

Impact of HIV/AIDS Education Programmes in Mutare Urban Primary Schools

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ABSTRACT This report presents results on the impact of Human Immuno-Deficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) education programmes being implemented in Mutare urban primary schools. A random sample of 60 teachers from 14 schools in Mutare urban participated in this research. The descriptive survey research method was used in this study. Questionnaires were used as instruments of finding information from the respondents. The items on the questionnaires were based on sub-problems that were designed to answer the main research problem. Data was collected by distributing 60 questionnaires to primary school teachers who teach grades four to seven. Data was analysed by the use of tables, percentages and chi-square statistic. The main findings in this research were that the teachers have agreed that HIV / AIDS is a problem among children and nation at large. The study also indicated that the HIV / AIDS education programmes goals are being achieved. It also emerged that the AIDS pandemic has affected the education system but help is being realized from the AIDS education programmes. The research also revealed that pupils are empowered with the necessary life skills so that they make positive decisions which will create an AIDS free generation. However, it is recommended that the government needs to make some positive policies in order to help the infected and affected children in schools.

INTRODUCTION

For many years one of the authors has observed many orphans presumably those whose parents died due to the epidemic of HIV / AIDS. Some of these families are now child-headed. Other orphans struggle to survive and go to school as what other normal children do while some leave school in order to look after the young ones left by their parents. In schools, drop-out has increased and access to education has been limited or denied to many young people due to additional HIV/AIDS related demands. Such demands include deaths, coping with personal illness, caring for family members, discrimination and stigma at school, lack of learning materials and so on.

What is the Nature of HIV / AIDS Problems?

United Nations Educational Scientific and Cultural Organization (UNESCO's) Manual (2004) says that HIV is an acronym for Human Immuno-Deficiency Virus:

- ♦ Human - pertaining to human being or people.
- ♦ Immuno- deficiency - when one's natural ability to protect oneself from illness does not function well.

- ♦ Virus - disease — causing organism.

Therefore HIV is an illness - causing virus that affects human beings by weakening the ability to protect themselves from other illness.

AIDS is also an acronym for Acquired Immune Deficiency Syndrome.

- ♦ Acquired - it is obtained from somebody or something.
- ♦ Immune - it is when the body can defend itself against disease.
- ♦ Deficiency - when there is not enough of something or it is not working properly.
- ♦ Syndrome - it's a group of signs and symptoms.

What Are the Effects of HIV/AIDS in Education

Harshbarger et al. (2005) point out that HIV pandemic has been spreading steadily for the past two decades and now affects every country in the world. Each year, many people die of the infection and the number of people living with HIV continues to rise although people have developed many proven HIV prevention methods. UNESCO (2004) reports that Zimbabwe is one of the hardest hit countries in Sub-Sahara Africa. The report goes on to say that the education sector has also been affected and HIV/AIDS posed a significant threat to the attainment of gender equality by 2006. For example whenever a parent is ill at home the girl child is

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often asked to remain at home looking after a sick parent. When a child does not go to school regularly this will affect the learning of the pupil since there will be concepts taught to other children while the child is at home nursing the sick parent.

In Zimbabwe, the Ministry of Education Sport and Culture's policy does allow the schools to send away the children home for not paying the school fees. Schools with a number of pupils failing to pay school fees are often run without enough money to buy the resources wanted in the school. The teachers sometimes fail to do their work effectively with the scarce resources they often have in such schools. This scenario sometimes results in poor quality of education imparted on the children. Harshbarger et al. (2005) point out that children whose parents have been infected with HIV/AIDS and are sick at home may have poor performance at school. The theorists went on to say that poor performance and school attendance may be due to increased domestic responsibility, poverty and the need to earn survival money, poor health and nutrition and difficulties. Children may also suffer from stigma and discrimination from other pupils at school, thus affect concentration in class and perform badly.

Foster (1996) points out that children whose parents are suffering from HIV/AIDS whose parents have died from the disease or those children who have been infected by virus may suffer from the psychological effects which may result from the poor performance at the school. Children may have emotional suffering and this can result in: the children having depression, aggression, malnutrition and sometimes involve themselves in drug abuse, staying on the streets and many more bad activities. Children with sick parents may worry about their future. They do not know where to go who will take care of them and so on. Loss of consistent nurture will make it more difficult for the child to reach maturity and to be integrated into the society. Children with such psychological effects will find it difficult to mix with other children at school and perform well. Such children are often involved in so many problems at school with the other children as well as with their teachers.

The presence of AIDS additional responsibilities and burden in households may cause the children to drop out of school. The unresolved psychological trauma of the children from

such families may result in the school performance of a child negatively affected. On the other hand, the traditional skills passed through generation may die with the parent before being taught to the children. When such children come to school they may not fit well into the other children coming from families where there are parents. However, some extended families can do a part to raise these children but others fail to impart appropriate skills to the orphans. Economic hardships have also resulted in some children looking for alternative sources of income such as prostitution, street children or early marriages. Such activities may result in the children drop out of school thus causing unstable enrolments in the schools.

When both parents have died or are unable to care for their children, such children are often sent to the extended families and this often increases the financial instability of these households. The children of the extended families where the children of the sick parents were sent to, may also find difficulties in having enough funding for their education. The two groups of children will be competing for the resources in order to go to school. When children do not get enough resources for their education this may result in poor performance at school. There are a number of donors and government programmes in the schools which try to assist these children but the aid sometimes is limited. Nowadays there are children in the schools who have been infected with the disease through different ways. Such children may also fail to do well in class. UNESCO (2004) reports that many factors can contribute to the poor educational achievements of vulnerable children and orphans. The following factors that may contribute to poor performance are:

- ♦ loss of parents
- ♦ psychological stress
- ♦ lack of adult support
- ♦ domestic responsibilities
- ♦ stigma and discrimination and so on.

METHODOLOGY

The survey research design was adopted in this study. It must be noted that the survey design was chosen from among many other designs that could have been used. This design was chosen since it was found to be relatively simple and convenient to conduct if one con-

siders the limited financial, human and time resources available to researchers. The survey design used was the descriptive survey. Borg and Gall (1989) point that descriptive research is concerned with the production of statistical information on educational aspects that interest policymakers and educators. The major instrument used to collect data was the self-administered questionnaire. During the survey, 14 Mutare Urban primary schools were used. The researchers used random sampling to select a sample of 4 teachers. A head or deputy head was also selected to make five respondents from each school. The information that was obtained was analysed using the tables, percentages and chi-square statistics.

RESULTS

Sub-Problem 1: What is the Nature of HIV/AIDS Problem at Primary School?

The profiles in Table 2 show several interesting characteristics. According to the data in Table 2 all the items in the questionnaire exhibit high (positive) responses. This shows that there was general consensus among respondents that HIV/AIDS poses a problem among the children in Mutare urban primary schools. A survey of 55 (98.2%) have supported the high positive responses that the epidemic is really an issue in

the schools as well as the nation. The data indicates that 46 participants (82.1%) strongly confirm that vulnerable children tend to suffer from psychological effects caused by the virus among the family members at home. Although 51 (91.1%) of the 56 teachers who participated in the study indicated that NGOs and the private sectors assist the affected and infected children, the responses show that the problem of the pandemic is still real in schools.

The respondents 40 (71.4%) argue that the psychological effects among vulnerable children and orphans are often realized by their poor educational achievements at school. However, it is worth noting that 1 (1.8%) respondent has indicated that HIV/AIDS is not a problem in schools while children are suffering from depression and aggression and perform badly at school. The data from the table shows some significant relationships in the distribution of some responses on the opinion of the teachers on the nature of the HIV/AIDS problem of the school children. However, the above information is highly correlated by the chi-square statistic in Table 1. The chi-square statistics hypothesis are as follows:

Ho: The problem is not clearly understood

Hi: The problem is clearly understood

The chi-square statistic was also used to enhance the findings in Table 2. When the chi-square test was applied one confirms that the

Table 1: Hypothesis testing

<i>Sub-problem</i>	<i>d.f</i>	<i>doen chi- square</i>	<i>Crit value</i>	<i>P value</i>	<i>Decision</i>	<i>Decision rule</i>
Nature of HIV/AIDS problem at primary school?	24	129.5	36.4	0.00	significant	Ho rejected
Extent to which goals of HIV have been realized?	24	70.0	36.4	0.00	significant	Ho rejected
What are effects of HIV/AIDS in education?	24	131.6	36.4	0.00	significant	Ho rejected
Is AIDS education important for young people?	24	266.8	36.4	0.00	significant	Ho rejected

Table 2: Nature of HIV / AIDS problem at primary school

	<i>Related</i>	<i>Not rejected</i>
HIV/AIDS is a problem/epidemic which has brought suffering in Zimbabwe and the whole world	55 (98.2%)	1 (1.8%)
The health sector is not doing enough to help the HIV/AIDS positive children in Mutare	43 (76.8%)	13 (23.2%)
HIV/AIDS education programmes help to reduce rape of children	37 (66.1%)	19 (33.3%)
Children who are HIV/AIDS positive should be given retro-viral to boost their immune system in the body	52 (92.9%)	4 (7.1%)
Vulnerable children tend to suffer from depression and aggression in schools	46 (82.1%)	10 (17.9%)
Churches to work together with government to assist such children	51 (91.1%)	5 (8.9%)
Orphans and vulnerable children tend to have poor educational achievements	40 (71.4%)	16 (28.6%)

differences are statistically significant for related and not related opinion on the AIDS problem faced by the pupils at school. The null hypothesis (H_0) is indicated in Table 1. ($\chi^2 = 129.5$; $p = 0.00$; $d.f = 24$; $\chi'^2 \text{ crit} = 36.4$). H_0 is rejected since the opinion of the teachers shows that the problem of HIV / AIDS is well understood in the primary schools as well as the whole country. This distribution of responses reflects a serious problem faced by children especially orphans and vulnerable children in Mutare urban primary schools and the nation at large.

Evidence on the number of orphans and vulnerable children in the primary schools testifies the problems the nation is facing from the pandemic. Some families are child-headed while some orphans stay with the old grandparents who also need to be looked after. These children do not have enough food, clothing and money to pay for their school fees. A number of NGOs and the government are trying to assist these children but the help is over stretched.

The findings of this study provide support from Zimbabwe AIDS Network (ZAN) (2002) who argue that AIDS has caused emotional stress, stigma, isolation and rejection among the affected and infected people. Such HIV/AIDS effects on the parents and guardians often result in orphans being withdrawn from urban schools and sent to rural homes where there are grandparents to look after them. Jackson (2002: 52) also points out that "children mainly girls are withdrawn from school for early marriages." Such girls who are exposed to early marriages may also be infected with the virus since they are often married to elder men.

UNESCO (2004) points out that there is often reduced spending on education among the infected and affected households. This is prob-

ably caused by the increased spending on health at the expense of paying school fees and learning materials for the children. However, medical costs related to AIDS appear to be higher than those on average for other health problems largely because of 'the long period of failing health and range of opportunistic infections.

The government of Zimbabwe as well as the non-government organisations need to make sure that the drugs for HIV / AIDS positive people can be easily accessed and bought with reasonable amount of money so that every infected person can acquire the drugs. The government needs to increase the funds for the Basic Education Assistance Module (BEAM) so that a number of children who need help can be catered for, for illustration the \$3 billion allocation given to each urban primary school in Mutare in 2008 is very little compared to the number of children who need help. The \$3 billion today cannot even buy a bun. The AIDS Levy which is contributed by every formal worker in the country needs to be put to good use. The responsible ministry should supervise and monitor the distribution of the money so that the intended beneficiaries gain. The orphans and vulnerable children need to benefit from such levies and be able to pay school fees and buy their learning materials. When such children get assistance for their education, they will perform better at school.

Sub-Problem 2: To What Extent are the Goals of HIV/AIDS Education Programmes in Mutare Urban Primary Schools Being Realized?

The perceptions of the respondents in Table 3, 51 (91.1%) confirmed that teachers are well informed of what should be achieved by the pro-

Table 3: Extent to which goals are being achieved

	<i>Related</i>	<i>Not rejected</i>
HIV/AIDS education programme goals are already clearly spelt out in Mutare by projects providers	51 (91.1%)	5 (8.9%)
The formulation of the HIV/AIDS education involves all the stake holders	44 (78.6%)	12 (21.4%)
The goals of AIDS/HIV education are easy to be realized at primary schools	42 (75%)	14 (25%)
Supervision and evaluation of the HIV/AIDS education programmes is done in the primary schools	30 (53.6%)	26 (46.4%)
Orphans and vulnerable children's attendance has improved in schools since the introduction of HIV/AIDS educational programmes	43 (76.8%)	13 (23.2%)
HIV/AIDS has increased the knowledge base of the children	46 (82.1%)	10 (17.9%)
Empowered children during AIDS education tend to produce children who grow up and create an AIDS free generation	44 (78.6%)	12 (31.4%)

viders. The findings show that the implementers of the programmes (teachers) 44 (78.6%) are involved in the formulation of the goals. Well-informed personnel will be in a position to give out the relevant information to the stakeholders. It is also evident from this table that 46 (82.1%) and 44 (73.6%) of the respondents show that the knowledge base of the children has been increased as well as being empowered with the necessary life skills. This clearly demonstrates that there is supervision and evaluation of the programmes in the schools. In these schools children will grow up and create an AIDS free generation.

The findings in Table 3 show that 43 (76.8%) of the respondents have agreed that orphans and vulnerable children's attendance in schools has improved since the introduction of HIV/AIDS education programmes to pupils. Forty two (75.0%) of the respondents also confirmed that the HIV/AIDS education goals are being realized in the primary schools and this indicates the success of the programmes. It is worth noting that 5 (8.9%) of the respondents did not agree that goals of the programmes carried out in Mutare primary schools are clearly spelt out. This small number of teachers seems to indicate that they do not have enough information about what to be done. On the contrary, the study has shown that there was a high degree of (positive) agreement on the items in the questions.

When the Chi-square test was applied the findings confirm what was obtained from Table 3 and the hypothesis test were as follows:

Ho: The HIV / AIDS education goals are not being realized in Mutare urban primary schools.

Hi: The HIV / AIDS education goals are being realized in Mutare urban primary schools.

The chi-square statistic as shown in Table 1 clearly confirms that the differences are statistically significant. ($\chi^2 = 70.0$; d.f = 24; $P = 0.00$ E = 6; χ^2 Crit = 36.4)

The implications of the findings show that the null (Ho) hypothesis is rejected and the HIV / AIDS education goals are being realized in the primary schools in Mutare urban. This is supported by 51 (91.1%) respondents from Table 3 who show that the goals of the programmes are clear. It is evident from the chi-square statistic that children in Mutare urban primary schools have been equipped with the necessary information on the spread and prevention of the virus.

For the goals to be achieved the implementers need to be involved from the formulation of the goals to the implementation stage. Carl (1995: 3) states that a teacher "should not be just a receiver of curricula but in fact a curriculum developer." The HIV/AIDS programmes holders in Mutare seem to have involved the teachers in the development of their programmes. This is supported by 44 (78.6%) of respondents in Table 3 who show that the stakeholders who include the teachers had their inputs in the setting of the goals. In order for the goals to be achieved the implementers should have been staff developed. This is done to equip them with the necessary information. Musaaz (1982: 195) observes that "curriculum change, teaching improvement, professional growth and development of teachers can be effective when done through well-organized in-service programmes." The project providers in the primary schools seem to have carried out staff development programmes so that the implementers know what should be achieved.

Evidence from the study 30 (53.6%) show that there is supervision and evaluation of the programmes being implemented in the schools. Harris (1985) says that supervision helps to co-ordinate those school activities concerned with learning. Dressel (2002) also points out that evaluation is necessary to make rational judgment in decision making. Therefore, the goals are being realized because there is supervision and evaluation done by the heads of the schools and the programmes holders. Children in these schools have been empowered with the necessary information on how the virus spread and prevented. The information given to children will help them to make positive choices in life. When people make positive choices they will avoid to contract HIV and this will help to promote an AIDS free generation which is the main thrust of different organizations. However, it seems that a lot of financial help is not really reaching the stakeholders but used to pay the salaries and buy posh cars of the administrators of the programmes. For the programme to be very effective it should involve children from zero grade to grade 7. Children from the infant level are aware of the pandemic and have seen the suffering caused by the virus in their homes. Such children need the knowledge so that they are prevented from being infected.

Sexual abuse on the children has reached alarming statistics. Stiff penalties should be put by the law makers so that children are protected from such abusers. Sexual Offences Act needs to be revised and amended so that the perpetrators are given life imprisonment sentences. The help given to orphans and vulnerable children seems to have created the donor syndrome among the people. Parents and guardians getting help no longer want to take their responsibilities of funding for the education of their children. The government needs to re-introduce free primary education policy. This will help to curb problems were some parents feel they are more important than the others. On the other- hand the foreign donor policy needs to be evaluated. Some donors make use of the pandemic to further their own interests instead of helping the needy children.

Sub-problem 3: What are the Effects of HIV/AIDS on Education?

Table 4 summarises the findings of the study on the effects of HIV/AIDS on education. The respondents 52 (92.9%) strongly confirm that orphans and vulnerable children tend to suffer from the psychological effects. When these children come to school they sometimes perform badly in class. These children are often haunted by the bad experiences they encounter at home and fail to concentrate in class. The study also revealed that 48 (85.7%) of the respondents agreed that most of the pupils who drop out from primary education tend to be orphans and vulnerable children. Evidence from the respondents 39 (69.6%) shows that disadvantaged children are not discriminated at school. These children are treated the same as the other children in the class. However, the programme providers

need to refrain from calling children names such as “DOMCP, NAC, Fact pupils” and so on. These names will tend to create discrimination among children at school.

As reflected in Table 4, 4 (7.1%) of the participants indicated that orphans and vulnerable children do not suffer from psychological effects. On the contrary there is an increase of number of children who are involved in drug abuse, sexual abuse and truancy. Some of these children are often involved in bad behavior not of their own but through stress and depression. However, the highest respondents are in the related section while the lowest response is in the not related column.

The chi-square statistic was also used to enhance the findings of the study in Table 4. The hypotheses were set as follows:

Ho: There are no effects of HIV / AIDS in education.

Hi: There are positive effects of HIV / AIDS in education

The findings in Table 1 shows that there are significant positive effects of HIV/AIDS in education in the primary schools in Mutare urban. The magnitude of the positive effects were statistically significant ($\chi^2 = 131.6$; d.f = 24; $P = 0.000$; $\chi^2_{crit} = 36.4$) (see Table 1). The implications of the Chi-square statistic indicate that the null (H_0) hypothesis is rejected. Therefore, in this study the researchers deliberately argue that there are positive effects of HIV / AIDS in education. Children, orphans and vulnerable pupils are being assisted to overcome their bad experiences and forge ahead with their education. The main help comes from the government. NGO programmes providers and the implementers of the projects.

However, it would be interesting to find out the child who has been mostly affected by the

Table 4: Effects of HIV/AIDS in education

	<i>Related</i>	<i>Not rejected</i>
Dropouts in the primary schools tend to be from the children whose parents are sick as well as orphans	48 (85.7%)	8 (14.3%)
HIV/AIDS did not pose significant threat to the attainment of gender equality in 2006	10 (33.9%)	37 (66.1%)
Orphans at school tend to be discriminated	19 (33.9%)	37 (66.1%)
Orphans and vulnerable children suffer from stigmatization from teachers and other pupils at schools	17 (30.4%)	39 (69.6%)
Orphans and vulnerable children tend to suffer psychological effects	52 (92.9%)	4 (7.1%)
Orphans and vulnerable children involve themselves in drug abuse	34 (60.7%)	22 (39.3%)
Most street children are HIV/AIDS orphans	20 (35.7%)	36 (64.3%)

pandemic at school. UNESCO (2004) reports that whenever a parent is ill at home or there are no more 'parents in the family the girl child is often asked to remain at home looking after a sick parent. When a child does not go to school regularly this will affect the learning of the pupil. It is also difficult for a child to go to school and learn well while one of the parents is sick at home. Harshbarger et al. (2005: 50) observe that "Children whose parents have been infected with HIV/AIDS and are sick may drop out from school or perform badly due to increased domestic responsibilities, poverty and other difficulties." The theorists argument is also supported by United Nations International Children's Emergency Fund (UNICEF) (1993) report which says that the presence of AIDS additional responsibilities and burden in households may cause the children to drop out of school.

It is realized from the study that the negative effects of HIV / AIDS in education have been outweighed by the achievements done in the schools. 'The rate of dropouts has been curbed by the influx of the donors in the schools. Some disadvantaged children receive food, learning material, uniforms, school fees and many other things. Some of the donors are building shelter for the needy families. However, it is really impossible to replace the parents of the children. Infected teachers can now access the retro-viral drugs to boost their immune systems.

Sub-problem 4: Why are HIV / AIDS Education Important for Young People?

The data shown in Table 5 indicates that 54 (96.4%) of the respondents are of the opinion that AIDS education is necessary because it helps to develop young people who understand their purpose in life and be role models. Evi-

dence from the respondents 52 (92.9%) also supports the idea that AIDS education develops young people who become responsible and be able to make right choices. The majority of the respondents 51 (91.1%) believe that these HIV/AIDS education programmes are essential for the children because they help in developing the character of the children positively. However, 4 (7.1%) of the responses seem to give different views that the AIDS education programmes do not help the children to be responsible of their decisions.

Generally these teachers have the opinion that HIV/AIDS education is necessary for young people because children are given life skills which will help them to be responsible, make right choices, live exemplary lives and acquire some attributes in order to curb the spread of AIDS.

AIDS education seems to help the young as well as the adults who are the teachers at school. Orphans vulnerable and the other children seem to mix very well. Stigmatization and aggression among the school pupils is a thing of the past. However, child sexual abuse and sexual harassment among the children need to be nipped while still in the bud. Some surveys carried out by United Nations Programme on HIV/AIDS (UNAIDS) (2004) reports that the awareness and understanding about HIV amongst many groups of people including the young will help to overcome ignorance and prevent the spread of the infection. The report goes further to say that the information can also help infected children to live positively with the virus without infecting other people. There is no cure or vaccine for HIV, so prevention is the only way in which people can place any limits on the epidemic. However, one of the most economical and effective means of HIV prevention is education.

Table 5: Importance of HIV/AIDS for young people

	<i>Related</i>	<i>Not rejected</i>
Pupils become responsible children who are able to make right choices	52 (92.9%)	4 (7.1%)
Because of AIDS education at school. children are sexually abused by teachers	6 (10.8%)	50 (89.2%)
Because of AIDS education. children tend to shun their sick relatives	8 (14.3%)	48 (85.7%)
Attitudes and values to prevent the spread of AIDS are well addressed	43 (76.8%)	13 (23.2%)
HIV/AIDS programmes tend to develop integrity, service and good character of young people	51 (91.1%)	5 (8.9%)
Orphans and vulnerable children tend to mix well with the other pupils because they get guidance and counseling at school	48 (85.7%)	8 (14.3%)
AIDS education tend to develop young people who understand their purpose in life and live exemplary lives	54 (96.4%)	2 (3.6%)

Swedish International Development Authority (SIDA) (2001) argues that AIDS education helps to empower HIV positive adults and children with the skills to improve their quality of life. The report goes on to say that HIV positive people have many educational needs such as being able to access medical services, drug provision and the need to be able to find appropriate emotional and practical support. Infected children need the information on how they can get the drugs as well as the oils to cure opportunistic diseases. It is important for the young children to be exposed to AIDS education at school as well as at their homes.

Although the findings have shown that it is important to educate the young children on HIV/AIDS several policy options are available for serious consideration namely:

- ♦ The government needs to intensify staff development among teachers on the teaching of AIDS in schools in order to improve the quality of teaching in schools
- ♦ Teacher - pupil ratios need to be reduced to facilitate effective implementation of the intended curriculum and HIV/AIDS programmes in schools
- ♦ Government needs to improve the health systems so that infected children and adults get the drugs as well as the necessary education.

CONCLUSION

Most teachers consulted have indicated that HIV/AIDS is a problem in the country. Children whose parents have died from the infection tend to suffer from the psychological effects which may contribute to their educational performance at school. Some of these children tend to indulge in sonic bad activities. From the study, most teachers who were consulted have indicated that the goals of the HIV/AIDS education programmes are being realized by the implementers. This is shown by the improved attendance at school by the disadvantaged children as well as their improved performance in class. The teachers have also indicated that children are aware of how the virus spread and how to prevent it. When the children become adults they will be able to use appropriate precautions and avoid contracting the virus. HIV/AIDS educa-

tion programmes have played a significant role in the development of the children at school. Children have been empowered with the life skills and can choose what is right and wrong. They also have the skills to prevent the spread of HIV/AIDS when they grow up. Children are guided and counseled during the programmes and the retention of the orphans and vulnerable children in the schools have improved.

RECOMMENDATIONS

- ♦ The government of Zimbabwe needs to increase funds for BEAM so that many children are helped with the school fees.
- ♦ AIDS Levy which is contributed by the workers needs to be put to good use. The responsible Ministry should monitor the distribution of the funds so that the beneficiaries gain from the levies
- ♦ HIV/AIDS education programmes need to be implemented from the infants level (grade zero) and not from grade 4.
- ♦ Stiff penalties should be given to the people who sexually abuse children.
- ♦ Free primary education policy needs to be re-introduced to limit donor syndrome among the people.

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