

**AN INVESTIGATION OF THE INFLUENCE OF ORGANISATIONAL FACTORS  
ON THE DELIVERY OF HIV PREVENTION PROGRAMMES FOR  
YOUNG PEOPLE IN UGANDA**

by

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## **ABSTRACT**

Contemporary thought on HIV prevention emphasises participatory practices: the empowerment paradigm advocates working with target groups and empowering them to minimise risk of infection, while the collective action paradigm advocates collaborative working that tailors prevention programmes to specific contexts and addresses structural constraints to HIV prevention. Limited attention has been paid to the influence of organisational factors in translating this rhetoric into practice. The current study addresses this gap, using a research framework based on a continuum with bureaucratic authoritarian organisational characteristics at one end and post-bureaucratic democratic characteristics at the other. Comparing HIV/AIDS programmes in three case study organisations (two schools and one non-governmental organisation) located at different points along this continuum yet using similar rhetoric, the study finds that none of the programmes delivered precisely matches the rhetoric. Nevertheless, the findings affirm the proposition that organisations with post-bureaucratic democratic characteristics are better suited to delivering effective self-empowerment and collective action prevention programmes than those with bureaucratic authoritarian characteristics. Specific characteristics that contribute to these outcomes are identified, and the implications of the findings, both for the practical application of contemporary approaches and for the movement extolling schools as key settings for HIV prevention programmes, are presented.

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**CHAPTER I**  
**STUDY BACKGROUND, RESEARCH QUESTIONS AND OBJECTIVES,**  
**AND OUTLINE METHODOLOGY**

**1.0 INTRODUCTION**

This chapter introduces and justifies the focus of the current research, opening with the background to the study (1.1) before moving on to discuss the research problem (1.2) and significance of the research (1.3). The research aim, assumptions, objectives and questions are also presented in this chapter (1.4), followed by a brief outline of the methodological approach adopted (1.5), and finally an overview of the other chapters in this thesis (1.6).

**1.1 BACKGROUND**

The UNAIDS Global AIDS Epidemic Update reports that within the most recently recorded period, approximately 2.6 million people were newly infected with HIV, there were an estimated 33.3 million people living with HIV, and approximately 1.8 million people died of AIDS related illnesses (UNAIDS 2010). Sub-Saharan Africa carries a disproportionately heavy HIV/AIDS burden in comparison with the rest of the world; according to the most recent update (which presents data from 2009), approximately two thirds (68%) of the total number of people living with HIV were in sub-Saharan Africa as were 72% of the global deaths attributable to the epidemic (Ibid). It is argued that establishing comprehensive responses to HIV/AIDS that include prevention, care and treatment presents one of the greatest national challenges faced by countries across sub-Saharan Africa (Luginaah et al

2007, Craddock 2004, Campbell 2003, World Bank 2002). Over twenty years on from the onset of the HIV/AIDS epidemic, vaccines and cures are yet to be discovered, anti-retroviral drugs remain out of reach for many, particularly in the less developed world, and care continues to require and absorb substantial household, community and national resources.

In this context, HIV prevention continues to be presented by researchers, practitioners and policy makers as a key priority in any response (UNAIDS 2009, UNAIDS et al 2004, UNAIDS 2001, UNAIDS/Penn State University 1999, Freimuth 1992, Kashima et al 1992). HIV prevention programmes are presented not only as a tool for limiting new infections but also for contributing to an informed society in which stigma, blame, and fear are reduced, and thereby a society that is better able to treat and care for those members infected / affected by HIV/AIDS (Aggleton 1989). Extensive national and international resources are directed towards HIV prevention programmes which, over time, have adopted increasingly diverse components informed by advances in research. Within the past decade, for example, there has been a growing emphasis on male circumcision [MC] with the World Health Organisation and UNAIDS asserting that “it should be considered an efficacious intervention for HIV prevention in countries ... with heterosexual epidemics, high HIV and low male circumcision prevalence” (WHO <http://www.who.int/hiv/topics/malecircumcision/en/index.html> Accessed 18/02/2011). Numerous interventions have been developed to scale up national MC initiatives (WHO and UNAIDS 2010, WHO 2007a), albeit with a recognition that MC does not provide complete protection against HIV infection and must be part of a broader comprehensive HIV prevention package that includes other components such as the provision of HIV testing and counselling services, provision of male and female condoms and promotion of their correct and consistent use, and treatment of sexually transmitted infections (WHO

<http://www.who.int/hiv/topics/malecircumcision/en/index.html> Accessed 18/02/2011, WHO 2007a, WHO et al 2007, WHO et al 2006). The use of antiretroviral medication to limit mother to child transmission of HIV is also an increasingly significant component of national prevention packages (WHO 2010, Government of Uganda 2010, WHO 2007b). Raising awareness of HIV/AIDS and promoting practices that reduce risk of infection have been, and continue to be, a central component of prevention packages and it is specifically on this aspect of the HIV/AIDS response that the current study focuses.

Approaches to HIV/AIDS awareness raising and the promotion of 'safe' practices have evolved considerably over time. Many early government interventions adopted a top-down, information provision focus that was characteristic of the behaviour change model of health education, while later interventions have placed more focus on target group participation and empowerment (as is espoused in the self empowerment model). Recent thinking also emphasises the importance of recognising the context in which individuals are based and working with different actors within those contexts to alleviate structural constraints to HIV prevention (as advocated in the collective action paradigm). The evolution of thought on HIV prevention is discussed in detail in chapter two.

## **1.2 PROBLEM STATEMENT**

Policy makers and writers can be seen to hold the assumption that organisations delivering HIV prevention programmes are inherently able to take on the recommendations of the different paradigms as they evolve and put them into practice. This is not necessarily the case. Examples of the elusive nature of certain recommendations, particularly within the self empowerment and collective action paradigms, exist in the international literature. Boler and

Aggleton (2005), for example, discuss challenges of implementing life skills education – an approach within the empowerment paradigm, while Deschesnes et al's (2003) work discusses the limited extent to which delivery organisations work with external actors in the manner detailed in the collective action paradigm. The current researcher's own experience working on HIV prevention initiatives, such as an education programme for teenagers, and a Masters dissertation comparing the HIV/AIDS response in Uganda with that in other sub-Saharan African countries, highlighted challenges such as the difficulties of comprehensively engaging different stakeholders in the manner proposed in programme designs. It triggered questions in her mind about the actual practical application of programmes that many government and non-government actors claim to be delivering.

Various possible explanations are offered for mismatches between HIV prevention rhetoric<sup>1</sup> and practice, with some arguing that associated concepts are still relatively new and not enough work has been carried out to effectively direct operationalization, and others pointing to factors such as the controversial nature of HIV/AIDS related issues and a general resistance to addressing them. The literature highlights a need for further research and increased understanding of the delivery of HIV prevention programmes and of health education / health promotion programmes more generally (Gupta et al 2008, Campbell 2003, Naidoo and Wills 2002, Deschesnes et al 2003, Denman et al 2002).

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<sup>1</sup> This study makes a distinction between 'rhetoric' - what is *said* to be happening / argued should be happening, and 'practice' - the prevention programmes as they are actually delivered. 'Rhetoric' is not used in a negative or pejorative manner.

A number of writers draw a link between organisational factors and the practical application of (health) programmes (Nutbeam and Harriss 2005, Campbell 2003, Denman et al 2002). Both the organisational and the health promotion literature makes the point that no matter how clear or well conceived the rhetoric of an organisation, the likelihood that it can be successfully translated into practice is much reduced if the necessary organisational attributes and incentives are not in place (Child 2005, Nutbeam and Harriss 2005, Campbell 2003, Denman et al 2002). This rang true with the researcher's own experience of working in a projects office in a department within a University with a predominantly bureaucratic mode of functioning, as defined in 3.1.1 below. This experience contributed to a growing awareness of the ways in which organisational characteristics can frustrate progress and lead to a mismatch between goals/aspirations and practice. Efforts to work with practitioner organisations such as international consultants and NGOs, for example, were often threatened by delays in contractual and financial procedures caused by the University's long hierarchical communication chains and approval systems. Further consideration of this experience highlighted a gap in the researcher's field of study - international development – in which analysis of the practical day-to-day delivery of (development) programmes (in specific organisational settings) is lacking. More specifically, the researcher has not identified any study that purposely and systematically investigates the influence of organisational characteristics on the delivery of HIV prevention programmes and this is therefore the focus of the current study.

Acknowledging the possible bias stemming from experience of working in and with organisations with bureaucratic characteristics, the researcher undertook a broad review of international literature to develop a detailed understanding of different organisational forms

and ways in which they might influence delivery. This led to a decision to do more than simply consider whether bureaucratic characteristics influence the delivery of HIV prevention programmes – this has, to a certain degree, been demonstrated by other studies mentioned in 4.1. The current study goes further to systematically investigate *how* bureaucratic characteristics influence delivery and compares that against the influence of other organisational forms.

### **1.3 FOCUS AND SIGNIFICANCE OF THIS STUDY**

This study conducts a critical investigation of HIV prevention rhetoric, questioning its practical application within delivery organisations. It focuses specifically on the influence of organisational factors in the translation of the rhetoric into practice, contributing towards addressing the gap identified above. The study draws on organisational and education literature which highlights specific factors that are able to influence the way in which an organisation functions and the programmes that it delivers. The organisational literature contrasts the potential influence of two forms of organising – the bureaucratic and the post-bureaucratic, while the educational literature contrasts the influence of different philosophies on teaching and learning - the authoritarian and democratic philosophies. The literature suggests the existence of a continuum, with bureaucratic authoritarian organisations at one end, post-bureaucratic democratic organisations at the other end, and various shades of the two in between. In investigating the influence of organisational factors in the translation of HIV prevention rhetoric into practice, the study examines the experience of organisations at different points along this continuum in turning the self empowerment and collective action ethos that they claim into reality, and considers possible explanations for any differences identified. The focus on organisational factors is adopted acknowledging that, as discussed



above, various other factors are able to influence the practical application of HIV prevention programmes.

The study focuses on Uganda, a country long extolled as an example of international good practice in responding to HIV/AIDS. In keeping with international thinking, current HIV prevention rhetoric in Uganda adopts a largely self empowerment and collective action ethos, supporting the study's focus on investigating its translation into practice. It is noted at this point that the researcher is of Ugandan origin and that concerted effort was made throughout the study to maintain an awareness of potential bias arising from this identity. Possible influences of her position both as an insider in the study context and an outsider (having lived outside Uganda for many years) are discussed in 4.2.1.

The focus of the study is further limited to HIV/AIDS programmes for young adolescents<sup>2</sup>. The study considers it important to investigate the delivery of these programmes advocated by researchers and practitioners who emphasise the urgency of reaching young people with appropriate interventions before life habits are established (Aggleton 1996, Dervish–Lang 1990). Seeking to further understand programmes for young people is especially significant in the context of Uganda where they are considered a key component of the national response. The government views young people as an important target group in its efforts to create an HIV/AIDS free generation and emphasises the need to address a problem of HIV/AIDS complacency and ignorance within the group. It has rolled out and supported a range of programmes such as the 'Presidential Initiative on AIDS Strategy for Communication to

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<sup>2</sup> Using the WHO definitions of adolescents (those aged between 10 and 19) and of youth (those aged between 15 and 24) (WHO [http://www.who.int/topics/adolescent\\_health/en/](http://www.who.int/topics/adolescent_health/en/) Accessed 30/08/2010) this study defines its focus group – young adolescents – as those aged between 10 and 14.

Youth' (PIASCY) and 'Young, Empowered and Healthy' (Y.E.A.H). The current study will contribute to thinking about whether the types of organisations charged with delivering such initiatives, which adopt an empowerment/collective action ethos, are indeed able to do so.

Both the international literature and general discourse within Uganda refer to schools as key settings for delivering health programmes for young people, arguing for example that they have a ready audience and therefore the potential to educate vast numbers about HIV/AIDS (Yamey 2010, Hagquist and Starrin 1997, interview with Ministry of Education representative 27/11/07). There is, however, also an argument made in the literature that the HIV/AIDS pandemic has highlighted organisational weaknesses in schools that limit their ability to fulfil that potential (Kelly, and Juma (2001) in Harber 2004; Campbell 2003; Denman et al 2002, Marland 1990). This study investigates the delivery of HIV prevention programmes in Ugandan schools, specifically investigating the experience of PIASCY – an initiative specifically designed for school settings. Have the organisational characteristics of schools influenced its delivery? In what ways? The current researcher has not identified a study that purposely investigates the influence of the organisational characteristics of schools on the HIV/AIDS programmes that they deliver and this study starts to fill that gap. The study is significant for its systematic investigation of the ability of schools to deliver HIV prevention programmes in the manner detailed in the rhetoric and, more generally, in advancing thought about the design and delivery of school based health initiatives. It investigates HIV/AIDS programmes in a school with bureaucratic, authoritarian characteristics (said to be the dominant form across the world), comparing it against a school with a combination of bureaucratic authoritarian *and* post bureaucratic democratic characteristics.

The literature and discourse in Uganda also present NGOs as key delivery settings for HIV/AIDS programmes but the researcher has not identified any systematic studies investigating the influence of their organisational characteristics on the programmes that they deliver. Again, this study contributes towards filling this gap. It investigates the HIV/AIDS programme in an NGO with post-bureaucratic democratic features characteristic of the ideal NGO often discussed in the (HIV/AIDS) literature, allowing for an additional dimension of comparison against the schools. There are approximately 2500 civil society organisations working on HIV/AIDS in Uganda (interview with representative from the Uganda Network of AIDS Service Organisations 27/11/07) and, as a key group with which governments and international agencies seek to partner in the delivery HIV/AIDS response, they are a group whose experience should be investigated.

#### **1.4 RESEARCH AIM, ASSUMPTIONS, OBJECTIVES AND QUESTIONS**

The aim of this study is to investigate and explain the influence of organisational factors on the delivery of HIV prevention programmes.

Section 2.1 of this thesis demonstrates that HIV prevention rhetoric has moved away from the early rationalist perspective of the behaviour change model of health education – from a rationalist view of knowledge and the assertion that the unidirectional flow of information from ‘experts’ is all that is required for the ‘rational’ individual to adopt and sustain health enhancing behaviours. This gives rise to the study’s first assumption that *the bureaucratic, authoritarian organisation which grew out of a tradition of rationality is less suited to delivering contemporary self empowerment and collective action programmes than the post-bureaucratic democratic form*. The literature associates bureaucratic organisation with rigid,

mechanistic imagery which “encourages us to structure and rationalize everything we do” whereas the post-bureaucratic organisation is associated more with organic imagery which “encourages a focus on adaptation and the satisfaction of needs” (Campbell 2005:26). Organisations towards the post-bureaucratic democratic end of the continuum are said to embody characteristics such as a flexibility, tolerance for diversity, greater respect for others and a willingness to learn from them, an openness to change as well as mechanisms for participatory working that are expected to facilitate empowerment / collective action type approaches, while those towards the bureaucratic authoritarian end are shown to have a “rigid, closed and non-participatory form of organisation [that tends to promote] routinized and authoritarian modes of teaching and learning ...” (Harber and Davies 1997:59), more akin to the behaviour change model.

Alongside calls for further research into the delivery of health programmes, the literature also highlights a need for greater evidence of their effectiveness (Gupta et al 2008, Deschesnes et al 2003, Denman et al 2002). The current study asserts that there is limited value in investigating and advancing delivery without consideration of whether or not recommended approaches achieve their expected goals. An investigation of the impact of HIV prevention programmes on the knowledge, attitudes and behaviour of the target groups therefore forms a secondary focus of this study. Impact is used here in a manner defined by Naidoo and Wills (1994), that is, referring to “immediate effects ... For example, a health education programme for a school may include as a last session a review of the programme. Students may be invited to identify how they have changed since the programme began and how they think the programme will affect their future behaviour” (284). Restrictions of the current study limit its focus to *perceived* impact, investigating if/how this differs across organisations adopting

similar rhetoric but with different organisational characteristics, and exploring possible explanations for the findings.

The international literature suggests that *the impact expected of self empowerment and collective action approaches is more likely to be evident in organisations with post-bureaucratic, democratic characteristics than in those with bureaucratic, authoritarian characteristics*. It suggests, for example, that a post-bureaucratic democratic organisation adopting participatory approaches that actively involve the target group in HIV prevention is more likely to have programmes that are relevant to their lives and therefore more likely to be assimilated, and is also likely to contribute to empowerment through the development of specific life skills.

In investigating the reality of these claims, the following research objectives and questions are addressed.

**Objective I** relates to the process behind the development of the study focus and approach:

**Complete an in-depth review of international literature in order to:**

- i) establish a detailed understanding of international thought on HIV prevention;
- ii) identify relevant theories and concepts to develop the study's research framework;
- iii) establish the strengths and weaknesses of different approaches to researching HIV prevention and develop the study's methodological approach.

The literature discusses the potential influence of the national context on programmes found in individual delivery organisations (Denman et al 2002; Naidoo and Wills 2002). **Objective II** is concerned with developing a comprehensive understanding of the context of the current

study: **Identify key relevant characteristics of the context in which HIV/AIDS programmes are designed and delivered in Uganda**

- i) Outline the history and characteristics of HIV prevention in Uganda
- ii) How does the current HIV prevention rhetoric in Uganda compare with the ideals of the international thinking?

**Objective III** addresses the first and central assumption of the study as outlined above:

**Investigate and explain the influence of organisational characteristics on the delivery of HIV prevention programmes with a self empowerment and collective action ethos**

- i) Map the organisational characteristics of the delivery organisations
- ii) How does the delivery of HIV prevention in each of the study organisations compare with:
  - international rhetoric as well as that in the organisations and in Uganda more broadly;
  - delivery in the other study organisations?

What accounts for similarities and differences?

- iii) (How) do the characteristics of the delivery organisations influence their HIV prevention programmes? With what outcomes in regard to types of programmes delivered?

**Objective IV** addresses the second, secondary, assumption of the study:

**Investigate and explain if, how and why the impact of HIV prevention programmes differs across different organisational types**

- i) What changes (if any) do the members of the target group, and those around them, attribute to the programmes delivered by the study organisations?

ii) How does the perceived impact of the programmes compare:

- with the expected impact in the organisation?
- with the expected impact of HIV prevention as outlined in the international literature?
- across the study organisations?

What accounts for the similarities and differences?

iii) (How) do the characteristics of the delivery organisations influence the impact of their HIV prevention programmes?

**Objective V** sets out to **assess the broad implications of the study's findings for the design and delivery of HIV prevention programmes**

- i) Should a consideration of organisational factors be incorporated into the design of HIV prevention programmes? How?
- ii) Must delivery organisations adopt all the specifics of the HIV prevention rhetoric to produce the expected positive results?

## **1.5 OUTLINE OF METHODOLOGICAL APPROACH**

This study draws not only on HIV/AIDS and health education/promotion literature in developing its research framework but also on organisational and education literature to consider how organisational factors might influence delivery and impact. Acknowledging the complexities of HIV/AIDS related issues, the ways in which individuals perceive and respond to those issues as well as the complex nature of organisations, the study adopts an interpretivist perspective. It seeks to understand the 'realities' of different actors and contexts in developing an understanding of delivery organisations and their HIV/AIDS programmes. It

adopts a flexible, multi-method case study approach, focusing on three case study organisations (two schools and one NGO) with characteristics that place them at different points along the organisational continuum discussed above, and yet each presented as an example of good practice in terms of their HIV prevention programme for young people.

The study adopts a predominantly qualitative approach to data collection, making use of research techniques (semi-structured interviews, focus group discussions, and documentary review) shown to be particularly suited to drawing out multiple meanings and nuanced understandings of people and phenomena under study (Stephens 2007). It also makes use of direct observation – both informal observation and more quantitative structured observation - drawing on the advantages that a mixed method approach brings. To analyse the empirical data, the study adopts an approach advanced by Miles and Huberman (1994) - it classifies the data using codes that emerged from the literature and from the field research, and builds on that to identify themes and relationships that facilitate the development of an in-depth understanding of HIV prevention in the case study organisations.

## **1.6 STRUCTURE OF THE THESIS**

This chapter has presented a background to the research, the justification for the study, its aim, hypotheses, objectives and questions, and a brief overview of the methodological approach adopted. Chapter two reviews the international literature on HIV prevention, exploring the evolution of rhetoric over time. Chapter three continues the discussion of the international literature, considering the characteristics and functioning of different organisational types as a precursor to investigating how they might influence the delivery (and impact) of HIV prevention programmes. Chapter four presents the study's research framework and a detailed



account of the methodology. Chapters two, three and four address objective I of this study. Responding to objective II, chapter five presents a detailed picture of the national HIV prevention rhetoric in Uganda. Chapters six and seven present the study's empirical findings, with the former focusing on the characteristics of the case study organisations (addressing question (i) under objective III) and the latter focusing on their HIV prevention programmes (addressing question (ii) under objective III, and (i) and (ii) under objective IV). Chapter eight draws together the discussions of the two previous chapters, answering the central question of the study - (how) do organisational characteristics influence the delivery (and impact) of HIV prevention programmes? (question (iii) under objective III and IV). In so doing, it also brings together the international literature discussed in earlier chapters and the study's empirical findings. Chapter nine brings the thesis to a close, presenting a summary of the research findings and discussing their implications (objective V), outlining the contribution made by the study, and discussing areas for further study.

## **CHAPTER II**

### **THE EVOLUTION OF HIV PREVENTION RHETORIC**

#### **2.0 INTRODUCTION**

This chapter reviews international literature on HIV/AIDS in order to develop an in-depth understanding of the thinking around HIV prevention – a key focus of this study. It explores changes over time, discussing four major models: the Behaviour Change Model (2.1.1), the Self Empowerment Model (2.1.2) and, within the Collective Action Paradigm (2.1.3), the Community Oriented Model (2.1.3.1) and the Socially Transformatory Model (2.1.3.2).

#### **2.1 UNDERSTANDING HIV PREVENTION PROGRAMMES**

As stated in 1.1 above, HIV prevention is presented by policy makers, practitioners and researchers as a key element in the response to the HIV/AIDS pandemic (UNAIDS et al 2004; UNAIDS 2001; Freimuth 1992; Kashima et al 1992; Aggleton 1989). International thought and practice on HIV/AIDS awareness raising and promotion of ‘safe’ practices has evolved over time, moving away from a narrow focus on the behaviour of the ‘rational’ individual towards recognising and seeking to address factors within the individual’s context that are able to influence his/her life choices and actions. This section discusses the changes in thinking, presenting different models adopted and identifying their unique characteristics, strengths and weaknesses.

##### **2.1.1 The Behaviour Change Model**

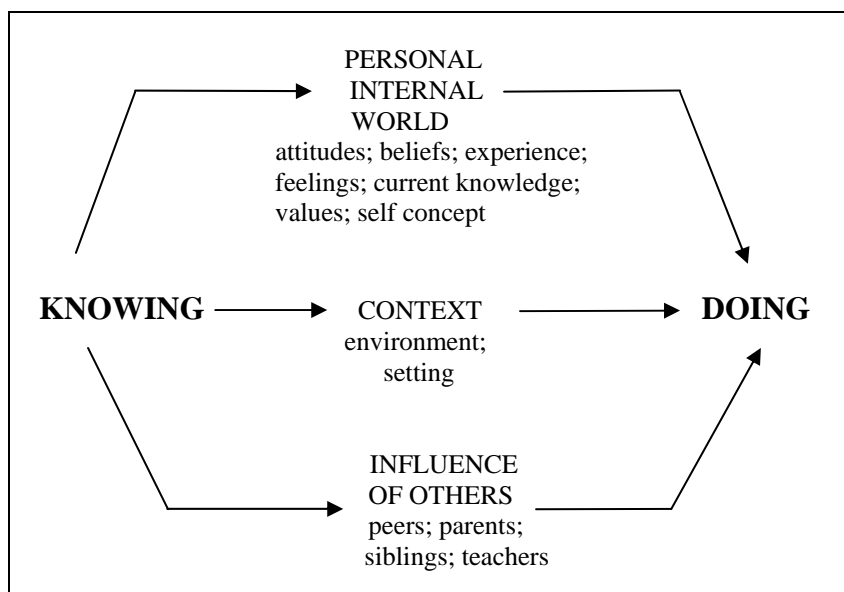
The behaviour change model of health education formed the basis of many early national HIV/AIDS campaigns (Craddock 2004; Curtis 2004; Campbell 2003; Aggleton and Homans

1988) and is said to have dominated HIV prevention practice over the past two and a half decades (Gupta et al 2008). This model draws on a biomedical, disease oriented understanding of health, and on information based theories, working on the assumption that providing information on modes of transmission and how to protect oneself from infection leads the rational individual to abandon high risk behaviours (Barnett and Parkhurst 2005, Naidoo and Wills 2000, Kemm and Close 1995, Devine and Hurt 1989 in Freimuth 1992, Aggleton et al 1989). Also labelled the 'preventive model' (Tones 1981 in Denman et al 2002), it is in keeping with the origins of health education which "emerged from the distinct disciplines of education and medicine in the nineteenth century as a set of pedagogic practices ... aimed mainly to provide information about disease transmission and containment" (Homans and Aggleton 1988:157). It adopts a top-down approach to information provision and is associated with didactic, non-participatory approaches to teaching and learning in which non-negotiable information is transmitted from 'experts' to audiences perceived as having little/no prior relevant knowledge / experiences (Naidoo and Wills 2000, Aggleton and Homans 1988). The focus on providing predominantly biomedical information without addressing the social understandings held by the target group is presented as a key limitation of this model (Homans and Aggleton 1988). Distinguishing between scientific and social knowledge about AIDS, Marková and Power (1992) argued that the former, the more dominant in the behaviour change model, is "characterized by impartiality ... [and] concerned with explicit facts" (124).

The behaviour change model is shown to adopt a rationalist view of knowledge, perceiving it as "certain, factual and objective rather than contentious and subject to change and interpretation ... [and therefore] there cannot be legitimate alternatives to it. There is little point in discussion and dialogue ..." (Kelly 1986 in Harber 1997:44-45). International

experience has shown that, while campaigns providing top-down information to individuals may lead to increased knowledge, translation of that knowledge into behavioural/attitudinal change is likely to be limited by failure to engage with the values, experiences and pre-existing knowledge of the target group, and to encourage their ownership of the knowledge (Craddock 2004, Campbell 2003, Mirembe 2002, Low-Beer and Stoneburner 2002, Aggleton et al 1993, Edgar et al 1992, Marková and Power 1992, Beattie 1990, Marland 1990, Wise 1986). In addition to the personal internal world of the individual, Wise (1986) highlighted two other factors as being influential in the conversion of health information into action – the context in which the individual lives, and other actors within that context (Figure 1).

**FIGURE 1**



Intervening elements of the conversion process of knowledge into action (Wise 1986)

The focus on the ‘rational individual’ and assumptions about his/her ability to take on the recommendations of prevention campaigns, without considering broader structural factors that

influence his/her choices and actions, is highlighted as a key weakness of this model (Campbell 2003; UNAIDS/Penn State 1999, Freimuth 1992). The model works on an assumption that “individuals have the freedom to learn and act, to become self-autonomous and self-empowered, and to have ‘agency’ over their own actions” (Boler and Aggleton 2005:8) but a lot of work exists showing that this is not necessarily the case. The influence of factors such as gender, age, religion, economic status, and culture, on the (health related) perceptions, knowledge, attitudes and behaviour of individuals is widely discussed in the literature (Gupta et al 2008, Boler and Aggleton 2005, Barnett and Parkhurst 2005, Nutbeam and Harris 2005, Jamil and Muriisa 2004, Campbell 2003, Mirembe and Davies 2001, Fredland 2001, Naidoo and Wills 2000, Bohmer and Kirumira 2000, UNAIDS/Penn State 1999, Marková and Power 1992, Marland 1990, Aggleton and Homans 1988, Wise 1986). Aggleton (1996) talked of ‘cultures of health’ which “generate norms and expectations about appropriate and inappropriate health-related behaviour, and position ... people differentially in relation to health risk”, influencing the ways in which individuals “make sense of health related knowledge, use health resources and respond to health concerns” (89). The international consultation process through which the UNAIDS HIV/AIDS Communication Framework was developed concluded that assumptions such as individualism, as opposed to collectivism, are particularly inappropriate in many non-Western cultures where the family, group and community tend to have a much greater influence on the decisions of the individual (UNAIDS/Penn State 1999). The behaviour change model is said to be effective in cases where the behaviour recommended is a single action (such as a vaccination) (Homans and Aggleton 1988) but international experience suggests that it is lacking where disease prevention requires “changing and maintaining complex, life-long behaviours” that can be

influenced by a range of actors/factors, as is the case in regard to HIV (UNAIDS/Penn State 1999:26).

The ‘self-empowerment’ and ‘collective action’ paradigms seek to address this weakness of the behaviour change model, both highlighting the existence of structural constraints to health enhancing behaviour but each responding in their own different ways; the former focuses on actively engaging individuals, helping them to critically understand their contexts and equipping them with skills, confidence and information to minimise risk of infection within the existing contexts, while the latter seeks not only to empower the individual but also advocates drawing different actors together to bring about change within the contexts and to address constraints to HIV prevention (Boler and Aggleton 2005, Denman et al 2002, Naidoo and Wills 2000, Kemm and Close 1995). These two paradigms are discussed in turn below.

### **2.1.2 The Self Empowerment Paradigm**

‘Self-empowerment’ within this model is defined as “the process by which people develop skills, understandings and awareness so that they can act on the basis of rational choice rather than irrational feelings” (Satow 1987 in Aggleton and Homans 1988:163). Empowerment is a broad concept that is variously used but this model is concerned primarily with individual or psychological empowerment, which Spencer et al (2008) describe as “associated with the development of an individual’s self efficacy, and enhancing self esteem and perceptions of personal control” (348). Power in this model is viewed not in constant-sum terms but in terms of an infinite resource that individuals can access by acquiring and building skills such as self assertion, decision making, action planning and negotiation (Beattie 1990; Aggleton and Homans 1988). Approaches in this model are said to have originated in psychology and draw

on thinking about counselling techniques and group work. Through processes such as ‘life-review’, they seek to create “a context in which the client/learner can systematically reflect on his/her personal story, ... social situations and personal impulses... and on the processes that will need to be engaged in order to accomplish desired changes” (Beattie 1990:31). They draw on theories of communication such as social learning theory (Bandura, 1969, 1977 in Nutbeam and Harris 2005) which acknowledge the prior knowledge and experiences of the learner (Hagquist and Starrin 1997, Devine and Hurt 1989 in Freimuth 1992). Emphasis is placed on the use of participatory methods to “improve health by developing people’s ability to understand and control their health status to whatever extent is possible within their environmental circumstances ... The learner is actively encouraged to participate in the learning programme, to explore their own values and beliefs, and to develop an understanding of the extent to which factors such as past socialization and position in society affect the choices that each of us make” (Aggleton and Homans 1988:158, 163-4). The role of the teacher is one of facilitator, as opposed to chairperson, there to ensure that the environment is one of trust and one that respects the participant’s boundaries (Hagquist and Starrin 1997, Wise 1986).

Proponents of active participation in HIV prevention make the case that individuals internalise cultural values, behaviours, expectations - in many cases without realising that they have – and that prevention programmes should seek to interrogate these (Spencer et al 2008, Hagquist and Starrin 1997). Proponents argue, in keeping with Freirian thought, that HIV prevention should seek to move the target group away from ‘intransitive thought’ in which people have a naïve consciousness, lacking “...insight into the way in which their social conditions undermine their well-being, and do not see their own actions as capable of changing these conditions”

(Freire 1993 in Campbell 2003:50). Kemm and Close (1995) add that “an essential part of the empowerment approach is value clarification – helping people [to] be clear about what they really want” (29). It is argued that interactive, experiential learning provides the target group with the space to examine and interrogate health information in the light of their own knowledge, circumstances and experiences, facilitating ownership of the information and informed decisions (Beattie 1990, Aggleton and Homans 1988, Wise 1986).

The tendency towards participatory, non-directive and learner-centred learning within this model is presented as one of its key qualities (Beattie 1990). It is said to make use of the rich resource that is the target group’s own experience, building on what is already known and what is of interest to them (Hagquist and Starrin 1997, Kemm and Close 1995, Naidoo and Wills 1994). Working with the target group at all stages of the programme – design, delivery and evaluation - is expected to positively influence the programme, enhancing understanding of the specific context of the target group and making the programme relevant to their lived experiences (Spencer et al 2008, Barnett and Parkhurst 2005, Naidoo and Wills 2000, Hagquist and Starrin 1997). It is said to address a major criticism of the behaviour change model – the imposition of fixed information that is determined by ‘experts’, with its associated values, assumptions and ideals (Spencer et al 2008, Pridmore and Stephens 2000, Naidoo and Wills 2000, Kemm and Close 1995). Self empowerment approaches are expected to enable target group members to decide for themselves what changes (if any) they should make in relation to the health issue in question (Naidoo and Wills 1994).

Active involvement of the target group is said to contribute towards building its capabilities which, it is argued, “is one of the ingredients of empowerment” (Hagquist and Starrin



1997:230). Tones (1981) described the self empowerment model as seeking to “empower individuals, ... developing their social skills and promoting personal growth, self efficacy, beliefs and self esteem (also known as life skills)” (in Denman et al 2002:16-17). Jensen and Schnack (1994) argued that working with the target group in the development, delivery and review of health programmes contributes to the development of their ‘action competence’ (in Denman et al 2002). This is expected to contribute towards “the realization of aims and objectives which encapsulate the rhetoric of informed decision making, personal autonomy, the promotion of self-esteem and health choices” (Wise 1986:153).

‘Life skills education’ has become a key focus in HIV/AIDS programmes around the world. A perceived benefit of life skills education in its early days was that it allowed for HIV/AIDS to be addressed without having to explicitly discuss associated controversial topics. It was claimed that “skills as diverse and complex as ... listening carefully, income generation or empathy-building would reduce HIV infection” (Boler and Aggleton 2005:2). This broad reach has been criticised as a major limitation of life skills education. Reviews such as that carried out for the US Centres for Disease Control and Prevention assert that skills based education must focus on skills directly relevant to specific issues within the particular health concern. Life skills education has also been criticised for its lack of a clear, agreed definition, which is said to have contributed to poor implementation, with different understandings of the approach being used across nations, regions and delivery organisations. Boler and Aggleton (2005) argue that “in reality, the push for life skills education has raced ahead of conceptual clarity, leading to a situation in which the phrase has come to mean nearly all skills based education, all participatory approaches and all skills...” (4). They make the point that implementation of life skills education has also been limited by the lack of a clear

methodology or pedagogy and insufficient training and support for the frontline staff expected to deliver it, arguing that “life skills education ... requires highly skilled and motivated staff with in-depth understanding of issues. A massive injection of resources is needed to train teachers to deliver life skills and support them in their work” (6). A pilot study for an HIV/AIDS life skills education programme for primary and secondary schools in Uganda found that “teachers lacked confidence in using new participatory teaching methods ...” that were advocated (World Bank 2002:32-3). Another criticism of life skills education is related to the limited evidence that exists on whether it necessarily contributes to changed behaviour (Boler and Aggleton 2005).

Life skills education, and the self empowerment model more broadly, have also been criticised for not challenging the broader structural constraints that individuals might face (Spencer et al 2008, Boler and Aggleton 2005). While self empowerment moves away from the limited information provision focus of the behaviour change model, it maintains the focus on the ‘rational individual’, working on the basis that equipping individuals with the necessary skills will enable them to minimise risk of infection. The literature questions this, discussing for example the futility of focusing on empowering women without considering and addressing the limitations placed on their lives, actions and decisions by dominant male counterparts.

### **2.1.3 Collective Action Paradigm**

The collective action paradigm marked a move away from the focus on the individual, adopting a social understanding of health which acknowledges the influence of an individual’s context on his/her choices and behaviours, and seeks to engage groups of individuals in creating health enhancing communities (Jamil and Muriisa 2004, Naidoo and Wills 2000,

Kemm and Close 1995, Aggleton et al 1989; Homans and Aggleton 1988). Within the collective action paradigm, Homans and Aggleton (1988) distinguished between the *community oriented model* and the *socially transformatory model* arguing that the ‘community involvement’ focus of the former does not necessarily address structural limitations to HIV prevention. The socially transformatory model asserts that HIV prevention must not only engage communities but must also concentrate efforts on challenging the factors that restrict good health (Campbell 2003, Homans and Aggleton 1988).

#### **2.1.3.1 The community oriented model**

The involvement of ‘the community’ in health education is a principle that was embodied in the 1977 World Health Assembly initiative ‘Health for All by 2000’ (Denman et al 2002) and is widely advocated by researchers, policy makers and practitioners (Deschesnes et al 2003, Campbell 2003, UNAIDS/Penn State 1999). It stresses the importance of engaging communities in producing and sustaining change (Eade 1999 in Riley et al 1999), placing emphasis on taking local characteristics into account, and engaging and making use of indigenous capacity, structures and resources (UNAIDS/Penn State 1999). Barnett and Parkhurst (2005) argued that “... prevention strategies must explicitly aim to provide local communities, and local leaders, freedom to shape interventions to local circumstances, and to local understandings”, adding that “promoting [standardised] ... packaged strategies will never be effective, as they will inevitably be oversimplified” (592). Similarly, the UNAIDS Communication Framework recommended mobilising community leaders, gatekeepers and key channels of information within communities to disseminate HIV/AIDS related messages (UNAIDS/Penn State 1999). Its specific recommendations for the Africa region included community oriented approaches that involve communities at each stage of the HIV/AIDS

communications process – identification of need, planning, delivery, and evaluation – on the basis that this will increase relevance and encourage ownership and sustainability. As is said of participation by the target group in the self empowerment model, such engagement is expected to address problems caused by external ‘experts’ imposing their ideals on the target group.

The successes of self help groups such as those established by people living with HIV/AIDS (PLWHA) and by gay men in the early stages of the epidemic in the West are often presented as examples of the advantages of engaging communities in identifying and addressing issues that are important to them. Such groups are said to have experienced significant successes in empowering members, encouraging behaviour and attitude change, and in providing care/support for those infected/affected by HIV (Aggleton et al 1993). The literature makes a distinction between “working with local communities [and] communities of interest (such as gay groups, indigenous and ethnic minority groups...)” (Nutbeam and Harris 2005:30), but both are extolled as important for effective, sustained health programmes.

The international literature also discusses what could be described as a form of collective action where the emphasis is on actively engaging actors in the communities surrounding specific target group in the design, delivery and, in some cases, evaluation of health programmes. Discussing health programmes in schools, for example, Wise (1986) argued that they must demonstrate an awareness that the young people are part of a wider community, and the World Health Organisation (1999) argued that “the goals pursued by schools that support this approach depend on partnerships that engage teachers, students, parents and community members as a whole, so that all are involved in a cooperative effort to improve child health”

(in Deschesnes et al 2003:389). The emphasis placed on collaborative relationships reflects the thinking that the organisation delivering the health programmes is not the only actor with influence over the health of the target group and that the programme must engage the different stakeholders with influence so that they are all working towards a unified end goal (Hawes 1988).

Such joint working is presented as being especially important in situations requiring action on multiple determinants of health. Aggleton's (1996) discussion of HIV/AIDS programmes for young people argued, for example, that "given that many factors determine health risks, it makes sense to involve a range of agencies in health promotion efforts..." (91). Writing on health programmes in schools, Deschesnes et al (2003) argued that "multiple determinants associated with children's different living environments ... must be acted upon concurrently. In that context, the alliances developed between stakeholders or partners representing different environments are the lifeblood of the program" (391). In a similar vein, Stephens (2007) asserted that "to improve the outcomes of ... what children learn, it is necessary to pay much closer attention to the interface between the larger, external cultural picture and the micro-culture of the learning place" (117) and Denman et al (2002) argued that working with parents provided opportunities for engaging with "differential learning experiences for children based on material, cultural and social factors" (36), thereby strengthening the school programmes. Working with the communities of target groups is expected to expose health programmes to the life contexts of the groups and to the discourses within them, contributing towards making the programmes more relevant and more likely to lead to health enhancing changes (Deschesnes et al 2003, Denman et al 2002, Michal-Johnson and Bowen 1992). Denman et al

(2002) made the case that such active engagement can “positively influence the society in which [target group] health choices are made” (26-27).

Many criticisms and limitations of this model are linked to the use of the term ‘community’. The very definition of the term has been much debated with Altman (1998), for example, making the point that it is “one of the most complex and imprecise in the vocabulary of social science” (7). Who makes up the ‘community’ to be engaged? Communities have been shown to be a complex mix of actors, influenced by different cultures, with different priorities and motives. Some, such as Riley and Wakely (2003), warn of a romanticised view of community in which the assumption is made that communities are a “force for good ...” (13) when this is not necessarily the case. Writing on HIV/AIDS has often used the term unquestioningly, commonly interpreted to refer to a group of people within a particular geographical area. Broader literature discusses the limitations of such a perspective, with Guijt and Shah (1998), for example, highlighting how migration can lead to a questioning of the community boundaries.

International experience has shown that ‘community’ involvement does not necessarily challenge structural constraints to HIV prevention. Campbell (2003), for example, presented a case where it had in fact reinforced existing restrictive beliefs because all members of the group held similar views. She, and others, argue that HIV prevention must “provide a context for the development of people’s critical consciousness ... through stimulating the development of insight into ways in which social relations... undermine the likelihood of good health ... as well as scenarios for alternative ways of being” (Campbell 2003:50, Wise 1986). The socially

transformatory model asserts that HIV prevention must work towards turning ‘scenarios for alternative ways of being’ into reality.

### **2.1.3.2 The socially transformative model**

The socially transformative model, also referred to as the ‘radical political model’ (Tones 1981 in Denman et al 2002), responds to a limitation of the other models which are said to do “little to challenge the pervasive inequalities of power in society which affect the choices that people make and limit opportunities for healthier forms of living” (Homans and Aggleton 1988:168). Programmes adopting this model are said to have “the potential to enhance individual health and well-being *and* to bring about far reaching change throughout society” (Homans and Aggleton 1988:168, Gupta et al 2008). Gupta et al (2008) argued that successful programmes create an “enabling community environment that empowers [individuals] to make their own decisions...” (769).

It is widely asserted that programmes that focus on changing the individual without considering the context in which he/she lives (and factors within that context that influence his/her choices and actions) are likely to have limited long term success (Gupta et al 2008, Barnett and Parkhurst 2005, Jamil and Muriisa 2004, Campbell 2003, Mirembe and Davies 2001, UNAIDS / Penn State 1999). Marková and Power (1992) argued that “.... health communication concerning HIV/AIDS [should] address not only an audience’s perceptions, knowledge, and attitudes but also the underlying sociocultural assumptions and social representations on which such perceptions, knowledge and attitude are based” (127-8). Similarly, Barnett and Parkhurst (2005) asserted that “prevention efforts must work to understand and address the socioeconomic and cultural realities in which sexual behaviours

are shaped” (592) and the 1999 UNAIDS Communication Framework recommended that HIV/AIDS communication strategies take into account five contextual domains that are able to influence the individual - government policy, socio-economic status, gender relations, culture and spirituality (UNAIDS/Penn State 1999). Campbell (2003) argued that “in the absence of real commitment by national and international leaders to work towards creating community contexts that enable and support health behaviours, [the masses of resources directed towards the response] will be spent on Band-Aid solutions. .... While these solutions will serve the vital role of alleviating the sufferings of many individuals and families in the short term, they will not change the community and social contexts that led to the development of the epidemic in the first place, nor will they strengthen affected communities in ways that will protect them from future hazards and future epidemics” (19).

In 1988 Homans and Aggleton wrote about what was at the time perceived as the radical potential of socially transformatory approaches to HIV prevention, highlighting four areas in which they should seek to bring about change:

- *Ideas*: what people ‘know’ about the disease – social representations/misconceptions about what it is, how it is transmitted, treated and so on; attitudes towards those infected/affected by the disease in question and their needs; attitudes towards people in ‘high risk’ groups and their needs. They argued, for example, that it was important that prevention initiatives challenge and correct misconceptions and negative views held by those treating/caring for people living with HIV/AIDS (PLWHA);
- *Social relations*: adjusting, for example, power relations between men and women, expectations of sexual roles, relationships across different age groups; perceptions of



people with the disease and people in 'at risk' groups. HIV/AIDS programmes must, for example, seek to address discrimination in accessing resources/services;

- *Political processes*: for example advocacy for better provision of (health) services for people infected / affected by the disease; critically educating and empowering groups to take action to improve their access to services/resources, or to act against discrimination;
- *Resource allocation*: for example seeking to inform and bring about change in the allocation of resources towards the provision of drugs, social services, care of people infected / affected by the disease and in the distribution of financial resources more generally, helping people climb out of poverty.

These four categories demonstrate that structural constraints to HIV prevention can exist at different levels – from social understanding held by individuals, to oppressive gender relations, to restrictive national policies on service provision and discriminatory resource provision. In their discussion of structural approaches to HIV prevention, Gupta et al (2008) presented various classifications of structural factors that reflect these different levels. They discussed Barnett and Whiteside's (2002) model which categorises factors along a continuum based on distance from HIV risk, with 'distal factors' (for example national economic context and governance) influencing risk through "a longer and thus usually more variable series of causes and effects" (765) and 'proximal factors', for example lack of money for food and other basic necessities that might push an individual into the sex industry, having a more direct influence on risk. They also discuss Sweat and Denison's (1995) framework which is based on the level at which structural factors operate: "superstructural factors (e.g. economic development and national cultural attitudes)... structural factors (including laws and policies

e.g. laws restricting women's ownership of economic assets), ... environmental factors (e.g. living conditions or opportunities available) and individual factors [such as a lack of money, which] affect how environmental factors are experienced" (Ibid). Gupta et al (2008) make the point that structural limitations to HIV prevention can change over space and time and, as such, prevention programmes must be context specific.

Collaborative relationships between different actors / sectors are commonly referenced in discussions about socially transformatory / structural approaches to HIV prevention as a way of compensating for the limited scope of any one actor. International experience has demonstrated that no one sector of society is able to fully address the complexities of the pandemic alone (Jamil and Muriisa 2004, Campbell 2003, Aggleton 1996, Beattie 1990, Hawes 1988, Wise 1986). Campbell (2003) argued that "the extent to which the efforts of grassroots communities can result in the development of new and more health-enhancing norms, is strongly influenced by the willingness of more powerful local, national and international constituencies to work with them on the task [and argued that] ... there is a need to forge links between traditionally diverse groups, with very different levels of access to material and symbolic power – but united through a common commitment to the reduction in HIV/AIDS" (195-6). The wider international literature supports the argument that such collaborative relationships can add value, producing "... outcomes which would not have been possible by partners singly" (Lewis 1998:9, Brinkerhoff 2002). They are expected to benefit from pooling together the varied resources that the different actors hold and avoiding wastage through duplication (Deschesnes et al 2003, Penrose 2000, Robinson et al 2000). Discussing UNAIDS analyses of countries that had successfully reduced their national HIV growth rates, Campbell (2003) concluded "... that there is no longer any doubt in the HIV prevention

community that the mobilization and participation of local communities - in partnership with appropriate bodies in civil society, the public sector and the private sector – are an essential precondition for successful HIV prevention” (187).

The international literature presents examples of socially transformatory/structural approaches to HIV prevention in practice but also discusses restraints to their implementation. Gupta et al (2008), for example, talk of the “lack of conceptual and technical consensus on definition and implementation”, “lack of operational guidance, and limited data on effectiveness of structural approaches to the reduction of HIV incidence” (764). The latter is linked to the difficulties of assessing structural approaches, which are themselves linked to the situational specificity of the approaches and the multiple, interacting factors involved.

Collective action approaches to HIV prevention are closely aligned with health promotion, a concept that was advanced by the World Health Organisation (WHO) and that has received growing international recognition since the 1980s (Naidoo and Wills 2000). The literature emphasises that health promotion is not simply about the prevention of disease but, as the name suggests, is also about promoting positive health and wellbeing of individuals, groups and communities through the creation of health enhancing environments (Naidoo and Wills 2000, Kemm and Close 1995). ‘Context’ is an important consideration in health promotion. The World Health Organisation described health promotion as involving “... the population as a whole in the context of their everyday life, rather than focusing on people at risk for specific diseases ... [It] is directed towards action on the determinants or causes of health ... combin[ing] diverse but complementary, methods or approaches ... [and] aim[ing] particularly

at effective and concrete public participation ...” (WHO 1984 in Homans and Aggleton 1988:156). It moves away from a medical focus to include consideration of a multiplicity of factors that can influence health. Dennis et al (1982) defined it as covering “all aspects of those activities which seek to improve the health status of individuals and communities. It therefore includes both health education and all attempts to produce environmental and legislative change conducive to good health. ... [H]ealth promotion is concerned with making healthier choices easier choices” (in Naidoo and Wills 1994:77).

Integral to health promotion is ‘the settings approach’ which is based on the principle that “health is created and lived by people within the settings of their everyday life: where they learn, work, play and love” (WHO 1986 in Denman et al 2002:ix) and “it is these... settings which need to be made conducive to health” (in Naidoo and Wills 2000:261). These settings can be institutional or community - the city, school, workplace, neighbourhood and home, recreational venues, hospitals/clinics, and communities/neighbourhoods (Denman et al 2002, Naidoo and Wills 2000).

## **2.2 CONCLUSION**

HIV prevention rhetoric has evolved through various phases to the now widely extolled approaches that extend beyond the provision of supposedly impartial information based on explicit facts and emphasise the importance of settings and relationships in facilitating prevention of infection. The literature shows that new models/approaches to HIV prevention do not render all aspects of the previous approaches redundant. Different approaches can, and do, coexist within individual contexts and this is indeed advocated. It is noted, for example, that social transformation is a long term process and that certain critical issues must be

addressed in the short and medium term (Gupta et al 2008, Campbell 2003); long term social transformatory change should therefore be paralleled with more immediate activities such as increasing individuals' knowledge about HIV/AIDS and equipping them with the skills to act on that knowledge, accompanied by the provision of voluntary testing and counselling facilities, provision of antiretroviral drugs, condom distribution, and treatment of sexually transmitted infections that facilitate the spread of HIV.

The literature also highlights the need for more research into the practical application of contemporary approaches to HIV prevention. It suggests that, as with many concepts adopted in international and national policy, certain aspects of the HIV prevention rhetoric are ideals based more on theory than on practice. Hagquist and Starrin (1997) argued, for example, that “the empirical base advocating empowerment models is less strong than the theoretical base. ... even the best evaluations seem to have paid too little attention to issues concerning the actual implementation of the programmes” (230). The literature does, however, also highlight a problem of a lack of conceptual/theoretical clarity to guide understanding and delivery of recommended approaches – Boler and Aggleton (2005) discuss this problem in regard to life skills education and Gupta et al (2008) in their discussion of structural approaches to HIV prevention.

The practical application of contemporary HIV prevention rhetoric can be seen to require more of the organisations delivering prevention programmes than has traditionally been the case. A WHO publication asserted that a setting seeking to “create the means for all who live and work within it to take control over and improve their physical and emotional health” does so by addressing “its management structures, its internal and external relationships, the

teaching and learning styles it adopts and the methods it uses to establish synergy with its social environment” (in Denman et al 2002:21). This statement, like various other references in the literature (discussed in section 4.1.1), suggests that the design of health programmes must consider not only the content of the programmes, the approaches used in delivering them, and the actors engaged in doing so, but must also take into account the characteristics of the delivery organisation and whether they facilitate effective delivery. The following chapter considers the characteristics and ways of functioning of different organisational types as a step towards exploring if/how they influence the delivery of HIV prevention programmes.

## **CHAPTER III**

### **UNDERSTANDING ORGANISATIONS**

#### **3.0 INTRODUCTION**

The international literature makes various references to the potential influence of organisational factors on the delivery of health programmes. This chapter explores the characteristics of different organisations, and the ways in which they function, as a step towards developing a framework for investigating how they might influence the delivery of HIV prevention programmes. The first section of the chapter considers two organisational forms (the bureaucratic and post-bureaucratic form) presented in the literature as able to influence functioning in significantly different ways (3.1). Section 3.2 discusses another factor said to be influential in the delivery of the sorts of programmes being investigated in this study – the organisation’s philosophy on teaching and learning. This section discusses two philosophies that are commonly contrasted in the literature – the authoritarian philosophy and the democratic philosophy. Section 3.3 concludes the chapter, highlighting linkages with other sections of the thesis.

#### **3.1 DIFFERENT FORMS OF ORGANISATION**

Organisational thinking and practice has evolved significantly over time reflecting, some argue, a pendulum movement swinging between the rational perspective which emphasises hierarchy, formality, rules and systems, and the more normative perspective which is associated with informality, flexibility, interaction and shared values (Barley and Kunda 1992 in Campbell 2005:30). In 1984 Schein presented two clearly contrasting organisations characterising the two ends of the pendulum. On the one hand there was organization A which

he described as operating on the assumption that ideas come from individuals across its different levels and that they must all be actively engaged in its functioning. Individuals within organisation A are perceived as responsible, motivated and capable of governing themselves and can therefore be left to their own devices, trusting that they will do all that is required of them; they are given the responsibility and flexibility to get their jobs done in the way they see fit. Organisation A holds the view that truth can only be arrived at by fighting things out in groups, in an environment in which everyone's opinion is valued and individuals feel comfortable putting their opinions forward; such fighting is possible because staff see themselves as a family whose members will take care of each other - it is therefore safe to fight and be competitive. The physical environment in such an organisation is one of open office landscapes, few closed doors, people milling about, intense conversations and arguments and a general air of informality.

Organization B, on the other hand, operates on the assumption that truth comes ultimately from older, wiser and higher-status members and that members of staff are capable of loyalty and discipline in carrying out directions. Relationships are therefore basically lineal and vertical. Each person has a niche in the organization that cannot be invaded. In organization B there is a hush in the air. Everyone is in an office with closed doors, nothing is done except by appointment and prearranged agenda. Organisation B is essentially about hierarchy. When people of different ranks are present there is real deference and obedience. An air of formality permeates everything.

These two descriptions reflect two extremes frequently discussed to the literature – the traditional, bureaucratic, mechanistic organisation, characterised by formal hierarchy, and the



post-bureaucratic flexible organisation characterised by horizontal non-hierarchical systems of cooperation (Child 2005, Campbell 2005, Harber 2004, Handy 1999, Harber and Davies 1997). The following discussion explores these two organisational forms in turn.

### **3.1.1. The bureaucratic organisation**

Organisation B above is representative of the tradition of rationality in organisations that was advanced in Weber's ideal type – the bureaucratic organisation (Child 2005, Campbell 2005). The principle of rationality emphasises order and predictability and advocates rules and control from above, seeking to formalise and standardise work within the organisation (Campbell 2005, Handy 1993, Goodman et al 1982). Goodman et al (1982) made the case that “rationality resides in the structure itself, not in the individual participants – in rules that assure participants will behave in ways calculated to achieve desired objectives, in control arrangements that evaluate performance and detect deviance, [and] in reward systems that motivate participants to carry out prescribed tasks ...” (376). Tasks and the mechanisms for their coordination are clearly defined (Campbell 2005, Weber in Gerth and Mills 1985). Handy (1993) associated this with what he classified as the ‘role culture’ in which the organisation is divided into units performing different functions “coordinated at the top by a narrow band of senior managers” (185). ‘Coordination’ has been described as “a way of bringing together disparate agencies to make their efforts more compatible (in the interests of equity, effectiveness and efficiency) [and is shown to work on an assumption that] without coordination, the danger is of lapsing into chaos and inefficiency” (Robinson et al 2000:7). Robinson et al (2000) argue that “the most common notion of co-ordination is as rule-regulated and hierarchically organized, ... where the role of the manager is seen as being ‘to plan, to organize, to command, ... and to control’. ... Coordination, generally associated with

hierarchies, is a relationship of power (which can be used and abused) and the coordinator ... can be monolithic and coercive against the wishes of those being co-ordinated” (7). Decision making in the bureaucratic organisation has been shown to be rigid, closed and non-participatory, with little autonomy and decision making power afforded to those in the lower levels of the organisation (Harber and Davies 1997, Blunt 1983, Goodman et al 1982). Goodman et al (1982) argued that in such an organisation, “most participants are excluded from discretion over their behaviour” (376).

Bureaucracy as advanced by Weber emphasises formality, rules that apply to all members of the organisation, and impersonality which seeks to ensure that a worker keeps the role separate from his/her personal life and that all clients receive equal treatment (Campbell 2005, Handy 1993, Gerth and Mills 1985). Informality is rejected and objectivity is extolled. It is expected that in conditions with high levels of formal rationality, “procedures and systems are driven by logic and consistency rather than by any subjective value systems (apart from the subjective belief that rationality is the most desirable basis for organisation)” (Campbell 2005:16). The rational organisation is inward looking, focusing on efficiency within its boundaries and, as such, relationships with external actors are marginalised.

The bureaucratic form of organising has been widely adopted over time and space. The top-down mode of functioning, in which the activities of the organisation are coordinated by all-knowing expert managers, is presented as having advantages such as making economical use of resources, minimising wastage through eliminating duplication across the organisation, encouraging consistency and reducing uncertainty (Child 2005). Weber argued that “precision, speed, unambiguity ... continuity, discretion, unity, strict subordination, reduction of friction

and of material and personal costs – these are raised to the optimum point in the strictly bureaucratic administration ...” (Gerth and Mills 1985: 214). The limitations of bureaucratic functioning are, however, also widely discussed with many showing, for example, that the formalised vertical divisions and systems of the organisation (that create silos) can limit communication and opportunities for joint working across departments, leading to inflexibility and resulting in wasteful duplication and/or fragmented services. Boler and Aggleton (2005) presented cases where the bureaucratic, compartmentalised nature of governments had held back the introduction of HIV/AIDS related life skills education into schools because Ministries of Education perceived HIV/AIDS as the responsibility of Ministries of Health. Bureaucracy in practice has been shown to result in situations where different units/levels of staff are not fully aware of the reality of others within the same organisation.

The literature shows that, applied in the wrong context or taken to an extreme, the principles of Weberian bureaucracy can negate the expected efficiency gains. Campbell (2005) showed, for example, how the focus on “rules and supervisory procedures necessary to ensure that services are standardised [can] lead to inflexibility” (19). Various writers have shown that strict control from above and tight allocation of duties and responsibilities can result in staff off-loading personal responsibility and can quench the drive to take any initiative (Child 2005, Campbell 2005, Blunt 1983, Goodman et al 1982), possibly also contributing to a risk that (unforeseen) “problems or issues which fall between two departments, sections or shifts, are left unattended” (19).

The bureaucratic system, with the inequalities of power embodied in its vertical superior-subordinate relationships and strict hierarchical controls, is criticised as being oppressive, and

even exploitative, to individuals and is said to restrict personal skills development and initiative (Child 2005, Blunt 1983). Bureaucracy in practice has also demonstrated that the impersonality advocated is not necessarily suited to all functions, for example, in the service and care industries (Campbell 2005). Bureaucratic functioning is criticised for placing ultimate emphasis on means at the expense of ends - on “efficiency in carrying out a given task” at the expense of the “appropriateness or ethical desirability of the task” (Campbell 2005:18). Characteristics associated with the bureaucratic organisation such as the formal hierarchical structures, closed and non-participatory decision making processes, emphasis on stability, routinization and conformity to rules, and restricted horizontal communication, are said to result in an organisation that is rigid and slow to change – characteristics that inhibit organisational learning and therefore progress and sustainability in complex and fast changing climates and in conditions of uncertainty (Child 2005, Harber and Davies 1997, Handy 1993). Handy (1993) argued that this form of organisation is “slow to perceive the need for change and slow to change even if the need is seen” (186).

An awareness of the limitations of the bureaucratic system has been evident amongst organisational theorists and practitioners since the 1940s and by the 1980s, the ‘post-bureaucratic’ organisation had emerged as an alternative to the previously dominant form (Child 2005, Campbell 2005, Handy and Aitkin 1986, Goodman et al 1982). It is worth noting that even with the growing trend towards post-bureaucratic arrangements, the principles of the bureaucratic organisation remain popular (Child 2005, Campbell 2005), with characteristics such as hierarchical functioning enduring as dominant features of many organisations.

### **3.1.2 The post-bureaucratic organisation**

There has been a marked change in thinking about organisations in recent decades, building on the ‘natural systems’ critique of the mechanistic rational organisation (Child 2005, Campbell 2005). New organisational forms have emerged from the growing dissatisfaction with the traditional bureaucratic form and its limitations in meeting fast changing and complex needs (Child 2005, Campbell 2005). They mark a move away from the narrow focus on internal efficiency advocated in the rationalistic school of thought and highlight the need to be adaptable and innovative in order to meet contemporary needs (Child 2005, Harber and Davies 1997). Those advocating new organisational forms argue, for example, that “formalized roles and rules articulating knowledge gleaned from the past ...” are not appropriate in conditions of fast change, turbulence and uncertainty (Child 2005:9). Rather, what is required is flexibility associated with “adaptive and innovative processes based on intensive communication and knowledge sharing between people” (Ibid, Harber and Davies 1997).

The ‘post-bureaucratic’ organisation reflects a “move away from hierarchy, a return to smaller, less differentiated, more organic units, an emphasis on personal discretion and creativity rather than on conformity to rules, and arrangements that encourage flexibility, learning, innovation and teamwork” (Child 2005:26). This organisation is expected to be able to “evolve with changing circumstances through providing opportunities for people to express themselves, achieve personal fulfilment and as a result, enthusiastically contribute to organisational learning” (Ibid). Proponents of the post-bureaucratic organisational form argue that organisational learning – a process considered necessary in sustaining effective performance in complex, unstable conditions - is limited in the traditional, bureaucratic organisation with its emphasis on stability, routinization and conformity to rules and the

reliance on a select few members at the top of the organisation to direct progress. Child (2005) argued that such characteristics can “inhibit the accidental, highly fortuitous and creative processes that facilitate exploratory learning” (28).

Wide engagement across the organisation is advocated in post-bureaucratic thinking. Strong emphasis is placed on integration, as opposed to differentiation, stressing direct contact between the different members of staff rather than formal standardised procedures and rules (Child 2005). The organisation advocates moving decision making activity and responsibility to locations in the organisation where the “relevant knowledge and information reside”, making the case that this enables rapid adjustment in changing conditions because “the people ‘on the spot’ are allowed to make relevant decisions” (Child 2005:49). This is expected to encourage and develop personal initiative and instil a sense of ownership within the staff members which, it is argued, engenders commitment and responsibility towards the organisation and its objectives (Child 2005, Campbell 2005, Goodman et al 1982, Burns and Stalker 1961).

The post-bureaucratic organisation is commonly associated with ‘cooperative’ relationships. Robinson et al (2000) defined cooperation as “non-hierarchical ... with all parties involved on an equal basis with each other. In this sense, it can be distinguished from co-ordination [as discussed earlier] on the basis that co-operation assumes power based on knowledge, expertise, and/or contribution, rather than power derived from role or function in a hierarchy” (8). The post-bureaucratic organisation is said to place emphasis on leadership through guidance as opposed to the leadership through formal authority characteristic of the traditional

bureaucratic form (Child 2005). The post-bureaucratic organisation is represented in Schein's (1984) 'Organisation A' described earlier.

The post-bureaucratic form of organisation has its origins in the 'organic' alternative to the traditional mechanistic organisation advanced by Burns and Stalker's (1961), which itself grew out of a natural systems perspective on understanding organisations (Campbell 2005, Child 2005). The natural systems perspective adopted a holistic view of organisations, perceiving them "as a whole rather than as a set of discrete parts ..." (Campbell 2005:26). It reflected an awareness of the complexity of organisations, recognising their emotional content, the informal structure, the possible existence of multiple goals that differ from official goals, and even the possibility of multiple interpretations of official goals (Ibid). In addition, it highlighted a relationship between the organisation and (other actors in) its environment, acknowledging (potentially positive) influences of the latter on the former (Ibid).

Organic organisations, as they were defined within the natural systems perspective, are more informal than the bureaucratic form and place more emphasis on task than on rank and structure. Burns and Stalker (1961) argued that looser definition of status, roles, responsibilities and modes of communication in organic organisation make it possible for the "activities of each member of the organization [to] become determined by the real tasks of the firm as he sees them [rather] than by instruction or routine. The individual's job ceases to be self-contained; the only way in which 'his' job can be done is by participating continually with others in the solution of problems which are real to the firm, and put in a language ... meaningful to them all" (125). As noted above, knowledge in this organisational form is not limited to the upper levels of the organisation – "knowledge about the technical or commercial

nature of the here and now task may be located anywhere ...; this location becoming the ad hoc centre of control authority and communication. ... [I]t is an essential presumption of the organic system that the lead, i.e. 'authority', is taken by whoever shows himself more informed and capable ... the location of authority is settled by consensus" (Burns and Stalker 1961:121/122).

Communication across departments and levels is much more fluid in the organic organisation than in the mechanistic organisation, and is characterised by "consultation rather than command" – it is more about provision of "information and advice rather than instructions and decisions" and "mutual confidence, rather than authority, is the integrative force in [the] organization" (Burns and Stalker 1961:121, 125). A greater sense of 'community' is said to exist in the organic organisation than in the mechanistic organisation – "the sanctions which apply to the individual's conduct in his working role derive more from a presumed community of interest with the rest of the working organisation, in the survival and growth of the firm, and less from a contractual relationship between himself and a non-personal corporation, represented for him by an immediate superior" (Ibid:121). The framework of shared values, beliefs, goals and conduct is said to both fulfil the function of the highly controlled formal structure of the mechanistic organisation, and to encourage cooperation within the organic organisation (Ibid). It is noted, however, that even in this relatively flat organisation some form of hierarchy exists, reflecting certain levels of seniority (Ibid).

Burns and Stalker (1961) highlighted specific limitations of the organic organisation. They showed, for example, that it places "heavier demands on the individual" (123) – greater commitment is expected of individuals in organic organisations than in more mechanistic



organisations, there is less certainty of individual roles and what is expected of them (and what can be left for someone else to do). They also demonstrated that the openness of the organic system runs the risk of certain functions being “left wholly or partly undischarged, [with some members of staff] overburdened with undelegated responsibility, or left without the authority to do his job properly” (123). In the organic organisation, there are “fewer opportunities to hide behind rules, regulations and procedures. ... [W]hilst [it] may reduce subordination, it places greater demands on the whole personality so that employees’ emotions (previously disengaged under the bureaucratic system) are now deployed in the service of the organisation through greater emotional engagement, commitment and more complex networks of team working and collaboration” (in Campbell 2005:26). Writing along similar lines, Goodman et al (1982) argued that new forms of organisation require greater skills sets among staff than would be required by traditional forms. Weber opined that “work organised by collegiate bodies [as is advocated in the post-bureaucratic organisation] causes friction and delay and requires compromises between colliding interests and views. The administration, therefore, runs less precisely and is more independent of superiors; hence, it is less unified and slower” than the bureaucratic administration (in Gerth and Mills: 1985:214). Child (2005) highlighted possible negative aspects of team working as extolled in post-bureaucratic thinking showing, for example, how seconding staff members to teams can disrupt their normal duties, and that establishing and running the teams themselves can be costly in terms of both time and money.

The ideals of the organic post-bureaucratic organisation have been widely acclaimed internationally (Morgan 2006, Child 2005, Campbell 2005, Handy and Aitkin 1986) and while there is a lot of experimentation and innovation with alternative forms of organisation by practitioners, the extent to which the new ways of thinking and new forms of organisation are

lived out in reality is uncertain (Morgan 2006, Campbell 2005, Campbell 2005). Various writers have argued that the transition from adopting one form to adopting another is not easy and is limited, for example, by the legacy of the mechanistic, bureaucratic organisation with its rigidity and controls (Child 2005, Blunt 1983, Goodman et al 1982).

### **3.1.3 Section conclusion**

Clarke and Clegg (1998) succinctly described the clear distinctions between the two organisational forms discussed above: while the bureaucratic “rationalistic, hierarchical, standardising” perspective emphasises “organizational discipline”, the “flexible, decentralised and diverse” post-bureaucratic perspective emphasises “organizational learning”; the bureaucratic form, with its “inflexible structures, distorted (hierarchically-routed) communication” is contrasted against the “flexible structures” and “open communication” of the post-bureaucratic form; while in the former “the strategic capacity is at the apex of the organisation” which has “low trust in employees”, in the latter “strategic capacities are widespread in the organisation”, which places trust in its employees. “Tacit and local knowledge must be disciplined and controlled by management” in the former, whereas in the latter such knowledge “is seen as a factor in the organization’s success” (Clarke and Clegg 1998:43 in Campbell 2005:27). The literature also highlights differences such as the emphasis placed on processes and goals (Campbell 2005, Harber and Davies 1997), showing that the more traditional bureaucratic organisation tends to place significant emphasis on process whereas the post-bureaucratic organisation places greater emphasis on goals and allows greater flexibility in the processes used to achieve those goals. Discussing schools, for example, Harber and Davies (1997) argued that “the outmoded bureaucratic school ... has a whole raft of overt and covert goals, but has rigid and inflexible means of trying to achieve

them. The post-bureaucratic school on the other hand has a consensus of goals, but flexibility and diversity in attaining them” (150).

Despite the clear differences, it is noted that individual organisations can, and do, adopt characteristics of both forms at any one time (Campbell 2005, Handy 1999, Burns and Stalker 1961). Burns and Stalker (1961) made the point that “the two forms of system represent a polarity, not a dichotomy; there are ... intermediate stages between the extremities...” (122). Arguing along similar lines, Child (2005) stated that individual organisations are not necessarily located at one of the two extremes and they can adopt different forms for different requirements. The school of thought espousing the idea of a pendulum movement (discussed in 3.1 above) has been criticised for, among other things, the distinction it makes between the rational and the normative ends of the pendulum, portraying them as totally discrete – a distinction that others argue is not as clear cut (Campbell 2005).

The literature makes the case that neither extreme is necessarily wrong but that each is suited to different functions and requirements - that the more rational, bureaucratic mechanistic organisation might be more appropriate in stable conditions and environments, while the more flexible, organic organisation is likely to be more “appropriate to changing conditions which give rise to fresh problems and unforeseen requirements for action” (Burns and Stalker 1961:121, Morgan 2006). Others such as Handy (1993) argue along similar lines. Both forms of organisation have been shown to have their advantages and disadvantages / limitations. Despite the strong reaction against the bureaucratic organisation, it has endured in one form or another over time and space. International experience suggests that organisations find it hard to abandon its principles and that it still has some contribution to make in organisational

functioning, although it is increasingly argued that this is best done in combination with features from the newer form of organising.

### **3.2 PHILOSOPHY ON TEACHING AND LEARNING**

The education literature demonstrates that the philosophy on teaching and learning adopted by an organisation can significantly influence its functioning and the education programmes that it delivers. Two extremes are shown to exist – the authoritarian and the democratic philosophy – with a range of combinations and possibilities in between.

#### **3.2.1 The authoritarian philosophy**

The authoritarian philosophy is shown to be associated with a ‘rationalist’ epistemology in which knowledge is perceived as “certain, factual and objective rather than contentious and subject to change and interpretation” (Kelly 1986 in Harber 2004:61). There is one ‘right’ answer with no legitimate alternatives and, as such, there is no need for participatory discussion in the education process. Where the authoritarian philosophy prevails, independent thought, questioning, problem solving and group work by learners are rare; much of the teaching adopts a top-down talk and chalk/lecture mode. Voices of the learners are considered insignificant and critical thought and alternative viewpoints are suppressed (Harber 2009, 2004). There is little flexibility about what is taught and learned, how, when, where, and who teaches. The purpose of education is to transfer fixed information from ‘experts’ to empty vessels, reflecting what Freire referred to as ‘banking education’ - the all knowing teacher simply dictates predetermined non-negotiable information which the learners are expected to absorb (Carnie 2003, 2009, 1997). Mirembe (2002) witnessed these features in her study of an HIV/AIDS programme in a Ugandan school, where she found that “teachers put emphasis on

control of pupils and passing on the knowledge. Lessons were teacher centred denying young people a chance to produce knowledge or be in charge of their learning” (293).

As in authoritarian political systems there is a lack of transparency and accountability to the masses within this philosophy which operates on the assumption that certain individuals “have the right answers and the role of the people is to obey and do what they are told. Those who do not obey are punished accordingly. ... The ideal citizen is one who is submissive, behaves according to the wishes of the regime, respects authority and doesn’t ask questions” (Harber 2004:22). Indoctrination and socialisation are key means of reproducing particular values and beliefs and reinforcing lines of control (Harber 2004, Mirembe 2002, Harber 1997).

The authoritarian philosophy is broadly associated with a culture of domination and is shown to be primarily concerned with maintaining a particular distribution of power. Discussing the manifestation of the authoritarian philosophy in schools, Harber and Davies (1997) demonstrated that the learners are dominated by front line educators (teachers, trainers) who are themselves dominated by senior staff / management and possibly a broader education system. While participatory engagement of low level staff and of learners might exist in the authoritarian organisation, Harber and Davies (1997) argued that “these ‘rights of participation’ are a political ritual which lend support to what is in reality a system of autocracy” (61) and in many cases are “tokenistic and shallow” (63), with subordinates having no access to real decision making.

The emphasis placed on passing set information from ‘experts’ to ‘empty vessels’ is said to contribute to “dependence, rigidity, passivity, a false sense of certainty about knowledge and a

uniform approach to a diverse group of people” (Harber and Davies 1997:158). Carnie (2003) criticised this philosophy, quoting research findings that have shown that individuals “learn in different ways and at different paces [and therefore] a ‘one size fits all’ approach is unlikely to meet the needs of most [learners] most of the time” (2).

### **3.2.2 The democratic philosophy**

In contrast to authoritarian philosophy, the democratic philosophy adheres to an empiricist epistemology which holds that “reality is not fixed, immutable and inevitable [but] ... is made by people and can be changed by people” (Harber 1997: 44-45). It thereby rejects the idea that there are set answers that are correct for all people, at all times, in all contexts. This perception of knowledge as tentative, uncertain and problematic implies a participatory and inclusive approach to knowledge generation (and transfer). Contrary to the authoritarian perspective in which the ‘all knowing’ teacher is at the centre of the education, in the democratic perspective the voices and opinions of non-conventional teachers (for example parents and educators from external organisations) are considered a valuable contribution to the learning process. Learners are encouraged to question and to investigate, and to contribute to the teaching and learning process (Harber 2009). The educator seeks “... to create critical awareness, ideas and values [among the learners] by open, balanced discussion and analysis of a range of evidence and opinions including non-dominant ones” (Harber 2004:23).

The democratic philosophy is shown to embody a learner centred ethos that prioritises all-round development and personal growth. The needs, experiences and interests of the learners play an important part in shaping what is learnt, how and when it is learnt (Harber 2009, Gribble 2006, Carnie 2003). Learning within this philosophy “is rooted in experience. It is an

active and participatory process whereby [learners], through exploration, discussion and collaboration, convert information into knowledge” (Carnie 2003:3). Harber and Davies (1997) described it as “a philosophy which places value on learners and teachers to generate and tolerate a diversity of ways to ‘achieve’, albeit within a mutually agreed framework of roles, of rules, and of allocation of resources” (150). Gribble (2006) described the democratic approach to education as being characterised by independence of learners, the pursuit of personal interests, and a climate of informality that makes this possible. The roles of the teacher and the learner are interchangeable in the democratic philosophy; both have something to teach the other and both are therefore continuously learning (Carnie 2003, Hawes 1988, Bray et al 1986). The teacher is regarded a facilitator of learning as opposed to an instructor. Varied styles of teaching (which may include learner directed participatory group work as well as the more traditional teacher led instruction) are used to meet the different needs, abilities and interests of the learners (Harber and Davies 1997).

Organisations with a democratic philosophy are commonly associated with flexibility to adapt to changing needs, target groups and requirements (Gribble 2006). They are said to embody characteristics that facilitate cooperation and the engagement of non-traditional partners, for example, tolerance for diversity, a regard for others as equal, respect for others and a willingness to learn from them, openness to change, and transparency (Harber and Davies 1997). They are associated with an egalitarian distribution of power and decision making authority in which, for example, rules are developed through participatory processes, and the leadership is open to being challenged (Gribble 2006, Harber and Davies 1997, Mirembe 2002). Mistakes in this context do not automatically lead to punishment (Harber and Davies 1997). The literature associates the democratic philosophy with strong trust relationships that

are linked to a sense of respect and co/inter dependency, and with regular open communication which curbs the escalation of disputes to disruptive levels (Gribble 2006, Carnie 2003, Harber and Davies 1997). Carnie (2003) argued that the close personal relationships formed in schools with a democratic philosophy contribute towards building a strong sense of community.

Various writers discuss the difficulties of establishing and maintaining a democratic philosophy on teaching and learning, particularly in contexts where the authoritarian philosophy dominates as is the case across the world. Armstrong (1986) argued that, for many schools with the best goals and intentions about participation, inclusiveness and empowerment, “the pressures of the timetable, the examination system and the organisation of the institution discourage this radical approach” (223) and, discussing the challenges of reform in schools, Hawes (1988) argued that the “democratic approach to learning [is] often very difficult to accept in a culture where ... autocratic traditions of ... interaction prevail” (79).

### **3.2.3 Section conclusion**

It is argued in the literature that a large gulf exists between those who believe in democratic education and those who are more aligned with the traditional, formal ethos, and that the underlying philosophies of the two are incompatible (Gribble 2006). A key difference shown to exist between the two philosophies is the way in which ‘learners’ are perceived. Two extremes are captured in categories defined by Handy and Aitkin (1986): a perception of learners as ‘a product’ - “the output, which is shaped and developed by the organization” (43) as can be seen to be the case in the authoritarian philosophy and, on the other hand, as ‘a worker’ - “a member of the organization, who co-operates in a joint endeavour”, which is



more the case in the democratic philosophy. The literature also shows, however, that considerable differences can exist even across organisations adopting a similar philosophy (Gribble 2006). It is argued, for example, that while maintaining a focus on preserving a particular balance of power, leadership within an authoritarian organisation can be benign/benevolent or it can be despotic. In the 1950s Selznick argued that “organizations were not as logical as they seemed, even the supposedly democratic ones...” (Handy 1993:22). It is further shown that any one organisation can adopt characteristics associated with the two philosophies although, in most cases, the characteristics of one philosophy will dominate over the other.

### **3.3 CONCLUSION**

This chapter has discussed organisational form and philosophy on teaching and learning – two factors shown by the literature to be potentially influential in the ways in which an organisation functions. It is important to note that though presented here in separate sections, organisational form and philosophy on teaching and learning are in fact closely linked - the bureaucratic organisational form shares similarities with the authoritarian philosophy, both emphasising, for example, domination, control and order, while the post-bureaucratic organisation shares similarities with the democratic philosophy, emphasising for example broad participation and flexibility.

The international literature makes various references to the complex nature of organisations, asserting that they are not as straightforward, logical or predictable as was previously thought (Morgan 2006, Child 2005, Campbell 2005, Handy 1993). It is shown that they are multifaceted, ambiguous, and paradoxical (Morgan 2006) and do not necessarily fit neatly into

one category or another - "... in the real world, 'ways of organizing' are combined in all sorts of ways" (Brett (2000:17). The literature also discusses the limitations of organisational research in capturing this complexity (Brinkerhoff and Brinkerhoff 2002, Handy 1993, Salmon and Kroger 1992). Polarised, stereotypical views of organisations are said to limit real understanding and to lead to an overlooking of the extent to which organisational characteristics overlap and interact (Brinkerhoff and Brinkerhoff 2002). Chapter six of this thesis presents a detailed exploration of three case study organisations in a bid to develop an in-depth understanding of their specific characteristics, as a step towards investigating the influence of those characteristics on the delivery of HIV/AIDS programmes.

The following chapter draws on this current chapter, considering possible links between organisational characteristics discussed here and the delivery of HIV prevention programmes, to present the study's research framework.

**CHAPTER IV**  
**RESEARCH FRAMEWORK**  
**AND METHODOLOGY**

**4.0 INTRODUCTION**

This chapter presents the framework adopted in investigating the influence of organisational factors on the delivery of HIV prevention programmes in Uganda. The opening section (4.1) draws on the literature review in the previous two chapters and outlines the aspects of HIV/AIDS programmes and the organisational factors that are most pertinent to this study. The second section of the chapter (4.2) describes the methodological approach taken in conducting the study. It explains the research philosophy and the research strategy adopted, presents the specifics of the data collection and analysis, and discusses issues of research quality and ethics. A brief conclusion (4.3) draws the chapter to an end.

**4.1 THE RESEARCH FRAMEWORK**

This section sets out the features of HIV prevention programmes that the current study explores and explains the focus on the influence of organisational factors (4.1.1). It outlines the organisational factors under consideration (4.1.2), and discusses the operationalisation of the study (4.1.3).

**4.1.1 HIV prevention programmes**

As detailed in chapter two, HIV prevention discourse around awareness raising and promotion of ‘safe’ practices has undergone a “paradigm drift away from biomedical and behaviourally oriented interventions and policies [directed at the individual] towards a community

development perspective” (Campbell 2003:46). Contemporary empowerment and collective action rhetoric moves beyond the provision of prevention messages to an ignorant audience (characteristic of early models of HIV prevention), to a more two-way process of information creation and exchange. It places particular emphasis on participation and collective action, that is, on actively engaging members of target groups and actors/factors within the wider contexts of these groups. This study investigates the delivery of HIV prevention programmes with an empowerment and collective action ethos, particularly examining the practical application of the active engagement and collaborative aspects that are so central to the rhetoric. It examines, for example, the extent to which organisations claiming this rhetoric:

- actively work with members of their target groups to critically understand their contexts and needs, and seek to empower the groups to reduce HIV risk by taking actions to develop their life skills for instance (as advocated in the empowerment paradigm);
- work with different actors in the contexts of the target group, taking action to address structural limitations to HIV prevention (as advocated in the collective action paradigm);
- in reality deliver programmes that predominantly involve top down didactic provision of information characteristic of the behaviour change model of health education.

The relationships described in the empowerment and collective action rhetoric are largely akin to ‘partnerships’ as defined by Britton (1994) – “an equitable, collaborative relationship voluntarily entered into by two or more [actors] ... which is characterized by mutual trust, respect, participation, commitment, learning, reciprocity, transparency and voluntaristic,

negotiated decision making” (in Penrose 2000:247). Campbell (2003) presents cases where inequalities between actors working together in one setting weakened the “power, capacity and motivation of different groups to make the necessary contributions to developing effective HIV prevention efforts” (191). Studies of school health promotion programmes have shown that reciprocal relationships can be an elusive component of health initiatives (Deschesnes et al 2003, Denman et al 2002). Broader development and social policy and practice has also shown that though the language of cooperation and partnership is commonplace, actual relationships can be difficult to establish and sustain (Riley and Wakely 2003, Brinkerhoff and Brinkerhoff 2002, Robinson et al 2000). Writing about inter-organizational relationships, Hewitt (2000) argued that “to build, maintain and manage [such] relationships requires a high degree of organizational capacity...” (65). Such thinking is also apparent in the health promotion/education literature (Nutbeam and Harriss 2005, Campbell 2003, Denman et al 2002). Commentary on the settings approach in health promotion (detailed in 2.1.3.2) has stressed the need for its conceptualisation to move away from the traditional singular focus on medical concepts to include a consideration of organisational concepts (Nutbeam and Harriss 2005, Denman et al 2002, Naidoo and Wills 2000, Baric 1993). It asserts a need to draw on organisational thinking to understand health promoting settings and the ways in which they work in order to advance the practical application of the approach. Discussing the practical application of health promotion programmes in schools Denman et al (2002) argued that “success depends on the management and organisational structures in place ...” (2). Specifically discussing HIV prevention programmes, Campbell (2003) made the case that “...the best intentioned project proposals may have a disappointing impact in the absence of ... the organizational structures to implement complex and challenging programme proposals” (19). Her work on HIV/AIDS responses in South Africa led her to conclude that “there is still

a great deal of work to be done in developing organizational frameworks to facilitate the collaboration of non-traditional partners” (Campbell 2003:189).

Despite such assertions in the literature, the current researcher has not identified any study that specifically focuses on investigating the relationship between organisational factors and the delivery of HIV prevention programmes. As detailed in the following section, the current study does just that, investigating the influence of organisational factors on the practical application of the relationships extolled in contemporary HIV prevention rhetoric and on the delivery of HIV prevention programmes more generally. The study does not critique the HIV prevention rhetoric. This, as discussed in chapter two, has been done by existing studies.

#### **4.1.2 Investigating the influence of organisational factors on the delivery (and impact) of HIV prevention programmes**

Organisational and educational literature, as discussed in chapter three, presents various different forms and philosophies on teaching and learning that organisations are able to adopt. The literature suggests the existence of a continuum, with bureaucratic authoritarian organisations at one end, post-bureaucratic democratic organisations at the other end, and various shades of the two in between. Organisations at different points along this continuum are shown to have characteristics that are able to influence organisational functioning in differing ways which can result in markedly different approaches to HIV prevention. In investigating the influence of organisational factors on the translation of rhetoric into practice, this research conducts a comparative study of the HIV/AIDS programmes delivered in organisations using the empowerment and collective action rhetoric but found at different points along the continuum. As outlined in section 1.4, it evaluates the assumption emerging

from the international literature that *organisations with post-bureaucratic, democratic characteristics are better suited to delivering empowerment and collective action HIV prevention programmes than those with bureaucratic, authoritarian characteristics*. Findings from studies of HIV/AIDS programmes in South Africa (Campbell 2003), Tanzania and Kenya (Juma 2001) and Uganda (Mirembe 2002) suggest that the bureaucratic, authoritarian mode of organisation is likely to adopt a more top-down, didactic approach akin to the behaviour change model of health education.

As also explained in chapter one, the current study holds that it would be remiss to investigate the delivery of HIV prevention programmes and to think about how it might be improved, without considering whether or not such programmes achieve their expected goals. An investigation of the impact of HIV prevention programmes within the target groups thus forms a secondary focus of this study. The impossibility of determining actual changes in the knowledge, attitudes and behaviour of the target group within the time constraints of this study dictates a focus limited to *perceived* change – a consideration of what changes (if any) members of the target group and others associated with the delivery organisation attribute to the HIV prevention programmes delivered. The study also considers perceived improvements in the life skills of the target group (for example critical thinking, communication and assertiveness), as expected within the empowerment rhetoric.

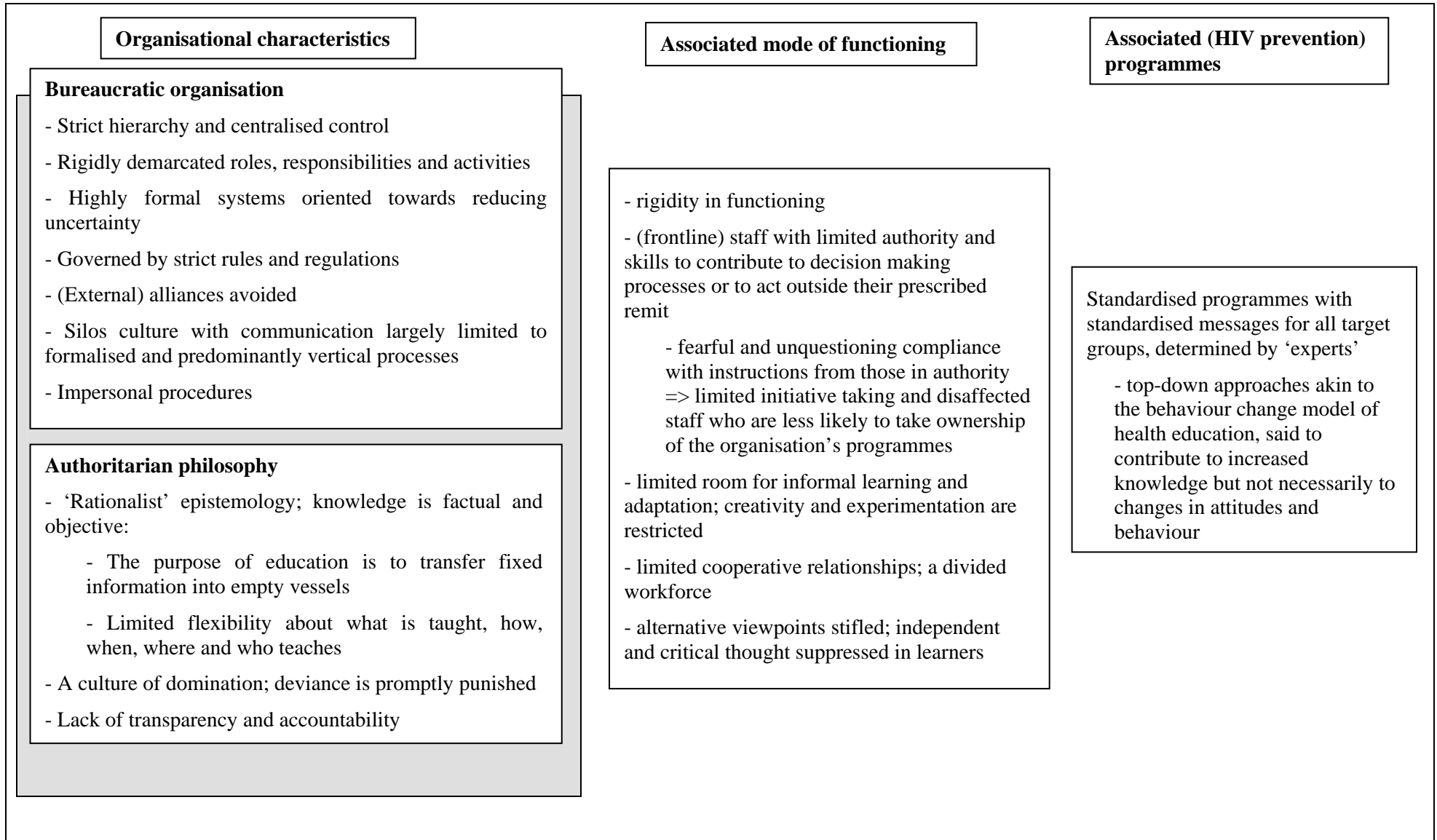
Objective IV, as detailed in section 1.4, considers if/how the perceived impact of HIV prevention programmes differs across settings with different organisational characteristics and possible reasons for any differences. It evaluates a second assumption emerging from the literature that *the impact expected of empowerment and collective action approaches is more*

*likely to be evident in organisations with post-bureaucratic, democratic characteristics than in those with bureaucratic, authoritarian characteristics.*

The logic behind the two assumptions under investigation is set out in the following matrix which distils the literature reviewed in chapters two and three and highlights factors pertinent to the current study. For clarity and brevity, the detail of the matrix is limited to the ideal types at the extremes of the organisational continuum discussed above. This is done with recognition that significant variations exist between these two extremes.



**FIGURE 2: The reasoning behind the study assumptions**



### Organisational characteristics

#### Post-bureaucratic organisation

- Decentralised control; flat organisational structures
- Greater emphasis placed on task than on rank and structure
- Loose definition of roles and responsibilities
- Systems oriented towards signalling need for change
- Moves away from rigid conformity to rules and regulations
- (External) alliances and team working encouraged
- Informality and interdependence; accountability between staff

#### Democratic philosophy

- Empiricist epistemology rejecting the idea that there are specific answers that are correct for all people, at all times, in all contexts
- Participatory and inclusive approach to knowledge generation and transfer; the roles of 'teacher' and the 'learner' are interchangeable
- Varied teaching styles used to meet the different needs, abilities and interests of the learners
- Egalitarian distribution of power
- Mistakes do not automatically lead to punishment

### Associated mode of functioning

- Flexibility to adapt to changing needs, audiences and conditions
- Independent thought is encouraged at every level of the organisation; (frontline) staff are enabled to develop skills/authority to contribute to decisions / take initiative in delivering their duties, encouraging ownership of the organisation's programmes
- A learning culture that makes the organisation adaptable and innovative
- Cooperative relationships are common
- A sense of community and belonging said to foster an environment in which different actors (including the target group) are confident to make contributions
- Free flowing communication and knowledge sharing across actors within and outside the organisation

### Associated (HIV prevention) programmes

Programmes that are akin to the empowerment and collective action models: actively engaging target groups and their communities

- tailored to suit changing needs/contexts, said to contribute to increased relevance and likelihood of assimilation, in turn contributing to changes in attitudes and behaviour
- facilitate empowerment
- draws on strengths of different actors (to address broader structural restraints to HIV prevention)

The current study investigates whether the practical application and (perceived) impact of HIV prevention programmes are indeed influenced by organisational factors in the sorts of ways described above. Specifically, it investigates the influence of five factors emerging from the international literature (sections 3.1 and 3.2) and from the fieldwork data as potentially influential on organisational functioning - hierarchy, degree of integration within the organisation, openness to change and uncertainty, the organisation's attitude towards working with external actors, and the organisation's attitude towards learners (detailed in section 6.1). The study examines how these factors differ in organisations at different points along the continuum and investigates if/how they influence the HIV programmes delivered. It does so, acknowledging that organisations are complex entities that can be studied in a myriad of different ways, focusing on a range of different (interrelated) factors. Limiting the scope of the study in some way is, however, necessary for realistically managing the research.

The study also recognises that a range of factors can influence HIV/AIDS programmes within individual delivery organisations. The organisation's relationships can, for example, be influenced by factors such as the social, historical, economic or political context, the degree to which the views and priorities of the actors involved converge, levels of trust between those involved, and the end goal of the relationship. Thinking about the delivery of HIV prevention programmes more broadly, the literature discusses potentially influential factors such as the controversial nature of much of the related content, resistance from staff who do not feel equipped to deliver in the manner expected, the complex nature of the relatively new (structural) approaches, and the lack of conceptual/theoretical clarity to guide delivery (as discussed in 2.1.3.2). The current study chooses to focus on the influence of organisational

factors as an area that has so far been underdeveloped in analyses of the delivery of HIV prevention programmes.

This investigation maintains an awareness that organisations sit within specific contexts that can influence their internal characteristics and functioning. International literature has shown that organisations commonly reproduce cultural, political and other characteristics of their wider environments (Stephens 2007, Oryema 2007, Hearn and Parkin 2001, Mirembe and Davies 2001, Macdonald et al 1999, Davies 1998, Sweetman 1997, Blunt 1983). Blunt (1983) discussed the unique nature of African organisations, linking it to their complex and dynamic environments with their histories and colonial legacy, cultures, institutions, rural-urban relationships, and population dynamics. Many others have written along similar lines. A range of contextual factors that were not part of the current research framework but emerged from analysis of the study data as potentially influential to organisational functioning and the delivery of (HIV prevention) programmes within African settings such as Uganda, are discussed in 8.5.3.

#### **4.1.3 Operationalisation of the study**

As detailed in section 1.3, operationalising the current investigation involved limiting its scope to programmes with a particular focus on young adolescents. Though choosing to focus on this particular group, the study recognises that it is not necessarily a homogenous one. The study also recognises that the group is part of a wider community with multiple stakeholders and possibly multiple cultures that can influence it in a variety of ways - a consideration maintained throughout the study. Limiting the boundaries of the study in the manner defined

here was considered necessary for keeping it focused and for effectively managing it within the time and financial resources available.

With this focus on HIV/AIDS programmes for young people, schools presented an obvious organisational type to study. International literature makes various references to schools as key settings for health programmes for young people (Yamey 2010, UNESCO/UNAIDS 2005, Deschesnes et al 2003, Denman et al 2002, Hagquist and Starrin 1997). Denman et al (2002) argued that “of all the possible settings that provide opportunities for promoting the health of children, schools arguably hold the greatest potential” (2). It has been argued that with their large and ready audience of students who spend a large proportion of their lives there, schools have the potential to promote positive health amongst vast numbers of young people (Hagquist and Starrin 1997). Writers such as Yamey (2010) make the point that schools are set to play an increasingly central role in sub-Saharan Africa as countries work towards the second Millennium Development Goal of Universal Primary Education, resulting in increasing numbers of young people in education. Others refer to the fact that schools have existing stable and predictable structures for educating as a key advantage for delivering health programmes (Luginaah et al 2007). It is argued that schools have a responsibility to promote positive health amongst their pupils. Harber (2004), for example, argued that in cases where schools do not educate their pupils about HIV/AIDS (especially in those societies with high prevalence levels), they commit an act of violence against them – violence by omission. Taking such thinking into consideration, the current study has a particular interest in developing an understanding of the experience of schools in delivering HIV prevention programmes, especially those based on the contemporary empowerment and collective action rhetoric.

The international literature shows that the dominant school internationally is based on a rationalist bureaucratic authoritarian foundation (Harber 2009, 2004 1997, Boler and Aggleton 2005, Mirembe 2002, Harber and Davies 1997, Hawes 1988, Handy and Aitkin 1986, Bray et al 1986). This dominant model is connected to the origins of schooling, which developed in the nineteenth century to create the disciplined, obedient, punctual, subordinate workforce required for growing industry; the system established was necessarily authoritarian and bureaucratic, with an individualistic rather than a collective focus (Harber 2009, 2004, 1997, Carnie 2003, Harber and Davies 1997, Handy and Aitkin 1986). The literature suggests that the school system has remained essentially unchanged over the years and that variations on the original rationalist bureaucratic model continue to dominate (Campbell 2003, Handy and Aitkin 1986, Harber and Davies 1997, Bray et al 1986). The characteristics of this model are, as suggested in the study's assumptions, expected to limit the delivery and positive impact of empowerment and collective action approaches to HIV prevention. Kelly explicitly questioned "whether existing forms of schooling are relevant in a world with HIV/AIDS" and argued that "... the entire content, process, methodology, role and organisation of schooling must be radically altered if it is going to deal effectively with the pandemic" (in Harber 2004:53). This is supported by other studies such as Harber 2004, Mirembe 2002, Mirembe and Davies 2001, and Bray et al 1986.

It is noted that alternative forms of school organisation do exist. The international literature shows that within any one country, it may be possible to find examples of schools with a more post-bureaucratic democratic ethos alongside the more authoritarian schools. Hassel (1997), for example, wrote about Charter Schools in the USA which place particular emphasis on active interaction in the classroom, team working, and strong relationships with the families

of students. Gribble (2006) and Carnie (2003) also present alternatives to the traditional authoritarian philosophies discussing, for example, small parent and teacher run schools and more established alternatives such as Steiner and Montessori schools that operate from a child-centred standpoint, asserting that education must be directed by the needs/learning styles of the individual child. Both Gribble (2006) and Carnie (2003) highlight the priority given to the personal development of the learners in these alternative schools. This study compares HIV/AIDS programmes delivered in schools with the traditional dominant bureaucratic, authoritarian characteristics and programmes in schools with more post-bureaucratic, democratic features.

Recognising that schools are not the only agents of health programmes for young people, the study also investigates HIV prevention in Non-Governmental Organisations (NGOs). The literature makes many references to NGOs as particularly active players in the HIV/AIDS response. With the obvious proliferation of NGO activity in what some cynically term ‘the AIDS business’, an investigation of their functioning and the impact of their programmes seems pertinent.

NGOs are often associated with post-bureaucratic, democratic characteristics which make them open to working with and learning from ‘partners’ and are said to allow for rapid and appropriate responses to complex and fast changing needs and conditions (Jamil and Muriisa 2004, Lewis 2003, Hassel 1997). They are generally categorised under the broad term ‘third sector’ which, though encompassing a range of diverse entities, is said to embody certain characteristics that distinguish it from the public and private sectors, for example, a tendency to operate through “shared values in consensus-based systems” where compliance is achieved

through the “power of persuasion and appeals to shared values and idealism” (in Lewis 2003:328). These are the kinds of organisations that the literature and study assumptions suggest would be best suited to delivering HIV prevention programmes with an empowerment and collective action ethos.

It is important to note that in reality a great diversity of organisations fall under the umbrella term ‘NGO’ (Palmer 2006; Lewis 2003; Brinkerhoff and Brinkerhoff 2002, Brett 2000). They can be “small informal organizations as well as larger, more bureaucratic types, and encompass a range of motivations, values and ideologies from those informed by radical Freirian grass-roots based empowerment objectives to those with a more top-down, charitable or service delivery orientation” (Lewis 2003:329, Brett 2000). The literature presents cases of NGOs becoming increasingly bureaucratic as they expand and/or as they seek to develop relationships with other organisations; Brinkerhoff and Brinkerhoff (2002), for example, discuss the phenomenon of structural and procedural isomorphism, where NGOs organise themselves to “mirror or imitate characteristics of how their public sector counterparts operate and are structured” (11).

This study seeks to develop insights into the delivery (and impact) of HIV/AIDS programmes in particular settings in order to contribute to the international dialogue on the advancement of HIV prevention. It does not seek to generate fixed, generalised claims about HIV/AIDS programmes in particular organisational types, acknowledging that the diversity and complexity of organisations makes it impossible to do so. It recognises that the attributes of one organisation (one NGO, for example) cannot necessarily be replicated in another organisation (another NGO) or organisational type (a school, for example). In addition, the



study does not claim omniscient understanding of any one organisation but accepts that “the multiplicity of variables impinging on any one organizational situation is so great ... that data on all of them sufficient to predict the precise outcome of that multiple inter-relationship would never in practice be forthcoming” (Handy 1993:13).

## **4.2 METHODOLOGY**

This section describes the methodology adopted for the study, beginning with a discussion of the research philosophy subscribed to and the research strategy (4.2.1), before presenting details of the case study approach (4.2.2). Section 4.2.3 details the research techniques employed, 4.2.4 outlines the approach to analysing study data, 4.2.5 briefly discusses the quality of the research and 4.2.6 presents ethical concerns considered in conducting the research.

### **4.2.1 Research Philosophy and Strategy**

This study adopts an ontological position referred to as subtle or critical realism, defined by Snape and Spencer (2003) as “a variant of realism influenced by idealism [which holds that] an external reality exists independent of our beliefs and understanding [but] that reality is only knowable through the human mind and socially constructed meanings” (16). It leans towards an interpretivist epistemology which holds that “human social life ... is created out of the purposeful actions of interacting social beings. ... Social life exists as people experience it and give meaning to it” (Neuman 1994:62).

In keeping with Snape and Spencer (2003), the current study “emphasise[s] the critical importance of respondents’ own interpretations ... and accept[s] that their different

perspectives will yield different types of understanding” (pg. 19 and Neuman 1994). In contrast to the positivist stance that “we all experience the world in the same way” (Neuman 1994:63), it asserts that multiple, fluid perceptions of the reality of any given situation exist. The international literature shows that within organisations, actors in different positions, with different roles and relationships, are likely to have significantly different perspectives about the organisation and the way in which it functions. It is commonly accepted that organisations are not as logical as once thought but are complex entities - different cultures, agendas and perspectives can exist across different levels and functions within any one organisation (Child 2005, Campbell 2005, Lewis 1998; Roche 1998; Handy 1993; Kast and Rosenzweig 1972). It is important to capture the different perspectives to develop a full, nuanced understanding of these complex entities. This study seeks to develop as rich an understanding of the reality in organisations as possible by analysing the perspectives of a wide range of actors. It holds that, as argued by Snape and Spencer (2003), the existence of diverse perspectives does not “negate the existence of an external reality that can be ‘captured’ [but suggests] ... that external reality is itself diverse and multifaceted” (19). The aim of research is to “convey as full a picture as possible of the nature of that multifaceted reality” (Ibid) from the perspective of those living it. Such diverse perspectives add “richness to ... understanding ... the various ways in which reality has been experienced” (Ibid). The positivist perspective is criticised by proponents of interpretivism for its lack of consideration of the individual perspectives of research respondents. The interpretive stance adopted by this study advocates prolonged “direct personal contact with those being studied ... to get an in-depth understanding of their [‘realities’]” (Neuman 1999:62).

Social research within this perspective seeks to “understand and describe the meaning systems used by ordinary people in their daily activities... not to discover laws ...” (Neuman 1994:75). This is in contrast to the positivist philosophy which holds that social reality is stable, with a pre-existing order that is governed by immutable, causal laws that can be identified and generalised to other cases in similar conditions. Unlike positivist thinking, where explanations of what is true are “logically connected to laws and based on facts” and good evidence “is based on precise observations that others can repeat”, the interpretive perspective adhered to in this study holds that an explanation is true if it “makes sense to those being studied and ... allows others to understand deeply ... the reality of those being studied” (Neuman 1994:65). It is noted that, though the latter philosophy does not use theory in the rigid manner associated with the former, neither does it “negate theory use, especially for orientation purposes” (Nkurunziza 2004:112).

The research perspective adopted in this study acknowledges that the understanding of the social world under investigation will, to some extent, be informed by the researcher’s own engagement with the research issues. In contrast to the more positivist perspective, where “phenomena are seen as independent of and unaffected by ... the researcher, [it asserts that] ... people are affected by the process of being studied and that the relationship between the researcher and social phenomenon is interactive” (Snape and Spencer 2003:13). Interpretive social science marks a move away from the positivist standpoint that the researcher can and must be detached, objective and value free, recommending instead that the researcher reflects openly about his/her values and background and is transparent about how these might impact on the research conducted (Laws et al 2003).

In the current study the researcher maintained a critical awareness of possible bias stemming from (negative) experiences working in and with large bureaucratic organisations (discussed in 1.2), as well as that associated with her Ugandan origin. The researcher was in an unusual position of being both an ‘insider’ and an ‘outsider’ in the research context and appeared to be perceived as such by research participants. On the one hand, there was a level of informality and openness that seemed to be related to her Ugandan identity. In a number of cases, research participants used phrases/made comments that assumed some knowledge of local culture and slipped Luganda (the *lingua franca*) words into conversations. It is possible that this perceived shared identity contributed to the positive reception and open access to information that was generally experienced by the researcher. This was possibly also influenced by the researcher’s identity as a young female. This identity may have suggested the persona of learner/enquirer, as opposed to that of an expert, possibly encouraging fuller explanations/responses from research participants than might have otherwise been the case. On the other hand, the researcher was also aware of her position as an outsider – both as someone that has lived outside Uganda and as an outsider in the organisations being studied. She was made aware of this ‘outsider’ position through, for example, the many references made to her accent and staff going out of their way to cater for the perceived needs of ‘the guest’, but also through being excluded from some official and informal gatherings. The ‘outsider’ position did not seem to have a major negative effect on the research, except perhaps in regard to showing ‘the guest’ what they thought she wanted to see as opposed to what would normally have happened. This problem eased over the five/six weeks that the researcher spent in the case study organisations.

The current study adopts a predominantly interpretive, qualitative perspective, recognising that it too has its weaknesses. It is criticised, for example, for its tendency to give equal weight to

the different perspectives within a context, labelled as being too subjective, and dismissed by some who argue that it is not 'scientific'. Such concerns are taken into account in the design of the current research, which also recognises the potential strengths of more positivist, quantitative research techniques in generating complementary quantifiable data. The study makes limited use of one such technique (structured observation, discussed in detail in 4.2.3.3 below), benefiting from the advantages that a mixed methodology approach can bring. Robson (2002) demonstrated that multiple mixed methods within a study can produce complementary data that is useful in enhancing interpretability, with statistical data enhancing the more narrative accounts to develop a full understanding of the phenomenon under investigation. He argued that a mixed approach enables the researcher to balance the strengths and weaknesses of methods from different philosophical perspectives, facilitates triangulation, and reduces what he referred to as 'inappropriate certainty' - "using a single method and finding a pretty clear cut result may delude investigators into believing that they have found the 'right' answer. Using other, additional, methods may point to differing answers which remove specious certainty" (370).

It is increasingly accepted that the quantitative-qualitative distinction is not a fixed divide - that it is not about seeing some methods as right and others as wrong - but that researchers must select the right balance of techniques for their particular research question. It is argued that epistemological positions are not as entrenched as previously considered, with some making the case that "in practice, social researchers do not agree with all parts of an approach, and mix elements from different approaches ...[Many] researchers operate primarily within one approach but also combine elements from others" (Neuman 1994: 57,74). Snape and Spencer (2003) argued that "purism about the epistemological origins of a particular approach

may undermine our ability to choose and implement the most appropriate research design for answering the research question posed ... and that a more helpful balance might be struck between philosophy and pragmatism” (17).

The current study adopted a flexible research design which allowed the detail of the research techniques to evolve over the course of the research, adapting to the specifics of the contexts and the participants in the study. This made it possible, for example, to tailor the interview and focus group discussion guides to suit specific conditions/findings on the ground, rather than being rigidly restricted to pre-determined schedules and questions. Flexible research design is “necessarily interactive, enabling the sensitive enquirer to capitalize on unexpected eventualities” (Robson 2002:6, Snape and Spencer 2003). The continual development and revision of the research techniques necessitated paying attention to issues of design throughout the life of the study. Unlike fixed designs, which are associated primarily with quantitative techniques and rarely involve qualitative data, flexible designs though largely associated with qualitative techniques are also open to the use of quantitative research methods and therefore allowed for the mixed approach adopted by this study.

This multi-method flexible research design was used in the context of a case study approach. Previously perceived as having value as a precursor or add-on to experiment / survey oriented approaches in social science research, the case study approach is now recognised as a “fully legitimate alternative” (Robson 2002). It “relies on multiple sources of evidence” to develop detailed, intensive knowledge of the case(s) in question (Yin 1994:13, Robson 2002), but is not prescriptive about exactly what methods must be used, affording the flexibility considered necessary for this study.

#### **4.2.2 The case study approach**

Defined as “an empirical inquiry that investigates a contemporary phenomenon within its real life context ...” (Yin 1994:13), the case study approach is ideally suited for this particular research which seeks to develop a detailed understanding of HIV/AIDS programmes within specific organisational settings. Three case study organisations located at different points along the continuum described in 4.1.2 above were selected using purposive sampling as defined by Patton (2002): “a hybrid approach in which the aim is to select groups that display variation on a particular phenomena but each of which is fairly homogenous, so that subgroups can be compared” (in Ritchie and Lewis 2003:79). It is argued that “although ‘purposive’ selection involves deliberate choices, this should not suggest any bias in the nature of choices made. The process of purposive sampling requires clear objectivity so that the sample stands up to independent scrutiny. So although the researcher... may well have hypotheses that they want to test, the opportunity for these to be proved or disproved remains equal” (Ritchie and Lewis 2003:80).

Identifying the case study organisations began in the first of two field visits to Uganda which took place in November and December 2007. By conducting interviews with a wide range of individuals from organisations such as the Uganda AIDS Commission (UAC), the Uganda Network of AIDS Service Organisations (UNASO) and the Ministry of Education and Sports (MoES), and by reviewing documentation from these organisations, the researcher was able to identify organisations claiming to deliver HIV/AIDS programmes with a empowerment and collective action ethos. These were then narrowed down to organisations that are widely championed as examples of good practice in delivering HIV/AIDS programmes for young adolescents on the basis that they were supposedly effectively translating the claimed rhetoric

into practice – a key interest of this study. The choice of case study schools was limited by the researcher to the eight that had been given model school status by the MoES and implementation partners of the Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY - the national school based HIV prevention initiative - is discussed in detail in 7.1.1.). Model status was awarded to schools considered ‘Centres of Excellence’ which were expected to “serve as models of learning for other ... schools” (UPHOLD/MoES 2007:4). Potential case study NGOs were limited to those that had received national (and international) recognition evidenced, for example, in references made by UNASO, UAC and/or international NGOs and funders in the field.

Out of the ‘model’ organisations, three case study organisations with differing organisational characteristics were selected - one with bureaucratic authoritarian characteristics, another with post-bureaucratic democratic characteristics, and the third with more of a mix of both bureaucratic authoritarian and post-bureaucratic democratic features. The organisations’ characteristics were identified by reviewing documentation such as organisational charts, minutes from meetings and publicity material, and holding discussions with staff and external actors that had worked with them - for example staff in other schools, in teacher training colleges and in UNASO. Seeking to find an organisation towards the bureaucratic authoritarian end of the continuum, the researcher was guided by the international literature which argues that the associated characteristics are most likely to be evident in schools operating within state education systems, as these characteristics are heightened by the functioning of the larger authoritarian and hierarchical system (Luginaah et al 2007, Harber 1997, Hassel 1997). The study was particularly keen to investigate the HIV/AIDS programme in such a school which, as discussed in 4.1.3, is shown to be the dominant form across the



world and, indeed, in Uganda. Such a school was identified by the researcher through visits to the potential study schools, which were informed and facilitated by contacts in teacher training colleges, and by reviewing documentation and data from discussions within and outside the schools. Through the same process the researcher was also able to identify a school operating within the state education system but with a combination of bureaucratic authoritarian and post-bureaucratic democratic characteristics, which allowed for useful comparisons to be made. In the Ugandan context the study's specific concern with health programmes for young adolescents (ages 10-14, as explained in 1.3) meant a focus on primary schools.

Acknowledging that NGOs do not necessarily have different characteristics from the bureaucratic school, the study specifically sought and selected one that did – one with the post-bureaucratic democratic features commonly attributed to NGOs in the HIV/AIDS literature. Through visits to the potential study NGOs, instigated through direct approaches made by the researcher, and review of documentation and data from discussions within and outside these organisations, the researcher identified one of the larger, longer established NGOs, which was considered more suitable for drawing comparisons with schools than smaller, newly established community organisations. The case study NGO selected works closely with schools and therefore in addition to presenting an alternative organisational form that allowed for an extra level of comparison, it also offered the potential of providing a perspective on the functioning of schools. The three organisations, their characteristics and the extent to which they fit neatly into the different categories are discussed in chapter six. The study investigated whether these three organisations were indeed all examples of good practice in putting the empowerment and collective rhetoric that they claim into practice. In comparing the three organisations, the study took into consideration differences for example the NGO's

greater freedom to make decisions about form and functioning than the schools which can be constrained by the wider education system.

It is recognised that the study could have legitimately chosen to focus on a different combination of case study organisations to include, for example, a post-bureaucratic democratic school and/or a bureaucratic authoritarian NGO. The study did not however identify any organisations that both embodied these characteristics and met the other criteria within the study context. In addition, time and financial constraints of the study dictated a focus on only three case study organisations and the study's particular interest in health initiatives in schools (discussed in 4.1.3) favoured a focus on two schools and one NGO.

The study was limited to Kampala which, as the capital city, has received extensive HIV/AIDS related resources, hosted numerous (health) education pilot projects, and is said to host many examples of good practice. Through the discussions with key informants and the documentary analysis mentioned above, it was possible to identify case study organisations with the required characteristics within one Division<sup>3</sup> of the city. This was particularly relevant in regard to the schools as it meant, for example, that they operated under one Division Education Office and, as such, experienced similar exposure to government initiatives and pressures. (Interviews with the teacher trainers responsible for assimilating government initiatives into schools revealed that there can be considerable differences across Divisions).

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<sup>3</sup> Kampala is made up of five Divisions – administrative zones.

Once the case study organisations were identified, permission to spend time with them was sought. In regard to the schools, this involved liaising with the relevant authorities in the Teacher Training College, who facilitated contact with the appropriate staff members – senior staff and/or the PIASCY contacts. In the NGO, initial contact was with the Director who maintained an active interest throughout the life of the study. Day-to-day contact, however, was with a manager introduced to the researcher by the Director during initial discussions. Making contact with the case study organisations and studying them was the main focus of the second field work phase which took place between April and July 2008.

#### **4.2.3 Data Collection**

Data collection involved predominantly qualitative techniques which were considered more appropriate than quantitative techniques for exploring individuals' experiences and perspectives in the depth considered necessary to acquire a detailed picture of the complex processes and social interactions in the case study organisations and to adequately address the study questions. The qualitative use of research methods has been shown to be particularly suited to drawing out meanings and facilitating the discovery of the nuances of phenomena in a way that quantitative methods cannot. The study made use of semi-structured interviews, focus group discussions, informal observation and review of secondary data, but also employed the use of structured observation, which facilitated the collection of basic quantitative data on interactions within the study organisations, supplementing the qualitative data collected.

The table below presents an overview of the data collection activities undertaken and the numbers involved. The discussion that follows provides further detail for each activity.

**FIGURE 3: Overview of data collection activities**

<p><b>INTERVIEWS*</b></p> <p><u>Case study organisations</u> 31 staff members at different levels of the three organisations and 14 representatives from ‘partner’ organisations</p> <p><u>12 research participants providing an overview of the HIV/AIDS response in Uganda</u> Representatives of:</p> <ul style="list-style-type: none"><li>• Uganda AIDS Commission (UAC)</li><li>• Uganda Network of AIDS Service Organisations (UNASO)</li><li>• Uganda Program for Human and Holistic Development (UPHOLD – a lead ‘implementing partner’ on the Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY)</li><li>• NGOs with HIV/AIDS remits: The AIDS Support Organisation (TASO), World Vision, StraightTalk, Population Services International (PSI), SAS Foundation, and Child-to-Child Uganda</li></ul> <p><u>14 research participants providing an overview of (the HIV/AIDS response in) the education sector</u> Representatives of:</p> <ul style="list-style-type: none"><li>• the Ministry of Education and Sports (MoES)</li><li>• Primary Teacher Training Colleges – in particular staff members that are responsible for rolling out and sustaining MoES initiatives such as PIASCY</li><li>• ‘Education For All-HIV/AIDS Prevention Programme’ within the Uganda National Teachers Union (UNATU)</li><li>• the ‘Enhancement of Universal Primary Education and Community’ Project (EUPEC) led by the Aga Khan Education Service</li><li>• Kampala City Council (KCC) – Division Education Officer and Schools’ Inspectors</li><li>• Department of Curriculum, Teaching and Media at Makerere University – a contact that has carried out extensive research on HIV/AIDS programmes in Ugandan schools</li><li>• The Local Council in the study Division. This contact was also a member of School B’s ‘School Management Committee’ and a parent of children that had attended the school</li></ul>
<p><b>FOCUS GROUP DISCUSSIONS (FGDs)*</b></p> <p>One FGD in each of the case study schools (with 8 young people in the FGD in one school and 18 in the other) and two FGDs in the NGO (one each with two different groups with which the NGO works – 15 young people in one FGD and 23 in the other)</p>
<p><b>OBSERVATION*</b></p> <ul style="list-style-type: none"><li>• 11 structured observation sessions in the case study organisations</li><li>• Staff meetings in all three case study organisations</li><li>• Community sensitisation session (School B)</li><li>• School assemblies in both case study schools</li><li>• A needs analysis session run by the NGO with one of its target groups</li><li>• General (staff-staff / staff-pupil) interaction within the organisations</li><li>• General observation of the day-to-day functioning of the case study organisations</li><li>• A training session run by the Division Education Unit for teachers in the Division (this gave a basic but useful insight into the interaction between schools and KCC staff – contributing to the understanding of the system in which the case study schools function)</li><li>• Peer education/Life skills education training run by the NGO</li></ul>
<p><b>SECONDARY DATA</b></p> <p>Documentation from the three case study organisations and organisations with which they work, from</p>

MoES, teacher training colleges, Uganda AIDS Commission (UAC), Uganda National Teachers Union (UNATU), Uganda Network of AIDS Service Organisations (UNASO), Uganda Program for Human and Holistic Development (UPHOLD), Kampala City Council (KCC), the Enhancement of Universal Primary Education and Community (EUPEC) Project, Church of Uganda, The Islamic Medical Association of Uganda (IMAU) and NGOs involved in the HIV/AIDS response (SAS Foundation, World Vision, StraightTalk, The AIDS Support Organisation (TASO), Population Services International (PSI))

\*A list of the dates of the interviews, FGDs and structured observation is presented in Appendix 5

#### **4.2.3.1 Semi-structured interviews**

Semi structured interviews were conducted with staff in the case study organisations, seeking their perspectives on the organisations, the ways in which they function, their HIV/AIDS programmes and the impact (if any) these programmes are having. In an effort to develop as balanced a picture as possible, and as a way of triangulating the information collected, interviews were conducted with staff at all levels of the organisations: senior management (head teachers, deputy head teachers – both current and retired, and the director and senior managers in the NGO), middle management (Heads of Subjects, Senior Woman Teachers in the schools and section heads in the NGO) and frontline staff (as wide a range of teachers as was possible in the schools, and field officers in the NGO). Early interviews in the study organisations were arranged through the key contacts mentioned above but, as the researcher became more familiar with the organisations, it became possible to approach potential respondents directly. This helped to eliminate problems of gatekeeper bias.

On average interviews lasted approximately one hour although, as might be expected in an organisational context, some staff were unable to set aside concentrated blocks of time and their interviews were therefore conducted over a number of shorter sessions, each generally lasting between fifteen and twenty minutes. The majority of the semi-structured interviews

were conducted on a one-to-one basis but on four occasions, time and other constraints necessitated group interviews with two or three participants. Though the former was the preferred mode, as the researcher sought to obtain as many individual accounts as possible, the latter was useful in acquiring collective opinions because participants bounced opinions off each other. In addition, they provided an opportunity to observe the ways in which staff at different levels interacted. It is noted that over the course of the field visit, the researcher was able to spend one-to-one time with all the staff interviewed in group contexts. Interviews in the case study organisations were supplemented with informal discussions (both with staff that had been formally interviewed and others) generating a lot of useful additional data.

Semi-structured interviews were also conducted with staff in ‘partner’ organisations and with parents/community members that work with the study organisations to seek their perspectives on the functioning of the organisations and their HIV/AIDS programmes. The researcher made an effort to contact external actors beyond those that were recommended by the case study organisations so as not to be limited to those judged ‘appropriate’. Independent contact was made with actors referenced in interviews/documentation in the case study settings (for example Churches, community based organisations and parents) as the researcher sought to acquire as broad a perspective as possible. It was felt that introductions by the case study organisations might have led to biased responses from the external actors. These interviews lasted on average fifty minutes. (A list of the respondents and dates of interviews is presented in Appendix 5.)

One limitation of the study was that it proved impossible to make as much contact with members of the families and wider social groups of the target groups as was initially planned.

The study was therefore only able to gain limited insight into their perspectives on the case study organisations, whether or not / how they felt that they had contributed to the HIV/AIDS programmes delivered by the organisations, and the impact of the programmes. Greater access to members of these groups would have helped to deepen understanding of why their relationships with the delivery organisations seemed so elusive. (This is discussed as an area for further study in 9.4.) The data acquired was, however, considered sufficient for the current study where primary interest was in the perspective from the delivery organisations.

As detailed in the overview table on page 82, another set of interviews was conducted with expert participants, such as representatives from the Uganda AIDS Commission, who were identified as particularly suited to providing a detailed perspective on the Ugandan, and more specifically Kampala, context. These interviews, lasting on average forty-five minutes, were conducted with the specific purpose of developing a detailed ‘on the ground’ understanding of the HIV/AIDS situation in Uganda, the national response and the players involved, in order to develop a picture of the context in which the case study organisations operate. International literature (and in particular the health promotion literature) highlights the significance of the broader context for the programmes found in individual organisations (Denman et al 2002; Naidoo and Wills 2002). A discussion of the Uganda context is presented in the following chapter.

The overview table (figure three) also provides details of interviews with a different set of participants that sought to build an understanding of the HIV/AIDS response within the education sector. These interviews also helped to develop an understanding of the education system in which the case study schools function, supporting data from yet another set of

interviews carried out specifically with this purpose in mind. Just under half of the twenty-six participants that provided an overview of the Ugandan context were brought to the attention of the researcher through a process of snowballing. Contact with all of these respondents was made by approaching them directly for example by email or, as in the majority of cases, by telephone. Permission to record the interviews using a digital Dictaphone was sought and was granted in sixty-nine of the total seventy-one interviews conducted for the study. In the two cases where permission to record was withheld, effort was made by the researcher to write as detailed notes as was possible during and immediately after the interviews.

Semi-structured interviews were selected for this study because they have the advantage of giving respondents freedom to discuss issues that are important to them at some length, making it possible to explore their views and experiences in significant detail and allowing them to contribute to the research agenda. This facilitates progressive learning on the part of the researcher (Laws 2003) and, in the current study, was made possible by the flexible design framework. Semi-structured interviews have much the same advantage as Burgess (1991) attributed to unstructured interviews: “a respondent in an unstructured interview is more likely to provoke a discovery by saying something unexpected than is the respondent who can only check one of six precoded replies to a questionnaire item” (239). In the context of the current study, the semi-structured interview was preferred over the unstructured interview because, while both allow the researcher freedom to follow up unexpected discoveries, the former also provides a framework for ensuring that the broad research focus and questions are addressed and that there is some degree of consistency across the different interviews. This supports efforts to be as systematic as possible and allows for a level of triangulation. Interview guides



were designed to facilitate a balance between structure and flexibility to respond to priorities highlighted by the participants. (The guides are presented in Appendix 1.)

Conducting interviews within an organisational context had its advantages and its challenges. On the positive side, it meant that it was possible to conduct all of the interviews in English, eliminating any complications of translation/interpretation. Effort in this context was instead directed at ensuring that the language used in the different interviews was pitched at an appropriate level. On the other hand, the tight schedules of some members of staff presented a challenge and, as mentioned above, in some cases meant that interviews had to be conducted over a number of short sessions which disrupted the flow of the discussions. Interview guides were tailored to make use of every available opportunity to talk to research participants, during lunch breaks or between sessions for example.

The limited availability of private spaces (particularly in the schools) also proved to be a challenge. A number of interviews had to be conducted in public spaces, the limitations of which were clearly demonstrated in one interview in a school staff room where a teacher who had been very open and informative suddenly changed, giving vague and stunted responses as other people entered the room. When working in schools, it was also necessary to take into account and prepare for the possibility of the background noise of break/lunch times and the end of sessions. Efforts were made wherever possible to conduct interviews in settings where the research participants could be free to openly share their thoughts, and away from background noise that could disrupt the discussions and/or affect the clarity of the recordings. Effort was also put into maintaining an informal atmosphere in which participants felt comfortable/safe to discuss their views and experiences. This, however, was somewhat of a

challenge in the two cases where the respondents did not want to have their answers recorded (perhaps for fear that recorded responses could lead to negative repercussions within the organisation). Having to write detailed notes during the interviews was distracting for both the research participants (it was clear on a number of occasions in these interviews that their flow had been disrupted by the researcher writing something down) and the researcher, who had to concentrate on maintaining a tight balance between being attentive to the respondent, making sure that all key points raised by respondent were captured, and ensuring that all the necessary points were covered.

Discussing the use of interviews as a research method, Robson (2005) warned of the possibility of gathering misinformation that arises from “deficiencies in memory [of the respondent] and the wish to present oneself in a favourable light (‘the social desirability response bias’)” (310). Respondents may give false information for a range of other reasons including simply wanting to (speedily) progress the interview. The researcher found that spending between five and six weeks in the study organisations helped to address concerns of misinformation. Through casual follow-up conversations it was possible to further explore points raised in the interviews, perhaps asking questions in a different way, and thereby clarify/confirm responses given earlier. As was the case with the interviews, notes on the follow-up conversations were written as soon after they took place as possible, highlighting any points that were pertinent in guiding methodological decisions and/or analysis.

#### **4.2.3.2 Focus Group Discussions (FGDs)**

FGDs were held with members of the target groups of the HIV/AIDS programmes under investigation in order to ascertain their views on the organisations delivering the programmes,

the programmes themselves and any impact they might have had. FGDs are presented as a tool that is particularly suited to research involving young people. It is argued that the security offered by a group composed of their peers enables them to express themselves in ways that they might not have the confidence to do in a one-on-one interview led by an adult.

The study considered the pros and cons of single sex versus mixed groups, thinking for example about how different arrangements might influence the dynamics in groups of ten to fourteen year olds, particularly in discussing HIV/AIDS related matters. It was decided to conduct the FGDs in mixed groups as this was the way in which HIV/AIDS programmes in the three case study organisations are mainly delivered. This did not appear to have a negative effect on interaction in the groups, as both boys and girls openly shared forthright opinions in all three settings. The mixed groups in fact had the advantage of allowing direct interchange between male and female perspectives, as in one session where there was a debate about whether it was girls that tempted boys or vice versa. Other studies such as Bohmer and Kirumira (2000) have demonstrated the successful use of mixed groups of young people.

The FGDs facilitated the collection of appreciably more data from the young people's perspectives than would have been possible through one-on-one interviews in the time frame available. A rich understanding of the study organisations, their HIV/AIDS programmes and the experiences of the young people emerged through dynamic group interaction as the participants built on each others' responses. A concerted effort was put into maintaining an informal, respectful atmosphere at all times so that the young people were comfortable to freely express their views.

The literature on research involving young people, and on FGDs more generally, highlights the importance of having more than one adult/researcher present during implementation. A research assistant with extensive experience of working with young people both in and out of school was therefore identified and recruited. Discussions about the research and the FGD guide (presented in Appendix 2) were held between the main researcher and the research assistant in the early stages of the field study and before each FGD to familiarise the research assistant with the study focus and requirements. The division of labour in the FGDs was such that the main researcher opened up the sessions, explaining the research and confirming whether or not participants were happy to proceed as described, which included getting their permission to use the digital voice recorder. The research assistant, who was fluent in both English and Luganda (the *lingua franca*), then led the main body of the FGDs. Though the FGDs were conducted in English (the teaching language in all three study organisations), it was considered advantageous for the research assistant to lead so that points could be emphasised / clarified in Luganda whenever necessary. The main researcher was conversant enough in Luganda to be able to follow all that was said on any such occasion and in those cases when respondents felt more confident expressing their thoughts in Luganda. Having the research assistant was also useful in allowing the researcher space to make general observations during the FGDs and to take notes which contributed to the analytic and substantive notes discussed in 4.2.4 below.

In designing the data collection, the researcher had planned to conduct at least three FGDs in each of the case study organisations. It has been argued that “projects should consist of three to five [focus] groups ... [of participants with similar characteristics on the basis] that more groups seldom provide meaningful new insights” (Morgan 1997:43). The plan to have at least

three per study organisation was based on the resources and time available for the current research. However, organising the FGDs as planned in the research design proved difficult in a number of ways. It proved impossible, for example, to carry out the number of FGDs planned because of the various extra-curricular activities that took place during the field study period – activities that ranged from Division sports and music competitions, to a reading week, magic shows, and even preparations for a visit by the Minister of Primary Education. In addition, unexpected activities meant that a number of the FGDs that had been arranged had to be shortened and, in one case, cancelled. In the end it was only possible to hold one FGD in each of the case study schools and two FGDs with members of the NGO's target groups – altogether a total of four.

More FGDs than proved possible within the constraints of the case study organisations would have served to strengthen the study's understanding of the young people's perspective on the organisations, their HIV/AIDS programmes and their impact. It is believed that gaps in knowledge stemming from the inability to conduct the planned number of FGDs were to some degree filled through other sources of information – reading material produced by the young people and listening to them other settings such as classrooms, clubs, and other extra-curricular activities such as family groupings and talk shows (explained in 6.3.2.5).

Specific FGD participants were identified by teachers in the schools and Field Officers in the NGO, guided by the researcher's criteria in regard to age (between ten and fourteen) and gender mix. (The question of the extent to which the young people felt that they had a choice regarding whether or not they participated in the FGD is considered in section 4.2.6 on research ethics.) It proved difficult to confine the number of young people in the FGDs to the

8-10 planned and requested by the researcher. As detailed in the overview table on page 82 this only happened in School A, where there were eight participants in the FGD. As the FGDs could only be arranged to take place during 'class time' it was more convenient for the teachers if the researchers worked with larger groups of between fifteen and twenty-three young people. Despite the large numbers, the researcher and research assistant were able to maintain good interaction and responses in all but one of the groups where the discussion was largely dominated by the five/six most vocal students. It is noted that the large numbers and active participation of majority of the young people went some way to making up for the limited number of FGDs conducted. Capturing all of the contributions was facilitated by placing the digital recorder, which had a powerful microphone, at the front or middle of the group (depending on the arrangement in the room) and on occasion moving it closer to speakers in the larger groups. In order for all the contributions to be clearly heard and recorded, it was agreed that if a number of people wanted to speak at the same time, they would raise their hands and the research assistant would select the speakers one at a time. FGD participants were, however, free to make their contribution without raising their hands if no one else was speaking.

Being limited to conducting the FGDs during 'class time' also limited the locations in which they could be held. In the schools it was possible to hold them outside the classroom setting, in the school hall for example, and to arrange the groups so that all participants were sitting in a circle – the planned and preferred option because it signified a break from the normal class room functioning. In the case of the NGO, the FGDs were conducted with young people in schools with which it works and therefore had to be limited to the time slots/locations

normally allocated to NGO sessions. As such, the FGDs had to be conducted in classroom settings and the existing layout of benches in rows had to be maintained.

#### **4.2.3.3 Direct Observation**

Direct observation in this study was used primarily as a supporting methodology, as a means of supplementing and triangulating data collected in the interviews and FGDs. A key message that emerges from the literature on researching organisations is never to rely solely on what research participants say but to bear in mind that actions in organisations can often say as much or even more than words. Research participants can intentionally misrepresent their organisations or, as Lewis (1998) showed, might not necessarily see all the details of their performance; it can sometimes take an outsider to identify these.

The current study made use of both informal, descriptive observation of general life within the study organisations, and structured observation of specific interactions. By spending five to six weeks within each of the study organisations, being free to wander around and observe life as it happened, it was possible to get beyond the official line, to more of the reality of the organisations and their HIV/AIDS programmes. Informal observation contributed to developing an impression of the study organisations and their values, cultures and power relations. It included, for example, considerations of the reception area (who was there, whether their manner was formal or informal, official, welcoming and so on), whether offices were open plan or closed off, and differences between the spaces occupied by staff of different rank / by staff and learners. Particular precautions were taken to minimise observational biases such as selective attention clouded by the researcher's experiences, interests and expectations, and selective memory. This included starting out with a broad idea of the features of interest

based on the literature review, being guided by comparisons across the three organisations, and a commitment to making detailed notes during or as soon after the observation as was possible.

The investigation also included informal observation of staff meetings and general staff interaction in an effort to understand the internal relationships of the study organisations. Informal observation of general interaction between the staff and learners of the study organisations was also carried out in various contexts – in school assemblies, in extra-curricular clubs, rehearsals for dance competitions/community performances, break time and so on. This was supplemented by structured observation of teacher-pupil interaction, collecting data on the extent to which active learner participation occurred in the study organisations. Structured observation was conducted in curriculum based and extra-curricular sessions led by different teachers in the schools and in life skills/education sessions led by different Field Officers (FOs) in the NGO so as to develop a broad overview of practice within the organisations. In selecting the sessions to be observed, the researcher focused on those with pupils in the 10-14 age range of specific interest to the study. Specific sessions were identified through recommendations made by the researcher's key contacts in the organisations, by independently approaching teachers/FOs that taught the focus age group, and through links made via these teachers/FOs to others teaching the same age group.

The sessions observed were on average forty-five minutes long and were split into ten minute blocks using a basic digital clock device. An initial ten minutes of general observation, which allowed time for the group to settle down and the researcher to get acquainted with the setting, were followed by alternating blocks of structured observation and general observation. The



decision to use ten minute intervals was based on recommendations of previous studies (Robson 2002, Flanders 1970) as well as practice observations conducted by the current researcher. It meant that there were at least two blocks of structured observation in each session observed and that they were long enough and sufficiently spaced to capture the detail of the variety of activities and interactions that took place at different points of the session. (Pilot observation sessions had found that levels of interaction tended to vary considerably across the duration of a session.) By alternating between the two forms of observation in this way, it was possible to strike an effective balance between a focus on specific aspects of the sessions, facilitated by structured observation, and the more inclusive general observation which facilitated exploration of other points of interest such as whether / how HIV/AIDS was integrated into non-HIV/AIDS specific sessions.

The coding scheme developed for the structured observation built on Flanders' Interaction Analysis Categories (FIAC) (1970) which was designed to study interaction between teachers and pupils in classroom settings. Following general guidelines on creating coding schemes as set out by Robson (2005), the categories developed were focused, explicitly defined, and easy to record, as well as mutually exclusive and exhaustive so that any one particular observation could only be linked to one code. The FIAC was adapted for the current study based on findings from test observations which had highlighted a need:

- i) for a category on 'teacher rejecting/disagreeing with the ideas of the pupil' – a category that did not exist in FIAC
- ii) to separate FIAC's 'pupil initiation' category into two – one when the contribution by the pupil was in keeping with the progress of the session and another when the contribution went against the direction being progressed by the teacher/FO

- iii) to separate FIAC's 'silence' category into two, to capture the difference between those moments where it was 'productive silence' (for example periods of reflection and/or individual work) and other times where the session was disrupted by visitors, the need to move furniture around the room and so on.

Unlike FIAC, the coding system used in this study did not have a separate category for teacher 'accepting student's feelings' but merged it with a category on 'teacher accepting student's ideas'. It was felt that it would be difficult to distinguish feelings from other student inputs and that that was not necessary for the purposes of this study. (The study scheme is presented in Appendix 3).

An interval coding scheme based on that used by Flanders (1970) was adopted and involved noting down codes approximately every five seconds within the structured observation periods. The researcher bore in mind and sought to avoid the tendency of researchers to increase coding tempo during fast moving periods, especially when 'rare' events happen, and to decrease the tempo during periods of slow activity. An awareness of the problem of observer drift (changes in the way the observer uses the schedule resulting from increased familiarity, for example) was also maintained throughout the observations. Efforts to minimise coding inaccuracies involved carrying out practice exercises developed to help researchers familiarise themselves with the Flanders coding scheme, and extensive practice of using the study's own scheme before conducting the actual study observations. The observations were carried out as systematically and consistently as possible to allow comparisons across the different settings and to ensure good quality research. Data from the structured observations was tabulated and analysed, producing basic descriptive statistical material that was used to

help understand the relationships between teachers/FOs and young people in the three study organisations.

In using structured observation as one of its research methods, the study had to consider certain assumptions associated with its positivist grounding. The literature on structured observation talks, for example, of the researcher adopting a detached stance, striving to achieve minimal interaction through avoiding eye contact and not responding to any attempts at interaction made by the group being observed. The current study questions the extent to which it is possible for a researcher to be totally detached from the research setting and to exert no influence on it.

The study adopted a stance akin to ‘observer-as-participant’ as described by Robson (2002): “someone who takes no part in the activity [being observed] but whose status as researcher is known to the participants” (319). It did so recognising associated issues such as the likelihood that a large proportion of the research participants would not necessarily (be able to) make the distinction between participant and observer, and indeed the very question of whether such a distinction is possible “in the sense that [the observer/researcher role] is now one of the roles within the larger group ... [Once the observed know that they are being observed] the observer is inevitably, to some extent, a participant in the situation and the observation becomes potentially reactive...” (Robson 2002:319,328).

In the present research, the researcher faced considerable difficulty in convincing staff of the study organisations that the intention was simply to observe activities and not to play any active role in them. Particularly in the early days, the researcher was seen and treated as a

guest in the classes: introduced to pupils who stood up to formally greet her; addressed directly by teachers/facilitators explaining why things were done in particular ways; asked to say a few words to the class; used as a stimulus to get pupils talking – ‘the visitor is seeing those that are not putting up their hands’, and so on. The influence of the researcher’s presence was confirmed by comments from teachers that some of the pupils had been shy because of the presence of an outsider. Ongoing effort was made to be as unobtrusive and inactive an observer as was possible, consistently sitting at the back of the class (instead of the chair offered at the front of the class) and insisting to teachers/facilitators that they should not try and involve the researcher in the lessons. Over time, the presence of the researcher seemed to draw less attention and some level of consistency became evident in the sessions observed.

Despite repeatedly insisting that the point was to observe events as they ordinarily occurred, and not to have activities acted out, it was clear that the first few events observed were geared to meet what were thought to be the researcher’s needs. Extra efforts were made in the schools, for example, to ensure that the researcher observed lessons in which HIV/AIDS was integrated. On one occasion the researcher was specifically informed by a teacher that she had changed the plan for the session observed, bringing forward a lesson on HIV/AIDS that was supposed to be delivered at a later date. The lesson originally planned for that day was postponed to the later date. Efforts were made to minimise the likelihood of such changes being made to suit the perceived needs of the researcher, showing up at a session a few minutes before it was due to start, for example. (Permission to observe the sessions had already been obtained from the teachers.) There is a question of how much of what was observed in terms of integrating HIV/AIDS into the lessons was a true representation of what happens in the wider everyday reality of the schools. The researcher was, however,

encouraged by the consistency between much of what was observed and the discussions held in the organisations, both in terms of integration of HIV/AIDS content into lessons and in regard to the participation of the young people.

The observation carried out offered a valuable opportunity to access the views of the young people and to learn about their experiences, supplementing the data collected through the FGDs. The original research design had also included plans to observe interaction between staff of the study organisations and actors from ‘partner’ organisations / from the local community to learn about the relationships that exist between them. However, contrary to early indications from interviews/publications, only two events involving such interaction occurred during the fieldwork period and the researcher was already committed to spending time at a different case study organisation and was therefore unable to observe them. The study therefore had to rely on data acquired using other research methods in thinking about these particular relationships.

#### **4.2.3.4 Review of secondary data**

The study accessed and reviewed both published and grey material to build an understanding of a) the study organisations and their HIV/AIDS programmes b) the broader context in which the organisations function – Kampala and, more generally, Uganda. In regard to the former, the material collected included organisational profiles and organisational charts, policy documents, strategic plans, promotional material, annual reports, minutes of meetings, records of activities and activity reports, and teaching materials. One school and the NGO had resource centres that the researcher was granted permission to use. In the other school the researcher was given access to stories written by pupils, which covered topics ranging from

the conditions of the area surrounding the school, to advice about responding to advances by a ‘Sugar Daddy’, and thoughts on how to treat people living with HIV/AIDS. These stories greatly supplemented data collected through the FGDs and observations. Documentation from a range of other sources was also used in developing an understanding of the study organisations, the ways in which they function, and their programmes. Material from Kampala City Council (such as Primary School Leavers Examination (PLE) performance tables and Division Newsletters) and reports on PIASCY performance from the Teacher Training College, for example, provided an independent insight into the performance of the schools.

By gaining permission to use the Uganda AIDS Commission Resource Room, the researcher was able to access key documentation such as the National HIV and AIDS Strategic Plan (2007/8-2011/12) and Uganda Think Tank on AIDS (UTTA) publications. In addition, information on Uganda’s education system (and HIV/AIDS related initiatives within that system) was obtained from the Ministry of Education and Sports, from the UPHOLD resource centre, and from the Aga Khan Education Service. The researcher was also able to obtain and review the most recent ‘Kampala City Council Five Year District Development Plan’ and other material from KCC detailing education and HIV/AIDS related activities in the city as a whole and within its five Divisions. All the material collected was in English – Uganda’s official language. Other material used in understanding the context included country specific documentation from international bodies such as UNAIDS and the World Bank and from national and international NGOs, as well as international published literature on Uganda.

All the organisations contacted by the researcher were very forthcoming with the material requested. Frustrations of incomplete records were in some cases resolved by frenzied

searches by staff who found the missing materials and, on one occasion, actually wrote up the missing report. In the cases where important gaps could not be filled in this way, effort was made to do so using the other methods of data collection. Continuous review of the material collected over the course of the field research meant that it was possible to use it to further develop and adjust the other research tools such as the interviews.

The material collected was analysed with an awareness that it was part of a particular discourse and not necessarily a transparent, neutral reflection of the organisation's decisions, activities and processes or of the national situation. Acknowledging that it was presented in a particular way, by a particular author, for a particular audience, it was read critically and considered alongside data from other sources (triangulation). Questions were asked of the documentary material in much the same way as they were of spoken information, using similar probes and making detailed notes of the answers and of the researcher's own reflections.

Combining data from documents that are essentially the public face of the organisations (Roche 1998) with the data from the more private, internal documents, from interviews, FGDs, and observation contributed towards creating a fuller, more nuanced understanding of the study organisations than a sole focus on any one of the sources of data would have done.

#### **4.2.4 Data analysis**

As is characteristic of flexible research design, analysis and interpretation of data in this study started during the data collection phase. This was facilitated by maintaining *analytic notes*

throughout the field study in the manner recommended by Burgess (1991). These notes, which included initial thoughts/interpretations and questions that arose as the data was collected, were supplemented by *substantive notes* which included (interrogation of) personal impressions and descriptions of the research contexts and circumstances, of events, respondents, conversations, and the actions/reactions of individuals/groups encountered within the scope of the study. A third set of notes, recommended by Burgess (1991) and maintained by the present researcher, were *methodological notes* – reflections (both positive and negative) on field experiences and the processes used in carrying out the field research. In combination, these notes contributed towards the researcher's efforts to be reflective about her work, experiences and influence and, ultimately, towards thinking about and addressing possible researcher bias on an on-going basis. Beginning the process of analysis and interpretation while still in the field had the advantage that the researcher was able to share initial thoughts with staff in the study organisations and to draw on their feedback to strengthen later stages of the analysis.

In carrying out the main analysis, the study adopted the 'template approach' as defined by Crabtree and Miller (1992) in which key codes are identified and used as templates for analysing the data (in Robson 2002). This relatively structured approach facilitates systematic analysis of data and helps to minimise what Robson (2002) described as the deficiencies and biases of humans as natural analysts. It also has a flexibility that allows for the codes, or templates, to evolve as analysis progresses.

More specifically, the study adopted an approach advanced by Miles and Huberman (1994) which is said to be particularly suited to analysing case study data. It took what Miles and



Huberman (1994) described as “a fairly classic set of analytic moves”: coding the data collected to classify/categorise it; adding comments and reflections to the codes; building on that and identifying themes, relationships, differences between the different sub-groups; and “gradually elaborating a small set of generalizations that cover the consistencies discerned in the data [and] confronting those generalizations to a formalized body of knowledge...” (9). Coding of fieldwork data took place in two stages – the first involved using Nvivo computer software to categorise the data into broad groupings. Nvivo software made it possible to bring data from different sources and/or in different formats into one setting. Each category created in Nvivo was then further refined, using traditional spider diagrams to draw out sub-themes. The study undertook a process in keeping with what Miles and Huberman (1994) described as the three concurrent flows of activity in data analysis: data reduction, in which the masses of material collected are simplified and made more manageable (using Nvivo software in the current case); data display (using spider diagrams); and conclusion drawing and verification of the conclusions, which involved interrogating the empirical data alongside existing literature. The current study drew on the review of international literature and preliminary analysis conducted as the data was collected, to identify templates/codes around which to build the main analysis of the qualitative data. Through analysis and interpretation of this data, it was able to draw conclusions linked to the existing formalised body of knowledge.

Having full and easy access to the interview recordings, it was not considered necessary to transcribe everything word for word. Instead, the researcher went through each interview making detailed notes that fed into the analysis.

#### **4.2.5 Quality of the research**

The value of ‘reliability’ and ‘validity’ as indicators of quality in qualitative research has been much debated. It is argued, for example, that measures of the extent to which research can produce the same results if repeated and/or of the degree to which research is ‘true’ are inappropriate for qualitative research involving people and their varying ‘realities’. Writers such as Robson (2002) argue, however, that attempts to “rename and disclaim the traditional terms continues to provide support for the view that qualitative studies are unreliable and invalid” (176). They make the case that these terms can be operationalised in ways that are “appropriate for the conditions and circumstances of flexible, qualitative enquiry” (Ibid).

In contrast to quantitative research, where emphasis is placed on “the use of standardised research instruments ... that produce consistent results” (Ibid: 177), reliability in qualitative research depends on the researcher describing the methods adopted in detail and a rigorous and honest approach to data collection, analysis and report writing (Ritchie and Lewis 2003, Robson 2002, Silverman 2000). As discussed in 4.2.1, questions about the appropriateness of the design and conduct of the current research were considered throughout the current study. Commentary on qualitative design also emphasises the importance of being transparent – “showing the audience of research studies as much as is possible of the procedures that have led to a particular set of conclusions” (in Ritchie and Lewis 2003:271). The preceding discussion sought to do that. Such transparency is said to enable readers “imaginatively to ‘replicate’ studies and also ... to ensure that claims are supported by adequate evidence” (Ibid).

Commentators on validity in qualitative research associate it with the “strength of the research methods used...” (Ritchie and Lewis 2003:274) and emphasise the need for checks to ensure, for example, that the methods are “sufficiently effective for [research] participants to fully express/explore their views” (Ibid). As detailed above, the current researcher continuously reviewed the methods used to ensure that this was the case. Validity in qualitative research is also shown to be more about “validity of representation, understanding and interpretation” than the “validity of measurement” associated with quantitative research (Ibid:273). Efforts to maximise validity in the current study involved ongoing consideration of responder bias and the extent to which responses from research participants reflected their actual opinions. Lincoln and Guba (1985) warned that respondent bias can be unintended or intended, and can range from “obstructiveness and withholding information ... to ‘good bunny’ syndrome, when the respondent tries to give the answers or impressions which they judge that the researcher wants” (in Robson 2002:172). The question of validity – of whether the research was “accurately reflecting the phenomena under study as perceived by the study population” (Ritchie and Lewis 2003:247) - also necessitated continuous reflection on the influence of researcher’s positionality and possible biases (as discussed in 4.2.1). The study sought to limit threats to validity linked to ‘researcher bias’ – “distortions based on his or her a priori values and constructions” (Lincoln and Guba 1985:302, Robson 2002, Kleinman 2002, Laws et al 2003, Borochowitz 2005) and ‘reactivity’ – “...the way in which the researchers’ presence may interfere in some way with the [study] setting ... and ... the behaviour of the people involved” (Robson 2002:172, Lincoln and Guba 1985). Spending extended time with research participants during the five/six weeks that the researcher was embedded in each of the case study organisations contributed towards addressing concerns about potential responder and researcher bias, as well as those of reactivity. This ‘prolonged involvement’ (as labelled by

Robson (2002)) not only enabled the researcher to get beyond superficial/false responses and to access a wide range of perspectives, but also contributed to the normalisation of responses, behaviour and activities, revealing consistent pictures of the organisations and their programmes over time. Addressing researcher bias and understanding of the case study organisations were also much enhanced by making comparisons of the conditions and interactions between the researcher and participants across the three settings.

Threats to validity were further addressed through processes of triangulation - comparing responses from different participants *and* comparing data collected using different methods – and through respondent validation, which involved sharing interpretations with research participants. This was done while acknowledging the possibility that participants might challenge the interpretations or, as warned by Robson (2002) “might get cold feet and seek to suppress some material” (175). This did not happen. Possible threats of incomplete or inaccurate data were addressed by audio recording whenever possible, writing detailed notes during and after each episode of data collection (as detailed in 4.2.4), systematically following up any gaps identified, and maintaining a comprehensive audit trail of all research activities. Furthermore, effort was made to be as transparent as possible, by providing detailed accounts of interpretations and the supporting evidence in chapters six, seven and eight of this thesis.

#### **4.2.6 Ethical considerations**

Ethical considerations were given paramount importance throughout the study. Of major consideration was the need to ensure, as advocated by the UK’s Economic and Social Research Council (ESRC) (2010a), that participants were made aware of their rights and that their dignity and welfare were maintained at all times. Every effort was made to explain to

participants what it was they were being asked to be involved in, how, and why. Information on the study was verbally provided to the participants prior to their involvement to facilitate obtaining their informed consent which was also given verbally. Various descriptions of the research (with varying levels of detail/complexity) were developed and presented to potential participants as appropriate. They were informed that participation was not mandatory and that they were free to withhold consent without fear of any negative repercussion as far as the researcher was concerned, and were given the opportunity to ask questions and discuss any potential risks before giving their consent. They were also informed of their right to withdraw from the study at any point. None did. There is a question of how much freedom staff in the organisations felt they had to withhold consent/withdraw from participating, particularly in cases where they had been asked to participate by superiors. This was also a concern in the FGDs conducted with the young people, where their participation had been requested by their teachers. The researcher tried to address this issue by seeking to ensure that no one participant in the FGDs was put under undue pressure to give a response. Similarly, none of the study participants were forced to continue with any of the research activities if they showed signs of discomfort.

The use of FGDs must consider ethical concerns regarding privacy and the implications of revelations made by individuals because, as stated by Morgan (1993), “participants reveal themselves to each other, not just to the researchers” (238). This concern might perhaps be heightened in mixed gender groups, as used in this study, particularly in discussions about issues such as sex, adolescent changes and behaviour. Efforts were made to address this, for example stressing the need for respect, requesting that anything discussed in the group was not used maliciously outside the group, and seeking to ensure (as mentioned above) that no

participant was forced to share anything they were not comfortable do so. The researcher acknowledges, however, that she had limited control over what actually happened beyond the confines of the FGDs held.

The study worked within international guidelines for research involving children, as well as those specifically set out by the Uganda National Council for Science and Technology. This included, for example, considerations of the nature and content of questions it was appropriate to ask young people in the study age range without emotionally upsetting them, gaining the relevant permissions for involving them in the research, and ensuring that they did not feel bullied/coerced in any way. The study paid particular attention to the sensitivities of carrying out HIV/AIDS related research and sought to ensure that no participants, young or old, were forced to discuss any content that they were unhappy with. The 'National Guidelines for Research Involving Humans as Research Participants' were systematically considered as part of the process of applying for and obtaining permission to carry out research in Uganda. In addition, the researcher completed the University of Birmingham ethics review form before conducting any field research and ensured that the study complied with the recommendations set out in the ESRC Research Ethics Framework.

Acknowledging the potential sensitivities of researching the internal workings of organisations, respondents were assured that all information provided would be treated as confidential. Extreme care was taken to ensure that this happened and that any responses used in discussion with other participants could not be attributed to any particular person. Attention was also paid in writing up the study findings to minimise any likelihood of detrimental repercussions for participants, ensuring for example that comments were anonymised as much

as possible. Research participants are referred to by their roles/positions as opposed to using their names. It was considered prudent to mask the identity of the case study organisations, providing another level of anonymity. As such, the study discussion refers to ‘School A’, ‘School B’ and ‘the NGO’.

Studying organisations required sensitivity to their internal politics, the outworking of which was demonstrated, for example, in the process of securing approval to conduct interviews. The researcher quickly found that this did not necessarily involve a clear cut decision between a bottom up approach or a top down approach but that both were often necessary: while it was necessary to obtain permission from the top level of the organisation – the people with the ultimate authority – it was also necessary to negotiate with, and gain approval from lower level staff that one wished to interview. Burgess (1984) succinctly captured this experience, arguing that “access is not a one-off issue in organisational settings, access should be considered more like a process of negotiation and re-negotiation” (45-51).

Ensuring that the research was ethically sound also involved carefully considering whether to provide any form of remuneration to research participants, and responding in the manner thought most appropriate to each situation. Towards the end of the field research period, the researcher made small contributions to the case study organisations, based on knowledge gained about their needs during the time spent with them – writing implements and other such materials were given to the schools and the offer of document review services to the NGO. The researcher was asked for monetary assistance on only one occasion – by a representative of a community organisation associated with one of the schools. On that occasion the request was granted because the individual had assisted the researcher beyond his official duties. The

researcher addressed the concern about raising expectations (financial or otherwise) of the study participants by clearly stating her identity as a student and giving as much detail as possible about the objectives of the interaction with them.

Attention was also paid to general issues related to cultural expectations of the researcher as a person of Ugandan origin, for example those regarding interactions with individuals that were older than her and/or in positions of authority.

### **4.3 CHAPTER CONCLUSION**

This chapter has presented the multi-method case study approach adopted in investigating the influence of organisational factors on the delivery (and impact) of youth focused HIV prevention programmes in Uganda. It made various references to the significance given to context in the research approach adopted and in the health education/promotion literature. The following chapter examines the broad context in which HIV/AIDS programmes are designed and delivered in Uganda. Addressing the questions of Objective II of the study, it outlines the history and characteristics of HIV prevention in Uganda, discussing how the current rhetoric compares with the ideals presented in the international literature (reviewed in chapter two). This is expected to contribute towards understanding the (rhetoric of the) HIV prevention programmes in the case study organisations, discussed in later chapters.



## **CHAPTER V**

### **THE CONTEXT OF HIV/AIDS PROGRAMMES IN UGANDA**

#### **5.0 INTRODUCTION**

Chapter IV discussed the argument in the literature that organisations delivering health programmes are not isolated units operating within a vacuum but exist within a broader context that can influence their programmes and modes of functioning. This chapter explores the context in which HIV prevention programmes are designed and delivered in Uganda. It begins with a brief overview of the HIV/AIDS epidemic in Uganda (5.1) before moving on to discuss the characteristics of the national response and changes over time (5.2). The chapter concludes with a consideration of how the national rhetoric compares with the international rhetoric outlined in the literature (see chapter 2), and initiates the study's exploration of the practical application of that rhetoric in Uganda (5.3).

#### **5.1 THE HIV/AIDS EPIDEMIC IN UGANDA**

The history of national HIV/AIDS prevalence rates in Uganda displays three distinct phases – a sharp rise between 1982, when the first case was identified, and 1992 when rates reached a high of over eighteen percent; a steady decline between 1992 and 2002 to a prevalence rate of between five and seven percent; and a period of little change since then (Government of Uganda 2010, UNAIDS 2010, UNAIDS 2008; Uganda AIDS Commission (UAC) 2007a, UAC 2007b, UAC 2005b, UAC 2003). Exact figures have been disputed, with some reports suggesting much higher prevalence rates and/or questioning whether the changes have been as pronounced as these figures suggest, but the overall trends they outline remain similar. There are debates about whether the decline in prevalence rates was simply due to the natural course

of the epidemic (that is, a decline driven by deaths of the large numbers of people infected in the early stages of the epidemic) but comparisons with other sub-Saharan countries that had similar growth rates suggest that it was more than that – that Uganda experienced a decline in incidence /new infections.

Data from certain parts of the country suggest the possible emergence of a fourth phase characterised by rising prevalence rates (UNAIDS 2009c, UNAIDS/WHO 2008, UNAIDS 2006). Explanations for the long period of relatively stagnant rates and the pockets of increases observed suggest a growing complacency within the population with, for example, the successes of early campaigns and the advent of (free) anti-retroviral drugs (ARVS)<sup>4</sup> creating a situation where HIV/AIDS is no longer considered the urgent problem that it once was (UAC and NYC 2007, UAC 2007b, Miria 2007, UAC 2006a, Parkhurst 2001). Various reports point to the resurgence in high risk sexual activity which has the potential to fuel rising prevalence rates<sup>5</sup>. The UNAIDS Country Situational Analysis discussed an “erosion in the gains made in behavioural change. In particular, the number of non-marital or non-cohabiting sexual partners of men in higher age groups has increased and condom use during the last episode of unprotected sex has decreased” (UNAIDS 2006). Similar findings are discussed in the recent UNGASS Country Progress Report (Government of Uganda 2010). National literature and interviews conducted by the current author highlight high levels of ignorance and misinformation about HIV/AIDS; one study participant who has worked extensively with young people of secondary school age told, for example, of a prevalent belief amongst

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<sup>4</sup> Government records show that by the end of 2006 antiretroviral therapy (ART) had been made available to 91,500 patients (a figure above the WHO target of 60,000) (UAC 2007a). Attaining universal access is an ongoing target (UAC 2007a).

<sup>5</sup> It is estimated that sexual transmission contributes 76% of new HIV infections in Uganda (Government of Uganda 2010)

members of this group that bathing in coca-cola after unprotected sex protects against HIV infection.

Despite 'prevention' having been the "mainstay of the country's response since the mid-1980s" (UAC and NYC 2007), the Uganda AIDS Commission estimated "that most people at high risk for HIV infection have yet to be reached by ... a comprehensive prevention package" (UAC 2007b:15). Actors in both the government and non-government sector speak of a need to revitalise the HIV/AIDS response, that it might re-spark the sense of urgency and prompt the sort of decline in national prevalence rates previously observed (Government of Uganda 2010, UAC and NYC 2007, interview with UNATU representative 27/11/07, Miria 2007, UAC 2006a, UAC 2005b, Uganda Parliament 2003). They stress the need to develop a thorough understanding of the national HIV transmission dynamics and to evaluate the experience of the response over the last 25 years in order to develop focussed and evidence-based HIV/AIDS programmes (UAC 2007a, UAC and NYC 2007). It is noted, however, that the government *has* made great strides towards a comprehensive national prevention package that simultaneously seeks to "... prevent mother to child transmission of HIV (PMTCT) ...; promote greater access to HIV counselling and testing...; integrate HIV prevention, care and support services with other health care and social services...; integrate prevention into care and support programmes for people living with HIV/AIDS...; prevent sexually transmitted infections...; focus prevention on vulnerable and higher risk groups...; advocate for the protection of rights of [vulnerable groups] within existing policy and legal frameworks...; prepare for access to and use of promising new technologies for HIV prevention...; ensure blood safety and reduce HIV transmission in the health care and other settings" (UAC 2007b:16-18, Govt. of Uganda 2010). There has been growing focus on male circumcision as

an approach to HIV prevention (Govt. of Uganda 2010, WHO/UNAIDS 2010) and initiatives to raise awareness of HIV/AIDS and advocate “positive change in individual behaviour and cultural and sexual norms that encourage high risk...” (UAC 2007b:16) – a key interest of the current study - continue to form a central focus in the national response.

## **5.2 THE NATIONAL RESPONSE TO HIV/AIDS IN UGANDA**

Uganda’s response to the HIV/AIDS epidemic has long been presented as an example of international good practice with many claiming, as Ghosh and Kalipeni (2004) did, that “the reduction of HIV prevalence rates in Uganda ... is testament to the fact that strong prevention campaigns do work” (315, Cohen 2006, Barnett and Parkhurst 2005, UAC 2005b, Parkhurst 2002). It is widely argued that Uganda’s success in bringing prevalence rates down was due to a strong multisectoral, multidimensional, and multilevel national response that provoked widespread behaviour change (Berry and Noble 2007, UAC 2006c, Parkhurst and Lush 2004, Parkhurst 2002). It was not purely the product of a rationalist, top-down process of policy making ordered into tidy stages of problem identification, policy formulation, policy implementation and policy evaluation (Parkhurst 2001); it was also the product of a less ordered process of organic evolution, driven by both state and non state actors. Successes are credited to both official written policies (such as the Multisectoral Approach to the Control of AIDS (MACA)), and unwritten policies (such as the culture of openness and action facilitated by a vocal president, his active leadership, and the spontaneous response at the grassroots level) (Parkhurst and Lush 2004, Parkhurst 2001).

In what follows, this chapter presents an overview of different points of emphasis within Uganda's national HIV/AIDS response and then moves on to discuss the multisectoral approach adopted – a central feature of the response. As part of the latter, the chapter considers the national perspective on cooperative relationships – a concept that is of particular interest to this study (as discussed in 4.1.1).

### **5.2.1 Emphases in Uganda's national HIV/AIDS response**

Since declaring the country's AIDS cases to the World Health Assembly in 1986, President Museveni's government has maintained a strong position, spearheading numerous initiatives promoting prevention, care and treatment (Govt. of Uganda 2010, UAC and NYC 2007, Parkhurst and Lush 2004, Uganda Parliament 2003, Parkhurst 2002, Patel 2001). The political openness about the country's epidemic (often contrasted against the culture of denial in many other African countries) is credited with having created an environment conducive to frank conversations about HIV/AIDS and sexual issues in the policy process, across actors involved at different levels in the response, and within society more generally (UAC and NYC 2007, Berry and Noble 2007, UAC 2005b, Barnett and Parkhurst 2005, Uganda Parliament 2003, Parkhurst 2001). The actuality of positive change is reflected in statements by respondents interviewed for this study, for example: "so people have become open. And when you talk about it [HIV/AIDS] in class it is even normal" (25/06/08d<sup>6</sup>); "we have to be very grateful to that man [President Museveni] for having brought that thing – the awareness above all" (26/06/08b).

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<sup>6</sup> A list of the dates of the formal interviews and structured observations carried out in this study is presented in Appendix 5

Uganda was one of the first African countries to establish a national HIV/AIDS response programme (Parkhurst 2002). Its first AIDS control programme, established in the Ministry of Health in 1986, focused on conducting epidemiological surveillance, providing safe blood products and educating people about risks (Berry and Noble 2007, UAC 2006c, Parkhurst and Lush 2004, Uganda Parliament 2003, UAC 2001). By the late 1980s a sub-committee on health promotion and education had been established within a National AIDS Committee, with a remit to raise awareness of how HIV is transmitted and to promote necessary behaviour change (UAC 2006c). Early government campaigns presented HIV prevention as the patriotic responsibility of all individuals, communities, organisations and leaders at every level in society (UAC 2007b, UAC and NYC 2007, Berry and Noble 2007). The emphasis of the campaigns – ‘Beware of AIDS, AIDS kills’ – was propagated through simple messages such as Museveni’s ‘Zero Grazing’ which instructed people to be faithful to one partner and avoid casual sex (UAC interview 16/06/08a, Kabiswa 2007, Berry and Noble 2007, UAC 2006a), and ‘A-B-C’: **A**bstinence, **B**e faithful, and correct and consistent **C**ondom use (UAC 2005, UAC and NYC 2007, Barnett and Parkhurst 2005).

The ABC message has been a relatively consistent component of Uganda’s national response although recent years have seen a move towards the de-emphasising of “C”, particularly in government (led) programmes. Many commentators attribute this tendency towards an abstinence-focused approach to influence from the Presidential Emergency Programme for AIDS Relief (PEPFAR) of the George Bush administration – a controversy that has fuelled ongoing concern and debate about the national HIV/AIDS response being too heavily dependent on donor funding and priorities. Critics have denounced the abstinence focus as sending conflicting messages to the Ugandan public and as potentially detrimental to the

national response (UAC 2006c, Cohen 2006, Barnett and Parkhurst 2005, UAC 2005b). Many make the case that a strength of Uganda's ABC campaign was its application in such a way that no one component was given (absolute) priority over the others but each could be used to differing extents by different stakeholders in their different contexts; each component was important, speaking to individuals in their specific life contexts, whether they were a young person prior to first sexual contact, married couples, or a single person with multiple partners (UAC 2005a, UAC 2005b, Barnett and Parkhurst 2005).

Various alternatives to the ABC message have been proposed in Uganda over the years, highlighting criticisms of the model such as the argument that the order of the three components implies a particular moral and ideological stance (Barnett and Parkhurst 2005). One alternative – SAVE – was developed by a prominent Ugandan HIV/AIDS activist who criticised the ABC model as being too focused on the individual and failing to address important structural factors that influence individuals' attitudes and behaviour. Alongside Safe practices (which include A, B *and* C, safe blood, safe injections, safe circumcision...), SAVE advocates that equal emphasis be placed on Access to treatment and nutrition; Voluntary, routine and stigma-free counselling and testing; and Empowerment of individuals, families, communities and nations living with or vulnerable to HIV and AIDS (Byamugisha 2007). SAVE, as a comprehensive strategy, has received support from a few national and international NGOs but is yet to enter broader national discourse. Other existing but localised alternatives include the Immunisation by Education Strategy (IBES) which prioritises behaviour change: 'educational vaccination' for young people ("Like most effective vaccines this process should be started during childhood, and boosters given at appropriate intervals. The higher the frequency of booster the more efficient the resistance because of the

behavioural nature of the disease” (Muhumuza and Rubaiza 2005)); and CNN – Condoms, Needles and Negotiating Skills – a model criticised as leaving the actual risk behaviours unchallenged (Barnett and Parkhurst 2005). The current national HIV/AIDS strategic plan advocates new and innovative strategies such as ‘ABC plus’ which maintains the positive aspects of A, B *and* C while also taking into account other factors such as context and other drivers of HIV transmission (UAC 2007a, UAC and NYC 2007).

An awareness of context and its potential influence on an individual’s attitudes and life choices has become an increasingly apparent feature of the HIV/AIDS response in Uganda. Emphasis is placed on the development of context/target group specific responses (UAC and NYC 2007, interview with UNASO representative 27/11/07, Parkhurst 2002) – responses that recognise and address “human, institutional, societal, cultural and environmental factors that influence individual behaviours...” (UAC 2005b:8, UAC 2007a, UAC and NYC 2007, Uganda Parliament 2003). This is highlighted as an area for strategic action in the 2007/8 – 2011/12 national HIV/AIDS strategic plan (UAC 2007a:21-22). Combating persistent cultural norms that can perpetuate vulnerability to HIV infection (for example those expecting abstinence in women but allowing men to express their sexuality openly (UAC 2005b)) is highlighted as a particular priority, especially in the efforts to address the observed feminization of the epidemic<sup>7</sup>. It is also an emphasis in programmes targeted at young people. Official documentation maintains that “most young people programmes uphold the principle of integration to offer a comprehensive menu of activities that considers the individual young person and the circumstances around that person that influence vulnerability” (UAC and NYC 2007:16).

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<sup>7</sup> Women make up approximately sixty percent of adults living with HIV in Uganda (UNAIDS 2009)



Government and non-government discourse espouses the need to engage communities in addressing cultural norms that negatively influence the fight against HIV (UAC and NYC 2007, UAC 2006c, Barnett and Parkhurst 2005). This community focus is underlined by the thinking that “working with individuals, leaders, social networks and institutions throughout communities, helps foster and reinforce shared perceptions that certain risk behaviours are both personally unwise and raise the burden and effects of the disease for all” (UAC 2006c:4). It stresses the centrality of ‘community’<sup>8</sup> in the Ugandan context and the strong influence that it continues to have over the fine details of individuals’ lives. A senior staff member at the Uganda Network of AIDS Service Organisations (UNASO) secretariat opined:

“Well look here, one is going to get married. The introduction takes place in the parent’s home – at LC1<sup>9</sup>. It doesn’t take place in Museveni’s house. No, around there, the people who have seen the behaviour of this boy and girl are the ones who are invited. ... HIV/AIDS will go from us completely if we empower the community – community level. ... AIDS education starts from ... the household. ... In terms of habits, in terms of attitudes and so on, the family ... is the basis. ... [I]f these two people [parents] are properly informed ... then there shouldn’t be any need for HIV/AIDS... These are the teachers of what you are doing” (27/11/07).

Interpersonal (face-to-face) channels of communication within communities are championed as a key tool in challenging negative cultural norms, and facilitating the transfer of the context aware and relevant messages considered necessary for promoting sustained behaviour change (UAC 2006c). While early government campaigns used public rallies, radio broadcasts and

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<sup>8</sup> The term ‘community’ is variably used by different actors, referring to groups defined by geographical proximity, cultural, or ethnic ties.

<sup>9</sup> LC1 = Local Council Level One (village level)

bill boards as the main vehicles of information dissemination (UAC interview 16/06/08a, UAC 2006c), later campaigns emphasised the need to also employ interpersonal modes of communication (UAC and NYC 2007, Barnett and Parkhurst 2005). Recent government publications bemoan a move towards print media and electronic communication in the late 1990s and call for a shift back to more participatory, face-to-face approaches (UAC 2007b, UAC 2006a, UAC 2006c). One such approach commonly extolled in the national discourse is peer education (UAC and NYC 2007, UAC 2007b, UAC 2006c), which is an important component of the Information Education and Communication (IEC) strategy adopted by the government of Uganda. The ethos of IEC programmes is one of enabling “individuals, families, groups, organisations and communities to play active roles in achieving and protecting their own health. Embodied in IEC is the process of learning that empowers people to make decisions, modify behaviours and change social conditions” (UNHCR 1999:119). The government has long advocated the use of culturally tailored IEC messages (UAC 2006c, Barnett and Parkhurst 2005, Uganda Parliament 2003), a strategy that is often discussed alongside references to Behaviour Change Communication (BCC). BCC “seeks to give individuals greater insight into their personal situations, ... assist them to make informed and educated choices ... and to instil the motivation and skills needed to voluntarily experiment with, adopt and maintain behaviours and practices that are likely to improve their condition in society and quality of life” (UNPFA 2003:5).

HIV prevention rhetoric in Uganda today is about more than just delivering set messages; it is also about empowering individuals to adopt the recommended life choices. The UNASO official mentioned above equated HIV/AIDS programmes for young people with “empowerment and the development of AIDS competence” (27/11/07). Life skills education,

in particular, is now a major feature of HIV/AIDS programmes, particularly those directed at young people (Government of Uganda 2010, UAC 2006a, UAC 2006c, UAC 2005b), based on the belief that “these cognitive skills help to empower youth to sustain life- and health-promotive decisions and behaviour” (UAC 2006c:30). Action proposed under the current National Strategic Plan objective “to accelerate the prevention of sexual transmission of HIV” seeks to ensure that “all the youth in and out of school access life skills that integrate HIV prevention” (UAC 2007a:21-22). A 2002 World Bank document on education and HIV/AIDS reported that a life skills programme for primary and secondary schools was piloted in Uganda as early as 1994.

The term ‘life skills’ is currently highly fashionable amongst government and non-government actors in Uganda, although it is often used by the different actors to describe appreciably different programmes. Some programmes, for example, focus entirely on skills such as decision-making, assertiveness and negotiation, while others also emphasise practical skills such as weaving, mushroom growing and sewing, which are expected to facilitate movement out of the poverty trap that increases vulnerability to high risk activities and to HIV infection.

In recognition of a situation in which HIV/AIDS permeates and impacts all aspects of life, national discourse emphasises the need to ensure that it is not an isolated (health) concern but is integrated into every aspect of public life. The 2007/8-2011/12 National HIV/AIDS Strategic Plan (NSP) asserts that “efforts will be made for effective integration, harmonisation and mainstreaming of HIV interventions in all development programs. ... Specific attention will be put on ... mainstreaming and harmonising HIV and AIDS planning and budgeting within the national government planning and budgeting calendar. ...” (UAC 2007a:51,52).

This maintains an emphasis in the previous (2000/1-2005/6) NSP (UAC 2001, Berry and Noble 2007).

### **5.2.2 Uganda's multisectoral approach in responding to the HIV/AIDS epidemic**

Uganda's 2007/8 – 2011/12 NSP maintains the longstanding emphasis on involving diverse but complementary actors in the national response, prioritising the “utilis[ation of] all social, religious, health, economic, and cultural institutions for delivery of HIV prevention messages and advocacy services” (UAC 2007a:21-22). A response involving large numbers of government and non-government actors at the national, regional and local level is credited with having facilitated the speedy dissemination of HIV/AIDS information through channels and activities that were diverse enough to speak to the different realities of different target groups (UAC 2007b, Berry and Noble 2007, Kabiswa 2007, Barnett and Parkhurst 2005, Parkhurst and Lush 2004, Uganda Parliament 2003, Mirembe and Davies 2001, Parkhurst 2001, UNAIDS/Penn State 1999).

The government's early response was largely the domain of the health sector (UAC 2001) but change came with the recognition that HIV/AIDS was more than just a health concern (that the response needed to take social, cultural, economic, political and legal factors into consideration), and that no one sector could maintain an effective response on its own (Parkhurst and Lush 2004, Uganda Parliament 2003, Parkhurst 2001). Government ministries beyond the Ministry of Health were required to establish AIDS Control Units and were “specifically charged with the responsibility of ... taking the lead in fighting the epidemic in their sectors” (UAC 2007c:3, MoES 2006).

The move away from a narrow health sector focus also reflected a growing acknowledgement by government of the extensive work being done by civil society organisations (CSOs). It is argued that “to date CSOs ... have sustained the response especially at grassroots level” (UAC 2007c:4, UAC interview 16/06/08b). Early spontaneous, and often localised, CSO responses to the epidemic have over the years expanded to include activities ranging from educating communities to providing care and support for those infected with/affected by HIV, to management of systematic programmes in HIV prevention, and social and economic empowerment for vulnerable and marginalized populations (UAC 2007c). Over the years the government has instigated various initiatives to encourage and support CSO HIV/AIDS action (Parkhurst and Lush 2004, Muhangi 2004, Parkhurst 2002, Patel 2001). The Civil Society Fund (supported by various donors) is, for example, making financial resources available to CSOs to strengthen and harmonise their work (UAC interview 16/06/08a, UAC interview 16/06/08b, UNASO interview 27/11/07).

In 1992 the government officially adopted the Multisectoral Approach to the Control of AIDS (MACA) and the Uganda AIDS Commission (UAC) was established by an Act of Parliament with the express purpose of consolidating the work of the numerous actors in the HIV/AIDS response. It sought to “ensure consistency and equity in service delivery, promote delivery of integrated social and health services while minimizing on duplication of efforts to optimize on available resources” (UAC 2007c:2, Parkhurst 2001). The UAC, which falls under the office of the President, marked a clear leadership and coordination role for government in the national HIV/AIDS response (UAC 2002, UAC interview 16/06/08b). Emphasis is, however, placed on ‘participatory coordination’. The Partnership Coordinator in the UAC defined the commission’s coordination role as being about “how we mobilise resources to implement joint

priorities” (16/06/08b). It is about “joint planning, monitoring and evaluation of the national program at national and sector levels” and local level (UAC 2007c). The Commission’s remit of “spearhead[ing] processes for setting national priorities and policy formulation ... advocacy, resource mobilization and information dissemination interventions; and fostering linkages between the various actors ...” (UAC 2007c:3, UAC 2003) is to be fulfilled through a process of consensus building. This consensus building and participatory coordination is expected to engender ownership (“we get partners together and plan it together so that there is a buy-in from the partners so that at the end of the day it is shared ownership. Everybody can say you have a hand in that” (UAC interview 16/06/08a)), and to ease the task of coordinating the activities of a very diverse and ever increasing set of actors (“We agreed that we needed these partners ... who can better provide oversight within their particular area – discuss issues at their level and feedback to national level...” (Ibid)).

The Uganda partnership coordination mechanism, established to facilitate participatory coordination, outlines three key instruments for doing so:

- a ‘Partnership Committee’, convened monthly and composed of representatives from twelve Self-Coordinating Entities<sup>10</sup> (SCE). Each SCE is charged with advising UAC on the issues within their area of concern, proposing ways forward, presenting an overview of what is being done and who the actors within each constituency are, and what (human, financial) resources are needed (Government of Uganda 2010, UAC and NYC 2007, UAC interview 16/06/08b, interview with representative of Youth SCE 16/06/08,

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<sup>10</sup> Self Coordinating Entities (SCE) are clusters of stakeholders categorized to represent different constituencies in the HIV/AIDS response - research and academia; young people; faith based organisations; people living with HIV/AIDS; the private sector; national civil society organisations; international civil society organisations; development partners; media, art and culture; parliament; government line ministries; decentralised entities – public officials at district and lower levels.

UNASO interview 27/11/07). The ‘Youth SCE’ representative on the partnership committee defined the role of SCE’s as being about the mobilisation and coordination of “different stakeholders ... from grass roots – the groups of those small young people – up to CBOs at the community level, up to the District, up to the national organisations. Ours is to see that they are all coordinated so that what comes from down there – those foras that we create down there – can inform programming and dissemination of information” (16/06/08).

- a ‘Partnership Forum’ – an annual event open to all actors in the HIV/AIDS response that seeks “to share information on the status of the epidemic and its response, and to agree on national priorities for action” (UAC 2007c:2, UAC 2003)

- A jointly managed ‘Partnership Fund’ which covers the coordination costs of the SCEs and key coordination activities of the UAC (UAC 2003, UAC interview 16/06/08b).

Various mechanisms have been established over the years to facilitate joint working at the local level; annual District AIDS Partnership meetings, for example, were created to “provide a key opportunity for joint dialogue between policy makers, technical representatives, community representatives and other stakeholders in a local government. The aim of these meetings is to broaden participation in sharing information, knowledge and experiences on HIV/AIDS” (UAC 2007a:34).

#### **5.2.2.1 Partnerships**

Undergirding Uganda’s multisectoral response has been a strong emphasis on ‘partnerships’ (UAC 2007b). It is widely asserted that “... Uganda’s ... achievements in fighting the epidemic cannot be attributed to a single stakeholder or even a cluster of stakeholders but the

collective efforts of all” (UAC 2007c:2). The Public Relations official in the UAC (a key body driving the partnership agenda) commented that “it is now a major principle that whatever we do, partnership is key. ... when you talk of partnerships today you are talking about HIV; when you talking about HIV you are talking of partnerships” (16/06/08a).

National discourse asserts that an effective response requires “partnerships in an environment where each partner recognizes respective roles, responsibilities and mandates in fighting the epidemic” (UAC 2007c:3); “you will not find us all speaking the same language, we can stress our own – where we have comparative advantage – but we don’t stop other people from discussing alternative programmes and I think that is one reason why the response in Uganda has been able to achieve some success compared to others” (UAC interview 16/06/08a). The Partnerships Coordinator in the UAC defined partnerships as follows:

“Usually what we take operationally is ... a collaboration – mutual collaboration between the commission and our stakeholders in the AIDS world to achieve or to implement national priorities. ... It is not a legal thing – it does not bind you legally. You can opt out, you can stay in depending on what you benefit. So we are that open” (16/06/08b).

The discourse of ‘partnership’ is widespread in Ugandan public life. Almost all documentation reviewed by the current author – from annual reports of individual NGOs, to the five year rolling development plan of the Kampala Division on which the study focused (see 4.2.2), to the Ministry of Education and Sports handbook on enhancing Universal Primary Education – makes claim to involving some form of partnership. An official in the Uganda Network of AIDS Service Organisations (UNASO) opined that though there is still a tendency for



individual organisations to work on their own, there is a growing awareness and acceptance of the (potential) benefits of working in partnership:

“We are just trying – networking is an attempt to make them work together. But by practice they work as individuals ... Normally people want to own it alone. But they have realised that working in isolation they can’t do proper advocacy. Like however strong, for instance, StraightTalk<sup>11</sup> is, it can’t push parliament. Parliament would still say: ‘where is CICC<sup>12</sup> in this?’ And until CICC says, StraightTalk has no say. So we’ve been able to break that [tendency to work individually]” (27/11/07).

The partnership agenda in the HIV/AIDS response has, to a significant extent, been driven by (international) funding priorities and requirements. Discussing the extent to which AIDS service organisations work together, the UNASO official commented that “...especially when it comes to cash, they are interested in working together” (Ibid). ‘Partnerships’ have become an increasingly common (explicit) criterion for accessing HIV/AIDS funding (Muhangi 2004); the most successful applicants to the Civil Society Fund have been those that have applied “as partners” (UAC interview 16/06/08a). There is, however, a growing awareness and concern about the potential negative outcomes of such a strategy, because many ‘partnerships’ hastily constructed to access funding have fallen apart as incompatibilities become obvious over the long term (Muhangi 2004).

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<sup>11</sup> A large HIV/AIDS focused NGO

<sup>12</sup> CICC is the Civil Society Inter-constituency Coordination Committee – an umbrella body for the civil society SCEs (CICC 2007; UNASO interview 27/11/07)

### **5.3 CONCLUSION**

Uganda's national response embodies various aspects of the empowerment and collective action paradigms discussed in chapter two: an awareness of the multiplicity of factors that can affect an individual's choices and actions; acknowledgement that combating the spread of HIV requires more than a focus on increasing the knowledge of the individual, and must involve empowering the individual to act on that knowledge; acknowledging the contexts in which individuals live and addressing factors within those contexts that restrain their ability to protect themselves (and their communities) from HIV infection. Recognition that no one actor/sector is able to achieve this alone has contributed to an emphasis on supporting different actors to work together, each contributing within their area(s) of comparative advantage to a coordinated response with a shared end goal. The national response does, however, also maintain characteristics of the behaviour change model. Uganda's HIV prevention discourse continues to imply a one-way process of information provision, where the knowledgeable few educate uninformed/misinformed target groups who are considered to have little or nothing of relevance to contribute.

It is noted that the broad positive rhetoric has not necessarily translated into practice. International and national literature on the HIV/AIDS response in Uganda discusses various factors restricting the conversion of rhetoric to action. It highlights insufficient (financial) resources as a key concern (Government of Uganda 2010, UAC and NYC 2007, UAC 2006a, UAC 2006c, Jamil and Muriisa 2004), particularly outside the health sector where the HIV/AIDS response is said to be characterised by limited "resource commitment, planning and implementation of activities beyond occasional projects" (UAC 2006a:37).

A consequence of insufficient funds – itself a restraint on the implementation of policy – is a lack of the required human capacity. This is highlighted as a particular concern for maintaining a strong interpersonal approach to knowledge sharing (Government of Uganda 2010, UAC 2006a, UAC 2006c, Uganda Parliament 2003) and for achieving ‘participatory coordination’. The task of coordinating the growing number and diversity of actors involved in the HIV/AIDS response is vast and requires a large, skilled human resource base. Experience suggests that the expected widespread coordination through partnerships, within and between the network of Self Coordinating Entities (see 5.2.2), requires extensive human capacity building. A similar point is made in regard to life skills education. It is argued that “limited support to relevant institutions and a lack of a defined strategy for life skills training” (UAC 2006c:30) has resulted in inadequate human capacity to effectively deliver it (UAC 2006c, UAC 2005b) and in inconsistencies across the different actors attempting to deliver it. The general concept of life skills development, though widely embraced, is shown to be interpreted in significantly different ways by different actors, limiting effective implementation.

The practical application of ‘partnerships’ has also had its challenges which have included “limited conceptualisation of roles and responsibilities” (UAC 2007b:12, UAC and NYC 2007) and stark variations in the understanding of the term across different actors working together (Muhangi 2004). Joint working has been restrained by funding requirements that foster competition between different actors and a “lack of policies, strategies and (financial/structural) mechanisms to foster collaboration” (Ibid:vii). A study of HIV/AIDS related relationships in Uganda concluded that “whereas there is general recognition of the need for collaboration, and whereas government policy disposition is in favor of partnership, existing laws and policy documents ... provide only scarcely for ... collaboration. There is

also lack of operational guidelines to translate such government policy into clear and practicable modalities, strategies or working principles to foster desired collaboration” (Muhangi 2004:xii). Other reports also highlight the gaps in policy guidance and in linkages between the numerous and varied actors involved at the different levels of the response (Government of Uganda 2010, UAC and NYC 2007, UAC 2006a). Public discourse acknowledges that integration between the work of different actors has not occurred to the desired extent (UAC 2007a, UAC 2007b, UAC and NYC 2007). Challenges such as a tendency towards “vertical projects – resulting in loss of harmonisation and synergies” (UAC 2007a:15), borne out of a history of government departments working in silos, still have to be overcome.

There is also still a tendency towards a narrow focus on the individual at the expense of addressing structural factors that can influence his/her attitudes and behaviour choices (UAC and NYC 2007). The Communications Director in a large international health education NGO observed that government officials with whom she had worked scoffed at the idea of making HIV/AIDS programmes more participatory and concerned with bringing about social transformation. She informed the current researcher that a number of officials held the view that the approach they had adopted in the 1980s and 1990s was still the most appropriate today – ‘this is AIDS, this is how you get it and this is how you prevent it!’ Findings from the current research also suggest that there is still resistance to the open discussion of (long) taboo sexual subjects; numerous references were made to resistance by parents and religious bodies, for example, to HIV/AIDS programmes for young people that involve discussing sexual issues.

The following chapters explore in detail the HIV/AIDS programmes within three specific settings in Uganda, with the discussion in chapter seven considering if and how the rhetoric and practice of those programmes relates to the national rhetoric discussed in this chapter and the international rhetoric discussed in chapter two.

**CHAPTER VI**  
**ORGANISATIONAL CHARACTERISTICS**  
**OF THE CASE STUDY ORGANISATIONS**

**6.0 INTRODUCTION**

This chapter addresses objective III.i of the study, outlining and explaining the organisational characteristics of the study settings – two schools and one NGO. The write-up on each organisation is separated into a discussion of five factors that emerged from the international literature and the research data as potentially influential on organisational functioning and the programmes delivered: hierarchy, degree of integration within the organisation, openness to change and uncertainty, related to that is the organisation's attitude towards working with external actors, and its attitude towards the target group. Section 6.1 introduces these organisational factors, considering how they might influence the delivery of HIV/AIDS programmes. Sections 6.2 to 6.4 present the findings from the study organisations: a brief introduction precedes the detailed discussions of the organisational characteristics in each setting.

**6.1 FIVE POTENTIALLY INFLUENTIAL ORGANISATIONAL FACTORS**

This section briefly explains the five categories into which the discussions below are divided. Though discussed as five separate factors, it is noted that some overlap exists across the different categories – they are not necessarily mutually exclusive.

### **6.1.1 Hierarchy**

This category includes considerations of the distribution of control/authority in the organisation and the freedom experienced by staff at different levels. It is expected to be able to influence, for example, the extent to which frontline staff are able/willing to work outside prescribed instructions from above, influencing the extent to which they are able/willing to tailor HIV/AIDS activities and adapt them to different target groups/circumstances, as proposed in the empowerment and collective action paradigms. Both the organisational and the health education/health promotion literature (reviewed in chapters two and three) emphasise the importance of actively engaging and supporting different categories of staff in successfully fulfilling an organisation's goals (Luginaah et al 2007, Child 2005, Campbell 2005, Nutbeam and Harriss 2005, Denman et al 2002, Kemm and Close 1995, Handy 1993, Hawes 1988). Child (2005), for example, argued that "formulation of a sound strategy ... relies on knowledge and insight being provided from all levels ... within a company. An inability to motivate and coordinate these inputs because of inadequate organization can prevent a good strategy from being formulated in the first place" (3). The HIV/AIDS literature, discussed in 2.1.2, presents examples of the success of (empowerment) HIV prevention programmes being restricted by frontline staff that lack control, authority, support and/or skills to deliver in the participatory manner expected (Boler and Aggleton 2005, Mirembe 2002, World Bank 2002).

### **6.1.2 Degree of integration within the organisation**

Health education and promotion rhetoric emphasises the importance of the different components of a delivery organisation working together in mutually reinforcing ways towards a unified end goal. This is based on an understanding that the different components within the

organisation are interlinked and able to influence, and be influenced by, each other (Deschesnes 2003, Denman et al 2002, St Leger 1999). Discussing health promotion programmes in schools, Deschesnes et al (2003) argued that “the potential effectiveness of this kind of approach lies not in the success of the components taken in isolation, but rather in well orchestrated, coherent strategies ... Because of the complexity of these approaches, the conditions that support and facilitate integration of the different facets or the components must be put in place. ...” (390). The organisational literature presents ‘integration’ as a key process for effective organisation “concerned with ensuring that there is adequate [linkage] between the different but complementary activities that create collective value” within any one organisation (Child 2005:8). Exploring the degree of integration within an organisation includes considerations of the levels of intra-organisational functioning and communication that exist. The discussion in chapter three suggests that integration is likely to be limited in a rigid, tightly planned, compartmentalised organisational form in which the different components are cleanly contained in separate boxes.

### **6.1.3 Openness to change and uncertainty**

This includes considerations of flexibility (for example in working in different ways and with different actors), and the extent to which the settings are learning organisations. It also concerns the organisation’s perception of knowledge, for example, whether it perceives ‘reality’ as being constructed by a broad range of people and subject to change, as in the empowerment and collective action paradigms, or as objective and fixed, as is largely the case in the behaviour change model. Chapter three discussed the contrasts made in the literature between the rigid bureaucratic authoritarian organisation with its emphasis on stability/routinization and its rationalist perception of knowledge and, on the other hand, the



flexible, 'learning' post-bureaucratic democratic organisation, with its empiricist view of knowledge. It is expected that an organisation's attitude towards change and uncertainty can influence how open it is to its (HIV/AIDS) programmes being genuinely influenced by members of its target groups and other relevant actors.

#### **6.1.4 Attitude towards working with external actors**

Linked to the above is the organisation's attitude towards working with external actors, which is expected to influence the extent to which it is able to adopt 'partnership working' as outlined in contemporary prevention thinking. Two groups commonly emphasised in the discourse are i) members of the families and geographic communities of the target groups, whose engagement is said to positively influence the content/relevance of the programmes delivered, and ii) other formal organisations working in HIV prevention which, in addition to enhancing the content of the programme, can provide avenues for addressing broad structural limitations to HIV prevention. As shown later in this chapter, considerable differences in attitudes and relationships exist in the three case study organisations.

#### **6.1.5 Attitude towards learners**

The literature demonstrates that an organisation can perceive learners (the target group) in a variety of ways. Using Handy and Aitkin's (1986) classification (discussed in 3.2.3), an organisation might perceive them as 'workers', actively engaging them in determining and delivering the programmes targeted at them, or as 'products', where the emphasis is on passing them through pre-set processes to a pre-set end point that is determined by the organisation. The organisation's attitude towards learners is expected to influence whether HIV/AIDS related activities adopt a more top-down approach (as is characteristic of the

behaviour change model) or a more participatory approach characteristic of the other models discussed in chapter two. It is expected to influence the degree to which the learners are given the space to explore their own thoughts, values and experiences and to be actively involved in the (design and delivery of the) HIV prevention programmes directed at them.

The following sections discuss these five factors in the three case study organisations as a precursor to the discussion in chapter eight which explores if/how they influence the HIV prevention programmes delivered in these organisations.

## **6.2 CASE STUDY SCHOOL A**

### **6.2.1 General background**

School A is a mixed sex, government aided school that was established in 1956. It has approximately 1020 students, with an almost equal balance between day scholars and boarders. The local catchment area from which day scholars come is characterised by mixed middle to low socioeconomic groups, but predominantly the latter. Boarders at the school hail from within Kampala but also from across Uganda and from neighbouring countries including Kenya, Tanzania and Sudan, attracted by the school's strong academic record. Using Primary Leaving Examination (PLE) results as an indication of academic performance, government records show that, in the most recent year, ninety-seven percent of students from the school achieved the two highest grades (with 59% achieving the top grade). The school's academic successes were also demonstrated by the numerous certificates displayed in the head teacher's office and in the achievements of previous students. The head teacher (hereafter referred to as 'the head') explained that academic excellence and discipline are key priorities of the school: "We normally want to excel in academics – that's our priority number one. But, academics

apart, we have to instil discipline in the kids – hygienically, healthwise, morally and socially – much as we want to excel academically. But these other issues must be part and parcel of the system” (25/06/08b). These priorities were highlighted on numerous occasions by other staff members in the School.

Within this context extra-curricular activities are given a low priority and, as explained by a deputy head teacher, are often limited by a full academic timetable (“this curriculum is compact. It is something which is big so you end up not having time [for other activities]” (19/06/08b)) and by insufficient (financial) resources. An exception to this is sports – another area where school A excels, as demonstrated by the numerous trophies displayed in the head’s office and the various announcements of sporting successes made in the school assembly observed.

School A has a strong Muslim identity which is presented as another key influencing factor attracting students (from distant locations). The school operates under the oversight of the Uganda Muslim Education Authority (UMEA) and is located in a predominantly Muslim area of Kampala, surrounded by various other Muslim founded institutions – schools, hospitals and a Mosque. Indicators of the school’s Muslim basis include a timetable structured around the five prayer times of the day, the existence of a ‘Sheik’ (religious teacher) for each year group, and Koran recitation classes conducted every Saturday morning. The large majority of students in School A claim the Muslim faith.

## **6.2.2 Organisational characteristics of School A**

### **6.2.2.1 Hierarchy**

A clear sense of a formal, highly structured hierarchy exists in School A. Asked about the different positions in the school, one teacher responded: “let us call it the hierarchy” (19/06/08a). The language of hierarchy was common in interviews in the school, with the head explaining for example that as well as “me being the top, ... I have two deputies ...” (25/06/08b). The head occupies a position of high authority; teachers were commonly heard referring to him using titles such as “the big man” and “the boss”. He does not have a background as a primary school teacher but described his academic background (“Diploma in Education, Bachelors of Education, a Masters in Education Management and Administration and a Masters in Human Resources Management”) as key to fulfilling his role as the head teacher: “given that academic background I think I am in a position to know administratively what one is supposed to do. I think I am in a position to know who is doing it well and how, and what one would do best if he is going astray” (Ibid).

Discussing his leadership style, the head emphasised working in solidarity with teachers to bring about continued improvement. He explained, for example, that his approach to “supervision is not a faultfinding supervision but a panel beating, well making kind of supervision” (Ibid) and made the point that, by maintaining teaching duties, he is able to relate to the teachers and the demands placed on them. Other data collected in the school suggests, however, that there is a significant degree of separation between the head and the teachers. Access to the head is limited – an ordered chain of contact exists, making him the last port of call for issues arising in the school. He explained that “we have our system in a way that we have our DoS [Director of Studies], leave alone the 2 deputies. Before I handle any issue,

those people must have failed to handle” (Ibid). This system was also described by other members of staff. The head was not commonly seen around the school and his office door was closed at all times. On the various occasions the researcher was unable to make contact with him, his secretary explained that he was at external meetings and conferences. The head explained that he is a great proponent of self advancement. He is “a Rotarian, ... a Councillor, ... a lecturer ... so I expose myself so much” (Ibid).

The administration (described in School A as comprising the head, the two deputy head teachers and the DoS) holds a lot of control in the school, having the final say, for example, on which teachers attend which training courses and on the allocation of non-teaching responsibilities. Members of the administration made the point that teachers are given the freedom to select the non-teaching responsibilities that they are interested in, on the basis that this maximises the likelihood of the school getting “the best out of them” (25/06/08b). However, discussions with teachers suggested that non-teaching roles are more commonly allocated by the administration; one teacher commented that “this one is not just something done haphazardly. They [the administration] do it in a technical way. They look at the responsibility of a teacher – his personality and integrity so it is along that which one is appointed” (26/06/08a), and another that he had “not volunteered. I was just given responsibility by the administration of the school”, adding that “maybe they look at you critically and see where you can actually deliver” (25/06/08a). The latter position was supported in discussions with the administration, in which justifications for allocating roles from above were given and included the argument that it ensures an even distribution of duties, that no staff member is “redundant”, and that responsibilities are allocated to people with the necessary skills/abilities. One deputy explained that some responsibilities are allocated and

others self selected depending on whether or not they have (financial) allowances attached to them – those without allowances were allocated whereas for those with, teachers are free to volunteer. An interview with one of the teachers confirmed that responsibilities are indeed sometimes allocated and sometimes voluntary but also highlighted that the teachers are not necessarily aware of the reasoning behind the distinction, crediting it to the discretion of the administration. Such a tendency to accept and unquestioningly adhere to decisions and directives of superiors is common among teachers in School A, reflected in comments such as “it is the duty of a teacher to accept responsibilities given by the head teacher. That is within the appointment letter” (25/06/08a).

A deputy head explained that “normally someone is free. As long as you do what you are expected, things will move your way... The bad thing is if you are expected to do this and you don't do that – being unfair to yourself, to your leaders and even to your pupils themselves and the community at large” (26/06/08b). Various references were made to monitoring teachers' performance on a regular basis. Compliance, and the ‘good behaviour’ said to follow from it, was presented as a strength of teachers in School A.

Within this tendency towards hierarchical functioning, there were also references to more egalitarian modes of functioning such as efforts to engage staff in decision making processes through, for example, their representation on the finance, disciplinary and school management committees. Comments from teachers suggest, however, that the fact that the teachers on these committees are those who are already in positions of authority (for example heads of subjects and of classes) serves instead to further entrench systems of hierarchy. The staff meeting

observed by the researcher was predominantly a one way process of information provision from the most senior member of staff in the room.

School A's tendency towards top down, rules based functioning might be partly explained by its strong affiliation with UMEA, which is a hierarchical body giving great credence to rank and position (the researcher was not authorised to interview any member of the organisation until she had spent time with its head) and to procedure (it was the only organisation in which the researcher was asked to provide a letter proving her status). UMEA is able to significantly influence the functioning of Muslim founded schools through its remit "to supervise, to see how schools are running, ... look at the administrators, if need be consult MoE who should go where, who should not go where, staffing, and things like that. ..." (03/07/08).

#### **6.2.2.2 Degree of integration across the organisation**

Various references were made to horizontal modes of functioning such as subject teams (working together, for example, to develop teaching schemes) and teams across year groups (developing timetables, assessing progress of students and so on). However this is not necessarily the norm; a number of teachers talked of working individually to develop their teaching schemes and of examples of timetables being developed purely by class heads. An explanation for the discrepancy can be derived from the comment by a teacher that group working occurs "if time and resources allow" (25/06/08a) rather than as a matter of routine. Teams do not meet on a regular basis but are convened as and when required, suggesting that they are perhaps not relied on as a channel of communication in the school. An exception to this is the academic committee meeting held at the end of each month to assess student performance/progress (linking to the priority given to academic performance in School A).

Commonly heard phrases such as “me I am involved in Science so I can’t say [what happens in wildlife]” (25/06/08c) suggest limited communication and crossover between different functions, roles and activities in School A. Asked about the duties of departmental heads, one teacher (a departmental head himself) responded that “they have their own duties in their departments, some of them I cannot tell, you only have to know ... those departments which affect you directly” (25/06/08a). Such comments suggest that staff maintain a narrow focus on the delineated roles, responsibilities, activities in which they are involved, with limited interest, vision and knowledge beyond those – an impression supported by the common referring of questions to colleagues/superiors perceived to know better or as being more involved in the area under discussion. In two cases a lack of knowledge was displayed regarding issues under the direct responsibility of the respondents in question – for example in response to questions about a particular relationship in the school, the teacher that the researcher had been referred to as a key informant simply commented that “me I’m not sure. I just found it here” (25/06/08e). Such responses suggest that, for at least some staff, there is limited ownership and limited pro-activity, possibly linked to the reliance on instructions from above. There is also an apparent tendency to refer blame (and associated with that, responsibility and ownership). Discussing the limited uptake of certain government initiatives in the school, for example, a deputy head explained that “they [the government] have introduced a number of subjects ... First and foremost they introduced it without any reference book and they said ‘now implement’ so we said ‘from where?’ There was no starting point, so that one died a slow death” (26/06/08b). There are, however, also examples of dedicated commitment to maximising success in individual areas of responsibility. One teacher spoke, for example, of the concerted efforts she had put into getting parents to purchase the text books that were required to teach a revised syllabus but that neither the government nor the



school were providing. Despite numerous challenges, she had persisted to the point of acquiring at least one book for every two children in her class.

### **6.2.2.3 Openness to change**

The limited communication across School A, confined focus on narrowly defined responsibilities/activities, limited interest/knowledge outside these narrow spheres, the tendency to function in particular ways because that is the way things have always been done, and the weight given to instructions and information from above suggest restricted learning and change across the school. The absence of a learning culture is also suggested by the unsystematic approach to maintaining documentation within the school; while staff were very open to sharing documentation with the researcher, in many cases considerable time/effort had to be spent locating the documents requested, and various explanations were given for documentation that was incomplete or unavailable.

School A demonstrated a degree of flexibility in regard to the involvement of students in (interschool) sports activities that was not observed in other aspects of its functioning. There were various examples of lesson structures being relaxed, of students being allowed to leave lessons early or miss certain lessons in order to participate in sporting competitions organised at the Division level. One teacher spoke of arrangements made to work with individual students where necessary to ensure that they were able to catch up with any lessons they missed.

#### **6.2.2.4 Attitude towards working with external actors**

Numerous references were made to working with parents, suggesting that the relationship with this particular group of external actors is highly valued in School A. Relationships described in interviews and in the school documentation include i) unidirectional type relationships (with information flowing from the school to the parents through, for example, a termly newsletter and speech days) with the intention of educating the parents and/or securing their approval for specific programmes, and ii) more two-way relationships as outlined in reference to Visiting Days (where parents are reportedly invited to evaluate and feedback on the functioning of the school) and in Parent Teacher Association (PTA) meetings, particularly the general assembly held every three years. No meetings with parents were convened during the research period and no minutes of meetings held prior to that were available for the researcher to read.

School A does not have a particularly strong record of working with actors outside the school. Responses to requests for examples of relationships were often preceded by long thoughtful pauses and/or comments that there had not been any relationships in the recent past. The examples given included relationships with i) organisations providing funding/resources to the school, ii) organisations supporting (government) initiatives/programmes in the school, iii) other Muslim founded institutions within the locality and iv) other schools. No examples were given of working with external actors to actually teach the students nor were any references made to the potential value of doing so.

Discussions suggested that over time the school has had some strong relationships, with the contributions made by each side recognised and valued by the other. Discussing a previously existing joint programme, a deputy head opined that "... we embraced it wholesome. ... they

[the external organisation leading the programme] were very grateful. ... In fact ... they gave us some money ... in appreciation ... I think it was a sign that they were happy with what we did” (26/06/08b). However, references to relationships also suggest that they tend to be driven/sustained by the external actors rather than the school; discussing weekly professional development sessions introduced under a government supported initiative, the same deputy head explained that “the other time when we were still in that project it was on timetable that we had every Wednesday ... when they [the external organisation supporting the initiative] pulled out, then we also reduced the rate at which we are convening for those kind of meetings...”. Various examples exist of ‘joint’ programmes coming to an end once the external actor is no longer actively involved or because external funding comes to an end<sup>13</sup>. These examples suggest that ownership of the programmes may lie more with the external actors than with the school. They raise questions of the value that the school places on such (often non-academic) activities. It is also questionable how much value School A places on relationships per se. The common finding that examples and the detail of relationships were not at the fore of the minds of teachers, nor of the administration – that considerable probing was necessary to acquire information about them – suggests that they are not a key priority in this school.

Teachers interviewed did not feel able to discuss the detail of how relationships with external actors work and, in a number of cases, referred the researcher to the administration. The limited detail acquired from the administration suggests that the relationships with international actors tend to operate on a formal basis, with written agreements about what is to

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<sup>13</sup> The lack of (sufficient) finances was a recurring theme in School A, commonly presented as an explanation for the premature end/lack of (extra curricular) activities.

be achieved, by whom, and over what period of time. Such formal relationships making specific demands on the school require approval from the School Management Committee<sup>14</sup> to exist. Relationships with national organisations, on the other, hand tend to be less structured and less formal. On the whole, School A's relationships tend to be established as and when a need arises, with whichever external actor is available and/or most appropriate for addressing the particular need in question. Discussing relationships with Muslim sister institutions in the area, however, the head explained that there is a certain level of commitment to each other that drives them to automatically consider each other ahead of any other actors.

An impression arising from discussions in the school was that it is reactive as opposed to proactive with regard to the formation of relationships with external actors – “if we get an opportunity or any chance of someone giving a hand, we would to love to see them” (deputy head teacher 26/06/08b). Statements made by staff suggest that if/when selected to work with externals, they contribute whatever is expected of them but that they do not necessarily go out in search of such relationships nor instigate activities within the relationships. Describing a relationship with British organisation, a member of staff commented that “previously – was it last term – they sent us some work. They sent discs, we put it on the screen, pupils read and answered some questions and then it was taken to them. We have not yet got the results. We do it that way. There is nothing we give them, they only give us” (26/06/08b).

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<sup>14</sup> The School Management Committee (SMC) is “the governing body of a primary school” (MoES 2005:2), “empowered by law to manage and monitor primary schools on behalf of the government” (Ibid:i). It “is a statutory body of the school community entrusted with the overall supervision and direction of the operation of a primary school” (MoES 2005:ii). A teacher in School A explained that the SMC members “act as checks and balances for this school” and the head asserted that “the decisions made in the management committee meeting are the ones we have to follow as day-to-day administrators here. We don't normally do outside what we have agreed.”

There was often a sharp contrast between the words of staff in School A (which suggested an openness / welcoming attitude to external actors) and actions (which suggested a resistance to engaging in activities outside the normal (academic) routine). The current researcher faced considerable difficulty in arranging research activities in School A – beyond the repeated words of welcome, relationships with staff largely remained formal and resistance by staff to commit themselves persisted throughout the research period.

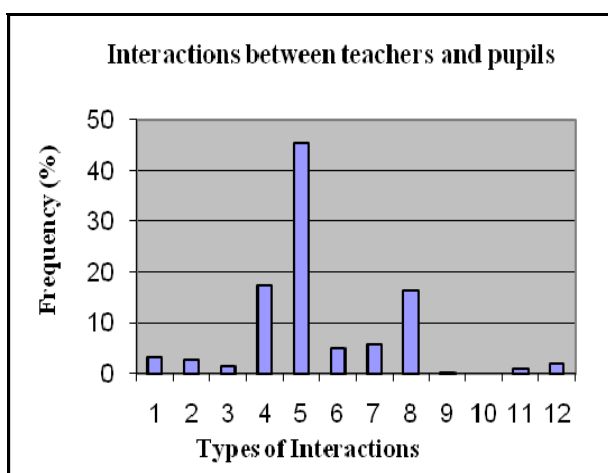
#### **6.2.2.5 Attitude towards students**

Students in School A are perceived primarily as learners expected to take on messages provided by teachers and other staff members in the school in order to achieve academic excellence and discipline. The academic performance of students in School A is closely monitored, through for example monthly examinations, and the success of lessons is judged on academic performance. One teacher explained that a key priority of the teachers is to “look for ways of getting the message across [to the students] ... What matters is the message” (25/06/08d).

Teachers in School A claim to use a variety of teaching styles such as enquiry, problem solving, discovery, demonstration, discussion, and dramatisation, as well as the more traditional lecture, chalk and talk. They explained that the approach taken can differ depending on content/topic and the teacher in question. One teacher talked of a recognised need to adjust teaching styles to suit the different abilities/needs of the students and another emphasised the use of ‘child centred approaches’, which he defined as “the children do a lot of the talking and for you, you guide them accordingly. They have got a bigger mouth, for you you’ve got a smaller one but with big ears. So you do a lot of the listening and for them they do the talking.

You share, basically” (19/06/08a). In the lessons observed by the researcher, the students did indeed do a lot of talking – in a majority of the classes observed, students were very responsive, waving their hands anxious to be selected to answer questions and calling answers out. However, this was largely in response to questions/instructions from the teachers. The graph below displays the frequency of different types of interactions between teachers and pupils in the sessions observed by the researcher. It shows that, in School A, the most commonly observed interaction was ‘lecturing’ (number 5), with the teacher giving facts or opinions about content or procedures, expressing his/her own ideas, giving his/her own explanation, or citing an authority other than the pupil. Other commonly observed interactions were teacher requests for pupil input (number 4), and pupil responses to such requests (number 8). There were limited examples of students initiating the process of knowledge creation and exchange (numbers 9 and 10).

**FIGURE 4**



The figures displayed here represent an average of the findings from the sessions observed in School A. The data from all the sessions is presented in Appendix 4.

Types of interaction	Teacher:	
	1	Accepts or uses ideas of the pupil
	2	Praises or encourages pupils
3	Rejects or disagrees with ideas of pupils	
4	Asks questions or seeks input from pupil	
5	Lectures pupils	
6	Gives directions	
7	Criticizes or justifies authority	
	Pupil	
8	Talks/ takes action in response to teacher	
9	Compliant initiation by pupil	
10	Non-compliant initiation by pupil	
	Silence	
11	Reflective silence	
12	Confusion, awkward silences	

Full details of each type of interaction can be found in Appendix 3

Each of the classes observed had some or all of certain common activities: students reading out loud in unison; question and answer sessions advanced by teachers; individual exercises such as written responses to questions set by teachers (questions copied from the board into pupils' books); and lectures – uni-directional information flow from the teachers to the students. The degree of formality differed across the classes observed but they were all predominantly teacher centred. Similarly, school assemblies were characterised by a one way flow of information and control by the teacher: “It is all about sensitisation [and] getting to know whether the children are all present ... also creating awareness – you keep telling them about maintaining cleanliness of the school, of themselves – personal hygiene and so on. And there are other messages that we disseminate to them...” (26/06/08a).

Within this predominantly teacher centred context, there are nevertheless examples that suggest a perceived value in active contributions from students. In question and answer sessions, for example, students were commonly asked to comment on answers given by their peers and good answers were complimented. The potential role of students in the teaching/learning process was explicitly referred to by one teacher, who organises her class in such a way that students share books when reading out loud (even when there are enough books for each child to have one) as a way of encouraging them to listen to their neighbours and correct any mistakes that they hear. Instructing one student to learn from the good example of a neighbouring student, the teacher remarked that “your neighbour is your teacher” (26/06/08c). This particular teacher appeared to generally adopt a child-centred, egalitarian approach, as suggested by comments made when talking to the students (“when I make a mistake you have a right to come and tell me” (Ibid)) and in the language used when talking about them.

More broadly, a language of dominance/control over the students was commonly heard in School A; one teacher talking about his lesson plan explained that “this is what I am going to do to my children” and of “handling these children” (25/06/08d). There is a strong conviction that children need to be supervised in order for them to behave in the required way – “you have to control the children, you have to supervise their meals and their eating, ... you have to ensure that all places are kept clean, ... you have to keep around the gate actually alerting those ones coming [to] ... keep time ...” (26/06/08a). Teachers were frequently heard harshly verbally disciplining students both in and outside the classroom.

The few references made to catering for the non-academic needs of the students included one teacher talking of the older female teachers (those who “have seen so many things” (25/06/08a)) providing counselling support, and various references to debating sessions held on Friday afternoons which, this same teacher explained, “do a lot in promoting children’s competence in some other areas. Like it actually instils confidence, children become vocal, so many aspects” (Ibid). Unfortunately it proved impossible for the researcher to arrange to observe any of these debating sessions.

The characteristics of School A are very much in keeping with Schein’s (1984) ‘organisation B’ described in 3.1 above. Characteristics such as the strong adherence to hierarchy, reliance on instructions/control from above, and the tendency to conform to set ways of working, place it towards the bureaucratic authoritarian end of the continuum outlined in 4.1.2. The School’s bureaucratic authoritarian identity is further demonstrated in its rigidly demarcated areas of focus, with individuals operating in specific niches that cannot be invaded by other staff



members, the limited interaction across different levels and functions, and the impersonal relationships that exist. As is expected of these kinds of organisations, School A places limited priority on establishing and/or maintaining relationships with external actors, and the teacher's role is perceived as central in delivering prescribed information to the students. Chapter eight of this thesis considers if/how these characteristics influence the HIV prevention programme delivered in School A. This is considered alongside an analysis of the influence of the organisational characteristics of School B and the NGO (detailed below) on the programmes delivered in those organisations.

## **6.3 CASE STUDY SCHOOL B**

### **6.3.1 General background**

School B is a government aided, mixed day school founded in 1948 for children of low salary workers. To date, the majority of children in the school come from poor families living in surrounding slum areas. The school itself has experienced a significant transformation in the years since its establishment, both in terms of its physical structures and its academic performance, contributing to a much improved general reputation. A retired teacher told of how she used to avoid attending district teacher training sessions because she was ashamed to admit that she worked in School B, but that during her latter years there she had developed immense pride in the school. A local councillor in the area commented on how the school has changed from one that simply catered for the poor (who could not afford to go elsewhere) into one to which even wealthier families in the area now want to send their children. According to the school administration, the numbers of students increased from approximately 570 at the beginning of the century to 1,245 in 2008.

Using PLE performance as an indication of academic performance, school data shows steady improvements, with the proportion of successful candidates achieving the highest grade increasing from fifteen percent in 2005 to thirty nine percent in 2007<sup>15</sup>. The school also has a strong extracurricular ethos developed on the basis that “even if we put children in class, you say we are going to be focused on this only, children will never learn. They need a variety of things coming in. Changes! Then they get exposed somehow” (Head teacher 02/07/08b). Resistance to non-academic activities from the school management committee (SMC) was overcome by the school administration making the case that the extracurricular activities have contributed to improved academic performance. A parent commented that “the priority [at School B] is education and sustainable education that will help the child when he grows up. You don’t educate for the purpose of passing exams. We want good education that will help the child to survive in a challenging world. ... One can teach for the purposes of passing the exam – passes with flying colours but at the end of the day, even when he reaches senior secondary, he is nowhere to be seen. But here ... we teach so that someone gets real education – academic and survival. ... We include the vocational skills, the co-curricular activities and AIDS awareness skills, social behaviours – that kind of thing” (02/07/08).

All the respondents asked about possible explanations for the improvements in the School attributed them, at least in part, to the school leadership. One respondent (a member of the SMC) also attributed the improvements to the support of the government – “good management – the teaching, the head mistress is good, the teachers are good. Likewise, the government itself has put in a lot of effort ... so the general attitude in the school is positive” (02/07/08).

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<sup>15</sup> Government figures obtained for 2007 take into account both successful and unsuccessful candidates and place the proportion of students achieving the highest grade at thirty-two percent.

Though its religious identity is not as explicit as in School A, the Christian faith is an important feature of School B, demonstrated, for example, in the regular prayers (led by staff and students) at the start and close of meetings/assemblies and the common attribution of successes/achievements to God's hand.

### **6.3.2 Organisational characteristics of School B**

#### **6.3.2.1 Hierarchy**

A dominant feature of School B is the key role played by the head. Interview respondents both within and outside the school commented on the extensive professional and personal contribution she has made. She has committed personal finances to the school and spends significant time outside her normal working hours gathering support for its functioning, for example writing proposals to fund building projects and extracurricular activities. The head has strong ideas for advancing the school and has been the originator and hands-on driving force behind numerous programmes there. Teachers often referred the researcher to the head as the ultimate authority on questions about the functioning of the school and/or as a way of confirming responses that they gave. Referring to the head, a retired deputy head commented on several occasions that "when Shakespeare is around, why ask anyone else about his plays?" (02/07/08c). Various teachers questioned whether the successes of the school could be maintained if the current head were to leave. The centrality of her role was also reflected in conditions attached to funding from an American sponsor who committed to providing finance as long as this particular head was in position. The head bemoaned the possibility that without this condition it was likely that Kampala City Council (KCC) would have transferred her to another school in line with a policy not to keep head teachers at any one school for a period

much beyond five/seven years. She commented that with all that she had committed to the school, she would be disappointed not to see the seeds sown come to full fruition.

Almost in contrast to the centrality of the head is the high value she places on working closely with all staff. Her explanation of the success of the school, for example, placed emphasis on

“getting teachers to be part and parcel of the running of the school so that you are not going to be a boss there whom they look at... No! So I think we have moved at the same level. At first they were telling me that since you were a deputy there, you will not manage. ... But I managed because I remained as I was – I didn’t change to become a boss. I remained a colleague” (23/06/08).

The head is regularly seen around the school compound, chatting informally with teachers and students. Her office door is nearly always open, reflecting her accessible nature. She emphasised her commitment to involving teachers in the decision making process (“I don’t sit here and make decisions and go and tell them ‘you do this’. That one it fails completely! So it has to be them. They have to be part of the decision that you take” (Ibid)) and presented various recent examples. One incident that occurred during the research period demonstrated the joint decision making process: having received last minute notification from the District Education Office that they were to host an interschool music competition, the head called a meeting with the teachers to determine whether they felt they were able to commit to submitting an entry. Discussions concluded that they could not host the competition and not participate, so specific arrangements were agreed to ensure that they could make up for lost teaching time. The head also described how in cases where more than one member of staff put their name forward for a position such as head of subject (encouraged by her where she felt

the more most suitable candidate had not applied), the teachers have the final say through a voting process about who is selected because “of course even teachers know who can do what – who is able!” (02/07/08a). It is not possible to state from the data collected the exact extent to which staff members at different levels of the school are involved in the different types/levels of decisions made, but it is noted that various teachers made reference to the head’s ethos of team working – “she supports us so much. In case of anything, she encourages you, she doesn’t say that it’s a waste of time. She encourages you. ...” (18/06/08b).

The culture of team working is also manifested in relationships between teachers. The value of team working was expressed in discussions of how clubs function, in regards to preparing teaching schemes and resolving problems within subject areas, and was observed, for example, in the ways in which teachers worked together in rehearsals for events such as the above mentioned music competition. As with School A, all the teachers work in at least two teams, based on subject and year group. Teachers in School B establish their timetables within year groups and simply inform the administration, which compiles the information. As was the case in other schools visited by the researcher, teachers are represented on various committees such as the finance committee, academic committee and the school management committee. Despite the strong sense of team working in the school, there are no regular, set staff meetings other than those at the beginning and the end of each academic term. Other meetings take place as and when they are required. During the field research period, for example, an emergency meeting was called to address issues of low morale connected with low/delayed teachers’ pay, pressures of heavy workloads and a feeling of being overworked<sup>16</sup>. The head

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<sup>16</sup> Teachers in School B have particularly long work days, starting early and staying late for extracurricular activities and teacher development sessions

commented that this meeting had been necessary to prevent the escalation of grumbling into a bigger problem.

Observations and interviews with teachers in School B revealed that a high level of independence/autonomy is given to them by the administration. Teachers have the authority and responsibility to determine how they balance completion of the syllabus alongside the various extracurricular activities taking place. Their authority in these matters was demonstrated in an incident when their concerns about extracurricular activities jeopardising the likelihood of completing the syllabus led to the development of guidelines for maintaining a suitable balance between the two.

While all teachers are required to take on non-teaching responsibilities, they have the freedom to select which ones they take on, on the basis explained by the head that “we feel if someone volunteers, that means he is willing” (23/06/08). A large proportion of the staff interviewed in School B demonstrated a strong sense of ownership regarding their (academic and extracurricular) responsibilities. One teacher, for example, passionately talked the researcher through records she meticulously maintains for her club’s activities. Acknowledging that the records would not necessarily be checked by any higher authority, she commented that she maintains them in this way so as to be able to show others (including external visitors) the many, varied and successful activities of the club. Another teacher, responsible for an external activity involving students, arrived at the external venue earlier than required to ensure that everything was in place and made great efforts to ensure that all went according to plan. Another spoke of being available during the school holidays to develop schemes of work with other teachers and to teach PLE candidates topics that were not necessarily on the curriculum

but that would be helpful in understanding those that are. Asked about their motivation, the most commonly heard response revolved around the idea of developing the students. One teacher simply stated that “I just enjoy doing it, seeing the children develop. I want to develop skills in them, hoping that when they grow up they can do something useful. Our generation is not doing much, there are a lot of wasted opportunities and I would want the generation of the pupils to be different” (18/06/08a). Answers of personal gain were interwoven with those of achieving targets set for the good of the students: “the hope that we will achieve the goals that we have set out and that will also manifest itself in terms of more money for our pockets” (08/07/08b). Another asserted that “I am a teacher. I just do it” (informal conversation with researcher), while another commented that “you want to make sure that you are doing your best – pulling your weight within the school context” (18/06/08b). Also heard was the desire to please the head and to protect her (and the teachers more generally) from getting on the wrong side of the schools inspectors.

It must also be noted, however, that a certain sense of ranked order also exists in School B. There was an observed reverence for the head, with comments made along the lines that “you do things and you think – what will she think of this?” (18/06/08b). It was also clear that there is an ordered hierarchy between the teachers; asked about her responsibility as head of subject, a teacher responded that:

“you are the controller. ... there is that tendency when you don’t come in and supervise, they will tend to relax. So you have to say, how are the books being marked, are the children getting enough information and the rest of it. ... We normally meet and then you give them a go ahead. ... And by so doing they will not relax ...!” (18/06/08b)

Systems of top down control were reflected in the appraisal sessions that the head holds with each member of staff at the end of each term to discuss whether targets set at the beginning of term have been met, and to discuss next steps. There is also a sense of separation between teachers and the administration suggested by the different eating arrangements, with the teachers eating in the hall while the administrative staff eat in their offices and, as in other schools visited, a separation between the administration block and other blocks in the school.

There is a culture of reporting back to senior levels and to the head in particular. Teachers regularly report back to her on the different activities in which they are involved and the areas for which they are responsible. This reporting back occurs through formal channels, for example with teachers on the finance committee (predominantly heads of departments) producing reports for the head teacher who then presents the report to the SMC for approval, but also through informal conversations in the compound, as observed by the researcher on various occasions. It was also observed that teachers are able to air views that contrast with those of the head and, on occasion, can change her way of thinking to theirs.

Though the head appears to have a lot of control over the functioning of the school, this control is to a certain degree restrained by the SMC to which she must answer: “they are my bosses. They are the ones who plan for the school, they approve our budgets, in case there is a problem with a teacher they are the first people I have to talk to, they do the discipline of our teachers, they are the ones who talk to the parents if we have something to talk to the parents about ... You cannot work without their consent” (08/07/08c). She told of proposals that she had put forward for developing the school that they had quashed. Even within this framework, however, the head has significant freedom. She opined that the freedom she experiences stems



from the trust relationship that she has with her SMC (an opinion supported by a member of the SMC) and also connected it to the types of people she had selected (and that had been approved by the District Education unit) to be on the SMC. These were people who she felt would not be looking to personally gain from the position but would be committed to the progression of the school. They were professionals potentially able to offer particular expertise/services to the school. She noted the challenges of having a SMC composed of successful professionals (such as the difficulties of organising meetings that they are all able to attend) and outlined remedies that had been developed, such as relying instead on meetings of sub-committees and/or circulating written updates to members whenever necessary.

#### **6.3.2.2 Degree of integration across the organisation**

There is a high degree of intra-organisational working within School B. Discussing extra-curricular clubs, one teacher opined:

“I can say the clubs eventually unite all of us. As much as I know I am in writers club but I can get information from the AIDS awareness club, I can get information from vocational, I can learn from MDD [Music Dance and Drama], I can learn from the girl guides and scouts, I can learn from the Red Cross ... You want to know what is happening in other clubs. As they present in assemblies you say ‘oh this is good. ... this is what they are learning there. One day I will plan to visit them’. So sometimes you also go to visit other clubs and see what they are doing in their clubs and we learn like that” (18/06/08a).

Team working, as discussed above, facilitates the free flow of information across different levels, functions and activities of the organisation.

### **6.3.2.3 Openness to change**

The ease with which significant changes are made in the everyday functioning of the school suggests a high degree of flexibility. Adjustments to accommodate last minute requests from the District education unit such as that discussed above offer a case in point. Different sources told of adjustments made to cater for similar last minute requests from other external actors. There were various examples of teachers exchanging teaching times to allow one or the other to contribute to other (extracurricular) activities. The researcher also directly experienced the willingness and ability of the school to make adjustments to cater for the (perceived) needs of external actors. Although repeatedly asked to allow the researcher to experience school life as it would normally function, changes were made on a number of occasions to cater for what were perceived to be the researcher's needs. Such flexibility is possible within a context where what matters is that the syllabus is completed, leaving the how and when (within the broader non-negotiable boundaries) open.

The school also demonstrated a certain level of flexibility in regard to who teaches the students. The head explained that "most of the time our timetable is flexible. If something comes up [if someone wants to come and talk to the children and it will be of benefit to them] we can adjust" (08/07/08c). There were no specific examples of involving external actors in the teaching of examined subjects but there were various examples of working with them in running extracurricular activities. Different sources made references to the perceived value of doing so.

School B has characteristics of a learning organisation. The head teacher regularly seeks opportunities for improvements – a point demonstrated by the many changes that have

occurred in the school under her leadership. Her commitment to continuous learning was demonstrated in her collection and systematic filing of feedback from teachers on training sessions that they had attended. The teachers' dedication to continuous development was demonstrated in the staff development sessions held each week. They work together to determine areas that require (further) development, determine whether they are able to run the sessions drawing on their own expertise, and in cases where they are unable to do so, work with the head to access the necessary resource people. Discussing these sessions, a former deputy head teacher made the point that "there is so much to learn, so much we don't do right and even what we do right we can do better" (02/07/08c). One such staff development session was observed by the researcher.

Examples of other activities developed specifically to encourage learning are the open days held in the second term of each year. Parents are invited to spend either half a day or a full day (depending on which class their child is in) touring the school, observing the classes that their children attend and spending time with staff discussing any concerns the parents and/or the school may have. The researcher was able to acquire minutes from the most recent open days which detailed discussions of questions/concerns raised by parents. These included concerns about grouping students based on ability – fear of the weaker students being "victimized" – and about the meals provided for the students. The minutes also recorded that "some parents were really very grateful about the teachers' work and school at large, and promised to work hand in hand with them". The minutes noted that parents encouraged each other to respond to calls from the school to attend such meetings. They stated that the head "encouraged parents to point out their [the school's] weaknesses as they pave way to improvement and [that she informed them that] learning depends on both teachers and parents. Therefore the meeting is

intended for positive and negative issues”. Parents were updated on progress / new programmes in the school and encouraged not to take their children elsewhere. They were also encouraged to be part of the solutions to problems identified, for example the issue of truancing and dealing with the smelly channel behind the school.

There is a culture of independence within School B – of not depending on externals for the success of activities that it considers important. Demonstrative of this self reliance is a statement made by a deputy head about the staff development sessions:

“we cannot always be waiting for something that is ready by the Ministry of Education once a year. ... That cannot help us. And yet when they come what they tell us some of us know about as much. We specialise in different areas, we have got different talents and gifts – each teacher is called upon to come up with something professional. So you go, prepare yourself, present this to us... The teachers do it themselves – self help. ...when there is no volunteer and the need identified falls within your area of specialisation then it falls on you”  
(02/07/08c).

There is a sense of the school (and the head in particular) knowing and driving its own agenda. The head actively seeks external funding to overcome financial restraints to activities considered beneficial for the school, as demonstrated in various proposals shown to the researcher.

#### **6.3.2.4 Attitudes towards working with external actors**

Working with parents on school matters is important in School B. Asked about the strengths of the school, a parent commented that “the teachers are very good and they are very cooperative. And because of that cooperation we have improved a lot. ... It is always an upward trend. So, those are the efforts of the teachers and the parents” (02/07/08). The head teacher commonly talked of the value of working with parents, discussing possible ways of working further with them and bemoaning the declining role of the parents-teacher association in the context of the government’s Universal Primary Education (UPE) initiative and associated SMCs. The minutes of the meetings with parents discussed above record that the head “urged parents to always come and share with the teachers about their children’s abilities, behaviour and needs”.

School B works with many, varied external actors. It has relationships, for example, with organisations running (predominantly extracurricular) activities/training sessions for students and/or for teachers; with organisations hosting groups from the school; and with (international) organisations providing financial support to the school. These relationships are established primarily through the efforts of the head, who is a proactive networker, committed to relationships in which all the different actors involved are able to benefit. Many are established through her position as a member of the boards of governors of relevant organisations such as one of the largest youth focused health education NGOs in Uganda, and a CBO offering (youth focused) vocational skills training within the school’s catchment area. The school (predominantly the head) actively seeks out ‘partners’ but is also approached, as she explained – “we are normally approached by those people because they know we are doing something so when they have some programme, they want to involve us” (02/07/08a).

The heavy involvement of the head in establishing/maintaining external relationships has contributed to a situation where the teachers consider them to be her domain. Individual teachers are generally “not sure where they come from and how we get them” (informal conversation with researcher). Though the teachers may not necessarily individually prioritise external relationships, they appreciate their value to the school and work to make them a success. A common feeling among them was that “the head teacher gets them. We just welcome them” (Ibid). There are various examples of teachers being given responsibility for progressing relationships, as the head explained – outsiders “call us ... and say we want to come and see your club and you liaise with the head of that club and she fixes them on her programme. ... when they come I just say ‘the head [of the club] is there you can talk to her. So they talk and decide on certain things’ and she [the head of the club] just comes and tells me ...” (08/07/08c).

Teachers discussed the value of relationships with external actors in, for example, bringing teaching resources and expertise to the school. Staff at different levels within the school appeared accustomed to working with outsiders and were openly welcoming. As with her relationships with staff and students within the school, the head was very accessible to externals, operating her same open door policy. The school was very organised about running visits by external actors, as demonstrated by the detailed programmes drawn up by a Primary One teacher who was due to host two gap year students from Britain. Her flexibility in adjusting the programmes to accommodate them was one of various examples that suggest that the school is accommodating of externals (almost) to a fault.

The relationships that School B has with external actors are largely informal, with no official documentation, and with the different parties coming together as and when the need arises. Despite the lack of formal agreements, there is in many cases an automatic commitment with certain external actors that leads them to consider each other whenever a relevant situation arises. There are also various examples of ad hoc, one off relationships. An exception was the relationship with the US based body providing funding to the school over a period of years. This relationship was formalised, with official documentation outlining the expectations and commitments of both parties. External actors with which the school has worked expressed positive perceptions of the school and of their relationships with it. One external contact commented that “if they can continue with that spirit, it will help us to know more ... because there are some things ... which we don’t know, we find out from them. But in the same way, there are some other things that they will learn from us” (03/07/08). Successful relationships were commonly attributed to “the good communication that we have with the head teacher and the staff” (27/06/08).

#### **6.3.2.5 Attitude towards students**

A common theme emerging from interviews with both teachers and the administration in School B was the idea that students are more than just learners and that they are able to make significant contributions to the learning process: “We don’t need to be involved as teachers alone. We need them to be involved ...” (18/06/08a). References were made to the school’s activities being driven by the needs of the students:

“our school it is different because we normally include things that suit our kind of\_ the children we have. So we sit as teachers (academic committee) and we say this is our need can we fix it on our timetables. ... Depending on

what we feel the children will benefit ... So at times we go off the normal school calendar of the national school calendar and we put in our own other things. ... We added on most of those times by ourselves after seeing what we really needed to have” (23/06/08).

Efforts are made to do so even in the face of high (financial, human resource) constraints. Two teachers made specific references to learning from the students and in one class a student was praised by a teacher for pointing out a mistake that the teacher had made in what she had written on the board. Teachers were heard on a number of occasions encouraging students to share their knowledge with others. Peer education was encouraged through availing stories written by students to their peers and through extracurricular activities such as the regularly held talk shows. The talk shows observed were run exclusively by students and involved a panel of students speaking on opposing sides of an issue reportedly selected by the students, before opening up the floor to members of the audience to comment. All of this was chaired by students.

A frequently heard assertion in school B was that each child has particular innate gifts (not necessarily academic) and that teachers must acknowledge and nurture these gifts – a feature that Carnie (2006) and Gribble (2006) (see 3.2.2) associated with the democratic philosophy on teaching and learning. Various references were made to students having different strengths and weaknesses; one teacher explained that “one who does not express themselves well verbally may be excellent at writing or at drawing. Help that skill to develop” (18/06/08a). A deputy head stressed the importance of using different approaches to meet the learning styles/needs of different students – “people use some senses better than they use others. There



is someone who will learn better and faster by seeing and someone will learn better by hearing, another one by touching, so the more you expose these children to variety of activities and from a variety of angles and perspectives, the easier it will be for each one to get a medium through which he or she can learn” (02/07/08c). Both academic and non-academic gifts and contributions of the students are acknowledged by staff (and in some cases rewarded). Following both talk shows observed, for example, teachers that had attended to support the students gave a vote of thanks, congratulating the students, highlighting particular aspects (such as the contribution they had made to educating each other), and commending the success of the shows more generally.

Staff at all levels in School B made (at least a passing) reference to students as whole (emotional) beings and not just learners – “they are human beings, they came to be first, and to learn. Not to learn and then to be is secondary. No. To be is primary and to learn is secondary” (02/07/08c) – again, a key characteristic of the democratic philosophy in schools as described by Dribble (2006) and Carnie (2003). One teacher commented on the futility of education that produces “academic giants but social misfits” (08/07/08a), asserting that life is not all about passing examinations – better to have a child who is average in class but assertive, responsible and a critical thinker. The two most passionate teachers in this regard both spoke of the need to get to know the students personally, to the point that the teacher is able to instinctively know when something is wrong. Connected to this was the sentiment in a comment made by another teacher regarding the futility of resorting to corporal punishment:

“You may ... start caning a child and the rest of it, you have not got the root cause of why that child is behaving in such a way. You know these children need love ... Some of them lost their parents. So now where they can console themselves is

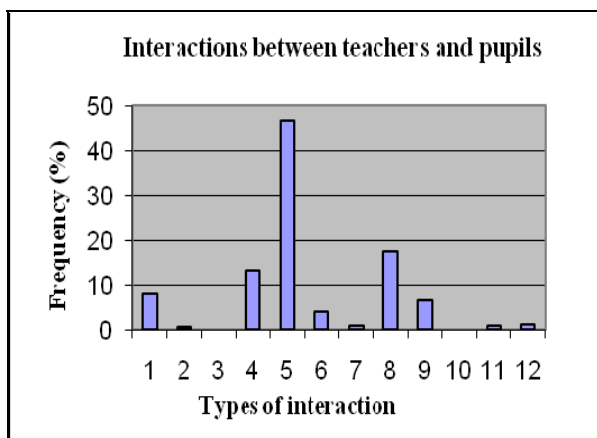
where? At school! So now when they come here at school and we also become very [harsh]? No. The child will even fail to learn. So what is important is for us [is that] we should get all the skills of handling these children ... we show them empathy...” (18/06/08b).

Various references were made to the head teacher’s ability to develop such relationships with students and the positive (academic) outcomes that have been observed in students because of these relationships. She herself told of a leadership training course where they were asked about the achievement they treasure most in their teaching career – “What came into my mind is gaining trust of the adolescents. It is so difficult but seeing those girls coming and saying do you have a minute and you sit here and she sits there and she tells you a secret you couldn’t imagine a child revealing. Something I treasure most” (23/06/08). ‘Family’ groupings have been institutionalised to encourage such personal relationships between students and staff in School B. Each family is made up of students from class three upwards and is supposed to be small enough to allow for the development of strong relationships that facilitate (teacher-student and student-student) support and discipline. Examples of harsh disciplining were observed by the researcher in classrooms and in assemblies, but so too were examples of close ‘family’ teacher-student relationships on different occasions in the school compound.

Despite the perception of students as more than just learners, teaching in School B takes a predominantly frontal, teacher led approach. Discussing teaching styles used, teachers mentioned group work, discovery method, enquiry approach, discussion and lecture, noting that the style used varied depending on the teacher, class size, subject and focus of the lesson. Teaching in the curricular sessions observed all fitted largely into a pattern of lecture mode,

verbal question and answers, group reading (from the black board), and individual written exercises. Figure four below shows that, as in School A, ‘lecturing’ was the most frequently seen interaction in the sessions observed in School B. Also like School A, requests by teachers for pupil input and pupil responses to such requests were commonly observed. In School B, however, there was also a greater occurrence of pupil initiated interaction and of the teacher accepting/using ideas from pupils although it was noted that this was observed more in extracurricular sessions than in the teaching of examined subjects. There were fewer instances of teachers criticizing the pupils/justifying their authority in School B than in School A, and also no observed cases of the teachers rejecting/disagreeing with pupil input. There were, however, also fewer examples of teachers praising the pupils than were observed in School A.

**FIGURE 5**



The figures displayed here represent an average of the findings from the sessions observed in School B. The data from all the sessions is presented in Appendix 4.

<b>Types of interaction</b>	<u>Teacher:</u>	
	<b>1</b>	Accepts or uses ideas of the pupil
	<b>2</b>	Praises or encourages pupils
	<b>3</b>	Rejects or disagrees with ideas of pupils
	<b>4</b>	Asks questions or seeks input from pupil
	<b>5</b>	Lectures pupils
	<b>6</b>	Gives directions
	<b>7</b>	Criticizes or justifies authority
	<u>Pupil</u>	
	<b>8</b>	Talks/ takes action in response to teacher
	<b>9</b>	Compliant initiation by pupil
	<b>10</b>	Non-compliant initiation by pupil
<u>Silence</u>		
<b>11</b>	Reflective silence	
<b>12</b>	Confusion, awkward silences	

Full details of each type of interaction can be found in Appendix 3

The approach to teaching and learning of the examined subjects was in contrast to that in the other activities of the school. In one club observed, for example, discussions were driven purely by questions raised by the students (either verbally during the session or written and

submitted to the teacher prior to the session). Similarly, ‘family’ sessions observed were student focused and highly interactive. Even the layout of these sessions differed from that in academic classes; seating was informal and, in one instance observed, the teacher was seated on the benches in amongst the students. It is important to note that even in these more participatory student focused sessions, the teachers played a central role. In the club mentioned, for example, only the teacher answered the questions raised by the students. There was little exploration of the students’ own experiences, values and knowledge.

The dominance of teacher led approaches could be seen as a sign of teachers having been socialised into a particular way of teaching, especially where set information has to be passed to the students in order for them to pass examinations. The tendency towards frontal teaching was further demonstrated in the staff development session observed which, though informal, also took this format. In this session, seeking to explore and enhance critical and creative thinking in the teachers (and subsequently their students), teachers sat behind desks as the leader of the session introduced the subject and directed a question and answer session (with teachers raising their hands to answer/ask questions), and another teacher made notes on the blackboard. It is noted, however, that the teacher leading the session acknowledged that it had largely been “one way traffic” and commented that any follow-up sessions would be participatory “as we usually do” (informal conversation with researcher).

School B has a mixture of bureaucratic authoritarian and post-bureaucratic democratic characteristics, placing it somewhere in the middle of the organisational continuum described in 4.1.2. In this organisation, the strong central role of the leadership and a tendency to defer

to authority exists alongside great emphasis on joint working/decision making and recognition of the potentially key contribution that different actors both within and outside the school are able to make to the learning process. A perception of students as more than just ‘academic beings’ and a widely asserted commitment to actively engaging them and addressing their specific needs exists alongside the commonly observed top-down, teacher centred approaches to teaching and learning. The influence of School B’s organisational characteristics on its HIV prevention programme (and how that compares with the situation in School A and the NGO) is considered in chapter eight.

## **6.4 CASE STUDY NGO**

### **6.4.1 General background**

The case study NGO began operating in Uganda in 1990. From its origins as a country office of an international organisation, it has evolved into an independent body with all decisions about it and its functioning made within the country. It has a number of offices across Uganda, each with a specialism in specific areas of the organisation’s functioning. The NGO’s activities include providing health education for young people, training for other organisations and community groups, and providing capacity building and consultancy services for (international) bodies. Its overarching mission is to “catalyse the development of appropriate responses to HIV/AIDS initiatives and community development programmes” (publicity documentation).

The Kampala office (the focus in this study) is the organisation’s headquarters and conducts many of the same activities as the other offices, though to varying degrees. This office is located in a relatively wealthy suburb of the Kampala Division on which the study focused

(see 4.2.2), but its activities, especially in regard to health programmes for young people, are concentrated in socially and economically deprived parts of the Division – in “poorly resourced schools within the peri-urban area of Kampala” (21/11/07).

As with both case study schools, the NGO has a strong religious foundation. Though not necessarily explicit about it, the organisation’s values and functioning are based on Christian beliefs.

## **6.4.2 Organisational characteristics of the NGO**

### **6.4.2.1 Hierarchy**

The NGO’s ‘organogram’ displays a ranked order, with the Director at the top, followed by senior management, middle management, frontline (Field Officers – FOs) and support staff, and volunteers at the lower levels. The actual functioning of the organisation also suggests a tendency towards hierarchical systems manifested, for example, in line managers monitoring the work of junior staff, in the sense of reverence for those in positions of authority, and in the location of management staff offices on one floor while those of frontline staff are on another. Extended time with the organisation revealed, however, that ranked order in this context does not necessarily equate to the divisions that might be expected in a bureaucratic hierarchy. For example, frontline staff talking of reporting to line managers and line managers discussing monitoring the work of frontline staff both describe it as a shared exercise rather than a top down, fault finding one: “we work with our supervisor ... He doesn’t just wait for the report but he comes in and asks how is the work? Maybe if at all there is an issue that’s coming up ... you can talk to him and helps you how can you handle that” (17/06/08a). Staff talked of hierarchy existing in certain contexts and collaboration in others:

“certainly there are certain issues which can be dealt with in line. If there are issues, for example, of performance management and appraisals, that one can be dealt with with a line manager, if there are issues to do maybe with ... annual leave or any administrative issues – it can be line management. But then there are issues of tasks. Maybe evaluations, maybe trainings – those ones can be done within teams. ... So, therefore you will find programme officers, you’ll find regional managers interacting together – working together as a team” (11/06/08a).

Numerous examples exist of free flowing vertical communication such as that between Field Officers (FOs) and their immediate manager and even with the Director. This open, free flowing communication seemed to be facilitated by the sense of informality within the organisation, with casual banter observed between staff of all levels before and after meetings, in corridors, the reception and other common areas across the building. Office doors are commonly left open, suggesting accessibility of staff. Senior<sup>17</sup> members of staff do not necessarily hold themselves in high esteem separate from other staff, as was demonstrated in their availability as a sounding board for more junior members of staff and their commitment to, and active involvement in, joint multi-level tasks; in one such activity the Director was part of a team led by a FO.

In this NGO, senior staff perceive lower level staff as having an important contribution to make. Each member of staff is perceived as an expert in their particular area. On various

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<sup>17</sup> The terms ‘senior’ and ‘junior’ staff are used here to distinguish between different levels of staff in the NGO but were not actually used by the staff in the organisation.

occasions senior staff members referred the researcher to more junior staff members as the experts on particular questions asked. A staff member with oversight for the FOs asserted that:

“I should let you know the field officers have very rich stories. Very rich stories that we people who don’t go to the field don’t have. We simply see those things in reports or [wait] until we have asked and then they can be able to share with us. But they have very rich stories and experiences that she [a FO] is able to share with you” (11/06/08a).

Opinions of staff at all levels are valued and sought; the needs analysis and activity forms completed by FOs, for example, include sections asking for their opinions: “What have I observed? What do I think, as a field officer, about the needs of the young people? What do I recommend?” (11/06/08b). Emphasis is placed on task rather than rank – tasks are allocated based on factors such as skills, expertise and availability rather than rank. All roles are considered important to achieving the organisation’s functions – none are considered inferior to the others. It was explained to the researcher that in this organisation the organogram does not reflect distribution of status but distribution of decision making authority. All members of staff are authorised to make certain decisions and are not expected to simply rely on the level(s) above to do so –

“People should be able to make decisions and take responsibility. For ... each person here – they give you an amount of money over which you can make decisions and it’s in your job description. ... So that in case maybe your line manager is not there and you are in a situation which demands action, you are able to make a decision ... people should have responsibility. ... People should learn to take responsibility so here one of our learning points has been we should learn how



to take responsibilities and one of the things is that you have to make decisions”

(11/06/08a).

Statements from staff at different levels of the organisation showed that they do indeed have the freedom and responsibility to make certain decisions and commonly do so. Discussing complications that can arise in planning and delivering activities, and the associated decisions that have to be made, one FO explained that “that would be me – the last decision maker” (11/06/08b). Such statements claiming ownership of individual roles and responsibilities were commonly heard across the organisation. Staff at all levels of the organisation speak with authority about their roles and responsibilities. All staff (and volunteers) have the freedom to perform their duties in the manner they consider to be most appropriate for the particular task and context. Discussing their work in delivering programmes, the staff member with oversight for the FOs commented that though they have manuals that guide them, “what we do is that in the training we give skills to the facilitators to be able to design sessions ... even without a manual” (21/11/07). A strongly held belief in the organisation is that everyone is able to independently fulfil their roles or can be enabled to do so.

There is a strong sense of commitment to the organisation and of a group identity. Staff members at all levels of the organisation very commonly talked in terms of ‘we’ – the organisation – as opposed to referring to particular individuals or groups within the NGO.

#### **6.4.2.2 Degree of integration across the organisation**

There is a strong emphasis on team working in the case study NGO, with some teams formed around functions (for example trainers, administrators, life skills educators) but also a growing

emphasis on cross-functional teams. Teams are fluid, involving different staff members from different levels, functions and sites depending on the need. This mode of working has created an integrated organisation in which the different components/staff are highly interconnected. Asked how her role relates to others in the organisation, one FO described extensive vertical and horizontal connections linking her to a range of functions/levels across the organisation – “I’m a field officer, we work with the admin, because the admin provide the means ... the finances. Then our supervisor ... And also other people like the training specialist because he is the one that trained us in counselling. You can talk to him that ‘how can I handle this situation?’” (17/06/08a). Numerous references were made to such linkages across the organisation.

All staff are kept informed of all aspects of the organisation. Staff business meetings held at the start of each week are a key vehicle for facilitating broad information sharing. A FO commented that one of the greatest benefits of her change in status from ‘volunteer’ to ‘staff member’ was that “now even you will be in the meetings, the business meetings – I know everything that is taking place in the organisation. ... I am not hearing rumours but now I am in...” (17/06/08a). The staff meeting observed by the researcher took more the format of a discussion than a top-down provision of information/instructions. Business meetings are always preceded by a more informal meeting that is not specifically work related but brings staff together to share thoughts, opinions and pastoral concerns.

#### **6.4.2.3 Openness to change**

This organisation is not averse to change but welcomes it and, in some cases, actively seeks it. During the research period for this study, the organisation was undergoing a period of change

as it sought to move away from a tendency to work in functional and location based silos towards more fluid, cross organisational working, as a way of increasing efficiency, uniformity, and improving institutional knowledge across its different offices. Conscious efforts were made to prepare staff for change, as one manager explained: “we thought we should really prepare for it – intellectually, people should now have different mind sets and should be getting to something new which they have not been used to, and so we thought there should be this kind of intensive process” (11/06/08a). An activity introduced to facilitate the move to cross-organisational functioning and learning was the exercise based on the international television programme ‘The Apprentice’: two teams composed of individuals from different areas of the organisation were tasked with developing a life skills package focusing specifically on boys, to fill a gap that the NGO had identified in its life skills education programme. The teams were led by finance and administration staff as a way of exposing them to life skills education (a key focus of the organisation) and helping them to relate it to the work that they do. One manager explained that when individuals are able to see beyond their immediate sphere of activity and to understand how their role fits into and contributes towards the organisation’s broader objectives, he/she is better able and more committed to fulfil that role.

A strong emphasis is placed on continued (personal) development in the NGO: “one of the challenges we have also got and what this is eventually about is to make sure that you are a better you. ... So people here are encouraged to be better ... in terms of skills, in terms of knowledge, in terms of competence ...” (11/06/08a). The Director of the NGO frequently spoke of the need for staff to develop/instil a questioning mentality, to read widely and expand their knowledge. Various staff members made reference to an organisational commitment to

developing all staff to the point where they are able to talk eloquently about any aspect of the organisation (“whether it is policy, whether it is HIV, whether it is business principles” (11/06/08a)) to an audience of any level – from a young child, to a researcher, to partner organisations and to government officials. Staff receive training not only in their specific areas of focus but also in other areas pertinent to the organisation more broadly – for example in ‘Project Cycle Management’ and ‘strategy communication’.

Staff training occurs through formal training exercises but also takes the form of ‘learning by doing’ facilitated, for example, through continuously exposing individuals to new and increasingly challenging opportunities across the organisation. One FO told of being invited by another staff member to assist in an area different from her normal focus – “you see what he does, maybe one time I’ll do the same...” (17/06/08a). Staff can be allocated a task not necessarily because they are able but so that they can learn – “anyone can do it for learning purposes” (11/06/08b). Engaging staff in varied roles/activities beyond their immediate remit has developed a versatility and flexibility, moving the organisation towards its target of having multipurpose staff that are able to work across its different functions. One FO explained:

“Everything began changing that even administrators can even write something about young people, I can also do something about admin ... We have to. Interacting and doing different things. Not being only field officer and only doing reports but can I also hold a phone from outside? So things have been changing like that – you multipurpose – you can do different things. You are not only on life skills but they can send you out to evaluate” (11/06/08b).

The case study NGO is a learning organisation working on the basis that learning should be deliberate and continuous. The value of learning is referenced at all levels of the organisation. Comments from FOs, for example, demonstrated that they value the additional skills they have developed since taking on new roles in the cross-organisational mode of functioning: one commented that “on and on we are learning, I’m learning. Because really I didn’t know how to write a report but now I’m learning. ... When you write, people can critique it, then you change” (17/06/08a) while another opined that “we are going through the learning process, so if I am exposed to a bigger task, I will learn more than just being on life skills ... moving ahead, not being in one place” (11/06/08b).

All members of staff interviewed made some reference to at least one process through which the organisation learns. These included continuous monitoring, (rapid) appraisals and evaluations (in some cases conducted jointly with relevant external actors), and regular needs analyses to keep abreast of the (changing) needs of recipients of their programmes. One manager commented that without knowledge of what is happening on the ground (and responding appropriately), organisations grow old and irrelevant and “you will not be at the cutting edge” (21/11/07). Various references were made to appreciating input from externals that can fill gaps in the NGO’s knowledge/expertise and inform it of its strengths and weaknesses, helping to inform continuous development. External actors that the NGO has worked with gave examples of how their feedback had contributed to changes in the NGO’s programmes. One contact described a two-way process in which constructive feedback and adjustments on both sides had contributed to an evolving training programme that suited the needs, abilities, resources and expectations of both parties, while another told of how

recommendations he had made for improvements to a joint community education programme had been put into practice.

As a learning organisation, the NGO places great emphasis on understanding why things are as they are. The question ‘why?’ commonly marked a break in narrative between descriptions of the way in which the organisation functions and an explanation of why it is that way; for example “we reach them [the schools] consistently over a period of around two years. *Why* two years? Because studies have shown that behavioural change to take place it takes around an average of two years” (researcher’s own emphasis) (21/11/07). A key priority of the organisation is functioning in ways that are “academically and professionally sound” (05/06/08) and that can clearly be justified: “that if anybody ever came to measure us, they will say ... you can fine tune here ...but the foundations are correct” (Ibid).

A key starting point for the NGO’s programmes is that there is no such thing as information that is suitable for all people, in all contexts, at all times: “... we decided not to just go and give our information – what we have and what we think – our assumptions that these are the needs of the children. We don’t do that...” (11/06/08b). Effective programmes are considered to be those that are driven by the realities of the target group – their experiences, knowledge, context and so on – and as such, all life skills programmes begin with, and are directed by, needs analysis exercises involving the target group and people around them. Various tools have been developed by the NGO to facilitate active participation of target groups in the development of its programmes/activities.

Examples of the NGO's responses to last minute requests from external actors and changes to previously agreed programmes illustrated the organisation's flexibility. On one occasion, a FO arriving at a school was informed that students had to leave early to participate in a sports activity and her class therefore had to be cut short. On another occasion, another FO in a different school was informed that the circumstances of the day meant that she had to work with a group twice the size of her normal group. In both cases the FOs promptly adapted their sessions to suit the new conditions. Flexibility was also illustrated by the case of a training specialist walking around the organisation to ascertain which of the FOs was free to assist in a training session to be delivered that day – it did not matter which of the FOs it was – all were considered competent enough to contribute to the training even at that last minute. The importance of staff being flexible was frequently repeated across the organisation, with one senior member stating, for example, that staff “must be able to teach the same thing in very many different ways” (05/06/08) – to suit different contexts, target groups, needs and so on. Various examples were presented of programmes being changed to suit the changing needs of target groups (see 7.2.2.1 below). Comments by different staff also suggested an openness to people external to the NGO contributing to teaching sessions that the NGO delivers.

The flexibility of the NGO is recognised and appreciated by ‘partner’ organisations. One described the NGO's staff as “very flexible and adaptive to different conditions and circumstances. They can easily work with peers, they can work with the age group we gave them...” (09/07/08) and gave an example of how they had been “very easy to adjust, flexible, fit in within our time and yet work with us and give us the information. We don't normally find such treatment with other organisations” (Ibid).

#### **6.4.2.4 Attitude towards working with external actors**

The case study NGO has many and varied relationships with a range of external actors, all of which it refers to as ‘partners’. Relationships include those with actors providing (financial) support to the NGO (predominantly international NGOs); those to which the NGO provides (financial) support, training, capacity building, advisory and other consultancy services; and those with which the NGO works to provide services. Relationships vary in terms of duration, formality and origin. They include short term relationships formed on an ad hoc basis to meet particular needs, as well as more long term relationships which may involve numerous joint activities over time. Some relationships are formally bound and directed by written, signed agreements – primarily those with international agencies. One manager opined that there is a discomfort with signing formal agreements in Uganda – “what is happening is that if signing comes in then it becomes a commitment and you are not really sure – the other person may not be really sure whether they will be able to meet some of the commitments they have put in place. ... So, people really feel uncomfortable to sign in this region. Unlike in the west ...!” (11/06/08a). Trust and integrity are important features of the NGO’s relationships with external actors. It places great emphasis on accountability in relationships (as in its internal and external functioning more generally), as demonstrated for example in the detailed record of activities that it produces and maintains in every school with which it works and in its sharing of evaluation results with external partners.

The case study NGO is proactive in searching out and establishing relationships, but also regularly receives requests to work with others. It works with both organised groups and with community groups, for example hosting community seminars to educate people in particular



locations on specific issues and to draw on their knowledge to inform its programmes. Official documentation asserts that:

“The core to sustainable outcomes is in the relationships that are created. ... Constructive relationships, open and respectful engagement, shall be central to organization operations. Among programme implementation, relationships that focus on empowering people, respecting their views and values and their contributions shall be deemed absolutely necessary as a core value to our involvement in the community” (NGO website accessed 14/01/09).

The NGO places emphasis on ensuring that relationships are a two-way process to which both sides contribute and from which both sides benefit. This is supported by comments made by an external actor interviewed for this study who defined the relationship between his organisation and the NGO as one

“where two parties come together to pursue a common goal with a clear and shared vision in mind [and] objectives which are shared ... And you don't take advantage of each other, you support one another, you are interested in the development of each other but more than that you are interested in the achievement of the goals that bring you together. And when one issue is solved you try to still come together again to tackle another issue. You plan together, you implement together. I think that's how I look at the partnership we have ...” (09/07/08).

He asserted that the NGO was different from other actors that his organisation had worked with in that it truly understands his organisation, its work, needs, abilities, struggles and so on.

Another feature observed in the NGO's relationships with external actors is the tendency to give beyond official expectations. One external contact told of the extensive support in kind that the NGO had given to his organisation, while another spoke of the invaluable personal support he had received from the NGO. The relationship with the NGO is clearly appreciated by the external actors interviewed for this study. They expressed a desire for a continued, long-term relationship with the NGO, with one contact commenting that he was aware of "many advantages and benefits that [will] rise out of the partnership if it is continued on" (09/07/08).

Staff at the different levels of the NGO were accustomed to working with external actors, as demonstrated in the detailed and systematic work plan drafted for the researcher's time in the organisation very early on in the research period. It was noted, however, that lower level staff were not always fully *au fait* with the detail of relationships with international organisations, suggesting that these relationships are more the domain of senior staff.

#### **6.4.2.5 Attitude towards students**

The NGO perceives its staff not as teachers or communicators but as facilitators in the learning process. Their role is to help guide young people in their thinking, as opposed to determining what that thinking should be. A strong perspective that emerged from different interviews in the NGO is that young people are able to make significant contributions to the learning process, that they must be given the space to make their contributions and that the contributions must be acknowledged and nurtured. One staff member commented that:

"In a sense they act as our teachers in some ways – we learn from them ... they educate us on what they need to know. By interacting with them, they open up

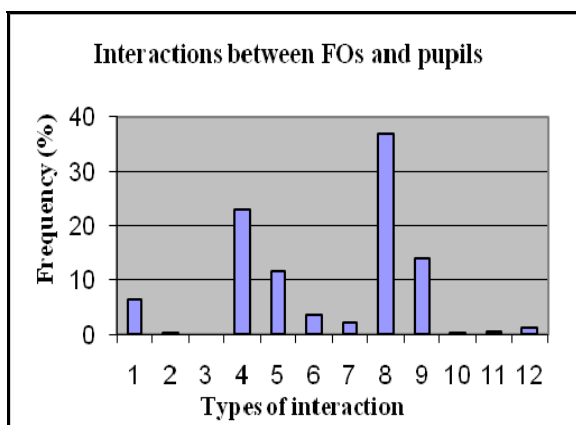
certain things. ... So they also help you to open new gates of things you've not thought about. ... What are they talking about? What's their language? What are their struggles? ... And if you listen to them carefully then you are going to be more relevant to them. If you miss that listening then you'll miss an opportunity of learning from them what they need. They play an important part in informing how you go about meeting their needs" (05/06/08).

This perspective was supported by comments made by other staff members. Along similar lines, a respondent in a school with which the NGO works commented that "for them as they are in the class, they observe and listen to what children want and then they focus on the problem" (14/06/08).

Life skills sessions observed were informal and interactive, involving discussions and question and answer sessions that sought the young people's opinions more than factual answers. Though the discussions/questions were largely instigated by the NGO staff, progression of the sessions was commonly driven by the answers given by the young people. Active participation was encouraged. In two sessions observed, for example, students were asked to conduct research outside of the session. Effort was made by the facilitators to ensure that even the quieter members of the groups were given the opportunity to speak. In a peer educators training session observed, a variety of teaching styles (group work, role plays, presentations, discussions) were employed to keep the young people engaged, catering for the different abilities, interests and backgrounds of the group members. Students appeared to be comfortable questioning information given by the facilitators. Open, honest, respectful discussions were heard in the sessions observed.

In contrast to the two schools, ‘lecturing’ played only a limited role in the sessions observed. As shown in figure five below, FO requests for pupil input and pupil responses to the FOs played a much greater part in the NGO’s sessions. There was also a greater occurrence of pupil initiated interaction in these sessions. There were even some instances, though limited, of ‘non-compliant’ initiation by pupils, where they expressed ideas / initiated discussions that were not in keeping with the direction being progressed by the FO. As in School B, no examples of FOs rejecting the ideas of pupils were observed and there was less criticising of pupils and justifying of the FO’s authority than in School A. There was, however, also less praising/encouraging of pupils in the sessions observed here than in School A.

**FIGURE 6**



The figures displayed here represent an average of the findings from the sessions observed in the NGO. The data from the sessions is presented in Appendix 4.

Types of interaction	Teacher:	
	1	Accepts or uses ideas of the pupil
	2	Praises or encourages pupils
3	Rejects or disagrees with ideas of pupils	
4	Asks questions or seeks input from pupil	
5	Lectures pupils	
6	Gives directions	
7	Criticizes or justifies authority	
	Pupil	
8	Talks/ takes action in response to teacher	
9	Compliant initiation by pupil	
10	Non-compliant initiation by pupil	
	Silence	
11	Reflective silence	
12	Confusion, awkward silences	

Full details of each type of interaction can be found in Appendix 3

An ethos of participation is central to the functioning of the case study NGO. The importance given to participation by students is illustrated by its prominence on the review forms completed by FOs after every life skills session. As one FO explained, “I have to explain *how*

was it participatory. ... Did your material help with thinking ...? Did these materials foster interaction? Was there interaction? ...” (11/06/08b). The form asks for detail of the activities conducted and how the students reacted. ‘Participation’, as defined in the NGO, goes beyond just dialogue with the target group but also seeks to engage members of the group at a level that encourages them to think critically about themselves, their contexts, and actions; to develop skills (for example negotiation and communication skills); and to grow: “the thing is to make sure that the young people learn as they are doing” (21/11/07).

The NGO embodies characteristics of Schein’s (1984) ‘organisation A’ (see 3.1 above). Staff at the different levels of the organisation are seen as capable and motivated to govern themselves, and are given the responsibility and freedom to do so. Characteristics such as a decentralised distribution of authority, strong team working ethos, free flowing communication, emphasis on broad participation in knowledge generation and dissemination, and flexibility, locate the NGO towards the post-bureaucratic, democratic end of the organisational continuum described in chapter four. As expected of such organisations, the NGO adopts a proactive stance in engaging with external actors and with members of its target group, and has a demonstrated interest in learning from them. The international literature suggests that these sorts of organisational characteristics are better suited to delivering empowerment and collective action HIV prevention programmes than the bureaucratic authoritarian characteristics seen to exist in School A and, to some degree, in School B (see 4.1.2). Chapter eight explores the extent to which this is the case, and why.

## 6.5 CONCLUSION

The discussion above shows that the characteristics of School A place it towards the bureaucratic authoritarian end of the continuum emerging from the international literature, while those of the NGO locate it towards the post-bureaucratic democratic end. These two organisations are here described as being ‘towards’ the two ends of the continuum and not as being ‘at’ the ends because neither have what would be defined as the ultimate bureaucratic/authoritarian characteristics nor post-bureaucratic/democratic characteristics. The study case study organisations demonstrate that, as premised in the literature (see 3.3), organisations are complex entities and that even those towards the extreme ends of the continuum cannot necessarily be neatly categorised but may have ‘unexpected’ characteristics. They show that the characteristics of organisations are not fixed – organisations are not necessarily always one thing and not the other: for example, in certain circumstances the broadly bureaucratic, authoritarian School A displays high levels of flexibility and the post-bureaucratic, democratic NGO adopts hierarchical modes of functioning. It remains the case, however, that the characteristics of School A are predominantly those associated with bureaucratic, authoritarian organisations and those of the NGO with post-bureaucratic, democratic organisations. In School B there is a greater balance (and in some cases tension) between the characteristics of the two ends of the continuum – room for decision making by teachers, for example, only exists within a framework managed by the leadership.

The following chapter explores the HIV/AIDS programmes delivered in these three case study organisations and chapter eight links the discussion back to this chapter, considering if/how the characteristics discussed here influence the programmes delivered.

**CHAPTER VII**  
**HIV PREVENTION PROGRAMMES**  
**IN THE CASE STUDY ORGANISATIONS**

**7.0 INTRODUCTION**

This chapter compares the HIV prevention programmes in the three case study organisations, addressing the aspects of study objectives III and IV that are concerned with understanding the programmes delivered and their (perceived) impact (see 1.4 above). The chapter outlines the rhetoric in the organisations, considering how it compares with the broader national rhetoric (presented in chapter five) and with international discourse on HIV prevention (discussed in chapter two). It then describes the programmes actually delivered in each organisation and considers how closely they match the rhetoric, addressing question ii of objective III. As both case study schools align themselves with the rhetoric of the Presidential Initiative on AIDS Strategy for Communication to Youth (a national initiative spearheaded by the Ministry of Education and Sports), a joint introductory section outlining this initiative (7.1.1) precedes the discussion of the programmes delivered in the schools (7.1.2 and 7.1.3). This is followed by a discussion of the rhetoric in the case study NGO (7.2.1) and the detail of the programme delivered in that setting (7.2.2). The discussions of the programmes delivered in each organisation include a consideration of the extent to which different actors (members of the target group and others within their broader contexts) are actively involved – a feature of the HIV prevention discourse that is of particular interest to this study (as explained in 4.1.1). The discussions also consider the perceived impact of the programmes delivered. The penultimate section of this chapter (7.3) draws together the preceding sections, considering how HIV prevention compares across the three case study organisations (and with the rhetoric), as a

precursor to the discussion in the following chapter which considers possible explanations for differences and similarities. The chapter closes with a brief conclusion (7.4).

## **7.1 HIV PREVENTION IN THE CASE STUDY SCHOOLS**

### **7.1.1 Rhetoric**

The Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) was introduced by the Ministry of Education and Sports (MoES)<sup>18</sup> in 2003 and “aims to mainstream HIV education into the ... school system” (UPHOLD 2008b). Government documents describe PIASCY as “an integrated approach to age-specific growing up issues within the school teaching model that positions the learner’s welfare as central” (Govt of Uganda 2008a:34). All primary schools in Uganda are expected to implement PIASCY recommendations. In keeping with international thinking that HIV prevention is more effective if customised to local conditions, schools are encouraged to be innovative and to tailor PIASCY recommendations to suit their particular circumstances. PIASCY guidelines are said to be flexible enough to allow individual schools to determine and design the details of delivery.

PIASCY has a strong focus on information provision that is associated with the behaviour change model of health education (described in 2.1.1). This is linked to its origins as a directive from the President of Uganda who saw “enormous potential within the education sector to fight the HIV/AIDS pandemic by using our education institutions to reach out to young people who are in school. ... he said if we reached out to these young people with the

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<sup>18</sup> MoES worked with various implementing partners – teacher training colleges, District authorities and the Uganda Program for Human and Holistic Development (UPHOLD). UPHOLD support came to an end in 2008 but PIASCY is expected to be sustained by the other implementing partners and the schools.



right messages and helped strengthen their knowledge base, influence their attitudes positively, maybe we can help them stay safe from HIV and AIDS” (interview with MoES spokesperson, 27/11/07). It was developed “to improve communication on HIV and AIDS to young people (MoES 2004a:iv), building on the perception that young people were “not being targeted with messages that would be applicable to them” (UAC spokesperson, 16/06/08a). In keeping with national recommendations regarding HIV prevention for young people, PIASCY emphasises abstinence until marriage; an UPHOLD representative described PIASCY as “the biggest abstinence programme in the country” (30/11/07a). Two manuals (one for teaching younger primary school children and another for the older children) were developed to equip teachers with “much needed facts and messages” (MoES 2004a: iii).

PIASCY rhetoric also embodies characteristics of other models of HIV prevention. Official publications make reference, for example, to seeking to “reduce the stigma towards children and adults affected and infected with HIV/AIDS” (UPHOLD/MoES 2007), reflecting an aspect of the socially transformatory model as defined by Homans and Aggleton (1988) (discussed in 2.1.3.2). The stated objectives of PIASCY suggest links to other models: the goals to “increase the capacity of parents, teachers and health service providers to engage in constructive deliberations with young people on HIV/AIDS” and to “identify, engage and increase the capacity of communities to assist young people to modify behaviour related to HIV/AIDS”, for example, speak to the collective action paradigm, while the goals to “mobilize resources for PIASCY”, “engage law and policy instruments to support HIV/AIDS prevention and to promote positive living for youth”, “foster networking among youth service organizations (YSOs)” and “improve the delivery of services to youth ... in collaboration with partners” (MoES 2004a:5) reflect thinking in the socially transformatory model, as well a

focus on engaging varied multiple stakeholders in prevention efforts. The goal to “promote positive living among children and youth” (Ibid) speaks to the broader health promotion ethos. PIASCY officials and manuals make the point that though it still includes the recommendation of the president’s initial directive to deliver HIV/AIDS messages in school assemblies, this is in the context of a ‘whole school approach’. PIASCY asserts that HIV prevention should be integrated into all aspects of school life:

“let’s use every available opportunity at school level to continuously communicate ... to young people. ... Let’s use the entire school curriculum, the entire school programme to identify avenues through which we can engage these young people positively for them to develop requisite knowledge, for them to acquire positive values, lifestyles, all of which can help modify their behaviour in a way that enables them to stay safe from HIV and AIDS. So ... from the time school opens in the morning, we are saying look out for every opportunity to communicate HIV/AIDS related messages. Whether it is during class time, whether it is during co-curricula activities, ... create conditions that enable them and continuously remind them to stay away from HIV and AIDS” (MoES spokesperson 27/11/07).

Within the whole school approach, PIASCY recommends that the whole school environment should be a ‘Talking Environment’, with ‘talking compounds’, ‘talking offices’, ‘talking classrooms’ that raise awareness and provoke thought and dialogue on HIV/AIDS related matters between those in the school and with visitors to the school. The international literature describes the ‘whole school approach’ (WSA) as representing a move away from simply providing health information in the classroom to a more integrated, school wide approach that engages the learners and the wider environment (Denman et al 2002; Deschesnes et al 2003)

on the basis that “an approach that is confined to the teaching of health education does not make full use of the potential of the setting and is unlikely to impinge on the health of children” (Denman et al 2002:18). The literature presents the WSA as being “based on the premise that health education and promotion will be much easier [and more sustainable] if their principles underpin all that happens within the school [whether in class, assembly, or the playgrounds] and if they involve actively all those connected with the school ... (pupils, staff, parents, governors and community partners) in policy development and in physical, social and cultural activities’ (Denman et al 2002:156) “so that the messages learnt in the classrooms are reinforced by all aspects of the school’s life” (Kemmm and Close 1995:238, Deschesnes et al 2003). A teacher trainer interviewed for this study explained that HIV/AIDS “is now integrated within what the school originally used to do. ... not separate programmes but they are part of the school curriculum. ... we are emphasising the whole school approach is the best way. That you don’t have to wait for assembly to speak to these people about AIDS. Take advantage of a classroom situation where you are teaching about disease and health and then you infuse” (04/06/08). Schools are required to report their experience of integrating HIV/AIDS into lessons in PIASCY logbooks (which are supposed to be a record of all PIASCY activities).

Official PIASCY documentation states that, in addition to teaching factual HIV/AIDS related information as part of the curriculum, HIV prevention programmes must be participatory on the basis that “active learning is always the most effective” (MoES 2004a:8) in bringing about behaviour change. (PIASCY logbooks request details of pupil participation in the school’s HIV/AIDS activities.) PIASCY sources make greater reference to involving young people in educating others – passing ‘correct’ information to their peers, their parents and so on – than

to engaging them in the actual development of the programmes; the MoES spokesperson talked, for example, of pupil's involvement in terms of delivering messages in assembly and producing material for the 'talking environment'. He also talked of working with groups such as 'Young Positives'<sup>19</sup> to add a 'real life' dimension to the prevention programmes – “they ... have also been part of our effort when we run workshops ... and some of them have come out to give their testimonies” (MoES spokesperson 27/11/07). Other references include engaging young people in activities such as dramas and talk shows. There were some references made to a basic level of involvement in the development of programmes through the anonymised suggestion boxes described by the UPHOLD contact – “... much as you've packaged information on HIV/AIDS, its general information. It's there, it's good. However, if I [as a student] have something that is eating me up and you are not addressing it, even if you tell me this, it is just going to bounce off... Through these question boxes the children ask a lot of questions that concern them” (30/11/07a). Similarly, one of the PIASCY manuals makes a passing reference to finding out what the students know, and using that to direct HIV prevention activities – “ask questions to find out how much they [the students] know or understand. ... Begin with simple explanations and move at their pace. ...” (MoES 2004b:6).

PIASCY rhetoric asserts that prevention programmes should interrogate the student's personal experiences, knowledge and values: “if say they are writing compositions in English, expose them to a[n HIV/AIDS related] situation where you enlist their feelings about what they have just seen and what they would do in circumstances such as those, what they wouldn't do and so on ... And ultimately you are building their knowledge levels and sensitivity to matters HIV and AIDS” (MoES spokesperson 27/11/07). The same MoES spokesperson commented

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<sup>19</sup> An organisation of young people living with HIV and AIDS

that schools must also work to develop life skills in the students, reflecting the thinking in the empowerment paradigm and the national focus on life skills education:

“we thought that for an effective response to HIV and AIDS you actually need maybe a stronger co-curricula approach – a life skills based approach as compared to simply a curricular approach. ... you are talking of empowering these young people and enabling them to take decisions at whatever point in time that ... the knowledge acquired may be required. And to build their sensitivity to HIV and AIDS matters. And sensitivity is not something you can very easily build in a classroom. ... there are so many activities outside class that enable these children to continuously engage with HIV/AIDS content and issues”.

Extra curricular clubs are presented as key ‘out of class’ settings for HIV prevention in schools. In keeping with the whole school ethos, PIASCY asserts that HIV/AIDS should not be limited to specific ‘PIASCY’ clubs but should be a feature of all clubs “so that [even those students that] cannot join PIASCY club can benefit” (Teacher trainer 20/05/08).

PIASCY recommends that each school have a staff member dedicated to progressing the initiative within the school (a PIASCY contact) but, as explained by the MoES spokesperson, also emphasises that HIV/AIDS work must not be left to this one teacher alone – “we have argued that on matters HIV and AIDS, we cannot afford leaving this responsibility to only one teacher. We would like all teachers, all members of staff, all members of the teaching and non-teaching staff to have a role to play” (27/11/07).

The initiative places great emphasis on the teacher as the key actor in its delivery – as “the conduit for PIASCY” (UPHOLD spokesperson 30/11/07a) – but under its whole school aegis also highlights the potential role of other actors in HIV prevention for young people. These other stakeholders include parents of students in the schools, members of the communities surrounding the schools, and specific actors such as the police, doctors/nurses and local council officials, each said to be able to make particular contributions to a school’s HIV/AIDS programme. According to the MoES spokesperson, “by our concept of the whole school approach, we try to see what opportunities exist to engage almost everybody constructively in this campaign” (27/11/07). PIASCY advocates “bringing together all stakeholders because ... you can’t do it alone – you need to have all the key stakeholders that are in school and out of school because the school is not a stand alone – it’s within a community and the community environs have an impact on the children’s lives” (UPHOLD spokesperson 30/11/07a). This speaks to the collective action paradigm, to the multi-stakeholder rhetoric of Uganda’s HIV/AIDS response (discussed in 5.2.2) and to the recent trend towards multi-stakeholder engagement in education that is revealed in official statements such as: “the community ... have a critical role to play in improving the quality of education. The quality of Uganda’s primary schools can only improve if parents contribute effectively and work in partnership with all stakeholders ...” (UPHOLD/MoES 2007:3).

PIASCY officials assert that schools should work towards sensitising these other stakeholders about HIV/AIDS, seeking to reduce their resistance to the school HIV/AIDS programmes and ensuring that all actors with influence over young people are progressing a unified message, but also that they must be involved in the development and delivery of the HIV/AIDS programmes. Emphasis is placed on different schools working together and learning from each

other, with particular reference to PIASCY model schools helping the schools surrounding them to develop their own programmes.

Though its primary focus is on HIV/AIDS, PIASCY addresses other areas such as sanitation and (body changes during) adolescence, presenting them as interconnected. It also places great emphasis on the provision of guidance and counselling, primarily for students but also for teachers. A critique of PIASCY as a school based programme is presented in section 9.2.

## **7.1.2 HIV prevention in School A**

### **7.1.2.1 General description**

The fundamental nature of HIV prevention in School A is captured in a definition of PIASCY given by one of the teachers in the school – “the essence of the PIASCY programme is to inculcate a sense into children ... about the dangers of this AIDS scourge” (26/06/08a). As such, HIV prevention in the school primarily consists of the top-down provision of information reminiscent of the behaviour change model of health education. Staff in School A emphasised delivering HIV/AIDS related information in assemblies, making statements such as “normally during our assembly time information is disseminated, at least a word to them that ‘you people, this is this, this is that’ – at least a word, that one is there” (26/06/08b) and “on assemblies, at least every fortnight they have to talk about it – the teachers on duty have to address them [the students] about that – ‘... don’t forget that poster – what does it say? AIDS kills. What does it say? AIDS is blah, blah, blah’ and that kind of thing. What about what we talked about strangers, we said don’t mix up with boys. Don’t get close to somebody you don’t know of the opposite sex. Don’t do a, b, c, d’ – that kind of thing” (25/06/08b).

Teachers told of HIV/AIDS messages in assembly being intertwined with other messages: “you try to integrate ideas as you remind the children to be careful on the road ... as you tell them to be careful crossing the roads, you still have to remind them in that way that ‘please, there is also another dangerous thing. Not only that a vehicle can knock you down dead, but also an unknown person that you don’t know might cause that death to you’” (25/06/08d). They spoke of the effectiveness of delivering messages in assemblies – “that one I would recommend it to actually go on because children actually tend to listen a lot. .... A very good number of them do listen and they are always attentive” (19/06/08a) – but also emphasised the necessity of delivering HIV/AIDS information in classes, to allow teachers to tailor the information to the needs of specific groups and to instil the urgency of the message to the students. The PIASCY contact teacher reported that HIV prevention is the responsibility of all teachers in the school and another teacher commented that:

“You integrate the teaching because whereas you think you are teaching English but the other [HIV/AIDS] knowledge is very important, indeed may prove to be more important than even the English you are talking about. Each time you want to remind pupils. We feel you have to go in that area which is very deadly”  
(25/06/08d)

Teachers explained that integration in this way was a new phenomenon and claim to have taken it on:

“AIDS education is not on its own as that. There is no subject called ‘AIDS education’ but it is integrated within other subjects like when teachers are teaching Science, there are certain topics and areas to do with AIDS – diseases, how they are transmitted, so AIDS is taught there. And even other teachers



because now AIDS has become actually a scourge, they always integrate in their other areas by advising and guiding children on how they should behave ...” (19/06/08a).

Discussing HIV/AIDS integration by teachers, the head teacher reported that “... though of course some people are shy in talking about it naturally, but a number of them are doing it” (25/06/08b). Reference was made to the need for more training for teachers on how to integrate HV/AIDS into their lessons but one teacher who was observed skilfully integrating it into a revision class commented that:

“integration – that is teacher’s creativity. As you teach you integrate. You make research, you come up with reference materials, literature, then you integrate as you teach. ... that [is the] creativity of an individual that when I reach at this level, I will chip in with this. You look at the content – you relate it to what you are teaching. You don’t just bring it from nowhere. ... Some [teachers] are given support and training but of course when you are given support and training you must be at least a little natural in handling certain situations. You must have certain skills – sense of humour has to be there” (25/06/08a).

Integration in practice was observed in a number of classes<sup>20</sup> and was predominantly in the form of questions and answers and lectures led by the teachers. The extent to which HIV/AIDS was dealt with differed across the different sessions, with one going into considerable depth (presenting different scenarios relating to the various issues discussed)

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<sup>20</sup> There is a question of whether it was coincidence that integration of HIV/AIDS was observed only in those classes where the teachers had prior knowledge of the focus of the research. The cases observed demonstrated that it is possible to integrate HIV/AIDS but say nothing of the extent to which it actually happens.

while the others only briefly touched on it; in one mathematics class, for example, HIV/AIDS was one of various pandemics discussed in an explanation of direct proportions – as disease increases, deaths also increase.

The majority of the students in the Focus Group Discussion (FGD) in School A described the discussions in lessons as their preferred source of HIV/AIDS information because the teachers “explain to us where you don’t understand” (04/07/08). Repeated references were made to one particular Science teacher that they liked because “she can talk. Our teacher does not fear. She is not shy” (Ibid). Other students in the FGD described PIASCY books as their preferred source of information, on the basis that “there is a lot of information. There is some information which teachers can’t explain to us but in PIASCY books you get that information” and commented that even the teachers get their information from the books. Students in the FGD explained that they read PIASCY books during library sessions timetabled as part of English lessons – an activity not mentioned by any of the teachers. They explained that in these sessions they are free to select and read any books from the wide range of (not necessarily HIV/AIDS related) books available. They reported experiences of selecting and reading PIASCY books, asking teachers about phrases that they did not understand.

Staff in School A also described interactive activities such as dramas, games, and sensitisation visits to and from other schools as being part of their HIV/AIDS programme. Describing one such inter-school event, a teacher reported that “it was like ... a conference whereby these children came – they were visitors ... and people interacted. Right from the ... pupils level... . The kind of interaction about AIDS – okay AIDS is problem, how do we fight it?” (25/06/08d). Various references were also made by teachers to HIV/AIDS clubs (such as

‘Young Talk’) and to debates held on Friday afternoon, with the head commenting that the topics of the debates are often HIV/AIDS related. A couple of teachers also made references to guidance and counselling in School A with one describing how “we go deeper and even ... guide and counsel these children. ... we have to even call these children who have fallen victims, whose parents have fallen victims – you talk to them and listen” (26/06/08a) and the other telling of sessions sometimes held on Friday afternoon, where the students are divided into two groups based on gender and are counselled by staff members. Neither the interactive nor the counselling activities were mentioned by the students and were not observed by the researcher during the research period. Teachers explained that they do not occur very frequently, with one stating for example that “the PIACSY club unfortunately is not as regular, vibrant as it is supposed to be because of [other] commitments here and there – certain other stuffs ... This term it is not as effective as it’s supposed to be” (19/06/08a). Many descriptions of PIACSY activities in School A were in the past tense – “we used to”, “at one time we had...”, “what in Science we used to do is...”, “When we were still active in PIACSY...”. Various references were made to HIV/AIDS activities more having been vigorous in the past when they were supported by funding through UPHOLD (one of the PIACSY implementing partners).

The lack of funding from MoES/UPHOLD was also offered as an explanation for the scarcity of the ‘talking environment’ (explained in 7.1.1 above). Teachers talked of recognising its value – “they say a picture has a thousand words – the children can learn” (25/06/08a), but there was little evidence of commitment to maintaining it. Discussing faint PIACSY drawings on the school walls, a teacher explained that the school walls are painted annually but that they had been unable to repaint the PIACSY messages as no funds had been provided to do so. A

few messages exist dotted around the school compound, one small sticker was seen in the staff room, and a small sign in the library. No posters, stickers or signs were seen in the administrative offices. The school dining room, where HIV/AIDS signs were well maintained, was an exception. A large proportion of classes visited had no visual HIV/AIDS messages. Talking generally about the condition of the classrooms, one teacher explained that in many cases it is impossible to maintain anything on the walls because of the lack of glass in the windows – he commented that anything put up is soon destroyed by the wind / dust coming in from outside.

Only two references were made to developing students' life skills in School A, and both were made from the perspective of providing students with the necessary information to help them develop particular skills, reflecting the school's focus on information provision. No activities specifically geared towards developing life skills amongst the students were observed by the researcher.

There does not appear to be an overall design uniting the different activities of the HIV/AIDS response in School A. HIV/AIDS activities appear to be a series of disjointed activities with no overall framework directing them. Discussing the school's HIV/AIDS response, the different members of staff tended to describe those aspects that they are personally involved in or what they could remember of official PIASCY recommendations. What links the various aspects described across the school is that they are features of PIASCY. The school appears to do the basic that PIASCY requests and not much beyond that. There is a reliance on PIASCY material and guidelines in school A; asked how messages delivered in assemblies were developed, for example, one teacher explained that "the [PIASCY] books are very clear about it. ... They are

like a syllabus” (25/06/08d). In keeping with the PIASCY and national rhetoric (and with the school’s Muslim foundation), abstinence is the central message of the school’s HIV/AIDS programme. There is, however, some consideration of other components of the ABC model (outlined in 5.2.1). Students in the FGD reported that their Science teacher had taught them about “the ABC of life” (04/07/08) and a science teacher reported that “sometimes back we used to talk about a condom and they get scared. So we try to tell them not to get scared but this is the way how one can protect [against] both pregnancy and the STDs” (25/06/08c).

References were made to HIV/AIDS activities having existed prior to the introduction of PIASCY – “for us we were aware even before PIASCY came in that AIDS is around with us. And for us being a school, children must be made aware right from school. So it was self driven from within the school. So government came in ... to just give us an extra force” (19/06/08a). However, the researcher did not see any evidence to support this claim. The data collected suggests a reactive approach to addressing HIV/AIDS, as demonstrated in the tendency to rely on activities organised by others. PIASCY logbooks in School A were sparsely completed. The many blank pages were attributed to poor support supervision from the MoES/UPHOLD and an inability to carry out the PIASCY related activities for reasons such as limited funding. There are questions of the extent to which teachers in School A (regarded as the key players in delivery) claimed ownership of the PIASCY programme and its recommendations. One of the teachers interviewed for this study was unaware of the school’s status as a PIASCY model school and various others were unable to explain what makes it a model school.

### **7.1.2.2 Involvement of different actors in HIV prevention**

The teacher is seen as central to the success of PIASCY in School A. The role of the teachers is to provide students with correct information – they decide what information is suitable and how to deliver it. There is little active involvement of the students in the HIV/AIDS activities in this school. Participants in the FGDs reported, for example, that students are never involved in delivering HIV/AIDS messages in assemblies. Integration of HIV/AIDS into lessons mainly involved students answering (factual) questions and in none of the sessions observed did it involve any exploration of the students' own values, experiences and knowledge, going against PIASCY rhetoric. Discussions with teachers suggested some recognition that the students *should* be actively involved in some way (“these messages at times we disseminate in the classes and on the assemblies are supposed to be coming within the pupils themselves” (19/06/08a)) but this was not lived out in practice. Even in the more interactive activities described by teachers, they maintained ultimate control. Discussing debates, for example, a member of the school's administration commented that “of course they [the students] bring in their childish views and ideas which of course we recognise, [but] eventually we panel beat them and make them good” (25/06/08b).

In addition to having worked with other schools, staff in School A reported working with institutions in the surrounding area. The head talked, for example, of “the hospital there [which] of course has got some people who are better in that field – the health field per se and we regularly receive here – every term, at least once – ... it normally sends here officers to come and talk to our children in as far as those issues are concerned ...” (25/06/08b). A deputy head also made reference to external speakers coming into the school to talk to teachers, reminding them of the gravity of the AIDS epidemic. A teacher spoke of the need for external

actors to intermittently come into the school and speak to the students “because when children see same faces [of the teachers], they tend to lose concentration and interest but when they see a change in faces, they always actually pick interest and are always willing to learn” (19/06/08a), but added that the practice of working with other stakeholders was limited by a lack of finances. Other external actors referenced in regards to the school’s HIV/AIDS work were the PIASCY implementation partners – UPHOLD (mainly in reference to it providing financial support) and Kampala City Council. No interactions with external actors were observed by the researcher and none of the staff interviewed gave examples of any tangible results from the interactions mentioned.

Parents of students in the school were also commonly mentioned as a key external actor with whom the school interacts in its HIV/AIDS programme (with the majority of respondents making some reference to resistance they have faced from parents). One teacher explained that “when we look at PIASCY one of the guidelines given to us – we are supposed to also involve the parents. So we call a meeting involving the parents and we talk to them” (19/06/08a). The same teacher added that:

“we called the parents here and they responded. Not of course most of them but quite a good number responded. And that one is trying to change the attitude of the parents because this one is part of us – AIDS is around, so many problems are around so parents must be made aware. So meetings were called and steps were taken. ... We share ideas with the parents – how best can we go about it? What can we do? What is your attitude about this? So we get responses and we come up with remedies to some of the problems. ... we meet and we minute

them and certain steps are taken involving the ideas of the parents. And even some parents are brought aboard”.

No such meetings took place during the research period and no minutes were available for the researcher to see – one of various examples of positive talk with no evidence to support it in School A. Teachers also told of dramas performed for parents by the students (adding that this does not happen very frequently). The school profile discussed the inclusion of HIV/AIDS matters in a newsletter circulated to parents at the end of each term. The example seen (the latest newsletter at the time of the research) simply read: “Dear parents, protect yourselves against the deadly disease AIDS and also protect your children from defilers and kidnappers”, suggesting that in keeping with the school’s behaviour change model approach, messages to parents also take an instructional tone. Other topics covered in the newsletter were classroom requirements, boarding requirements, school uniform, visitation, education tools, obituaries and school dates.

#### **7.1.2.3 Perceived impact of the HIV prevention programme**

Asked about any evaluations of PIASCY activities and any perceived impact, the PIASCY contact highlighted testing the students’ knowledge – “there is maybe internal evaluation of the programme to see the response of the children towards the subject. That is, even when we are setting the exams, once in a while we chip in a few questions related with AIDS – what are the causes, how can you avoid it ...” (19/06/08a). He added that “when you talk to the children they give you their ideas. ... They give you things that you know of course are the right ones – how is AIDS spread? How do you look after somebody who has AIDS? How do you get it? How can you avoid it?”. This attests to the information provision focus of HIV



prevention in School A. Asked if they felt HIV prevention under PIASCY has resulted in any changes in the students in their school, teachers spoke of an improvement in knowledge. One teacher opined that in many cases the students' own experiences have contributed to the improved knowledge – “these children know it, right from home because there are people who suffer from it and they have seen them. You only could ask ‘what are the signs of somebody suffering from AIDS’ – they are talking from experience some of them. ... So there is a way it talks by itself actually because it is something which they know” (25/06/08d). Students in classes and in the FGD in School A were knowledgeable of HIV/AIDS related facts (“it has no cure”, “it is a killer disease”, “it’s a sexually transmitted disease” and so on (04/07/08) but it is not possible to say from the data collected for this research how far beyond the basic facts their knowledge extended. The answers provided by the students never extended much beyond the often repeated (learnt) facts; even efforts at probing further in the FGDs yielded little detail or references to personal knowledge or experiences that might demonstrate a deeper understanding of the facts that they so easily reproduced.

Questions asked by students in the FGD also raised queries about how much they really understand of the facts that they recited. The majority of their questions sought explanations for ‘facts’ that they had been taught – “They told us that if you are a girl you should not go near each and everyone even if he is your father. How come?”, “They tell us not to share sharp objects with an infected person. Why?”, “Why are there sugar mummies?”, “Why do some people fear to shake hands with infected people?” (04/07/08). Some of these questions were answered by other students in the FGD, demonstrating that even within this small group, levels of knowledge varied greatly. It was in this section of the FGD – when the students were

given the freedom to ask whatever they liked – that their own thoughts were most clearly revealed.

Asked whether they felt that there had been any behaviour change among the students since the introduction of PIASCY, teachers in School A responded in the affirmative, with one stating, for example, that there were no longer many cases of students engaging in sexual activity – “young children in that aspect definitely changed their mode of life whereby we don’t cite many in the wrangle of indulging themselves in sexual activities” (25/06/08d). This speaks to a major focus of the school’s HIV programme – encouraging abstinence. However, another commented that while he felt that there had been some change at school, he could not speak about what happened once they went home, suggesting perhaps that he questioned the depth of the behaviour change. It is difficult to draw definite conclusions about behaviour from the data collected in the FGD because discussions of HIV/AIDS related behaviour continuously reverted to what appeared to be learnt responses, without any reference to personal experience. Responses to questions about changes that they attributed to the programme in school included statements such as “to abstain” and “not to use sharp instruments such as razor blades, needles” (04/07/08). Similar answers were given to the question of whether they talked to others (outside the school) about HIV/AIDS – they told of telling friends and relatives “to stop using sharp needles”, “to stay away from strangers”, “avoid dark places” but did not go beyond that to give personal opinions. Asked why we should avoid these things, seemingly ‘learnt’ answers were again given – “to avoid pregnancies”, “you can find a rapist in a dark place” (04/07/08). There was little evidence of internalisation of knowledge seen in School A.

In a similar way, discussions about attitudes revolved around ‘factual’ responses, with the exception of one girl who told of a change in attitude towards people living with HIV/AIDS (PLWHA), which she attributed to what she had learnt in the school. She spoke of how she used to be afraid of PLWHA and would avoid them, not even wanting to share a spoon with them, and how that had changed.

There was no indication of HIV prevention in School A having led to the development of particular life skills among students. Comments by students responding to the question of what they would like to learn about in HIV/AIDS sessions raised points to do with skills development – “how to protect ourselves ... from strangers”, “how to say no for gifts” and “to care for our relatives who are sick” (FGD 04/07/08). Life skills development was not a priority highlighted in discussions in School A.

The HIV programme and its perceived impact in School A is further discussed in section 7.3 below, where it is compared against the programmes and perceived impact in School B and the NGO to develop a picture of how delivery and impact differs across different organisational settings. That discussion is taken forward in the following chapter, which considers possible explanations for the differences.

### **7.1.3 HIV prevention in School B**

As explained in section 7.0 above, this section describes the HIV prevention programme delivered in School B and the perceived impact of the programme.

### **7.1.3.1 General description**

The large PIASCY sign within the ‘talking compound’ (explained in 7.1.1 above) of School B is a clear reflection of the extent to which the school has embraced the initiative. The numerous boulders and pieces of slate with brightly painted HIV/AIDS messages seen as soon as one enters the school’s boundaries suggest a vibrant HIV/AIDS programme. The ‘talking offices’ are also a striking feature of School B: HIV/AIDS messages and photographs of students engaging in HIV/AIDS awareness events hang on the walls in the school reception office; posters and stickers with messages such as “Get to know your [HIV] status”; “keep the move against HIV/AIDS”; and “World AIDS Day 2006: Unite for Children, Unite against AIDS” adorn the walls and desk in the head teacher’s office. HIV/AIDS messages hang alongside posters of school values and instructional materials in the majority of the classrooms visited. It is clear that at least some of the displays in the classrooms, offices and compound were created by students – an observation confirmed by teachers in the school.

HIV/AIDS activities are said to have existed in School B prior to the introduction of PIASCY and the vibrancy of the current HIV/AIDS activities support this claim. Staff commented that PIASCY had simply served to boost existing work – “when PIASCY came [School B] found handy training manuals for their programme. ... In it there were very many activities – what we were doing, we found how it can be done even better, where were those hazy areas, we got some clarity, where we were shy we became bolder” (02/07/08b). A deputy head teacher explained that the school had considered HIV/AIDS a necessary focus because of the high incidence levels within its catchment area.

School B can be seen to have taken on all PIASCY recommendations, with some adapted and expanded to suit the school's way of working. The school, for example, places great emphasis on involving students in developing and delivering assembly messages. One teacher explained that all students are given the opportunity to contribute: "the teacher in charge of co-curricular [activities] makes a programme – you know which club is to present, which class is to present on which assembly so every class and every club knows that at least if I don't present this term, next term I'll have chance to present ..." (18/06/08a). She explained that the presentations by the students can have an element of entertainment but must relay an HIV/AIDS message to the target group. In one assembly gathering observed, presentations were made by members of the 'AIDS Awareness' and 'Young Talk' clubs, who presented HIV/AIDS related poems and songs, and 'Scripture Union' members who sang songs, shared what they do in their group, presented a memorised Bible verse and talked about what that verse meant with respect to relating to AIDS patients.

HIV/AIDS is not only addressed in assemblies but is, to varying degrees, a consideration across the various school activities, adhering to the 'whole school approach' recommended by PIASCY and mentioned on various occasions in School B. Different staff members stressed the importance of repeating HIV/AIDS messages over and over, using as many different modes of delivery as possible, in order to reinforce the message in the students' minds that HIV/AIDS is all around, to equip them to protect themselves and to care for, and not stigmatise, those that are infected/affected. A deputy head teacher commented that "we decided to try and integrate AIDS education into every aspect of the school, into every lesson so that there was no escaping from it. It is in science, but if a student is not really interested in science, there is also the opportunity to pick the information up in drama, in art, in maths, in

English – that way we could reach as many children as possible in the area that is of interest to them” (02/07/08c). This is very much in keeping with the PIASCY rhetoric of integrating HIV/AIDS into curricular and extra-curricular activities.

Teachers told of how there had initially been resistance to integrating HIV/AIDS into their classes but that it is now increasingly happening as a result of the realisation that it cannot be avoided (that “AIDS itself is almost everywhere” (18/06/08b)) and in accordance with the guidance given in the PIASCY handbooks. In a biology class observed, HIV/AIDS was addressed as one of several sexually transmitted diseases. Though delivered from a predominantly scientific perspective (covering, for example, a detailed breakdown and explanation of each of the letters in the acronym, discussions of white blood cells, immune systems, bacteria and viruses), the lesson also included instructions about how the students should and should not behave (08/07/08i). In an English class observed, HIV/AIDS related issues were interrogated as part of a comprehension exercise, with students answering questions based on a story about different characters debating the building of an HIV/AIDS clinic in their village.<sup>21</sup> This session involved the exploration of facts about HIV/AIDS as well as opinions, such as those regarding the care of people living with HIV/AIDS (PLWHA) and issues of stigma (08/07/08ii). Various examples of interrogating the students’ experiences and opinions exist in this school. An English teacher told of challenging discussions she had had in classes, giving examples such as a debate on the motion that AIDS patients should receive

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<sup>21</sup> The sessions observed demonstrated that the integration of HIV/AIDS information into examined subjects is possible. As with School A, however, it is not possible to say from the time spent in the school whether or not this is the norm. Section 4.2.3.3 details how the researcher learnt that certain adjustments had been made to ensure that she observed some classes in which HIV/AIDS was integrated. A Science teacher explained, for example, that she had altered her teaching programme so that the researcher could observe a biology class rather than the physics class originally planned, as it was easier to integrate HIV/AIDS into the former than the latter.

financial assistance from the government, in which one student asserted that “in my opinion AIDS patients should not be helped because they are the ones who search for it” (18/06/08b).

Challenging, frank, open, honest discussions were observed in extra-curricular contexts such as the ‘Young Talk’ club, in which the teacher in charge responded to questions asked (in many cases anonymously) by the students (19/06/08). Questions included one by a boy enquiring whether his girlfriend who had kissed his penis could get pregnant, and another querying whether a girl who had had sex standing up could get pregnant. The teacher explained that this club is particularly geared towards such in-depth, honest discussions and spoke of a preference for limiting membership to the older students in the school. It is noted that even in this context, the particular session observed was teacher-centred, with the teacher providing all the answers to the questions raised.

Also in keeping with PIASCY recommendations, ‘guidance and counselling’ is an important component of the HIV/AIDS programme in School B. One teacher described a “combined effort for guidance and counselling in the school” (18/06/08a) where a range of teachers (and some students) are able to guide and counsel, giving students various options so that they are able to go to whoever they are most comfortable with. Guidance and counselling in School B emphasises getting to know individual students well – really listening to them and developing personal relationships that are expected to help teachers learn the real needs of the students, increase the likelihood of teachers identifying any signals that might indicate the need for extra support, and to make it easier for students to approach teachers with any concerns that they have. The family groups convened every Monday afternoon were instituted as a way of developing such relationships. Staff stressed the value of guidance and counselling in their

HIV/AIDS work. School documentation reports how through confidential guidance and counselling sessions staff had learnt that girls, particularly orphans, found it difficult to resist gifts from older men who exploited them, and out of that the ‘vocational skills club’ was born. This club seeks to equip girls with skills (teaching them to sew, weave, make crafts and grow mushrooms, for example) in a bid to help them meet their basic needs. Products of the club are sold and a proportion of the income generated is shared amongst the members. This is an example of the change in resource allocation described as an aspect of the socially transformatory model by Homans and Aggleton (1988) – of structural interventions at the individual, proximal level as defined in Gupta et al (2008) (see section 2.1.3.2).

Fulfilling its role as a model school, this case study organisation has a history of hosting visits from other schools seeking to learn from its experiences. Based on the strong reputation of its HIV/AIDS programme, School B is regularly approached to host and/or visit other schools. Students in the school (primarily the AIDS Awareness Club) are regularly called upon to ‘sensitise’ students in other schools; both staff and students proudly spoke of being invited to a well known private school within the local area to sensitise staff and students there. During the research period they were invited to a school in a different Division within Kampala to share HIV/AIDS messages there. School B also invites schools from within its local area to participate in HIV/AIDS related activities. The interschool talk show hosted during the research period, for example, involved pupils from four other schools from within the Division and focused on ‘the challenges faced by adolescents and their possible solutions’ (02/07/08).

The HIV/AIDS programme in School B also involves sensitisation activities in non-school settings such as Churches and community centres, sometimes in response to an invitation by



the external actor and other times out of an approach made by the school. A participant in the FGD conducted for this study described such sensitisation events outside the school as one of the things he loved most about the school's HIV/AIDS programme – “I love the way we go outside the school to sensitise the community and the way they pay us their attention, different schools and even people neighbouring to our school” (04/07/08). Community sensitisation is an important component of the school's HIV/AIDS programme. An awareness of the influence of contextual factors on the students, on their thinking and behaviour, and ultimately on the success of the HIV prevention, is evident in the school. The researcher observed a community sensitisation session in which students from the school spoke and sang songs encouraging the congregation in a Church to take action against the ‘deadly disease’. One song called upon different groups in society – parents, politicians, religious leaders and pupils – to play their part in combating the problem of HIV/AIDS, stressing that:

“Fellow Africans this is the right time,

To come together and fight AIDS.

Children are crying,

Children are dying,

Because of parents who have died of AIDS” (29/06/08).

One student called on members of the congregation to “... go out there and sensitise the fellow parents who have not managed to come here today”.

Particular emphasis is placed on working with parents; school documentation describes parents as being “very critical for programme success” and asserts that “it is important that parents are knowledgeable about HIV/AIDS so they can help guide their children. ...”. Staff reported that the school does not organise HIV/AIDS focused meetings as such but seeks to

sensitise parents (through dance, drama, music, poetry) when they come into the school on parents' day, for example, and within community settings. There is a sense of not having reached parents (and other members of the local community) to the desired extent. A report on their HIV/AIDS work expressed regret that "the school has been unable to sensitise the parents to the desired level. Most parents remain reluctant to take their children for HIV testing and share their status with the school so that they can jointly care for and support these children. ... Parents, especially fathers, are still hesitant to embrace and openly share information on HIV with their children".

Activities outside the school tend to involve sensitisation activities with information flowing in one direction from students/teachers of School B to their target groups. Staff reported that in the recent past they had not been involved in interactive two-way activities such as talk shows in schools other than their own, with one opining that in many schools – especially Universal Primary Education Schools – such activities were restricted by the lack of sufficient funds.

As in School A, HIV prevention in School B emphasises abstinence. It also places great emphasis on combating stigmatisation and on care for PLWHA. Teachers reported that the AIDS Awareness club had a history of providing care for PLWHA within the local community. The emphasis on improving attitudes towards those infected/affected by HIV and dealing with stigmatisation extends beyond PIASCY's basic recommendations and speaks to the socially transformatory perspective, as an aspect of changing 'ideas' and 'social relations' (detailed in 2.1.3.2). The school's programme extends beyond a limited focus on HIV/AIDS, linking it to issues such as the changing adolescent body and body awareness, and sanitation. Numerous references were made to raising the aspirations of students and to life skills more

specifically, with one teacher commenting, for example, that “we want them [the students] to be assertive” (18/06/08b), while another spoke of developing critical thinking, problem solving, decision making, and the ability to resist peer pressure. Both staff and students spoke of external counsellors brought into the school to run life skills sessions with female students, with the head expressing the desire to do so at the end of every term as a way of preparing the students for prolonged periods in the ‘real world’. Discussing these external counsellors, a student in the FGD commented that “they teach us how to protect ourselves during holiday from people who want to harm us, especially from AIDS” (04/07/08).

HIV/AIDS activities in School B are many and varied. In addition to the routine activities discussed above, staff told of other one-off activities such as contributing to an HIV/AIDS programme on Radio Uganda and producing a CD of HIV/AIDS songs. Talking the researcher through PIASCY logbooks systematically completed in great detail, the PIASCY contact remarked that the spaces provided are often insufficient for recording all of the school’s activities. The HIV/AIDS programme in School B goes beyond the requirements of PIASCY. The school takes on PIASCY recommended activities and adapts them to suit its ways of working and its values. The impression created in the school is that the programme that currently exists was not necessarily strategically designed but that it has organically evolved over time with new aspects added as and when the idea arises.

Even with its strong HIV prevention programme, School B faces certain challenges. One teacher talked of the limited ability of teachers, commenting for example that many of them require life skills training before they can effectively help the students develop their skills. The need for (further) training for teachers was also suggested by certain questionable phrases

spoken by teachers; one teacher, for example, warned students that they did not want to get AIDS because it would make them sick and thin and ugly. It is questionable what impact such a statement would have on students who themselves are HIV positive or have family members who are.

#### **7.1.3.2 Involvement of different actors in the HIV prevention programme**

Students in School B play more than just a passive role in the HIV/AIDS programme. There was evidence that the messages and mode of delivery adopted for sensitisation events (for example songs, poems, dramas) are not always developed by teachers and taught to the students but are sometimes developed by the students themselves. Discussing the times when messages to be presented in assembly are developed by students, a teacher explained that “we can tell the children to go and write AIDS poems so when they have written the AIDS poems you pick one that will look simpler and easy for everybody to master, then you teach that one for some time so that when you are presenting they have all mastered and they can be able to present” (18/06/08a). There was also indication of joint efforts between teachers and students; participants in the FGD commented that “the teachers also help us in things like they provide us with words to tell those people who are outside. They teach us. And we also help them to remind them of others which they have forgotten to tell us. ...the teachers also get some ideas from us for example when you are going to compose a song, the teacher may get lost in a certain part and can ask us to [help]. Okay, we work hand in hand whether it is a song, a conversation, a poem, anything about AIDS. So we share ideas” (04/07/08).

The child-to-child ethos<sup>22</sup> and peer education more generally are central to the school's HIV/AIDS activities. A contact in the 'Child-to-Child' office in Uganda spoke passionately of School B's success in using the approach in their HIV/AIDS work. He reported a case where children from the school had identified the challenges that their HIV/AIDS affected peers were facing, identified solutions, brought their findings to the administration – the head teacher and the teachers concerned with the project – and they had jointly put the solutions into action. Applauding the involvement of students in HIV/AIDS work in School B, an external actor commented on what he felt were some of the positive outcomes: "...they feel they belong, and they feel also that they are useful" (27/06/08).

Teachers in School B encourage students to educate others, stressing (as was heard in one 'family' group observed) that they must do so in a respectful way, especially when interacting with older individuals such as their parents. A participant in the FGD reported that "when we learn information about AIDS at school, the teachers always advise us to go and teach other people such as those who cannot come to school. So we go home and we try to tell them about AIDS. If they have questions we bring them, we tell the teachers, they tell us the solutions and we go back and tell them" (04/07/08). Students also placed a high value on educating others and were heard in the talk show encouraging each other to do so. It is noted that there was no guidance or contribution from the teachers in the talk shows observed; the teachers that attended stood/sat quietly at the back of the hall.

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<sup>22</sup> The Child-to-Child approach is "an educational process that links children's learning with taking action to promote the health, wellbeing and development of themselves, their families and their communities" (<http://www.child-to-child.org/about/index.html> Accessed 06/11/09)

Activities introduced to encourage peer education in the school include the aforementioned talk shows, debates and the sharing of stories written by the students.<sup>23</sup> Discussing these stories, a teacher commented that "... if another child reads from a fellow pupil, it doesn't leave it to me a teacher, keeping on telling them 'it is like this, AIDS is dangerous'. ... And if others didn't know anything about it then they can be able to consult one another ... - 'eh, Jaclyn, I saw your book. You wrote about this – what do you know about it?' So they can easily help one another, teach one another through their stories and through the interactions they make" (18/06/08a). In addition, poems and other writing by students that are displayed on the notice board in the school compound contribute to the 'talking environment', providing a constant reminder for everyone walking through the school. The same teacher commented that "... sometimes also us teachers we refresh ourselves ... with whatever the children have written about and we feel good about them" (18/06/08a). Various references were made to learning from the students in this way; for example, talking about students in classes highlighting points that teachers have omitted, one member of staff remarked that "there is a lot you get from them" (18/06/08b). Alongside this was the repeated claim that HIV prevention in the school is driven by the needs of the students. The commitment to meeting the needs of the students was demonstrated in the concerted effort to bring in external counsellors to provide life skills training for female students (despite the high costs of doing so) because feedback from the students suggested that this is more effective in reaching the girls than solely relying on teachers (which would be the easier, cheaper option).

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<sup>23</sup> As part of an Early Reading Programme set up to encourage a reading culture, students write stories which are reproduced and made available for their peers. Stories cover a range of subjects such as sanitation, interaction with disabled people and safety on the road, but a large proportion are based around HIV/AIDS.

Despite the strong ethos of student participation in the school, students do not on the whole play a full role in design – in deciding, for example, what activities take place, when or where. Sessions characterised by unidirectional flows of information from teachers to students, with little input from the students, also exist in the school. It is noted, however, that in contrast to School A where the HIV/AIDS activities appear to be driven very much from above (by the directive from MoES/UPHOLD), in School B there is a commitment towards the prevention programme being driven by the needs of the students. The impression in School B is that the HIV programme is not something imposed on the students but something of which they are actually a part.

The counsellors mentioned above are just one example of the external actors with whom the school works on its HIV/AIDS programme. Reference was also made to visitors from within the local community – from local Churches for example – who have addressed the students on HIV/AIDS related matters. Various staff members spoke of the necessity of bringing in external actors (particular authorities on HIV/AIDS) to reinforce the messages given by teachers, commenting that students tend to be more open with external visitors than with their teachers – “in most cases students are free when somebody from out[side] comes in other than us teachers. There are certain things they hide out from us” (18/06/08b). The school has also worked with a number of NGOs such as those providing guidance and counselling training for teachers and vocational skills training for the students. Reference was made to working with organisations that provide particular HIV/AIDS related services, for example linking HIV positive students with MildMay Centre (an HIV/AIDS treatment centre) and poor affected families to agencies providing food support. Contacts in the school’s catchment area applauded their HIV/AIDS work. A contact in a community centre told of the numerous

events in which they had worked with students from the school, such as the annual World AIDS Day parade and Youth Festivals, referring to the school as “partners in AIDS sensitisation” (27/06/08).

The various relationships with external actors in School B are not necessarily purposefully planned; relationships seem to be formed as and when the opportunity arises and, due to the reputation of the school, the opportunity arises often. The head explained that

“there are some organisations who deal with such things [as HIV/AIDS] and of course they would want to deal with people who are already aware so that they can help achieve what they really want. So we are normally approached by those people because they know we are doing something so when they have some programme they want to involve us. So we are not having particular permanent people” (08/07/08c).

The school’s attitude to working with external actors on HIV/AIDS was succinctly captured in comments by one of the teachers: “for us we are ready. We can work with any. As long as the target is met” (18/06/08b).

Within the school, the head teacher plays a key role in progressing this evolution. The ultimate decision about whether or not certain activities (particularly those involving external actors/activities) take place lies in the hands of the head teacher. Discussing possible reasons for the success of the school’s HIV/AIDS work, a contact from an NGO that has worked with the school opined that “she [the head teacher] was passionate about what the children are doing. Because she is a leader ... her support is really very crucial. Because if the support of



the head teacher is not there, then the club cannot flourish. So I really saw her role there, really very instrumental” (11/06/08). Initiatives such as ‘child-to-child’ are said to have flourished in the school because of the head teacher’s support. One teacher reported that, while such initiatives were dying in other schools because of a lack of external support, “here the head teacher said no! ... the way I see it [child-to-child] is helping us a lot. Even if these people don’t come in to supervise us, you have to continue doing it ... So we continued” (18/06/08b). The head teacher demonstrated a passion and commitment towards (driving forward) the HIV/AIDS work, demonstrated for example in the decision made for the school to host an interschool talk show despite the fact that UPHOLD was closing down and there was therefore no external funding available to support it.

There is evidence suggesting that teachers also play some role in progressing the evolution of HIV prevention in School B. They have the freedom to design the detail of the activities for which they are directly responsible. All teachers are expected to play a part in delivering HIV/AIDS activities. As with School A, they are involved in delivering HIV/AIDS messages as part of their assembly duties and are expected to integrate age appropriate messages into their lessons. Data from School B suggests ownership and a passionate involvement of a number of teachers (the PIASCY contact and others) beyond these basic expectations – teachers spoke in detail of the HIV/AIDS work that they each do (giving more than the standard answers heard elsewhere) and were observed supporting a range of events such as the talk shows and community sensitisation.

### **7.1.3.3 Perceived impact of the HIV prevention programme**

An in-depth knowledge of HIV/AIDS related matters was demonstrated by students in classes and clubs, in talk shows, in the stories that they wrote and in the FGD conducted for this study. The same basic facts heard in School A were also heard in this school, but there was also some indication of the information having been internalised – the students in school B expanded on the facts, relating them to real life personal experiences and skilfully interweaving them into a range of different scenarios in stories that they wrote and narrated. Participants in the talk shows demonstrated an ability to think laterally about the challenges they face as adolescents that can lead to high risk situations and possibly infection. Issues they discussed included peer pressure to enter relationships; understanding of the physical and emotional changes that the body goes through during adolescence; the desire for material items that parents living in poverty are not able to afford and that can encourage relationships with sugar daddies/mummies; indecent dressing and its possible repercussions; and cultural practices such as young girls being forced into early marriages with older men. It is noted that, as in School A, there were some cases of students simply reproducing ‘facts’ heard elsewhere – certain phrases and ideas used by teachers (particularly in relation to ‘indecent dressing’) were heard echoed (in some cases almost word for word) by students. However, in School B this was only part of the picture.

Unsurprisingly, considering the focus on abstinence in the school, students placed great emphasis on it in their discussions of HIV/AIDS. Speakers in the talk show, for example, repeatedly advised their peers to abstain from sex and participants in the FGD reported advising others outside the school about abstinence – not just telling them to abstain but also explaining why – “we tell them the dangers of early sex that can lead them to the disease

AIDS...You can get other STDs, unwanted pregnancy and even drop out of school” (04/07/08). Students in the FGD also reported improved knowledge regarding changes during adolescence, with one girl commenting that the:

“education is good because [when] they had not yet taught us about body changes many of the girls and boys were so afraid, like when a boy has a wet dream, he feels so afraid. He thinks he is sick or something has gone wrong and also a girl when she is in her menstruation she also feels afraid or [thinks] she already has AIDS or ... and so really that education, they really [taught] us about body changes and now even if we experience them, we are not scared because we now know that they are normal in life” (04/07/08).

Following the FGD conducted in this school, the research assistant supporting the study commented that the level of knowledge was much higher than in most secondary schools she had worked in, where myths abound.

Teachers reported having witnessed an increase in knowledge among students in recent years, manifested for example in the stories that they write, in cases of students reporting ‘bad behaviour’ of their peers, and in examples of students sharing their knowledge with others. The head teacher told of a mother thanking the school for educating her daughter, who had subsequently encouraged her to take an HIV test, as a result of which she had become aware of her status and was now living positively. Similar stories of young people recognising symptoms and encouraging parents to get tested are told in the story books written by the students.

One teacher in the school talked of his concern about creating “HIV/AIDS robots” – children who know everything about HIV/AIDS, and are able to share that knowledge with anyone that is willing to listen, but do not apply it to their own lives. However, data from School B suggest that there has been some application of knowledge. Teachers and a member of the School Management Committee (SMC) reported that in the years since the concerted PIASCY activities began, they had noticed a decline in the numbers of girls dropping out of school because they were pregnant (suggesting a change in sexual behaviour) or because of a lack of understanding of the changes their bodies were going through during adolescence. One teacher who held particularly conservative views felt, however, that the behaviour of students in the school was still a major concern and referred, for example, to girls wearing earrings and fancy hairstyles which, in his view, attract boys and can lead to high risk relationships.

Students spoke of positive changes in their behaviour, which they attributed to what they learnt at the school<sup>24</sup>. Of all the questions asked in the FGD, the one about changes that they attributed to the school’s HIV prevention programme provoked the greatest response. One boy reported that: “yes, it has helped us ... boys. Teachers tell us about the dangers of conning<sup>25</sup>, so we don’t practice conning because we know that it is not our age to start conning. We wait until we are grown. They tell us that if we con, we might end up falling in love with a girl and then a girl accepts you to have sex with you and that girl might have AIDS and so you end up also catching it” (04/07/08). As is characteristic of a reliance on self reported behaviour change, it is impossible to say with certainty the extent to which this reflects a real change in behaviour or was a reflection of what he felt the respondent was expected to say.

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<sup>24</sup> PIASCY has been running for majority of the years that the students involved in the study have been in school.

<sup>25</sup> ‘Conning’ is a colloquial term for pursuing someone with the intention of entering into a (sexual) relationship.

Other changes attributed to PIASCY in School B included improved attitudes towards PLWHA and a decline in cases of stigmatisation (highlighted by teachers and school literature), indicating some achievement of a key goal of the school's HIV/AIDS programme. Students in the FGD also reported positive change in the way in which they interact with PLWHA. A teacher commented that PIASCY has also facilitated free and open discussion of HIV/AIDS and related issues. Examples of such free discussion were observed in clubs and talk shows and even some of the examined subject classes.

Numerous statements made by students in the talk shows observed and in the FGD suggested the existence of skills such as assertiveness and good communication, as well as a healthy appreciation of their self worth and potential. A girl in the FGD told of how “we learn how to say a big no to those sugar daddies who disturb us on the roads. Like before I didn't use to. ... maybe if ... a certain boy – I find a teenager on the road and he calls me, I'd be shy. But ever since I joined this school and they told us the dangers of those boys, I can stand on my two legs and I tell them a big no without fear” (04/07/08). A speaker in the talk show told a story of a girl that had rejected money offered to her by a man on the street, commenting “What could he do? He didn't have the right to ... start beating that girl. Because the girl has her right to education. And she is educated about those gifts from strangers. ... if she was not active enough ... and if she didn't have that strength to talk to that man, she would end up in a bad future. Even her destiny would not reach because she had already spoiled her future” (18/06/08). Students urged each other to be confident in putting into practice what they learn and standing up against what they personally know to be wrong: “we should learn to be assertive. You should learn to know what you want and you should learn to make decisions”. They stressed, as the teachers had done, that this must be done in as respectful a manner as

necessary. Asked by a fellow student how one should react when men on the road call you, a speaker in the talk show responded: “Now you, as an educated person, in your heart you feel proud because you went to school. So what you should do – even if you look at that person you can just tell that this person he has never been to school – so what you can do, you can tell him ‘Excuse me, I’m not your age. ...’ You just go. You neglect them”.

Various examples of resisting peer pressure were presented in the talk shows, with speakers going into great detail about the scenarios they were discussing. Discussing pressure to enter into relationships, one speaker advised that “you should tell your friend – ‘do you know the person you are going to befriend as a boyfriend? Do you know how many girls that person has slept with?’ If your friend cannot give you answers to that you just look at your friend and tell him or her ‘I feel pity for you’ and you walk away” (18/06/08).

A range of other skills were demonstrated in the talk shows observed – both chairpersons demonstrated strong critical thinking skills, asking pertinent questions and challenging comments made by speakers. The chairwoman, for example, challenged a statement made about early marriages, commenting that “I don’t think early marriage can lead to HIV/AIDS” (18/06/08) and asking the speaker to explain herself. She asked another speaker who made a direct link between HIV/AIDS and young people hanging around on streets whether going to the street automatically leads to getting the virus. Similar challenges were also raised by audience members, with one challenging a statement made by a speaker that “once you see those bums [of a prostitute] you get AIDS and then you die” (18/06/08).

It was noted that only a small proportion of the students in the talk shows actually spoke and there is a possibility that they were the more confident, knowledgeable, vocal members of the group. It is therefore not possible to comment conclusively on the extent to which the levels of knowledge and skills demonstrated in this context are typical of all students in the talk show and in the school more broadly. Information from other sources suggests, however, that high levels of knowledge and skills exist across the school. An external actor who had worked with the school, for example, spoke passionately about the skills of the students:

“they can communicate! ... When they are there in front of everybody, whether it is in the hall or on their school or in the compound here when we have these big crowds, ... they have a lot of confidence in themselves – ‘we can do it and we will do it’ and they do it with pleasure. So that is very good. And with that confidence they grow up, I think, feeling AIDS is here and anybody can be a victim like me but I wouldn’t like the next generation to be victimised like I was”  
(27/06/08).

Alongside the examples and references to positive change, there was nevertheless some indication of persistent ‘high risk’ behaviours – questions asked in the Young Talk Club, for example, suggest that at least some of the students in that group are sexually active – not abstaining.

The findings in School B as described here are compared against those in the other two case study organisations in section 7.3 below, and further analysed in chapter eight.

## **7.2 HIV PREVENTION IN THE CASE STUDY NGO**

This section opens with a discussion of the HIV prevention rhetoric in the NGO (7.2.1) and then describes the programme delivered (7.2.2).

### **7.2.1 Rhetoric**

The approach to HIV prevention in the NGO developed largely in response to findings that high levels of knowledge across Uganda were not necessarily translating into the expected behaviour change and, related to that, the belief that insufficient targeting by national HIV/AIDS prevention campaigns was contributing to a situation where individuals either ignored their messages, viewed them as irrelevant, or misinterpreted them. Feedback from the NGOs own programmes highlighted that the HIV/AIDS information that they were disseminating was not necessarily a priority for their target groups: “we soon discovered in interacting with people that they are not asking any big questions about HIV and AIDS or STDs ... they had bigger concerns – ‘do my friends love me? How do I make people my friends? Do they respect me?’ The issues dealing with their own identity, their own esteem ... with growing up and sexuality. ... those were their challenges” (05/06/08). These concerns were identified as issues that compound HIV as a problem and therefore had to be addressed – without addressing them, HIV/AIDS could not be addressed.

This led to the development of the NGO’s communication approach, which emphasises working with target groups to determine and address the concerns that are important to them, as a vehicle for addressing HIV/AIDS – an approach that falls within the empowerment paradigm outlined in 2.1.2. The NGO developed a three pronged approach emphasising **Information, Identification and Interaction** (3 ‘I’s), which asserts that in order for (HIV/AIDS)



education to be effective, the target group must identify with the information that is provided (that is, the information must be relevant to their lives), and they must be given the opportunity to interact with the information.

The NGO rhetoric places great emphasis on its programmes being needs based – driven by the current needs and realities of the groups that it works with – and stresses continuous action to determine that this happens. It asserts that realities differ over space and time and that HIV prevention must change accordingly. It is argued that HIV prevention that does not meet the specific needs of the target group cannot be effective because individuals will not assimilate information that is not relevant to them. One manager equated teaching the same information to everyone with “breathing death” (05/06/08). The NGO strongly advocates the use of tools such as baseline studies and regular needs assessments to understand the realities of its target groups and to develop programmes/activities that meet their specific needs – “what are they talking about? What’s their language? What are their struggles? ... If you listen to them carefully then you are going to be more relevant to them. If you miss that listening then you’ll miss an opportunity of learning from them what they need. They play an important part in informing how you go about meeting their needs” (Senior staff member, 05/06/08). The organisation’s HIV prevention manual is presented as a guide (as “a skeleton on which ... facilitators are expected to build...” (Manual 2001:ii)), on the basis that the robotic following of pre-set activities fails to engage with the realities of a target group. A manager explained that “the manual has different sessions and so it can give information which can help you to prepare, but if you say I am going to topic A, topic B, topic C – no, no, no. ... You are not addressing it. And even young people, they will be bored – they will simply switch off and do other things” (21/11/07).

Members of the senior management opined that the organisation's emphasis on interaction with the target group was strongly influenced by staff having "been socialised in a different kind of context where it was not just talk-chalk" (05/06/08). They strongly believe that uni-directional information provision does not and cannot lead to behaviour change – "that's one of the things that we were absolutely very clear about ... we were not going to have this – open up the head, pour in information, close and think that behaviour has changed" (Senior manager 05/06/08). Another manager commented that HIV prevention programmes should involve some form of "play therapy, get them to feel like they can talk and dance and jump and it is their time together with you – to release all their energies and they start releasing themselves and how they think and feel" (05/06/08). Staff explained that behaviour change requires the target group members to make certain decisions for themselves and that this requires their continuous interaction and interrogation of information, as opposed to just giving them facts that they must accept. It is expected that by interrogating the information, questioning it, challenging it, and relating it to the contexts of their own lives, target group members are more likely to take ownership of the information and assimilate it.

The NGO's perception of frontline staff not as 'communicators' but as 'facilitators' (facilitating interaction between the target group and the information, and between different members of the target group) is characteristic of the empowerment model. Also in keeping with the empowerment paradigm (and with the broader national rhetoric regarding HIV/AIDS prevention) is the central emphasis given to life skills education. The NGO bemoans the overuse (and often misuse) of the term 'life skills' and asserts that, contrary to the thinking in many organisations claiming the approach in Uganda, it is about more than just developing cognitive awareness about certain skills; staff commented that the fact that target groups are

able to list and explain different life skills is not an indication of successful life skills education. One manager explained that it is about “looking at different ways of interacting in participatory ways with young people or with communities in such a manner that they develop skills...” (05/06/08).

The NGO presents life skills as key to moving individuals from simply having knowledge to behaviour change. A senior manager explained that “what puts people in risky situations is not HIV. It’s their inability to make decisions, their inability to think through, negotiate out of difficult circumstances and things like that” (05/06/08). Life skills education, as defined by the NGO, seeks to instil within the target group skills such as critical and creative thinking, decision making and problem solving skills, self awareness and self esteem, peer resistance and friendship formation, and assertiveness (Manual 2001:xii). Another senior manager commented that “you are trying to build a new way of living – a new way of dealing with issues in life: that ‘if I find a challenge like this, how do I go about it? I think about the pros, I think about the choices I am about to make ...’. So as long as they get into that mode, inevitably the skills start getting in play” (05/06/08).

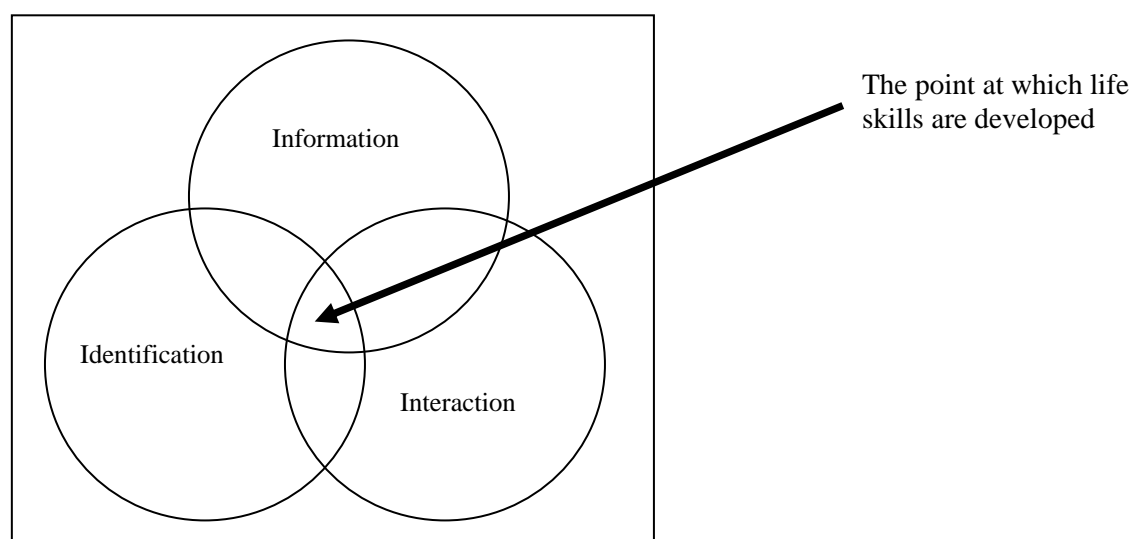
Life skills education in the NGO seeks not only to equip the target groups to protect themselves against HIV infection but is also about raising young people’s aspirations and equipping them with the tools to achieve them. As one manager explained, it seeks to enable the target group to deal with broader issues in life:

“for us we believe that when you do the life skills education, you are helping the young people not only to avoid HIV but you are helping them to be able to choose a career, to be able to make decisions about which friends to have, to be able to

make decisions about which school to go to for A level, to be able to choose a course ... And so for us life skills education is beyond – it is not HIV actually but it is effective to help us pass on a message with HIV. ...you are dealing with HIV but you are [also] dealing with other issues. Life. You are dealing with issues of life!” (21/11/07).

Life skills are said to be developed at the point at which the three components of the 3‘T’s communication approach converge (see figure 6 below) – “if they [the target group] can identify and interact with the information and then there we say there is a life skill [being] developed” (Field Officer 11/06/08). A publication by the NGO asserts that “if sufficient effort was taken to get the right mix [of the three components] then behaviour change would occur” (NGO literature).

**FIGURE 7**



The NGO Communication Approach (Source: NGO literature)

The rhetoric of HIV prevention in the NGO reflects an awareness of the influence of context that is characteristic of the collective action paradigm (discussed in 2.1.3). It asserts that a range of different factors/actors are able to influence the HIV/AIDS related knowledge, attitude, behaviour of any one particular target group and stresses the futility of educating that group in isolation. It adopts a “multifaceted approach” that seeks to engage different actors within the context of the target group to ensure that they are working towards a unified end goal or, as a senior manager put it, so that “from all corners there is information, it is shared...” (05/06/08). Regarding programmes in schools, for example, emphasis is placed on working not only with the students but also with teachers, parents and others within the local community. The NGO asserts that there is need to teach many of these other actors how to interact with young people on HIV/AIDS related issues. One staff member commented that HIV/AIDS has brought stark realities to communities in Uganda, creating a situation in which long taboo issues such as sex/sexuality now have to be addressed, and for many adults/communities this is a major challenge. Another explained that a programme educating young people about HIV/AIDS must also equip parents with the knowledge to support it, enabling them to answer questions raised by the young people, for example. He added that a programme empowering young people to be assertive critical thinkers must prepare their parents, and the communities that they live in, to support this. A senior staff member explained that without knowledgeable parents/communities, and without their support for change, effort to educate and bring about change in the young people is futile:

“we soon realised that we’ve got to be reaching out to everybody else in the community. Primarily the young people are important but how do we provide a support mechanism around them – social support structures around them that believe in what they believe, that start getting an ethos and value system that

identifies with what the children start believing and thinking? We were teaching them how to question life – to question elder people, not just for questioning’s sake but to get to say ‘this is what I think, what do you think? I feel differently’ and to know that that is not disrespect. ... So those groups of people became a major part of our communication approach – if you are going to work with the young people, let’s reach the other people who work around those young people” (05/06/08).

The NGO’s literature argues that fulfilling the UNGASS (United Nations General Assembly Special Session on HIV/AIDS) commitment “to ensure at least ninety percent of young men and women aged 15 – 24 years have access to ... youth specific HIV education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection ... [is] only be possible if done in full partnership with the young people themselves, their parents, families, educators and healthcare providers” (NGO literature). The organisation’s emphasis on engaging a ‘critical mass’ to facilitate HIV prevention within any one community (defined as a “local geographical area” (05/06/08)) is in keeping with the community oriented model and with what Campbell (2003) described as health enabling communities.

In keeping with the broader national thinking in Uganda, the NGO’s HIV prevention programme for young people emphasises abstinence. Also central to the NGO’s HIV prevention work is a questioning ethos – a commitment to critiquing and challenging, for example continuously critiquing the work that they do and the methods that they use to ensure that their work remains appropriate to changing conditions. The NGO holds that HIV prevention should be challenging (challenging stereotypes and cultural practices that restrict

learning and positive change for example), suggesting a tendency towards socially transformatory thinking.

## **7.2.2 HIV prevention in the NGO**

### **7.2.2.1 General description**

The large majority of the NGO's HIV prevention work for young people is in the form of 'life skills education' in schools, working with specific groups of students over a period of approximately two years<sup>26</sup>. A key characteristic of the NGO's work with young people is the use of a range of different activities that are tailored to suit different ages, needs and contexts and to encourage interaction. For example, speaking of using cartoons to generate discussion in primary schools, a Field Officer (FO) commented on their inappropriateness in secondary school settings. The FOs explained that life skills sessions might involve one or a number of different activities depending on the objectives of the session. Staff reported using story telling, sketches / role plays, creative writing, group discussions, debates, slide shows, films, music and dance. The leader of a Church youth group that had received training from the NGO commented on their use of varied activities in training sessions and what he saw as the positive results of doing so:

“...they don't only use lecture method. They use discussion, role play, dramatisation, visual aids like charts, mass media ... to teach ... so in the end it gives you a chance to interact with several materials and help you learn. ... the students can learn a lot after interacting with these different materials. If it's only left to say lecture method ... it's boring and not every student can

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<sup>26</sup> NGO facilitators work with students over a period of two years on the basis that this is presumed to be the approximate length of time required for education to begin the process of sustained behaviour change.

pick information like that. But also the other different ones are participative – they involve ... the students to really participate in the lesson they are learning ... It brings the information home ... the whole group participates, they are being taken from one person telling them something ... to them seeing it and then being able to contribute towards it .... So by someone teaching the way they [the NGO] did ... someone is not just getting information, he is also learning the skills of passing on the same information elsewhere” (09/07/08).

The value of active participation by the students was discussed by FOs. They spoke of efforts to draw even the quietest students into activities – “even the facilitator ...like me, I tell them ‘now I want someone who hasn’t said anything – you say something ...’. In the process at least you build their confidence” (17/06/08). Various such efforts were observed by the researcher. FOs also reported politely asking teachers to leave sessions when they felt that student participation was restrained by teachers’ presence. NGO staff gave examples of how interaction with young people had enabled them to successfully interrogate the realities of their lives and helped to develop their critical thinking in ways that top-down provision of information (instructing the young people to behave in a particular way) would fail to do. As one senior staff member narrated,

“young people will tell you: ‘okay sir ... you are talking about STDs, you are talking about HIV, yeah I know it is bad, I know I can die, I know I can drop out of school but you know the problem is that ... I love this young man. I love him. I love him’... So that’s when life skills education comes in ...: ‘Okay, you love him, and he loves you but what if you fall pregnant? What do you think will



happen to you?’ And the person tells you: ‘I drop out of school, or my father will disown me. I will not be able to be a teacher and I want be’. As you interact with the young person, the young person now begins thinking ... And so that kind of thinking will be developed over time. Over time!’ (21/11/07).

Students in one FGD stated a preference for the NGO’s programme over other sources (their teachers, for example) because NGO staff “have time to explain” (23/06/08).

Frontline staff reported using different tools to facilitate active participation, reflecting the emphasis placed on interaction in the organisation. Picture cards, for example, are used not to tell set stories but to instigate discussion among students and draw out their perspectives. The researcher observed publications of *Young Talk* (a youth focused health education newspaper) being used in a similar way. A FO explained that the newspapers were never just handed over to the students – “if we ... go with this paper and discuss and interact, they interact with the information [and] for us it is developing life skills. Not just reading and leaving it there. ... Some of them won’t read. They will throw it away” (11/06/08). In a session observed, a *Young Talk* paper focusing on the Karamajong (a group in the North East of Uganda) was used as a basis for exploring the cultures of the students in the class and the practices/beliefs that encourage the spread of HIV and/or restrict positive change. Demonstrations of cultural dances by the students towards the beginning of the session introduced an air of informality and encouraged participation. The facilitator encouraged students to give both factual responses to questions that she raised and also their opinions. There was much lively debate as students shared their views on the positive and negative aspects of their own and others’ cultures. The session challenged stereotypes and myths held by the students. It covered a range

of issues, including the life styles of young people in different life contexts, life in camps of internally displaced people, and the benefits of being in school, highlighting the need for the students to value their own circumstances.

Another characteristic of the NGO's life skills sessions is that they do not necessarily focus explicitly on HIV/AIDS. They can address a range of issues such as other sexually transmitted diseases, stigmatisation and discrimination, hygiene, and body changes during adolescence. In one session observed, the FO facilitated a lively discussion on love and crushes and encouraged further interaction outside the classroom by asking the students to carry out research on the topic with friends and family members. Student interaction in the sessions observed seemed to be encouraged, not only by the range of activities employed but also by their informality and casual nature.

The process of designing life skills education reflects the NGO's emphasis on programmes being driven by the needs of the target group. As one FO explained, "... we decided not to just go and give our information – what we have and what we think – our assumptions that these are the needs of the children. We don't do that" (11/07/08). All life skills education in schools, for example, begins with a needs assessment conducted to ascertain the specific needs of the particular group concerned – what they identify with: "you go to the young people and ask them 'what do you want us to talk about'. For them they will give to whatever – everything!" (FO 17/06/08). In keeping with the rhetoric of the empowerment paradigm, the needs assessments interrogate the personal circumstances of the students. All FOs carry out a needs assessment for all their classes on the basis that each class will have unique needs. Needs assessments conducted at the start of each school term guide the planning for that term – the

topics to be covered, objectives to be met, approaches to be used in meeting them, and so on. FOs talked the researcher through the process of conducting the needs assessments and the form designed to systematise that task.

Staff in the NGO explained that the process of identifying the needs of the young people involves more than just speaking to them. It draws on multiple sources: FOs verify and build on the needs identified by the young people by speaking to others around them (teachers, support staff, parents), as well as conducting their own observations of the students, questioning, for example, whether their behaviour suggests that they lack particular life skills. They also conduct observations in and around the schools – “now, you as a ... facilitator you may also go and simply make an observation that you know, in this area I am seeing that they usually distil a lot of local brew ... so this maybe is one of the things I want to talk about” (Manager 21/11/07).

The needs of target groups are recorded on activity forms (which detail the activities and methodology to be employed in each life skills session and the specific needs that they seek to address), and on evaluation forms completed by the FOs after every life skills session. The latter lead FOs to think through whether the needs of the students have changed since the original needs assessment, and if/how they are being addressed. As one FO explained, “you have to really analyse when you are in that session, what are they saying, what are their attitudes – what is it?! What do I get out of what they are saying? ... So, what key points were passed on?” (11/06/08b). The evaluation form also asks questions about the level of interaction in the sessions; about myths held by the learners and action taken to correct them; outcomes of information shared, reactions, attitudes; questions and comments from the

learners; how the session was constructed; and success of methods used. The same FO explained that the evaluation form “is very important because it gives us a way forward – what are the new things that have come up and how can we address them?” (11/06/08b).

Various staff members spoke of changing session plans as new needs emerge. One FO commented that:

“sometimes you go to this group and five [new] issues come up. And when you seek clarification you see that they are really needs. Then you have to come back and again plan for that. Put some topic at a standstill and go for the needful. ... But it’s also a challenge though, because you’ve planned but again you have to adjust and leave that and address the need. Because if you don’t address what is coming up you might misfire because you are following what was the other time” (11/06/08).

Another FO spoke of sometimes having to make changes within sessions as the students bring up new issues that have to be addressed straight away. She stressed the importance of relating every session to the current realities of students – “you take the students ... through – what are the basic facts of HIV and AIDS? Then you relate that information to the situation now – what are the scenarios that people here? How do people behave in their communities? ... we relate everything to the normal situation” (17/06/08a). Teachers in ‘partner schools’ also spoke of the NGO’s work being driven by the needs of the students – “for them, as they are in the class, they observe and listen to what children want and then they focus on the problem” (09/07/08), and students in the FGD commented that though they got HIV/AIDS education from various sources, one reason why they particularly liked that provided by the NGO was that “they ask

us what we want to learn” and “they give us a chance to talk [about] what you want” (23/06/08). NGO staff report that they have found that young people tend to be open with them, often in ways that they would not necessarily be with their teachers and parents.

In responding to the needs of target groups, NGO staff cover varying and often challenging issues beyond their central message of abstinence. Certain topics are particularly challenging to NGO staff because of their own beliefs, which are at times questioned by the young people that they teach. FOs reported having to discuss condoms, for example:

“the issue is coming up. Some of them are sexually active. And it’s very crucial because if he makes a mistake of just having sex with a *kavera* [plastic bag] \_! Yes, that is primary – because he can’t buy [a condom] so he ties a *kavera*. So we have a challenge with communicating sex really. ... it is there – part of life; they are growing up, they are changing, they are becoming active. Their bodies are reacting and you are there because they are young” (11/06/08).

This FO also told of the challenge of having to discuss sex with particularly young students because of what they are exposed to in their everyday contexts:

“You find that a young girl of eight is sleeping in a room where the mother is and the father is. So what she thinks is very higher than you think. Now, you go to this young group and they are asking you about such things – sex, sex. ... So, considering where they are, and the age, and then what they are asking, and your values also, then you are like now what can I say? If an eight year old is asking about what a condom is and how is it used, you are thinking – but this young person has to abstain. Maybe she should choose abstinence but again she is

asking, how is a condom used. And then Christian value. How can I teach a condom use? ... So you find that it is really\_ you are talking sex to this young\_ Eh! You also feel – what I’m going, what I’m doing. Is it the right thing? ... But it is coming up. So that is the challenge for me I am facing. How can I talk condom use, how can I talk sex to this age?” (11/06/08).

FOs insisted that, despite the challenges of doing so, they have to confront these issues because without addressing identified needs, their work is futile. Their success in addressing challenging issues is suggested in comments made about them by students in one FGD: “[they] are not shy”, “they explain” and “when we have questions we wait for [the NGO staff] to come back” (23/06/08). In the sessions observed, discussions were open and informal, with learners free to ask blunt questions and to direct the discussion. Facilitators were open to their questions, giving frank answers and openly discussing sexual issues.

Within the NGO, linkages are made between life skills education and other HIV/AIDS activities. A peer education programme for boda-boda<sup>27</sup> riders, for example, developed partly out of the belief that they are potentially key players in the success of HIV prevention programmes for young people (particularly girls), as many parents in urban areas rely on them to drop off/collect children from school.

In addition to life skills education, NGO staff provide counselling training for teachers and counselling support for students. Examples included intervention in a case of a girl being abused by older male cousins that was referenced by various members of staff. FOs also spoke

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<sup>27</sup> Boda-bodas are motorcycle taxis

of students approaching them outside sessions to discuss personal concerns. One told of a girl that had approached her seeking advice on how to respond to advances from her head teacher and stressed the need for FOs/counsellors to be open with the students so that they would be comfortable approaching you and talking about whatever they may be facing. She also stressed the need to get to know the students well so as to be able to detect when something is wrong.

#### **7.2.2.2 Involvement of different actors in the HIV prevention programme**

Members of the target group (young people in this case) are heavily relied on to direct the content of the NGO's life skills sessions. A FO told of drawing on the knowledge and experiences of the students themselves to educate their peers by, for example, putting questions raised by students in private to their classes (without revealing the source of the questions) so that others can contribute their ideas. Through processes such as needs assessments and their input into reviews/evaluations, members of the target groups can be seen to play some part in shaping the design of the NGO's programmes. Plans to develop life skills education for young people outside the NGO's traditional focus on 'young adolescents', for example, were driven largely by feedback from schools highlighting trends amongst younger students that were giving rise to concern. Similarly, the move to train prefects and class monitors to be peer educators in schools developed out of feedback highlighting their leadership roles and potential. Findings that individuals interpreted educational films shown by the NGO in significantly different ways led to a change in approach from simply showing the films as a source of information to breaking films down into short clips and having a discussion after each clip. It is noted, however, that the input of the target group is largely responsive, as opposed to being initiated by the group. In addition, though the needs of the

target group may drive the content/activities of the NGO's programmes, the group is not directly involved in designing the content or the activities.

Frontline staff in the NGO play an important role in the design of its HIV/AIDS programme. They do not necessarily have decision making power in regards to the ultimate strategic design but they play a key role in informing it – “it's that team of people that goes out that comes back and says because of what we are hearing, this is where we think we should be going ...” (Senior manager 05/06/08). Through the meticulous documentation of their experiences in designing and delivering life skills sessions, and through their continuous monitoring and evaluations, FOs feed into the design of improvements and/or of new programmes – “when they [the frontline staff] came back they documented how they went through the process and said ‘this is something that we’ve thought about, tried and tested and found it very helpful, let’s write it as a material that somebody else can use ...’. So it’s that team of communicators who kept informing and shaping how the programme was meant to go from henceforth” (Ibid). Management staff spoke of a reliance on FOs as the key authorities on the realities of the target groups in schools and therefore key actors in the development of programmes for them: “the only people who can tell us [what the trends are] are the field officers and the volunteers” (11/06/08). It was out of the experiences of frontline staff in the field that the NGO's 3'I's and life skills strategies were developed.

Delivery of the HIV/AIDS activities for young people is predominantly the domain of the FOs, who are given full responsibility, freedom and authority. It is the FOs that have direct, day-to-day contact with the schools and it is through their work that the 3'I's communication strategy is realised. These frontline staff hold ultimate responsibility for designing the specific



(life skills) sessions that they deliver. As one senior staff member explained, “once the way forward had been decided, the [FOs] would sit together and package the training/activities to be delivered – agree on areas of focus, articulate objectives, ways of meeting those objectives – bounce ideas off each other to strengthen them, making suggestions for each other” (05/06/08). FOs commented that the success of a life skills session is down to the creativity of the facilitator of the group; it is (s)he who knows best what would be most appropriate for the group. Managers spoke of frontline staff being trained in a way that discourages reliance on the organisation’s training manual.

Various mechanisms have been put in place in an effort to ensure that NGO-led life skills education in partner organisations is not confined to the NGO’s sessions but is integrated as much as possible into the broader functioning of these organisations. All work in schools, for example, begins with dialogue between the NGO and the head teacher, sensitising the head about the work of the NGO, on the basis that with their approval and support there is a greater likelihood of life skills being integrated broadly across the school. One manager reported that follow up sessions with head teachers are conducted on a quarterly basis. The NGO also trains teachers (selected by the school) in life skills education, with the hope that they will in turn train other teachers in the school and will integrate life skills into their own classes. Teachers in partner schools that were interviewed for this research made various references to training sessions led by the NGO that they had attended. Staff in the NGO told of resistance from teachers who are reluctant to discuss ‘taboo subjects’ and feel unqualified to teach in this way, being more concerned about classroom control. The NGO has also found that teachers are deterred by the fact that life skills education does not necessarily produce immediate effects, and by the difficulties of measuring its impact. Teachers in schools visited and NGO staff also

highlighted the limitations of training a few teachers and tasking them with the responsibility of training others in the school. They reported that training does not necessarily cascade down in the manner expected for reasons such as school systems that do not support it, trained teachers leaving a school before training others, and so on. At the time of the field research for this study, there had been a recent move towards extending life skills training to support staff and to training prefects and class monitors to be peer educators. There is, however, still a tendency for the NGO's sessions to remain relatively isolated from other activities and for the schools to rely on the NGO for their HIV/AIDS response, with little evidence of teachers integrating life skills education into their own teaching.

In addition to working with schools, the NGO works with various other external actors. It works, for example, with other (HIV/AIDS focused) NGOs and CBOs such as 'Straight Talk' and 'Young Positives'. Its attitude towards working with others on HIV/AIDS programmes was aptly captured in a comment by a manager: "we don't do everything. We are simply a part of what other NGOs are doing" (21/11/07). Partner organisations interviewed for this research spoke positively about the HIV/AIDS work they had done with the NGO.

Parents are also regularly referenced as a key external partner for youth focused life skills education. A set of manuals was developed by the NGO to help equip parents "with the key skills of communicating with young people" (Manual 2001:4). Various references were made (by staff and in official publications) to parent-child symposia organised to facilitate cross generational dialogue between students and their parents. They were designed to help parents overcome the challenges of talking to their children about often controversial issues and, in so doing, to encourage understanding and reduce suspicion between children and their parents.

The NGO works through schools to organise these symposia in which NGO staff facilitate discussions between the two groups, on topics that are not necessarily explicitly about HIV/AIDS but are likely to touch on it. Staff in the NGO reported that symposia tend to be dominated by women – “if you go to schools and you call a parents meeting, it is the mothers who will come – the men will not be there” (Manager 21/11/07). The intention is for a parent-child symposium to take place once a month but this is not always possible; the researcher was not able to observe any such gatherings as none were held during the research period.

### **7.2.2.3 Perceived impact of the HIV prevention programme**

The sentiment that “change [in the young people] is important because we are in those schools to change” (Manager 21/11/07) exists alongside an awareness that NGO staff are with the young people for limited lengths of time, within a particular environment, and that there are numerous other factors that can influence the young people over space and time.

As was the case with students in Schools A and B, students in the schools with which the NGO works demonstrated strong knowledge of HIV/AIDS related facts<sup>28</sup>. In one of the schools visited, there was some indication that these facts had been internalised by the students and related to personal experiences. A student in the FGD told, for example, of how she had learnt that even young people can become HIV positive, which meant that it was possible for her to become infected, and that she therefore had to protect herself. In an example of projecting forward, another student in this FGD spoke of her desire to one day travel to Nigeria to pass on all that she had learnt about HIV/AIDS from the NGO because,

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<sup>28</sup> Contacts in the NGO partner schools visited by the researcher reported that the work of the NGO formed the major part of their HIV/AIDS activities.

based on the Nigerian movies<sup>29</sup> that she had seen, she perceived that there was a great need for such knowledge there (23/06/08).

Students in this school shared numerous anecdotes (said to be based on real life experiences) about young people making wrong choices which in some cases had led to them becoming infected. They gave each other advice, with one girl advising others to be assertive in turning down inappropriate advances by boys and even older men such as teachers. Others advised against giving in to peer pressure. These discussions included an awareness of the realities of the young people, highlighting for example the difficulties of always living by what they know to be correct / of resisting peer pressure when one badly wants to be part of the popular crowd. Students in the FGD in this school enthusiastically claimed to have shared what they know with others outside their class/school – with siblings and friends in particular – but were not able to give details of times when they had done so.

As in School B, the problem of indecent dressing and its possible consequences were a major concern of students in the FGD, with one boy commenting, for example, that the NGO should educate girls to stop wearing small skirts and tight jeans because these lure boys to act in particular ‘risky’ ways. Various comments were made about body changes during adolescence that are believed to cause young people to behave in ‘inappropriate’ ways, but the group also reported that increased knowledge of their bodies meant that they no longer worried about changes that had previously caused great anxiety. Some girls complained that despite their increased knowledge of body changes, boys continue to laugh at girls who begin their periods in class and recommended that the NGO should counsel the boys further.

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<sup>29</sup> Nigerian soap operas are widely watched in Uganda.

In the other NGO partner school visited by the researcher, there was less evidence of the students having internalised the knowledge that they had learnt. Responses to questions in the FGD were often what appeared to be learnt responses, many relating to ‘abstinence’. Following a meek positive response to the question of whether they had shared what they know about HIV/AIDS with others, efforts were made by the research assistant to draw out examples. The sole response was by a student reporting that he had told a friend to abstain. Students in this second school made broad comments, such as “the NGO has helped us to know more about the future”, but were unable to explain them further, responding to requests for further details with equally broad statements such as “like to prevent HIV” (24/06/08).

The researcher found particularly positive change attributed to the NGO’s programme for young people in a community setting. A contact from the group reported that training by the NGO had resulted in increased knowledge and confidence amongst the young people – before the training, he reported, “many of them didn’t even know what ARV is, they had the same myths that the community had ... You should look at them now... they know everything about it and yet there is so much [more] to learn, but their confidence has been very well boosted by the training” (09/07/08). Such a change is important to the NGO because of its focus on life skills development. Improvements in life skills were also reported by teachers in partner schools who opined that since the introduction of the NGOs programme, students were learning to express themselves better, to communicate and to ask questions. An NGO staff member commented that “because it [the work that they do] was interactive it taught them [the target group] how to ask questions – you kept asking questions, then they start realising that ‘ah, you mean my answer could be right? You mean I can ask you a question?’” (05/06/08).

FOs spoke of seeing students develop during their time together, becoming increasingly comfortable with voicing their opinions:

“when a child stands up in the class and talks ..., you can really see – eh, now she [has] self esteem, self awareness – those are at least the skills that you can see and even you can see how they can argue. ...There are some children that the first time you go there someone was quiet but as you go on someone is speaking up. ... children tend to pick out, they speak, stand and talk. Even you, the facilitator, they can advise you – that it’s not that, it’s like this” (17/06/08).

FOs told of girls sharing stories of being assertive during their school holidays, and evaluations conducted by the NGO in schools were reported to have identified examples of girls refusing unwanted sex. Examples of critical thinking were apparent in the discussion of different cultures in a session observed by the researcher.

It is difficult to draw any definitive conclusions about behaviour change (a key goal of the NGO) from the data collected for this study. Teachers in one of the partner schools and NGO staff talked of a decrease in reported pregnancies among students who had received life skills education, suggesting a change in sexual behaviour – a decline in sexual activity or possibly, as suggested by an evaluation in one secondary school, increased use of condoms. One FO commented that she had observed greater change in behaviour amongst girls than amongst boys who, in certain cases, still reported freely engaging in sexual activities:

“when you interact with these boys they still tell you ‘for me, if this girl has come to me, I give her what she wants and she goes. I don’t have to ask what, why do you come to me? Why do you want sex?’ ... Yeah. And even use of

condom, boys don't use\_ [they] are not seeking more about condoms. They feel they know. But the girls are asking and they are seeking help and they are negotiating for a condom" (11/06/08).

This FO was of the opinion that this was possibly because girls are more directly and negatively affected by early pregnancies.

FGDs did not reveal much about behaviour change. Students' responses to queries about changes that they attributed to what they had learnt from the NGO were broad, using what appeared to be memorised phrases such as "avoid watching bad movies", "avoid peer groups", "avoid bad touches", "protect myself from dangers", "say no to free gifts" and don't share things like razor blades (23/06/08 and 24/06/08). In a number of cases, further gentle probing led to responses about abstinence: asked to explain a comment that the NGO's programme "helps we young people to not have sex", the student responded that it does so "because we are being talked to, like to abstain" (FGD 24/06/08). Discussions in the FGD in one school revealed that certain students did in fact continue to engage in activities that they had reported as being dangerous earlier in the discussion (for example going to video halls where "blue movies" are shown).

The following section considers the NGO's HIV prevention programme in relation to the programmes in the case study schools as a prelude to the discussion in the following chapter which explores if/how the characteristics of the different organisational forms influence the delivery (and impact) of their HIV prevention programmes.

### **7.3 DISCUSSION: HIV PREVENTION IN THE THREE CASE STUDY ORGANISATIONS**

As a government led initiative, PIASCY is very much in keeping with the rhetoric of the national response described in Chapter V. In keeping with the national emphasis on multi-actor programmes, for example, PIASCY recommends that schools work with various external actors in their HIV/AIDS response. PIASCY emphasises active participation of target groups in programmes concerning them, community involvement, and the development of life skills, mirroring emphases in the national rhetoric. With these areas of focus, PIASCY rhetoric leans predominantly towards the empowerment and community oriented models, with some reference to socially transformatory thinking. Also in keeping with the national rhetoric, PIASCY places significant emphasis on passing specific information to the target group, suggesting a tendency towards the behaviour change model (which, as discussed in 2.1.1, the international literature has shown to be a feature of many government programmes).

The rhetoric of the NGO also reflects similarities with the national rhetoric in its emphasis on active participation of target groups, active involvement of communities (surrounding the target groups), working with different actors in the HIV/AIDS response, and on life skills education. It falls largely within the empowerment paradigm but also has characteristics of the collective action paradigm. The emphasis it places on the relevance of information provided and on its programmes being driven by the needs/realities of target groups, positions the NGO's proposed programme away from the behaviour change model of health education.

In keeping with national thinking regarding HIV prevention programmes for young people, abstinence until marriage is the central message in all three case study organisations, reflecting



the concern highlighted in the literature about HIV/AIDS programmes for young people being used a mechanism of social control, pushing for example a particular moral perspective along the lines of “‘Just say No’ or ‘Don’t’” (Aggleton et al 1993:4). There are, however, differences between the three organisations in the ways in which the message is communicated to young people, reflecting different emphases on enforcement of a moral line. The top-down approach in School A (and to some degree in School B) contrasts with the more participatory approaches in School B and the NGO. Differences also exist between the participatory approaches in School B and the NGO, with the former involving the young people in designing modes of delivery (though not necessarily the specific messages to be delivered), while in the latter the programmes are designed taking into account the realities of the young people. It is also noted that, although abstinence is the central focus, there is some evidence of activity addressing the other components of Uganda’s ABC message in School A and the NGO, and of interrogating controversial issues around sex in School B and the NGO.

Delivery of HIV/AIDS programmes differs in various ways across the three organisations. Practice in School A very much reflects the behaviour change model, whereas in School B it is more in keeping with the PIASCY rhetoric, embodying characteristics of the empowerment and collective action models as well as the behaviour change model. The following chapter considers possible reasons for such differences in these organisations that are both considered PIASCY ‘model schools’. A comparison of practice in the two schools demonstrates, for example, that life skills education is virtually non-existent in school A but is present in School B. The finding that life skills education in School B takes place primarily in extra-curricular sessions and not within examined classes (which, even in this school, tend to adopt a teacher-led approach) supports Boler and Aggleton’s (2005) argument that conflicts in teaching styles

make successful integration of life skills education into traditional classes unlikely. This raises questions about the usefulness of integrating HIV/AIDS into examined subjects in the ways emphasised by PIASCY and observed in both case study schools. Only one of the sessions observed involved any consideration of the realities of the students regarding HIV/AIDS – a tendency which, the international literature argues, limits the likelihood of conversion of knowledge into behaviour change.

Practice in the NGO was largely in keeping with its empowerment rhetoric, but there appeared to be quite a gap between its rhetoric on working with the communities surrounding its target groups and its practice. Various comments were made in the NGO regarding the difficulties of reaching and working with groups such as parents. Similar comments were made in School B, which was the most active of the three organisations with respect to interacting with community members. School A did not appear to have any real drive to actively engage with the communities around the young people. The limited interaction with community members by the case study organisations is in keeping with findings from other studies, such as those discussed in 4.1.1, which show such relationships to be a particular weakness in school health programmes in different parts of the world.

The rhetoric in all three organisations emphasises learning from external groups to inform their programmes in order to make them more relevant for the target group, but also stresses educating those groups to facilitate their involvement in educating the young people and to address some of the structural factors that might limit positive change. Practice does not necessarily match this. The work with communities that was seen to exist (particularly in the schools) was primarily about educating community members and securing their support for

programmes, rather than learning from them and/or involving them in the design and delivery of programmes. There was also limited priority given to addressing structural constraints in the practice of the HIV/AIDS programmes. The experience in the case study organisations was largely in keeping with Mirembe's (2002) findings that (HIV/AIDS programmes in) Ugandan schools tend to do little to challenge broader social issues that encourage the spread of HIV/AIDS. Addressing structural constraints did not appear to be a consideration in School A, and the activities in School B and the NGO focused primarily on low level, individual, proximal change (as defined by Gupta et al 2008) and not on broader superstructural society level changes (discussed in 2.1.3.2). None of the case study organisations were seen to explicitly encourage students to think about their own positions within their social contexts and how these positions might influence the choices that they make. They did not necessarily seek to stimulate "the development of insight into ways in which social relations... undermine the likelihood of good ... health ... as well as scenarios for alternative ways of being" (Campbell 2003:50) which the international literature, discussed in 2.1.2, argues that HIV prevention programmes should do.

There are various examples of School B and the NGO developing reciprocal HIV/AIDS related relationships with external organisations and of the two organisations making changes to their programmes based on feedback from these external actors. There are, however, questions about the extent to which truly reciprocal, participatory relationships with the students exist. The best examples are again in School B and in the NGO, but even these are limited – in School B the students' involvement can be seen as simply manipulating fixed information given to them by their teachers, and in the NGO their participation appears to be focused largely on informing the content of the HIV/AIDS sessions. There was, nonetheless,

evidence of the programmes in these two organisations being directed by specific needs of different groups of students leading, for example, to the development of the vocational skills club for girls in School B after girls reported being drawn to accept advances from sugar daddies in order to meet their basic needs, and the NGO's efforts to develop a life skills education programme specifically for boys after identifying specific challenges faced by young boys.

The high levels of HIV/AIDS related knowledge in the case study organisations are likely to be the result of more than just their programmes. Students in all three organisations reported getting HIV/AIDS information from various other sources, including parents/guardians and other relatives, Church, friends, HIV/AIDS NGOs/CBOs, radio, television, newspapers and story books. It is impossible to isolate the specific influence of the case study organisations on the basis of the data collected for this study – a challenge commonly highlighted in the literature on investigating the impact of health programmes. In regard to other changes attributed to HIV/AIDS programmes in the case study organisations, improvements in life skills appear greatest in School B and in the NGO – the two organisations in which specific efforts are made to develop these skills.

The perceived impact of the programmes in the three case study organisations appears to closely reflect the priorities in each organisation. Differences that were identified are likely linked to the fact that the programmes in the case study organisations differ. The students in School B were the most vocal about HIV/AIDS and gave the greatest indication of having internalised the knowledge and related it to their personal circumstances and experiences. Perceived change in behaviour was also greatest in School B, supporting the argument made

in the international literature (discussed in 2.1) that impact is likely to be greater where there is greater involvement and ownership of the prevention programme by the target group.

#### **7.4 CONCLUSION**

The case study organisations demonstrate that, despite having similar (and in the case of the two schools, the same) rhetoric, HIV prevention programmes can take significantly different forms in different organisations. The following chapter considers possible reasons for both the differences and the similarities identified in the three case study organisations, and the perceived mismatches identified between rhetoric and practice.

**CHAPTER VIII**  
**THE INFLUENCE OF ORGANISATIONAL FACTORS**  
**ON THE DELIVERY (AND IMPACT) OF**  
**HIV PREVENTION PROGRAMMES**

**8.0 INTRODUCTION**

This chapter explores relationships between the organisational characteristics of the case study settings and their HIV/AIDS programmes, addressing objectives 3.3 and 4.3 of the study which are specifically concerned with understanding the influence of the former on the delivery and (perceived) impact of the latter (detailed in 1.4). It draws together the discussions in the preceding chapters and compares findings from across the three study organisations, showing that, as premised in the study's first assumption, the likelihood of success in delivering empowerment and collective action approaches is greater in organisations with post-bureaucratic, democratic characteristics than in their more bureaucratic, authoritarian counterparts. The first section of the chapter (8.1) considers the influence of the five organisational factors detailed in chapter six on the delivery of HIV prevention programmes. This is followed by a short discussion of the relationship between organisational factors and impact (8.2), deconstructing the finding that, as anticipated in the study's second assumption, the positive impact expected of HIV prevention is more likely in organisations with more post-bureaucratic democratic characteristics than in those with bureaucratic authoritarian ones. 8.3 summarises ways in which HIV prevention programmes might be influenced in different organisational forms, exploring possible explanations, and 8.4 concludes the discussion of the influence of organisational characteristics. A brief consideration of other factors that might influence the delivery of HIV/AIDS programmes (8.5) precedes the chapter conclusion (8.6).

## **8.1 ORGANISATIONAL FACTORS AND THE DELIVERY OF HIV PREVENTION PROGRAMMES**

The section that follows considers relationships between the delivery of HIV prevention programmes and five organisational factors which, as detailed in 6.1, emerged out of the literature and the study data as being potentially influential: hierarchy, degree of integration within the organisation, openness to change and uncertainty, the organisation's attitude towards working with different categories of external actors, and the organisation's attitude towards young people.

### **8.1.1 Hierarchy**

The case study organisations demonstrate the important role that the leadership in an organisation plays in advancing HIV/AIDS programmes and, to a certain extent, in influencing the approach(es) adopted in doing so. The leadership was seen to be particularly influential in the case study schools which operate in a system with a long tradition of top-down control. Study respondents in the case study organisations and others such as the teacher training college and PIASCY implementation partner made reference to the importance of head teachers in the success of HIV/AIDS programmes and the general functioning of schools. Explaining their policy of working with head teachers as a way of maximising assimilation of their HIV/AIDS programmes in schools, a manager in the case study NGO opined that "... if the head teacher gives a word, then it [the HIV/AIDS programme] can trickle down and make changes with how young people are approached and helped within their respective schools" (21/11/07). Asked if approaching others, such as the senior woman teacher<sup>30</sup>, would have a similar effect, he responded: "no. It will not. It will not because you find that the senior

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<sup>30</sup> A high ranking teacher with particular responsibility for pastoral concerns of students

women teacher has to report to the head teacher and so the best thing to do is to sensitise the head teacher ...” (Ibid). This is in keeping with other studies such as Luginaah et al (2007) which, in discussing HIV programmes in Kenyan primary schools, argued that success in developing strong ties with their communities was more likely “if the school’s head teacher [was] committed...” (439), and a study of child-to-child programmes in Uganda which concluded that “the most successful schools were those in which the head teachers fully involved themselves in the approach” (Stephens 2007:109).

Given the centrality of the head teacher in Ugandan schools, the considerable differences between the approaches adopted by the heads in the two case study schools could play some part in explaining differences in the programmes found to exist there. While in School A (the organisation in which HIV prevention was at its most basic), the head teacher made no mention of PIASCY in his discussion of the school’s response and there was no evidence of his involvement in HIV/AIDS activities, in School B the head spoke passionately of PIASCY and the school’s HIV/AIDS activities more broadly, and demonstrated personal involvement in activities both within and outside the school that suggested a commitment to addressing HIV/AIDS among young people.

In both schools, the approach to HIV prevention adopted closely reflected the priorities of the head teacher. In School A, where the head spoke of personal priorities that emphasised individual self development and correcting students’ “childish views and ideas ... [to] make them good” (25/06/08b), HIV prevention was predominantly in the form of passing knowledge from ‘experts’ to ‘learners’ – characteristic of the behaviour change model. In School B the head demonstrated a strong commitment to life education (education that extends



beyond a narrow focus on the academic) and to actively working with actors outside the boundaries of the school – priorities that were manifested in the School’s HIV prevention programme. It is noted that the central role played by the head teacher in driving forward the HIV/AIDS response in School B raises questions (as were asked by one of the teachers in the school) about whether the response would exist as it does under different leadership.

The situation in the schools was very different from that in the NGO, where a non-hierarchical, democratic mode of functioning (as detailed in 6.4.2.1) contributed to a situation where HIV prevention was not driven by any one individual or group within the organisation but by staff at all levels. This minimises the concern that the existing dynamic HIV/AIDS programme might wane in the absence of the current passionate leader; the impression in the NGO was that, even without the existing leadership, the strong HIV/AIDS response could be sustained by other staff in the organisation.

The case study organisations demonstrated that sustaining strong HIV prevention programmes requires more than a leadership that is passionate and committed. The degree to which staff at all levels of the organisation are genuinely, actively involved in decisions about delivery also influences the likelihood of success. The study findings support the argument in the literature (discussed in 3.1.2), that when frontline staff are involved in the design of programmes and activities that they are charged with delivering, there is a greater level of ownership, personal motivation and commitment to successful delivery (Child 2005, Goodman et al 1982). The leadership in an organisation thereby also influences HIV/AIDS programmes through the freedom, authority and support it affords other staff to drive initiatives forward. The character of the leadership is influential in determining whether frontline staff are confident (have the

ability and the authority) to use their initiative and be creative with the activities that they deliver, tailoring them to suit different contexts and needs as they see fit.

All three case study organisations claimed that staff had the freedom and authority to design, at the very least, the HIV/AIDS activities that they individually deliver. Bureaucratic characteristics limited the extent to which this was a reality in School A. The structure encouraged risk minimisation rather than initiative taking, creativity and innovation. Teachers in the school talked extensively about teaching HIV/AIDS in their classes and in assemblies but made no mention of any variation from what they had been instructed to impart. This is in keeping with the assertion in the literature discussed in 3.1.1 that rigid instructions from above that give little room for flexibility can lead to robotic ‘ticking of boxes’ among low level employees – to complying with instructions without necessarily doing much beyond what is expected of them or taking responsibility for positive or negative outcomes.

As expected from the review of literature, post-bureaucratic democratic characteristics such as distribution of decision making power to different levels of the organisation, affording independence to staff and valuing their input, and free flowing vertical and horizontal communication, created contexts in School B and the NGO in which frontline staff felt that they had support and authority in the activities that they delivered. They demonstrated confidence, initiative and creativity in evolving HIV/AIDS related activities as well as personal commitment to the success of the programmes in, for example, committing more than official work hours to running them. The findings in the NGO in particular (detailed in 7.2.2.2) demonstrated how active involvement of staff from different levels in the organisation (especially those in direct contact with the target group) in the design of programmes can

strengthen them by drawing on the varied experience and expertise. The study suggests that active involvement of frontline staff can make a positive difference to the programme whether it is simply at the level of designing individual activities as in School B or a contribution to design at both the individual activity and strategic level as in the NGO.

Certain characteristics observed in the leaders in School B and the NGO were seen to encourage such engagement; they were i) open/accessible so frontline staff were able to discuss ideas with them informally without fear of being put down and ii) openly supportive of activities led by lower level staff, to the extent of becoming actively involved in them. This was more apparent in the NGO than in School B which also had certain tendencies towards hierarchical leadership. The findings in the case study organisations are in keeping with the distinction that Child (2005) made between the post-bureaucratic and the bureaucratic organisation: there is "... an emphasis on personal discretion and creativity [in the former and] on conformity to rules ..." in the latter (26).

With its focus on the relationship between organisational characteristics and the delivery of HIV prevention programmes, the current study did not explore in significant detail the reasons behind the characteristics found to exist – reasons, for example, for the ways in which the different leaders relate to staff. Gender might be one such explanatory factor. A comparison between what appeared to be a more nurturing and inclusive female head teacher in School B and the more elusive and distant male head in School A might support the assertion, as discussed by Macdonald et al (1999), that female leaders are more likely to encourage democratic functioning and a context that facilitates empowerment and collective action approaches. Further comparison with the NGO, however, highlights the need to be wary of

gender stereotypes: the male head of the NGO was seen to be open, accessible, and nurturing of staff across the organisation – qualities that might stereotypically be more closely associated with female leaders and qualities that were shown to facilitate the translation of the organisation’s empowerment and collectivist rhetoric into practice.

The international literature discusses a variety of ways in which organisations can be gendered with Hearn and Parkin (2001), for example, highlighting gendered divisions of authority which in Uganda might be seen to reflect broader traditional patriarchal relations. Oryema’s (2007) study of educational decentralisation in Uganda found cases where the authority of female head teachers was challenged by male teachers “who were still in the hangover of the traditional setting where a man was never controlled by a woman” (282). Responses in interviews conducted for the current study and observations by the researcher suggest that this was not necessarily the case in School B. Interactions between the female head and a male deputy head, and references to the former by the latter, suggested a sense of respect for the former – an acknowledgement and acceptance of her authority. This was also observed in comments by other (male) members of staff. Similarly in the NGO, male staff members were seen to respect the female member of staff in a senior position, with her male superiors praising her work and referring to her as the authority in regard to particular aspects of the organisation. It is noted that in this organisation, female frontline staff were also referred to as authorities by male superiors. This all contributed to an environment where both female and male staff at the different levels felt supported to actively engage in the design and delivery of the HIV prevention programme.

The division of authority in School A seemed most in keeping with the gendered relations described in other studies in Uganda, resting most centrally with the more visible, dominant male members of staff despite the presence of women in senior positions such as deputy head. It is noted, however, that there did not appear to be significant differences in the ways in which staff were involved in the HIV programme; engagement of both male and female staff was limited.

As the findings in the current study did not highlight gender as a central factor with particular influence on the delivery of the HIV prevention programmes, it was not selected as an area for detailed analysis. It is, however, discussed in 8.5.3 as one of a number of factors that an extended research framework might explore – factors that could influence organisational functioning and the (HIV prevention) programmes delivered within the Ugandan context.

### **8.1.2 Degree of integration within the organisation**

The degree of integration within the case study organisations seemed to have more of an influence on the vibrancy of the HIV/AIDS programmes than on the approaches adopted. In School B and in the NGO, team working and free flow of information between the different actors and activities made it possible for them to learn from each other, continuously sharing good practice and building on each other's knowledge and experience, allowing for continuous evolution of the programmes. This helped to create holistic programmes, with the different HIV/AIDS related activities in the organisations progressing compatible, mutually reinforcing messages that contributed towards a single end goal. In contrast, the compartmentalised functioning in bureaucratic School A, in which members of staff were unaware of the activities of their colleagues, created a context with limited linkages between

the different HIV/AIDS activities, limiting the amount of learning possible and contributing to a disjointed response. As such, HIV prevention in School A lacked the collective value that writers such as Child (2005) have shown to be a key benefit of integration and essential for effective organisational functioning.

The argument made in the literature (Deschesnes et al 2003, Denman et al 2000, Baric 1993) that specific conditions, structures and processes are required to facilitate integration within individual settings is supported by findings from the case study organisations which demonstrated that post-bureaucratic, democratic characteristics (such as fluid communication and team working), rather than bureaucratic, authoritarian characteristics (such as top-down control and compartmentalised working), are better suited for broad integration of HIV/AIDS related activities across an organisation.

### **8.1.3 Openness to change and uncertainty**

Literature on the functioning of organisations makes the point that post-bureaucratic characteristics are better suited to successful functioning in conditions of uncertainty than bureaucratic characteristics (see 3.1). The case study organisations showed this to be true in contexts with high HIV/AIDS prevalence levels – the two organisations with more post-bureaucratic, democratic characteristics that enabled them to make changes to their programmes and ways of functioning to take into account the changing and complex needs of their target groups were also the organisations with the more successful programmes. The rigidity of the bureaucratic form limited the third organisation's ability to function effectively in these conditions.

Rigid adherence to set ways of working restricted the extent to which School A was able to adopt PIASCY recommendations that differed from its normal modes of functioning. It tended to take on only those aspects of PIASCY that involved the top-down flow of information from teachers to students rather than the more participatory/interactive aspects. Resistance to change limited adoption of an approach involving continuous adjustments to address changing needs and realities of target groups. The school's rigidly structured mode of functioning limited flexibility in the delivery of its programme – limiting, for example, the extent to which students could be involved in leading HIV/AIDS related activities.

On the other hand, School B's ability to embrace and tailor PIASCY to its own needs and interests appears to have been facilitated by the organisation's openness to change (detailed in 6.3.2.3). The school demonstrated an openness to trying new ways of functioning, for example, that made it possible to convert more of the participation focused PIASCY rhetoric into practice. It demonstrated a high level of flexibility in making adjustments to allow for non-traditional external 'teachers' to contribute to its activities, and for considerable student involvement in non-academic activities in and outside the school. The flexibility in School B (for example in adjusting timetables and the balance between curricular and extra-curricular activities) can be seen to have been an important factor in enabling the school to conduct all of its HIV/AIDS related activities while at the same time ensuring that its students passed exams. The discussion in 6.4.2.3 showed that the greatest degree of openness to change and flexibility was observed in the NGO – perhaps unsurprisingly considering its post-democratic ethos and the fact that it does not operate under an overarching system in the way the schools do. As is characteristic of the post-bureaucratic democratic organisation, change was an integral part of the NGO's functioning and aided in fulfilling its priority to evolve its programmes to address

the changing needs of target groups. The NGO was the only case study organisation that had complete freedom and the ability to continuously adapt its HIV/AIDS programmes. The fact that all staff in the organisation had the authority to make decisions about the activities that they led, without any reference to senior staff, meant that the changing needs (of the target groups) could be swiftly addressed.

#### **8.1.4 The organisation's attitude towards working with external actors**

As explained in 6.1.4, this research focused on relationships between the case study organisations and two broad categories of external actors: i) families and other members of the social contexts in which their target groups live, and ii) other formal organisations engaged in HIV prevention. Post-bureaucratic characteristics such as flexibility and openness to change much enhanced the ability of School B and the NGO to work with external organisations (ranging from central government agencies, large private schools, and Churches, to small youth empowerment community based organisations) and to benefit from these relationships. In contrast to the more bureaucratic School A, these two organisations demonstrated a willingness and ability to learn from the different external actors and to adopt recommendations from the 'partner organisations' in ways that were relevant to their circumstances and contributed to the ongoing improvement of their programmes.

Various authors make the point that successful relationships entail some element of change by one or all of the actors involved (Campbell 2003, Riley and Wakely 2003, Brinkerhoff and Brinkerhoff 2002, Britton 1994 in Penrose 2000). The aversion to change and the lack of flexibility in bureaucratic School A much reduced the likelihood that it would embrace such relationships (which in HIV prevention are said to enhance content and approach) and its



ability to do so. Diversity in HIV prevention, for example using different external actors to reinforce messages given by teachers in schools, was highlighted as important by respondents in both case study schools and the NGO. Its actualisation, however, was restricted by form and philosophy in School A, where relationships with external actors were not perceived to be important to fulfilling the school's central objectives of academic excellence and discipline, and the rigid mode of functioning (largely to achieve these central objectives) restricted teachers' freedom to fully engage in them. In the more post-bureaucratic NGO, HIV/AIDS programmes were purposefully designed to actively engage and learn from external actors (for example systematically involving teachers in evaluations of its school programmes) and its mode of functioning made it possible for this to happen. Unsurprisingly School B seemed to fall somewhere in-between – its programmes were not necessarily purposefully designed to incorporate externals but its post bureaucratic, democratic features made it possible to work with, and learn from, them.

School A's limited interest and commitment to relationships with external actors (as detailed in 6.2.2.4) can be seen to have contributed to making its relationships fragile and to limiting their usefulness. The school's experience shows how relationships might not work simply because they are imposed from the outside. It supports the assertion by Riley and Wakely (2003) that relationships that do not grow out of a natural need can only have limited success. Staff in School A spoke of HIV/AIDS related relationships more as a task that they fulfilled because the MoES and/or other external actors said that they should, rather than an activity that they considered to be inherently important; there was little evidence of commitment by the school to ensure sustainability of the relationships, supporting Mills (1996) assertion about

formal requirements to collaborate leading delivery organisations to work with other actors to fulfil a sense of duty, without any commitment to the cause.

All three case study organisations had limited success in developing reciprocal relationships with the parents and community members of their target groups in the manner described in the HIV prevention rhetoric. HIV prevention discourse emphasises the need to engage diverse constituents in the social contexts of the target group (male and female, young and old, professional and lay, and so on) to tailor programmes to the context. The researcher did not find evidence of this happening comprehensively in any of the study organisations. In School A this might be explained by the organisation's characteristic nonchalance towards relationships with external actors and the associated lack of structures to make such relationships work. In School B and the NGO, the fact that the organisations themselves emphasised the importance of working with these actors and that examples of sustained reciprocal relationships with other external actors existed (demonstrating that they are possible in these organisations) suggests the influence of other (non-organisational) factors and/or the possibility that the explanation for the limited success lies outside the organisations. In both organisations, reference was made for example to resistance from parents in regard to committing to (ongoing) relationships. More specifically, both organisations reported facing particular difficulty in engaging male members of the target social groups (see, for example, 7.2.2.2). This might be explained by reasons such as cultural norms that associate child related activities more closely with women and/or as suggested by a manager in the study NGO, a tendency for men to "have a low health seeking behaviour compared to women" (interview conducted on 21/11/2007). Possible implications of such gender imbalances in the

relationships formed by delivery organisations, and the value of investigating them in detail, are discussed in 8.5.3.

### **8.1.5 The organisation's attitude towards young people**

The organisations' attitudes towards young people (the target group of their HIV/AIDS programmes) were clearly reflected in the extent to which the young people were involved in the delivery of the programmes. The belief that the role of the students is primarily to absorb information given to them by expert teachers in order to achieve academic excellence and good discipline can be seen to have limited the extent to which School A was open to actively engaging students and interrogating their thoughts/experiences to direct HIV prevention. As discussed in 7.1.2.2, there was no evidence of students being actively involved in any aspect of the delivery of HIV prevention in this School. The (HIV/AIDS) education in the school embodied features identified by Harber (2004) as being characteristic of authoritarian philosophy as discussed in 3.2.1: an "emphasis on cognitive learning and a narrow range of skills and ... general reluctance to engage with ... feelings, identities and relationships..." (68). The school adopted a rationalist perspective in its HIV/AIDS programme, asserting that there is certain set information (determined by the government) that has to be passed on to the students. As such, there is no need to spend time exploring issues with the students and jointly creating knowledge. This philosophy likely dictated the school's behavioural change approach and minimised the possibility of other more inclusive, participatory, democratic approaches to HIV prevention being adopted.

In School B and the NGO, the perception of students as whole and not simply academic beings with a diversity of needs that should be met, and as having opinions and life

experiences that are of value and worth listening to, could be seen to drive the effort to actively engage them in the HIV prevention programmes and the emphasis on life skills development. It is noted, however, that even in these two organisations, involvement of the target group was not comprehensive. In the school, students were involved, for example, in developing activities for sensitisation events and leading these activities, but were not involved in the more strategic decisions such as what sensitisation events took place, when, where or what message was given. This is possibly partly explained by the traditional mode of functioning, in which teachers are accustomed to being in control, that is typical in schools across Uganda and that was seen to exist to some degree in School B. Respondents in and outside the case study schools made reference to teachers having been socialised into a didactic mode of schooling. The hold of the traditional authoritarian mode of functioning is such that even in schools such as School B, with post-bureaucratic democratic tendencies, teaching (particularly in the examined, curriculum based classes) tends to adopt a teacher centred, top-down approach. Various writers have discussed the limitations curriculum pressures can place on participatory approaches. The experience in School B supports the discussion in the literature (Carnie 2003, Hawes 1988, Armstrong 1986) about the difficulties of maintaining a democratic philosophy whilst functioning in a predominantly authoritarian context (see 3.2.2). The observation that HIV/AIDS in curriculum based teaching was predominantly in the form of top-down, information provision, but that in extra-curricular contexts (which were free of externally imposed pressures) was more pupil oriented can be seen to reflect the value placed on student participation within School B.

The NGO's staunch commitment to programmes being directed by the target group was likely driven by its explicit belief that there is no such thing as a prescribed answer to HIV/AIDS

that is correct for all people in all contexts at all times. It rejected the notion of set information flowing from ‘experts’ to ‘learners’. The absence of an externally imposed framework gave the NGO the freedom to design its programmes as it saw fit, free to be directed by the young people and their realities, and to spend as much time as was required by the young people to interrogate the issues at hand - a feature of the NGO’s programmes that members of its target group highlighted as a particular strength (see 7.2.2.1).

It is noted however that, as detailed in 7.2.2.2, the input of the target group was largely limited to contributing to needs analyses led by staff of the NGO. This raises the question of why, in this organisation with its commitment to participatory approaches and its particular perception of the target group, the young people were not more comprehensively involved in the HIV prevention programmes. It could be that such involvement is not considered necessary – that in the circumstances in which the NGO works (with limited time spent in schools and with community groups), resources are better directed towards continuous participatory needs analyses and participatory staff led sessions as described in 7.2.2.1. Such an approach can be seen to have contributed to some of the results expected from actively involving target groups in HIV prevention – making it more relevant to the group (in this case through the needs analyses) and developing/enhancing (life) skills (through active interaction in the sessions).

The researcher found that both boys and girls played an active role in School B and the NGO with, for example, both sexes leading HIV sensitisation activities in the former and enthusiastically contributing to the life skills session observed in the latter. Girls in both these organisations confidently expressed strong opinions in the study FGDs, in some cases forcefully countering statements made by boys. This suggests a progressive context relative to

other Ugandan settings such as the school studied by Mirembe and Davies (2001) where boys dominated over girls, reproducing wider patriarchal relations that were counter to the empowerment messages of the HIV prevention programme delivered.

Both School B and the NGO demonstrated an awareness of the significance of gender in HIV prevention, evidenced for example in the creation of the vocational skills club for girls in the school (as a way of addressing the problem of dependence on ‘sugar daddies’) (see 7.1.3.1), and the NGO’s specialist life skills programme addressing pressures faced by boys (see 6.4.2.3). It is, however, recognised that even in these relatively progressive contexts, there were examples of reinforcement of prevalent stereotypes and relations in, for example, the regular references to ‘inappropriate’ clothes/hairstyles worn by girls and said to attract negative attention from boys, and the limited evidence of efforts to address wider gender inequalities and associated social norms.

The situation in School A seemed more in keeping with the conventional perception of boys and girls, with the former more prominent in assemblies for example. It is, however, also noted that participation of both boys and girls was encouraged in the classroom settings observed and that both sexes participated to a similar degree in the FGDs conducted for this study, but also that both boys and girls appeared more subservient in this school than in the other two case study organisations. There was less active engagement of both sexes in the HIV prevention programme here than in the other two settings, arguably attributable to the organisation’s attitude towards young people.

As mentioned in the preceding sections, the value of further investigating the influence of gender in the delivery of (HIV prevention) programmes is discussed in 8.5.3.

## **8.2 ORGANISATIONAL FACTORS AND (PERCEIVED) IMPACT OF HIV PREVENTION**

As detailed in chapter seven, the findings from the case study organisations support the proposition that positive impact is greatest when HIV prevention adopts more participatory, empowerment and collective action approaches, and that these approaches were more viable in organisations with post-bureaucratic, democratic characteristics. The case studies also showed, however, that the presence of more post-bureaucratic, democratic characteristics within an organisation did not necessarily result in greater impact. Perceived impact appeared to be greater in School B (the setting with mixed characteristics, towards the centre of the organisational continuum described in 4.1.2) than in the NGO (the organisation towards the post-bureaucratic, democratic end) – see 7.1.3.3, 7.2.2.3 and concluding paragraph of 7.3. Study findings suggest that impact was also influenced by the frequency with which the target group interacted with HIV/AIDS information. Though the HIV prevention in School B and the NGO were similar in that they embodied aspects of the empowerment and collective action approaches, a key difference between the two settings was that students in School B had regular consistent exposure to HIV/AIDS related activities and those associated with the NGO did not. The existence of different activities delivered from different angles, employing a range of approaches, but all progressing a similar message in School B (see 7.1.3) meant that students were interacting with the same message in many different contexts, which possibly contributed to greater assimilation of the message (as premised in the ‘whole school approach’ (WSA) discourse (detailed in 7.1.1)). The international literature suggests that the limited

implementation of the WSA observed in School A and in the NGO partner schools is a more common reality than the experience of School B. Successful implementation of the approach in School B was likely driven by the high priority given to HIV/AIDS in the school and its relatively integrated nature.

Working through other organisations (for example schools / Churches) to deliver its HIV prevention was likely a key factor limiting the effectiveness of the NGO's programmes. Characteristics of the NGO and its HIV/AIDS work (for example, an emphasis on being driven by the needs of the target group, and the integrated nature of the organisation that facilitated continuous learning) suggest that if the NGO worked with specific young people on a more regular basis, its impact might be similar to / greater than that in School B. It is of course acknowledged that, as expressed in 7.3, a range of factors both within and outside the organisational settings can influence the target group and their knowledge, attitudes, behaviours and skills, making it difficult to isolate the specific impact of the case study programmes.

The findings in School B support the thinking, as discussed in 4.1.3, that schools are potentially good settings for HIV prevention programmes for young people because they allow for the possibility of frequent, consistent, continuous interaction with a large and ready audience. It must, however, be noted that the success of HIV prevention in schools is not guaranteed and that organisational characteristics can influence it in various ways, as discussed above.



### **8.3 THE INFLUENCE OF DIFFERENT ORGANISATIONAL FORMS**

The international literature suggests that the principles of health promotion necessitate a need for change in the ways in which the traditional authoritarian school operates (Deschesnes et al 2003, Denman et al 2002). The current systematic investigation of the influence of organisational characteristics asserts that the same could be said specifically in regard to empowerment and collective action approaches to HIV prevention. It supports existing commentaries of HIV prevention in bureaucratic, authoritarian schools. It found that despite the support and resources directed towards School A, to support its functioning as an example of best practice under the PIASCY initiative, the organisation's internal characteristics interacted with negative effect to limit translation of PIASCY ideals into practice. A combination of a leadership that did not appear to perceive HIV/AIDS as a key school priority and a situation where the priorities and actions of frontline staff were very much driven by those in authority contributed to a situation where HIV/AIDS was marginalised. Strict hierarchical controls restricted the extent to which frontline staff had the space, support and ability to tailor HIV activities to different target groups/contexts in the manner advocated in the empowerment model. The dependence on set procedures and the tendency towards transmitting fixed messages from above, using fixed channels, reinforced by the organisation's general perception of the target group as 'empty vessels' to be filled by 'experts', can be seen to have contributed to the behaviour change approach adopted. The HIV programme in School A was further limited by a characteristic that Handy (1993) ascribed to bureaucratic organisations – "slow to perceive the need for change and slow to change even if the need is seen" (186). This was perpetuated by the centralised decision making; rigid, formal communication processes; compartmentalised functioning; set rules; a tendency towards conformity; and limited genuine engagement with external actors. The study findings show

that organisations with such features are likely to struggle with moving beyond providing predetermined information to adopt a more integrated, school wide approach that actively engages members of the target group and actors in their wider contexts. It must be noted however that HIV prevention in organisations such as School A is not necessarily a futile exercise; students reported having learnt a lot from teachers in the school and factual knowledge of HIV/AIDS related issues did indeed appear to be similar to that of students in School B and the NGO.

School B presented a different picture of HIV prevention in schools showing that they *can* be organised in a way that facilitates effective programmes. It demonstrates that even with a combination of traditional bureaucratic, authoritarian characteristics and a degree of post-bureaucratic, democratic features, it is possible to deliver programmes with empowerment/collective action characteristics. In addition to the positive influence of a passionate and active leader (a factor which it is recognised cannot easily be replicated elsewhere), delivery of the HIV prevention programme in this organisation was enhanced by fluid and frequent communication between different actors and activities, which facilitated the sharing of good practice, and by staff at different levels and in different roles being given the authority, skills and flexibility to tailor activities to different needs. Operating within a broader traditional school system with bureaucratic, authoritarian tendencies, the school/teachers were often forced to present HIV/AIDS information in a didactic, top down manner but the general perception of young people held by teachers in the School meant that in many cases this ‘banking education’ approach was balanced with more democratic, participatory approaches. This case study organisation suggests that schools are not necessarily rigidly restricted to conforming to the broader systems in which they function. Flexibility, an openness to change

and learning, and other post-bureaucratic characteristics (which in this case were, at least in part, driven by the head teacher - see 6.3.2.1), can facilitate the tailoring of internal functioning to suit local priorities in ways that might not be possible in more bureaucratic settings. As premised in the international literature, School B demonstrated that programmes in organisations with such post-bureaucratic, democratic characteristics can be positively influenced not only by the active engagement of different actors within the organisation (different levels of staff *and* students) who contribute to tailoring and personalising the programme, but also by engaging and learning from a range of external actors.

It is noted that, as discussed in 3.1.2, there are also challenging aspects to the more post-bureaucratic functioning, reflected for example in complaints by frontline staff in School B of heavy workloads relative to colleagues in other schools. The workloads were due not only to the numerous HIV prevention and extra-curricular duties that had to be fulfilled alongside regular teaching requirements, but also due to factors such as the relatively fluid boundaries around roles/tasks and the associated expansion of said roles/tasks.

In much the same way as in School B, frontline staff with authority and support to use their initiative in delivering HIV prevention activities and tailor programmes to different needs, and the strong integration across the more post-bureaucratic, democratic NGO facilitated evolution and the fast, regular sharing of knowledge and practice in a manner that strengthened the HIV programme. This was also facilitated by the organisation's openness to change and learning and the tendency towards actively engaging and learning from its target group and from external actors.

#### **8.4 SECTION CONCLUSION**

The five organisational factors discussed in 8.1 can affect HIV prevention programmes in a range of ways with some, for example hierarchy (the leadership and the relationship between different staff), openness to change, and attitude towards working with external actors able to influence both the approaches adopted and the vibrancy of the programmes, while others such as integration have more of an influence on vibrancy, and others such as attitude towards learners have more of an influence on the approach adopted. It is also noted that the five factors are not mutually exclusive but are interrelated and can be reinforcing either to the benefit or the detriment of HIV/AIDS programmes; the lack of interest in relationships with external actors combined with the resistance to change in School A, for example, almost eliminates the likelihood of the school adopting a collective action approach to HIV prevention. On the other hand, the affinity to ‘partnership working’ and openness to diversity, the equipping of staff at the different levels of the organisation to play a part in sustaining relationships with external actors, and the interest in and flexibility to adopt new ways of working in the more post-bureaucratic democratic NGO (and to a certain degree in School B) enhances the likelihood of making such an approach a reality, and learning and benefitting from it.

It must be highlighted that the case study organisations showed leadership to be a particularly influential factor. The centrality of the leadership is possibly accentuated in the Ugandan context by a general culture of giving significant reverence to those in positions of authority (Oryema 2007 and the researcher’s personal experience). This was evident to some degree even in the more post-bureaucratic democratic case study organisations. This reverence for authority is discussed in 8.5.3 as one aspect of the broader Ugandan culture that could

influence the functioning of organisations and their programmes, and that could usefully be explored in an extended research framework.

## **8.5 OTHER INFLUENTIAL FACTORS**

Two other interrelated factors repeatedly emerged from the case studies as influential in the delivery (and subsequently outcomes) of HIV prevention programmes: i) the organisation's priorities, and ii) 'ownership' of HIV prevention in the organisation. The (lack of) training and support given to frontline staff was also highlighted as a very influential factor. These three factors are briefly discussed below before considering other potentially influential factors that lay outside the scope of the current research framework but can be significant in the context of less developed countries such as Uganda.

### **8.5.1 Priorities of the organisation and 'ownership' of the HIV prevention**

It has been shown, in 8.1.4 for example, that the narrow focus on academic achievement and discipline in School A limited the attention given to HIV prevention. The situation in the school mirrored the problem found by other studies in schools in Uganda (such as Mirembe 2002 and World Bank 2002), where HIV prevention was marginalised because of the minimal contribution it made to success in examinations. The focus on academic achievement in School A also contributed to a minimal focus on extra-curricular activities which (as discussed in 8.1.5 above), in the prevailing traditional school context, offer a vehicle for participatory, student directed HIV prevention

The findings in School A support the argument made in the literature that when an initiative is imposed from 'above', the recipient is less likely to take ownership of it (especially if it is not

in keeping with existing values, priorities and ways of working). As was reported in 7.1.2.1, PIASCY activities in the school were most active when driven and (financially) supported by the PIASCY implementing partners and they diminished to a basic existence soon after that support came to an end. The situation in School A is demonstrative of negative aspects of bureaucratic functioning: a tendency to comply with instructions/initiatives from above (in this case the MoES) because one has to and not necessarily because they are in keeping with one's own priorities, implementing them to the most basic level required without taking any initiative, and drawing back implementation as soon as direct supervision is relaxed. The effectiveness of any initiative delivered under such conditions is likely to be limited.

In contrast, the strong commitment to HIV prevention prior to the introduction of PIASCY in School B likely contributed to the much greater ownership of the initiative found to exist in that setting. The response to PIASCY in School B was out of keeping with the response ordinarily expected of initiatives imposed on organisations from outside. School B's response – embracing and adapting the initiative – is possibly explained by pre-existing priorities and ideas of how HIV/AIDS programmes should be delivered, as well as its post-bureaucratic characteristics such as flexibility and openness to change. The school's ownership of the initiative and commitment to its ongoing success was demonstrated, for example, in the head teacher's efforts to access funding from different sources in order to maintain PIASCY activities beyond the direct involvement and financial support of MoES and the implementing partners.

As with School B, HIV prevention in the NGO was an internally developed priority and, as the programme was wholly conceptualised and designed within the NGO, ownership was high. As

in School B, the high level of ownership manifested itself in a commitment and concerted efforts towards successful ongoing delivery.

The limited focus on addressing structural constraints to HIV prevention in the three HIV/AIDS programmes studied might be explained by the fact that it simply was not a central area of focus in the case study organisations. Structural change (particularly at the superstructural level detailed in 2.1.3.2) was not a key priority in the PIASCY rhetoric or that in the individual schools. In the NGO, where the rhetoric made some reference to the importance of superstructural change, there was evidence of some effort to address it by, for example, influencing policy debate through the youth Self Coordinating Entity (SCE) of the Uganda AIDS Commission (explained in 5.2.2). The study notes that the limited addressing of structural factors is probably also partly explained by factors such as the limited interaction with families / community members of the target groups, as discussed in 8.1.4 above.

### **8.5.2 Training in participatory approaches to teaching**

In keeping with Harber's (2004) assertion about the functioning of schools, the case study schools demonstrated that assimilation of new ways of working proposed by PIASCY (and other education initiatives) was restricted by factors such as "the weight of tradition and dominant ideology ..." (143). As other studies such as Aggleton et al (1993) and Marland (1990) have found, there was evidence in both case study schools of participatory approaches to HIV prevention being limited by resistance from teachers used to didactic, top-down modes of teaching. Resistance from teachers in the case study schools was not necessarily explicit or hostile but, in many cases, was simply about them finding it difficult to change the approaches that they have always used (even when talking positively about the value of newer

approaches) and/or not knowing how to do things differently. A lack of training in the new expected modes of working was repeatedly highlighted by study participants as influential in limiting HIV prevention in schools – a finding very much in keeping with that of other studies of HIV prevention in schools (Boler and Aggleton 2005, World Bank 2002), as discussed in 2.1.2. Writers such as Denman et al (2002) assert that teachers and head teachers need extensive long term training and support to fulfil new expectations such as those demanded by the current HIV/AIDS discourse.

A somewhat related point was the finding, as discussed in the literature, that teachers have other concerns (such as heavy workloads, large classes, a lack of personal and professional resources, and family and other external commitments) that can limit their enthusiasm and ability to contribute to participatory HIV/AIDS initiatives. They need support to address these concerns. The post-bureaucratic, democratic modes of functioning in School B and the NGO were seen to facilitate the provision of such support by, for example, having communication channels that make it possible to quickly pick up complaints and the flexibility to relax other (academic) pressures while adjusting to new areas of focus. An emergency meeting called by the head teacher in School B to address teachers' grumblings about heavy workloads and the changes resulting from that meeting offer an example of such support in action (discussed in 6.3.2.1).

### **8.5.3 Potentially influential factors in the Ugandan context**

This study acknowledges that its specific focus on organisational factors, without a detailed exploration of other potentially influential factors within the Ugandan context, might be considered a limitation. As mentioned in 4.1.2, many have written about the particularities of



African contexts that can contribute to a distinctive nature of African organisations and, as argued by Stephens (2007) and Oryema (2007), can influence the degree to which initiatives (such as decentralisation in Oryema's case and HIV prevention in the current case) are (effectively) implemented. Oryema's (2007) investigation of Ugandan society in the light of Riggs' (1964) prismatic society theory demonstrated that it is indeed prismatic – that is, a society in which “‘traditional’ and ‘modern’ values and behaviours co-exist ... new market and administrative systems have ‘displaced’ but not ‘replaced’ the traditional system” (17). He argued that “although not always observable, [traditional] traits continue to make their impacts felt in a variety of ways, often creating quite a complex context for administration and policy implementation” (20).

With more resources than were available for the current study, the research framework could have been extended to consider the influence of a range of ‘prismatic’ traits on the delivery of HIV prevention programmes. It could, for example, consider the influence of religion which Oryema (2007) found to be widely adhered to both in terms of traditional beliefs and the more recent monotheistic religions. It could investigate the influence of the strong religious identities seen to exist in the case study organisations (outlined in 6.2.1, 6.3.1 and 6.4.1) and of religious bodies (for example Churches and the Uganda Muslim Education Authority) with which they are linked.

The staff composition of the three organisations reflected the multi-tribal nature of Ugandan society. Though not more than five references were made to tribal differences in discussions about the organisations and their programmes, the researcher is aware from personal knowledge and from other studies that tribal consciousness is an important factor in the

Ugandan context. An extended research framework might include an exploration of the interaction between staff members from different tribes, considering the influence of tribe on progression, division of labour, group dynamics, and how such factors might influence the HIV programmes delivered and their impact. It might also examine the influence of different tribal attitudes towards cultural and sexual practices associated with HIV/AIDS and towards the social position of young people, and how these might motivate individuals to act in particular ways in delivering prevention programmes.

The persistence of more traditional approaches to organisation, leadership and authority might contribute towards explaining the strong sense of reverence for those in authority observed in all three case study organisations. Oryema (2007) argued that despite differences in forms of organising across different groups in Ugandan society, with some adhering to “highly centralised kinship systems” and others “segmentary chiefdoms, clans, villages and family leadership” (29), in all systems “authority was highly respected” (30). The finding in the current study that reverence for those in power differed in the organisations at the different points along the organisational continuum demonstrates how external culture might be lived out in different ways in different organisations, influenced by internal realities. An extended research framework might explore this further.

Another trait with the potential to influence HIV prevention programmes is the existence of marked gendered roles and relations. A research framework for investigating the delivery of HIV programmes could be extended to explore this, expanding on the considerations discussed in 8.1. Whilst, as mentioned above, comparison of the three focus organisations using the existing research framework did not highlight gender as a central factor influencing

delivery, the study is aware from the organisational and education literature, as well as that on the HIV/AIDS response in sub-Saharan Africa, that organisations are inherently gendered, invariably reflecting gender imbalances in the wider context, and that gender differences can influence not only the dynamics of organisations and how they function, but also the ways in which individuals within them behave in delivering (HIV) programmes, and the content of the programmes (Luginaah et al 2007, Hearn and Parkin 2001, Mirembe and Davies 2001, Macdonald et al 1999). An extended research framework could explore the reality of such claims in Uganda, and possible explanations.

A detailed consideration of gender relations could also usefully explore why certain groups are more likely to engage with delivery organisations. Staff in the case study NGO reported, for example, that its HIV/AIDS parent-child symposia were generally dominated by mothers (interview with manager, 21/11/07). This can have implications for the programmes delivered with respect, for example, to how gender related structural limitations to HIV prevention are addressed and/or in identifying and addressing the different needs of boys and girls in target groups and, ultimately, the impact of the programme on girls and boys.

A research framework could be designed to investigate if/how differences between the customary roles, relationships, values, priorities and practices of social groups and those inherent to more formal, institutionalised, professionalised organisations might influence the delivery of empowerment and collective action approaches to HIV prevention. It could, for example, investigate differences between customary indigenous education, which traditionally “was the duty of every responsible adult” (Oryema 2007:31) and tended “to reflect the values, wisdom and expectations of the community or wider society as a whole” (Bray et al 1986:110,

Stephens 2007) and the education delivered by ‘experts’ in schools, and what the differences might mean for contemporary efforts to establish relationships between schools and the wider social contexts of their target groups. Does “professionalised” education create institutional boundaries that drive those outside the formal systems to leave education to the ‘experts’? Might this, at least in part, explain the elusive relationships between the delivery organisations studied and (specific groups within) the social settings of their target groups (as discussed in 8.1.4)?

There are various aspects of the ‘prismatic society’ that might be relevant in studying the delivery of HIV prevention programmes and could usefully be considered in an extended research framework. These include: i) oral traditions which, as shown by Oryema (2007), can limit the extent to which more modern, imposed systems of written documentation are maintained. This might, for example, partly explain the poor record of PIASCY documentation observed in the current study; ii) the complex and evolving relationships between ‘traditional’ and ‘modern’ structures, roles, values and pressures, and what they might mean for different actors such as female members of the delivery organisations who are traditionally responsible for family and other domestic duties. Might changing domestic relationships affect the time/personal resources they are able to commit to the delivery organisation and its programmes? Might changes in the relationships influence efforts to form relationships between delivery organisations and different actors within the social settings of target groups? In what ways? iii) the ‘prescriptive culture’ in Uganda described by research participants within the case study organisations and beyond which, with its rationalist view of knowledge and tendency to pass on, and work within, set directives from above, can influence

the ways in which organisations function and is likely to favour a behaviour change approach to HIV prevention.

An extended framework might also consider cultural norms which, as argued by Stephens (2007), can “impact the way teachers and children interact and give meaning to those interactions” (117). It could further explore reasons why the relationships between teachers/facilitators and young people might differ in different organisations situated in similar contexts (as was seen to be the case in the current study’s focus organisations), and what that means for the HIV prevention programmes delivered. Data from the current study also suggests that an exploration of the role/influence of international actors, such as aid donors and international NGOs, would be of value in an investigation of HIV prevention programmes in Ugandan organisations. It is widely argued, for example, that the Ugandan HIV/AIDS response has been heavily influenced by American funding, and numerous references were made to links with international NGOs in all three case study organisations. An extended framework might explore what influence (if any) this has on the programmes delivered by individual organisations, how and why?

The framework used in the current study proved a useful first step in filling an important identified gap in HIV/AIDS research by examining and assessing the influence of organisational characteristics on the delivery of HIV prevention programmes. However, in carrying out the analysis, other factors emerged as being of potential significance in developing a full understanding of the delivery of HIV programmes. Some of the factors that might shed additional light on the ways in which organisations in an African context such as Uganda function in delivering (HIV prevention) programmes have been identified above.

## 8.6 CONCLUSION

Many organisations delivering HIV prevention programmes extol the virtues of the empowerment and collective action rhetoric, but not all organisations are able to put that rhetoric into practice. In keeping with Harber and Davies' (1997) assertion that the largely authoritarian and bureaucratic power relationships in schools result in "an ineffective way of educating for peace and democracy ..." (60), this study found that the controlling, hierarchical, rigid, prescribed mode of functioning in the bureaucratic, authoritarian organisation makes it difficult to deliver HIV prevention approaches with an ethos of participation and empowerment. The discussion above shows ways in which organisations with post-bureaucratic, democratic characteristics are better suited to delivering HIV prevention as advanced in the current international rhetoric – characteristics that, for example, encourage ownership and commitment to the programme amongst staff at all levels of the organisation; facilitate integration within the organisation and enhance the collective value of the different HIV/AIDS related activities within it; encourage continuous learning and flexibility to evolve and keep the programme in line with changing needs of the target group; make it possible to work with and learn from external actors; and enable engagement with the target group in ways that make the activities relevant to them, contribute towards building certain life skills and increase the likelihood of assimilation. The case study organisations also show, however, that even with the post-bureaucratic democratic organisational characteristics that facilitate much of what is recommended in the empowerment and collective action approaches, there are certain aspects that remain elusive – for example engaging with members of the social contexts in which the target groups live, and the comprehensive involvement of the target group in developing and delivering HIV prevention programmes.

It has been shown that in influencing the delivery of HIV prevention programmes, the organisational factors discussed interact in different ways to influence the approach taken and the overall vibrancy of the programme delivered, in turn also influencing impact.

**CHAPTER IX**  
**STUDY CONCLUSIONS, IMPLICATIONS,**  
**CONTRIBUTION AND FURTHER RESEARCH**

**9.0 INTRODUCTION**

This concluding chapter presents a summary of the study findings (section 9.1) and discusses their implications for HIV prevention initiatives (in Uganda) (9.2). Section 9.3 considers the contribution made by the present study and the final section of the chapter discusses areas for further research (9.4).

**9.1 STUDY FINDINGS**

9.1.1 below provides an overview of HIV prevention in Uganda, summarising the study's findings concerning the ways in which rhetoric and practice in the study context compares with international thought. 9.1.2 then deals specifically with the findings concerning the key focus of the study – the influence of organisational characteristics in the conversion of HIV prevention rhetoric into practice. 9.1.3 offers a critique of the research framework adopted for the study and out of which these findings emerge.

**9.1.1 HIV prevention in Ugandan settings**

The discussion in chapter two detailed how international thinking on HIV prevention has moved away from a narrow focus on providing individuals with prescribed information (a behaviour change model), to an emphasis on working with individuals to empower them to reduce HIV risk within their particular contexts (empowerment paradigm), and to engaging a range of actors within these contexts to address broader structural limitations to HIV



prevention (collective action paradigm). Responding to objective II, which was concerned with developing a comprehensive understanding of the HIV/AIDS response in Uganda, chapter five showed that the national HIV prevention discourse in Uganda is in keeping with the international rhetoric. Alongside a continued focus on the more traditional initiatives such as media campaigns that direct information to individuals, the national response places emphasis on partnership working – involving different stakeholders (community groups, youth, the private sector and so on) in a joint response – and ‘life skills education’ is a commonly repeated buzzword. The study also found that the rhetoric at the local level – in individual settings – is very much in keeping with that at the national and international levels, emphasising for example empowerment of target groups through building life skills, active involvement of members of the group in programmes, and work with different actors to maximise impact. The case study organisations and others visited during the study demonstrated, however, that (in response to research question (ii) of objective III which sought to determine the relationship between rhetoric and practice) various gaps exist. Gaps were particularly evident in regard to the involvement of target groups in the programmes delivered, collective action with external actors, and life skills education. These gaps are briefly discussed in turn.

#### **9.1.1.1 Working with the target group**

The experiences of the case study organisations highlighted challenges in translating the rhetoric of target group participation into practice. There were no examples of comprehensive involvement in which members of the target group initiated and/or controlled the HIV prevention activities – not even in the organisations with a post-bureaucratic, democratic ethos that emphasised the importance of programmes being driven by the needs/realities of the

target group. Practice ranged from no involvement at all in School A to involvement that was determined by staff in School B and the NGO. Section 8.1.5 discussed possible explanations for this finding. It raises questions about whether comprehensive involvement of the target group (especially young people, as in this particular case) is possible / necessary. The study found perceived positive impact of the prevention programmes to be greater in the organisations that involved the young people in delivery than in the one that did not, supporting the assertion that such participation is an important element in HIV prevention and that efforts should be made to improve its application. The case study organisations also demonstrated, however, that positive impact is possible even when involvement is not comprehensive.

#### **9.1.1.2 Working with external actors**

Gaps between rhetoric and practice were particularly apparent in relationships with members of the families and wider social settings of the target groups. ‘Community engagement’ is a focus in Uganda’s HIV/AIDS response that the experience in all three case study organisations suggests is not easily translated into practice. This is in keeping with findings from other studies, such as that by Deschesnes et al (2003) which showed engagement with communities surrounding target groups to be one of the weakest aspects of the many school health promotion programmes that they reviewed. None of the case study organisations in the current study worked with this category of actors in the reciprocal manner expressed in their rhetoric. HIV/AIDS related meetings between the delivery organisations and ‘community members’ were few and far between and when they occurred, HIV/AIDS was often one of many issues covered. This meant that there was limited time for in-depth discussion, resulting in a didactic

information provision approach rather than a two way process of information creation and exchange.

The experience in the case study organisations suggests that relationships with this group were not purely limited by organisational factors but also possibly, as suggested by earlier studies, by factors such as i) pre-existing commitments of the actors involved (with teachers, for example, restricted by pressures of fulfilling curriculum requirements and parents, who in many cases were from low income groups, being unable to take time out of income generating activities); ii) limited priority given to joint working, with the different actors seeing their roles as well defined and separate; iii) the controversial nature of the matter to be discussed.

The limited interaction with community/family members (which, as mentioned in 8.1.4, was primarily with women in the current study) is potentially a real weakness in HIV/AIDS programmes. Efforts to empower students and raise their aspirations (heard, for example, in assertions such as “you have to excel. You have to reach University ... Don’t go in [to early marriages] until you are ready for it” (18/06/08b in School B) are likely to have limited long term impact without engaging and acquiring the support of actors in the wider context that are able to influence the choices/actions of the young people. Similarly, valuable interventions such as School B’s vocational skills club which seeks to minimise reliance of school girls on ‘sugar daddies’ are likely to have limited impact without corresponding interventions that engage and seek to transform the mindsets and behaviours of the ‘sugar daddies’ and wider social norms. This is a key argument of the proponents of structural approaches to HIV prevention.

### **9.1.1.3 Life skills education**

The international literature makes the point that life skills education is an approach to HIV prevention that many claim but also one that many find difficult to turn into a reality. This seems to be the case in Uganda. The case study NGO, which is recognised as a key player in life skills education, bemoaned the over-use and devaluing of the term in the country. Though life skills education is an important feature of PIASCY rhetoric, in practice it was a somewhat marginalised aspect of the HIV/AIDS programme in School B, which itself compared favourably with the complete lack of life skills education in School A. Comments from various sources suggest that the situation in School A is more typical of schools across Uganda than that in School B. In one non case study school visited, a teacher made the claim that “all the life skills, they are in those [PIASCY] books” (09/07/08) and that students developed the skills by reading those books. Life skills theory rejects such claims. It asserts that development of life skills requires more than just learning/reading about them, but must involve an element of active engagement and regular practice. Perceived positive impact of the HIV/AIDS programmes studied was greatest in the two case study organisations where there was some evidence of this happening – School B and the NGO.

The finding that the three organisational forms had difficulty putting these key elements of the HIV prevention rhetoric into practice suggests the need for further thought about the rhetoric. Is it too ambitious? Does it advocate aspirations that cannot be turned into reality? Perhaps, as suggested in the discussion about engagement of the target group in School B and the NGO, the response to the question of whether delivery organisations must adopt all the specifics of

the HIV prevention rhetoric (question ii of objective V) is that the levels detailed in the rhetoric are not necessarily essential for achieving the expected positive results.

### **9.1.2 Influence of organisational factors on the delivery (and impact) of HIV prevention**

This study evaluated the assumption emerging from the international literature that *organisations with post-bureaucratic, democratic characteristics are better suited to delivering empowerment and collective action HIV prevention programmes than those with bureaucratic, authoritarian characteristics*. It did so by examining the HIV/AIDS programmes in three different organisational forms. It is noted that in response to question (i) of objective III, which was concerned with mapping the organisational characteristics of the case study settings, the study found that, as posited in the international literature, organisations are not purely one type or another: while School A was predominantly a bureaucratic authoritarian organisation with, for example, strict hierarchical ordering and rigid modes of functioning that placed little value on working with external actors and perceived students as empty vessels to be filled by experts, it also demonstrated a certain degree of flexibility. Towards the other end of the organisational continuum, the NGO studied displayed features such as flexibility, recognition and valuing of staff at all levels of the organisation, and an emphasis on partnerships which are characteristic of the post-bureaucratic organisation, but also had some element of hierarchical functioning. School B had been purposefully selected for having a balance of features characteristic of the two ends of the continuum.

Addressing the central research questions (ii and iii under objective III), the findings acquired using the current research framework confirmed that organisational characteristics do indeed influence the delivery of HIV prevention programmes and that the widely extolled and

claimed empowerment and collective action approaches are unlikely to be pursued with much vigour in organisations with bureaucratic, authoritarian characteristics. It found considerable differences in the HIV/AIDS programmes of organisations with different characteristics, even when they have similar, and in two cases the same, rhetoric. It found that, while the programme in the more bureaucratic, authoritarian School A largely consisted of top-down provision of prescribed non-negotiable information, in School B and the NGO - the organisations with post-bureaucratic, democratic characteristics - there was evidence of empowerment and collective action approaches being put into practice. In School B, tensions between organisational characteristics from the two ends of the continuum were reflected in the school's HIV/AIDS programme in which top-down, information provision existed alongside more participatory, inclusive approaches. The previous chapter discussed how different organisational characteristics can influence HIV/AIDS programmes and produce the differences that were observed across the three case study organisations.

Responding to objective IV, which was concerned with the (perceived) impact of programmes in different organisational types, the current research framework confirmed the assumption that *the positive expected impact of HIV prevention programmes is more likely to be evident in organisations with post-bureaucratic, democratic characteristics than in those with bureaucratic, authoritarian characteristics*. The finding that the perceived impact of the HIV prevention programmes differed across the study organisations was not surprising when one considers that three different programmes, placing emphasis on different aspects of the rhetoric, in fact existed in the organisations. Whilst the young people in the more bureaucratic authoritarian School A had similar levels of HIV/AIDS related knowledge to those in the other two organisations, perceived behaviour/attitude change and life skills developed were much

less than in the latter two organisations. It could be that, as argued in the literature, actively engaging young people in the programmes in School B and the NGO made the programmes more relevant to their needs and increased the likelihood of the young people taking ownership of, and assimilating, the messages given. The study findings support the premise that organisations with post-bureaucratic, democratic characteristics are better suited to delivering empowerment / collective action based approaches and that these approaches are more likely to lead to the expected changes in behaviour, attitude and life skills.

The finding that perceived impact was greatest in School B and not in the NGO suggests that positive impact does not necessarily equate with greater post-bureaucratic, democratic characteristics and more collective action/empowerment activities. Study findings suggest that impact is also influenced by regularity of message – by the target group getting connected messages from different angles on a frequent basis – supporting the thinking behind the ‘whole school approach’ (detailed in 7.1.1). The study shows that schools are not necessarily inappropriate settings for HIV prevention programmes, as some literature suggests (see 4.1.3), but that with certain organisational characteristics they are able to deliver effective programmes, despite the pressures and restrictions of the education system in which they function. School B demonstrated that the existence of an overarching school framework imposing initiatives from above is not necessarily a limiting factor if the individual school has the form / philosophy (and the desire) to deliver empowerment and collective action HIV/AIDS programmes.

### **9.1.3 Critique of the study's research framework**

The findings presented above emerged from a study adopting a specific research framework designed to systematically investigate the influence of organisational factors on the delivery (and impact) of HIV prevention programmes. As detailed in 4.1.2, the research framework has two levels, the first of which is an organisational continuum that emerges from the international literature, and locates bureaucratic, authoritarian characteristics at one extreme and post-bureaucratic democratic characteristics at the other. The matrix on pages 63/64 summarises the characteristics of the ideal types at the two extremes of the continuum, and their expected influence on HIV prevention programmes, which led to the assumptions that this study set out to investigate.

Within this, the second level of the framework is composed of five organisational factors that emerged from the literature and the fieldwork data as potentially significant in influencing the delivery of (HIV prevention) programmes – hierarchy, degree of integration within the organisation, openness to change and uncertainty, the organisation's attitude towards working with external actors, and the organisation's attitude towards the target group. The investigation compared the characteristics and influence of these five factors in three settings at different points along the organisational continuum.

The study confirmed the validity of the organisational continuum for investigating the delivery of HIV prevention programmes. The findings regarding the varying suitability of bureaucratic, authoritarian versus post-bureaucratic democratic organisational characteristics for the practical application (and consequently impact) of different approaches to HIV prevention demonstrated the relevance of this continuum which was informed by older literature such as



Burns and Stalker (1961) as well as more recent literature such as Harber (2009). Though the broad concepts were largely informed by Western organisational thinking, the study found that they were indeed relevant in the current study context. The validity of the concepts and the findings are supported by other studies of organisations in African contexts such as Mirembe (2002), who explored democratic/authoritarian functioning in Ugandan schools, and Campbell (2003) and Juma (2001) who discussed the limitations of bureaucratic authoritarian characteristics for the delivery of HIV/AIDS programmes in South Africa and Kenya/Tanzania respectively.

The study findings, as detailed in 8.1, also confirmed the validity of the five organisational factors selected for detailed investigation, demonstrating the various ways in which they are able to influence different aspects of delivery of (HIV prevention) programmes and, consequently, their impact.

Analysis of the study data did, however, also highlight other potentially important factors that can influence organisational functioning and programme delivery but were not included in the research framework used. A future analytical framework would benefit from including these factors which can be internal to individual delivery organisations, for example, priorities and, related to that, degree of ownership of the (HIV prevention) programme (discussed in 8.5.1), and/or, as outlined in 8.5.2, (external) support/training provided for frontline staff to deliver the programmes. The study data also highlighted contextual factors that, though acknowledged in the current study, were not explicitly included in the conceptual framework for the study. While all the contextual factors discussed in 8.5.3 would be relevant considerations in a future research framework, gender stands out as particularly important; though, as explained in the

previous chapter, it did not emerge as a central factor in the current study, it was seen to be potentially an important underlying concern with respect to the organisational factors studied (as outlined in 8.1.1, 8.1.4 and 8.1.5).

## **9.2 IMPLICATIONS OF STUDY FINDINGS**

As discussed in section 5.1, prevention is a key priority in Uganda's response to HIV/AIDS; the current National Strategic Plan (NSP) asserts that "while ensuring massive commitments to care, treatment and social support, the key strategy of the NSP is to apply proven and cost-effective means of HIV prevention to reduce the numbers of people newly infected" (UAC 2007a:8). Within this priority area, young people are a key target group on the basis, for example, that effective prevention in this group presents a 'window of hope' for creating an HIV/AIDS free generation. The current study of government and non-government prevention programmes for young people shows that the application of some of the initiatives developed to achieve this goal are not necessarily a 'proven and cost-effective means of HIV prevention' (particularly in the bureaucratic, authoritarian school setting). The success of HIV prevention in many individual settings is being limited by inappropriate organisational structures and philosophies, but the (negative) influences of organisational factors are not currently an explicit consideration in government and non-government initiatives into which extensive resources are being directed.

The interplay between organisational characteristics and HIV programmes delivered, as demonstrated in this study, suggests certain implications for the design of these programmes. Addressing the question about the study's implications (question V.i as detailed in section 1.4), it is argued that professionals developing health initiatives need to consider not just the

content and nature of the initiatives but also the extent to which the organisations charged with delivering them are able to do so. Development of these initiatives must include thorough consideration of (organisational and non organisational) factors that might restrict conversion of their rhetoric into practice and potential solutions must be put in place to address those factors.

The findings of this study (particularly in School A) present a challenge for developers of national school based initiatives such as PIASCY. They raise questions about the value of initiatives with PIASCY-type rhetoric in contexts such as Uganda where schools are still largely characterised by bureaucratic, authoritarian tendencies that restrict their actualisation. They imply that efforts to roll out such initiatives should involve efforts to change the restrictive bureaucratic, authoritarian characteristics and encourage more post bureaucratic, democratic modes of functioning.

Discussing the potential of schools as health promoting settings, a joint WHO/UNESCO/UNICEF committee argued that schools need to be made “empowering, participatory, holistic, inter-sectoral, equitable, sustainable and multi-strategy” (in Denman et al 2002). The same could be said specifically in regard to empowerment and collective action HIV prevention approaches. It is, however, necessary to go beyond such statements and consider how this might be done. There *is* recognition within Uganda’s national discourse of a need to move away from the prevalent authoritarian approach to education, evidenced in comments by various participants in the current research and by national initiatives such as the Teacher Effectiveness Strategy within the School Based Quality Reform (SBQR) initiative which seeks to transform and democratise school management and teaching – to “enhance the

practice of participatory teaching and learning ...” (UPHOLD/MoES 2007:1). It is the contention of this study that there is need for much closer integration between initiatives such as PIASCY, which assume and have been shown to require post-bureaucratic democratic conditions, and initiatives such as SBQR which are seeking to engender such conditions.

The arrangement found to exist at the time of the study, however, was such that the different initiatives ran separately from each other, were perceived as distinct from each other by staff within schools and, as heard in the case study organisations, as two separate additional tasks to take on. This suggests a need for reform not only to the management and philosophy within individual schools but also to the bureaucratic, authoritarian school system as well – a system that perpetuates the silos functioning that allows for PIASCY to be perceived as UPHOLD’s programme, separate from the rest of school functioning and other initiatives driven by other implementing partners. The study findings highlighted a range of inefficiencies in the education system that need to be addressed for the successful delivery of initiatives such as PIASCY. Discussions with actors at various levels of the system (from frontline staff in schools, to officials and trainers in teacher training colleges, and representatives of the MoES/PIASCY implementing partners) revealed, for example, that reporting of PIASCY activities was threatened by uncertainties about who was responsible for what. Gaps and overlaps were shown to exist in monitoring the initiative, with tensions existing between school inspectors and PIASCY implementation partners, perpetuated by the compartmentalised mode of functioning within the system.

The central role played by organisational leaders within the Ugandan context (as discussed in 8.1.1) also suggests a need for designers of (HIV prevention) programmes to dedicate

significant effort to securing their buy-in and ownership through, for example, more long term and in-depth engagement than currently exists, starting at the very conception of the initiatives. The case studies highlighted the importance of ‘ownership’ for the delivery and sustainability of HIV/AIDS programmes. PIASCY implementation has faced various limitations associated with imposing initiatives that do not fit with existing priorities and ways of working in delivery organisations. Just as the HIV/AIDS literature emphasises ownership of the target group (and those around them) in prevention efforts, it is important that organisations delivering the prevention programmes have ownership of the programmes, feel that they are important and are committed to their success. The study NGO and, to some degree, School B demonstrated, as argued in the literature, that ownership of programmes increases when those expected to deliver them are involved in their design. Whilst having control over the design of programmes is unlikely to be a problem for independent organisations such as the case study NGO, it is a concern in schools operating within predominantly bureaucratic, authoritarian education systems. As is the case across the world, the system in Uganda operates in such a way that instructions largely flow in one direction from MoES at the top of the system to schools at the bottom. PIASCY documentation and officials reported that schools were consulted on the design of the initiative, but the existing nature and the sheer size of the system (and the number / variety of other, often louder and more influential actors involved in the process) is such that the actual influence of any one school (and the teachers within it) is often felt to be inconsequential by actors in schools.

This study also found that in the more bureaucratic education systems as exists in Uganda, it cannot be assumed that training/engagement and support provided to engender ownership amongst the leadership will filter down to frontline staff. Study findings demonstrate that

sustaining conditions that favour empowerment / collective action approaches requires more than a progressive, committed leadership and that effort must be made to train and enable staff at all levels of the delivery organisation to own and drive forward the desired programmes/approaches. This is supported by existing literature such as Aggleton et al (2010), who argue that “unless schools and all those within them feel they ‘own’ a health issue ... little headway can be made in promoting health and well-being” (3). Again, engendering such widespread ownership is not an easy task and requires long term, sustained support and engagement as opposed to the one off / short term training that currently prevails. Education planners have to strike a balance between addressing the sentiment repeatedly heard among teachers that “these are policies from up. If we do not tell them what is happening on the ground, they will continue to think it is a good policy” (12/06/08) and the opposing sentiment that government does not recognise/appreciate the already heavy workloads that teachers carry and is continuously adding to them.

These recommendations for change are made acknowledging that reform is not easy and can only be a long term process. International literature (see chapter three) shows that transition from one organisational form to another is likely to have to overcome numerous obstacles such as resistance to change from individuals that have long operated in a particular way, and heavy resource requirements (Child 2005, Harber 2004, Macdonald et al 1999, Harber 1997, Brown 1986, Blunt 1983, Goodman et al 1982). Reform is possibly more easily adopted in an independent organisation such as the case study NGO than in the (already heavily burdened) school system. Campbell’s (2003) study found that almost ten years after Mandela’s government had initiated efforts to make schooling more democratic, there was little evidence of the recommended changes having been implemented in South Africa. The form of

schooling adopted is not necessarily static but systematic reform is particularly difficult, often requiring intense change at various levels of what are typically very hierarchical systems (Harber 2009, Harber and Davies 1997, Brown 1986).

In the current HIV/AIDS context, putting the idea of empowerment and collective action approaches (which have been shown to be particularly effective) on hold until schools have been reformed is not an option. It might be that the most that can currently be expected is a concerted focus on the desired long term changes and an acceptance that, in the short term, programmes in certain organisational contexts will likely be limited to adopting behaviour change approaches which, at least, contribute to improved knowledge about HIV/AIDS among young people.

In closing, it is important to clarify that this study is not recommending that resources are directed to making all schools replicas of School B but rather, as argued by Harber and Davies (1997) in regard to strategies for school improvements, towards engendering post-bureaucratic, democratic conditions and characteristics such as flexibility, decentralised (decision making) power, an openness to learning/change and to working with diverse partners, that facilitate the empowerment/collective action approaches claimed and that enable organisations to design and deliver programmes most suited to their circumstances.

It is worth mentioning at this point two criticisms of PIASCY that suggest design/delivery implications for future renditions of the initiative and/or other national school based programmes in Uganda and elsewhere.

- i. The prescriptive nature of the programme was highlighted as a problem by various research participants who bemoaned the focus on oversimplified messages around abstinence which reflect a pre-determined, non-negotiable (moral) perspective. This is a criticism said by Barnett and Parkhurst (2005) to be characteristic of such large-scale education strategies. PIASCY's design and functioning were also criticised as being prescriptive enough to allow schools to simply 'tick boxes' rather than be creative and tailor programmes to suit the different needs and interests of specific target groups and contexts. It might be the case, as research participants suggested, that there is a prescriptive culture in which teachers (with already heavy workloads and a lack of confidence in applying the initiatives) take on only those aspects of the programmes that specify particular steps, resulting in a focus on the didactic elements of PIASCY and the advancement of one set message. This suggests the need for school based initiatives to provide comprehensive training and support for individuals at the frontline, to enable them to break from the existing modes of functioning.
  
- ii. Contacts in different schools spoke of the impression they had that PIASCY was not a real priority for government. The PIASCY contact in one school remarked, for example, that "when they [government inspectors] come in they don't particularly come in for PIASCY, they come in for other key areas and I think maybe PIASCY is something minor, they take it for granted. ... When we go for meetings with the Division members they just talk about PIASCY bluntly on top [superficially], they don't actually go deeper into it" (19/06/08a). Such perceptions can in turn dampen the priority given to PIASCY within individual schools. Effort



must be made to reverse them if delivery organisations are to prioritise the initiative and effectively deliver it.

Various scholars advocate localised programmes designed by individual organisations as an alternative to national initiatives, with some arguing that the ability to address the actual, changing needs of the target group will always be limited in large-scale, health initiatives such as PIASCY (Barnett and Parkhurst 2005, Denman et al 2002, Mirembe 2002, study interview 20/06/08). Localised programmes have the potential to take complex local prismatic characteristics into consideration in design. They are expected to maximise ownership and the likelihood of effective delivery. There are, however, recognised obstacles to relying (wholly) on localised programmes. Barnett and Parkhurst (2005) made the case, for example, that such an approach “poses difficult problems for large-scale interventions and large budgets, as diversity of response may carry high administrative and logistic overheads” (592). Localised programmes also require a lot of work on the part of the individual organisations that have to develop and update them. This is a particular concern in schools which have numerous other (academic) pressures bearing down on them. The current study also shows that constantly evolving programmes would require characteristics such as the flexibility and openness to continuous learning and change which were seen in the NGO and, to a certain extent, in school B. Organisations need to have suitable characteristics (and the desire) to design and deliver localised (empowerment focused, collective action) HIV prevention programmes and School A suggests that the more bureaucratic, authoritarian organisations (the majority of schools in Uganda) tend not to possess these characteristics.

### **9.3 CONTRIBUTION MADE BY THE CURRENT STUDY**

International literature highlights the need for research into the delivery of HIV prevention programmes but has not systematically considered the potential influence of organisational factors in that process. This study attempts to fill this gap by purposefully investigating the translation of HIV prevention rhetoric into practice in three different organisational forms. As detailed in 4.1, the present study builds on the school of thought within health promotion that explicitly makes the case for considering organisational factors in thinking about the success of health programmes. A lot of health promotion work considering the influence of organisational factors (for example Nutbeam and Harris 2005, Baric 1993) has examined it from the perspective of how 'health' is incorporated into the general fabric of organisations, considering, for example, theories of the diffusion of innovation. The current study takes a different angle, focusing on the influence that organisational factors have on the actual delivery of health programmes. It acknowledges references made to the influence of particular organisational factors in the HIV/AIDS literature (for example, Boler and Aggleton 2005 and Campbell 2003) and develops a systematic framework to investigate if and how a range of organisational factors influence delivery. In so doing, it adds a new perspective to thinking about the practical application of HIV prevention rhetoric. It brings organisational theory about how different organisational forms behave and HIV prevention/health education theory together in a manner that has not previously been done. It demonstrates the need for policy makers and designers of (HIV prevention) programmes to move beyond a limited focus on developing ideal approaches, to question assumptions that delivery organisations are innately able to put the initiatives developed into practice.

Schools are commonly presented as key organisations for youth focused health programmes on the basis, for example, that they have large, captive audiences and established systems for information dissemination. Many actors and national initiatives in Uganda have chosen to deliver their HIV/AIDS programmes through schools, based precisely on such reasoning. A contact in one NGO visited during the study explained that their decision to work through schools “was entirely because of the organisational structure – the structure was already there. It would be very hard for us to bring those children together... So we chose avenues ... that are already in place ... and we saw that the school – the government structures of primary schools – were already established so we couldn’t deviate from that” (16/06/08). The current researcher has not identified any study specifically focused on investigating the influence of school organisation on schools’ ability to effectively deliver HIV/AIDS programmes although various writers have discussed certain limitations of schools in this regard (Boler and Aggleton 2005, Harber 2004, Campbell 2003, Mirembe 2002, Juma 2001). This is a specific gap that the present study helps to fill.

The study contributes towards thinking about the application of the concept of the ‘health promoting school’, which shares many elements with the HIV/AIDS rhetoric considered here. Furthermore, the findings of the study are useful not only in thinking about HIV/AIDS in school and non-school settings, but also about other controversial issues that might, for example, require similar sensitive handling using participatory, democratic approaches.

#### **9.4 AREAS FOR FURTHER STUDY**

This study highlights a pressing need for further research into organisational and non organisational factors that contribute to the commonly identified gap between HIV prevention

rhetoric and practice. The current study set out to develop a broad understanding of HIV/AIDS programmes in individual delivery organisations and, as such, paid attention to a wide range of elements. There is, however, a need to dedicate entire studies to in-depth investigations of specific aspects of the different models of HIV prevention. This study highlights, for example, the need for in-depth investigations in regard to:

- i. involvement of young people in HIV prevention programmes directed at them. Such studies could draw on literature in the field of education to develop a framework for investigating the ways and levels in which the young people are engaged in teaching and learning, and what that might mean in terms of the programmes developed and their outcomes. They would benefit greatly from an investigation of contextual factors as discussed in 8.5.3 exploring, for example, what Stephens (2007) succinctly summarised as “cultural interpretations of the nature of children and childhood” (118).

It would also be beneficial to conduct a study of youth focused HIV prevention programmes entirely from the perspective of the target group – the young people – involving them in its design and execution. Based on the premise that (HIV/AIDS) education is most effective when directed by members of the target group, it could be argued that comprehensive understanding of what young people feel about such initiatives – producing, for example, in-depth data about their experiences of the initiatives, their opinions on their usefulness, their thoughts on how they should be delivered and so on – would be extremely valuable for the development of further initiatives / evolution of current ones.

- ii. factors influencing interaction between delivery organisations and the wider communities of their target groups. Such studies would benefit from research frameworks that extend beyond the central focus placed on the delivery organisation in the current study. They could involve, for example, conducting the study from the perspective of different actors within the communities, developing an understanding of
  - i) their representations of HIV/AIDS and their attitudes towards HIV prevention programmes, the organisations delivering them, and the relationships they have (or not) with such organisations, and
  - ii) (health) communication channels and processes within the groups themselves, investigating if/how they converge with those of the delivery organisations. This might draw on thinking in other disciplines such as social anthropology, on concepts such as social capital, and on network theory.

Investigations of the relationships between delivery organisations and the social contexts of the target groups could form part of a broader study of the delivery of HIV prevention programmes in prismatic societies, as suggested in 8.5.3.

- iii. life skills education as advanced in the self empowerment paradigm. There is a danger of life skills education being regarded, as Hagquist and Starrin (1997) warned of empowerment more generally, as a universal panacea. The current study found that while life skills education for young people is widely extolled in Uganda, it is not clearly/uniformly understood and delivery is limited. This study argues, in line with Boler and Aggleton (2005), that research is needed to inform not just delivery of life skills education but also its very definition. Advancing life skills education would

possibly benefit from a study of existing so called ‘life skills education programmes’, investigating what actually exists on the ground and why.

- iv. the factors that facilitate or hinder the practical application of concepts such as ‘the whole school approach’ (WSA) (detailed in 7.1.1) which has been shown to support effective HIV/AIDS programmes within organisations where it has been applied, but which, the international literature suggests, is difficult to put into practice.

There is also great scope for further study of the end results of HIV/AIDS programmes (for young people). The current study had a narrow focus on perceived impact which has limitations such as the reliance on self reported change – a challenge commonly faced in HIV/AIDS related research – and a limited ability to comment on whether or not any changes are sustained over time. There is a need for studies that provide detailed empirical evidence on the usefulness of the different approaches to HIV prevention. Design of such studies must contend with challenges that are widely discussed in relation to health programmes, for example, the difficulties of pulling apart the effects of the many factors influencing an individual’s health related decisions and actions, and attributing specific long term results to particular programmes. It is recognised that such studies may also be limited by the current rarity of examples of comprehensive delivery, particularly in regard to the self empowerment and collective action rhetoric.

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## **APPENDICES**

### **APPENDIX ONE: INTERVIEW SCHEDULES**

The following are general outlines that were tailored to specific research participants

#### **INTERVIEWS WITH STAFF IN THE CASE STUDY ORGANISATIONS**

##### **Introduction**

- Background on the study (including why the research is being done, the purpose of the interview, where the results are going to end up, possible implications of the study)
- Discuss format and length of interview and offer to split it if more convenient
- Discuss issues of confidentiality, the participant's right to choose not to participate and/or to withdraw participation at any point without being penalised for doing so
- Confirm that the participant is happy for the interview to be recorded (noting that the voice recorder can be switched off at any point if he/she so wishes);
- Address any questions / concerns the participant may have

##### **Getting to know the organisation**

- Overview
  - Remit of the organisation
  - Values, key goals/objectives and strategies for fulfilling them, activities
  - History of the organisation
  - Context in which the organisation is set/works – socio-economic, cultural...
  - To whom is the organisation accountable (specifically in regards to their work on HIV/AIDS)?
  
- Discuss research participant's position within the organisation  
*(Map out perceptions of lines of responsibility, accountability and communication, teams/committees he/she is part of...)*

[In all of the above, seek the official position *and* the point of view of the research participant]

## **HIV prevention programme**

- HIV/AIDS programme of the organisation
  - Goals and the thinking behind the goals?
  - History, including how long the programme has been running, any changes over time, reasons for changes
  - How HIV/AIDS fits with the rest of the organisation's activities
  - Content: How is it developed? Define planning process. Who is involved? Why?
  - Practicalities of the HIV/AIDS programme – how is it delivered? Maybe describe a typical session: who is involved? Doing what? Why? Are sessions mixed gender? Why? ...
  - Factors (internal and/or external) that influence the approach to HIV prevention taken?
  - Role(s) played by different actors
    - What roles (if any) are played by those in positions of leadership (head teachers and directors e.g.)?
    - How much input do frontline staff have into the development and/or modification of the approaches taken? How much discretion do they have regarding the actual delivery of activities? What training /support (if any) do they receive?
    - Role / responsibilities of the students? (Include discussion of the extent to which the organisations engage students in the development and delivery / modification of the programmes? Why? How?)
  - Any resistance faced? From whom? (How) has it been addressed?

## **External relationships (in relation to the HIV/AIDS programme)**

- Discuss history and experience of working with other actors (parents, other members of the surrounding community, NGOs, public bodies...)
  - What sorts of arrangements are in place? Why?
  - Reasons behind choice to work with specific actors
  - (Perceived) benefits of working with other actors
    - for the study organisation?
    - for the other actor?
  - Practicalities of working with external actors (initial contact and over the long term)?
    - Who is involved? Doing what – design, decision making, delivery? Why?

- Any changes to internal ways of working influenced by external actors?
  - Constraints to working with external actors? Limitations faced? (How) are these overcome?
  - Things they would do differently in regard to relationships with external actors? Why? How?
  - Aware of any external actors who were approached but you are not working with today? In your view why do you think that might be the case?
- Influence of external actors on the HIV/AIDS programme
    - Does the organisation receive feedback from the external actors that they work with? Is it documented?
    - How does the organisation respond to feedback from the external actors? Why? With what outcomes?
    - Does the relationship with a, b, c influence the programme delivered and the way in which it is delivered? How? If not, why not?

[In all cases, seek specific examples]

### **Performance**

- Are there any internal/external mechanisms for assessing the delivery of the HIV/AIDS programme?
  - Anything that could be done differently? What? Why? How?
- Any other actors they would like to / need to liaise with? Why? What are the prospects of that happening?
- Impact of HIV/AIDS programme
    - Are there any internal/external mechanisms for assessing the impact of the HIV/AIDS programme on the students?
    - Opinion regarding the impact of the programme on the students
      - Changes in knowledge and understanding, attitudes and behaviour?
        - Distinguish between children of different ages and girls/boys
        - Distinguish between what has happened and longer term results
- Seek justification for changes attributed to programme in the organisations



- Any unintended outcomes? What? Possible explanations?

### **Closing the interview**

- Is there anything else the research participant would like to add? Key points they would like the researcher to take away?
- Any questions?
- Switch off tape, reiterate points about confidentiality, thank participant...

## **INTERVIEWS WITH EXTERNAL ACTORS THAT WORK WITH THE CASE STUDY ORGANISATIONS (Other organisations, parents of the target group and other members of the surrounding community)**

### **Introduction**

- As in previous guide

### **Getting to know the organisation/individual**

- Overview (tailor as appropriate)
  - Remit
  - Values, key goals/objectives and strategies for fulfilling the goals (generally and specifically in relation to HIV/AIDS)
  - history, funding, accountability...
- Research participant's identity / position in the organisation – his/her role and responsibilities

### **Working with the case study organisation**

- Discuss specific ways in which the actor works with the case study organisation
- Discuss history and experience of working with the study organisation
  - What sorts of arrangements are in place? Why? Length of time they have been working together...
  - Motivations for working with the study organisation
  - (Perceived) benefits of working together
    - for the 'external actor'?
    - for the study organisation?
  - Practicalities – How does the case study organisation work with this actor? Who is involved? Doing what? Why?
  - Influence of external actors on the HIV/AIDS programme of the study organisation
    - (How) does the study organisation respond to feedback from external actors? With what outcomes?

- In your view, does working with the study organisation influence the HIV/AIDS programme that they deliver and the way in which it is delivered? How? (Distinguish between different elements e.g. influence on decision making, delivery, management/monitoring ...). If not, why not?
  - Has working with the study organisation on a, b... required changes to be made to the ways in which this actor normally functions? What changes? Why? (cover e.g. relationship with students, addressing HIV/AIDS ...)
  - Constraints? Obstacles faced? (How) are these overcome?
- Discuss strengths of the study organisation's approach to working (with external actors); Discuss aspects of the study organisation's approach to working (with external actors) that they would change. Reasons?

### **Perceived impact of the HIV/AIDS programme**

- Discuss strengths of the study organisation's HIV/AIDS programme; discuss things they could do differently; reasons
- Changes in the knowledge, behaviour, attitudes of the young people that the external actor attributes to the programme in the case study organisation. Reasons?

### **Closing the interview**

As above

## **INTERVIEWS WITH ACTORS PROVIDING AN OVERVIEW OF THE HIV/AIDS SITUATION AND RESPONSE IN UGANDA**

### **Introduction**

- As above

### **Questions**

- Overview of the organisation's remit and role it plays in the HIV/AIDS response in Uganda
  - Key goals / objectives of the organisation?
  - Detail on HIV/AIDS policies / activities (regarding young people)
- Overview of national policies / activities related to HIV prevention (link in discussion of national epidemic)
- Who do you see as the key actors involved in the delivery of HIV prevention programmes (focused on young people) in Uganda? Why?
- How would you define the typical approaches to HIV prevention taken by the actors mentioned above? (discuss features of different models – behaviour change, empowerment, community oriented and socially transformatory) [address different actors separately]
- Performance
  - Any signs of successes/promising practices in regard to delivery of national initiatives? Expand
  - Any actors considered as having exceptional HIV/AIDS programmes? Who? Why?
  - Any limitations / things that could have been done differently in the development / delivery national initiatives? Any revisions been made? What? Why?
  - What, in your opinion, has been the experience of collaboration between different actors in the delivery of HIV/AIDS programmes? (a key focus in the national response) Why?
  - Discuss key achievements of the national / the organisation's HIV/AIDS programmes (Include perception of change in the characteristics of the epidemic in Uganda and possible reasons)

### **Closing the interview**

- As above

## **INTERVIEWS WITH ACTORS PROVIDING AN OVERVIEW OF (THE HIV/AIDS RESPONSE IN) THE EDUCATION SECTOR**

### **Introduction**

- As above

### **Getting to know the organisation**

- Organisation's remit (in regard to HIV prevention)
- Discuss research participant's position – his/her role and responsibilities (in regard to HIV prevention)

### **Overview**

- History of HIV/AIDS programmes in Ugandan schools (including changes over time, limitations faced, successes / failures, reasons ...)
- Discuss the typical approaches to HIV prevention in Ugandan schools? (discuss features of different models – behaviour change, empowerment, community oriented and socially transformative. Include discussion of perceived role(s) of teachers and students and any changes over time)
  - Would that generally be true of the different types of primary and secondary schools? What differences (if any) exist? Why? (discuss different type of schools separately – government school, private, religious...)
  - Relation to pedagogy in schools
    - Discuss dominant pedagogical style(s) in schools – past, current, proposed.
    - Reasons for changes?
    - Any alternatives to the dominant pedagogical style?
- Collaboration (a key focus of national rhetoric):
  - To what extent do schools collaborate with other actors in the delivery of HIV/AIDS programmes? Which actors? Experience? Why? With what outcomes?

### **PIASCY (Presidential Initiative on AIDS Strategy for Communication to Youth)**

- Goals/objectives and the thinking behind them

- History including how long it has been running, any changes over time, reasons for changes
- Content? How is the content developed? Who is involved? Why?
- Practicalities – how it is delivered, what is required of schools and staff within the schools, what training/support (if any) is provided for frontline staff expected to deliver PIASCY...?
- Model schools
  - thinking behind concept and how it has changed over time
  - how were the model schools selected? Why?
  - Experience of model schools? Successes? Limitations? Reasons?
- What mechanisms (if any) are in place for evaluating/monitoring delivery of PIASCY?
- Experience of schools in putting PIASCY into practice? Signs of successes/promising practice in terms of its delivery? Any limitations / things that could have been done differently in its development / delivery? Have any revisions been made?
- What mechanisms are in place for assessing impact?
  - Key achievements?
- Any resistance faced? From whom? (How) has it been addressed?

### **Closing the interview**

As above

## **APPENDIX TWO: FOCUS GROUP DISCUSSION SCHEDULE**

### **FGDS WITH YOUNG PEOPLE – MEMBERS OF THE TARGET GROUPS IN THE CASE STUDY ORGANISATIONS**

#### **Introduction**

- Background on research
- Discuss format, ground rules and length of FGD
- Discuss issues of confidentiality, participants right to choose not to participate and/or to withdraw participation at any point without being penalised for doing so
- Confirm that the participants are happy for the discussion to be recorded the discussion (noting that the voice recorded can be switched off at any point if the participants so wish)
- Address any questions / concerns the participants may have

#### **Perception of the HIV/AIDS programme in the case study organisation**

- What HIV/AIDS education have they received from the school / NGO? For example:
  - What do they learn in HIV/AIDS sessions? (what do they remember from different sessions?).
  - Who delivered the sessions? How? (In classrooms? In assemblies? In clubs?...)
  - What are the best features of the HIV/AIDS education that they receive in the case study organisation? What would they like to see done differently? Reasons?
  - What would they like to learn in HIV/AIDS education? Why?
  - What role do they play in HIV/AIDS related-activities? Do they have any say in what they are taught and how it is taught? (Do they ask questions? Do they just listen? Do they suggest topics to be covered? Are they asked to discuss things amongst themselves in the group?...)
- Do they get information about HIV/AIDS information from any other places other than the school / NGO? [e.g. radio, TV, magazines, other people, other programmes]
  - which source of information is better? Why?
- Perceived impact of the HIV/AIDS programme
  - Do they:

- feel that the education that they get in the school/NGO has led to any changes in the way that they think and or behave? How? What changes?
- think that they will behave differently in future because of what they have learnt? How? Why?
- talk to the others about what they learn in the school/NGO? If so, who, what do they talk about, and why? What happens? If no, why not?

Seek justification for changes attributed to programme in the case study organisations

### **Closing the FGD**

- Is there anything else the participants would like to add? Key points they would like researcher to take away?
- Summarise and close the discussion
- Answer any questions the participants might have
- Switch off tape, reiterate points about confidentiality, thank participants...



### APPENDIX THREE: OBSERVATION SCHEDULE

The table below presents the coding scheme used in conducting the structured observations

Teacher	Response	<ol style="list-style-type: none"> <li>1. <i>“Teacher” accepts or uses ideas of the “pupil”</i>. Accepts, clarifies, builds on or develops ideas and/or feelings of “pupil”. Extensions of “pupil” ideas are included in this category but as “teacher” brings in more of his/her own ideas into play, shift to category five.</li> <li>2. <i>Praises or encourages</i>. Praises or encourages “pupil” action, behaviour or input to discussion.</li> <li>3. <i>Rejects or disagrees with ideas of the “pupil”</i>.</li> </ol>
	Initiation	<ol style="list-style-type: none"> <li>4. <i>Asks questions or seeks input from “pupil”</i>. Asking a question about content or procedure, based on the teachers’ ideas, with the expectation of a response from the “pupil”.</li> <li>5. <i>Lecturing</i>. Giving facts or opinions about content or procedures; expressing his/her own ideas, giving his/her own explanation, or citing an authority other than the “pupil” e.g. reading out from a book / the blackboard.</li> <li>6. <i>Giving directions</i>. Directions, commands or orders to which the “pupil” is expected to comply.</li> <li>7. <i>Criticizing or justifying authority</i>. Specific statements intended to change behaviour of the “pupil” from non-acceptable to acceptable; stating why the “teacher” is doing what he/she is doing; self reliance.</li> </ol>
Pupil	Response	<ol style="list-style-type: none"> <li>8. <i>Talk /Action by “pupil” in response to “teacher”</i>. “Teacher” initiates the contact or solicits “pupil” statement or structures the situation. Freedom for the “pupil” to express own his/her ideas is limited (includes reading out from a book / the blackboard and repeating after the teacher).</li> </ol>
	Initiation	<ol style="list-style-type: none"> <li>9. <i>Compliant initiation</i>. Talk by “pupil” which they initiate, expressing their own ideas; initiating a new topic; freedom to develop opinions and a line of thought; asking questions – in a manner that reflects agreement / support of the progress of the session</li> <li>10. <i>Non-compliant initiation</i>. Talk by “pupil” which they initiate, expressing own ideas; initiating a new topic; freedom to develop opinions and a line of thought; asking questions – in a manner that reflects disagreement or resistance to compliance with the status quo in the session.</li> </ol>

Silence	Productive silence	<b>11.</b> <i>Reflective silence.</i> Pauses, short periods of thoughtful analysis / reflection, and of individual work.
	Non-productive silence	<b>12.</b> <i>Confusion, awkward silences and/or interruptions.</i> Periods of confusion, disruption e.g. moving furniture/equipment around.

Adapted from Flanders' Interaction Analysis Categories (FIAC) (1970)

As with FIAC, "there is no scale implied by these numbers. Each number is classificatory; it designates a particular kind of ...event. To write these numbers ...during observation is to enumerate, not to judge a position on a scale" (Flanders 1970:34)

## APPENDIX FOUR: RESULTS OF STRUCTURED OBSERVATIONS

The tables below show:

1. the frequency of different types of interaction in each of the sessions observed (showing the actual number of times a particular interaction was counted, and that figure as a percentage of the total observation counts in the session).
2. average frequency of each type of interaction across all of the sessions observed in the case study organisation

### SCHOOL A

		Session 1		Session 2		Session 3		Session 4			
Types of interaction		Actual count	%	Actual count	%	Actual count	%	Actual count	%	Av. Freq. over sessions observed	Av. %
Teacher	Accepts/uses ideas and/or feelings of 'pupil'	17	7	3	1	8	3	6	2	9	3
	Praises or encourages 'pupil'	12	5	4	1	6	2	5	2	7	3
	Rejects or disagrees with ideas and/or feelings of 'pupil'	1	0	2	1	13	4	1	0	4	1
	Asks questions or seeks input / ideas of 'pupil'	48	21	28	10	107	36	10	3	48	17
	Lecturing	88	38	197	69	28	9	204	65	129	45
	Giving directions			2	1	18	6	40	13	15	5
	Criticizing or justifying authority	1	0	30	10	18	6	18	6	17	6
Pupil	Talk /Action by 'pupil' in response to 'teacher'	59	25	18	6	77	26	23	7	44	16
	Compliant initiation							3	1	1	0
	Non-compliant initiation									0	0
Silence	Productive silence	3	1			6	2			2	1
	Non-productive silence	3	1	3	1	15	5	2	1	6	2
		232		287		296		312		282	

**SCHOOL B**

		Session 1		Session 2		Session 3		Session 4		Session 5			
Types of interaction		Actual count	%	Actual count	%	Actual count	%	Actual count	%	Actual count	%	Av. Freq. over sessions observed	Av. %
Teacher	Accepts ideas of 'pupil'	29	19	17	9	25	11	1	0	3	1	15	8
	Praises or encourages 'pupil'	1	1	4	2							1	1
	Rejects ideas of 'pupil'											0	0
	Seeks input of 'pupil'	39	26	25	13	51	22	11	5	3	1	26	13
	Lecturing	37	25	105	54	30	13	160	73	157	70	98	47
	Giving directions			8	4	9	4	4	2	25	11	9	4
	Criticizing or justifying authority			7	4	4	2					2	1
Pupil	Talk /Action by 'pupil' in response to 'teacher'	43	28	21	11	101	43	4	2	7	3	35	17
	Compliant initiation			1	1	9	4	34	16	29	13	15	7
	Non-compliant initiation											0	0
Silence	Productive silence	1	1	2	1	7	3					2	1
	Non-productive silence	1	1	6	3			5	2	1	0	3	1
		151		196		236		219		225		205	

NGO

	Types of interaction	Session 1		Session 2		Av. Freq. over sessions observed	Av. %
		Actual count	%	Actual count	%		
Teacher	Accepts/uses ideas and/or feelings of 'pupil'	9	3	11	9	10	6
	Praises or encourages 'pupil'	2	1			1	0
	Rejects or disagrees with ideas and/or feelings of 'pupil'					0	0
	Asks questions or seeks input / ideas of 'pupil'	70	26	24	20	47	23
	Lecturing	45	17	8	7	27	12
	Giving directions	8	3	5	4	7	4
	Criticizing or justifying authority	9	3	1	1	5	2
Pupil	Talk /Action by 'pupil' in response to 'teacher'	118	43	36	31	77	37
	Compliant initiation			33	28	17	14
	Non-compliant initiation	1	0			1	0
Silence	Productive silence	3	1			2	1
	Non-productive silence	7	3			4	1
		272		118		195	

**APPENDIX FIVE:**  
**DATES OF FORMAL INTERVIEWS, FOCUS GROUP DISCUSSIONS AND**  
**STRUCTURED OBSERVATIONS**

<b>Date</b>	<b>School A</b>	<b>School B</b>	<b>NGO</b>	<b>Other</b>
<b>2007</b>				
20/11/07				Population Services International (PSI)
21/11/07			Manager	
27/11/07				Uganda Network of AIDS Service Organisations (UNASO)
27/11/07				Uganda National Teachers Union (UNATU)
27/11/07				Ministry of Education and Sports (MoES)
28/11/07				Child-to-Child Uganda
29/11/07				Uganda AIDS Commission (UAC)
30/11/07a				Uganda Program for Human and Holistic Development – UPHOLD (PIASCY contact)
30/11/07b				UPHOLD (Education contact)
<b>2008</b>				
20/05/08				Teacher Training College
22/05/08				Straight Talk
23/05/08a			Manager	
23/05/08			Observation	
23/05/08b			Manager	
27/05/08a				The AIDS Support Organisation (TASO)
27/05/08b				World Vision
30/05/08a				Teacher Training College
30/05/08b				Teacher Training College
04/06/08				Teacher Training College
05/06/08			Senior managers & Manager	

10/06/08				Teacher Training College
11/06/08a			Manager & Field Officer (FO)	
11/06/08b			FO	
12/06/08				Division teacher training event - observation
14/06/08			External actor	
15/06/08		Teacher		
15/06/08		Head		
15/06/08	Deputy Head & Teacher			
16/06/08a				
16/06/08b				UAC
16/06/08				Youth Self Coordinating Entity (UAC)
16/06/08				SAS Foundation
16/06/08				Division Education Officer and Schools inspectors
17/06/08a			FO	
17/06/08b			FO	
17/06/08			Observation	
18/06/08a		Teacher		
18/06/08b		Teacher		
19/06/08a	Teacher			
19/06/08b	Deputy Head			
19/06/08i		Observation		
19/06/08ii		Observation		
20/06/08				Dept of Curriculum, Teaching and Media, Makerere University
23/06/08		Head		
23/06/08			FGD	
24/06/08			FGD	
25/06/08i	Observation			
25/06/08a	Teacher			
25/06/08b	Head			
25/06/08ii	Observation			
25/06/08c	Teacher			
25/06/08d	Teacher			
25/06/08e	Teacher			
25/06/08f	External actor			
26/06/08i	Observation			

26/06/08a	Teacher			
26/06/08ii	Observation			
26/06/08iii	Observation			
26/06/08b	Deputy Head			
26/06/08c	Teacher			
27/06/08			Observation	
27/06/08		External actor		Local Council Member
30/06/08			External actor	
02/07/08		External actor		
02/07/08a		Head		
02/07/08b		Head / Deputy Head		
02/07/08c		Deputy Head		
03/07/08				Teacher Training College
03/07/08	External actor			
03/07/08		External actor		
04/07/08		FGD		
04/07/08	FGD			
07/07/08	External actor			'Enhancement of Universal Primary Education and Community' Project (EUPEC)
08/07/08i		Observation		
08/07/08i		Observation		
08/07/08iii		Observation		
08/07/08a		Teacher		
08/07/08b		External actor		
08/07/08c		Head		
09/07/08			External actor	
09/07/08			External actor (x 2)	
09/07/08	External actor			
10/07/08a			External actor	
10/07/08b			External actor	
10/07/08			Senior Manager and Manager	
10/07/08			Senior Manager	
11/07/08				Kampala City Council Schools Inspector