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Research Topic:

Life Skills Education in HIV prevention among Adolescents in Botswana: An Evaluation of the Botswana Life Skills Curriculum.

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Abstract

Ministry of Education and Skills Development (MoESD) in Botswana introduced Life Skills Education program in 2002 with the intention to empower children with appropriate information and skills to deal with social and health problems affecting the nation including the fight against Human Immuno Virus (HIV) infections. The aim of this study is to evaluate the Botswana Life Skills Curriculum to assess its impact on HIV and Acquired Immune Deficiency Syndrome (AIDS) prevention amongst adolescents. The study makes use of the United Nations Children’s Fund (UNICEF) 2012 evaluation framework which was commissioned in 2012. Documentary research methodology is used as an approach to address the objectives of the study. Findings from the analysis reveal that, the Botswana Life Skills curriculum proves to be relevant to learners as this has been confirmed by available literature and reports from teachers and school administrators. However, coverage seems to be difficult to achieve as, the Life Skills Education (LSE) curriculum has the tendency to be squeezed in to the already crowded curricula thus giving it less attention than required. Significant gaps have been identified with regards to monitoring and evaluation. Thus it is recommended that Monitoring and Evaluation (M&E) Systems be strengthened so that outcomes can be measured. Finally the study recommends that, LSE be given a slot in the time table and be taught as a separate topic to ensure it is taken seriously by both teachers and learners.

DECLARATION

I declare that “*The Research Essay titled: Life Skills Education; Prevention of HIV Infections among Adolescents: Evaluation of the Botswana Life Skills Model*” is my own work and that all the sources that I have used or quoted have been indicated by means of complete references. It is being submitted in partial fulfillment of the requirements for the degree of Master of Social Work: Policy Analysis and Administration. It has not been submitted before for any degree or examination in any other university.

----- (Signature) (Date).....

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Abbreviations and Acronyms

ACHAP:	African Comprehensive HIV AIDS Program
BAIS:	Botswana AIDS Impact Survey
BOTUSA:	Botswana and United States of America
BYRBSS:	Botswana Youth Risk Behavioral Surveillance Survey
CBO:	Community Based Organisation
CDC:	Centre for Disease Control
CFS:	Child Friendly Schools
CRC:	Convention on the Rights of Children
EDC:	Education Development Centre
EFA:	Education for All
FBC:	Faith Based Organization
GOLD:	Generation of Leaders Discovered
HIV:	Human Immuno Virus
LSE:	Life Skills Education

M&E:	Monitoring and Evaluation
MDG:	Millennium Development Goal
MOH:	Ministry of Health
MoESD:	Ministry of Education and Skills Development
M&E:	Monitoring and Evaluation
NACA:	National AIDS Coordinating Agency
NSF:	National Strategic Framework on HIV and AIDS
NGO:	Non-Governmental Organization
NSRF:	National Strategic Response Framework
PEPFAR:	President Emergency Plan for AIDS Relief
PRSP:	Poverty Reduction Research Papers
PTA:	Parents Teachers Association
PWD:	People With Disability
REO:	Regional Education Officer
RNPE:	Botswana Revised National Policy on Education

SRF:	Strategic Response Framework
UNICEF:	United Nations Children’s Fund
UNAIDS:	United Nations Program on HIV/AIDS
UNDAF:	United Nations Development Assistance Framework
UNFPA:	United Nations Population Fund
UNGASS:	UN General Assembly Special Session on HIV/AIDS
WHO:	World Health Organization

Chapter One

Introduction

1.1 Statement of the problem

Young people all over the world are not only at the center of HIV and AIDS but are also the most vulnerable and the most affected section of the global population (Fako, Kangara, Forcheh, 2010). Young people's vulnerability to HIV is associated with quite a number of risky situations which include among other things, experimental behavior, early initiation into sex, going beyond family traditions, alcohol and drug usage, getting involved with different social groups, adolescent's egocentrism and belief in invincibility (Plattner, 2010). Fako et al, (2010) also points to self-expression and sensation seeking which reach the apex during late adolescence and early twenties. Risky behaviors in adolescents often lead them to engaging in physical, financial, social and legal risk taking behaviors. 'It should, however, be noted that' risk taking behaviors by adolescents are part of transition from childhood to adulthood and should be viewed as normal (National Population Education Project, 2010).

Available data shows that adolescents comprise of about 20% of the world's population and account for 60% of new infections each year in many countries (Odu, Asekun-Olarinmoye, Bamidele, Egbewale, Amusan, And Olowu, (2008); Tagoe and Aggor, 2009). In Southern Africa, adolescents experience some of the highest rates of HIV incidence in the world, and each year, half of new HIV infections occur in young people aged 15-24 (UNAIDS, 2011). Southern Africa remains the sub-region most affected by the HIV pandemic, with one third of the world's population of HIV infected persons. In 2011, sub-Saharan Africa accounted for approximately 69 per cent of people living with HIV worldwide and 72 per cent of the new infections among adults and children. The region also accounted for 71 per cent of the world's AIDS-related deaths in 2011. Most transmission in this region occurs in heterosexual relationships, both in the context of transactional and commercial sex and in longer-term relationships, including marriage (UNAIDS, 2012).

With respect to Botswana, the national HIV prevalence is at 18.5% (Botswana AIDS Impact Survey IV, 2013) up from 17.6% as shown in BAIS III of 2008. It has however been observed that, HIV prevalence in young people has declined in Botswana among young people aged 15-24 years. In terms of gender the prevalence among females is 19.2 percent while males account for 14.1 percent. Notwithstanding the promising trend, HIV prevalence remains high in young people and incidence

level is high particularly amongst females (BAIS IV, 2013). The rate of new infections was higher among females than males at an estimated 3.5 and 2.3 per cent respectively. Despite the projected decline in prevalence among young people in Botswana, it is uncertain that the current status quo will prevail even in the years to come hence the need to carry on equipping young people with information and skills.

In Botswana a majority of young people start sexual intercourse when they are aged between 15 and 17 years but 4% of youth would have engaged in sex before the age of 15 (Fako et al, 2010; Rakgoasi & Campbell, 2004). By 23 years of age, 96.5% of males and 94% of females would have had penetrative sexual contact in which having several partners is common and the use of a condom is infrequent (Meekers, Ahmed & Molatlegi, 2001; Seloilwe, Letshabo, Bainame, Mokoto, Kobue, and Muzila, 2001 and Oucho, 2000). Though Botswana youth engage in sexual activities, their knowledge level is reported to be low on HIV and AIDS information. Available data indicates that, 42% of youth have inadequate HIV prevention knowledge (BAIS III, 2008).

The education sector in Botswana thus has been identified as having a central role to play in the multi-sectoral response to HIV and AIDS in Botswana (NACA, 2010). In actual fact it is regarded as a key defence against the spread of HIV, especially through the empowerment of young boys and girls, its ability to reach children and young people, and its contribution to knowledge attitudes, skills and behaviour is not underestimated. The Strategic Response Framework (SRF) of Ministry of Education in Botswana highlighted the vulnerability of the youth of Botswana to HIV and AIDS infection, and expressed a concern that a significant proportion of these infections occur while children are still at school. Extensive work has been done though by developing HIV and AIDS responsive life skills curriculum, developing teaching and learning materials such as the 'Living: Skills for life Curriculum' and targeting teacher training to strengthen the capacity of educators to utilise the materials and transmit HIV and AIDS knowledge effectively. A study conducted by Southern & Eastern Africa Consortium for Monitoring Education Quality (SACMEQ) for....., as well as anecdotal evidence gathered from key informant interviews, indicates that while there have been strong and focused interventions, the overall results in terms of behaviour change remain disappointing. It is evident that the youth of Botswana remain vulnerable to HIV infection as a result of behaviour patterns that are not necessarily being mitigated by education interventions (MoESD SRF 2001-2003).The researcher was

thus prompted to review the Botswana Life Skills Curriculum as one of the tools used by MoESD for HIV prevention to investigate if the model is achieving the intended results of protecting the window of opportunity by reducing HIV incidence particularly among adolescents. Available data indicate that in-school programs targeting HIV are not bearing much fruits. It is also evident that, currently the majority of young people in Botswana schools in the 10-19 age group are attending school, and this provides the education sector in particular with a good opportunity to capacitate them with the knowledge, skills and attitudes to prevent HIV infection. The researcher felt there was a need to evaluate the Botswana LSE curriculum because as already highlighted, the schools have been identified as having the capacity to reach quite a majority of learners at an early stage basing on the assumption that infection rates are still low during this stage and programmes (Living: Skills for life being on them) are reported not to be producing the desired results (Gadsbane & Kabanya, 2010; Tiendrebéogo et al, 2003)

It is evident that a global life skills evaluation that was commissioned by UNICEF in 2012 excluded Botswana in the reviews. The evaluation of the Botswana model therefore becomes very unique and original as it is the first evaluation to be done in Botswana making use of the UNICEF 2012 evaluation framework. Seventy countries were identified in UNICEF's stock taking exercise and country documents were reviewed. The number was then narrowed to seven countries and Botswana was still not included. It should be noted that the department of Curriculum Development and Evaluation also commissioned an evaluation that was conducted by Gadsbane and Kabanya in 2010 but did not use the UNICEF Framework. So, evaluating the Botswana model making reference to the UNICEF framework will be the first study to be conducted which makes it to be authentic.

1.2 Aim of the Study

The aim of the review is to document the Botswana Life Skills Model to demonstrate how this program can make a contribution in reducing the incidence of HIV among adolescents in Botswana.

1.3 Objectives

The following are the specific objectives;

1. To describe the relevance of the Botswana Life Skills curriculum
2. To determine the extent of coverage of the program.

3. To examine the efficiency of the program.
4. To examine the effectiveness of the program.
5. To determine the sustainability of the program.
6. To suggest possible ways of improving the program.

1.4 Research Questions

1. Is the Botswana Life Skills curriculum relevant to the Botswana Situation?
2. How extensive is the coverage?
3. How efficient is the program?
4. How effective is the program?
5. Is the program sustainable?
6. Are there possible ways of improving the program?

1.5 Significance of the study

An evaluation of this nature will have a significant impact to professional practitioners and policy. It will also advance future research.

Professional Practice

Practitioners such as Education Development Centre (EDC), Curriculum Development and Evaluation (CD&E), Principal Education Officers, Peer Education Coordinators and Teachers under MoESD will significantly benefit from this study. For example, this will provide a reflection on whether implementation is done accordingly. Findings and recommendations on the other hand may be vital in developing new strategies that can be used to address the identified gaps. Again, the study can also help NGOs and FBOs locate the existing gaps so as to minimize duplication of efforts. MoSED HIV and AIDS coordinating guidelines requires that organizations fill the existing gaps as far as implementation of HIV and AIDS programs are concerned. In a nutshell, NGOs and FBOs will either find ways and means of complementing efforts made by the LSE curriculum.

Lastly, the essay might also identify the weaknesses of the blue print that Botswana is using thus provoking curriculum developers to re-visit the curriculum.

Policy

Tiendrebéogo (et al, 2003), points to the fact that, prevention initiatives or programs implemented by governments and civil society have not yet had the large scale impact on behavioural change hoped for among young people in Africa. This research essay as thus may justify the need to come up with a policy that may require all teachers to teach Living: Skills for life because as per the current status quo, Botswana teachers are not obliged to cover the Living material within stipulated time. They only infuse the material if they themselves feel there is need. The same policy might also compel education officers and other officers tasked with monitoring of the program to intensify monitoring which is currently lacking. Guidelines might also be developed to guide stakeholders particularly Non-Governmental Organisation (NGOs) which implement LSE in-schools on how to reinforce the material just in case teachers fail to infuse so that at least there is someone to cover the deficits.

Research

Findings from this research may contribute to the existing body of knowledge in many professional areas with respect to HIV prevention among adolescents. The essay may also point to the need for more research that may be wider in scope covering all age categories not confining itself to adolescents only. There also might be the need to look in to areas where implementation of the curriculum would have been successful and those areas where the program might not have done well. Issues such as geographical location, knowledge level and training might need to be considered critically. The essay might also expose gaps that might in the process require further investigation and as thus provoking the need for resource mobilization. The need to expand the program might also be identified. Finally, there is need for future research to focus more on the empirical study using this research essay bench mark.

1.6 Definition of Terms

Life Skills: refers to a large group of psycho-social and interpersonal skills which can help people make informed decisions, communicate effectively, and develop coping and self-management skills that may help lead a healthy and productive life (UNICEF, 2012).

Life Skills Education: refers to a combination of learning experiences that aim to develop not only knowledge and attitudes, but also skills (i.e. life skills) which are needed to make decisions and take positive actions to change behaviors and environments (UNICEF, 2012).

Living: Skills For Life: This is the Botswana Life skills model. The essay will use the following expressions interchangeably to refer to the Botswana Life Skills Model; 'Living: Skills for Life', the model, the curriculum or the program.

Adolescence: Adolescence is identified as a period in human growth and development that occurs after childhood and before adulthood, from ages 10 to19 and a young person who is developing into an adult is regarded an adolescent (Edburg ,2009)

Chapter Two: Methodology

This chapter provides a description of the research methodology that was used for this essay. Additionally, issues of trustworthiness of the data, ways in which the data was analyzed and presented are explained. The chapter ends with limitations of the research essay.

2.1 Research Methodology

The paper used documentary research methodology to examine the Botswana Life Skills curriculum. The use of documentary methods refer to the analysis of documents that contain information about the phenomenon is being studied (Bailey 1994). Payne and Payne (2004) describe the documentary method as the techniques used to categorize, investigate, interpret and identify the limitations of physical sources, most commonly written documents whether in the private or public domain. This method entails the use of secondary sources of data. Scott (1990) highlights that, a document is an artifact which has as its central feature an inscribed text. Scott goes on to explain that, documents are produced by individuals and groups in the course of their everyday practices and are geared exclusively for their own immediate practical needs. Documentary research methodology has been chosen because it is a cost effective method than conducting an empirical research.

2.2 Data Sources

The analysis was cognizant of LSE programme documents, curricular and related policies. These included academic and scholarly works in the area of Life Skills Education. Publications and reports from schools and Non-Governmental Organizations, newspaper articles and web search were as well perused. As one of the stakeholders of the program, the researcher also drew from her own experiences as well. Information on the Botswana Life skills program was obtained from Ministry of Education and Skills Development as the custodian of the program. These databases were chosen because together they contained a comprehensive overview of the literature in the field of young people's sexual and reproductive health. Databases were searched for the years 1993 to 2013 using keyword combinations that included the search terms: life skills, youth, adolescent, young people, HIV and AIDS, evaluation, interventions, and effectiveness.

2.2.1 Identification of evaluation studies

To be included in this review, data sources had to meet the following criteria:

- Be a curriculum that is, an HIV education program.
- Focus on adolescents or young adults ages 9 to 24 years.
- The review had to include 13 core life skills recommended by UNICEF.

2.3 Validity

Scott (1990) has formulated quality control criteria for handling documentary sources. These are authenticity, credibility, representativeness and meaning. Authenticity refers to whether the evidence is genuine and of unquestionable origin; credibility refers to whether the evidence is free from errors and distortion, representativeness refers to whether the documents consulted are representative of the totality of the relevant documents, and meaning refers to whether the evidence is clear and comprehensible.

Authenticity

With regards to authenticity, genuineness was established by picking of reputable journal articles and those published by the UNICEF office. With other documents, names were cross checked with other bibliographies if they have been cited before in other documents around the field of life skills. This was done so that documents could not be falsely presented as being the work of certain well known personalities. As for other documents such as minutes which were cited, relevant offices were consulted under ministry of education to ascertain the authenticity.

Credibility

The documents used were prepared independently and beforehand. None of the documents were prepared for the researchers benefit particularly those prepared in Botswana. It was just a coincidence that the researcher was interested in the subject matter. The belief is that the documents are sincere. Again making reference to documents produced in Botswana particularly the report produced by Gardsbane and Kabanya in 2010, the researcher has no grounds in believing that, the consultant could have misled Ministry of Education and Skills Development more so that the report was accepted and distributed to the relevant stakeholders which meant the Ministry of Education and Skills Development endorsed and accepted the report. On the other hand, documents such as BAIS III and IV and MDG

report of 2010, the researcher also does not believe the civil servants engaged in putting up the documents could have misled the public as the documents were prepared for public consumption.

Representativeness

Representativeness refers to whether the evidence is typical of its kind, or if it is not, whether the extent of its untypicality is known (Scott, 1990). Most of the documents I consulted were prepared by professionals in their own fields. In papers where researches were conducted, the methods used were generally sampling frames and random selection procedures which are common to the general public. This is clear from the methodology section of the papers used. It is however difficult to say whether the documents I consulted were representative of the totality of the entire relevant document pertaining LSE. I want to believe that all the papers were accurate and there was no point in hiding information because LSE is just an open subject matter.

Meaning

Scott (1990), outlines that, the ultimate purpose of examining documents is to arrive at an understanding of the meaning and significance of what the document contains. Documents ,however, are said to be having face value and or literal meaning, Mogalakwe, (2006). In own point of view meaning can also depend on the view point of a particular individual. It can be incumbent upon the researcher to deduce the meaning from documents. Since this paper did not rely heavily on statistical data, quite a lot of information was straight forward and meaningful. A lot was derived from its literal form.

2.4 Data Presentation

The data collected needed to be presented in a systematic and coherent manner. Data gathered was divided in to three parts. The researcher decided to start with literature review that focused mainly on how LSE has performed in the world at large then Africa and lastly Botswana. An analysis framework was them identified. The main purpose of literature review is to provide a basis for understanding LSE and its purpose. One other component which is presented in the paper is the Botswana Life Skills Curriculum and how the program operates with regards to coverage, relevance, efficiency, effectiveness and sustainability as outlined in the analysis framework. Finally, conclusions and recommendations were presented.

2.5 Data Analysis

Qualitative Data analysis is used as prescribed by Miles and Huberman (1994). The method entails three main components which are data reduction, data display and drawing and verifying conclusions. Data reduction is the translation of information from one form to another to simplify problems of analysis, storage and dissemination to others (Selltiz, Wrightsmn and Cool 1981). The prime objective of data reduction is to bring masses of data in to more manageable proportions. This was done by, editing, segmenting and summarizing unstructured data. The data was further coded, memoired, finding themes and patterns. During data display, the data was, organized, summarized and presented. Ahmed, (2010) highlights that, data display reflects on the main issue of the research. The last stage of data analysis involves, data drawing and verifying conclusions. This last stage logically follows reduction and display of data which makes the conclusion more explicit.. Marshall and Rossman (199) comment that all the three components of data analysis combine to present a comprehensive and robust explanation of the success and challenges of implementing inclusion initiatives.

2.6 Limitations

The research essay was mainly focusing on secondary sources of data and this kind of data is not sufficient enough to get the true picture of the situation of life skills in Botswana. The findings may be inadequate and relatively narrow in scope. Babbie (1999), highlights that, secondary sources of data are limited in generating new information on the subject under study because it is confined to the existing literature only. Again, not so much research has been conducted around LSE in Botswana hence heavy reliance on the study conducted by Gardsbane and Kabanya and school reports. However, The study provides useful recommendation for practice, policy and research.

2.7 Conclusion

The study used document review as the main data collection strategy. The chapter thus, covered data sources, presentation and analysis. The chapter ends with limitations of the study

Chapter Three
Literature Review

This chapter reviews literature on the Botswana Education system and Life Skill Education in general. Further the chapter highlights HIV and AIDS programmes under Ministry of Education and Skills Development in Botswana. The concept of life skills is discussed. Again an overview of LSE is provided. The chapter concludes by an in-depth examination of the Botswana Life skills curriculum.

3.1 Education in Botswana

The government's main objective is to make basic education accessible to learners of all age groups; create opportunities for lifelong learning so that individuals could attain their full potential and contribute to the economy and technological development of the country (RNPE, 1994). These will be achieved through the acquisition of basic skills, knowledge and attitudes essential for lifelong learning. Below is a brief discussion of the Botswana education system starting with pre-school education.

3.1.1 Pre Primary Education

Access to pre-school education still remains the greatest challenge for the Botswana government as majority of pre-schools are still on the hands of the private sector (MDG report, 2010 & Maundeni 2013). Even so, pre-primary curriculum framework for the 4-6 year group has been developed. Based on the integrated model of early childhood development, the framework has emerged as a response to the Revised National Policy on Education (RNPE of 1994), the Early Childhood Care and Education (ECCE) Policy (2001) and the National Development Plan 9. The ECCE policy is consistent with international frameworks such as the Jomtiem World Declaration on Education for All (EFA) 1990, which in article 5 specifically calls for early childhood care and education and the Dakar Framework of Action (2000) which emphasizes the expansion and improvement of early childhood care and education. Although dominated by private sector, pre-primary enrolment has increased from 10 percent in 2003 to 17 percent in 2007. This is attributed to expansion of pre-schools which increased from 453 to 477 over the same period (MOE, 2008).

3.1.2 Primary Education

Primary Education is the most important stage in the educational system, and the government strives to make it accessible to everyone (Botswana MDG report, 2010). Primary education in Botswana lasts

for seven years, leading to the Primary School Leaving Certificate (PSLE). It is the joint responsibility of the Ministry of Education and the Local Government to provide Primary Education. One central objective of Primary Education is for children to be literate first in Setswana and then in English (Botswana Country Report, 2010). Other goals are for children to become knowledgeable in Mathematics and to have a command of Science and Social Studies. Botswana has made good progress towards achieving universal access to ten years of basic education for its children. Progression rate is now at 97% as per the 2009 statistics (Botswana MDG report, 2010). The minimum entry age is six years in public schools and five years in private schools, and the maximum entry age in public schools is 10 years. However, flexibility is often exercised to enable pupils in remote areas to have access to primary education. Each year at primary level is a standard, this basically means there is standard one to seven at primary school. Learners then graduate to secondary schools after the completion of Primary School Leaving Examination (PSLE). There are currently 790 primary schools which is an increase from 770 in 2003 (MoESD, 2012).

3.1.3 Secondary Education

Secondary education lasts for five years, and is divided into two cycles that is, a three-year cycle leading to the Junior Certificate Examination (JCE) and a two-year cycle preparing pupils for the Botswana General Certificate of Secondary Education (BGCSE). This means there is form 1-3 in junior schools and form 4-5 in senior secondary school. Botswana, like all other countries in the world, invests heavily in the provision of secondary education. Currently there are 206 junior secondary schools and 32 senior schools (MoESD, 2012).

3.1.4 Out of School Education and Training (OSET)

OSET on the other hand offers a comprehensive, integrated, outcome based, modularized and fully accredited lifelong educational and skills training programme for out-of-school groups which was officially launched by the Department of Out of School Education and Training (DOSET) in the beginning of 2010 (UNESCO,2010/11). The programme primarily targets out-of-school youth and adults who never went to school or dropped out before completing primary school and therefore, with little literacy and numeracy skills as well as those who failed to access basic education through the formal program. Special focus is also placed on ethnic minorities and people with special learning needs as well as on disadvantaged and often marginalized rural communities. Rural communities are

particularly targeted because half of Botswana's population lives in rural areas with scarce educational opportunities and thus the highest poverty, unemployment and illiteracy rates in the country (MDG progress report 2010). For instance, estimates suggest that illiteracy rates in rural areas stand at 34,5% compared to 14,6% in urban areas (MDG progress report, 2010).

3.1.5 Tertiary Education

Tertiary Education in Botswana refers to all education that requires a minimum entry requirement of senior secondary education. After leaving senior secondary schools, students can attend one of the six technical colleges in the country, or take vocational training courses in teaching or nursing. The best students enter the University of Botswana, Botswana College of Agriculture, and The Botswana Accountancy College in Gaborone. A larger influx of tertiary students is expected when construction of the nation's second national university, the Botswana International University of Science and Technology. Many other students end up in the numerous private tertiary education colleges around the country. A high majority of these students are government sponsored to offer certificate courses or diploma, degree and other advanced courses offered by various institutions.

Over and above, MoESD has different department which have different mandates. Departments include, Teaching Service Administration, Technical Services, Special Support Services, Tertiary Education and Financing, Training and Development and Curriculum Development and Evaluation just mentioning but a few. Worth discussing is the department of Curriculum Development and Evaluation.

3.1.6 Department of Curriculum Development and Evaluation.

This is the department that is currently housing Life Skills Curriculum the researcher felt was worth noting. The Department of Curriculum Development and Evaluation in the Ministry of Education and Skills Development is mandated to interpret educational policies and ensure prompt delivery of curriculum and support services, design, develop and evaluate national curriculum, provide support services for learners from pre-primary to senior secondary level (CD&E). However, the Curriculum Development is guided by the following documents; Revised National Policy on Education (1994), Vision 2016, which outlines the national vision of the country. The vision has 7 national pillars and one of the pillars is 'an informed and educated nation', National Development Plan which sets the tone for

national development, Human Resource Development Strategy, Inclusive Education Policy and Other international documents like the MDGs and EFA (Khome,2013)

Education in Botswana particularly primary education is not free but is highly subsidized. Botswana Children's Act, 2009, however indicates that education is not compulsory. Botswana has announced the reintroduction of fees in its state secondary schools after more than 20 years of free education. The government says the move is part of a cost-cutting exercise because of falling revenues. Opponents of the charges, say the fees will deter parents from sending their children to school. Assessment is ,however, made to exclude those who cannot afford to pay the fees. The Ministry of Education and Skills Development (MoESD) has authority over all of Botswana's educational structures. There is universal access to primary and junior secondary school, but a process of academic selectivity reduces entrance to the senior secondary schools and university. However, the educational curricula incorporate pre-vocational preparation in the junior and senior secondary schools. Children teacher ratio is currently 1 teacher: 30 pupils but there are instances where number of pupils goes beyond 40 per one teacher due to infrastructural challenges and other challenges (Government of Botswana, 2011).

3.2 HIV and AIDS Programs in MOESD

3.2.1 School Based HIV and AIDS Prevention Programmes in Botswana

MoESD in collaboration with other partners including United Nations (UN), Non-Governmental Organisations (NGOs), Faith Based Organisations (FBOs) and other developmental partners have developed a number of prevention programs aiming at reducing high risk behaviour of young people. These include, the Department of Vocational Education and Training (DVET) in the MOESD which has mainstreamed HIV and AIDS in to the curriculum through a teacher training program in HIV basics and Life Skills. A key component of the program is ensuring that lecturers deliver this content to learners (MoESD, 2012). Another program is Talk Back which is live interactive program that is aired every Tuesday which is then repeated every Saturday. This is a teacher capacity building program which showcases best practices for teaching students about HIV and AIDS. Assuming other things being constant, all secondary schools, colleges of education and education centres are supposed to be receiving the program which is not the case currently.

Several FBOs and NGOs work with MoESD on abstinence as part of HIV prevention activities in schools. These include, Face the Nation which addresses senior secondary schools on peer education and life skills, Salvation Army Psychosocial Support (SAPSSI) initiative which teaches students about life skills, Love Botswana Outreach Mission which trains junior secondary students on abstinence and also assist in club formation, Hope World Wide Botswana which works with both Primary and Junior secondary schools in addressing abstinence and behaviour change for youth and Nkaikela Youth Group which trains students on peer education in some primary schools and junior secondary schools in Botswana (MoESD, 2012). Circles of Support is yet another program which is a multi-sectoral child rights based program aimed at strengthening collaboration between all service providers that aim at improving the lives of orphans and vulnerable children. Local communities in actual sense are supposed to assist schools in identifying missing children and returning them back in to the school system.

In addition to the above mentioned programmes, other educational materials are sent to schools to complement existing HIV and AIDS programmes in schools. Examples include; Choose Life magazine produced by Population Services International which targets the 8-18 years. The choose Life magazine provides the youth with age appropriate information and skills to make informed and responsible choices. UNICEF also distribute HIV and AIDS booklet which comprises of self-instructional material written in both Setswana (local language) and English for primary schools. UNFPA and African Youth Alliance (AYA) produce adolescent life skills material for teachers and learners aged 10-24 years. Again there is a teen magazine produced by Makgabaneng which provides youth with interactive activities tackling a specific theme each term. School rallies will then be conducted to emphasize key messages emphasized in the magazine. Other HIV and AIDS materials are produced by organization like, WHO, Botswana Teachers Union (BTU), Faith Foundation, Department of Social Services and Marang Child Care Network which further educate teachers and learners about HIV and AIDS (MoESD, 2012).

3.3 The Concept of Life Skills

The Life Skills program is generally defined as a comprehensive behavior change approach that concentrates on the development of the skills needed for life such as communication, decision making,

thinking, managing emotions, assertiveness, self-esteem building, resisting peer pressure, and relationship skills (UNICEF, 2000, Peace Corps, 2001 & Kolosa and Makhakhane 2009). Additionally, it addresses issues of empowering girls and guiding boys towards new values. The program moves beyond providing information. It addresses the development of the whole individual so that a person will have the skills to make use of all types of information, whether it be related to HIV and AIDS, Sexually Transmitted Infections (STIs), Reproductive Health, safe motherhood, other health issues (Mgnani et al, 2003; James and Reddy 2005). Life Skills approach is completely interactive, using role plays, games, puzzles, group discussions, and a variety of other innovative teaching techniques to keep the participant wholly involved in the sessions (Peace Corps, 2001).

3.4 Global Overview of Life Skills Education

Over the years LSE has globally been viewed as an important tool to prepare young people and adults to negotiate and mediate challenges and risks and enable productive participation in the society (UNICEF, 2012; Yankah and Aggleton 2008.). In fact, life skills education is considered to be universally applicable and generic and identified as relevant for dealing with specific risks particularly around HIV prevention, sexual and reproductive health and increasingly on issues of risk reduction. For this reason, many countries introduced LSE as part of a national response to identified priorities and also aligned LSE to national and sectoral policies and plans (UN, 2006 & UNICEF, 2012).

International and National Political commitments have been made to LSE with its inclusion in key global documents such as, Dakar Framework for Action on Education, the United Nations General Assembly Special Session on HIV (UNGASS) the agendas of multilateral agencies such as the WHO and UNICEF and in the national sectoral policies and strategies of many countries (WHO,2006). This then led to the rapid expansion of LSE initiatives with a very wide spectrum of content around the world. For example, in 2001, member states represented in the UNGASS on HIV and AIDS committed themselves to ensuring that, by 2010 at least 95% young men and women aged 15-24 will have access to information, youth-specific HIV education and services necessary to develop the life skills required to reduce the vulnerability to HIV infection (United Nations, 2001). In 2006, the political declaration on AIDS issued an order committing member states to addressing the rising rates of HIV infection among young people. Member states were to ensure an HIV free future generation

through the implementation of comprehensive evidence based prevention strategies responsible for sexual behavior including life skills based education (United Nations, 2006).

UNICEF has been taking the major role in bringing LSE on to the agendas of government ministries and partners at policy and programming level. UNICEF also developed a comparative advantage and expertise in providing sourcing and technical expertise for design and development of curriculum and teaching materials. For example, LSE was first mooted in Armenia in the mid-1990s as a stand-alone subject (UNICEF, 2012). UNICEF then started its support in 1997. In 2008 the ministry of Education of Armenia then moved LSE from being a stand-alone subject to being integrated into the national curricula and to be taught in all schools nationally. The national curriculum in Armenia outlines that LSE is represented from grades 5-9 (UNICEF, 2012 and MES, 2008). In Barbados, LSE curriculum follows the Caribbean Community (CARICOM) framework for Health and Family Life Education (HFLE) which was developed and supported by UNICEF (UNICEF, 2009). LSE in Barbados was intended to address drug and alcohol abuse, sexual behavior and the threat to HIV and AIDS. It provides young people with options for positive behavior change. LSE was introduced as both a stand-alone subject and as part of the core curriculum for primary schools and secondary schools. LSE in Barbados is now available for person from age 9 to 16. In Jordan, LSE started in 1999 with support from UNICEF and was straight integrated in to the Jordanian curricular. LSE was particularly integrated in to subjects like Physical Education (PE) and Pre-vocational Education (PVE), (MOE Jordan, 2007; UNFPA, 2007 and UNICEF, 2012).

3.5 Overview of Life Skills Education in Africa

In Kenya, LSE dates back as to 1999 when the Kenyan government declared HIV a national disaster as part of the measure to address HIV and AIDS (Hunter et,al 1999). LSE was introduced in to the school syllabus. Some elements were further infused in to subjects like, religious education, social studies and biology (Johntson, 1999). In 2006 the Kenyan government decided to teach LSE as a stand -alone subject due to the increasing recognition that LSE could bridge a gap between student's knowledge and behavior regarding HIV prevention, (UNAIDS, 2010, Kenya UNGASS report, 2010 and USAID,FHI, UNESCO and MOE, 2010).Kenya aims to develop, nurture and promote 13 core life skills as prescribed by UNICEF and international organs which monitor implementation of life skills. Malawi on the other hand considers LSE and Life Skills based HIV prevention as the two key

governmental strategies. LSE agenda in Malawi has been put both in formal and non-formal education. The introduction of LSE in Malawi started in the mid 1990s and by 2004 LSE was declared compulsory in schools. In 2010 LSE became an examinable subject compulsory for primary schools and junior school and optional for senior schools (EFA Global monitoring report, 2010, Malawi HIV and AIDS M&E report 2007, and UNESCO, 2011). UNICEF, 2012 indicates that LSE in Malawi was preserved through UNICEF support between 2005 and 2010 and that UNICEF also made a provision for LSE evaluation for Malawi in 2011.

In Mozambique, the basis for LSE intervention has been to focus on tackling HIV and AIDS. LSE was then incorporated in to basic education because of the view that it will contribute to HIV prevention among young learners. Primary Education was viewed as a crucial access point for HIV prevention because of high enrolment (UNICEF, 2010). LSE was integrated in to the primary curriculum and it started from grade 5 and taught through a selected number of career subjects including moral and civic education and natural sciences. For secondary schools, ministry of education of Mozambique established HIV information and counseling corners in schools across the country. On the other hand, in response to the escalating HIV/AIDS epidemic, in 1998 the South African Ministry of Education mandated implementation of a comprehensive LSE program in all secondary schools by 2005 (Reddy and James, 2003).

In Zimbabwe, which has one of the highest AIDS prevalence rates on the continent, the Ministry of Education and Culture took a bold step and began to offer a school-based HIV/AIDS and Life Skills Education Programme for schools in 1992. The AIDS Action Programme for Schools targets students and teachers from Grades 4-7 in all primary schools and Form 1-6 in all secondary schools. It is a separate subject on the timetable. AIDS Education is compulsory in all primary and secondary schools, and tertiary institutions. HIV/AIDS information is also integrated in relevant subjects. The AIDS Action Programme for Schools has helped to bring the HIV/AIDS problem in Zimbabwe out into the open for discussion. The goal of Zimbabwe's AIDS Action Programme for Schools is to effect attitudinal and behaviour change amongst pupils in order to reduce the risk of HIV infection. The Programme aims at developing pupils' life skills such as problem solving, informed decision making, and avoiding risky behaviour (Hunter et al, 1998). Participatory methods and experiential learning processes are expected to be used to teach life skills. Zimbabwe's AIDS Action Programme for

Schools has a number of important achievements to its credit. Over 6,000 schools are now teaching the prescribed curriculum, using high quality materials that have been produced and introduced into the schools. All national, regional and district Education Officers have received training through the programme and more than 2,000 teachers have received in-service training in the use of not only specific AIDS education materials, but also of participatory life skills methods generally. At the tertiary level, more than 5,000 teacher trainees have begun similar training in teacher training colleges (Hunter et al,1998 and Gachuhi, 1999).

The Ministry of Education and Culture in Namibia, with UNICEF assistance initially focused on life skills training for the 15-18 year olds for school youth after and outside school. “*My Future is My Choice*”, is an HIV risk reduction intervention. By December, 1998, more than 21,000 young people had passed through an intensive peer education effort, and an additional 30,000 were planned to be reached in 1999. It appears that the program reduced adolescent sexual risk behavior This effort has not only filled a void in Namibia, but it has also created a demand for similar training targeting youth ages 10-14 years. The Namibian Ministry of Education and Culture has made progress in incorporating an HIV Prevention framework throughout the primary and secondary school curriculum. The curriculum sends very direct and clear messages with regard to both abstinence and condom use. The primary and secondary school syllabus reinforces the issue of HIV prevention at frequent intervals from fifth to tenth grade in the Life Sciences Curriculum and in the Population Education Curriculum. Nearly all Namibian youth are in school up to grade eight and therefore most youth are reached by the school program. However, it has been reported that some teachers are uncomfortable with AIDS materials and do not wish to teach it. Many are still lecturing instead of using participatory methods. The program has been able to successfully reach almost 51,000 young people out of a total national population of about one and half million. There are plans to start a similar program for children between 10-14 years of age (UNICEF, CP Medium Term Review, 1999, Gachuhi, 1999 and Chendi, 1999).

In the early 1990s, Uganda had a comprehensive School Health Education Programme (SHEP) which provided health information to pupils, although the intention had been to also change behaviour. An evaluation of the programme in 1994 revealed that the curriculum had indeed been successful in raising knowledge about health issues, but it reportedly had little impact on attitudes and values and no

discernible impact on health practices (Kinsman, Harrison, Kengeya-Kayondo, Kanyesigye, Musoke, & Whitworth, (1999). It was pointed out that behaviour and practice needed to be targeted more effectively. The study therefore led to the development of a Life Skills Programme and recommended using experiential and participatory methods. In 1994 the programme was launched with a national sensitization seminar for senior policy makers, opinion leaders and NGO representatives.

Baseline surveys were conducted in primary and secondary schools followed by the development of life skills reference manuals for teachers. Another reference manual for training out of school children and youth facilitators was also developed. Primary teachers' college tutors were trained in 1997/8. In a one year trial using the WHO-UNESCO in-school Life Skills Manual in Masaka district in Uganda, a curriculum and materials were developed. Some 100 primary and 32 secondary school teachers were trained. During an evaluation that was carried later after implementation of the program, it was discovered that, teachers were not confident to carry out experiential learning activities such as role plays and therefore reverted to more conventional teaching methods, Teachers avoided teaching sensitive topics such as those that referred to condoms for fear of losing their jobs and due to religious affiliations, since it was not an examinable subject and not on the curriculum, it was not perceived to be important, the teachers said they taught about 70 percent of the life skills lessons officially included on the timetable, while the pupils claimed they only taught about 30 percent of the lessons. Currently, effective advocacy has created a supportive environment for Life Skills Education and plans are under way to develop a better designed curriculum, sufficient and sustained training and basic but essential teaching materials to bring LSE effectively into primary and secondary schools. Life skills will be infused in health/science as the carrier subjects (Gachuhi, 1999).

In Lesotho the Life Skills Programme is intended to equip the youth with life skills to enable them to deal effectively with the demands and challenges of everyday life. However, a closer examination of the content of the curricula, it is heavily biased towards knowledge, with very little curriculum content or time during lessons on the requisite skills and attitudes for behaviour development and/or change. Moreover, head teachers have not received training on life skills and many teachers state that they lack the confidence to handle such sensitive topics. It is highlighted that, while a certain amount of activity is taking place, the coverage is unknown and the methods are ineffective with the exception of those that are implemented by a few NGOs (HIV and AIDS Life Skills Programmes in Lesotho, 1999).

3.6 Effectiveness of Life Skills Education in HIV Prevention

The discussion examines the effectiveness of LSE within the context of HIV prevention. The discussion will highlight the behavioral changes and change in knowledge.

Behavioral Outcomes

Studies will be reviewed with regards to how LSE impacts on the behavior of learners. In two studies reviewed by Yankah and Aggleton (2008) on effectiveness of LSE conducted in Uganda by (Kinsman et al., 2001) and in South Africa by (Harvey, Stuart, & Swan, 2000) which measured short term effects and which both had 6 month follow up period, it was discovered after review that there was improved attitudes about HIV and AIDS. Furthermore, students who were sexually experienced displayed more accepting attitudes to condom use after the intervention (Kinsman et al, 2001; Mgnani et al, 2003 and James and Reddy 2005).

Fowle et al (1999) on the other hand highlights that according to a study conducted in Nigeria to determine the effectiveness of life skills education in increasing knowledge levels, influencing attitudes, and encouraging safe sexual practices among secondary school students. The study compared 223 students who received comprehensive Life Skill Education on sexual health with 217 controls. Students in the intervention group received 6 weekly sessions lasting 2-6 hours, with activities including lectures, film shows, role-play stories, songs, debates, essays and a demonstration of the correct use of condoms. Following the intervention, students in the intervention group showed a greater tolerance of people with AIDS compared to the control. The mean number of sexual partners also decreased in the intervention group, while the control group showed a slight increase. The program is reported to have been successful in increasing condom use.

Five randomized controlled studies were also reviewed by Yankah and Aggleton in 2008 in Uganda and South Africa. Long-term effects of life skills programming were measured, in which the trials had follow-up periods of at least 1 year with the longest follow-up period being 3 years. All the studies revealed increased knowledge about HIV and AIDS and/or contraception. Studies which measured attitudes, also found accepting attitudes toward condom use (Walker, Gutierrez, Torres, & Bertozzi, 2006), intentions to use condoms and increased condom self-efficacy (Stanton et al., 1998). Two studies out of five measured increased communication with a sexual partner (Jewkes et al., 2007;

Stanton et al., 1998). Important associated behavior change was measured in other studies by way of increased use of emergency contraception (Walker et al., 2006), avoiding a place to have sex (Maticka-Tyndale, Brouillard-Coyle, Gallant, Holland, Metcalfe, 2004), and reduced alcohol use (Stanton et al., 1998). In terms of sexual behavior, studies found an increased delay of sexual debut (Maticka-Tyndale et al., 2004; Ross et al., 2007; Stanton et al., 1998), increased condom use at first sex (Ross et al., 2007; Stanton et al., 1998), an increase in correct condom use (Jewkes et al., 2007), a decrease in ever having had sex (Maticka-Tyndale et al., 2004), increased condom use at last sex among men (Ross et al., 2007) and among men and women (Maticka-Tyndale et al., 2004), a reduced number of sexual partners among men (Ross et al., 2007) and among men and women (Jewkes et al., 2007), and a reduced frequency of transactional sex (Jewkes et al., 2007).

3.6.2 Knowledge Outcomes

Besides behavioral change, implementation of LSE is also associated with increased knowledge about HIV and AIDS. In nine out of 13 studies reviewed by Yankah and Aggleton (2008) in Uganda and South Africa, which looked at the short-term effects of LSE in pre-intervention and post-intervention, the results indicated increased knowledge about HIV and AIDS, human reproduction, and contraception. Other studies reported impacts on the following: intention to abstain from sex (Aplasca et al., 1995; Reddy & James (2005), McCauley, 2003); approval of abstinence among men (Reddy et al., 2003); accepting attitudes toward people living with HIV (Aplasca et al., 1995; Caceres et al., 1996; Klepp, Ndeki, Leshabari, Hannan, & Lyimo, 1997) accepting attitudes toward condoms (Kinsler, Sneed, Morisky, & Ang, 2004; Martinez-Donate et al., 2004), accepting attitudes toward delayed sexual debut (Aplasca et al., 1995); increased acceptance of contraception, increased self-efficacy and increased prevention-oriented behavior (Caceres et al., 1996); and intention to use condoms (Reddy et al., 2003; Kinsler et al., 2004). Two studies measured increased communication with parents (Kinsler et al., 2004; Klepp et al., 1997); and another measured decreased acceptance of machismo (Caceres et al., 1996).

In South Africa in Kwa Zulu Natal a study was conducted to test a hypothesis that connected a link between behavior change and exposure to Life Skills Education. The outcomes were that, some learners admitted that they had confidence in talking about HIV and AIDS freely with their friends, siblings, parents and their partners which in a way contributed to reduced chances of exposure to the HIV (Mgnani et al, 2003; James and Reddy 2005). Also in South Africa, evidence proved that

preventative life skills programmes yields results in behavior change particularly in children and adolescents (Visser 2005 and Berkhof 2003). Observations made revealed LSE resulted in increased levels of knowledge regarding HIV, more assertiveness, more positive attitude towards people living with HIV and delayed sexual activity, more condom use, delayed sexual activity and fewer sexual partners (Berkhof 2003 and Ruternburg et al 2001).

Contrary to the positive impacts painted under life skills some studies indicate that change in behavior does not always mean that people have been exposed to Life Skills Education other factors in life can influence behavior change and also that acquiring a particular skill does not guarantee that a person will use the skill in the long run (Botvin et al 2003). Crewe (2007) indicate that the effectiveness of life Skills Education remains uncertain because it is difficult to define what life skills are as they encompass matters as diverse as knowledge acquisition, attitude development, mental and physical skills. WHO (2003) on the other hand indicate that skills that are said to be life skills based are innumerable and that the definition of life skills are likely to differ across cultural settings. In a review of life skills work in Southern Africa, Tiendreboego et al, (2003) indicate that there has been a conclusion that life skills in general are too simplistic to offer any valuable solution to the complex needs of African young people.

Magnani et al (2005) on the other hand show that, a report by Action Aid International has concluded that school based HIV and AIDS prevention programs are failing students in Africa and Asia. The Action Aid observation are also reported to be consistent with findings of reviews school based programs in the United States of America and Canada that concluded that only a minority of programs have been able to demonstrate behavioral impacts. In fact, Magnani, 2005 and associates reveal that, life skills based programs fail but have been successful in influencing youth sexual risk taking behaviors. One of the issues that has stirred controversy under life skills education is the topic of sexuality. (Kolosa and Makhane, 2009) cite that, sexuality education is considered effective but also considered controversial because many believe that sexuality is a private matter for families and that talking about it in schools or other settings can lead to young people being more sexually active and engaging in sex at an early age because they are more curious during this stage and very eager to experiment.

One would then say there is increasing evidence that life skills have positive results in HIV prevention as learners tend to gain a lot of insight, knowledge and skills in HIV and AIDS prevention. Even if some studies establish little to no link between exposure to life skills education and reduction in HIV incidence quite a lot of studies show that exposure to LSE contributed a lot the reduction of HIV incidence.

3.7 Botswana Life Skills Curriculum “-Living: Skills for Life”

The Botswana Life Skills curriculum was developed in response to the sentinel survey conducted in clinics in 1998 which indicated that out of 4,194 pregnant women tested over a 12 week period, 1,614 were HIV positive. About 13 percent of those surveyed were less than 20 years old (Molobe and Salewski, 1999). This was a clear indication that young people, and especially women, were engaging in unsafe sex. The curriculum was developed and piloted from 2002-2006. The roll out of the program then began in 2007.

3.7.1 Content of the material

The Botswana Life Skills Curriculum follows UNICEF, WHO and the International Bureau of Education for effective school based HIV education (MoESD, 2005). The curriculum promotes interactivity, self-discovery, peer learning and gender equity. The curriculum also uses local situations, names and concepts although the curriculum 1 is in English. Living; Skills for life curriculum, promotes infusion that is, incorporating aspects of the lesson in to any subject and integration (combining two or more subjects in to one). Living; Skills for life focuses on thirteen life skills in developmentally appropriate version from the time the child enters the education system until the time when they complete. The skills are presented in a soft-bound glossy colour which includes teacher guides, leaners worksheets for standards 1&2, 3 & 4, and 5-7 (primary); Forms1-3 (Junior Secondary); and form 4-5 (Senior Secondary). The 13 life skills include; Self Awareness. Values, Goal setting, Communication, Decision Making, Stress Management, Sexuality, HIV and AIDS: Facts, Myths, and Prevention, Risk Reduction, Benefits of Relationships, Dilemmas, Social Responsibility and Healthy Living. The core materials for Living include teacher guides and learner worksheet books that are developmentally and appropriate for primary, junior secondary and senior secondary schools. The intent of the program is to also provide every teacher and student with material in the country. Below is a brief description of the content of the curriculum as outlined in each chapter.

Self-Awareness Skills

This includes making young people recognize themselves, their character, identity, goals, cultural perspective, motivation, needs, values, strengths, weakness as well as likes and dislikes (MoESD,2005). Developing self-awareness helps young people recognize when they are stressed or feel under pressure. Furthermore taking young people through self-awareness skills is viewed as a prerequisite for effective communication and interpersonal relations as well as developing empathy for others. An individual who has self-awareness skills is aware of the realities of life and feel responsible for self and the wellbeing of others. Knowledge of self helps individuals to deal successfully with the demands of life. According to Niekerk et al (2001), female adolescents who are aware of their strengths and weaknesses are better able to arrive at realistic and informed decisions than their male counterparts. In similar vein, the better the young people know themselves, the better they are to develop philosophy of life, define moral values and the process develop a healthy life style (Motepe ,2006).

Values

A value is belief that one holds that is important and that guides the life of a particular individual (MoESD, 2005). Living; Skills for life highlights that values affect ones actions therefore, when learners know their values it helps them to behave or live in a way that honors them. It also helps learners to resist peer pressure and other environmental features such as the media that may promote unhealthy values. The chapter on values assists learners to identify and consolidate their personal values, look closely at the importance of loyalty, honesty and respect and then demonstrate how to express the mentioned values to their families and friends. Learners are expected to consider how their values influence their choices and help them avoid negative outcomes such as HIV infection. Leaners are also expected examine the principle of humane (Botho) then discuss with their parents.

Goal Setting

This is planning for what a person wants to achieve and setting time limit on when to achieve a particular plan (Mokolosa and Makhakhane, 2009). As children get older, they begin to develop a sense of themselves and see goals as ways to concretely define themselves (MoESD, 2005). Learners are however taught to understand that even if they have goals or life obligations may conflict with their

plans. These are the barriers that learners are taught to work around. Coming across barriers might demoralize learners but through goal setting learners are taught to develop strategies that can keep them on track. The chapter on goal setting helps learners build on their understanding that careful planning will bring them more success and less frustration. Learners learn strategies to overcome barriers that prevent them from achieving their goals and to make plans for achieving their short and long term goals.

Communication Skills

Motepe (2006) highlights that communication is a basic life skill and is the basis for human interaction and that effective communication is essential for healthy relationships. Although it is impossible not to communicate, basic communication skills are not so easily acquired. Young people who do not have communication skills are unlikely to have the ability to stand for themselves and to assert their rights. In situations involving peers, lack of communication skills can result in feelings of powerlessness and helplessness (Cleary, 2004 & Potgieter, 2004). Training young people in communication is based on the assumption that, learning to communicate effectively helps adolescents to build positive relationships with others and to also build their self-esteem. According to Van Schalkwy and Hoelson (2010), people are not born with the ability to communicate effectively. It is therefore of paramount importance that adolescents be equipped with a wider range and in-depth communication skills if they are to live effectively and creatively. Communication skills have been shown by researchers to be effective in developing helping relationships and assisting people improving their lives. Communication skills are developed through training and practice (Cleary 2004 & Potgieter, 2004). The chapter on communication skills help learners to practice to communicate their feelings, wants and needs in an assertive and clear manner. Learners also learn to practice interpreting messages from other sources.

Decision Making Skills

This is a process which systematically involves working through various steps. The steps involves defining the problem, examining possible choices and consequences, selecting the best choice and evaluating if the choice selected was the right choice (MoESD, 2005). Training in decision making involves giving people the skill to deal with present concerns and also dealing effectively with the future. Young people are also made aware that every decision they make has consequences and that

they must learn to accept the consequences of every decision made (Tsatsi, 2003). Mastering of decision making skills enables young people to take control of their lives by making sound and reasonable choices (Johnson, 2003 and Potgieter, 2004). Training on decision making is based on the assumption that, the process helps young people anticipate problems therefore minimizing the chances of acting impulsively and also lessening anxiety and tension associated with crisis and indecisiveness. Children also become autonomous and are able to resist negative influence around them (Tsatsi, 2003).

The chapter on decision making skills help learners in acquiring skills that help them make informed and thoughtful decisions. They learn a process for decision making that helps them identify options as well as the possible positive and negative consequences of each option. The process will lead learners in selecting the best option that respects their health and safety and also respects others. Learners have the opportunity to practice decision making by assessing real life situations and demonstrating the best options in role plays (MOE, 2005).

Stress Management

Stress is a strain or tension that comes with challenging or difficult situations. Stress can arise out of positive and negative situations (Motepe, 2006). People react differently to difficult situations in general. Stress management includes a variety of ways to cope with stressful situations in order to minimize their negative impacts and keep themselves healthy and happy. The chapter on stress management helps learners who might be experiencing stressful situations from making difficult decisions, peer pressure and being away from home, poor grades, drug abuse, orphan hood, unhappy home situations or care giving to identify symptoms related to stress (MoESD, 2005). Learners discuss a variety of stress causing situations and identify healthy ways of coping with stress.

Sexuality

This is a time when learners have reached the peak of adolescence stage (AEP, 2008). It is a stage when learners are still young but at the same time looking very mature which makes them susceptible to sexual advances (Mokolsa and Makhakhane, 2009). For girls it's a period that can be very unsettling. Often they surrender their relaxed attitudes about their bodies and take a burden of self-criticism, worrying excessively about their attractiveness. Adolescents can become prey to manipulation as they seek affirmation and affection (MoESD, 2005). Attitudes that young people

develop during this stage as well as the choices they make with respect to their sexuality determines their health and wellbeing. The chapter on sexuality trains learners to develop deeper awareness of themselves. Learners become aware of the different changes that occur at puberty and learn how to cope with and accept the changes as they take place. They learn that changes occur at different times and in different ways for different people. Learners also learn how to deal with any changes in their bodies. Still on sexuality learners learn about different types of abuse and that abuse at some point can suffice in their lives which might be emotional, sexual and physical (MoESD, 2005).

HIV and AIDS; Facts, Myths and Prevention

AIDS is an incurable disease affecting all. It scares people and this has led to people spreading untrue information. During adolescence stage, learners are likely to receive a great deal of untrue information. It is during this stage that learners need to receive correct and up to date information (Motepe, 2006) . Distinction between facts and myths related to HIV, AIDS and other STIs must be clarified before they become sexually active. This is very important because it will help learners to make healthy choices and prevent them from contracting HIV and AIDS. A chapter on HIV and AIDS; facts, myths and prevention trains learners to critically examine information regarding HIV and AIDS rather than blindly accepting myths and understanding how HIV and other STIs are transmitted (AEP, 2008 and Motepe, 2006).

Risk Reduction

This refers to activities or behaviors that allow one to avoid or minimize situations that may cause harm or suffering (AEP, 2008). Several risk factors can lead to possible HIV infection. Because adolescence is a time for discovery, it is important during the stage of adolescence that learners understand that risk taking behaviors exposes them to loss or damage and can lead them in to deadly situations (MoESD, 2005). Learners strongly need to be taught that one way of ensuring a healthy life or reducing risk of HIV contraction is from abstaining from sexual activities. Learners are exposed to condom education because learners still indulge in sexual activities regardless of being taken through risk reduction skills. A chapter on Risk Reduction trains learners to understand and identify risky personal behaviours and how to make safe choices in sexual and other activities.

Benefits of Relationships

Benefits of relationships are many especially those which revolve around the following, fidelity, commitment, loyalty and honesty (GOLD, 2008). Relationships are important amongst adolescents particularly monogamous because they help to reduce chances of contracting HIV and other STIs (Motepe, 2006). Learners also need to be taught to understand the value of fidelity and commitment in relationships because it is during the stage of adolescence that they develop patterns of behavior that will last in to the future. A chapter on relationships helps learners to understand the importance of commitment and fidelity in long-term relationships and learn how these relationships are important in reducing the risk of contracting HIV and other STIs. It also helps them in planning for long term relationships (MoESD, 2005).

Dilemmas

This refers to choosing between unappealing alternatives. The situation of HIV and AIDS has heightened the importance of resolving dilemmas successfully as the consequences of not doing so might be dangerous. Learners therefore need to be aware of the dilemmas they face as a result of HIV and AIDS (GOLD,2008). There are no easy solutions to dealing with dilemmas. Learners need to be assertive, use of good decision making skills, having positive self -esteem and seeking professional help if need be. A chapter on dilemmas trains learners to be in a position to identify dilemmas related to a variety of issues and developing possible coping strategies for each dilemma

Social Responsibility

Each member of the community is connected to the other one way or the other (Macionis and Plummer, 2008). The connection is strengthened through sharing of values, beliefs, norms and responsibilities that the community upholds (Harlambos and Holborn 2006 and MoESD, 2005). Also because of the connection, one members action affects others actions in the community. The advent of HIV and AIDS brought a new urgency to social responsibility because HIV and AIDS does not affect only one member in the community but rather affects the whole community. Learners must be taught that to maintain health and peace in the community they need to conform to the community values. Learners also need to be taught that deviating from the community norms means tarnishing the name of the whole community and also that deviating from the community values can put them at risk of

HIV infection. The chapter on social responsibility helps learners in understanding their obligation to the society and make connection between individual actions and social consequences.

Healthy Living

This is practicing health promoting behaviors in order to attain physical, spiritual and mental wellbeing. Healthy living requires that everyone including young people recognize that each day they are faced with choices that can influence their health in a wide range of ways and can develop practices that help them to stay healthy. Young people need to also be taught that staying healthy also includes being free of HIV hence the need for them to develop healthy practices that will keep them away from HIV contraction. A chapter on healthy living exposes young people to the knowledge, attitudes and skills needed to live a healthy life (MoESD, 2005).

3.7.2 Funding of Living; Skills for life

Financial assistance to develop the curriculum was provided by the US Centre for Disease Control (CDC) and Prevention known in Botswana as BOTUSA which is a partnership between Botswana government and CDC. Education Development Centre (EDC) a US-based nongovernmental organization was contracted to work with MoESD Curriculum Development and Evaluation Department from 2002 to 2006. The process included needs assessment conducted among learners, teachers and administrators in 23 schools in 2002, the formation of a task team and reference committee in 2003 and the development of the program's objectives and lessons from 2003 to 2004. The piloting of the material then took place throughout 2004 and 2005. In 2005 a cooperative agreement between BOTUSA and MoESD was initiated to support the continued rollout of Living; Skills for Life program. BOTUSA funded printing and distribution of material with goal of providing every teacher and every child in Botswana with material appropriate to their education level.

MoESD then became responsible for the cascading needed to implement the curriculum. Capacity building relating to monitoring and Evaluation (M&E) included training and visits by MoESD project officers to the United States, Thailand and Kenya. A total of \$ 3 023 864 from US government through the President's Emergency Fund for AIDS Relief (PEPFAR) was dedicated to the program between 2005 and 2009 (Gardsbane and Kabanya 2010). In 2008 CDC/BOTUSA determined that MoESD needed outside support to implement and monitor the project, funds were channeled through

the Global AIDS Program Indefinite Quality Contract. Encompass was then contracted to assess progress from 2008-2010.

3.8 Implementation of *Living: Skills for Life* and method of instruction

A training cascade was designed to provide every teacher in Botswana with training to implement *Living: Skills for Life*. School heads, deputy school heads and regional supervisory personnel were invited to participate in sensitization workshop for support and to assist in monitoring. The training cascade includes (1) master trainer workshop targeting two teachers in each primary cluster of schools and two teachers at each secondary school; (2) Training of trainers (TOTs) at primary level targeting two teachers at each primary school with training by cluster master trainer and (3) school level teacher training targeting every teacher at every school, with training by TOTs at primary level and master trainers at secondary school level.

The curriculum is to be used in two main ways ie ‘**as is**’ and through ‘**infusion**’. Teaching the curriculum ‘**as is**’ takes place in the teaching of subjects which lend themselves in skills based health education for example, guidance and counseling, moral education and cultural studies. With these subjects, the activities in the curriculum can be used as they have been designed. The teacher will be able to achieve the objectives of the syllabus. Teaching the material through **infusion** takes place in teaching of subjects which do not completely lend themselves in skills based health education. During infusion, life skills can be infused by including part of the activity from the life skills curriculum in to the lesson. The guide however does not prescribe how often life skills should be taught ie how often times a week or a month. The assumption is such that teachers will decide when to infuse the curriculum when they teach subjects that lend themselves in the teaching of life skills.

3.8 .1Monitoring and Evaluation

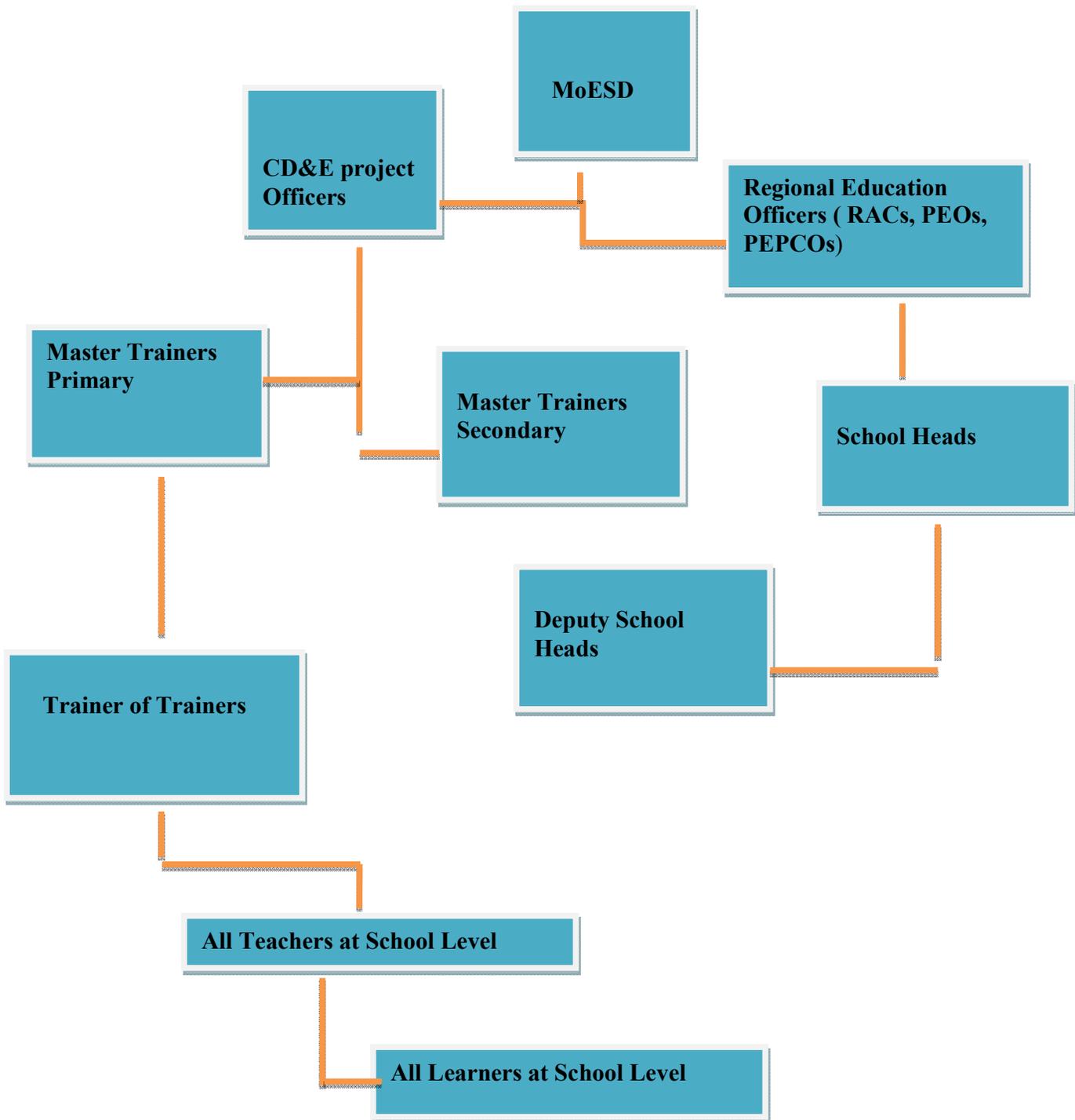
Monitoring of the life skills curriculum involves all stakeholders throughout the ministry of education in Botswana. This includes teachers, deputy school heads, regional education officers and national education officers. However, *Living: Skills for life* is a program under Curriculum Development and Evaluation (CD&E) which a division under MoESD that has the overall responsibility for ensuring quality of education in Botswana through curriculum development review and revision. Ideally, there

are supposed to be 5 officers from CD&E division of Guidance and Counseling 5 officers from CD&E of the Curriculum Development Division and 1 officer from CD&E's division of Educational publication having Living as part of their portfolio. In 2010, schools in Botswana were reorganized in to regions 10 regions which replaced the 6 primary regions and 5 secondary regions. This led to the supervision of both primary and secondary schools being done by the regional offices and as thus corresponding to geopolitical districts (Gardsbane and Kabanya 2010). The Regional Education Offices (REO) are also ideally supposed to be housing Regional AIDS Coordinators (RACs) which is not the case because some regions do not have RACs who are focal persons for all programs that address HIV and AIDS in schools as well as Principal Education Officers (PEOs) who liaise with deputy school heads at school level who do monitoring of all academic programs. REOs are headed by Regional Directors. The figure below shows the relationship of various MoESD structures to the life skills curriculum.

3.8.2

Figure 1

Relationship of MoESD Structures to Living; Skills for Life



3.9 Conclusion

The chapter mainly focused on literature on the Botswana Education system and Life Skill Education in general. Further it looked into global, regional and local issues on LSE. The chapter also highlighted HIV and AIDS programmes under Ministry of Education in Botswana. Reviewed literature and research suggest that indeed LSE is a recognized phenomenon be it global, regional or local. Countries were urged to incorporate LSE in to their agendas so as to address issues surrounding HIV particularly school going youth. Again literature shows that if implemented well, LSE can be effective in HIV prevention.

Chapter Four

Conceptual Frame work

This research essay utilizes a conceptual framework developed by UNICEF in 2012 to analyze the Botswana Life skills curriculum. The frame work as developed by UNICEF was commissioned to evaluate its support and to establish sustainable and evidence based Life Skills Education programmes. The evaluation focused on LSE initiatives and assessed them for relevance, coverage, efficiency, effectiveness and sustainability. Below is the framework together with its key tenants namely relevance, coverage, efficiency, effectiveness and sustainability.

4.1 Relevance

The key question under relevance is whether the Botswana Life Skills curriculum is resulting in a more positive behavior by young people in response to their life challenges. Relevance follows the criterion below:

Relevance	Indicators
LSE relevant to the life and challenges of all learners	<ul style="list-style-type: none"> - Learner voice in design taking in to consideration specific needs of OVCs -Monitoring and evaluation focuses on learners’ outcomes -Monitoring and evaluation focus on learners (inspection on participation, and assessment on learning outcomes in knowledge, attitudes and skills.
Intervention recognizes and addresses social norms and behaviors.	<ul style="list-style-type: none"> -Supportive and constraining norms are identified and analyzed in the design. -LSE builds on supportive norms and addresses constraining norms.
LSE addresses national needs	<ul style="list-style-type: none"> -Policy for LSE references/aligns with overarching national policy (PRSP, Sector Plans, UNDAF/other joint strategies in education, health, HIV/AIDS) -LSE design has involved relevant stakeholder consultation (including beneficiaries, caregivers, teachers, social/health

	workers).
LSE content and delivery embody CRC principles	<ul style="list-style-type: none"> -Non-discrimination, the best interests of the child, the right to life, survival and development. -Learner needs and participation taken in to account. -Factors leading to educational disadvantaged catered for
Intervention is aligned with international commitments	<ul style="list-style-type: none"> -LSE supports MDGs and EFA. -LSE includes the thematic areas that address global commitments.
Opportunity to respond to changing circumstances	<ul style="list-style-type: none"> -There is review and feedback process. -There is a focus on the process of developing life skills in participation with learners. -Design has been adapted in the past.

4.2 Coverage

The focus is on whether the intervention reaches the intended groups. Indicators for measuring coverage are provided below:

Coverage	Indicators
LSE intervention reaches all intended groups: geographical, socio-economic, ethnic, language groups that are marginalized.	<ul style="list-style-type: none"> -The number of beneficiaries as percentage of the age population --Number of targeted learners who access the LSE opportunity.
LSE intervention is adapted to the needs and circumstances of beneficiaries, including marginalized, vulnerable and at risk groups	-Strategies to identify and target groups, including at-risk groups Adaptation of LSE to needs.
LSE (or complementary initiatives) address out-of-	-Specific actions to reach out-of-school

school children	children.
LSE interventions are targeted at ages or groups appropriately for the knowledge, attitudes, skills and behavior change.	-Curriculum and delivery are age-aware and caters for young learners.
LSE interventions are gender sensitive and inclusive	-Design of LSE intervention addresses gender contexts and adapts to local gender issues.
Resources reach all points of delivery	-Equitable allocation of resources, including teachers, across the target area and allows for LSE delivery.

4.3 Efficiency

Efficiency aims to assess whether planned LSE programmes are implemented in ways that are coherent and recommended for efficiency. The key question under efficiency is whether LSE is delivered in ways that make good use of resources to deliver and maintain quality learning. Indicators for measuring efficiency are provided as well.

Efficiency	Indicators
The LSE intervention makes good use of available resources.	-LSE intervention has reached targets to plan, in timely manner. -Necessary resources for the LSE have been provided: including personnel, material, professional development etc. LSE schools/centers have resources to deliver.
LSE is of acceptable quality for the resources provided	-Implementation standards and benchmarks are in place and being used. -There is inspection/supervision of LSE according to the

	standards.
LSE interventions are complementary and coordinated	<ul style="list-style-type: none"> -There is an effective point of coordination for LSE thematic issues. -The intervention develops partnerships with other actors, including local NGOs. -The strengths of different partners/modalities are stated and reflected upon.

4.4 Effectiveness

Effectiveness focuses on whether programmes stipulate plausible and feasible pathways to achieving results and efforts are in place to monitor implementation and the measure intended outcomes. Indicators for measuring effectiveness are provided.

Effectiveness	Indicator
LSE is delivered to quality standards .(as per UNICEF 2010)	-All the quality standards can be seen in the implementation.
LSE intervention logic is explicit and robust.	-Clear description of design logic.
There is a method and resources to monitor and to evaluate outcomes.	-Monitoring and evaluation is in place and makes use of results.
LSE intended learning outcomes are clearly stated and are substantially achieved attitudes, knowledge, including thematic knowledge and skills.	<ul style="list-style-type: none"> -Command of critical knowledge and skills. -Caregivers and learners recognize.
LSE behavioral outcomes are achieved and demonstrated in life outside school/center.	-Learners, caregivers identify behavior changes.

-Secondary data on behaviors shows changes.

4.5 Sustainability

The attention is on whether continued provision of the curriculum is likely to be sustained taking in to consideration issues that are gender sensitive. Indicators for measuring sustainability are as well provided.

Sustainability	Indicator
<p>LSE is institutionalized in the national structures for education (formal, non-formal, school and teacher training curricula, examinations/assessments, inspections) and/or other sectors, in a coherent way.</p>	<p>-LSE included in plans, budgets, curriculum and assessment procedures, teacher-education, and teacher career structures etc.</p> <p>-LSE recognized in plans of other agencies/centers in ways that are consistent, Coherent oversight of LSE provision across different agencies and agreement on roles.</p>
<p>Material and human resources for LSE are committed.</p>	<p>-Budget allocation, including recurrent budgets, and established posts in place.</p> <p>-There are teachers/facilitators in place and/or arrangements for pre-service or in-service professional development that are adequate.</p>
<p>LSE has been recognized in public and professional opinion.</p>	<p>-There is public awareness of LSE and its benefits</p> <p>-There is: Press coverage Political interest Support from opinion makers (media, faith-leaders, community leaders etc).</p>

4.6 Conclusion

The chapter provided background of the conceptual framework used to evaluate the Botswana Life skills curriculum. The section that follows applies the model to the Botswana situation.

Chapter 5

Findings

The chapter provides findings from the documentary review using the UNICEF 2012 frame work discussed in chapter four. The findings address key research question namely, Is the Botswana Life Skills curriculum relevant to the Botswana Situation?, how extensive the coverage is?, how efficient the program is?, how effective the program is?, whether the program sustainable? and possible ways of improving the program?. Finally, recommendations are made regarding how the Botswana LSE program can be improved to address the emerging challenges.

5.1 Relevance of LSE to the life and challenges of all learners

In their evaluation of Life skills in Botswana, Gardsbane and Kabanya (2010) reported that there is strong evidence that the content and themes of living are relevant to the life and challenges of the youth. For example, Gardsbane and Kabanya indicate that, a vast majority of administrators told interviewers that they themselves benefit from the curriculum and were of the view that the curriculum can benefit everyone particularly the in-school youth. Many Deputy School Heads and teachers interviewed attributed positive behaviors seen in students to Life Skills Curriculum. For example, one officer said,

The program is useful, because learners acquire useful skills and information for their wellbeing and that the curriculum is very educational because learners use the material to develop themselves; it's a counseling tool, (pg 51). -Deputy School Head in a Junior Secondary School in Central Region.

Yet another Deputy School Head stated this at a primary school in Gantsi commented and said,

“The curriculum does not only focus on HIV, but gives a wider scope of how to handle different situations, psychological, physical and emotional,” (pg 51).

With regards to learner's voice in implementation, learners were also portrayed as enthusiastic about the program. Learners reported that they liked the curriculum as it is easy to remember the stories, pictures and characters in the curriculum (Master trainers consultative meeting in 2011). Reiteration is made by Gardsbane and Kabanya's 2010 report that one student at a senior school reported that, the program guides in teenage life, as most teenagers are faced with challenges giving an example of

whether to engage in sexual intercourse. The students went to outline that the curriculum guides students in delaying sexual intimacy until a period when they are mature.

On the other hand a student at a primary school in the Central Region admitted that Living; Skills for Life was very appealing because the pictures are bright and colorful and showing existing things. The student went on reporting that, the stories in the curriculum are short and interesting and easy to be understood and thus making it easy to learn at the end of every lesson. It is quite apparent that the program is targeted towards learners' needs. Opportunities for learner's voice and participation are quite apparent as learners seem to be content with the material and the way the material engages them. The Botswana LSE programme is infused and integrated and this limits the use of the proposed participatory methodologies which are very integral to the teaching of LSE. The opponents of the infusion method highlight that infusing is a very disadvantageous method of teaching as teachers can only infuse content if time allows or if the topics they teach accidentally lend them in one of the topics covered under life skills program (Kann et al, 1995).

Evidence indicating consultation of learners and parents during evolution and pilot of the curriculum is lacking. It should be considered that a holistic involvement of stakeholders is important for the success of LSE programs. However, Botswana LSE curriculum highlights that rounds of consultations were taken (MoESD, 2005). These includes organizations and government departments such as Special Education Division, Guidance and Counseling Division, Examinations, Research and Testing Division, Department of Social Work, Family Health Division, Open and Distance Learning Division, Out of School Education, University of Botswana and Training Colleges. Regardless of the consultations conducted it is evident that some of the learners needs have not been catered for particularly learners with special needs which includes the visually and the hearing impaired. The curriculum is not available in braille and audio formats. This becomes a clear indication that some learners are not reached with HIV and AIDS and health messages. Mmatli and Ntseane (2013) highlight that, HIV and AIDS and health material tend not to cater for people with disabilities (PWDs) including the school curricular. One might wonder why exclusion is still the case when the inclusion of PWDs has been outlined in both international and national instruments such as policies and frameworks.

It is also worth remarking that teachers who by all means try to teach or infuse LSE particularly in Botswana are mostly the Guidance and Counseling teachers who most of them are not Special Education Teachers. This still does not solve the communication barrier (Master trainers consultative

meeting, 2011). It should however be appreciated that attempts were made during initial stages by including Special Education officers in the reference committee although their voices are not visible in material production (MoESD, 2005).

5.1.1 Intervention recognizes and addresses social norms and behaviors.

The above criterion evaluates whether i) Supportive and constraining norms are identified and analyzed in the design and ii) whether LSE builds on supportive norms and addresses constraining norms. From the evaluation report by Gardsbane and Kabanya (2010), it is evident that learners and teachers have found LSE interventions relevant to learners' needs and challenges in terms of the thematic areas taught. It is also noted that even though the themes cover some of the issues that concern the youth, time allocated to skills building is not adequate to build skills because teachers just pass through the curriculum when time allows. Students can actually go for a long time without being taken through the living curriculum, Guidance and counseling report (2011). Gardsbane and Kabanya (2010) reiterate that Life Skills material in Botswana has no expected standard of use. Significant questions remain about the extent to which LSE interventions have actively acknowledged and engaged with social norms and behaviors in their design and implementation.

With regards to whether LSE address pressing health and social issues in many countries, in areas that are considered culturally, religiously and/or politically sensitive can influence on how education on these issues is perceived. It very clear that some LSE programs challenge culture which in a way becomes a barrier in the delivery of certain issues in life skills. This includes topics like, sexuality and benefits of relationships in the Botswana Model. It has always been a taboo in Botswana for parents to discuss sexual issues with their children (Chilisa, 2008). One might conclude that talking about sexuality in Living: Skills for life is kind of impeding in the Tswana culture. There has also been an incident of withdrawing some text books from the curriculum that were addressing issues of sex in moral education in Botswana (Bolero, 2009). Anecdotal evidence suggests that in having to deal directly with topics that impede on culture, teachers and learners are actively tackling their own constraining social norms around same issues (Chirwa, 2009). Chirwa continue to highlight that many teachers feel the delivery of sensitive topics actually challenge some of their pre-existing attitudes. Some teachers admit to omitting certain topics which they feel are not appropriate to learners more so that teachers do not account for the topics they covered during lessons. However some students in

Botswana acknowledge the inclusion of topics like sexuality in Living: Skills for Life because they benefits them a lot (SER in-service school Visit report, 2011). Gardsbane and Kabanya, (2010), reflect that during interviews in their research in 2010, one secondary school student in the Kgalagadi Region commented that,

“Some of us are from different family backgrounds, some parents are not comfortable to talk/tell about sexuality with their children, so LIVING helps to make it easier to discuss some issues,”(Pg 86).

5.1.2 LSE addresses national needs

Indicators which measure this criterion include whether Policy for LSE references are aligned with overarching national policy (PRSP, Sector Plans, UNDAF/other joint strategies in education, health, HIV/AIDS) and whether the LSE design has involved relevant stakeholder consultation (including beneficiaries, caregivers, teachers, social/health workers). The Botswana LSE design is based on assessment of national needs such as, education, health and HIV and AIDS, creativity and innovativeness. Stakeholder consultation during implementation will also be included as one of the national needs and it will include beneficiaries, caregivers, teachers and social/health workers.

LSE explicitly highlights local policies, frameworks and strategies. These includes strategies such as, Adolescent Sexual Reproductive Health by Ministry of Health (MOH) in Botswana, the, Botswana Revised National Policy on Education (RNPE, 1994), the Botswana National Youth Policy of 2010 and The Botswana National Strategic Framework II on HIV and AIDS of 2011-2016, just mentioning a few. In making reference to the above highlighted policies and taking RNPE (1994) as an example in Article 7.0 that discusses secondary education, emphasis is put on the view that learners must be equipped with skills applicable to work/life situations like problem solving skills and self-presentation. Still in RNPE the government also acknowledges that learners should be equipped with life planning skills which must prepare learners for life. It also worth highlighting that one of the major reasons why LIVING: Skills for Life curriculum was developed and implemented to address the issue of HIV and AIDS in Botswana because international declarations and protocols demanded that Botswana be signatory to the commitments. The goal of Botswana is to prevent new infections of HIV by 2016 particularly amongst young people as the country sees a window of hope amongst these people (NSF II 2010-2016 & MoESD, 2005). With such, MoESD has been tasked with making sure

that learners are protected more so that majority of children are HIV free and that most of them are in a school going age. Botswana is currently experiencing a proliferation of Non-Governmental Organizations which are being funded by National AIDS Coordinating Agency (NACA) in Botswana to complement the blue print.

On the issue of stakeholder participation, this can be regarded as one of the major weaknesses of the Botswana Life Skills curriculum as it is with other models. This particularly refers to parental and community involvement. UNICEF (2012) regards parental involvement as major factor which determines the success of LSE programmes because parents can provide the necessary support as a way of reinforcing and complementing what students learn at school in the home. There is neither evidence nor indication of consultation parents or community during development and implementation of the LIVING curriculum.

5.1.3 LSE content and delivery embody Convention on Rights of Children (CRC) principles

This section assesses whether components of the CRC are included such as, non-discrimination, the best interests of the child, the right to life, survival and development, learner's needs and participation being taken in to account and whether factors leading to educational disadvantages are catered for. The Botswana LSE intervention does not make specific reference to CRC neither does it use the language of rights. However, in Botswana the principles of the CRC are embodied in the content though they are not explicit. The principles are embedded in topics such as Social responsibility, Self-awareness and values. This refers particularly to principles like non-discrimination (in terms of gender, HIV status, orphans and vulnerable children, disability, ethnicity), survival, development, knowledge of human rights and related responsibilities. Available data in indicate that parents are concerned about bombarding children with information that they have rights because this leads to parents not being able to control or rebuke their children. Parents often lament that children should be alerted that they have more responsibilities than rights (Tabane, 2004).

In terms of delivery, participatory methodologies are always an integral part of any curricular (LIVING Progress Report, 2010). LSE has to be seen to be providing potential space for active child participation in LSE lessons. In practice this is not always the case. For example in Botswana as it has already been highlighted, time allocated for delivery of the LIVING: Skills for life program does not allow for active participation as teachers just rush through the curriculum without spending more time

in the contents of the curriculum. This limits the opportunity to equip learners with survival skills let alone the actual building of life skills. Factors leading to educational disadvantages are not catered for in the intervention as there is no proper way of implementation.

5.1.4 Intervention is aligned with international commitments

Available documents point to the fact the Botswana Life skills curriculum is in line with many international documents such as, Universal Declaration on Human Rights, Millenium Development goals, Education for All and Convention on the Rights of Children as articulated in the UNICEF 2012 frame work.

Article 26 of the 1948 Universal Declaration of Human Rights states that “everyone has the right to education”. Education is not only a right but a passport to human development and healthy living. With proper education learners will be able to make healthy living choices and then reach adulthood. One of the objectives of development of LIVING: Skills for life curriculum was to impart education in the form of knowledge, development of healthy attitudes and instill skills for healthy decision making because the survival of learners depends on the acquisition of such skills (MoESD, 2005). MDG guidelines and CRC require that children be equipped with skills. The MDG makes reference to universal access to primary education, promoting gender equality, empowering women and Combating HIV and AIDS, malaria and other diseases (MDG Report, 2010). On the other hand, CRC in its 54 articles detail the rights of children and how they should be applied. Every right spelled out in the CRC relates to the human dignity and to the harmonious development of every child. This calls for equipping children with life skills so that they can lead a dignified life as they grow. The two outstanding articles are article 3 that makes reference to the best interests of the child, and article 6 which talks about Survival, development and protection. The authorities in various countries must protect children and help ensure that they develop as best as possible. LSE in Botswana equips learners with information and skills for the betterment of their lives. The intention is for them to acquire skills that they will later use for protection against HIV and AIDS as they transit through the various challenges of life. Also on the other hand LIVING: Skills for Life tends to address all the goals of EFA but the two outstanding goals are goals 3 and 6 which talk about (3) promoting learning and life skills for young people and adults and (6) improving the quality of education respectively. Living:

Skills for life curriculum in actual fact complements the school curricular and as thus adding value improving the Botswana education.

5.1.5 Opportunity to respond to changing circumstances

This last component under relevance determines whether there have been reviews and feedback processes that is, whether there has been focus on the process of developing life skills in participation with learners and whether the LSE design has been adapted in the past.. However, evaluations have been made particularly regarding issues of availability of the curriculum, coverage, extent of training and perceptions on usefulness of program in 2010. Some of the findings revealed among other things that there is; material shortage, poor monitoring, poor implementation and improper training and those other important stakeholders have been left out (Gardsbane and Kabanya, 2010). The core of the problem is not addressed which is implementation particularly at school level. Content has not been reviewed so far as the same content is still being used since inception. Again the impact of the program on learners is still to be determined because at present there is no survey carried out to determine the impact on learners.

5.2 Coverage

5.2.1: LSE intervention reaches all intended groups

Two indicators which will be discussed under this criteria include i) The number of beneficiaries as percentage of the age population and ii) number of targeted learners who access the LSE opportunity. These will be discussed in conjunction with issues such as, geographical area, socio-economic status, ethnicity and language.

The assumption under coverage is that every teacher in Botswana will have acquired the training since it is teachers who implement the intervention. The other implication is that the distribution of the curriculum being, the teacher guide and the learner worksheet would have reached every teacher and every learner in the country. It was estimated in 2010 that there were about 31 000 teachers and around 520 000 learners (MoESD, 2008). The numbers have increased because more schools particularly secondary schools have been built. LIVING; Skills for life was intended to have a wide coverage so that every learner will be reached. It has been discovered that, Coverage varies across regions. Places

which are termed hard to reach are often at a disadvantage because the curriculum reaches their places late. For example the Living 2010 progress report revealed that places which are considered to be far receive their material very late. One teacher in the Gantsi region highlighted that they are often disadvantaged because of their geographic location. The teacher went on to remark during interviews conducted by Gardsbane and Kabanya in 2010 that, they receive information late due to communication delays. The implication is that they might not get information about the program. They went on to say that there is a possibility of them not using the curriculum appropriately the way it is supposed to be because they lack skills, knowledge as they often miss trainings and other important information.

Gardsbane and Kabanya (2010), indicate that there was a significant shortage of the curriculum which was more pronounced at primary schools than at secondary schools. Material shortage impedes implementation which means majority of learners are not reached with health messages. With regards to the inclusion of learners from different ethnic groups, Botswana uses only two languages which are considered official (RNPE, 1994 and Nkosana, 2011). Setswana is the first language which to some populations is the second language for example, Bakgalagadi, Basarwa and Bakalaka naming just a few. The other language used is English which is considered to be second which in actual fact a third language to other populations. Setswana is only used at standard one and two where learners are considered not to be conversant with the second language which is English. Learners then start using English language from standard three where all subjects are offered in English. LIVING: Skills for life curriculum is printed in English language from standard three to form five while the standard one and two are material are produced in Setswana. It has already been indicated that Setswana is not a first language and this implies that language is a barrier and as such not all learners particularly those in lower primary receive the message as they will be still struggling with internalizing. Nyati-Ramahobo (1999) argues that students tend to learn best when taught in their mother tongue. Heugh (2003) also argues that mother tongue education should be implemented in African schools as students tend to learn best when taught in their mother tongue. The argument therefore is that language becomes a barrier particularly to those in standard 1 and 2 because they neither understand English nor Setswana at this stage.

Still under coverage and addressing training, cascade model of training was used. The cascade model included two levels of training for secondary schools and three levels at primary schools (MoESD, 2005). The Botswana (2011) guidance and counseling school report indicate that school based training were not done fully because they were usually done in afternoons and teachers considered them as induction. Teachers went on to lament that they were not capacitated enough to implement the program. Teachers even recommended that they wanted to be directly trained by program officers as well because they believed that master trainers were not sufficiently empowered to conduct similar training (Gardsbane and Kabanya, 2010).

5.2.2 LSE intervention is adapted to the needs and circumstances of beneficiaries, including marginalized, vulnerable and at risk groups.

LSE lessons in the LIVING: Skills for life are designed to cater for all types of learners regardless of their statuses such as the socio-economic, ethnic, linguistic and other differences. Children with special needs and those with disabilities are identified and their inclusion is referenced in local policy documents but what is rather lacking is that, The curriculum fails to show how these children will be reached with life skills. In actual sense, there has been no differentiation of content to cater for specific needs or interests of learners. Orphans and Vulnerable Children (OVCs) and children from minority groups are just included in the main stream because of the concerns of labeling them as different and as such preventing issues of stigma and negative attitudes towards the particular children. With regards to catering for learners with disability, it has already been highlighted under relevance above that, some of the learners with special needs have not been catered for by the program and these are the visually and the hearing impaired.

5.2.3 LSE (or complementary initiatives) address out-of-school children

LIVING: Skills for Life does not cater for out of school youth neither does it indicate how LSE will reach out of school youth. However, NGOs have been funded by the National AIDS Coordinating Agency to implement LSE to reach out of school youth. These includes NGOs such as Nkaikela Youth Group (NYG), African Methodist Episcopal Services Trust (AMEST), Makgabaneng, Face the Nation, Leebea Support Group, Botswana Retired Nurses Association just naming but a few (Peer Education stakeholders meeting report). The decision of engaging NGOs to reach out to out of school youth with

life skills was based on the view that LSE is nationally recognized as a tool that can equip youth with skills that can be used against HIV new cases (NSF II, 2011-2016). Also according to Baylor Clinic (2011), their Teen Club (is a peer support group intervention for HIV-positive adolescent would not have been success full without the support of NGOs. Baylor clinic has Teen clubs around Botswana that support and equips adolescents living with HIV with life skills. The clinic is working with NGOs such as, Light & Courage Centre Trust in Francistown, Hope Worldwide Botswana in Molepolole and Stepping Stones International in Mochudi. The Baylor report indicates that their program would not have been successful without the engagement of the above named partners (Baylor, 2009). Again, Griffiths (2005) highlights that in most African countries, governments have struggled to effectively implement HIV and AIDS prevention programs into schools and as a result, Civil Society Organisations (CSOs), particularly non-governmental organizations (NGOs) have become legitimate players in trying to improve HIV and AIDS education through LSE. Going back to the point of out of school youth, Botswana Ministry of Youth Sports and Culture (MYSC) coordinates projects for the out of school and most out of school programs are housed under this particular ministry.

5.2.4 LSE interventions are targeted at ages or groups appropriately for the knowledge, attitudes, skills and behavior change.

The above criterion assesses whether Curriculum delivery is age-aware and whether it caters for young learners. LSE in Botswana focuses on three levels of education and these are primary level and junior and senior secondary levels. There is little documentation on LSE initiatives at early childhood or pre-primary level (MoESD, 2010). The curriculum is printed as follows; standard 1&2, 3 & 4 which is lower primary and 5-7 which is upper primary then Forms 1-3 which Junior Secondary level and form 4-5 which is Senior Secondary (MoESD, 2005). Again vernacular language is used for standard one and two because at this stage learners are taught using vernacular language. It becomes reasonable to conclude that, LSE curricular in Botswana seems to be age appropriate and relevant to learners. The appropriateness of content to young learners is yet to be determined particularly on issues of sexuality. Sexuality has also been controversial as parents and religious groups often feel that it will be too early for learners to be introduced to this kind of information particularly whilst still at primary school. The methods used in LSE are interactive in design so that all learners can be reached.

5.2.5 LSE interventions are gender sensitive and inclusive.

Gender equality and relations are incorporated in to the themes of LSE in Botswana (MoESD, 2005). The themes include topics such as, HIV and AIDS, sexuality and benefits of relationships. The topic on sexuality becomes very outstanding when it comes to gender issues. It puts more emphasis on topics such as sexual orientation, different types of abuse including sexual abuse. The topic demands that the teacher should be observant as to those who might be experiencing any form of abuse so as to provide support if possible. Still under the theme of sexuality, both girls and boys are equipped with coping strategies of how to cope with abuse if they fall prey of such. In terms of gender sensitive delivery, LIVING does not explicitly indicate that learners should be separated on cases of gender sensitive issues. Both boys and girls are put together just in one class. It cannot be disputed that, learner at times prefer to be separated and to be taught by a teacher of the same sex.

5.2.6 Resources reach all points of delivery.

Finally this criterion evaluates whether resources are allocated equally across the country. This includes teachers, across the target area and whether the status quo allows for LSE delivery. As noted earlier, the core material for the curriculum includes teacher guides and learner worksheets that are developmentally appropriate for standards. The LIVING progress report that was conducted in 2010 cited quite a lot of material shortage which was more prevalent in primary schools and significant at all levels. The trend has been that in terms of resource allocation besides Living Skills: For Life curriculum, urban areas have been at an advantage in receiving resources than rural areas even in other areas of life. Teachers in the Gantsi region often complain that due to geographical reasons, resources and information tend to reach their area late such that they often miss out on important information (Gardsbane and Kabanya, 2010). Secondary schools on the other hand are at an advantage as most of them are in urban centres whilst others are in urban villages and villages that are reachable and have better resources. Primary schools as such are at a disadvantage because though they are also found in cities and urban villages some are in very remote areas which are hard to reach which makes it difficult to reach them with resources as well.

As already indicated earlier in the essay, the amount of time dedicated to LSE in Botswana is not certain as LSE is rather infused or integrated in to other subjects safe for guidance and counseling. This

makes it difficult to ascertain what is being taught, by whom and how often. There are currently no measures put in place to monitor the uptake of LSE within schools in Botswana. Initially when the program started Deputy School Heads (DSHs) were tasked with ensuring that LSE is taught. Unfortunately this was wrongly placed as DSHs have been tasked with heading all academic issue this has led to them neglecting other programs in schools including LSE (Guidance and Counseling report, 2011). Again LSE lessons are optional and displaced by high priority subjects. Teachers even admit that they cancel LIVING: Skills for Life lessons in favor of examinable subjects because they would be scores allocated during examinations. The major challenge that influences low coverage in Botswana is lack of school time and low priority placed on LSE curriculum by all school authorities and teachers. In actual fact the material contains too much content and teachers feel it is extra work (Gardsbane and Kabanya, 2010). On a different note, South East School Visit report of 2011 indicates that coverage is better in primary schools than in secondary schools.

5.3 Efficiency

5.3.1 The LSE intervention makes good use of available resources and that resources have been adequate.

In an effort to measure this criterion, two indicators will be used and these are a) LSE intervention has reached targets to plan, in timely manner and looking at whether b) necessary resources for the LSE have been provided: including personnel, material, professional development however the focus will be on, teaching and learning materials and teacher selection and training.

5.3.1.1 Teaching and learning materials

Resources include teachers and learners books, curriculum time, classes and class size. Gardsbane and Kabanya (2010) highlight resources as one of the factors that limited implementation of LSE. Distribution of teacher and learner material did not reach all points that were intended to be reached. According to school reports, shortage of material is still a challenge even today. Again there were no instructions when materials were dispatched to schools as students books were written worksheets so teachers thought learners could write on the books while in actual fact they were not supposed to write on them. Quite a number of irregularities are cited in Gardsbane and Kabanya's report. For example, it was not clear whether learners were supposed return books when they completed school. In the Southern Region, it is noted that primary school learners left with the books when they completed

while on the other hand it was discovered that learners had lost the worksheets. Only a few books were left in the school (Gardsbane and Kabanya, 2010). In other schools because of lack of instructions, all books were given to guidance and counseling because they were written life skills. Other schools indicate that, they kept books at a location which they considered favorable to all teachers so that, teachers could take class sets when they needed them then return them so that other teachers could use them as well. Available data also indicate that teachers left with the books when they were transferred to other schools this led a deficit in teacher guides (Kgatleng G&C consultative meeting report, 2009).

5.3.1.2 Teacher Selection training and supervision

The LIVING: Skills for Life Program started at a very high speed with quite a lot of funds from US Centre for Control and Prevention in Botswana. Master trainers were identified and trained. A cascade model was given to follow which outlined on how master trainers were to cascade the program. High quality materials were produced and availed to all schools that were to pilot though distribution was not properly done. The difficulty then came when it came to sustaining the scaling up of the program. The momentum dwindled as time went on because quite a lot of factors came in to play during implementation and the cascade model started being condemned. School level training were not funded and this discouraged other schools. Training became less and less vigorous Gardsbane and Kabanya, (2010)

Even though teachers were selected for training, there was no clear guidance on how teachers were selected for training. However guidance and counseling teachers were selected as master trainers which led to the confusion that the intervention was meant to be implemented by Guidance and Counseling teachers. With regards to supervision, there is no external or internal inspection or supervision of LIVING. The education system has been decentralized such that programmes are monitored at regional level (IRC, report 2011). Botswana has 10 regions which have further been divided in to sub-regions. A good number of regions and sub regions do not have Regional AIDS Coordinators to undertake support visits to schools when time allows.

5.3.2 LSE is of acceptable quality for the resources provided.

Available data though shows that when the Botswana LSE was introduced, measures were taken to ensure that the program was up to acceptable quality. For example formation of the Technical Working

Group (TWG), consultation of some stakeholders, capacity building of project officers and benchmarking by MoESD project officers to US, Thailand and Kenya (MoESD, 2005). This indicates that benchmarking was done but the question of whether what was learnt during benchmarking process was included in the program is not known. However, one would want to believe that efforts were made to incorporate what was learnt. On the issue of inspection there is no evidence on guidelines developed for inspection except that it was assumed that the existing school inspectors will carry out the inspection when they did their routine inspection which was never the case as inspectors indicated that they were overwhelmed by their mandate (IRC report, 2011). In actual fact, the school inspectors are not mandated to assess the quality or even the delivery because they are subject specialist and that because of shortage of officers they are even compelled to baby sit other subjects (SER In-Service report, 2011). It was also presumed that in regions that have Regional AIDS Coordinators in the MoESD will offer support because the programme was considered to be an HIV and AIDS program, this also never materialized (IRC report, 2011).

5.3.3 LSE interventions are complementary and coordinated

With respect to a coordinated approach, MoESD developed HIV and AIDS and Wellness coordination guidelines in 2009 which clearly stipulate coordination mechanism. The guidelines are intended to;

- a).to provide channels of communication on how partnerships on HIV and AIDS and Wellness programs and interventions should be initiated in the Education Sector,
- b). to provide effective coordination mechanisms for programmes and interventions,
- c). to ensure systematic and consistent service delivery and avoid unnecessary duplication of efforts,
- d). to provide direction on the monitoring and evaluation of HIV and AIDS and Wellness programmes and interventions and
- e). to ensure standardization and accuracy of information the guidelines also emphasize the formation of committees ranging from national level, regional level, departmental level then institutional level which will make sure that NGOs and other government departments follow the right procedure of complementing LSE in schools. Although guidelines have been developed, coordination is still very weak. Committees are inactive and do not meet as required. Infact, officers who are supposed to be sitting in committees lament that the proposed structures of committees can never work as the said officers have their own mandates which they give priority to (MoESD, HIV and Wellness division consultative meeting report, 2011).

5.4 Effectiveness

5.4.1 LSE is delivered to quality standards (as per UNICEF 2010)

Overall, LSE is delivered to quality standards as per UNICEF (2010). Quality of delivery is assessed below from standard 1 up to standard 5.

Standard

Standard 1 assesses whether LSE in Botswana are needs-based that is, child-centered. As already highlighted earlier, Botswana LSE is needs based. Needs assessment was carried out in selected primary schools and secondary schools (MoESDS, 2005). The needs assessment that was carried out revealed that schools were using materials that was not appropriate for learners hence the development of LSE curriculum. Consultations were further made although not explicitly carried because some stages were missed. For example there is an indication that the community/parents were not consulted (Gardsbane and Kabanya, 2010). MoESD (2005), also indicates that Living is aligned to national priorities such as HIV and AIDS priorities of reducing incidence of HIV by 2016. National priorities have also been taken in to consideration such as MDGs, EFA goals and Universal Declaration on Human Rights.

Standard 2

Standard 2 looks at the issue of assessment. This assesses whether Life skills learning is results-based and whether outcomes are clearly stated in the intervention. The Botswana LSE program explicitly outlines the outcomes even though they have not yet been determined. The material puts emphasis on building on knowledge, healthy attitudes and the building of skills. Objectives are also stated in the curriculum and made known to the learners. However, there are no examinations made to measure the outcomes. Gardsbane and Kabanya (2010), indicate in their report that, though they made an assessment to track progress, outcomes were not measured as it was not one of the variable they were tracking.

Standard 3

This standard looks at activities of the program that is, whether life skills learning is knowledge, attitudes and skills-based. Gardsban and Kabanya (2010) indicate that methods used in the Botswana

LSE are interactive in design. According to MoESD, (2005), the main objective of the material was to impart knowledge, develop healthy attitudes and instill skills for decision making as the survival of learners depends on the acquisition of such skills. It was also hoped that, skills acquired will help develop healthy attitudes and practices necessary in curbing the spread of HIV and AIDS. It has already been indicated that implementation is one of the factors that will prevent the realization of the hope of LSE in Botswana. LSE is not included in the school curriculum and teachers use the material if they so wish.

Standard 4

This standard focuses on whether teachers are trained on teaching methodologies and psychosocial skills. Training is done at two levels where master trainers are trained who are then expected to train trainer of trainers. Cascade training is also expected to take place at school level. Other school officials undergo sensitization workshops. No proper monitoring of cascading down to other teachers which leads to other teachers not being trained. Some teachers end up cascading with no proper training to an extent that other teachers complain that they lack knowledge on how to infuse the material. However, pre-service has long been recommended though it has not effected up to this point. With regards to teachers being trained on teaching methodologies, the assumption that teacher would have already gone through various teaching methodologies when they went through pre-service training. The training that teachers go through with regards to LSE is training that focuses on the use of LSE material. With regards to psychosocial skills, teachers are taken through any training on psychosocial skills except for guidance and counseling teachers. However, teachers are expected to be vigilant to be able to pick learners who might be going through difficult situations especially when teaching sensitive topic such as sexual abuse (MoESD, 2005).

Standard 5

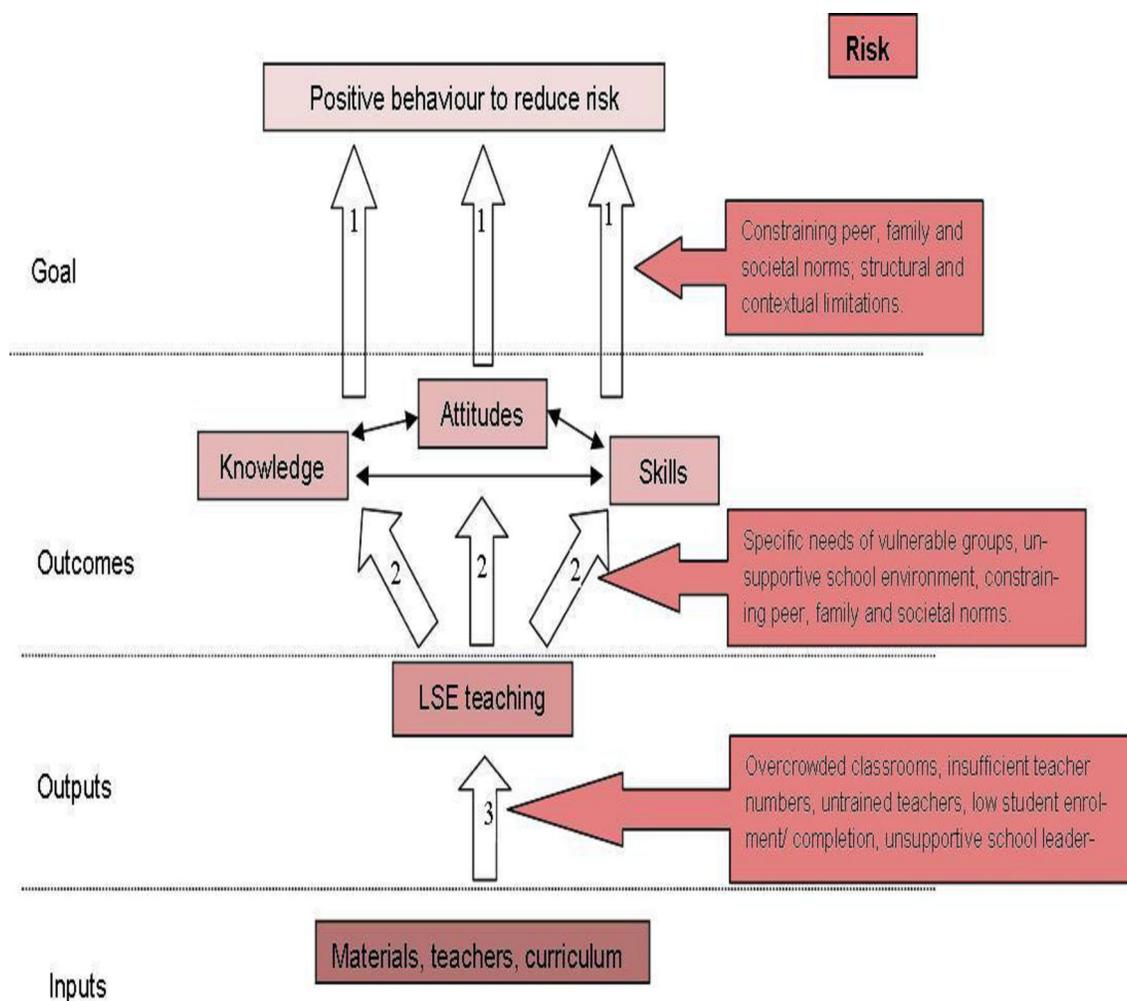
Standard five focuses on the learning environment that is, whether Life Skills Education is provided in protective and enabling environments with access to community services. LSE in Botswana is included under the normal curriculum. No special arrangements made stand-alone projects. Though some schools have been engaging in the piloting of Child Friendly School (CFS) no linkages were made between the two. The assumption however is LSE has a bearing in child friendly learning environment. With regard to access to community services, learners are provided with information on where to access

youth friendly services but are not provided for in schools. Again schools do work with NGOs which offer life skills. In fact, many NGOs are now funded by NACA to implement LSE as an HIV prevention strategy.

5.4.2 LSE intervention logic is explicit and robust.

From the documents reviewed, it appears that LSE intervention is explicit and robust. Figure 3 below shows the logic

Figure 2: Intervention Logic



Goal

The goal for LSE in Botswana was for young people to adopt safer and more positive behaviors that reduce risks to their health and life challenges so that the incidences of HIV are reduced by 2016. This shows an alignment to the goal of the intervention logic as indicated above.

Outcomes

These can be termed as the result of an intervention. Outcomes therefore, are well articulated in the Botswana LSE. The logic model above indicates that learners should be equipped with skills, develop healthy attitude and increase knowledge level on issues of HIV and AIDS. The table below shows how outcomes are articulated

Skill	Response
Self- awareness	<i>“Sometimes you might find yourself in a situation you can never back down from but the moment you read the book it will let you know how special you are and that you can succeed in life. The moment you realize it, you will have the desire to change and be a good person”.</i> -a female student
Decision making	<i>“Drugs and alcohol affected me, they were damaging my lungs and body. I stopped doing these things. Now I don’t do any drugs or smoke”.</i> -a male student
Communication	<i>“I have learnt to communicate effectively with others even my family. I used to be so quiet and be on my own. I have also learnt that I should not have sex whilst young. I have also learnt how to resist peer pressure”</i> -a female student
Dilemmas	<i>“I am a person who used to socialize with everyone, good or bad. After I read the book I learnt that I should choose friends who are</i>

	<i>good to me and will affect my life positively”.</i> -a female
Values	<i>“I used to think that only men were smart, but I further learnt everyone was equal. I learnt that its gender equality”.</i> -a male

Extracted from Living 2010 Progress report pgs 85-86

Outputs

These include reaching a critical number of learners with psychosocial skills, relevant knowledge that is age appropriate and issuing out of appropriate materials. Teachers did try to reach leaners with life skills particularly those who were passionate about the program. The above table attests to the fact that skills were imparted. However, because of insufficient monitoring, the delivery of life skills has been stagnant (Master Trainer’s Consultative meeting minutes, 2012). With regards to the curriculum was, produced and distributed though it did not reach all points of delivery as desired (Gardsbane and Kabanya, 2010).

Inputs

Inputs include, deployment of teachers, availing of the curriculum and availing of curriculum time. Teachers are readily available in schools and the curriculum has been distributed though not sufficient. As indicated in figure 2 above Botswana Life skills curriculum seems to be following the intervention logic provided, nevertheless, the practice of the logic seems to be assumed. Guidance and Counseling reports from schools indicate that the program is not well implemented because time has not been allocated to make sure that the program is implemented. LSE is rather integrated to some subjects by any teacher who wishes to do so. Gardsbane and Kabanya, (2010) re reiterates that some teachers even think by just referring to the material or mentioning a topic during lessons take it as having implemented the curriculum. Even so, positive outcomes have been noted amongst learners who received life skills information. The outcomes though can not only be attributed to life skills. However, many teacher and administrators overwhelmingly attribute the changes noted in students behavior to

LSE either obtained from the LSE curriculum or life skills offered by NGOs (SER School visit in-service report, 2011)

5.4.3 There is a method and resources to monitor and to evaluate outcomes

Still discussing the issue of effectiveness, available data indicate that there are currently no structures available to monitor and evaluate the program. Neither are there coordinators in the 10 regions to oversee and drive the program (Wellness consultative meeting, 2011). As already indicated in the essay, it was assumed that the deputy school heads will monitor the program at school level. On the contrary, deputy school heads are pre-occupied with overseeing issues of academics in the whole school and as thus making monitoring of LSE a priority for Botswana to realize the dream. It was also presumed that, routine monitoring would be carried out by school inspectors. This also did not materialize as inspectors confined themselves to the subjects they were gazzeted to inspect. However, anecdotal data shows that, MoESD suffers from capacity constraints in its M&E systems. In fact there is no frame work available for evaluating LSE and there are no mechanisms to measure individual progress (MoESD SRF, 2011-2016).

5.5 Sustainability

5.5.1: LSE is institutionalized in the national structures for education

Available data shows that, the support for LSE is very wide in Botswana. It has been documented in policies and strategies in Botswana. These include NSF I and II, MoESD HIV and AIDS response framework, RNPE (1994) and guidance and counseling blue print from primary to senior secondary. In-fact, implementation of LSE was a national decision in Botswana because it was seen as a tool that could fight new infections of HIV (NSF, II 2011-2016). LSE support has been continuous, either by the Government or donors. Further, Botswana LSE is sponsored by President Emergency Plan for AIDS Relief (PEPFAR) through BOTUSA which is Botswana and United States of America the support is reported to be ongoing (BRYSS consultative meeting 2013). In addition, the National AIDS Coordinating Agency is now providing funding to NGOs to complement LSE in schools. NGOs include, NYG, AMEST, Makgabaneng, BORNUS, Stepping stones International just naming a few to implement their programs as after school program by using time that is allocated to extra-curricular activities. What is lacking at the moment is that, even though LSE is integrated in to policies and less progress has been made towards integration of LSE to pre-service training, supervision and inspection,

and examinations (LIVING, Master trainer's meeting 2011). This has impacted heavily on implementation and the realization of the perceived outcomes.

5.5.2 Material and human resources for LSE are committed.

This criterion examines whether there are various players who support LSE in Botswana. Players include among others;

- 1). MoESD who provides financial, technical and human resources,
- 2). BOTUSA who largely provided and is still providing funding for training and material development,
- 3). WHO who provides technical and financial support and
- 4). Educational Development Centre (EDC) which provides technical support (MoESD, 2005).

One would want to believe that the program can be deemed as sustainable because it started as a pilot from 2002- 2006 (Gardbane and Kabanya, 2010). The project was then rolled out to all schools in 2007 with continued funding from BOTUSA. The project then graduated in to a program when the roll out began in 2007 and this can be considered as a greater guarantee for sustainability. MoESD unit also provides support through in-service training of teachers. EDC is contracted to assist with in-service trainings which are currently on going . More and more officers are being trained ranging from education officers to teachers at school level. This is a way of trying to increase officers who can support teachers during school visits. Anecdotal data also indicates that plans are underway to incorporate more active teaching and learning approaches in to pre-service training (Master trainers consultative meeting 2010). In terms of budgeting, money continues to be availed on yearly from NACA to fund the project particularly to continue printing more copies for Teachers and learners. MoESDS HIV and AIDS Coordinating office also revealed during the BRYSS 2013 consultative meeting that US government has vouched to continue supporting HIV and AIDS programs in Botswana including LSE through their PEPFAR program.

5.5.3 LSE has been recognized in public and professional opinion.

This criterion addresses the issue of whether there is public awareness of LSE and its benefits, press coverage, political interest and support from opinion makers. Available data shows that, LSE is widely recognized by the public, but the part that is largely recognized is the role that is played by NGOs, FBOs and CBOs as they are the ones that normally hold massive LSE campaigns that attract media

coverage. The media fraternity as well recognizes the importance of LSE. Time has been allocated on national television and radio to air programmes like Talk Back, Silent shout and Makgabaneng which specifically provide awareness about Life Skills (MoESD, 2012). Schools also make attempts to sensitize Parents Teacher Associations (PTAs) as PTAs are considered a critical link between communities and schools. However, the support of PTA on LSE is still very low. One might say this is not surprising because, there are only hand full instances of community and parental engagement in formal education irregardless of the countless efforts made to engage them. Anecdotal data on the other hand suggests that community engagement is prevalent in non-formal interventions than formal interventions because of the involvement of CSOs and FBOs as communities consider these efforts to be community based efforts.

Conclusion

Finding reveals that the Botswana Model is aligned to other LSE material though there were lots of gaps discovered. For example there are quite a lot of factors to be amended for the model to achieve its intended purpose. Factors that need to be looked in to include, strengthening the delivery LSE, teaching LSE as a separate subject, incorporating LSE in to the school curricular, making LSE examinable, inclusion of learner's voice and the strengthening of M& E system. These are however discussed in detail in chapter 6.

Chapter 6

Discussions, Conclusions and Recommendations

This chapter discusses findings from documentary review within the context of literature review.

Relevance

Learners and teachers have found the content and themes of LSE interventions relevant to the pressures and challenges faced by learners. However on the issue of implementation, findings reveal that teachers focus on HIV and AIDS information rather than skills training. It is apparent that there is no time to focus on skills building as time has not been allocated in the school time table because emphasis is put more on academics. UNICEF 2012 suggests that at least 14 hours of teaching of LSE in an academic year is required. Countries like Malawi have made LSE an examinable subject. This has ensured that the teaching of life skills is time tabled in the school thus making it easy to measure the outcome. Through the Adolescent Education Programme (AEP) India uses a minimum of 16 hours in an academic year to ensure the teaching of life skills (AEP, 2008). United States on a similar note uses Life Skills Training Program (LST) which is taught during 15 class periods (about 45 minutes each lesson). The Botswana curriculum on the other hand prescribes that curriculum either be infused or integrated if subjects lend themselves in the any LSE topic. This has performed badly as lot inconsistencies have been observed in the implementation.

There is little evidence of systematic and meaningful participation of learners and communities in LSE design and implementation. This has also been prevalent in other countries. In Lesotho, for example, lack of consultation with relevant stakeholders, particularly teachers, has caused set-backs to implementation, whilst in Zimbabwe, the MoE has specifically noted the need for improvement in the participation of young people in future programme design. In Barbados caregivers and parents were not involved in the design of LSE program and are often unaware of what is being taught in schools. Parental, learners and community involvement have been identified as a critical success factor in providing support and a conducive environment beyond the school for learners and communities to

build on what was learnt at school. In Myanmar, for example, the integral involvement of Parent Teacher Associations in LSE training and school activities provided an important link between LSE in the schools and awareness and support in communities, whilst in Jordan the involvement of parents in the initial programme consultation was identified as an important first step in engaging with communities which UNICEF is now taking forward in supporting further development of parent-teacher associations in schools. It is apparent that stakeholder involvement is very critical hence Botswana should reflect on how other stakeholders can be included.

Coverage

The intention of LSE in Botswana was to have a wide coverage but, implementation at school level rarely matched the intentions because of low priority for LSE and in certain instances shortage of materials. In schools where LSE was implemented, the delivery in schools includes all learners regardless of socio-economic, ethnic, linguistic or other differences. There is no differentiation of content or approach to cater for specific needs or interests in Botswana. This was found to be the case in Barbados and Mozambique (UNGASS, 2010). The same challenge in Armenia led to children from minority groups absenting themselves where content conflicted with religious norms (UNICEF, 2012). Malawi was noted having been able to make special arrangements for learners with special needs. It should not be ignored that curriculum should be developed for children with specific needs so that they can also be reached with life skills.

On the issue of reaching of out of school youth, the Botswana Life skills curriculum focuses on those already in the school system. It should not be ignored that, there is a significant number of students who remain outside school who also need to be reached with life skills. The out of school are as such reached through non-formal provisions. For example Botswana largely depends on NGOs to reach to out of school youth (Tlokweng DMSAC report 2012). Inclusion of out of school youth in the in-school youth curricular has also proven to be difficult with other countries. Most countries engage NGOs to reach out of school youth with LSE messages. These include countries like Jordan, Barbados and Mozambique (AFA Global Monitoring Report, 2011). In Botswana reaching out of school youth is taken care of by Ministries which coordinate programs. For example Ministry of Youth Sports and Culture and Ministry of Local Government under the District AIDS Coordinating Office. Malawi also

uses the same concept where the Ministry of Youth Coordinates projects for out of school youth (Kishindo et al, 2006).

Efficiency

Findings reveal that, there was no clarity on how teachers were selected for training in Botswana. One of the reasons why the program is not successful is that some of the teachers were not interested or had no passion in the program. UNICEF (2012) however highlights that LSE demands personal and professional attributes that can be very difficult to build through the existing structures in the education system. LSE content requires that a person should be empathetic and understanding children psychology and development and be sensitive in other thematic areas. LSE can also make demands on teachers such as counseling skills which teachers might be lacking or even not having interest on. This suggests that teachers engaged in LSE are unsuitable candidates and this affects the delivery of life skills. Armenia also highlights challenges around teacher selection (Gachuhi, 1999). Teachers in stand-alone projects were selected by consultants because of supportive attitudes and because of relevant personal skills to teach using active methodologies (UNICEF, 2012). In Kenya teachers were selected because they had lowest workload irregardless of experience and qualification. Mozambique relies on Volunteers to run sessions. The volunteers are selected by associations of people living with HIV who provide extra-curricular activities to students. South Africa selected teachers basing on a number of qualities such as; commitment, being comfortable with the topic of sexuality and HIV/AIDS education, be able to respect confidentiality, be able to create a favorable climate for sensitive discussions, empathetic and objective, be able to organize effectively and be able to coordinate resources in the community (Reddy and James, 2005). The choice of appropriate teachers therefore will always be crucial to the successful implementation of a life skills program focusing on HIV and AIDS. For the success of the program a criterion should be developed just like is South Africa and Armenia.

Still on training, the cascade model of training has been identified as a common way of ensuring wide teacher training coverage for a low cost. Countries like, Malawi Mozambique and Kenya have been using the same model. Botswana uses the same cascade method too. In Botswana the cascade leaves the responsibility of training teachers to the LSE focal persons who are mostly Guidance and Counseling teachers. This adds to their already highly pressured roles in terms of managing their

departments, resources and learners. The training of teachers in life skills curriculum involves two days of training. This short duration of the training is not sufficient to develop understanding of content and empower teachers to mediate sensitive topics with confidence. This model of training also undermines professional responsibility of each teacher to empower themselves to become subject experts in the subjects they teach. Despite the advantages, the cascade model is often criticized because a lot of times trainers do not follow the specifications. Its main weakness is the distortion of the messages transferred during the training, because they are passed down through many different levels of personnel. The intended messages are often altered and their effects are diluted through miscommunication and different interpretations of the same messages (Chirwa, 2009). Countries like Malawi have shifted away from the cascade model to pre-service training. In Myanmar a conscious decision has been taken to move away from the cascade model to establish a permanent core training team which is seen as critical in ensuring high quality training. Now that countries such as Malawi and Myanmar have made a shift and seem to be doing well in the area, lessons can be learnt from these particular countries.

Effectiveness

Evidence suggests positive outcomes of LSE for example improved knowledge about HIV and AID (Gardsbane and Kabanya 2010). The results though can not only be attributed to LSE alone. Monitoring of LSE has proven to be a big challenge in Botswana. It was presumed that, routine monitoring would be carried out by school inspectors who only confined themselves to the subjects they were gazzeted to inspect. Another assumption was that the Regional AIDS Coordinators under MoESD will assist in monitoring in the 10 regions and this also did not materialize. UNICEF 2012 global evaluation report indicate that, there was little evidence of systematic M&E frameworks in place for LSE in countries such as Armenia, Myanmar, Mozambique and Namibia. Chirwa (2009) indicates that the Ministry of Education of Malawi suffers from capacity constraints in its M&E systems. Barbados used school based assessment mechanisms which were used by individual schools, teachers lament that tools were not proper as they were not able to grade attitudes as tools only measured childrens' knowledge which does not necessarily mean that children translate knowledge in to behavior. It is evident that most countries have M&E challenges. Lessons can be learnt from Malawi which now has LSE as an examinable subject. Even though impact of LSE cannot be measured through examination, atleast the knowledge of students is measured.

Sustainability

LSE in Botswana is supported by US government through the PEPFAR program. The funding is still on going. Again a budget on HIV and AIDS is included under the National Strategic Framework II (NSF II) that will run until 2016. This implies that LSE at least is assured of funding for the next three years until 2016. After successfully piloting the program, Botswana then rolled out the program to all schools in Botswana. Malawi is a very strong example where resources responsibility has been transferred to ministry of education. In Malawi LSE has shifted from a project to a programme approach and is now implementing the program as an examinable subject (Kishindo et al, 2006). This is a greater guarantee for sustainability. In Myanmar, guarantee is only assured for primary education as LSE has been integrated in to the core curriculum. LSE in Mozambique is supported by Ministry of Education but largely dependent on external funding. Good lessons can be adopted from Malawi and Myanmar where LSE is simply integrated in to the core curricular to ensure sustainability and continuous funding.

6.2 Recommendations

Recommendations are provided to guide practice, policy and research.

6.2.1: Practice

LSE to be taught as a separate Subject

Life Skills should be a separate subject rather than integrated throughout the existing curriculum. In most countries including Botswana, Life Skills Education is integrated throughout the standard curriculum. This results in curriculum overload hence the likelihood of not being able to sustain the program. According to a report on Living; Skills for life conducted by Gardsbane & Kabanya (2010), most teachers cite lack of time and congested curriculum as a constraint in not being able to implement skills for life program.

Train teachers who are committed to the program.

As indicated by this study, the choice of appropriate teachers therefore will always be crucial to the successful implementation of a life skills program focusing on HIV and AIDS.

Ensure dedicated time and prepare teachers to implement the program.

The findings published by Gardsbane & Kabanya (2010) reflect that adequate classroom time and prepared teachers are needed to effect positive results in learners. Therefore it is essential that teachers be assured a space on the timetable and the necessary training and support to provide the program. This ensures that learners receiving the program will be adequately prepared to practice preventive behaviors that are necessary to keep them safe and avoid those behaviors that place them at risk of HIV and AIDS. So far, HIV and AIDS prevention programs targeting young people in sub-Saharan Africa including Botswana's own program, have been largely focused on transferring knowledge about HIV and AIDS from teachers to students (Tiendrebéogo, 1999). However, research focused on understanding adolescents' behavior has shown that knowledge alone is not sufficient to change behavior. Kirby et al,(2006) suggests that to have a meaningful impact on the HIV/AIDS pandemic among youth in sub-Saharan Africa, prevention information must be coupled with skills that make it likelier that individuals will translate their knowledge into action (UNAIDS, 2011). This is to say the method of integration and infusion as adopted by the Botswana model cannot lead to skills building.

Introduce pre- service training

All teachers should be taken through pre-service training because the duration is long and a lot of material can be covered. This can also reduce the costs of using a lot of money on in-service training. Again this can cover the inconsistencies that are highlighted under the cascade method where information is distorted as it moves through the levels during cascade training. Complaints forwarded by teachers can also be reduced that school level trainings are short and do not capacitated teachers enough to be in a position to teach students. UNICEF (2012) indicates that this is a way of ensuring sustainability and coverage in a more cost effective way. UNICEF has also shifted its support from in-service to pre-service. Because of the sustainability of the method, all teacher training colleges in Malawi provide LSE pre-service training. Again Myanmar has also introduced LSE pre-service training in about 20 training colleges because the method has been proven to be very effective.

Stakeholders Involvement

Botswana LSE should be inclusive of other stakeholders including learners. For example the community was not engaged during development and implementation of LSE which ended with less support from the community including parents. Research shows that community involvement is very crucial as it can emphasize what the learners learnt at school in the home or in the community. Again

evidence shows that other learners are not catered for particularly those with special needs or disability. The Botswana curriculum therefore needs to reflect on a wide range of children's circumstances. Material has to be developed to learners needs for example in audio and braille formats. Failure to do so will deem all efforts null and void as other populations will be left out with health messages. Stakeholders such as parents and other community members need to be engaged as well. For example in India under their AEP program the community has been catered for. They attend a session that is specifically designed for them (AEP, 2008). In Myanmar the PTA attends LSE trainings when trainings are carried out.

Strengthen M&E systems

There is need for better tools to assess outcomes at personal level, institutional and national levels and this can be done by strengthening monitoring at ministerial level by establishing an M&E unit which will then capacitate those at regional levels.

6.2.2: Policy

Engage NGOs

There has been increasing evidence that, programs taught by youth organizations other than school may be more effective (Kirby et al., 2006). These organizations can incorporate features that are directly tailored such as small group sizes and voluntary participation, and ultimately young people will be reached using existing organizations/institutional or structures. Further, findings reveal that the engagement of NGOs can assist learners in being adequately prepared with information that contributes to their day-to-day understanding of HIV and AIDS because they particularly maximize on the program they have been engaged to do. In a study conducted by Gardsbane & Kabanya (2010), learners expressed the need for more skills to effect several variables, such as resistance to peer pressure, communication with other peers, and the use of negotiation skills. All of these are difficult tasks to accomplish in class room time and therefore requires extra time and special skills on the part of the teacher. NGOs have demonstrated the potential of innovative approaches to training, skills building, and material development and dissemination. Thus in addition to their contribution to education, NGOs could support the school system by training teachers in HIV and AIDS and sexuality pedagogy using modern approaches. Donor funding is one other factors that need to be explored in

policy development in Botswana due to funding challenges. NGOs including those focusing in LSE are largely found in towns and almost non-existent in remote areas. Their efforts to provide services to all people who need it are hampered by financial constraints (c.f. Moatshe, B, 2004).

Make LSE an Examinable Subject

It has very much been lamented that LSE appears to a neglected subject. So, it would be wise to make it examinable so that teachers and other concerned individuals can take it seriously. Progress has been noted in Malawi where the LSE has been made examinable. School inspectors have even incorporated inspection of LSE in their monitoring tools and thus addressing the issue of monitoring.

Research

6.2.3: Empirical Research

There is also a need for empirical research to be conducted since this essay was very dependent on documents which were very minimal. Again no research has been conducted to measure the impact of the program on learners.

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