

Training for Life:



Introduction

"The classroom situation is the key to change". This is a catchphrase which is often used by national governments and international organisations alike. It is used to emphasise the view that the teacher in the classroom is the ultimate agent for change. It is also referred to in relation to the education response to the HIV and AIDS scourge. But what is really



happening in classrooms around the world? Are teachers really ready to meet the challenge? Are they capable to teach pupils and students on HIV and AIDS in their classrooms? And what are Governments doing to support them?

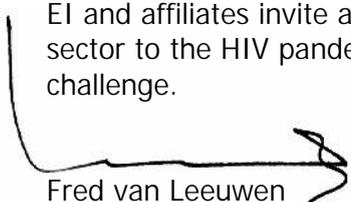
The teachers' unions affiliated to Education International have time and again demonstrated their staunch commitment

to the fight against HIV and AIDS. To this end they are eager to move to the forefront of the education sector response to the pandemic. Nonetheless unions still report that their members often feel hopelessly incompetent when confronted with questions posed on HIV and AIDS. Teachers tell their union leaders that they lack the training and the corresponding materials. In other instances the education authorities provide them with books but no training to diffuse the knowledge contained in them. They also note with concern the resistance to teaching the issues which is demonstrated by parents and even the education authorities themselves.

Education International and its affiliates fully agree that the classroom situation is the key to change. However to give the classroom its maximum potential, we put the reasonable demand to all national and international authorities to give teachers the tools to do their job properly and with self confidence.

Following a limited survey carried out with our members in countries involved in the EI EFAIDS programme, we are convinced that greater emphasis needs to be put on HIV and AIDS in teacher training, both at the pre-service and in-service stages. Indeed this study confirms our concerns that such a national education sector agenda is currently lacking in the majority of countries surveyed here.

EI and affiliates invite all those who are committed to an adequate response of the education sector to the HIV pandemic to support the teaching community in facing this tremendous challenge.


Fred van Leeuwen
General Secretary

The Role of Teachers in the Education Sector Response to HIV and AIDS

The Global HIV and AIDS Readiness Survey was published in 2004. The survey covers a range of issues, all related to the capacity of the education system to give an adequate response to the HIV and AIDS pandemic.

The role of teachers is one such issue. The Readiness Survey refers to a 2001 study which stated that ‘most interventions focused on learners only, with few programmes to equip teachers to deliver the new curricula that embodied HIV/AIDS education¹.’ Thus the challenges we faced in 2001 were still in evidence in 2004 and, worse, have persisted through until this day. EI and its affiliates note this lack of progress with concern.

In order to obtain a more detailed and local perspective on the situation regarding teacher training on HIV and AIDS, in 2005 EI sent out a questionnaire to all unions involved in the HIV and AIDS programme (predecessor of the current EFAIDS Programme initiated in 2006). This questionnaire was specifically tailored to gather information on the place given to training on HIV and AIDS within official pre- and in-service training programmes. Though the survey was limited in scope, the replies that came back confirmed the fears expressed by EI and its affiliated unions: namely, that little or no time or resources are being devoted to HIV/AIDS in pre- and in-service training.

The Global Readiness Survey notes that ‘When asked whether HIV/AIDS and life skills are considered to be integral components in the curriculum for the professional preparation of all new teachers....78% of high and 62% of low prevalence countries indicated that HIV/AIDS and life skills are in fact essential components of their teacher-training programme².’ The findings of EI can not confirm these purported facts. Indeed teachers’ unions have expressed the view that in quite a number of instances the answers provided by their governments were decidedly over-optimistic. For example they often gave the impression that a pilot initiative was carried out on a large scale or over an extended time period when in fact this was not the case. Indeed the responses from teachers suggest a different scenario whereby a lot remains to be done to prepare them to teach on HIV/AIDS. Some of these responses are echoed in the report which follows.

Still this does not necessarily imply that nothing is done. On the contrary. EI affiliates report that at the local level quite a substantial array of activities are being implemented. Still what is lacking is a *long-term and systematic approach* from the national education authorities. Non-governmental initiatives are visible but are generally restricted to local initiatives. Furthermore programmes on the basis of intergovernmental funding are apparently not filtering down below the level of the (national) policy makers. In short, claims made by Government authorities on the widespread training of teachers on HIV and AIDS are not substantiated by the would-be beneficiaries.

Knowledge and life skills are two complementary components which both should have their places in the pre- and in-service training programmes. Teachers report the difficulties they face in addressing HIV and AIDS in the classroom setting. The topic is sensitive such that teachers are often inclined to limit themselves to the transfer of knowledge. The academic arena of scientific definitions and limited data is the ‘safer option’ that sees teachers avoiding difficult questions which they often simply do not have the answers to.

¹ Akoulouze, Rugalema and Khanye, 2001

²(2004:125), Global HIV/AIDS Readiness Survey, UNAIDS IATT

However, the real value of HIV and AIDS education lies beyond the transfer of knowledge. Life skills should be an essential component of teacher training so that, at the end of the day, they are equipped to teach students crucial competencies and not just the facts. Communication and decision making skills, learning how to assert yourself and how to cope with stress should all feature strongly within HIV/AIDS education programmes. Here we note that the record of governments is somewhat better. In most of the countries surveyed where pre- and in-service training has actually taken place, the sessions have included elements of both knowledge and life skills. Still the duration of this training varies widely from country to country. To have full effect training sessions must be carried out intensively and be repeated periodically.

Consultation is another issue. The contemporary rhetoric of the international community on good governance revolves around the concept of the inclusion of, the consultation of, the creation of space for civil society organisations to interact on key decision making areas. Unfortunately the message does not seem to be penetrating the walls of the Ministries of Education in the countries mentioned here. The large majority of the teachers unions reported that they were rarely, if ever consulted on the education sector response to HIV and AIDS. Furthermore on the rare occasion when teachers were consulted, such happened after a long process of intensive lobbying. Hardly any Government in the countries concerned has taken the initiative to invite union representatives to map out strategies, policies and programmes. EI takes the view that failing to involve unions or systematically ignoring their views weakens the response to the HIV and AIDS pandemic.

Not being involved in policy making is one issue. But not being in a position to influence the use of funds allocated to the education response to HIV and AIDS is also a problem. Do unions have insight into the amount of funds being spent on the prevention of HIV/AIDS via the education sector or where these funds are being allocated? The unions, without exception, responded that they are being kept in the dark.

Therefore EI and its affiliated unions call upon the national education authorities to consult teachers on these matters including amongst others the use and the content of materials. At present there are too many diverse messages being propagated, often conflicting because of different donor views. This needs to be addressed with the help of the Education and Health Ministries.

EI strongly supports the position taken in the Readiness Survey which states that there is a “need to elevate HIV/AIDS, sexuality and lifeskills education” which “should form an integral part of all teacher preparation programmes³”. EI’s survey shows that until today such an approach is lacking in the vast majority of countries. Governments give off a far too sunny picture of the reality, donor agencies intervene adding their own conditions and demands. At the end of the day the result is negative for the classroom teacher who is not getting the pre- and in-service training needed to do the work properly and professionally.

On this basis, EI calls for immediate changes, including:

- Ø The inclusion of unions in policy making and the mapping out of the HIV and AIDS training programmes;
- Ø Immediate institutionalisation of long term and wide scale pre- and in-service training on HIV/AIDS for the teaching community;
- Ø Focusing pre- and in-service training on life skills;

³ (2004:97), Global HIV/AIDS Readiness Survey, UNAIDS IATT

In 2005 EI sent a survey to all unions involved in the then 'HIV and AIDS Prevention through Schools Programme' to gather information on the positioning of HIV and AIDS within pre and in-service training. The following countries were included in the EI survey and feature in this report:

1. Kenya (*KNUT/Kenya National Union of Teachers*)
2. Uganda (*UNATU/Uganda National Teachers' Union*)
3. Tanzania (*TTU/Tanzania Teachers' Union*)
4. Malawi (*TUM/Teachers' Union of Malawi*)
5. Guinea (*FSPE-SLECG/Federation of Professional Education Unions/Free Union of Teachers and Researchers*)
6. Burkina Faso (*SNEA-B/National Union of African Teachers in Burkina*)
7. Cote d'Ivoire (*IE-SCI/Education International Cote d'Ivoire Section*)
8. Namibia (*NANTU/Namibia National Teachers Union*)

The subsequent responses confirmed our concerns: very limited or no in-service training.

Their submissions plus additional information including press articles and interviews are the core of this publication. This EI report has no scientific pretensions. However as it is based on data provided by those directly involved, we believe that its value is in offering realistic and upto-date insight into the situation on the ground in each of these countries. We sincerely hope that it will be of use to all those involved in the education sector response to the HIV/AIDS pandemic.



The EFAIDS Programme

Launched in January 2006, the new EFAIDS Programme is an initiative of EI and its partners the WHO (World Health Organisation) and EDC (Education Development Center). The Programme is essentially a fusion of two previously separate initiatives, namely the HIV/AIDS Prevention Programme and the EFA Programme. The new combined EFAIDS Programme came about in response to the recognised need for stronger input from and involvement of the membership in EFA-related efforts and, on the other hand, the need to move HIV prevention beyond grassroots training and into areas such as advocacy and research. Consequently it combines the efforts of teachers' unions in advocating for Education For All (EFA) at national level with their commitment to HIV/AIDS prevention in schools locally.

The HIV/AIDS component of the EFAIDS Programme is based on the programme which preceded it. The HIV/AIDS Prevention through Schools Programme was implemented by EI and partner organisations WHO and EDC in 17 countries in 2001. It reached over 133,000 teachers over the course of its 5 year span. This included 10 Anglophone countries: Botswana, Guyana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe and 7 francophone countries, i.e.: Burkina-Faso, Côte d'Ivoire, Guinea, Haiti, Mali, Rwanda and Senegal.

The teacher training programme which was officially launched after many years of research, collaboration and partnership in the field of HIV/AIDS between the three main organisations involved and other partners aimed at reaching out to as many teachers as possible, in as many schools as possible within the limits of existing resources. Although unions differed in working methods to implement these goals, the bottom-line message was similar to all: using interactive skill-building activities to prevent new infection and advocate for HIV education.

Within the framework of the current EFAIDS programme, those union affiliates working towards reducing HIV infection carry out one or more of the following:

- Train teachers to prevent their own infection from HIV or other STIs and help other adults prevent infection and related discrimination
- Train teachers to advocate for effective HIV prevention and education programmes in schools for learners and adults
- Train learners to help young people acquire the skills they need to prevent HIV infection and related discrimination

The EFAIDS Programme is currently being implemented by unions in 25 countries, all of whom had previously participated in the EFA or the HIV Prevention Programme, or in some cases both. At a later stage, the programme will expand operationally to serve more countries, reaching as many as 30 within a year of initiation.

The new combined programme draws upon the relationships, credibility, and strengths developed over the past five years to strive towards the goal of preventing new HIV infections and increasing the number of learners who achieve basic education. In this respect practise shows that in many countries the EI/WHO/EDC programme is the only one to reach out systematically to the teaching community. We seek recognition of and support for the strengthening of this programme and process.

Country Profiles: The Record on HIV/AIDS Training

1. KENYA

Data Box

HIV/AIDS Rate ⁴	6.7%
% GNP spent on education ⁵	6.4%

Pre-Service Training⁶

No. Trainee Teachers in Teacher Training colleges	16,800
No. Trainee Teachers who have received training on HIV/AIDS	None
Duration of training	N/A
Focus of training	N/A

In-Service Training

Primary Schools

No. Teachers who have received training from state on HIV/AIDS	None
Duration of training	N/A
Focus of training	

Secondary Schools

No. Teachers who have received training on HIV/AIDS	None
Duration of training	N/A
Focus of training	N/A

EI affiliate KNUT (the Kenya National Union of Teachers) reported early in February 2006 that there is no systematic pre- or in-service training for teachers on HIV and AIDS in the Kenyan school system. What is more, the Teachers Training Colleges (TTCs) are didactically reduced to lecturing methods only and teaching materials are inadequate. Back in 2002 three representatives from each of the 28 teacher training colleges received training in order to be able to train their colleagues and other teacher trainees. A syllabus was produced. However, this was not connected to a timetable and it did not work.

Some NGOs such as the USAID-funded Centre for British Teachers give training sessions on HIV/AIDS to selected teachers focusing on knowledge and skills. However in terms of systematic state intervention, the situation is very poor.

Margaret Wambete, Vice Treasurer of the Wasingishu Branch of KNUT, has suffered from the lack of state intervention in the fight against HIV/AIDS via education in Kenya. She is a HIV positive teacher from Eldoret, a town 300 kilometres from Nairobi, the capital. Three years ago her situation became so bad that she finally agreed to go for treatment and to disclose her HIV status.

“This was not an easy decision. And the consequences were severe and immediate. I was removed from the register, which meant so much as an end to my teaching career and my salary was stopped. Definitely, the Teachers Service Commission was not of great help then.

⁴ Source: UNAIDS - 2004 Report on the global AIDS epidemic

⁵ Source: EI Barometer 2004

⁶ Source: EI affiliated teachers' union

It took a lot of effort to get reinstalled. I went through a lot of trouble. Parents withdrew their children from the school when they heard I was HIV positive. For many people, we, the teachers living with HIV, are already people from the past, even though we live on”.

In the absence of assistance from the state, Margaret and others have decided to take the matter into their own hands by starting the ‘Kenya Network of Positive Teachers’ or KENPOTE. The network now has about 3,000 members who have disclosed their status. 2,000 of them work in the public education system and are members of KNUT. They want to make it known to all that “it is possible to live positively”.

“We are so many in Kenya. In my primary school alone, 5 of 30 teachers are HIV positive. Yet in my region, teachers have had no training on HIV and AIDS whatsoever from the education authorities. My colleagues are lost when it concerns the challenges they face. HIV and AIDS is all around us. But we teachers are professionally not made competent to talk with colleagues and students about HIV and AIDS.”

Like many others, Margaret is upset about this lack of initiative by the government. “The authorities should provide in-service training to teachers, but they do not. There is too much of a tendency to stay working in nice offices rather than going out to support the teachers. And worst of all, they see us often as a ways of getting funds rather than giving genuine support.”

Also on the steps taken to integrate HIV/AIDS issues into the curriculum, she is not impressed. “It’s just a little here and there, but nothing serious or permanent. Teachers just have to find their own ways and methods”.

2. UGANDA

Data Box

HIV/AIDS Rate	4.1%
% GNP spent on education	2.3%

Pre-Service Training

No. Students in Teacher Training colleges	7050 (mostly primary)
No. Students who have received training on HIV/AIDS	3450
Duration of training (days)	2
Focus of training	Knowledge

In-Service Training

Primary Schools

No. Teachers who have received training on HIV/AIDS	18,820
Duration of training (hours)	16
Focus of training	Knowledge and skills

Secondary Schools

No. Teachers who have received training on HIV/AIDS	...
Duration of training (hours)	...
Focus of training	...

According to information provided by UNATU (Uganda National Teachers' Union) 3450 teacher trainees received training on HIV/AIDS last year. Generally speaking core primary teachers colleges who are on the Outreach Programme get access to this training. In terms of materials, guides are supplied to schools for use during training.

HIV/AIDS is considered by the authorities as an issue which should be integrated into other school activities, rather than as a distinct part of the national curriculum. There is barely any intervention at the level of secondary school training colleges, except for occasional papers presented by visiting social workers.

At primary school level teachers receive training through the Ministry of Education through the TDMS (Teacher Development and Management Systems). During this training they receive the PIASCY (Presidential Initiative on AIDS Strategy for Communicating to Youth) teachers' guide and log book for monitoring the implementation of activities.

In terms of concrete support for teachers, PIASCY assists in giving the education response to the pandemic. It involves teachers by giving them guides for the implementation of its strategy on HIV/AIDS prevention at primary school level. Likewise teachers are expected to give messages to children through school assemblies. They have designed school 'talking compounds' with messages on the prevention of HIV/AIDS. The Government has also come out with an HIV/AIDS workplace policy for the Education Sector.

However the picture on the ground is not all that positive. As the article commissioned by EI 'Can Uganda's Teachers Save Children from AIDS?' on the situation vis à vis HIV/AIDS training in schools demonstrates, 'a comprehensive approach to provide susceptible school children with information and life skills like assertiveness is urgently needed'⁷. Indeed although HIV/AIDS messages are being integrated into the primary teacher-training curriculum, the authorities have failed to follow this up with the incorporation of HIV/AIDS in the actual schools curriculum.

As noted by the Dean of Kyambogo University who is responsible for curriculum development for teacher education in Uganda "Our approach should be incorporated into the schools' curriculum. Otherwise, we shall be training teachers what they cannot implement." Furthermore at secondary school level the situation is even worse there HIV/AIDS information is almost non-existent. "In the curriculum, there is something on definitions" one teacher says. Equipped with scientific definitions alone, teachers and learners in Ugandan secondary schools have little to shield them from HIV infection.

3. TANZANIA

Data Box

HIV/AIDS Rate	8.8%
% GNP spent on education	2.1%

Pre-Service Training

No. Trainee Teachers in Teacher Training colleges	9,859 (primary) 2,689 (secondary)
No. Trainee Teachers who have received HIV/AIDS training	Training (nominally)

⁷ To view the article, please see Annex I

Duration of training (hours)	N/A
Focus of training	N/A
<u>In-Service Training</u>	
<i>Primary Schools</i>	
No. Teachers who have received training on HIV/AIDS	1,175
Duration of training (hours)	32.5
Focus of training	Knowledge & life skills
<i>Secondary Schools</i>	
No. Teachers who have received training on HIV/AIDS	3.200
Duration of training (hours)	32.5
Focus of training	Knowledge & life skills

In the Tanzanian setting, in theory all teacher trainees are supposed to receive training on how to deal with HIV/AIDS in their classes when they go to TTCs. However, although tutors have been trained and in spite of the fact that there is a component on HIV/AIDS within the Teacher Education Curriculum under Guidance and Counseling & General Studies subjects, proper training does not take place. Textbooks are distributed in schools to equip them with knowledge and methodology. But without proper insight on how to apply the lessons portrayed in those textbooks in the classroom, teachers are all but helpless.

The situation vis à vis in-service training is somewhat better. This year, some 1,175 primary school teachers received HIV/AIDS education training via the Ministry of Education and Culture (MoEC). MoEC officers, including school inspectors conducted this training over a period of more than 30 hours. This training focused on knowledge and life skills and was meant to enable teachers to teach classes V-VII. Some textbooks were provided, however they did not meet the level of demand.

About 3,200 secondary school teachers received HIV/AIDS education from the MoEC. The training was also made available to heads of schools. Again it focused on knowledge and life skills and some textbooks were provided for these teachers to help students in the classrooms. It is important to note that Biology/Home Economics and Civics teachers have been the target group for these training sessions.

Finally, on financial management/control, the MoEC manages the funds for the education sector to combat HIV/AIDS. TTU (Tanzania Teachers' Union) does not have information on the amount involved and does not have any influence on the use of these funds. It is never consulted by the Ministry.

One teacher who participated in an EI/WHO/EDC training session on HIV/AIDS education said that existing initiatives to train teachers on HIV/AIDS, whilst excellent, desperately need to be expanded upon and taken up at state level to give the maximum effect: "All teachers need to be exposed to this kind of education so that they can train others including pupils or students in schools and colleges". In particular it was noted that "More effort is needed to educate people in rural areas."

Another EI training participant noted that during the sessions she realised that education is the only true way to get the message through to the population "I discovered that, although HIV/AIDS is discussed everywhere and the information reaches us through radio, magazine, TV, etc., still people are blind. People need to be properly educated".

4. MALAWI

Data Box

HIV/AIDS Rate	14.2%
% GNP spent on education	4.1%

Pre-Service Training

No. Students in Teacher Training colleges	2875 (primary)
No. Students who have received training on HIV/AIDS	2875 (primary)
Duration of training (hours)	6
Focus of training	Life skills

In-Service Training

Primary Schools

No. Teachers who have received training on HIV/AIDS	None
Duration of training (hours)	
Focus of training	

Secondary Schools

No. Teachers who have received training on HIV/AIDS	None
Duration of training (hours)	
Focus of training	

At primary school training colleges in Malawi, 2875 students who concluded their training in April 2005 received a one hour session of training per week for six weeks on life skills i.e. for a total of six hours only. The type of training given was based on a cascade model whereby once trained, the lecturers would transmit the message to their teacher students. In TTCs, students receive textbooks which they are asked to use when they are in their schools. The textbooks are titled 'Mzake ndi Mzake' or 'Each and Other'. However when TUM (the Teachers' Union of Malawi) interviewed one of these teachers, he commented that he still struggles with the content of the curriculum.

Thus far no teachers have received in-service training on HIV and AIDS from the MoE. Apart from the HIV and AIDS Advisor at MoE Headquarters, there are no desks on HIV and AIDS in any of the 34 District Education Offices nor indeed in the six Education Division Offices.

The National Aids Commission (NAC) is responsible for coordination of all activities on HIV and AIDS in Malawi, including the management of funds. In fact, the NAC funds institutions like the Ministry of Education when it comes to HIV and AIDS education activities.

Recently the Ministry of Education developed its own plan of action to carry out HIV/AIDS interventions within the education sector. However apart from being invited to attend the launch of the document in February 2005, the Teachers Union of Malawi was not consulted on the formulation of the document.

With this plan of action in hand, the Ministry of Education has received funding from the National AIDS Commission. However this funding has not filtered through to civil society organisations such as the Teachers' Union of Malawi and on two occasions, the National AIDS Commission has turned down requests made by TUM for project funding.

5. GUINEA

Data Box

HIV/AIDS Rate	3.2%
% GNP spent on education	1.9%

Pre-Service Training

No. Trainee Teachers in Teacher Training colleges	1942
No. Trainee Teachers who have received training on HIV/AIDS	1942
Duration of training (hours)	12
Focus of training	Knowledge and skills

In-Service Training

Primary Schools

No. Teachers who have received training on HIV/AIDS	100 (& 380 tutors)
Duration of training (hours)	12
Focus of training	Knowledge and skills

Secondary Schools

No. Teachers who have received training on HIV/AIDS	320
Duration of training (hours)	12
Focus of training	Knowledge and skills

Overall the education authorities in Guinea have performed reasonably well on the preparation of teachers to deal with the fight against HIV/AIDS. Teachers are beginning to be trained, materials are being provided and the focus of the training reaches beyond knowledge to skills building. Still, more attention needs to be paid to in-service training where only a very small proportion of teachers are being reached and a correspondingly low impact is being made.

The National Committee on the Fight Against AIDS and the Interministerial Committee on the Fight Against AIDS are responsible for the administration of funds to combat AIDS from within the education sector. EI affiliated teachers' unions in Guinea FSPE/SLECG (Federation of Professional Education Unions/Free Union of Teachers and Researchers) have not been consulted, nor do they have any information on the use of these funds. However during awareness building and training activities, they have benefited from both technical assistance and offices to conduct the training.

6. BURKINA FASO

<u>Data Box</u>	
HIV/AIDS Rate	4.2%
% GNP spent on education	...
<u>Pre-Service Training</u>	
No. Trainee Teachers in Teacher Training colleges	1.900
No. Trainee Teachers who have received HIV/AIDS training	1.900
Duration of training	One week
Focus of training	Knowledge & Skills
<u>In-Service Training</u>	
<i>Primary Schools</i>	
No. Teachers who have received training on HIV/AIDS	6,732 School heads
Duration of training (hours)	48
Focus of training	Knowledge & Skills
<i>Secondary Schools</i>	
No. Teachers who have received training on HIV/AIDS
Duration of training (hours)
Focus of training

The information received on Burkina Faso came from EI affiliate SNEA-B, the National Union of African Teachers in Burkina. It should be noted that this union were in a position to comment on training for primary school teachers only.

SNEA-B reports that the government of Burkina Faso has been providing support to teachers through training sessions, awareness building exercises and by taking care of those infected and affected. All 1.900 teachers who went through pre-service training last year were trained on HIV and AIDS. They received learning materials for use in class. Nonetheless a lot remains to be done in this area and one week of training per year is not considered to be adequate to instil the necessary knowledge and skills in teachers.

In terms of in-service training a total of 6,738 school heads received on the job training from Health Department personnel working with the National AIDS Committee and the Sectoral Committee within the Ministry of Education. Again here the situation is not ideal as this training is not filtering down to the level of the teachers themselves.

In terms of decision making on financing the education sector response, the Sectoral Committee of the Ministry is the responsible body. To date it has never consulted the unions on the spending of these funds.

7. COTE D'IVOIRE

<u>Data Box</u>	
HIV/AIDS Rate	7.0%
% GNP spent on education	4.6%
<u>Pre-Service Training</u>	
No. Trainee Teachers in Teacher Training colleges	1,500 (primary)
No. Trainee Teachers who have received HIV/AIDS training	None
Duration of training (hours)	N/A
Focus of training	N/A
<u>In-Service Training</u>	
<i>Primary Schools</i>	
No. Teachers who have received training on HIV/AIDS	1,500
Duration of training (hours)	60
Focus of training	Life skills
<i>Secondary Schools</i>	
No. Teachers who have received training on HIV/AIDS	500
Duration of training (hours)	20
Focus of training	Knowledge and skills

In the case of Cote d'Ivoire, EI consulted IE-SCI (Education International Cote d'Ivoire Section, composed of the four teachers' unions affiliated to EI in the country) to obtain the data displayed here.

As regards the pre-service stage, to date no students have been exposed to training on HIV and AIDS. The Ministry plans to launch a pilot training programme in the future but this remains to be put into action.

Out of a total of some 32,000 primary school teachers, 1,500 were trained between October 2005 and March 2006 by staff of the national Education Ministry. At secondary level, of about 12,000 teachers 500 were trained by the MoE during the same time period. The teachers are chosen based on the subjects that they teach, and generally life sciences teachers are chosen. In this regard, IE-SCI labels the efforts made to date as verging on insignificant. HIV/AIDS is not included in the schools' curriculum. The only sign of activity lies with the 'Club Santé' or 'Health Club' initiative where the MoE is responsible for raising awareness among secondary school students.

In terms of consultation, IESCI has commented that the government is open to discussion with the unions. However on the specific issue of funding for the education sector's HIV/AIDS related activities, the situation in Cote d'Ivoire is somewhat different, There the education sector is almost entirely funded by external donors and trade unions do not have any influence over the decision making processes on how to use these funds.

8. NAMIBIA

Data Box

HIV/AIDS Rate	21.3%
% GNP spent on education	8.1%

Pre-Service Training

No. Trainee Teachers in Teacher Training colleges	1031
No. Trainee Teachers who have received HIV/AIDS training	190
Duration of training (hours)	3-4
Focus of training	Knowledge & life skills

In-Service Training

Primary Schools

No. Teachers who have received training on HIV/AIDS	1304
Duration of training (hours)	45
Focus of training	Knowledge & life skills

Secondary Schools

No. Teachers who have received training on HIV/AIDS	None
Duration of training (hours)	N/A
Focus of training	N/A

At a workshop entitled 'AIDS in the workplace' hosted by the Ministry of Education in April 2006, NANTU (the Namibia National Teachers Union) and the National Aids Control Programme Director, told senior staff representatives of Ministry of Education that 10 to 15 Namibian teachers are dying of AIDS each trimester and that over the next two years a further 600 are expected to become infected by HIV.

How can these expected infections be stopped in their tracks? What is being done within the education sector to check the spread of HIV?

According to Havelinus Shemuketa, Professional Development Coordinator of NANTU (the Namibia National Teachers Union), "something urgent needs to be done to curb the death of teachers from AIDS. The situation is no better among learners. It is getting out of hand. AIDS education should be urgently incorporated into the curriculum and not as an extra-mural subject".

Currently a huge curriculum reform process is underway in Namibia. The reform is being conducted by the World Bank. EI and its Namibian affiliate NANTU feel that the position of the unions must be integrated into this process. To date whilst NANTU has been involved in the consultation process, it is felt that to a large extent its opinions are falling on deaf ears.

In Namibia, 190/1031 trainee teachers received 3-4 hours of training on HIV/AIDS last year, just over 18% of all those going through teachers' training colleges.

There are more than 18,000 teachers working in the country. Between 2004 and 2005 1,304 primary school teachers received a one-week (45 hours) of training. For secondary school teachers, no formal, continuous in-service training was provided. However NANTU has commented that in the case of secondary school teachers who are not receiving in-

service training on HIV/AIDS, this has more to do with insufficient funding rather than any lack of political will on the behalf of the government.

For the large majority of teachers who want to want to teach about HIV and AIDS, the only way to go about it is to find spare time and become volunteers. Otherwise teachers are being trained by NANTU within the framework of the EI/WDC/WHO EFAIDS Programme. To date, NANTU is the only organisation working with teachers on HIV prevention.

With regards to a policy on HIV/AIDS for learners and teachers in schools, at the Workshop last April the National AIDS Control Programme Director, Abner Xaogub, poured criticism on the Ministry of Education for its failure to implement its policies.

"The Ministry of Education has all the relevant policies in place. Unfortunately these documents have gathered dust because the policies have never been implemented. I would like to urge the ministry to revisit and upgrade those policies and recommendations because only then will there be a reduction of AIDS cases. It serves no purpose to create new policies if the old ones have not been effectively implemented," Xaogub said.

NANTU hopes that the Government will soon implement its policies and introduce training programmes for all pre-service trainee teachers as well as in-service training programmes for the serving teachers in order to effectively deal with this situation.



CONCLUSIONS

The findings of this study point towards the urgent need to reevaluate and to step up efforts to facilitate the teachers' response to HIV and AIDS. Indeed they confirm the conclusions of the Global Readiness Survey that 'programmes as are offered tend to be unsystematic, ad hoc and poorly followed through'⁸. Take for example Kenya, where the HIV infection rate is 6.7%, stigmatisation and discrimination are hugely problematic and no pre- or in-service training on HIV/AIDS is being provided to teachers. This is a time bomb waiting to go off.

As noted in 'Deadly Inertia' the report from the Global Campaign for Education (GCE) of November 2005 'in only 3 out of the 18 countries had Ministries of Education made systematic attempts to train teachers on HIV and AIDS'⁹. The EI report demonstrates similar results. In only 1 of 9 countries is there evidence of training at both pre- and in-service stages of teacher training and for both primary and secondary teachers.

In other countries such as Uganda, whilst some efforts are being made, again a *comprehensive and systematic approach* to provide teachers and subsequently school children with knowledge and life skills is still lacking. Although HIV/AIDS messages are reaching the students in Training Colleges, there is no HIV/AIDS component in the actual schools' curriculum. In this way the training is not sustainable, it has little impact and skills learned will be soon forgotten due to lack of use. The situation is even worse in Cote D'Ivoire where HIV/AIDS training is only given in light doses and only at the in-service phase. Likewise it does not have a place within the schools' curriculum.

Duration of training is problematic. In Malawi it has been noted that pre-service training is simply too short, and consequently teachers are struggling with the curriculum. The *scale* of efforts is a further issue for consideration. For example, in Tanzania and Guinea where HIV/AIDS training does exist, the *scale* and subsequent *reach* of initiatives are still too modest. Thus too few teachers are benefiting from the training and too many children are suffering the consequences. In Burkina Faso, though the government has performed well in some respects, the reach of training is being hampered because it is being offered to head teachers only and is not getting through to the wider teaching community. As a result, the knowledge and skills passed on during training is not making it to the classrooms.

Finally the issue of *consultation* needs to be addressed. In the large majority of countries surveyed the unions are not being consulted on the important issue of the use of funds dedicated to fighting HIV/AIDS. Given their nature as grassroots organisations with wide networks, teachers unions have the capacity to make small amounts of funding reach a long way as well as pinpoint precisely where the needs are. In this sense governments need to start treating teachers as key partners in the education sector response.

In the coming decade Africa alone will have to train more than 3.7 million teachers in the primary sector in order to achieve Universal Primary Education. They and the millions to be newly recruited in the secondary sector desperately need the skills and the knowledge to protect themselves as well as their students from infection. This report, however small in scale, shows that currently, teachers are not receiving the training they require. It is now high time to act, to move from policy papers and grandiose speeches to practical assistance and full-scale training. Without this, the goal of halting the spread of HIV/AIDS by 2015 does not stand a chance.

⁸ (2004:97), Global HIV/AIDS Readiness Survey, UNAIDS IATT

⁹ (2005:24), Deadly Inertia, Global Campaign for Education

Annex I: Article by Harriette Athieno Onyalla, New Vision, Uganda

Can Uganda's Teachers Save Children from AIDS?

UNTIL her last breath, Adongo remained brave. Her elder sister Atto still sees her, skin clinging to her frame, all her flesh wasted. Slowly, Adongo's feverishly white eyes sunk as her face grew smaller. Holding the spoon with bony but beautiful fingers, Adongo always tried to help when her sister fed her. Atto had hoped against hope that she would recover. But that light was quenched on the day she rushed home to bring news of her admission to university only to find Adongo had passed away.

Since then almost three years have flown by. As in the rest of Uganda, education in the Aloi Internally Displaced People's (IDP) camp in the Lira district is reserved for boys. Against these odds Atto beat them and became the first to win a place at a university. Perhaps Adongo would have followed suit had she not become infected.

Having felt her sister's pain, Atto vowed to avoid HIV infection. After graduation in three months, she intends to start teaching in St. Katherine Girls' Boarding Secondary School, Lira where she studied for six years. Then, she will not only be responsible for keeping herself safe from HIV, but also for disseminating information on HIV/AIDS to teenagers entrusted to the school's care. Unfortunately, Atto is not confident of doing this effectively.

Curriculum development:

The Presidential Initiative on AIDS Strategy for Communicating to Young People (PIASCY) is a government initiative to broaden the knowledge of children in primary schools on HIV/AIDS. The initiative requires that schools hold weekly assemblies containing messages on HIV/AIDS. It has helped the MoE to develop an HIV/AIDS handbook for primary teachers.

Similar initiatives exist in teacher training colleges and universities. However these initiatives, often once-off activities run by NGOs, are not institutionalised. Also their implementation depends on the initiatives of the colleges or universities in seeking the NGOs out.

"A comprehensive approach to provide susceptible school children with information and life skills like assertiveness is urgently needed", Eliab Lenyon Gumisiriza says. Gumisiriza, the Dean of Kyambogo University's Faculty of Education says that "the entry point to this is teacher training".

Gumisiriza notes that very little has been done to improve the curriculum with regard to HIV/AIDS. Kyambogo University is responsible for curriculum development for teacher education in Uganda. Gumisiriza says that they are incorporating HIV/AIDS messages into the primary teacher-training curriculum. Kyambogo University has developed a 'child-to-child programme' to help young people avoid HIV/AIDS through peer influence. This is being integrated into the teacher-training curriculum from certificate to graduate levels. But it has not yet been institutionalised in schools. "Our approach should be incorporated into the schools' curriculum. Otherwise, we shall be training teachers what they cannot implement."

Inside the classroom:

At Kiswa Primary School in Kampala, Difas Munywa, a member of the Uganda National Teachers' Union (UNATU) says that PIASCY is not visible in the school classroom curriculum. There is only a bit on the definition of HIV/AIDS. "PIASCY requires only that we hold a weekly assembly to pass on information about HIV/AIDS to pupils. That is what we do."

Last year, two teachers from Kiswa attended a workshop on HIV/AIDS. They briefed other teachers on what they had learnt. Munywa believes this information helped kick off HIV/AIDS efforts in schools. However “we now need a more comprehensive strategy. We would feel more comfortable if we had more HIV/AIDS training. Except in large assemblies, teachers fear to talk about HIV/AIDS because pupils may ask difficult questions,” he says.

Patrick Balyogera, Inspector of schools for Teacher Education in the Education Standards Agency (ESA), that is responsible for ensuring quality education. He explained that, “HIV/AIDS is a major area for policy reform in Uganda.”

“Unfortunately, integrating these policies into schools is not easy. The ESA is underfunded. We lack supervisory resources. Worse still, education in this country is basically about examinations. Since HIV/AIDS is hardly in the curriculum and therefore barely included in examinations, even teacher training colleges ignore it.”

Teachers living with HIV:

Caroline Nambi is a teacher of PMM Girls' Secondary School in Jinja. Nambi's husband died in 1991 and she had been living as a widow with two children when she met her second husband. When she remarried, life was good until a couple of years ago when she began falling sick. “My husband left after hearing rumours that I had AIDS,” she says. An HIV test confirmed the rumours. Nambi was shocked. Her husband also tested HIV positive. After counselling, they are again friends although separated.

But from the ashes of her marriage Nambi emerged a stronger woman. She is the Information Secretary of Teachers' Action Against AIDS Group (TAAG). TAAG seeks to encourage teachers to go for HIV tests and open up if they have the virus. Nambi says HIV/AIDS information in secondary schools is almost non-existent. “In the curriculum, there is something on definitions. But this lack of information is a big problem because by secondary school, children are already adolescents,” she says.

Northern Uganda:

“We have a course unit on guidance and counselling. But it is the same unit taught before the HIV/AIDS era, with a bit about HIV/AIDS. The situation in our country demands more than just a bit,” Atto says. She is sure to graduate with an honours degree which would guarantee her a job in any of the country's best schools. But none of these schools are found in Northern Uganda and she will not teach anywhere else. She is determined to make a small but significant contribution to improving the dire conditions of her people.

She also wants more girls to follow in her footsteps to university. The National HIV prevalence rate is 7%. In Northern Uganda it is 9%. Despite free Universal Primary Education, school dropout in Northern Uganda is triple the overall national figure. This gets worse in secondary schools, which demand fees. “That's more reason for me to return home,” Atto says, pensively. And so among Atto's students may be some of the thousands of children who were once abducted by LRA and forced into sex slavery. Others may be girls whose parents gave away to government soldiers for sex to earn food for the family.

Atto is fighting back tears. She bites her lower lip. Still, a tear drops. She apologizes quickly as she gropes in her bag for a handkerchief. For Atto, if life offers you lemons, then you make lemonade... “Things are bad, but we should do our best with what we have. Leading exemplary lives is our best bet. I know it is expensive but when I start work, I will struggle to save for HIV/AIDS training,” she says.

Training for Life:

Draft EI Report

Teacher Training on HIV/AIDS

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Education International (EI) is a global trade union federation representing over 29 million teachers and other education workers, through 338 member organisations in 166 countries and territories.

