the Comprehensive Sexuality Education curriculum) in public junior secondary schools across Lagos State in September 2003.

The Family Life And HIV/AIDS Education Programme Has Four Important Long-term Goals:

- To increase the age at first intercourse among young people;
- To reduce the rates of teenage pregnancy;
- To increase the age of marriage; and
- To reduce the rates of HIV infection.

Short-term objectives of the curriculum include: increased knowledge of sexual and reproductive health among adolescents, and changes in attitudes towards sexual relations. In order to help government and students reach their mutual goals, teachers are in favor of providing students with complete and accurate knowledge about sexuality and sexual health. The challenge for educators and administrators is to bridge the gap between desired long-term goals and short-term actions and misunderstandings, which continue to put adolescents at high risk of early pregnancy, sexually transmitted diseases, and HIV/AIDS.

Planning For Evaluation

Monitoring and evaluation are integral to successful implementation of the curriculum. Through monitoring and evaluation, teachers and administrators are continuously able to assess and improve their teaching methodologies and materials so as to achieve the goals and objectives of the curriculum.

When Launching Any Evaluation, Key Questions Must Be Asked For The Process And Results To Be Effective:

- Who was evaluated?
- What was evaluated?
- When was evaluation conducted (How often and why?)
- How was evaluation conducted?
- Where was evaluation conducted?
- What were the challenges and experiences of data collectors?

UNAIDS Offers Eight Helpful Bench Marks For Evaluating School-based HIV/AIDS And Sexuality Education Programmes. According To UNAIDS Guidelines, A Successful Curriculum:

- Recognizes the child/youth as a learner who already knows, feels, and can do, in relation to healthy development and HIV/AIDS-related prevention.
- Focuses on risks that are most common to the learning group and responses that are appropriate and targeted to the age group.
- Includes not only knowledge but also attitudes and skills needed for prevention.
- Understands the impact of relationships on behaviour change and reinforces positive social values.
- Is based on analysis of learners' needs and a broader situation assessment.
- Has training and continuous support of teachers and other service providers.
- Uses multiple and participatory learning activities and strategies.
- Involves the wider community.

In Assessing The Net Impact Of The Family Life And HIV/AIDS Education Curriculum, Three Types Of Evaluation Are Particularly Relevant:

- Needs assessments that reveal what needs to be done.
- Process or monitoring evaluations that reveal what the programme is delivering and to whom.
- Outcome evaluations that measure short-term and long-term changes resulting from the HIV/AIDS and sexuality education programme.

Data Collection and Analysis

To document and monitor the progress of the Family Life and HIV/AIDS Education Programme, the Lagos State Ministry of Education, Action Health Incorporated (AHI), and Philliber Research Associates (PRA) have undertaken an ongoing series of evaluations. In order to establish a baseline, PRA worked with personnel from AHI, Dr. Prosper Okonkwo of Management Strategies for Africa Ltd. (MSA), and Dr. Douglas Kirby of ETR Associates to create a questionnaire to assess student sexual behaviours and develop knowledge and attitude questions to match each curriculum module. Questionnaires were pilot tested among a group of students between 11 and 13 years old. Then PRA trained AHI and Ministry of Education staff on how to collect sensitive data from young people and accompanied them on the first two days of data collection to ensure consistency and high quality. In November 2003, 2,466 students from 23 schools in Lagos State were surveyed using the questionnaire. Results showed a profound lack of knowledge about physiology, sexually transmitted disease, pregnancy, and sexual health. In November 2004 and in July 2005, 1,366 JSS1 students were again surveyed on their knowledge, attitudes, and reported sexual behaviour. Similar questionnaire surveys were also conducted on 626 JSS1 students in November 2003, and again in July 2005, after two years' exposure to the curriculum. In addition, a sample survey of teachers was conducted in July 2004.

Challenges in data analysis included the difficulty in matching students from survey to survey because of student attrition and mobility. Also, some students provided inconsistent answers over time. For instance, some originally said they were sexually active and later defined themselves as sexually inexperienced. To better understand seeming inconsistencies in surveys, PRA staff and Mrs. Ejiro Otiye-Igbuzor, of the United Nations Development Fund for Women, conducted focus groups with teachers and students in 2005 to gain in-depth insight into survey responses.

Ongoing evaluations of the Family Life and HIV/AIDS Education curriculum are important to learn how to continuously strengthen the programme. Classroom evaluations empower teachers to better understand what is working to benefit their students.

Lessons from Evaluation

The evaluation process is a learning opportunity for everyone involved because it identifies gaps in knowledge or challenges with implementation and enables teachers and implementers to identify and correct weaknesses and build on strengths to improve the effectiveness of the curriculum. For example:

- Surveys revealed that training improved teachers' comfort level and instructional style, which led to additional teachers trained; and
- Teachers recommended additional resources, so books and materials to support the curriculum were made more widely available.

As more teachers were trained, students' understanding of the materials improved. By July 2005, students had significantly increased their knowledge of HIV/AIDS, sexuality and reproductive health, including facts on basic physiology and health, guidance for setting goals and resisting negative peer pressure, sexually transmitted diseases, and abstinence from sexual activity:

- 60% of the students now know more about sexually transmitted diseases and HIV/AIDS.
- A majority of the students now understand the benefits of delaying sexual relations.
- Students have shown an increase in their understanding of the rights of girls to refrain from sexual activity.
- Students are showing more awareness about the risk of early pregnancy.
- Boys and girls have learned new skills in assertiveness, negotiation, and sexual decision-making.



Surveys and focus groups showed that only with adequate training are teachers able to acquire the factual information and professional skills they need to teach sexuality and sexual health accurately and effectively. Teachers who have undergone specialized training are more comfortable talking with students about sensitive topics and are more likely to use role-play and other interactive exercises, which aid students' learning. As one teacher recently said, "Now we have the right words." Many classes are overcrowded, therefore innovative teaching techniques, such as games and illustrations, are particularly relevant.

The Following Appears To Have Assisted Teachers In The Successful Implementation Of School-based Programmes On Sexuality And HIV/AIDS:

- Introductory training in the curriculum.
- Resource materials, including copies of the curriculum, a scheme of work (which lists topics to be taught during each week within the academic year), and a textbook for teachers.
- Instructional materials, such as posters, real objects, pictures, and charts.
- Refresher courses on a regular basis.
- Continuous monitoring, evaluation, and dialogue.
- An enabling environment, including support from school authorities and parents.

Ongoing evaluation of the curriculum provided the information necessary to identify and address weaknesses, allowing for the above requirements to be recognized and more widely met by the programme's second year.

Conclusion

There are seven key reasons why programme evaluations are invaluable sources of information:

- To ensure maximum effectiveness in meeting students' needs.
- To help the programme meet its goal and objectives.
- To be accountable to stakeholders.
- To enhance the standing of the programme in the community.
- To inform and influence policy makers.
- To be accountable to funders or funding agencies.
- To disseminate knowledge to other programmes about what works best and to share best practices and lessons learned.

In the Family Life and HIV/AIDS Education Programme, the Lagos State government, teachers, and students share a common purpose. They all want young Nigerians to gain the knowledge on HIV/AIDS, sexuality and life skills which lead to healthier and productive lives. The three pillars to achieve this goal are: ongoing teacher training, adequate materials, and ongoing evaluation to improve programme implementation in order to positively affect students' knowledge, attitudes, and behaviours.

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IN LAGOS STATE, NIGERIA

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The Family Life HIV/AIDS Education Programme Shows Significant Progress in Student Knowledge and Attitudes

The Family Life and HIV/AIDS Education Programme is positively affecting students' lives and futures. Launched two years ago, by the Lagos State Ministry of Education (LSME) in collaboration with Action Health Incorporated (AHI), the Programme is a multi-year curriculum delivered in Integrated Science and Social Studies classes beginning in the first year of junior secondary school (JSS1). After two years, more than 1,000 teachers have been trained in its use, and materials to support the curriculum are more widely available.

In a continuous effort to evaluate and document the curriculum's effectiveness, 1,366 JSS1 students were surveyed in November 2004 and in July 2005 on their knowledge, attitudes, and reported sexual behaviour. JSS1 students were also surveyed in November 2003 and in July 2005, and focus groups were held in 2005 with teachers and students. After two years' exposure to the curriculum, students have demonstrated particular progress in increased knowledge and attitudes about sexual health.

The Surveys And Focus Groups Show The Curriculum Is:

- Expanding students' knowledge of how to protect their health,
- Informing students' attitudes to respect one another's rights to delay sexual behaviour, and
- Improving the communication skills of male and female students.

Students' Level of Knowledge is Increasing

As a result of the curriculum, students are gaining the knowledge that leads to changes in attitude and behaviour:

- 60% of the students have increased knowledge on HIV/AIDS, sexuality and reproductive health issues.



Males Continue To Show Greater Knowledge Than Females, But The Knowledge Of Both Boys And Girls Has Increased Significantly In Several Areas:

- More students understand the vocabulary of sexuality and health.
- More students understand the meaning and desirability of abstinence.
- Both boys and girls say they have increased their knowledge of personal hygiene.
- Students are showing increased awareness of the risks associated with early pregnancy

Of particular importance to their health, students show more knowledge about sexually transmitted diseases and HIV/AIDS:

- 60% of students now know more about sexually transmitted diseases and HIV/AIDS.
- 61% of students now understand that HIV can be contracted from people they know well, compared to fewer than half of students two years ago.
- 59% now know that most sexually transmitted diseases can only be cured with medicine.

Student Attitudes Are Improving

Students and teachers agree that the FLHE curriculum has had a positive influence on students' knowledge of the rights of girls to refrain from sexual activity. Girls have gained confidence in their right to be able to refuse sexual advances and report that they are less easily intimidated. A majority of boys agree that it is wrong to force a girl to have sexual relations and that they also need to refrain from sexual activity because they are too young, want to stay healthy, and do not want to anger or disappoint family. Among the significant improvements in attitudes about girls' and boys' sexual behaviour:



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- 83% of students agree that if a girl says no to sex, a boy should respect her refusal.
- Significantly more students state that if a boy spends money on a girl, he does not have the right to demand sex.
- 83% of girls said they could refuse sexual relations with a boy, even if he threatened to no longer be their friend.

Students also increasingly say they want to delay having sex. As their knowledge grows, they perceive fewer reasons to have sex and more reasons not to. Students and teachers largely attribute this change to the strong abstinence message given in classrooms:

- Both male and female students display positive attitude changes. A majority of students now understand the desirability of delaying sexual relations.



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LESSONS LEARNED

FAMILY LIFE AND

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IN LAGOS STATE, NIGERIA

Young people from 15-24 years account for the majority of Nigeria's unwanted pregnancies, complications from unsafe abortions, sexually transmitted infections (STIs), and HIV/AIDS. In an effort to combat this threat to the health and lives of students, the Lagos State Ministry of Education commenced the implementation of the Family Life and HIV/AIDS Education Programme (FLHE) in public junior secondary schools across Lagos State in September 2003-the first major pilot of the national FLHE curriculum in schools in Nigeria.

The multi-year curriculum is delivered in Integrated Science and Social Studies classes beginning in the first year of public Junior Secondary School (JSS1). The programme has trained over 1,000 teachers on HIV/AIDS and sexuality issues and provided them with the national FLHE curriculum and State Ministry of Education approved Scheme of Work that contains essential information for young people such as:

- Facts on basic physiology and health;
- Guidance for setting life goals and resisting negative peer pressure; and
- Abstinence from sexual activity.

Evaluations are an integral and key part of the programme, allowing teachers and administrators to continuously assess and improve the curriculum. To document and monitor progress, the Lagos State Ministry of Education, Action Health Incorporated (AHI), and Philliber Research Associates (PRA) have undertaken series of surveys. In November 2004, and in July 2005, 1,366 JSS1 students were surveyed on their knowledge, attitudes, and reported sexual behaviour. Similar surveys were also conducted on 626 JSS1 students in November 2003, and in July 2005, after two years' exposure to the curriculum. A sample survey of teachers was conducted in July 2004. In addition, PRA staff and Ms. Ejiro Otiye-Igbuzor, of the United Nations Fund for Women's Development, conducted focus groups with teachers and students in 2005 to gain in-depth insight into survey responses.

After two years, according to the most recent survey and focus groups, which were conducted in July 2005, students have shown progress in knowledge and attitude change, and less progress in behaviour change, which is a long-term goal of the curriculum:

- Three-fifths of the students increased their knowledge of HIV/AIDS sexuality and reproductive health.
- Male and female students showed significant and positive changes in attitude about having sex.
- Students say they have learned new skills in friendship and negotiation.

Based on the results of these surveys and interviews, many crucial lessons on effective programme implementation have been learned.

Teacher Training Is Important

Teacher training appears critical for specific outcomes. In the first year only an estimated 30% of the teachers had received training. By the second year more than 90% (over 1,000) Integrated Science and Social Studies teachers were trained, and students' comprehension scores increased dramatically. Surveys conducted suggest that as a result of the widespread teacher training, students in the 2004 cohort made gains in one year equivalent to the gains made in two years by those surveyed after the first year. Teachers reported that training is critical for them to understand the curriculum and to convey the information in interesting and appropriate ways to students:

- *Now we have the right words. In the past, when they told us to say those words, we did not. But after training we can now teach about these issues.*
- *These topics were new in last year's scheme so we didn't teach all of them. But this year, I am sure the students will do better.*
- *By the end of this term, you will see a great change. We have gone through all those topics now and they will do much better this year.*

Teachers Who Are Trained:

Demonstrate a higher comfort level with the materials, show more confidence in communicating sensitive information to students, and use more interactive teaching methods, such as role-play and skills-building activities, which aid in learning.

Refresher courses, periodic meetings, and close monitoring appear to have kept teachers' motivation high. Teachers themselves may hold inaccurate information, which training can help dispel. Because questions arise during teaching, periodic refresher courses allow teachers to seek clarification, discuss challenges, and share successes. Follow-up meetings ensure that the evolving process and lessons learned will be shared.

Making the subject examinable can also be an incentive since teachers spend less time on a subject if their students won't be tested. Other motivational tools include awards and letters of commendation.

Adequate and Understandable Materials Aid Student Knowledge

Teachers are most effective when they are equipped with a panoply of curriculum tools and resources. In the first year, according to teachers, the inavailability of student textbooks hindered implementation of the curriculum and affected students' understanding and test scores:

- *The curriculum is good but more textbooks should be sent to the schools.*
- *Handbooks or books ought to be published and be given to the students to study on their own.*
- *Textbooks should be provided for students.*

By July 2005, materials to support the curriculum were more widely available and test scores improved. Teachers have also recommended:

- More access to teaching aids such as flip charts, posters, and samples to better engage students, especially in large classes.
- Training that provides creative options for teaching some of the more sensitive topics involving sexual behaviour, such as using illustrations and games.
- A wider availability of textbooks for students.

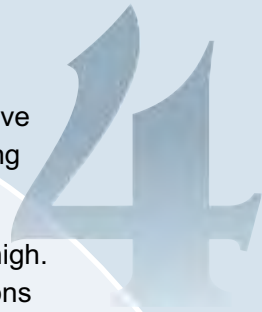
Because students' health is at stake, it is critical that all students gain an understanding of the Family Life and HIV/AIDS Curriculum. Although, focus groups reveal that most students are able to understand the curriculum's materials, students have varying literacy and comprehension levels. All students may benefit more from simplified versions of materials and simpler oral presentations. According to teachers and students:

- *Some of the children cannot read the English language at all.*
- *Some of them do not understand English Language and would not ask questions.*

Feedback, Evaluations, and Monitoring Strengthen the Programme

By identifying and addressing gaps in knowledge or problems with implementation, evaluations allow implementers and teachers to improve the curriculum's effectiveness. Evaluation also empowers teachers to better understand what is working to benefit students and encourages them to continually acquire the skills and knowledge they need to strengthen the ongoing work.

Thanks to early feedback and surveys, teachers identified initial gaps in the programme, which could then be addressed. After surveys revealed that training improved teachers' comfort level and instructional style, additional teachers were trained. Likewise, when teachers recommended that they be supplied with additional resources, books and materials to support the curriculum were made more widely available.



Feedback from young people is equally important to reveal unclear language and concepts and to measure weaknesses in the curriculum or teaching methods. Student surveys and interviews have indicated progress in knowledge and attitudes, highlighted topics that deserve more concerted attention, and disclosed widely accepted but false public myths that hinder safer behaviour.

Parents and Community Support Reinforce Knowledge

Information learned in school is likely to be more strongly rooted in the minds of students if parents, traditional and community leaders, and the media reinforce them.

Teachers strongly recommended educating members of the wider community about the programme to bolster public understanding of not only the curriculum's content, but also its purpose and short-term and long-term health goals. The involvement and education of parents, community leaders, and the media in the Family Life and HIV/AIDS Education Programme would also combat wider public ignorance about HIV/AIDS, sexuality, reproductive health, and safer sexual behaviour. In order to increase outreach, effectiveness, and support for the programme, teachers and implementers recommend:

- Parents should be taught the curriculum, as well as methods to engage young people in discussions about its topics, so they can encourage children and inform them accurately.
- Community and religious leaders, especially those with whom teens interact, should be well informed about the curriculum and its life-saving goals to ensure programme support and counter misinformation.
- Media should be involved in outreach efforts on Family Life and HIV/AIDS Education because students obtain many of their unhealthy views on relationships and sexuality from TV, magazines, and other media.

The education of parents and the community on FLHE would support and encourage students to talk more honestly about sexuality issues and to more readily learn the concepts and attitudes that lead to healthy behaviour. Because sexuality is shrouded in secrecy and silence, many students feel they would be viewed as promiscuous if they show that they know about sexuality. A number of students reported that they are afraid to speak in class because of stigma.

The Involvement of Stakeholders Ensures Commitment and Support

The ongoing monitoring and evaluation process has reinforced the importance of continuous dialogue among stakeholders: government officials, school authorities and teachers, NGOs, consultants, and donors. Through evaluations and workshops, progress results and lessons learned have been discussed, disseminated, and replicated.

Among the lessons learned: Teachers have emphasized the need to educate and involve school authorities about the programme in order to foster an atmosphere of support and to ensure that the Family Life and HIV/AIDS Education Programme is recognized as an important part of every student's education. They recommend that the curriculum be made available to school authorities and all teachers, and that more personnel in each school receive training. One teacher said:

More teachers should be given opportunities to have the training because the knowledge is useful to all teachers.

Similarly, engaging and informing government officials and implementers, NGOs, donors, and consultants has ensured that all have up-to-date knowledge about the programme's aims, implementation, and progress. Their understanding of the curriculum's impact on the knowledge, attitude, and behaviour of students is vital to ensure that the programme receives sufficient priority, adequate resources, and on-going funding.

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