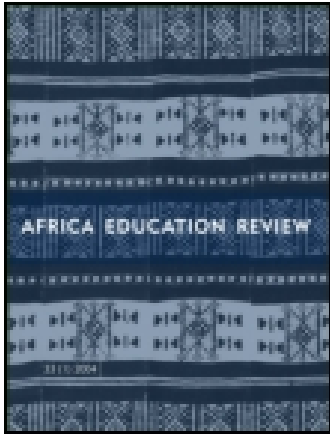


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V.Y. Mgombezulu^a & A.G. Kruger^b

^a University of Mzuzu , Malawi

^b Department of Further Teacher Education , University of South Africa

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Enhancing school HIV and AIDS strategic plan through expanded stakeholder involvement

V.Y. Mgonezulu

University of Mzuzu

Malawi

mgomezulu@hotmail.com

A.G. Kruger

Department of Further Teacher Education

University of South Africa

Abstract

This article focuses on the need for expanded stakeholder involvement as a means of enhancing the Botswana Department of Secondary Education (DSE) HIV and AIDS strategic plan. Research has indicated that the effects of HIV and AIDS on the supply of and demand for education are considerable. Using a questionnaire and interviews, the research has established that the current DSE HIV and AIDS strategic plan lacks comprehensive strategies for preventing HIV spread in schools. Furthermore, the study has shown that there is limited external stakeholder involvement. The study, therefore, has explored how greater success could be realized. The study has concluded that the strategic plan can be improved through expanded external stakeholder involvement at all the stages of the strategic plan. In order to enhance the DSE strategic plan, a stakeholder involvement model is presented.

Keywords: stakeholder, involvement, strategy, planning

Introduction

A comparison of the prevalence rate of HIV and AIDS in the world reveals that Sub-Saharan Africa is severely affected and Botswana stands out as one of the most impacted countries particularly in terms of demand for (the number of learners who can attend school) and supply of (the number of teachers who can teach) education (Kinghorn, Coombe, McKay and Johnson 2002, 62). The

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net effect of the impact of HIV and AIDS on teachers and learners is likely to result in undermined economic development of Botswana. There is indication that there are a number of stakeholders who are working with the Ministry of Education (MoE) in mitigating the effects of HIV and AIDS in secondary schools. Some of the strategies the stakeholders have employed have been promoting abstinence from sex or engaging in protected sex. Although the stakeholders have put enormous effort in mitigating the effects of HIV and AIDS, there is evidence that suggests that the strategies have not been as successful as desired. Some of the indicators are increased absenteeism from school, and morbidity and mortality among teachers, to mention but a few.

Similar observations have been made among the learners with regard to increased absenteeism and withdrawal from school as a consequence of HIV and AIDS-related problems in their homes. The state of affairs described above points to some disparity between what the strategies intend to accomplish and what has actually been achieved. This study investigates the situation with a view of finding ways of enhancing the strategies used to mitigate the effects of HIV and AIDS on secondary education in Botswana.

Background

The impact of HIV and AIDS on the supply of and demand for secondary education

HIV and AIDS have had severe consequences on the supply and demand of secondary education in Botswana. The supply of education has experienced problems in terms of increased morbidity and mortality, absenteeism, stress and other factors which affect the performance of the teachers in Botswana secondary education. Although many HIV positive people in Botswana take Antiretroviral drugs (ARVs) to improve their health, some experts, such as Kinghorn et al (2002, 13) warn that AIDS-related deaths will continue to take place and result in a reduced population. This is a real concern particularly because not everyone has access to ARVs due to a range of reasons, such as being allergic to the drugs or being far away from distribution points. For example, only 48% of HIV positive people in Botswana received ARVs as of 2006 (HIV and AIDS in Botswana, accessed 26/02/2010). Since ARVs are not a cure, HIV positive people will continue to suffer from related problems such as psychological stress and discrimination which may lead to low productivity at work (Bennell et al 2002, 98).

Boler and Carroll (2003) state that the decline in the demand for education is reflected in the orphaned and vulnerable children (OVC), the lower birth rate and mother-to-child transmission of HIV. Furthermore, the demand for education may be affected by the consequence of alcohol and behaviour-altering drug abuse which may lure school-going young people into unprotected sex that could result in the spread of HIV.

The OVC in Botswana standing at 95000 in 2007 in a population of fewer than two million may experience many problems which may cause them to perform poorly at school or even withdraw from school (HIV and AIDS in Botswana, accessed 26/02/2010). Such problems include lack of basic necessities such as food or uniform, and poor concentration often aggravated by a range of issues such as tiredness and depression (Isaksen, Songstad & Spissoy 2002, 15). Some OVC withdraw from school because they have to take care of their ill relatives or younger siblings.

The number of learners of school-going age may become less than expected. Some of the causes of such a decline are: It is now known that HIV impairs a woman's fertility, resulting in bearing 20% fewer children than she otherwise would; a considerable number of women within the child-bearing age range of 15–49 years may die due to HIV and AIDS-related illnesses; children born to HIV-infected women who are not on ARVs may be infected with HIV and such children may die before they reach the age of five. Even those women that are taking ARVs may be apprehensive about becoming pregnant. The net effect may be a reduced population that can attend school.

Regarding alcohol and drug abuse, the problem among the youth in Botswana is serious (Botswana alcohol AIDS project, accessed 26/02/2010). There is a close association between alcohol and drug abuse and the HIV spread. Observations in the United States of America indicate that the behaviour associated with alcohol and drug abuse is now the single largest factor in the spread of HIV infections (Hunter, 2006: 133). Among the many negative consequences of the youths being HIV positive is the decline in the demand for education. The above discussion has demonstrated that HIV and AIDS have created considerable problems to the supply of and demand for education in Botswana and that there is need to address the situation.

Need for expanded external stakeholder involvement

Without comprehensive involvement of external stakeholders, achieving the objectives of the Ministry of Education HIV and AIDS strategic plan

may be difficult. In fact the MoE strategic plan encourages departments to expand partnerships based on comparative advantage in expertise and service delivery. The plan states, “The issue is not of self-reliance where a department is responsible to ‘do it all’. Rather it is critical to form functional partnerships which must be extended and partner interest clearly identified” (Ministry of Education 2001, 17). It is clear that the position of the MoE is that departments should consider the formation of networks which will provide a mixture of public (*internal stakeholders*) and private resource persons (*external stakeholders*) to support the implementation of the strategic plan.

Vision 2016 (1997) for Botswana which encompasses the vision of the DSE, including the HIV and AIDS strategic plan, seems equally concerned about the level of stakeholder involvement in the previous government-initiated programmes/projects. For instance, in trying to address the past oversights, the document repeatedly urges effective involvement of all stakeholders, including external stakeholders, to achieve the goals of the vision (Vision 2016 1997, 6, 10, 27, 35, 70). It states: The implementation of the vision will need full cooperation from all stakeholders: for example the government, parastatals, the private sector, religious and non governmental organizations, and others.

Some experts have recognized the unique contribution of the external stakeholders in issues related to HIV and AIDS (Coombe and Kelly Website, 2002). In addition, the fact that women outnumber men in Botswana and that women have higher rates of HIV infection than men, emphasises the need to involve women in the strategic planning of the fight against the effects of HIV and AIDS on the DSE (Report of the first national conference on gender and HIV and AIDS, 2001). Traditional/cultural institutions also need to be involved because some of the cultural beliefs and practices, such as “a man is superior to a woman”, predispose people to HIV infection (UNAIDS Website, 2003). Equally important is the involvement of the mass media especially television and radio. In the absence of a cure or vaccine, the mass media should be involved in the strategic planning because they are critical in reaching large numbers of people with useful HIV and AIDS-related information (Population reports Website, 2003).

The discussion has highlighted that the magnitude of the HIV and AIDS problem on education may not be easy to deal with in a comprehensive manner by the education or school managers alone but by involving external stakeholders as well. To realise the benefits of combined effort and resources, appropriate stakeholder involvement strategies need to be used. In this regard, the following stakeholder involvement framework is considered.

External stakeholder involvement framework

Planning theorists identify two categories of planning models, namely rational and interactive (Bryson, 1995: 11). The rational models view planning as a sequential process, observable and capable of being evaluated. In contrast, the interactive models emphasise the human dynamics in decision-making. On the one hand, the rational models can be useful for situations in a value-free social setting or in the physical science in which the scientist can make an objective examination of the material under consideration. On the other hand, rational models are not of much use for situations where there are so many social, political and other influences from stakeholders of organisations. Thus the interactive models are more ideal for the present study because the problem of HIV and AIDS is a dynamic problem with many influences from stakeholders. The following paragraph spells out the consensual model which is a type of interactive models.

The term “consensual” derives from the word “consensus” which refers to a group of people reaching agreement on an issue (Longman Contemporary English Dictionary, 1995: 289). A consensual model recognises education as an open system located in a social environment too indefinite and inconsistent to allow easy generalisations. According to this model, meaningful action presupposes understanding of the social environment. In addition, legitimate action presumes agreement amongst the stakeholders. More people are drawn into the decision-making process which, according to Steiner (in Thulare, 1992: 53), may have advantages and disadvantages; advantages in the sense that more brains will be involved in decision-making; and disadvantages because liberal involvement may make consensus more difficult to attain.

Another striking feature of the consensual model is the premise that initial goals are not permanent standards but suggested directions to be discussed, modified or even replaced. Furthermore, the consensual model advocates decentralisation of decision making entities with the understanding that organisational change is best initiated, designed and implemented from the bottom with widespread participation of the people affected by the change effort. Goodlad (in Thulare, 1992: 53) contends that human beings do rise to the opportunity to be responsible if given a chance. Suffice it to say that rational planning, which has been primarily conceived as a value-free and quantitatively based activity, seems to overlook the social and political dimensions of organisations (Thulare, 1992: 51). There is, therefore, need for an alternative view of planning that recognises social and political dimensions, emphasising the importance of

values, collaboration, consensus building and negotiation in planning. This will ensure that those charged with the responsibility of co-ordinating and steering the planning process remain attuned to the society's moral perspectives when making decisions that affect others.

In short the formulation of a helpful strategic plan will to a large extent be guided by the choice of an appropriate model. For this study such a model is the consensual model.

Problem statement

The DSE has developed an HIV and AIDS strategic plan to mitigate the effects of HIV and AIDS in secondary education in Botswana. Examination of this document reveals limited involvement of some key external stakeholders. Notwithstanding associated problems that may exist, comprehensive involvement of key external stakeholders can improve the performance of the current DSE HIV and AIDS strategic plan. This article aims to investigate how key external stakeholders can effectively be involved in a DSE HIV and AIDS strategic plan.

Research design

This study utilised a mixed-method component design. In this design, the quantitative and qualitative aspects were implemented as discrete components of the overall inquiry, and remained distinct during data collection and analysis. This design was structured after the two-phased model in which a quantitative phase was followed by a qualitative phase (Schulze, 2003: 13). The mixed-method component design has three components. Of the three components, this study used the convergence design component in which both quantitative and qualitative methods were used to capture the same phenomenon, with a focus on convergence and mutual validity (Polit & Beck 2003, 279).

Population and Sample

Quantitative

There are approximately 250 government-owned secondary schools in Botswana (Botswana Telecommunications Directory, 2006: 8–14). Due to financial, time and other constraints, it was more feasible to employ a *non-probability* sampling strategy, which includes *convenience* sampling. This strategy allowed the researcher to engage subjects who were accessible due to their geographic location. In this regard, the researcher selected nine secondary

schools in the North East District of Botswana and 110 secondary school teachers were involved in completing the questionnaires.

Qualitative

The sampling of the respondents was by purposive sampling method. In this method respondents who were thought to be rich in information were chosen (Cohen & Manion, 1995: 89). There were three sets of interviews: for the internal stakeholders (HIV and AIDS officer and school managers); for the semi-internal stakeholder (Parents and Teachers Association [PTA] chairperson) and for the external stakeholders (senior member of mass media, cultural and faith-based organisations, and women organisation).

Data collection

The study was undertaken by means of a literature study and empirical research. The empirical research included a questionnaire and interviews. The questionnaire was administered to school principals and teachers of selected secondary schools. After analysing the responses, interview questions were developed based on areas of concern identified in the results of the questionnaire study. The researcher ensured reliability and validity by using a pilot study from which lessons were learned and incorporated to improve the final questionnaire.

The interviews were conducted with two school principals, one HIV and AIDS officer in the MoE, one chairperson of the PTA, and three external stakeholders (one representative of each of the following: a faith-based organization, the mass media and a women organisation). A small sample was opted for because the aim was depth and not breadth. A semi-structured interview method was used. The researcher ensured trustworthiness by using an audiotape to capture what interviewees said and was able to listen to it as many times as was necessary to capture fully what they said.

Data analysis

The data collected by means of the questionnaires was analysed by a computer software programme called Statistical Package for Social Sciences. The analysis produced descriptive statistics, such as, means and frequencies. The data from the interviews was captured by an audiotape which was later transcribed and all the material were put in categories according to themes. The material within a category was examined to look for variations and nuances in meaning. Furthermore, categories were compared with each other to discover connections or contradictions between themes.

Ethical measures

Several measures were taken to ensure ethical and legal compliance in conducting this research. The Botswana Ministry of Education gave consent to the researcher to conduct his research. Consent to conduct research in individual schools was sought from school principals. In addition, each participating teacher also gave his/her written permission for participation in the research. The researcher maintained the appropriate anonymity and confidentiality of all participants and any classified information.

Findings and discussion

The data collected from the quantitative and qualitative methods revealed inter alia the following issues regarding stakeholder involvement in strategies of mitigating the effects of HIV and AIDS on the secondary education system of Botswana.

Quantitative results

The discussion will consider how strategies of HIV prevention and external stakeholder involvement have performed. A total of 109 respondents (55 male and 54 female) were involved in the study. The variables in the study were gender, qualifications, experience, post level and involvement in AIDS activities.

Table 1 is an overview of the responses of teachers that focus on preventing the spread of HIV amongst teachers and learners.

Table 1: Percentages of responses on items that focus on prevention of the spread of HIV

| <i>Item</i> | <i>% Def. disagree/ Disagree</i> | <i>% Unsure</i> | <i>% Agree/ Def. agree</i> |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------|----------------------------|
| 1. Married couples who are employed in the Department of Secondary Education are assigned to same/close work stations so that they can live together | 45.9 | 18.9 | 33.3 |
| 2. In my school, condoms are easily accessible to teachers who need them | 34.2 | 3.6 | 60.3 |
| 3. A strategy of encouraging teachers to abstain from sex/and be faithfulness to one sex partner is in place in my school | 45 | 25.2 | 27.9 |

| <i>Item</i> | <i>% Def. disagree/ Disagree</i> | <i>% Unsure</i> | <i>% Agree/ Def. agree</i> |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------|----------------------------|
| 4. My school has a strategy to educate teachers about cultural/ religious practices that may contribute to the spread of HIV amongst teachers | 51.3 | 27 | 19.8 |
| 5. A strategy that educates teachers about the abuse of female teachers in my school is in place | 59.4 | 28.8 | 9.9 |
| 6. In my school, condoms are easily accessible to learners | 76.6 | 17.1 | 2.7 |
| 7. A strategy that encourages learners to abstain from sex is in place in my school | 23.4 | 15.3 | 58.5 |
| 8. My school has a strategy to educate learners about cultural/ religious practices that may contribute to the spread of HIV amongst learners | 29.7 | 26.1 | 41.4 |
| 9. A strategy that educates learners about the abuse of females is in place in my school | 29.7 | 33.3 | 33.3 |

Table 1 indicates that nearly 46% of the respondents said the DSE does not do much in terms of transferring married couples who are both teachers to teach at the same or near to each other stations. If this were done it would possibly reduce the temptation of having multiple sex partners. As it is, HIV spread may increase. The majority of teachers said that they do not receive civic education about cultural/religious practices that may encourage the spread of HIV, the unacceptable practice of abusing women which may include sexual abuse, and the importance of faithfulness to one sexual partner (see Table 1).

Close to 77% of the teacher respondents indicated that the learners had no access to condoms in schools. This observation is further consolidated by the fact that over 58% of the teachers said that schools have strategies to promote abstinence amongst learners from sex. Table 1 also shows that the respondents were split nearly in equal measure on issues regarding civic-educating the learners on matters of women abuse and negative cultural/religious practices that encourage the spread of HIV (see items 8 and 9).

The picture that comes out of Table 1 is that DSE HIV prevention strategies do not seem to have achieved much.

Table 2 shows perceptions of previous involvement and proposed involvement of certain external stakeholders.

Table 2: Perceptions of teachers on the involvement of external stakeholders in the HIV and AIDS strategic plan

| | <i>Previous involvement of certain selected stakeholders</i> | | | <i>Proposed involvement of certain selected stakeholders</i> | | |
|-------------------------------------------|--------------------------------------------------------------|---------------|-----------------------|--------------------------------------------------------------|-------------------|------------------|
| | <i>Yes (%)</i> | <i>No (%)</i> | <i>Don't know (%)</i> | <i>Disagree (%)</i> | <i>Unsure (%)</i> | <i>Agree (%)</i> |
| 1. Women organisations | 6.3 | 55.9 | 35.1 | 18 | 10.8 | 68.4 |
| 2. Parents/guardians | 26.1 | 48.6 | 23.4 | 13.5 | 9 | 74.7 |
| 3. Local communities | 19.8 | 41.4 | 36.9 | 13.5 | 12.6 | 71.1 |
| 4. Mass media | 30.6 | 42.3 | 25.2 | 9 | 16.2 | 72 |
| 5. Cultural and faith based organisations | 37.8 | 28.8 | 31.5 | 11.7 | 13.5 | 72 |
| 6. NGOs | 37.8 | 27.9 | 31.5 | 12.6 | 12.6 | 72 |

Table 2 indicates the following two issues regarding the involvement of external stakeholders in a strategic plan to mitigate the effects of HIV and AIDS:

The majority of respondents replied in the negative to the question whether there was previous involvement of external stakeholders such as women's organisations, parents/guardians, local communities and the mass media. Close to two-fifths of the respondents believed that there was previous involvement of cultural and faith-based organizations and NGOs. The overall picture shows that there was minimal previous involvement of external stakeholders.

The respondents were unanimously agreed that the selected external stakeholders should be involved in strategies of dealing with the effects of HIV and AIDS (see high percentages in the "agree" column). The contrast between what respondents believe should be happening (involving the selected stakeholders) and what has actually been happening raises questions, such as: Why have the external stakeholders not been comprehensively involved?

Table 3 shows views concerning the ideal extent of involvement of external stakeholders.

Table 3: Responses on ideal extent of involvement of external stakeholders

| <i>Item</i> | % <i>Disagree</i> | % <i>Unsure</i> | % <i>Agree</i> |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|-------------------|
| 1. External stakeholders should be directly involved from the first stages of a strategic plan to deal with the effects of HIV/AIDS | 18 | 13.5 | 65.7 |
| 2. External stakeholders should be involved only in the implementation stages of a strategic plan to deal with the effects of HIV/AIDS | 58.5 | 14.4 | 24.3 |
| 3. External stakeholders should be only informed about the decisions taken concerning a strategic plan to deal with the effects of HIV/AIDS | 69.3 | 18 | 9.9 |

According to Table 3 the teachers agreed that all of the selected external stakeholders should be involved in HIV and AIDS-related strategies, and that they should be involved at all the stages of the strategic planning process.

Qualitative findings

The discussion considers diverse views from respondents ranging from school principals, PTA chairperson and a member of the faith-based organisation. The mass media and women's organisations were unable to respond to this question because they do not interact much with learners. The section will focus on HIV prevention amongst the learners.

- (a) Successes and obstacles in HIV prevention in schools: The school principals believed that lack of parental guidance, lack of insight into the seriousness of the HIV and AIDS problem and faulty perceptions of the causes and prevention strategies of HIV were some of the problems that undermined prevention efforts. One participant stated:

A lot of our students are orphans. If they are not orphans then the parents stay elsewhere, either at the lands or at the cattle post. So they stay alone at home most of the time. So such students when you talk of ways of preventing the spread of HIV, – they take it very lightly, like a joke. Even this morning a teacher was talking to them about it at assembly, some of them were laughing. It is their perception of the whole issue which is a problem.

- (b) The capacity of semi-internal stakeholder to deal with child abuse: Reluctance of the local community to be involved in the PTA seems to have far-reaching consequences for the prevention of HIV. For instance, the PTA chairperson admitted that there were many incidences of sexual abuse. When asked how the PTA could minimize the problem, the chairperson stated:

I do not know whether the PTA can minimise (the problem) because those children are abused by their uncles, brothers, even their fathers. So we don't know what to do about the issue.

- (c) The choice between sex abstinence and condom use: Participants from the faith-based organisation indicated that they were running the programme of Abstinence. The Abstinence programme trains the learners to manage their sexual desires through self-control and equips them with life skills, such as negotiating and decision-making. This programme tallies with what schools are doing, such as not providing condoms to learners and promoting abstinence from sex. One school manager said:

We insist on abstinence, not on the use of condoms. If we make condoms accessible to the students, we will be negating our insistence on abstinence.

When he was asked if it was government policy not to provide condoms in school, he answered in the affirmative.

Although the issue of condoms or abstinence is controversial, the researcher concurs with Hunter (2006: 45) that promoting abstinence alone may be a dangerous idea. To support his view, Hunter observes that HIV infections are increasing in the United States amongst the 14 to 18 year age-group owing to such a policy.

- (d) Resources for the HIV and AIDS projects: Two school managers were asked if government provided funding to implement their HIV and AIDS strategic plan. Both indicated that they did not receive funding from government for HIV and AIDS projects.
- (e) With regard to external stakeholder involvement in school HIV and AIDS projects/programmes, two school managers stated that there were no external stakeholders involved in their schools.

The above findings indicate that the success of the current DSE HIV and AIDS strategic plan in terms of HIV prevention has been undermined by several factors, such as lack of resources and rigid government policies that seem to ignore the reality that youths do engage in sex with or without condoms. Another pitfall is the lack of or poor external stakeholder involvement in the HIV and AIDS strategic planning process.

There is need to try to enhance the effectiveness of the DSE HIV and AIDS strategic plan in terms of external stakeholder involvement. In this regard, the following section presents a model that may promote meaningful involvement of the external stakeholders at all stages of the strategic plan (see Tables 2 and 3).

External stakeholder involvement model

Expanded external stakeholder involvement can enhance the performance of DSE HIV and AIDS strategic plans in the Botswana secondary education system. It is a given fact that by virtue of being employees of the government, internal stakeholders have to be involved in the HIV and AIDS strategic plan. The same cannot be said about the external stakeholders. They have a choice not to be involved. For this reason this model places more emphasis on ways that can promote comprehensive external stakeholder involvement as a way of improving the current DSE HIV and AIDS strategic plan.

The model was developed based on the consensual model. The tenets of this model are that;

- understanding the social environment is important,
- legitimate action is founded on agreement amongst the stakeholders,
- decision making is a collective process of the stakeholders, and
- initial goals are only suggested directions to be negotiated.

As regards the following model, focus is on involving external stakeholders and they have been consciously involved at every step of the model except for Step 1.

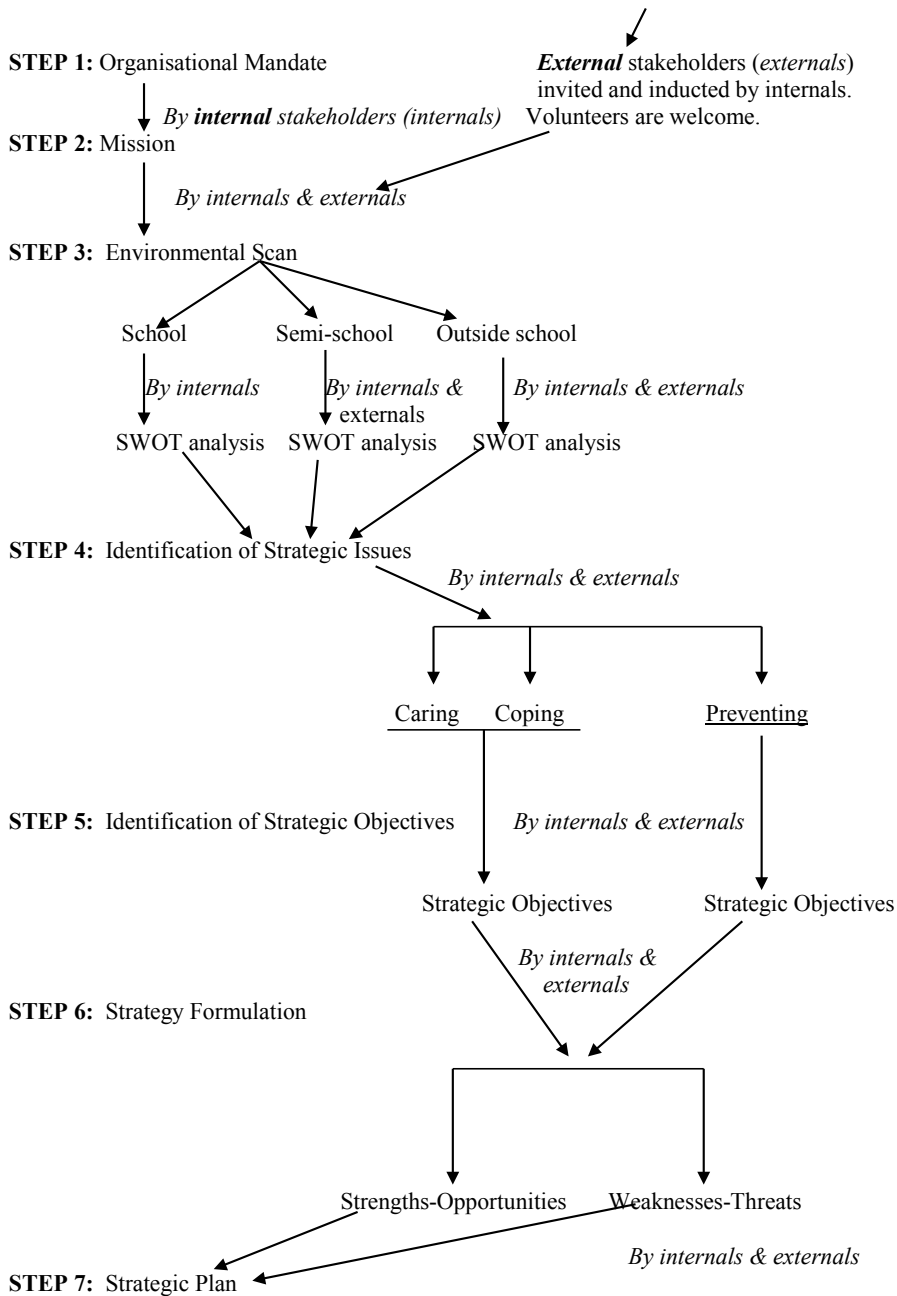


Figure 1: Stakeholder involvement model

Adapted from: Bryson 1988, 50-51; 1995, 24-25.

Description of the model:

Figure 1 is a model of involving external stakeholders in an HIV and AIDS strategic plan. The model is based on the theoretical framework and the results of the research. The model comprises the following seven steps:

Step 1: Organisational mandate

The internal stakeholders (DSE officials) will identify and clarify the nature and meaning of what the MoE expects them to do or not to do. This may require the DSE to study the relevant legislation, ordinances and articles, among others. At this stage it may be difficult to involve external stakeholders because it is believed that there is not much they can take part in.

Step 2: Mission

The study recommends that external stakeholders such as the cultural and faith-based organisations, women's organisations, media organisations and the PTAs should be involved from Steps 2 to 7 (see Figure 1). The managers in the DSE, as the key decision makers, should at this point explore who would be a willing and capable external stakeholder that can be invited. This step entails some preliminary stakeholder analysis. A workshop can be organised to introduce the group to the process of strategic planning and what will be expected of them.

Step 3: Environmental scan

In this case the environment comprises the internal (in school) and external (outside school) factors of the DSE. The environmental scan should be managed by the DSE managers who will facilitate internal and external stakeholder involvement to brainstorm. The internal stakeholders will focus on the SWOT (strengths, weaknesses, opportunities and threats) analysis of the DSE regarding the internal environment. The external stakeholders cannot be involved in the SWOT analysis of the secondary education system because they may not know much detail about it. With regard to scanning the external environment, it is at this stage that both the external, semi-internal and internal stakeholders can be involved because they need to agree on what constitutes weaknesses/threats (limitations) or strengths/opportunities (strategies) in relation to what needs to be incorporated into the strategic plan.

Step 4: Identification of strategic issues

The identification of strategic issues should be managed by DSE managers who should engage internal, semi-internal and external stakeholders to brainstorm.

The following strategic issues should be considered:

How can secondary schools;

- (a) cope with the effects of HIV and AIDS on teachers and learners?
- (b) care for the teachers and learners who are infected or affected by HIV and AIDS?
- (c) prevent the spread of HIV amongst teachers and learners?

Step 5: Identification of strategic objectives

The under mentioned strategic objectives were extracted from the literature research. The identification of strategic objectives would be a process that would be managed by DSE managers which would entail involving internal, semi-internal and external stakeholders. The process would involve brainstorming about strategic objectives.

Strategic objectives are categorized under the headings coping, caring and prevention. It should be mentioned that there is so much overlap between strategic objectives related to coping and caring aspects that it makes sense to combine them. For example, it is not easy to tell whether providing counselling services is a coping or caring mechanism.

The following are some of the strategic objectives that should be addressed to mitigate the effects of HIV and AIDS on the teachers and learners.

Table 4: Strategic objectives

| Teachers | Learners |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Coping: | Coping: |
| <ul style="list-style-type: none"> -involve broadcasting houses for the presentation of some HIV and AIDS-related lessons -provide more education to promote human rights (reduce discrimination etc) -promote HIV and AIDS education for employees and families -provide for a qualified counsellor | <ul style="list-style-type: none"> -teach them life skills -develop strategies of zero tolerance to abrogation of human rights in school and at home. -provide more education to promote human rights. -involve external stakeholders to cater for the OVC |
| Teachers | Learners |
| Care: | Care: |
| <ul style="list-style-type: none"> -develop support structures for members during grief, stress, physical needs etc. -some are covered under coping. | <ul style="list-style-type: none"> -teach them how to care for HIV and AIDS people. -some are covered under coping |
| Prevention: | Prevention: |
| <ul style="list-style-type: none"> -develop strategies to provide basic facts about HIV and AIDS, safety precautions, condom use and human rights issues. -provide prevention and life skills training. -develop strategies to reduce practices that promote gender violence and sexual abuse. | <ul style="list-style-type: none"> -teach them about their rights and responsibilities. -teach life skills to influence behaviour change. -promote condom availability and use. |

Step 6: Strategy formulation

This is a very critical stage where internal, semi-internal and external stakeholders must be involved in determining practical alternatives that will address strategic objectives in an effective and efficient manner. The stakeholders should come up with proposals that, on one hand, promote the strengths of the school and utilise the opportunities, and on the other, minimise the threats and weaknesses.

Step 7: Strategic plan

During steps two to six internal, semi-internal and external stakeholders were involved through activities such as brainstorming. In Step 6 the stakeholders have formulated strategies through consensus. It may not be necessary to involve again all the stakeholders involved in the earlier steps to compile the strategies into a strategic plan. For this reason only a few representatives of the internal, semi-internal and external stakeholders deemed to be capable to complete the task would be invited. The task will involve putting together the strategies formulated in Step 6 and incorporate into the current HIV and AIDS strategic plan. The final product should be a strategic plan that has been enhanced by meaningful involvement of external stakeholders.

Conclusions and recommendations

The study has culminated in a stakeholder involvement model which includes not only the involvement of the internal but of semi-internal and external stakeholders as well in mitigating the effects of HIV and AIDS on secondary education in Botswana. The model emphasises the involvement of external stakeholders at all the stages of the strategic planning except Step 1 (see Figure 1). In addition to the model, the study identified strategies that the school managers, in collaboration with the selected external stakeholders, may include in a school HIV and AIDS strategic plan. If properly implemented this model is expected to enhance secondary education HIV and AIDS strategic plans in Botswana.

The following are the recommendations of the study:

- (a) The selected external stakeholders (such as cultural and faith-based organizations, media organizations, women organizations and PTAs) should be involved in steps 2 to 7 of the strategic plan (model).
- (b) The stakeholder involvement model be adopted because it has the potential to make a meaningful contribution to the general management of educational institutions in Botswana and elsewhere and, more

specifically, it can mitigate the effects of HIV and AIDS on secondary education in Botswana.

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