



BOTSWANA TRAINING AUTHORITY

PAPER ON

**HIV/AIDS IN TVET STAFF DEVELOPMENT  
IN BOTSWANA**

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# HIV/AIDS IN TVET STAFF DEVELOPMENT IN BOTSWANA

## 1 INTRODUCTION

As probably the most affected country in the world, Botswana has to develop strategic plans as well as interventions in each area of life to combat HIV/AIDS. HIV and AIDS have a significant impact on educational demand, supply and quality. More specifically, the HIV/AIDS pandemic is affecting the provision of education: teachers and students in general are in many ways living directly and indirectly with HIV and AIDS. Youth and younger adults are generally having the highest infection rate, and this is the same age category as the majority of those involved in technical and vocational education and training (TVET) as trainees, while many trainers fall in the category of younger adults (15-49). Trainers (teachers, lecturers, instructors) are crucial to the supply and quality of education and training.

This paper describes the background, strategic context and possible and actual interventions with respect to HIV/AIDS and staff development in the TVET sector in Botswana. This is in the context of the long-term vision of Botswana to have an AIDS-free generation by the year 2016 and is seen as part of the effort to mainstream HIV/AIDS in the TVET sector.

## 2 BACKGROUND

### 2.1 Botswana

Botswana is among the countries with the highest HIV/AIDS rates in the world. The data below clearly show that the epidemic has reached crisis proportions. As of 2002, 35.4% of adults (15 to 49 years old) were infected with HIV (November 2002, NACA Botswana 2002 Second Generation HIV/AIDS Surveillance). About 85 Botswana are being infected with HIV every day and one in eight infants are infected at birth. Life expectancy dropped from 67 to 56 years to date. Rural areas are as much affected as urban areas. HIV/AIDS obviously affects people in their most productive and reproductive years, which is also the age range of learners and staff in vocational institutions in Botswana (15-49).

The Government of Botswana has committed itself to reduce the impact and effects of the pandemic. It has established several structures and instruments to that effect:

- National HIV/AIDS Council, chaired by the President, H.E. Mogae and multi-sectoral in nature, including government, NGO's, the private sector and people living with HIV/AIDS
- National AIDS Coordinating Agency (NACA), overseeing the implementation of the National HIV/AIDS strategy
- District Multi-Sectoral AIDS Committees and Sectoral HIV/AIDS Committees (e.g. education sector)

- National HIV/AIDS Strategic Plans (1998-2002) and (2003-2008) focusing on capacity building, prevention, treatment and care
- Political commitment to partnerships

Botswana has an extensive low-threshold network of Testing and Counselling Centres, and a similar network of Coping Centres for People Living with AIDS (COCEPWA). Home based care is well established, in addition to a variety of other initiatives (youth, church-based etc).

Anti-retro viral therapy provision has been introduced by the Botswana Government in a number of locations and is scheduled for expansion. However: "The full complement of prevention strategies, including vaccine development, voluntary counseling and testing as well as Prevention of Mother to Child Transmission, are not enough. The greatest challenge to all of us is behavioural change in order to reduce the infection rate." (Joy Phumaphi MP Vice Chairperson, National AIDS Council, Minister of Health in Botswana 2002 Second Generation HIV surveillance report.)

## **2.2 The Technical and Vocational Education and Training Sector**

The vocational education and training sector in Botswana consists of the following:

- Institutionalised formal government owned training institutions, such as Technical Colleges, Health Training Institutes and various other government colleges. The Ministry of Education manages most of these. Others are managed by respective Ministries (Health, Agriculture etc.)
- Community-owned Brigade Centres, 41 in all, based on training with production, subsidised by the government, offering programmes for trade testing.
- Privately owned commercial vocational training centers.
- In-house training centers operated by the private industry (e.g. Debswana Diamond Company, BCL), and some parastatals.
- Work-based training.

Official statistics on government controlled VET enrolments show a total number of 8 830 students in 1997. By 1999, the six VTCs and 41 Brigades by themselves already serviced about 9500 students per year. (Note: Different ways of obtaining enrolment data could be responsible for the increase.) The total number of trainers in 1997 was 955, of which 56% were women and 26% non-Batswana.

Staff in TVET institutions play a key role in taking the various HIV/AIDS strategies and interventions to the trainees, but at the same time they are themselves vulnerable. Staff development thus has to prepare trainers for their role as providers of effective HIV/AIDS education as well as giving them adequate support.

Staff being affected by HIV/AIDS compromise quality in TVET provision (staff absenteeism, high turnover of staff, gaps before posts are filled, loss of skilled and experienced human resources, and reduced performance and productivity).

One of the challenges for the TVET sector, as for other sectors, is thus increasing labour costs due to HIV/AIDS prevalence. (Note: staff refers to teaching and non teaching staff, but for the purpose of this paper the main focus is on teaching staff or trainers.)

Data on the impact of HIV/AIDS on the vocational training sector in Botswana are yet to be collected. Examples of relevant data are estimations of infection rates, sick and death rates and the human resources impact per region, per type of organisation and per organisation, as well as types of intervention practices at present and a measure of their effectiveness.

The Ministry of Education (MoE) has started the mainstreaming process of HIV and AIDS into its Departments with the development of assessments, a strategic framework (2001-2003) including operational plans and an "Education Sector HIV/AIDS Policy" (1998). All of these mainstreaming activities focussed on primary and secondary schools and had left out the VET sector, although it was explicitly mentioned in the policy as follows: that HIV and AIDS education must be integrated into all curricula of the educational sector, and should be made compulsory at all levels, including the VET institutions.

The Department of Vocational Education and Training (DVET) was aware and concerned about these omissions. Attempts have been made to re-address the problem through DVET's representation in the MoE's HIV/AIDS Technical Advisory Committee, the formation of a departmental HIV/AIDS working group, and training of peer educators within DVET. Despite these efforts vocational education and training strategies currently lack strategic orientation on dealing with the impact of HIV and AIDS. The other problem is that the MoE's responsibility for the VET is restricted to the six Technical Colleges and to a minimal extent to support the Brigades. The rather large group of private VET institutions is not affected by interventions of the MoE.

### **2.3 Botswana Training Authority**

The Botswana Training Authority (BOTA) was established in 2000, by an Act of Parliament. Its mandate is to

- a) coordinate vocational training activities in order to achieve better integration, and harmonisation of the vocational training system being developed;
- b) monitor and evaluate the performance of the vocational training system being developed in order to ensure the successful performance of all training activities; and
- c) advise on policy related issues of vocational training.

In order to respond to the request for multi-sectoral collaboration, the Botswana and the German Governments agreed during the governmental consultation in October 2000 to add an HIV/AIDS prevention component to the project activities in the vocational training sector (i.e. support to the establishment of the Botswana Training Authority). The goal is to support integration or "mainstreaming" of HIV prevention and care strategies into the existing vocational training institutions in order to reduce the spread of HIV and STIs in

the sector. “The capacity of VET institutions to effectively manage the impact of HIV/AIDS is strengthened” is one of the 11 result areas of BOTA’s four year strategic plan.

The strategy that will be followed by BOTA to deal with HIV/AIDS in the VET sector has the following components:

- it forms part of the national AIDS strategy and will be part of and be linked to all regional and relevant sectoral (youth, women, education, NGO etc) initiatives and structures;
- the HIV/AIDS component within BOTA, in partnership with other organizations such as health care providers, NGOs and the private sector is likely to influence all aspects of VET that BOTA deals with, such as
  - assisting interventions at local/training institution level;
  - distributing best practices from private, government and NGO sector;
  - link organisations with similar issues/ within geographical area;
  - influencing organizations such as training institutions and small and medium sized enterprises to provide training programmes on HIV/AIDS to their trainees/employees;
  - effective incentives for HIV/AIDS voluntary testing and counselling.

Due to the high vulnerability of the age-group attending TVET as trainees (15-24) and in response to the call for a multi-sectoral approach in Botswana, the Botswana Training Authority, being the responsible body for coordination and quality assurance in vocational education and training, has to play its part. BOTA’s role in mainstreaming HIV/AIDS in the TVET sector does thus not only reach out to trainees, but to staff as well.

### **3 PRESENT INITIATIVES IN STAFF DEVELOPMENT IN BOTSWANA**

It is BOTA’s role to ensure quality of training delivery and this also applies to training delivery on HIV/AIDS. To this effect BOTA has developed (draft) Unit Standards on HIV/AIDS. These Unit Standards are developed as assessment standards and form part of generic skills required as outcomes of TVET.

Since the formation of an HIV/AIDS Division within BOTA an initial round of fact finding was done among a wide sample of government owned, community based and private training institutions. One of the preliminary findings was that trainers can not discuss issues on HIV/AIDS with trainees, because they lack knowledge and information on HIV/AIDS as well as the skills to teach about it.

Because trainers spend more time with the trainees, they must be knowledgeable, committed and innovative in reproductive health aspects. They should be able to

establish resource centres and contribute to the production and use of life skills and related IEC materials on HIV/AIDS for TVET.

A behavior change strategy through participatory methods is an approach that has been found to be useful.

This leaves us with the issue of staff training and curriculum development and delivery.

1. The Government of Botswana (through the Department of Teacher Training and Development in the Ministry of Education) has adopted the Teacher Capacity Building programme to address HIV and AIDS within education staff. The programme contains a curriculum, which is written for teachers in all levels of education, and it provides a resource for learning inclusive of knowledge, skills and attitudes. It also reflects the multidisciplinary and multi- sectoral fields through which the pandemic needs to be understood. The main mode of delivering this curriculum is through television broadcasting, so that it can be possible for all the teachers to receive the instruction to be relayed based on this curriculum.

The program

- will focus on the strengthening the capacity of teachers to facilitate discourse and understanding on difficult and sensitive sexual/cultural issues within youth.
- In addition it seeks to directly address the shortage of effective educational methods and materials on HIV/AIDS through interactive multi-media HIV/AIDS educational strategies in classrooms.

The planned weekly t.v. programs with talk-back provision (commenced in March 2003) will empower teachers by giving them information and skills such that they are competent in dealing with HIV and AIDS issues in the schools as well as in the wider community. As much as possible the curriculum is sufficiently detailed and provides explicit knowledge and skills to enable teachers to cope successfully with situations of risk they are likely to encounter inside and outside the school as well as to enable them to fulfill their responsibility for teaching HIV and AIDS related issues.

2. There are various other curricula and approaches to the teaching of HIV/AIDS current in Botswana, such as the Education for Life approach, the Ambassadors for Life Tool Kits and Life Planning Skills.

The Life Planning Skills is designed for the trainers so that they can help their colleagues and trainees in making informed decisions. It equips trainers with survival skills especially in relation to HIV/AIDS issues.

The Life Planning Skills help trainers find out who they are now, where they are heading and how to get to where they want to be. The model provides many activities to help the trainers to:

- Gain information about themselves and sexuality,
- Avoid sexually transmitted infections and AIDS,
- Look at their feelings about gender roles, risk taking, sexually behavior and relationships, practice making decisions, setting goals, communicating clearly, negotiating for their own health, and not giving into negative peer pressure.

The program provides trainers with the right information on HIV and AIDS so that they can make wise decisions and feel confident if teaching trainees on HIV and AIDS.

The life saving skill curriculum program is being funded and facilitated by African Youth Alliance. They provide training to trainers .

Another curriculum is the Games for Life programme. This approach is being piloted at Gaborone Technical College, Botswana's showcase government provision of TVET. The Games for Life approach is a teaching model designed for teachers and trainees to equip them with necessary skills through a games approach. It depicts life situations that one may encounter and it is focused on an individual to confidently go through all the problems.

However, in programmes like Games for Life, like in other curricula, the capacity of teachers to teach interactively, with confidence and sensitivity, is assumed and at most marginally addressed. It is exactly this capacity that is addressed by the Teacher Capacity Building Programme.

#### **4 STAFF DEVELOPMENT IN TVET: OPPORTUNITIES AND CHALLENGES**

Although it seems that the Teacher Capacity Building Programme could address many of the trainer development needs within TVET, it must be noted that the Teacher Capacity Building programme is developed primarily for teachers in primary and secondary schools, teaching children between 10 and 19 years. TVET provision deals mainly with trainees over 19 years of age, in an environment that is structured quite differently from primary and secondary schools. It can thus be foreseen that the programme needs adaptation for the specific TVET context on the following aspects:

- TVET trainees have adult learning styles.
- Trainees generally fall in the category of being sexually active. Many have one or more children.
- Trainers in TVET perceive of themselves not necessarily as teachers do. They have a completely different professional background as general teachers and often a different career history.
- Availability of resources in TVET institutions varies enormously, with the majority being poorly resourced and equipped. E.g. a trainer who requires training may not be able to access it because the institution is not able to afford the costs.
- There is a strong presence of trainers from other African countries in TVET, with a different cultural and professional background.
- Time tables and other practical arrangements in TVET differ from those in general schools.
- The majority of TVET provision in Botswana is not Government owned, but non-government, community or privately owned. Therefore any programme has to accommodate a wide range of management issues and approaches, and can definitely not be prescriptive in this respect.
- TVET provides for the transition from school to work and for lifelong learning ("upgrading of skills", "work-based training" etc.). This puts the learning in a different cultural perspective i.e. the need to link it to various work cultures.

## **5 CONCLUSIONS**

Although many initiatives for staff development in TVET on the issue of HIV/AIDS have been taken in the forms of workshops etc., and although a variety of interventions and curricula has been made available to TVET institutions through various organizations, a consistent approach to staff development has not been developed yet. The Teacher Capacity Building programme seems to offer a good opportunity to fill this gap. This programme will however only be able to address the actual training needs of trainers in TVET if it takes the specific context of TVET into consideration and is adapted accordingly.

It will be a major challenge for the Botswana Training Authority, through its HIV/AIDS component, to take up the issue of TVET staff development for HIV/AIDS. It is however crucial to do so, for behaviour change to be effected and to reverse the adverse effects of HIV/AIDS on the quality of TVET. It could however be an important contribution to the goal of an AIDS free generation in 2016.