# Contextualizing HIV/AIDS in educational planning and management

## A training needs assessment for educational planners and managers in Kenya

James M. Mbwika,
with Mercy Syokau and Isaac Thuita

Prepared for the Ministry of Education, Science and Technology, Kenya
and the International Institute for Educational Planning, Paris

December 2004

Ministry of Education, Science and Technology, Kenya
International Institute for Educational Planning (UNESCO/IIEP), Paris

# Acknowledgements

# Table of contents

# List of abbreviations and acronyms

| | |
|---|---|
| ACU | AIDS Control Unit |
| AIDS | Acquired Immunodeficiency Syndrome |
| CfBT | Council for British Teachers |
| DEMMIS | District Educational Management and Monitoring Information System |
| DEO | District Education Officer |
| HIV | Human Immunodeficiency Virus |
| IIEP | International Institute of Education Planning |
| KESI | Kenya Education Staff Institute |
| KIE | Kenya Institute of Education |
| KNUT | Kenya National Union of Teachers |
| MoEST | Ministry of Education, Science and Technology |
| NACC | National AIDS Control Council |
| NARC | National Rainbow Coalition |
| NASCOP | National AIDS and STD Control Programme |
| NGO | Non-Governmental Organization |
| SAGA | Semi-Autonomous Governmental Agency |
| TSC | Teachers Service Commission |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNESCO | United Nations Education, Scientific and Cultural Organization |
| UNICEF | United Nations Children's Fund |
| UPE | Universal Primary Education |

# List of tables

# List of figures

# List of boxes

# Executive summary

The main aim of this study was to assess training needs for educational planners and managers in the context of HIV/AIDS in Kenya.

The Kenyan government's overall policy goal for primary education is to achieve Universal Primary Education (UPE) by 2005, which is consistent with the Dakar commitment to provide Education for All by 2015 (UNESCO; 2000). To achieve these policy objectives, the National Rainbow Coalition (NARC) Government has taken the initiative of implementing a free primary education programme, which began in February 2003. However, retaining children in school that come from families with members infected and affected by HIV/AIDS has become a major challenge to achieving these targets – and the number of orphaned children is reported to be increasing.

The UPE goal is also hampered by a shortage of staff brought about, in part, by the HIV/AIDS pandemic. An estimated 1.8 per cent of the country's 224,000 teachers are dying each year. The number of education managers, planners and supervisors suffering from and dying of HIV/AIDS is also on the rise. Due to the chronic and debilitating nature of HIV/AIDS and related illnesses, those infected are frequently absent from work. Increasing mortality due to HIV/AIDS also means that those dying have to be replaced or that remaining workers have to take on extra workload. All of this has a profound financial impact on the education sector. For example, pension demands and medical bills are now surpassing planned targets.

Efforts to mitigate the effects of AIDS on the sector are being spearheaded by the Ministry of Education, Science and Technology (MoEST), in collaboration with other development partners. The ministry, with support from the United Nations Educational, Scientific and Cultural Organization (UNESCO), has already published an education sector policy on HIV/AIDS, although at the institutional level only High Ridge Teacher's College and Mombasa Polytechnic institutions have developed HIV/AIDS policies of their own. The institutions also lack strategies and skills to deal with infected and affected teachers and students, or to implement curriculum-based initiatives.

The ministry and the Kenya Institute of Education (KIE), with support from donors (e.g. UNICEF – the United Nations Children's Fund), have been focusing on the development of an AIDS education curriculum for primary and secondary schools and information, education and communication materials. These include textbooks and videotapes, which are used for instruction and awareness creation. They have also been working on prevention and advocacy, through staff capacity building, the formation of health clubs and the integration of AIDS messages into drama, music and sports. Unfortunately, without access to regular transport for distribution, most of the material intended for schools has got no further than the district education offices. Training of educators on the implementation of the curriculum has also been hampered by a lack of resources and logistical bottlenecks.

Since 1999, when HIV/AIDS was declared a national disaster and the government took the decision to implement an HIV/AIDS curriculum, a number of workshops have been held to induct education officials and teachers, with sponsorship from various agencies, such as UNICEF and the Council for British Teachers (CfBT). The ministry estimates that so far over

8,000 teachers have been trained as trainers in HIV/AIDS, using the MoEST/KIE/UNICEF curriculum. Plans are underway to train more teachers and education managers in the districts. However, none of the training being offered or planned is geared towards equipping staff with skills to mainstream HIV/AIDS in the planning and management process.

There is a lack of monitoring and evaluation for training activities being carried out by the ministry, especially for training of trainers. There has been an assumption that those trained will in turn train others, but in many cases this has not taken place. Evidence shows that some trainers never go on to train others because they themselves are not viewed as credible individuals. They have either been improperly selected, lack the capacity to carry out the training, or have no programmes to assist them in training their peers.

There is also a clear lack of monitoring of teachers and education officials trained in HIV/AIDS at the district level. Staff are selected on a district-by-district basis, so that when a representative from a particular district has been trained, it is assumed that the district is adequately covered. The ministry does not have a system of tracking or monitoring cross-district staff transfers, however, with the result that district records continue to show the presence of trained staff, even when that officer has moved to another district.

The findings of this study also show that the ministry lacks strategies for human resource planning and management in the face of HIV/AIDS. This is mainly due to the lack of accurate data on the impact of the pandemic on the sector, which limits planning capabilities. The ministry's response to staff shortages has therefore been rather erratic and so far has had little impact. Most schools remain significantly understaffed, while educational management at the central and district levels has been similarly compromised by a shortage of qualified personnel. Most people in the ministry and Semi-Autonomous Governmental Agencies (SAGAs) are performing duties not commensurate with their academic and professional competencies. Resource allocations in the fight against HIV/AIDS have been constrained by budgetary limitations.

Lack of effective communication channels and tools within the ministry and other education institutions forms another major challenge to educational planning and management. Currently the landline telephone system is the main tool for communication, and even this is not available to everyone. E-mail and facsimile services are limited and remain the preserve of just a few officers. The ministry operates a manual information management system, which is slow and cumbersome. Data are also scattered in different locations within the ministry and semi-autonomous institutions, such as the Teachers Service Commission (TSC) and KIE, which are not linked to one another.

The ministry relies on school monthly and quarterly reports to capture staff shortages, absenteeism and death among teachers. The information tracked is normally to do with levels of absenteeism among teachers and pupils, but since this information is manually recorded and stored, it is of little use for decision-making as it rarely reaches those who need it most.

The findings of this study demonstrate that training is needed in many areas of the education sector if it is to mainstream HIV/AIDS in all programmes and projects. Training should be tailored to particular departmental and institutional functions, although general needs include:

- mainstreaming HIV/AIDS in all plans, programmes and activities of the Ministry of Education, district education offices and semi-autonomous educational institutions;

- developing HIV/AIDS response strategies in all areas of the education sector;
- developing HIV/AIDS policies and especially workplace policies;
- mainstreaming the HIV/AIDS curriculum in the education sector;
- designing and implementing HIV/AIDS monitoring and evaluation strategies at all levels;
- designing and implementing a District Educational Management and Monitoring Information System (DEMMIS).

## Recommendations

- Institutional capacity to deliver the HIV/AIDS curriculum remains limited. Efforts have been made within the educational management structures at central, provincial and district levels to integrate HIV/AIDS in education programmes, but these have been frustrated by limited resources, and training and skills of ministry staff. Poor staffing in most of the education departments has also contributed to poor internalization and integration of HIV/AIDS into education plans and programmes. The ministry should take immediate steps to alleviate this staff shortage and scale up training programmes for teachers charged with implementing the HIV/AIDS curriculum.

- The implementation of HIV/AIDS curricula, programmes and activities should be backed with a carefully designed monitoring and evaluation system to ensure that lessons learned and best practices are documented and replicated. This should be the responsibility of the ministry, KIE, the Kenya Education Staff Institute (KESI) and the TSC.

- The AIDS Control Unit (ACU) within the ministry needs to be strengthened by staffing it with an adequate number of qualified, skilled and well-resourced persons. At present, the unit is understaffed and under-resourced. It has also yet to develop an HIV/AIDS response strategy. Capacity building for the staff can be carried out locally with support from the National AIDS Control Council (NACC). The unit also needs help with developing a strategic plan, which the NACC could support financially, as well as through providing experts in strategic planning. The unit should be fully computerized and connected to the Internet, so that it can access and share information with organizations and other actors.

- The district ACUs should develop closer links with the ACU at Ministry of Education headquarters. Each district ACU should develop its own strategic plan. A prime objective at the district level should be to build capacity to monitor the impact of HIV/AIDS, such as tracking staff morbidity and mortality, numbers and status of orphans and the state of education financing. Staff at the district level need to be enabled and empowered to respond appropriately and effectively to the challenges posed by HIV/AIDS.

- The ministry should put in place a comprehensive and integrated human resource database for all education staff, which can be used to monitor levels of staff attrition and absenteeism. The system should be programmed to detect potential cases of chronic illness, which results in frequent and prolonged absenteeism.

# 1. Introduction

## 1.1 Overview of the HIV/AIDS epidemic in Kenya

The first case of HIV/AIDS in Kenya was diagnosed in 1984. Since then, HIV infections and AIDS cases have grown exponentially. By 1998 an estimated 13.9 per cent of the population was HIV positive, including 106,621 children (NASCOP, 1999). Official statistics show that 1,944,623 HIV cases were reported in Kenya in 1998, up from 513,941 in 1990 and representing an increase of 378 per cent (see Table 1.1 below). Previous reports had projected that this total of 1.9 million Kenyans living with HIV/AIDS would not be reached until 2005. The National AIDS and STD [sexually transmitted disease] Control Programme (NASCOP) acknowledges that only a fraction of AIDS cases are officially reported, so it is likely that this figure falls well short of the true number. The most recent estimates (i.e. end 2003) put the national adult (15-49) HIV prevalence rate at 6.7 per cent (UNAIDS, 2004)

Recent Kenya Demographic and Health Survey statistics show that, when this figure is broken down by sex, women have the higher prevalence rate of 9 per cent, compared to 5 per cent for men (Central Bureau of Statistics and ORC Macro, 2003). Among pregnant women attending antenatal clinics, prevalence would seem to be even higher: 12.5 per cent for those aged 15-19, and 16.2 per cent for 20-24 year olds (UNAIDS, 2002). Broken down by age, the highest HIV prevalence rate is found among the 35-39 age group (10 per cent) and the lowest among 15-19 year olds (2 per cent).

### Table 1.1 National HIV prevalence trends, 1990-1998

| Year | National prev. (%) | Total people with HIV | Adults (15-49) with HIV | Urban adult prev. (%) | Urban adults with HIV | Rural adult prev. (%) | Rural adults with HIV | Children (0-14) with HIV |
|---|---|---|---|---|---|---|---|---|
| 1990 | 4.8 | 513,941 | 485,762 | 8.8 | 144,422 | 4.1 | 341,340 | 28,179 |
| 1991 | 6.1 | 673,555 | 636,625 | 10.5 | 180,618 | 5.3 | 456,006 | 36,930 |
| 1992 | 7.4 | 844,417 | 798,119 | 12.0 | 216,941 | 6.5 | 581,178 | 46,298 |
| 1993 | 8.7 | 1,021,942 | 965,910 | 13.4 | 252,721 | 7.7 | 713,190 | 56,032 |
| 1994 | 9.9 | 1,201,968 | 1,136,060 | 14.5 | 287,615 | 8.9 | 848,451 | 65,902 |
| 1995 | 11.0 | 1,380,761 | 1,305,056 | 15.5 | 321,490 | 10.0 | 983,566 | 75,705 |
| 1996 | 11.9 | 1,555,096 | 1,469,832 | 16.3 | 354,333 | 11.0 | 1,115,500 | 85,264 |
| 1997 | 12.8 | 1,722,412 | 1,627,975 | 16.9 | 366,198 | 11.9 | 1,241,777 | 94,438 |
| 1998 | 13.9 | 1,944,623 | 1,838,002 | 18.1 | 432,756 | 13.0 | 1,405,246 | 106,621 |

*Source:* NASCOP, 1999.

## 1.2   Overview of the education system

The Ministry of Education, Science and Technology (MoEST) is responsible for educational planning and management, and policy formulation and implementation throughout the country.   Other semi-autonomous institutions, created through acts of parliament, have specific mandates for education, operate their own budgets and have their own planning and management systems.   These include the Teachers Service Commission (TSC), responsible for recruitment and management of the teaching force of schools and teacher training colleges; KIE, responsible for the development and publication of the pre-primary, primary and secondary curricula, and the Kenya Education Staff Institute (KESI), which is responsible for the identification of staff development needs and carrying out training for sector managers and administrators.   Adult education falls under the remit of the Department of Culture and Social Services in the Ministry of Gender, Culture and Social Services.

Formal education in Kenya consists of pre-primary, primary, secondary and tertiary levels.   In 1999 there were an estimated 25,429 pre-primary institutions in the country, providing a two-year introduction to education for children aged three to six.

From the age of six pupils may enrol in primary education, which lasts for eight years.   This minimum age limit is observed in public schools (of which there were 17,544 in 2001) and faith-based schools.   In private schools (numbering 1,357 in 2001) it is not enforced.   Primary school enrolment increased from 5,031,340 in 1987 to 6,371,200 in 2002, so that by 2002, 76 per cent of those aged between 6 and 13 were attending primary school.   Between 2001 and 2002 there was a marginal increase in primary enrolments of 0.9 per cent.   In 2003 an extra 1.6 million entered primary school as a result of the introduction of free primary education (Central Bureau of Statistics, 2004).   It also resulted in an increase of 17.9 per cent in education sector development and recurrent expenditure between 2001/2002 and 2002/2003.

In 2001 there were an estimated 3,631 secondary schools in the country, of which 3,242 were public and 389 private.   Secondary enrolment has risen by 5.3 per cent, from 804,510 in 2001 to 847,287 in 2002.   Secondary education is offered in mixed or single sex schools in Kenya, whether combined boarding-day, boarding or pure day secondary schools (Central Bureau of Statistics, 2003).

In the area of tertiary education there are diploma colleges, technical colleges offering certificates in various trades, and teacher training colleges offering certificates and diplomas. Public and private universities offer undergraduate- to PhD-level training.

The National Rainbow Coalition (NARC) Government, elected in December 2002, spelled out two broad objectives for the education sector in the Economic Recovery Strategy for Wealth and Employment Creation, 2003-2007: to achieve a primary enrolment rate of 100 per cent, and to reduce the disparity in access to and quality of education.   The strategy calls for an optimal student:teacher ratio of 40:1, and a pupil:textbook ratio of 3:1 in lower grades and 2:1 in higher grades.   The strategy also demands increased in-service training for teachers, an increased bursary programme to cover at least 10 per cent of enrolled students, focusing especially on traditionally excluded groups (such as students from arid and semi-arid lands), and more attention to be paid towards the education of girls.   The strategy document also states categorically that HIV/AIDS curricula will be implemented in all schools (MoEST, 2003).

## 1.3   Interaction between HIV/AIDS and education

The consequences of HIV/AIDS for the various levels and facets of society, from individuals to complex organizations, have been discussed in many studies (e.g. Rugalema, Weigang and Mbwika, 1999; Mbwika, Mburu and Thuita, 2003).  There is a corpus of literature that shows that HIV/AIDS imposes significant constraints on education systems.  It adversely affects the demand for education, the supply of educational services, the availability of resources for education, the potential clientele for education, the process of education, the content of education, the role of education, the organization of schools, the planning and management of the education system and donor support for education (Kelly, 2000; Goliber, 2000).

The education sector forms a complex web of institutions at and between many levels of social organization.  Because HIV infection leads to prolonged morbidity, it adversely affects the health and functional capacity of individuals before claiming their lives.  At the school level teacher death, absenteeism due to of ill health, and the psychological stress brought about by the death of relatives and colleagues, and overwork all undermine human resource planning and impact negatively on the quality of education supplied.  On the demand side, increases in the number of orphaned children result in poor school attendance and higher dropout rates.

Sector planning and management is also affected by the ill health and death of planners, managers, administrators and supervisors, resulting in a climate of poor supervision, inspection and management, and the delivery of lower quality education.  The demand for extra resources to finance extra curricula needs, in-service training, recruitment of replacement staff and payment for unplanned pension demands as a result of HIV/AIDS also causes difficulties for planning in the education sector.  Financial constraints have been exacerbated by the introduction of free primary education in 2003 without prior budgetary provision, and the subsequent increase in teachers' salaries.  Such demands have further undermined the ability of planners and managers to manage the education sector effectively.

The impact of HIV/AIDS is systemic, creating ripple effects that compound existing problems and challenges within all sectors.  There are direct and indirect capacity implications for the education sector that need to be identified, prioritized and planned for.  While significant attempts are being made to identify, analyze and quantify the impact of HIV/AIDS on education, there has been a general failure to identify capacity gaps created by the epidemic in the planning and management of the sector, or the resources – conceptual, material and human – that are required to fill them.


## 1.4   Rationale and objectives of the study

In order to equip sector planners and managers with tools, techniques, and strategies for effective and efficient planning and management of the sector in the face of HIV/AIDS-induced change, the ministry must first identify the key areas in which capacity building is needed.

This study therefore sought to identify training needs for planners and managers for effecting mainstreaming of HIV/AIDS in educational planning and management.   The study also

attempted to identify the existing local capacity to train sector personnel to improve efficiency in planning and management in the context of the pandemic.

The specific objectives of the study are to:

- understand the main challenges facing the education sector in the country and specifically in relation to the effects of HIV/AIDS;
- document the current strategies that have been put in place to deal with the effect of HIV/AIDS on educational planning and management;
- identify the various HIV/AIDS programmes and projects that are being implemented by different stakeholders to contribute to efficient education planning and management in the face of HIV/AIDS;
- identity capacity gaps and training needs for educational planners and managers at central government, provincial, district and institutional levels so that training equips them to better integrate HIV/AIDS in educational planning and management;
- provide a basis for capacity building for educational planning and management within the ministry of education and other education institutions in order to respond to the challenges brought about by the HIV/AIDS pandemic.

# 2. Review of literature

## 2.1 Situation analysis: HIV/AIDS prevalence and its impact on the education sector

Teacher deaths in Kenya are reported to have risen from 450 in 1995 to 1,500 in 1999 (Gachuhi, 1999; Goliber, 2000). In some provinces, like Nyanza for example, between 20 and 30 teachers die each month, leaving schools seriously understaffed. In Kisumu District, 6 per cent of the teachers were reported to have died in the year 2000 alone; and this trend is on the increase (see Figure 2.1 below). Furthermore, it is feared that the actual number of teacher deaths could be much higher than officially reported. Projections indicate that Kenya will lose 1.8 per cent of its teachers annually between 2000 and 2010 (Goliber, 2000).

The numbers of education managers, administrators and supervisors that are dying of HIV/AIDS have not been documented. However, it is believed that the figures are following a similar upward trend, and that this is bound to adversely affect planning and management in the sector. In Nakuru, for example, increasing staff attrition has meant that only three of the 34 education zones have qualified zonal inspectors.

**Figure 2.1    Percentage of primary teacher attrition due to death and retirement, Kisumu District, 1994-July 2001**
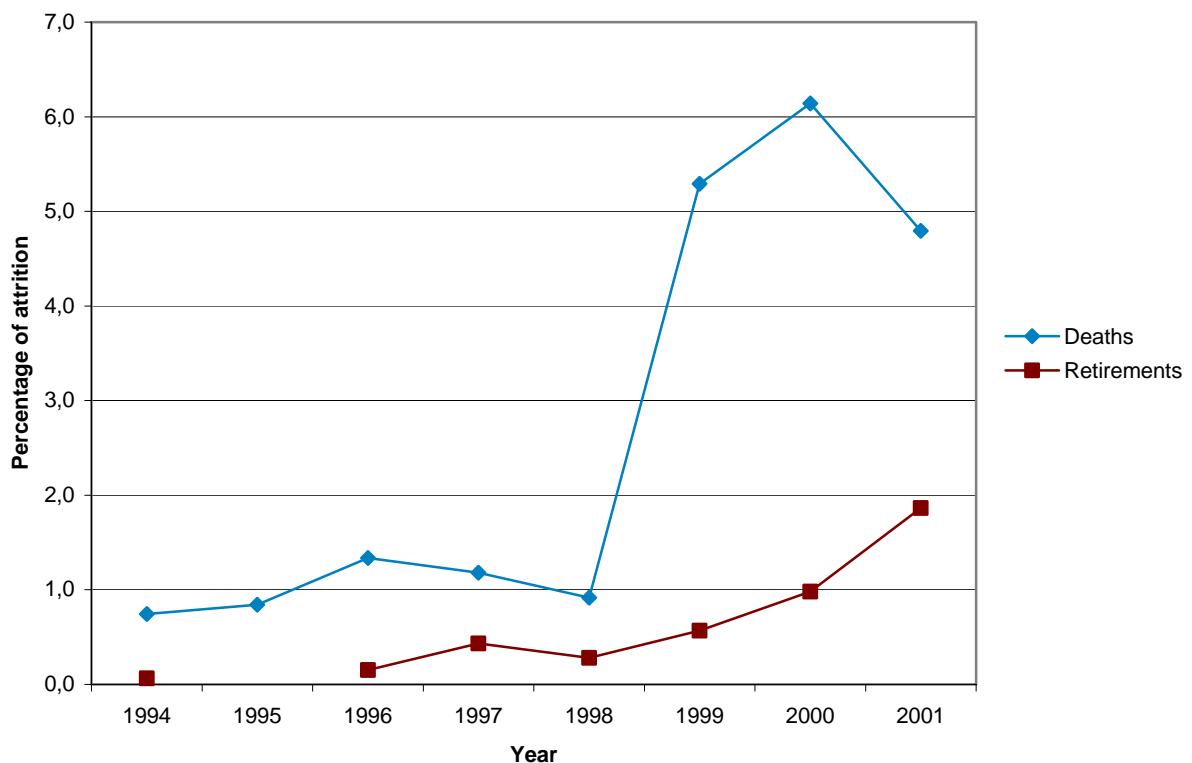


*Source:* Mbwika et al., 2003.

The demand for education services in Kenya is also likely to suffer due to the increased number of children orphaned by HIV/AIDS. In 1990 43,000 children were orphaned by AIDS (see Figure 2.2); ten years later this figure had reached 966,000 and it is projected that it will have reached 2.2 million by 2010 – a figure equivalent to 17 per cent of all children under the age of 15. In some schools 35 per cent of the enrolled student population will have lost at least one parent due to AIDS (Goliber, 2000).

**Figure 2.2    Maternal and double orphans as a result of AIDS in Kenya,**
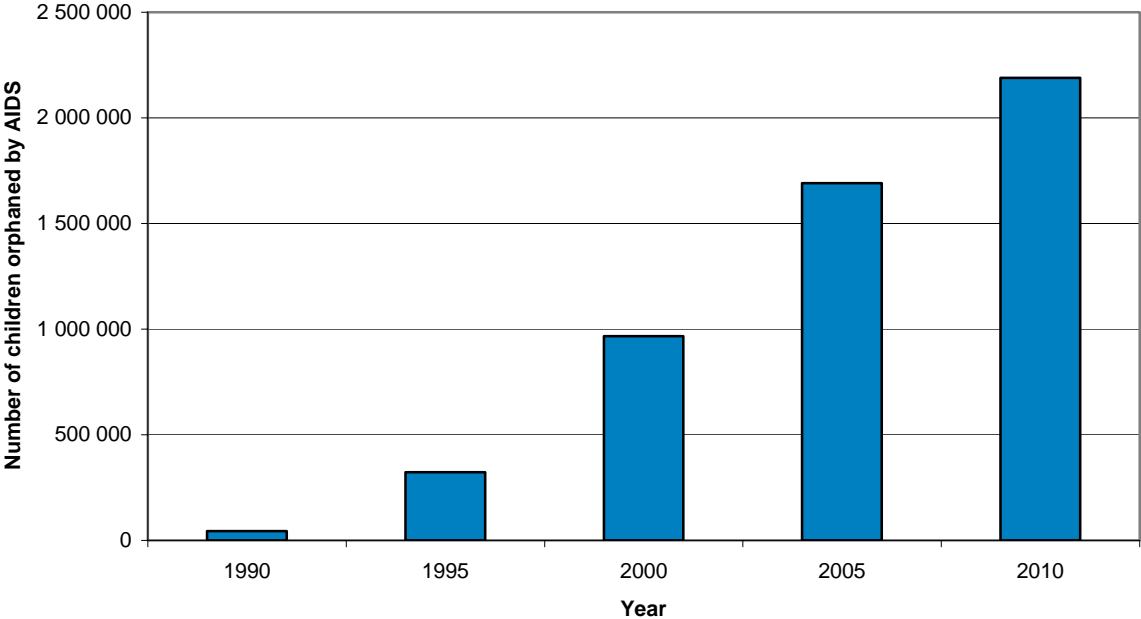


*Source:* Goliber, 2000.

Children orphaned by AIDS are frequently unable to attend school due to a lack of financial support, parental care or because they are taking care of sick parents or siblings. Even the introduction of free primary education by the NARC administration does not mean that all orphans will have access to education; some orphans still lack uniforms, food and shelter and are unlikely to enter and remain in school. Access to secondary education is likely to be even more limited because of the exorbitant fees that secondary schools charge. Orphans at this level frequently have little choice but to enter employment instead of staying on in school.

Access is not the only issue of concern for orphans. Children whose parents or close relatives are infected and affected by HIV/AIDS are likely to be traumatized and suffer impaired concentration in the classroom, resulting in poor performance. The increase in children orphaned by AIDS calls for caring and non-abrasive teachers, as well as a learning environment that is safe and ready to help the child cope with trauma (Nkinyangi, 2003). Teachers need skills to identify and help children at risk to cope.

These considerations cut both ways: infected and affected teachers also suffer frequent absenteeism, disrupting lessons and in some cases, such as that of a Nakuru primary school, leading to classes being merged. When present, staff may find themselves unable to teach effectively because of trauma and lack of concentration. Pupils may also pay less attention to

teachers that are infected, further undermining the quality of learning. Efforts have been made to respond to the pastoral needs of infected teachers, but these may also create challenges and frictions. For example, the transfer of infected teachers to new schools can often be met with silent resistance from the new school, especially if the teacher concerned has reached an advanced stage of infection.

## 2.2   Response analysis

### 2.2.1 National policies and strategies for HIV/AIDS prevention and impact mitigation

Kenya's policy response to HIV/AIDS has gone through a number of phases since the first case was diagnosed in 1984. Denial and a general feeling that HIV/AIDS was a disease of the West, and especially of the gay community, characterized the period 1984 to 1987. In 1985, however, a National AIDS Committee was created, but it was without resources and, until 1987, it never met. In 1987 NASCOP was created under the Ministry of Health (Nzioka, 1994). At the same time limited HIV/AIDS awareness campaigns were started with support from national and international Non-Governmental Organizations (NGOs).

In 1997 the government formulated a comprehensive policy on the epidemic – the Sessional Paper No. 4 of 1997 entitled *HIV/AIDS in Kenya* (Republic of Kenya, 1997). This policy document called for the formation of a National AIDS Control Council (NACC) to spearhead a multi-sectoral and participatory approach to tackling the spread of HIV/AIDS in the country. All sectors of society were invited to join the effort against AIDS. The NACC was established as a body corporate by Presidential Order in Legal Notice No. 170 of 26 November 1999. It has subsequently developed a National HIV/AIDS Strategic Plan for the period 2000-2005 to provide a sound policy and institutional framework, and to ensure that AIDS plans and policies are integrated into the agenda and all core processes of government in Kenya (NACC, 2000).

The Strategic Plan has three key targets:

- to reduce HIV prevalence by 20-30 per cent by the year 2005;
- to increase access to care and support for the people infected and affected by HIV/AIDS, and
- to strengthen institutional capacity and co-ordination to respond to HIV/AIDS at all levels.

Within government, each ministry has formed an AIDS Control Unit (ACU) to co-ordinate the implementation of the Strategic Plan. The ACUs provide proactive leadership and advocate NACC policies to ensure that HIV/AIDS prevention and control priorities become integrated into mainstream ministry functions (Ministry of Health, 2001).

Other key players in the fight against the spread of the pandemic include over one thousand NGOs and community-based groups nationwide. NGOs started to address HIV/AIDS when the government was still in denial about the scale of the problem or undecided about what to do to address it. The majority of these NGOs operate in areas with high HIV prevalence rates, which include: Nyanza and Western province, Nairobi and some parts of Eastern and Rift

Valley provinces. The number of child-support NGOs and children's homes has also mushroomed all over the country in response to the increasing numbers of orphans due to AIDS. However, only a few of these homes have well-equipped and staffed facilities (Mbwika et al., 2003).

The NARC government is very committed to the fight against the spread of HIV/AIDS. A Cabinet Sub-Committee on HIV/AIDS, chaired by the President, was formed in early 2003 to symbolize this commitment at the highest level of government.

## 2.2.2 Education sector policy and strategies

The ministry has developed the Education Sector Strategic Plan, 2003-2007, which proposes the development of HIV/AIDS policies for schools and other institutions of learning, and studies to assess the impact of HIV/AIDS on education services. With assistance from the United Nations Educational, Scientific and Cultural Organization (UNESCO), an education sector policy on HIV/AIDS has already been produced. Of the higher learning institutions, Mombasa Polytechnic and High Ridge Teachers' College have already developed their own HIV/AIDS institutional policies.

The overall government policy is to achieve Education for All by 2015. This should include making improvements in enrolment rates, attendance and other quality-oriented indicators. The short-term objective is to achieve Universal Primary Education (UPE) by 2005, towards which the NARC government took a first step in February 2003, by implementing free primary education. Attaining UPE will necessitate improvements in enrolment, access, participation and quality indicators.

Policy priorities for primary education include addressing declining enrolment rates, high dropout rates, low completion and transition rates and high repetition. According to the 1999 population census 698,190 children between the ages of 6 and 13 were out of school. The 1994 Welfare Monitoring Survey showed that only 50 per cent of six year-olds attended school, while 33 per cent of seven year-olds and 25 per cent of eight year-olds were out of school.

Transition from primary to secondary schools has remained low for many years, and has even declined – from 29.4 per cent in 1990 to 22.2 per cent in 2002 – due to the limited availability of secondary school places and the high cost of secondary education. Completion rates over the same period averaged between 44 and 49 per cent. To combat low secondary enrolment, the government plans to expand existing secondary schools so that they have a minimum of three streams per class, and promote the establishment of additional schools in urban areas.

The long-term policy goal for education financing is to ensure that no student is denied access to education or training because they cannot afford to pay. The medium-term strategy is to increase overall spending on education and to reduce the cost burden on the poorest families, especially in regard to primary education. The financial demands of free primary education have proved a challenge for the sector. Donors have, however, responded positively with offers of financial support and the government has organized training workshops and seminars for headteachers on administration of funds. For secondary education, the principle policies are to enable a higher proportion of students from poor families to benefit from targeted selective and merit-driven bursaries, and to entrench day schooling to reduce costs.

Since the mid-1990s the demand for higher teacher salaries has also brought policy, leadership and management challenges and highlighted the financial limitations of the ministry.

The government intends to establish planning and management systems that devolve greater responsibility to the lower levels of the system. At present decision-making in the sector is highly centralized; the provincial and district levels have very little autonomy to plan, budget and implement their own policies and programmes. The policy goal is therefore to transfer greater decision-making authority to the district and institutional levels. For example, to deal with teacher shortages recruitment has been decentralized to the school level, so that each institution is free to employ the teachers that they need most. Other key areas to be affected include school registration services, administration, financial and accounting services, and teacher management and inspection services. Inspection services have suffered from acute staff, equipment and financial shortages. Implementation of inspection reports has also been poor and has led to a decline in educational standards and indiscipline in learning institutions.

At the most local levels, the government intends to strengthen the capacities of lower-level structures, such as the district education boards and school boards of governors, by ensuring they are injected with professionalism. The government also intends to harmonize the various pieces of legislation that currently govern the management of educational institutions, since disparities among them have led to poor co-ordination and management in the sector.

## 2.2.3 HIVAIDS programming in the education sector

The Master Plan on Education and Training (Republic of Kenya, 1998) is the guiding strategic document for all levels of the education sector in Kenya. The plan uses projections of the primary and secondary school age populations between 1997 and 2010, prepared by the Central Bureau of Statistics, as the basis for sectoral planning. These projections take the effect of HIV/AIDS into account by assuming that HIV infection started in the late 1970s, that the prevalence rose to 3.6 per cent in 1990, and that it will rise to 9 per cent in 2005 before finally stabilizing.

In 1992, the ministry launched the United Nations Children's Fund- (UNICEF-) supported AIDS Education Project, with the objectives of:

- strengthening the capabilities of the ministry to implement HIV/AIDS programmes;
- sensitizing and training education sector personnel to organize and implement HIV/AIDS activities at provincial, district and school levels;
- designing and developing educational materials to support teacher-led AIDS education and activities, and
- institutionalizing collaboration between the ministry and other public and private sector organizations.

Under this project the ministry and KIE were able to develop HIV/AIDS curricula and information, education and communication materials for primary and secondary schools. The curriculum is taught as stand-alone lessons or integrated into other subjects.

In addition to curriculum interventions the ministry, in conjunction with its development partners, has been working on prevention and advocacy through capacity building,

introducing health clubs in schools and integrating HIV/AIDS messages in drama, music and sports.

In October 2000 the ministry, with support from the national UNICEF office, held the first training workshop for teachers, targeting teachers from three districts in Western Kenya. Organized by KIE and lasting one week, the workshop was the first of a series intended to strengthen teachers' knowledge about HIV/AIDS, methods of teaching AIDS education and use of AIDS education materials. The stakeholders also aimed to enable participants to organize and plan similar workshops in their districts to further spread the knowledge gained. Since that first workshop, the ministry claims to have trained 8,000 teachers countrywide.

Under the current version of the AIDS Education Project, efforts are being made to scale up programmes to the national level, particularly in the areas of materials development and distribution, and teacher training. The MoEST and NACC believe that the major challenge is now to expand and strengthen these programmes to maximize the impact that the education sector can have on changing the course of the HIV/AIDS epidemic in Kenya.

Most of the efforts by different stakeholders have been geared towards creating awareness about the HIV/AIDS pandemic, rather than building the capacity of planners and education managers to respond effectively to the challenges that it poses. This has contributed to the lack of coherent strategies at central and field levels to monitor, evaluate and plan the delivery of education services in the context of HIV/AIDS.

## 2.3  Gaps in knowledge and programming for HIV/AIDS in the education sector

The actual number of teachers, education administrators and managers dying or infected with HIV is not documented. The ministry and other stakeholders agree that HIV/AIDS has been responsible for many of the deaths of teachers and education managers, but at the moment there is no system in place to capture this information, analyze it, or use it for human resource planning. At the district level some Kenya National Union of Teachers (KNUT) offices have, acting on their own initiative, started to keep data on the deaths of their members on a monthly basis. Some use this information as a tool to create awareness among members during the annual general meetings, but others prefer not to release it. In other districts this information is not available at all.

Teacher absenteeism data are captured using a manual system, and there has been no effort made to summarize it, or to keep it in a useful format. The data is only available in individual monthly and/or quarterly returns files. The officers lack the skills and equipment to record the data electronically for easy retrieval, analysis and presentation. In its present format such information is barely useful, as its analysis is laborious and costly. This also has financial implications as absent teachers continue to receive their salaries.

The number of orphans, either in or out of school, as a result of HIV/AIDS has not been documented. The country lacks a national system for capturing this information; nor has it implemented District Educational Management and Monitoring Information Systems (DEMMIS). In many cases, even at the school level, headteachers are unaware of the number and status of orphans in their care, except where NGOs have expressed an interest in

supporting orphaned children. In 2001 the ministry, through its ACU, instructed district education officers to compile information on all in-school children orphaned by AIDS. Some schools complied and sent this information, but many others did not. Whether the schools and districts passed on the information, however, is not the principle issue; the fact is that the way the whole process was planned and executed brought more confusion than it did solutions. First, school heads had no method for distinguishing children orphaned by AIDS from other orphans; second, the interpretation in most schools was that some funding for the orphans' education would be forthcoming, and this tended to encourage schools to exaggerate the figures; finally, the instructions did not indicate that this would be an on-going affair, as recommended in a previous study (Mbwika et al., 2003). Most schools provided the information once only and have never subsequently updated the records.

The impact of HIV/AIDS on education financing has not been documented at any level of the sector. This could explain the lack of HIV/AIDS budget lines at district and institutional levels and the serious levels of under-funding at the national level. Most of the schools visited were reeling from the effects of increasing levels of fees balances. The ministry operates a bursary scheme, but the criteria may be viewed as discriminatory – they specify that the child must be both needy and bright. Information from the field, however, indicates that most children orphaned by AIDS are so traumatized that their academic performance declines considerably.

In summary, the poor response to the epidemic has been fuelled by a lack of strategy, from the ministry headquarters right down to the district and institutional levels. Most HIV/AIDS activities are carried out on ad hoc basis without any coherent long-term plans. Activities in the districts are initiated from headquarters; the districts lack the capacity to plan and the resources to initiate their own strategies.

# 3. Methodology

## 3.1 Study design

Two main methods of data collection were used in this study, namely a desk review of literature and semi-structured interviews, with a purposively selected sample of key informants at different levels in the educational system.

### 3.1.1 Literature review

A variety of published and unpublished sources were reviewed, including:

- *National Development Plan, 2003-2008* (Ministy of Planing and National Development,2003);
- *National AIDS Control Council Strategic Plan, 2000-2005* (NACC, 2000);
- *Sessional Paper No. 4 of 1997 on HIV/AIDS in Kenya* (Republic of Kenya, 1997);
- *Master Plan on Education and Training, 1997–2010* (Republic of Kenya, 1998);
- *Education in Kenya: information handbook* (Ministry of Education, 1994);
- *Understanding the impact of HIV/AIDS on the education sector – Keny*a (Mbwika et al., 2003);
- *Assessment of training needs in educational planning and management* (Kitaev, 1995);
- *Education for All handbook, 2000* (UNESCO and MoEST, 2000);
- various economic surveys (Central Bureau of Statistics, 2003; 2004).

### 3.1.2 Interviews

Interviews were held with MoEST staff at the central and district levels, and departmental heads at ministry headquarters, public and private sector institutions and tertiary level institutions, such as the University of Nairobi (see Appendix) for the full list of those interviewed). The provincial directors of education of Rift Valley and Coast provinces were also interviewed.

At the school level interviews were conducted with headteachers and teachers in charge of the HIV/AIDS and guidance and counselling curriculum and peer educators clubs. Interviews were also held with students in peer educators and guidance and counselling clubs

## 3.2 Study sites and selection criteria

The sampled districts and institutions were chosen using the following criteria:

- geographical size – a mix of large (Makueni, Nakuru) and small districts (Thika and Mombasa);

- number of educational institutions in the district;
- level of primary enrolment in the district;
- HIV prevalence – a mix of high (Thika, Mombasa and Nakuru) and low prevalence (Makueni);
- a mix of urban and rural settings (see Table 3.1).

**Table 3.1    Number of urban and rural educational institutions by district**

| District | Urban institutions | Rural institutions |
|----------|--------------------|--------------------|
| Thika | 2 | 5 |
| Nakuru | 5 | 4 |
| Makueni | 4 | 3 |
| Mombasa | 5 | 1 |
| **Total** | **16** | **13** |

The field survey was carried out in four districts: Thika, Nakuru, Makueni and Mombasa. At district headquarters interviews were conducted with district education officers (DEOs), municipal education officers, school inspectors, personnel and staffing officers, HIV/AIDS co-ordinators, KNUT representatives and district commissioners. Within each district a minimum of three primary and three secondary schools were targeted for interviews. Overall, 16 secondary and 13 primary schools were covered.

Qualitative data recorded during interviews were analyzed manually, with each researcher writing out the key findings and observations made in the field.

## 3.3   Dissemination

Within each of the districts studied a debriefing meeting was held with the DEO and heads of departments to provide feedback on findings. The district commissioners, who are the presidential representatives at the district level, were also briefed on the findings from their respective districts.

The involvement of a senior representative from the ACU and ministry field staff from the surveyed districts in the study design and implementation facilitated internalization of the final report and the proposal of recommendations at various levels of the ministry administration. The study findings were also discussed with heads of departments at ministry headquarters.

## 3.4   Problems and limitations

Some of the scheduled interviews with senior government officials never materialized due to heavy commitments on the part of these officials. There were inadequate data from

institutions and departments concerning death, absenteeism and retirement related to HIV/AIDS. Most of the departments did not have HIV/AIDS focal points.

# 4. Findings: policy, leadership and governance training needs

In the context of HIV/AIDS, the success of the Kenyan education system will largely depend on the following key factors:

- The degree to which the government and other stakeholders are able to maintain educational quality, an effective teaching force, and managers, inspectors and administrators in the face of increasing levels of death and absenteeism.
- The strategies applied to containing and reducing the numbers of educators, managers, inspectors and administrators succumbing to the pandemic.
- The ability to equip educators with the necessary skills to effectively implement the HIV/AIDS curriculum and to deal with the needs of orphans.
- The strategies used to keep learners that are affected by HIV/AIDS in the education system, especially those most at risk, such as orphaned girls.
- The degree to which education managers and planners have the skills to mainstream HIV/AIDS in the management and planning process.
- The skills available for designing and implementing effective HIV/AIDS policies and interventions at all levels (central, district and institutional).
- The cost effectiveness of education financing and the ability to contain the escalating costs brought about by the pandemic.
- The effective implementation of a data collection, entry, analysis, retrieval and dissemination system, to inform decision making and monitor and evaluate the effects of HIV/AIDS in the education sector.

## 4.1 Emerging HIV/AIDS training needs at the central level

The MoEST has already developed an HIV/AIDS policy document to provide a comprehensive response to HIV/AIDS in the sector (UNESCO and MoEST, 2004). It is also implementing a number of programmes and activities aimed at mitigating the impact of HIV/AIDS on the education sector. It has made efforts at all levels to formulate and manage activities in partnership with NGOs working in the sector.

At headquarters the key departments dealing with HIV/AIDS mainstreaming in education programmes are the:

- Schools Inspectorate;
- Department of Field and Other Services,
- Finance and Administration;
- Planning Division.

The ministry's top leadership – the Minister, assistant ministers, Permanent Secretary and heads of department – have been very supportive of HIV/AIDS activities in the sector. These senior officials have participated in various national, regional and international workshops on HIV/AIDS, where they have reiterated the ministry's commitment to the fight against the epidemic.

The ministry established an ACU in 2001 to lead and co-ordinate all AIDS programmes in the sector. The unit falls under the Department of Field and Other Services. The ACU is, however, understaffed and without adequate resources and skills to fulfil its remit effectively. It has not developed a strategy to deal with the pandemic, with the result that most activities are unco-ordinated.

The ministry, through KIE and with support from UNICEF, has taken the leadership role in the development of curricula for addressing HIV/AIDS with learners. KIE has developed HIV/AIDS pedagogical material through its normal curriculum development panel system. The panel is usually made up of education specialists.

The HIV/AIDS curriculum was first implemented in primary and secondary schools in 1999, but resource constraints and logistical problems have limited distribution of the materials and induction of the teachers. Some schools have failed to implement the new curriculum at all. There is no system of monitoring and evaluating the impact of training, so the effectiveness of the curriculum, both in quality and quantity, cannot be measured.

Curriculum delivery methods have also been subject to a high degree of debate. So far no consensus has been achieved. There are essentially two methods of delivery:

- through formal learning, either as a separate lesson, integrated within other subjects or through co-curricula activities (e.g. peer clubs, drama, music and seminars), and
- through informal, extra-curricula activities, such as workshops, talks from invited guests and health clubs.

The method preferred differs from school to school. Some schools with existing peer educators and health, drama or music clubs have included HIV/AIDS as one of the themes in their activities, while others have not. Therefore, despite the lack of confirmation through formal assessment, the general feeling among those interviewed was that implementation has met with limited success.

Regarding training for curriculum delivery, only 8,000 teachers, out of a teaching force of 224,000, have undergone training on HIV/AIDS. Plans are underway to reach more staff through the introduction of HIV/AIDS in-service training. Most of the training received has been limited in scope. There are also no formal selection criteria for teachers or education officers attending HIV/AIDS capacity building workshops. In one instance, where the national UNESCO office had given some funds for the training of teachers in Nyamira and Gucha districts, the participants were selected by the DEOs, who did not necessarily consult the school heads. Evidence from this study suggests that headteachers and fellow teachers need to be involved in selecting who among them should receive training. This is particularly critical if the teacher is to be a resource person for their colleagues. Individual ability and credibility are key factors in the success of a training teacher in effecting change among colleagues and pupils.

In schools where HIV/AIDS curricula or even guidance and counselling training were not implemented, it was found that this was largely attributable to a lack of effective leadership, trained teachers to handle the curricula or training materials and other resources. In some schools, teachers resented involvement in HIV/AIDS interventions, since they viewed such activities as creating extra workload. For example, the KNUT executive secretary of one district in the Rift Valley Province complained that teachers have been agitating for better

terms of service, but had instead been given extra work, which was affecting the delivery of HIV/AIDS curricula.

The ministry leadership has also been in the forefront of lobbying for increased resources to address the various challenges that it faces, including those associated with HIV/AIDS. This effort has led to an increase in the annual bursary allocation to secondary schools, from 500 million Kenyan shillings (Kshs) in 2002/2003 to Kshs770 million in 2003/2004.

The ministry has also reformed the bursary allocation and disbursement policy, by devolving bursary allocation to the constituency level. Each constituency is allocated Kshs1 million a year, disbursed through a constituency bursary committee. The rationale behind this policy is that communities are better placed to identify needy children, including those affected by HIV/AIDS. This approach also creates regional equity in the national distribution of education resources. It is perhaps too early to assess the merits of this system over the previous one, where bursaries were disbursed through the schools, but the general feeling among the school administrators interviewed is that it is likely to create more problems than solutions. The school administrators argued that schools, rather than constituencies, are the best points at which to correctly identify needy students. Others criticized the new approach for politicizing bursary funds. They felt that the system of constituency-based committees gave politicians, not educators, the final say in the distribution of bursaries.

The bursaries are the only support on offer to pupils, and there are no policies or programmes to support infected or affected managers, planners and teachers. At present, sector workers do not receive access to drugs or specialized care if they fall ill. Managers, planners and teachers may be transferred on humanitarian grounds, but such gestures have not been formalized as ministry policy.

The lack of information systems and personnel for capturing data has meant that the ministry does not have a clear picture of the extent to which pupils and teachers have been affected, infected or have died as a result of HIV/AIDS. In 2001, the ministry tried to capture data for orphaned children in primary schools. Schools were requested, through the DEOs offices, to provide basic information about the orphans on their rolls. This included the orphan's age, sex, village of residence, how long they had been orphaned, and details of any assistance received by their guardians. They were also asked what additional help they needed.

---

**Box 1  Key training needs identified at ministry headquarters**

- Enhancing the capacity to capture data on the level of teachers, education managers and administrators infected with HIV/AIDS.
- Enhancing the capacity to monitor levels of teacher shortages and the teaching areas (i.e. subjects and age cohorts) in which shortages are occurring most frequently.
- Enhancing the capacity to create a comprehensive and easy to monitor human resource database for all education sector staff (managers, administrators, inspectors and educators).
- Enhancing the capacity to monitor the magnitude and number of orphans in schools and the implications that they have for school financing.
- Enhancing the capacity to transform the information gathered into broad HIV/AIDS policies and programmes for the education sector.
- Enhancing the capacity to develop a monitoring strategy for HIV/AIDS interventions in the sector.

The initiative met with mixed success. Some districts, such as Mombasa, complied and are still collecting data on a regular basis. Others viewed the exercise as a one-off event, as was the case in Nakuru and Thika districts. The system needs to be refined so that the most pertinent information for decision-making is collected regularly. The inclusion of more qualitative indicators, such as regular attendance, performance at school, self-confidence, quality of dress (i.e. school uniform), nutrition and health status, could possibly enhance the capacity for analysis and utility of the tool. Many of these parameters would be difficult to measure and capture, so it would be necessary to ensure that administrators received adequate training.

## 4.2 Emerging HIV/AIDS training needs at the district level

While the official functions of the DEOs appear to leave them a lot of autonomy, in reality most are only carried out with clearance from headquarters. The ministry is, however, working on reforming the sector to redress the balance and give the districts more independence.

---

**Box 2  Functions of the DEO**

- In charge of general administration, management and supervision of education in the district.
- Formulates, plans, implements and co-ordinates educational development policies, projects, programmes and curricula.
- Has 'Authority to Incur Expenditure' (i.e. is AIE holder) for the district.
- Promotes and maintains educational standards.
- Co-ordinates the recruitment and employment of teachers: decides on the promotion and transfer of primary teachers; recommends the appointment of secondary headteachers.
- Supervises all department staff, appraises and disciplines senior officers, teachers and other staff; acts on disciplinary matters regarding teachers.
- Responsible for the formation of school boards.
- Responsible for school inspections and co-ordination of examinations.
- Patron to district co-curricula activities.
- Acts as agent of the TSC, secretary to the District Education Board and patron of the District Heads of Schools Association.
- Member of the District Development Committee, District Education Board, Provincial Education Board and District AIDS Committee.

---

From the list in Box 2, it is clear that the office of the DEO is responsible for a large number of functions – in many of which he or she could make important inputs on HIV/AIDS prevention and control at the district level. It could perhaps be said that the national success of the education sector is largely determined by the efficiency of the district education office. Government education programmes cannot succeed without competent leadership at the district level.

Study findings show, however, that the DEOs have not yet developed sound, district-based response strategies for dealing with HIV/AIDS issues. The DEOs' offices also lack a clear programme for disseminating HIV/AIDS information. This is partly due to high levels of staff shortages, a lack of training for those staff present in mainstreaming HIV/AIDS in education management activities, and a lack of accurate data and tools to capture the impact

of HIV/AIDS on district education. The lack of computers and trained personnel for data collection, analysis and dissemination make it difficult to initiate successful HIV/AIDS response programmes at the district level. The districts also lack resources for outreach and this, coupled with poor transport infrastructure, renders monitoring extremely difficult.

These problems are all intensified by the effects of the pandemic itself. The DEO has to cope with even higher levels of absenteeism as more and more staff fall ill, increasing demand for school inspections, especially with declining levels of teaching staff, and increasing demands for financing as most orphaned children are not able to pay school fees or other levies.

The Department of School Inspections is the department the most affected by staff shortages at the district level. The DEOs have been deploying Teachers Advisory Centre tutors to do inspectorate work even though these tutors lack the relevant training. The DEOs are aware that this might undermine the quality of inspections, but argue that it is better that some form of inspection take place than no inspection at all.

Most of the staff handling HIV/AIDS at the district level have attended one or two seminars, lasting between a day and one week. During the interviews district education staff frequently stated that they feel inadequately trained and ill prepared to induct others or to even monitor the implementation of HIV/AIDS curricula in schools.

The districts do not have a specific budget for HIV/AIDS-related activities. To meet the financial shortfall and ensure that some of their staff and teachers do receive training, many DEOs collaborate with NGOs that have funding for HIV/AIDS activities. DEOs also rely on programmes initiated at the central level to nominate staff and teachers for training.

It is clear from this brief discussion that the district education offices are facing many challenges and problems. These include:

- acute shortage of staff;
- limited resources due to reliance on allocations from ministry headquarters;
- lack of skills to plan and manage programmes and projects;
- lack of adequate facilities for effective supervision and management of education services;
- lack of transport, especially for field offices;
- catering for the huge influx of pupils following the introduction of UPE.

Concerning the effects of HIV/AIDS in particular, the major challenges relating to the effective management of education and the planning of education delivery services identified include:

- increasing levels of orphaned students;
- lack of effective strategies and capacity for enumeration of orphans;
- lack of capacity to monitor and respond to the needs of orphaned pupils;
- high dropout rates of children orphaned by AIDS or with AIDS-infected or -affected parents and guardians;
- staff shortages, especially of teaching staff, due to AIDS-related attrition;
- ineffective teaching due to absenteeism caused by sickness;
- difficulties in the replacement of sick or deceased teachers, as the districts cannot authorize employment of replacement teachers without authority from headquarters;

- high demand for transfers to areas close to medical facilities, creating imbalances in school staffing levels.

<div style="background-color: #ffff99; border: 1px solid orange; padding: 10px;">

**Box 3  Key training needs identified at the district level**

- Overall administration skills.
- Development of workplace policies on HIV/AIDS.
- Capacity development for co-ordination of HIV/AIDS activities in the education sector.
- Mainstreaming of HIV/AIDS in district education programmes and plans.
- Preparation of district-based HIV/AIDS policies.
- Implementation of an HIV-sensitive Education Management Information System.
- HIV/AIDS curriculum implementation, monitoring and evaluation.
- Implementation, monitoring and evaluation of the proposed HIV/AIDS sector policy.

</div>

## 4.3   Emerging HIV/AIDS training needs at the institutional level

### 4.3.1 Universities

Of all the segments of the education sector in Kenya, the university system is the severely affected by HIV/AIDS.  The pandemic has taken a major toll on the teaching staff, administrators and students of the universities.  With students having to pay for their upkeep, many have resorted to prostitution, which increases their vulnerability to HIV infection. University administrators blame this behaviour on the increased cost of higher education and also the greater freedom that students enjoy at the universities, compared to the more restrictive life of secondary school or home.

This study mainly focused on conditions at the University of Nairobi, which is the largest and oldest university in Kenya.

The University of Nairobi has a population of over 30,000: 20,000 students, and 10,000 academic and support staff, plus their families.  The majority of students are aged between 19 and 25, which is the age bracket with the highest HIV infection in Kenya. Between the 1980s and 1990s the death rate of university staff has more than doubled.  In 1999 it was estimated that the University of Nairobi was losing two of its community members each week to AIDS – either students, members of faculty or support staff (Nzioka, 2000).  This had resulted in increases in university medical bills and a reduction in productivity due to losses in man-hours.

Among the major challenges identified by the university were the:

- high numbers of staff and students becoming infected and dying;
- lack of behaviour change among students and staff, leading to a high level of deaths within the institution;
- increasing demands for student loans as a result of orphanhood;
- lack of HIV/AIDS-specific guidance and counselling services;
- poor HIV/AIDS management, education and awareness;
- rapid institutional expansion in a climate of limited resources.

The university has a staff welfare association but it does not run any activities connected with HIV/AIDS.  The Office of the Dean of Students is concerned with student welfare.  It helps new students adjust to new learning and living conditions away from school or home.  The office also offers counselling services to students to enable them to cope with the challenges of university life.  From discussions with the Dean of Students, it emerged that most students that seek counselling services are expectant students or those with financial and academic problems.  Consultation is very rarely sought on HIV/AIDS-related matters.

Various measures have been undertaken to prevent and control the spread of HIV/AIDS at the university.  In 2001, the University Senate was sensitized for one day about the HIV/AIDS situation in the country in general and at the university in particular.  In spite of this there has been no mainstreaming of HIV/AIDS activities in university programmes.  Existing HIV/AIDS activities are not properly planned, implemented, co-ordinated, monitored or evaluated.

Regarding the academic response, HIV/AIDS has largely been viewed as a medical problem, outside the academic spectrum, and ignored by teaching programmes.  Some university staff are involved in HIV/AIDS research, training, capacity building and treatment, but the university has not tended to profit from these activities.  Most research involving university teaching staff has been carried out on a consultancy basis with NGOs and other development agencies.  The university is, however, developing an institutional HIV/AIDS policy.

The draft policy calls for the mainstreaming of HIV/AIDS in university education, the development of a non-discriminatory employment policy and the non-violation of students' rights for those living with or affected by HIV/AIDS.  The university also commits itself to provision of drugs for the treatment of AIDS-related opportunistic infection.  The Vice Chancellor has taken a leadership role in the development of this institutional HIV/AIDS policy.  He is also the chairman of the newly created University AIDS Control Management Board, whose functions include:

- planning for interventions and projects related to HIV/AIDS;
- formulating and reviewing the university HIV/AIDS policy;
- fundraising;
- approving and regulating the HIV/AIDS budget;
- liaising with other national and international institutions and agencies for the exchange of information, research and fundraising.

The university also intends to restructure and reorganize the university health services in order to:

- maintain confidentiality of information;
- re-educate doctors, nurses and clerks in the use of 'coded blind information[1]';
- ensure that university health staff provide patient-friendly services.

In the absence of a tool for monitoring the impact of HIV/AIDS in the institution, data from the following sources can be used to gauge the impact:

- medical claims;

---

[1] A system that helps to keep patient/client information on HIV status confidential.

- health service information;
- voluntary counselling and testing services;
- deaths of staff and attendant costs;
- information from scientists from the College of Health Sciences;
- information from university staff involved in HIV/AIDS research.

The university has held a number of planning and capacity building workshops to improve its internal capacity to tackle HIV/AIDS. A committee appointed by the university co-ordinates relevant HIV/AIDS activities. Some of the activities that the committee has recommended include:

- completion of the university policy for control and mitigation of HIV/AIDS;
- creation of an HIV/AIDS awareness web page on the university website;
- publication of a university community newsletter on HIV/AIDS;
- development of posters and fliers on the war against HIV/AIDS, which should be prominently displayed in lecture rooms and other strategic areas;
- distribution of elementary materials on HIV/AIDS in all libraries and extramural centres;
- development of programmes to change the attitudes of university health services staff towards more patient-friendly services and increased productivity;
- continued supply of essential antiretroviral drugs at the university health services.

## 4.3.2 Kenya Institute of Education (KIE)

KIE is a curriculum development and research centre, which develops materials for use in education. The Institute was established under the Education Act of 1968. Under the act the Institute is mandated to conduct research and prepare syllabuses for pre-school education, primary and secondary education, teacher education, special education, post-school technical and business education and adult and continuing education.

The Institute conducts in-service courses and workshops to train teachers involved in carrying out trials of new syllabuses and teaching materials. As part of this mandate, KIE has established a Teacher and HIV/AIDS Education Programme to train teachers on use of the HIV/AIDS curriculum. KIE is also planning to organize seminars on syllabuses and teaching materials for inspectors of schools and teacher training college staff, and orientation programmes for education officers.

The nature of its mandate means that KIE has been implicated and participated in the development of the new HIV/AIDS curriculum and the organization of programme training workshops for education officers and teachers.

## 4.3.3 Teachers Service Commission (TSC)

The TSC is a corporate body established in accordance with Section 3 of the Teachers Service Commission Act (Cap. 212) of 1967. It is made up of a chairman, deputy chairman and not less than two or more than 14 members, all of who are appointed by the Minister of Education.

The functions of the TSC, as stipulated in the Act, are to:

- establish and keep a register of teachers (Ref. Section (I) of the Act);
- establish and maintain a teachers service adequate to the needs of public schools in Kenya (Ref. Section 4 (I));
- recruit and employ registered teachers; assign teachers for service in any public school; pay the remuneration of such teachers, and exercise the powers conferred on the Commission by the Code of Regulations (Section (I));
- delegate to any person or body, with the consent of the Minister and subject to such conditions as he may impose;
- keep under review the standards of education, training, and fitness to teach appropriate to persons entering the service, and the supply of teachers and to render advice to the Minister on such other matters as may be referred to it by the Minister;
- compile and publish a code of regulations which applies to all teachers employed by the Commission and from time to time modify or amend the code of regulations in such manner as it thinks fit, and
- refuse to register an unsuitable person as a teacher.

The Commission activities are fully funded by the Ministry of Education. The challenges facing the TSC in the context of HIV/AIDS include:

- staffing problems associated with HIV/AIDS deaths;
- demand for transfers of ailing teachers or those with ailing spouses;
- increasing demand for pensions.

In response to these challenges, the Commission has identified the following actions that need to be taken to address HIV/AIDS in the teaching profession (see also Nkinyangi and Ochanda, 2003):

- creating HIV/AIDS-sensitive employment policies and regulations;
- putting in place staff protection and prevention programmes;
- implementing a proper sick leave and absenteeism management system;
- planning and implementing HIV/AIDS programmes for teachers;
- granting HIV/AIDS-sensitive access to pension benefits;
- generating, managing and utilizing information and research, and
- creating employment assistance programmes.

---

**Box 4  Key training needs identified for the TSC**

- Development of an HIV/AIDS policy.
- Formulation of an HIV/AIDS response strategy.
- Development of a comprehensive Management Information System for TSC personnel and teachers.

---

The TSC has also set up a fully-fledged ACU and is in the process of compiling information on all teacher deaths and absences in the country. The current head of the Commission is very keen to ensure that there are effective HIV/AIDS programmes for the entire teaching force and TSC staff body. For example, the Principal of Shanzu Teachers' College indicated

that some 60 tutors from all of the public teachers' colleges had completed one-months training on HIV/AIDS, organized by KIE, as part of the ministry's capacity building requirements.  However, colleges have yet to receive the necessary financial and material resources to implement the programme effectively.

## 4.3.4 The Kenya Education Staff Institute (KESI)

KESI was inaugurated in 1981 and given legal status in 1988, through Legal Notice No. 565 of the same year (under Section 4 of the Education Act Cap. 211 of 1968, revised in 1980).  It is an autonomous corporate body, managed by a council that is appointed by the Minister of Education.

The stipulated functions of KESI are to:

- liaise with various sectors of the Ministry of Education with the goal of identifying staff educational development needs and designing programmes and strategies to meet them;
- organize and conduct training for personnel involved in the administration and management of programmes in education;
- design, produce, assemble, repair and maintain staff training materials and equipment for use in dissemination of managerial and administrative knowledge, skills and attitudes to all personnel working within the Ministry of Education, with a view to setting and maintaining the highest possible standards of administration and management of the Ministry's programmes;
- co-ordinate the preparation and publication of instructional materials for professional and administrative personnel working in the field of education;
- run an educational consultancy and resource centre to provide services on administrative and managerial principles and skills required for effective and efficient planning, implementation and evaluation of approved programs in education;
- function as a resource centre for the production and dissemination of information on education and training programmes in liaison with other institutions running professional and administrative courses;
- conduct research and evaluation on staff training and development programmes in the field of education.

The Institute does not have the capacity to carry out a training needs assessment for educational planners and managers, but relies on staff sent by the ministry.  Personnel trained at the Institute include headteachers, deputy headteachers, DEOs and headquarters and district staff.  The material used for training is mainly developed by KIE.  The main focus has been management training (e.g. accounts, personnel management etc.) and lately HIV/AIDS as an emerging issue.  The Institute, however, is not fully competent to address HIV/AIDS training needs.

## 4.3.5 Kenya National Union of Teachers (KNUT)

Until recently, all primary and secondary teachers belonged to KNUT.  Recently a splinter organization – the Kenya Union of Post-Primary Teachers – came into being to cater mainly for secondary school teachers.  KNUT, however, still brings together most of the primary and secondary teaching force.  The main purpose of KNUT is to lobby for teacher welfare and ensure that teachers are well remunerated.  Concerned with high mortality levels among its members, leading to almost dry coffers for their benevolent funds in some districts, the Union decided to launch an AIDS awareness campaign.  With support from the American Federation of Teachers, the Union has launched training workshops in 28 pilot districts.

The main challenges facing the Union are:

- increasing numbers of dying members;
- high funeral costs;
- high demand for medical expenses;
- lack of behaviour change among members;
- lack of capacity to create awareness among members on the dangers they face due to the spread of HIV/AIDS.

KNUT has always advocated for partnerships with the Ministry of Education, the TSC and other stakeholders.  It sees the need for HIV/AIDS prevention among its members and is looking for partners that can reach out to all teachers.  KNUT believes that fighting AIDS must be a common battle.

## 4.3.6 Secondary schools

In secondary schools, effective leadership is required to implement the HIV/AIDS curriculum successfully.  Support from school administrations and boards of governors was said to generate enthusiasm among teachers for curriculum implementation.  Leadership is also required to ensure that the teachers responsible for HIV/AIDS curricula and guidance and counselling acquire the skills necessary for curriculum and service delivery.

Some schools have set up an AIDS focal point structure but, in general, setting up such structures at the school level is dependent on the level of support offered by the school administration. Principals[2] interviewed for this study were very supportive of HIV/AIDS and guidance and counselling activities. For example, some had nominated responsible teachers to attend training seminars and had allocated specific periods for holding HIV/AIDS and guidance and counselling sessions.

The increasing numbers of orphans in schools was of major concern to school administrators. They felt that orphans contribute to the high levels of unpaid school fees, as well as having very specific educational and emotional needs. In some schools headteachers and school boards had tried to keep orphaned and poor children in school[3], but it would appear that not all schools embrace this humanitarian approach. Most orphaned students have therefore found themselves out of school. Drug abuse was also a major concern to school administrators, as they felt that it was a practice that exposed students to the risks of HIV infection.

Schools administrators were also concerned by staff shortages and rising absenteeism brought on by the epidemic. At least two secondary schools reported that they had each lost two teachers to AIDS in the previous three years.

The critical issues related to HIV/AIDS at the secondary school level were identified as:

- creating strategies to cope with the increasing numbers of orphaned children;
- delivering an AIDS-sensitive curriculum;
- managing schools in the context of increasing levels of school fees deficits that compromise the financing of school activities;
- responding to absenteeism of teachers and pupils infected or affected by HIV/AIDS, and its effects on teaching programmes;
- addressing trauma among staff and students caused by the death or chronic illness of colleagues and classmates;
- dealing with staff shortages, for which AIDS is partially responsible;
- monitoring teacher mortality;
- maintaining educational quality against a background of increasing workloads for surviving teachers.

In response, schools have developed the following coping strategies:

- Teachers are asked to take extra classes to minimize the impact of staff absenteeism and ensure continuity of the school programme, even though the headteachers questioned were aware that this compromises the quality of education delivered. In some schools, such as Nakuru High School, classes are being merged in response to staff shortages.

---

[2] Note that 'principals' are secondary school heads, while 'headteachers' are primary school heads. This is practice adopted by the education system in Kenya. Previously it used to be headmasters and headmistresses. This was changed as teachers felt that it was gender insensitive!

[3] Njoro Girls in Nakuru District is a case in point. The school board has instructed the Principal to allow orphaned children to remain in school without having to pay tuition. In addition, they are allowed to do manual work which would otherwise be done by casual workers. In consideration for this, they are paid some money which they use to purchase essential items like soap, detergents etc. At Alidina Visram High School, the Principal has managed to get bursaries for orphaned children from local foundations. Eleven students were benefiting from full bursaries at the time of the survey.

- The spread of HIV/AIDS has pressured some schools into creating fully-fledged guidance and counselling departments, headed by appropriately trained teachers. In some cases, teachers handling guidance and counselling had been pressured into using their own initiative to obtain HIV/AIDS training. In others, such as Star of the Sea Girls School in Mombasa, the Principal was proactive in getting local NGOs to train teachers. Guidance and counselling teachers are supposed to have fewer 'normal' classes so that they have the time to provide such services. However, AIDS-related staff shortages mean that in some schools teachers covering for absent staff are forced to provide guidance and counselling services after school hours or over the weekend.

- To deal more effectively with HIV/AIDS, some schools have sponsored their own teachers for short-term training courses or seminars. Such schools were found to have better-organized responses to the pandemic in terms of delivery of HIV/AIDS curricula and the handling of orphaned children and infected staff. Targeting school administrators for training was also felt to be vital if they are to provide proactive support to HIV/AIDS curricula, guidance and counselling services and the mainstreaming of HIV/AIDS in the syllabus.

- Some schools have integrated the teaching of HIV/AIDS into other courses and subjects, while others, such as Makueni Secondary School, treat HIV/AIDS as a stand-alone course or lesson. Most schools also invite outside resource persons to talk about HIV/AIDS and present videotapes. These include resource persons and representatives from NGOs and churches. In Thika, for example, WEM[4] Integrated Health Services, a local NGO, has been working with secondary school students in the formation and capacity building of peer education groups.

- Most schools waive school fees for children orphaned by HIV/AIDS, or favour them in the allocation of bursaries. In some schools orphans and students that cannot pay their fees are allowed to remain in school until they sit their exams. The students are then not allowed to collect their exam certificates until they have paid all school fees. This is the most common management tool used for the recovery of outstanding school fees in secondary schools in Kenya. As part of school fees recovery in one school, the board instructed the principal to waive fees for 15 orphaned girls, but to keep them in school during the holidays, assigning light manual work as a way of repaying the school. In other schools principals found that the solution was to write to local charitable organizations, seeking financial assistance for orphaned students. Schools that had managed to secure such assistance included Aladina Visram and Star of the Sea Girls High School in Coast Province.

- Most of the students that are affected, especially the girls, are in a state of denial, and require sensitive treatment and specialized teachers to identify and support them. In one school, for example, the principal had pinned the list of bursary beneficiaries on the school notice board. This had incensed the girls, who confronted the principal, saying that she had embarrassed them by making their names public. In another school it was remarked that needy students would not even pick up bursary application forms, for fear of stigmatization. This indicates the degree of fear of social stigma attached to HIV/AIDS in schools.

---

[4] WEM is an abbreviation of a Kikuyu slogan which means *Wende Munyitanire* (In Unity and Participation).

## 4.3.7 Primary schools

One of the main challenges facing primary schools is managing the free primary education initiative, which has resulted in excess enrolment in the face of limited resources, personnel, infrastructure and facilities.  The schools are also faced with increasing numbers of orphaned children, and in some cases street children, who through the introduction of free education have been able to benefit from primary schooling.  High levels of absenteeism in schools whose teachers are affected or infected by HIV/AIDS lead to problems of programming lessons.

Lack of space and physical facilities are also major challenges.  One school in a slum area of Mombasa shares its compound, including its pit latrines, with the public.  The study team observed women and young men roasting maize and frying cassava to sell, right in front of the classrooms.  The school is concerned about the welfare of its pupils, especially the girls, as these activities tend to make them more vulnerable.  Each year the school reports an increasing level of girls dropping out due to pregnancy.  HIV prevalence is very high in the surrounding slums.  Efforts by the school administration to get the Municipal Council to put a boundary between the school and the slums have not been successful.  Efforts to prevent the slum dwellers from using the school facilities and trading within the compound have also been in vain.  This school identified the need for staff capacity building and the development of HIV/AIDS awareness for pupils and slum dwellers alike.  However, no schoolteacher had benefited from any form of HIV/AIDS-related training.  The school also did not have any HIV/AIDS resource materials, although a group known as Bamako Youth Group had organized plays on HIV/AIDS for the school.

The case of Oserian Primary School similarly brings to the fore the need to look beyond the school boundaries in addressing the impact of HIV/AIDS on the education sector (see Box 8).  The nature of the surrounding community determines, in part, an institution's vulnerability to HIV infection.  Oserian Primary School is located in a large flower growing estate, with many female and male workers.  Crowded housing puts most of the workers at increased risk of HIV infection.   When free primary education was introduced, enrolment in the school increased from 250 to 426, although the number of teachers employed by TSC has remained the same, at eleven. The pupil:teacher ratio has therefore increased from 23:1 to 30:1[5].  The school facilities have also remained unchanged.  Despite the leap in enrolments, the school has not yet received its allocation of funds from the government under the free education programme.  This is because it does not have a bank account – a prerequisite for government support.

---

[5] Without the three extra teachers that have been recruited by the Company, the ratio would have been even worse, at 39:1.

The specific challenges facing administrators in primary schools include:

- increasing enrolments as a result of free primary education, with limited financing for expansion of facilities and limited staff;
- lack of school facilities as a result of chronic poverty, some of it associated with high levels of HIV/AIDS;
- high levels of absenteeism and death among pupils;
- high level of financial and other needs of orphaned children in schools, especially those who head households;
- understaffing, due to high levels of absenteeism and death among teachers;
- declining quality of education due to the heavy workload of remaining teachers (e.g. assignments not given or not marked when given);
- lack of skills for delivering AIDS sensitive school curricula and co-curricula activities, as most teachers have not been trained;
- trauma as a result of the loss of fellow teachers, pupils and their parents;
- indiscipline, especially among the affected pupils;
- high levels of stigmatization, despite high levels of awareness, making living conditions for those affected or infected extremely difficult.

# 5. Findings: functional capacity and training needs

## 5.1 Functional capacity at the central level

### 5.1.1 HIV/AIDS units

The ministry's ACU was established in 2001 with the help of the NACC. It has a technical staff of six, mainly senior education officers. The officers are trained teachers up to degree level and are also trained as trainers in HIV/AIDS. The Unit is an adjunct structure of the Department of Field Services. It provides networking, collaboration and harmonization between stakeholders. The Unit has decentralized its functions by establishing sub-units within the main Semi-Autonomous Governmental Agencies (SAGAs).

The key functions of the Unit include co-ordination, monitoring and evaluation, and mainstreaming of HIV/AIDS activities in the education system. The Unit has been involved in implementation work, especially organizing and conducting training workshops on HIV/AIDS at national, provincial and district levels. There was concern among the respondents interviewed that the Unit should concentrate on co-ordination and facilitation, instead of getting involved in implementation. It was generally felt that the Unit does not have the capacity to implement activities itself.

The main activities carried out by the Unit include sector HIV/AIDS policy development, capacity building for teachers and data collection. The Unit works in collaboration with other ministry departments, SAGAs and NGOs, such as the Council for British Teachers (CfBT), to deal with HIV/AIDS mitigation issues in the sector. It is also collaborating with the United Nations Development Programme, UNESCO, UNICEF, the World Bank, CfBT and KIE in developing curriculum materials. The government funds the Unit. The funding is, however, quite modest, at Kshs1 million per annum. These funds cover operational expenses only; other activities are funded through the NACC and other donors.

Within the ministry the Unit has advocated for behaviour change, provision of condoms in the workplace and other prevention strategies. Its campaigns have focused on ministry headquarters and district staff, although national coverage has been hampered by a lack of resources. Given that the Unit was only established three years ago, it is too early to gauge the effectiveness of its awareness campaigns. However at ministry headquarters, use of condoms was overwhelmingly accepted following a vigorous campaign in early 2003. The campaigns have been particularly strong on establishing structures to reach the lowest levels of the sector. However, their success is often hampered by a lack of funds, equipment and adequate personnel with relevant skills.

The ACU does not currently have a strategic plan for its activities. For the Unit to provide effective leadership, it needs capacity building and, in particular, training in the following areas:

- guidance and counselling skills related to HIV/AIDS;
- mainstreaming of HIV/AIDS in the curriculum and the Ministry's other functions;
- monitoring and evaluation of HIV/AIDS programmes and activities;

- collection, analysis and use of data on HIV/AIDS;
- HIV/AIDS project management and co-ordination;
- HIV/AIDS proposal writing and budgeting;
- basic computer skills, especially the use of PowerPoint for presentations, Excel for accounting and budgeting, the Internet and email;
- communication skills.

The lack of a strategic plan for the Unit's response to HIV/AIDS means that many of its activities are spontaneous and ad hoc. In many cases they have to be initiated externally. The Unit urgently needs to develop an HIV/AIDS response strategy, in consultation with all education stakeholders. All departments and policy makers view the ACU as the key reference point for HIV/AIDS matters in the sector, and as such, it should be at the forefront of capacity building in all departments and field offices. The situation at the moment, however, is that the Unit does not have the capacity to deal with the issues outlined above and is in serious need of capacity building itself.

## 5.1.2 Curriculum development

The new primary and secondary HIV/AIDS curricula developed by the Ministry and KIE, with support from the donor community, has not been evaluated. However, interviews in the field showed that there is demand for a review of the curriculum and its method of delivery to make it more effective. The ministry has also expressed the need for continuous curriculum evaluation to monitor the emerging changes.

## 5.1.3 Human resource management

According to the Education Act, recruitment, promotion and transfer of teachers is the sole responsibility of the TSC; education managers and administrators are employees of the Public Service Commission. This means that the terms of service for education management and administration staff are different from those for teachers. The TSC has a centralized human resource management system, which is currently manually operated, but is in the process of being computerized. The ministry does not yet have a computerized central human resource management system – perhaps an indication of the high degree of lethargy concerning programmes dealing with human resources.

---

**Box 10        Human resource management training needs at the central level**

- Drawing up of HIV/AIDS workplace policies.
- Building the capacity of the personnel department to deal with HIV/AIDS issues.
- Establishment of a centralized management information system for all Ministry staff.
- Design of support initiatives for affected and infected staff.
- Human resource balancing to counter the impact of staff losses due to HIV/AIDS.

---

## 5.1.4 Educational media

The ministry does not have radio or TV broadcast programmes on HIV/AIDS. Individual media houses and especially the state-run Kenya Broadcasting Corporation do have their own schools programmes, such as primary and secondary school debates, which may at times include HIV/AIDS topics. However, the coverage for receiving these broadcasts is limited, due to the lack of a reliable power supply and equipment (i.e. televisions and radios), especially in rural areas. KIE does have videotapes, which can be played by individual schools as long as they have the necessary equipment and access to power. The Ministry feels that there is a need to develop tailor-made media programmes for schools.

---

**Box 11        Educational media training needs at the central level**

- Development of educational media materials on HIV/AIDS for schools.
- Mainstreaming of educational media programmes in the curriculum.
- Provision of information on different sources of education media material and the sharing of best practices.

---

## 5.1.5 Financial planning and management

Education financing is centrally planned at the ministry in liaison with the Ministry of Finance. The ministry has a budget preparation committee headed by the Chief Finance Officer. The committee prepares budget estimates, which have then to be approved by the Ministry of Finance. The government budgeting process is based on a Medium Term Expenditure Framework, which involves a three-year planning cycle. The Ministry's financial planning process must conform to this framework. Budgetary allocations to the ministry are dependent on the overall treasury budget, which means that the ministry may not get all of the funding that it requests. However, the ministry has been getting the lion's share of the treasury allocations.

A senior deputy director heads the Finance and Administration Department, while a chief finance officer heads the Finance Division. The Chief Finance Officer indicated that the entire ministry budget for HIV/AIDS (only Kshs1 million a year) is spent on covering the operational costs of the ACU. This lack of significant funding can be taken as another manifestation of the ministry's apathy and lethargy in responding to the challenges of the epidemic.

The semi-autonomous institutions, such as the TSC, KIE and KESI, also receive allocations from the ministry, but prepare their own budgets, which they then submit to the ministry for approval.

<div style="border:2px solid orange; background:#ffff66; padding:10px">

**Box 12        Financial planning and management training needs at the central level**

- Advocacy to raise HIV/AIDS financing.
- Mainstreaming of HIV/AIDS in the ministry's budgeting process.

</div>


## 5.2   Functional capacity at the district level

### 5.2.1 HIV/AIDS unit

Even though the ACU claimed to have decentralized its activities down to the zonal level (i.e. the smallest educational unit), there was no evidence of dedicated ACUs within the districts. The districts do have focal points, usually the district schools inspector or his or her deputy, to deal with all HIV/AIDS-related activities. This person may form a team of officers, mainly comprising the district human resources and personnel officers, to oversee HIV/AIDS activities. Whether or not this takes place usually depends on the level of sensitization and leadership provided by the DEO.

None of the districts visited have a plan of action for HIV/AIDS; rather they rely on headquarters- or NGO-initiated activities. In districts where focal points or committees do exist, they are responsible for organizing workshops for teachers, and divisional and zonal education staff. These activities are dependent on the availability of funds either from headquarters or from NGOs, as focal points have no budgetary allocations for HIV/AIDS activities of their own. This partly explains the inertia of HIV/AIDS activities at the district level.

Most focal points have received only a minimum level of training in HIV/AIDS advocacy and therefore do not consider themselves to be competent to handle HIV/AIDS issues. Lack of skills in strategic planning and data collection, entry and analysis further limits their capacity to act. This is partly why the ministry's efforts to collect data on orphans in primary schools have not been successful.


<div style="border:2px solid orange; background:#ffff66; padding:10px">

**Box 13        Training needs identified for district-level HIV/AIDS units**

- Establishment of a viable ACU.
- Design and implementation of HIV/AIDS response programmes.
- Mainstreaming of HIV/AIDS in education programmes.
- Incorporation of AIDS impact indicators in the school supervision system.
- Building capacity for monitoring and evaluating HIV/AIDS interventions.
- Building capacity for monitoring the magnitude of the impact on staff and educational activities.
- Developing skills to monitor and evaluate AIDS curricula and co-curricula activities.
- Development of referral and support systems on guidance and counselling for infected and affected staff, students and pupils.

</div>

## 5.2.2 Plans and programmes

As discussed in the last section there is an apparent lack of strategies to deal with HIV/AIDS issues at the district level. Most districts rely on activities originating from ministry headquarters or NGOs working on HIV/AIDS. Given the huge responsibilities of the DEO's offices, there is a need to develop their capacity to deal with HIV/AIDS at their own level and to enable them to inform and influence decisions made by the various committees on which they sit.

Some of the areas in which DEOs may require capacity building include:

- identifying, planning and implementing educational programmes and projects on HIV/AIDS;
- monitoring and evaluating delivery of HIV/AIDS curricula;
- monitoring the impact of HIV/AIDS in schools;
- developing co-ordination and information technology skills.

## 5.2.3 Curriculum development

In Kenya, districts do not play any role in curriculum development, because curricula are centrally and nationally planned. However, districts can devise their own strategies for implementing HIV/AIDS interventions. The districts can also play a central role in ensuring the implementation of all school curricula.

The districts lack resources to build the capacity of teaching staff for mainstreaming HIV/AIDS in the curriculum. Very few district staff have been trained on HIV/AIDS issues and those that have, have done no more than attend short workshops. Trained staff are in turn required to go out and organize further training sessions within the districts to pass on their knowledge to other officers and teachers. However, this is rarely carried out, partly because of a lack of resources. For example, one district schools inspector indicated that even though he had attended a course on how to integrate HIV/AIDS in the curriculum, he had no funds to disseminate the information to others. In other cases personnel said that the training received was so shallow that they did not feel competent enough to train others.

In some districts, officers have collaborated with local NGOs and Community-Based Organizations working on HIV/AIDS to organize training for selected teachers and administrators. In Makueni, the DEO works with the Foundation Agency for Rural Development – an NGO that has been working on HIV/AIDS awareness in the district. In Mombasa, Amani Counselling Centre has conducted several workshops on guidance and counselling for teachers and education officials, while in Nakuru, CfBT has conducted several workshops for teachers and education officials. CfBT principally uses the ministry's approved curriculum for its training sessions.

Districts use HIV/AIDS books provided by the ministry as resource materials for in-school teaching. The distribution of these teaching materials has, however, been hampered by a lack of transport. Most schools had not received any books at the time of this study, although the books and materials had been delivered to the district offices. In some instances, DEOs have requested schools to organize the collection of materials from headquarters themselves.

Schools then join together and either use school buses or hire transport, if no bus is available, to collect and distribute the books.

<div style="border: 2px solid orange; background-color: #ffff99; padding: 10px;">

**Box 14        District-level curriculum development training needs**

- Formulation of HIV/AIDS prevention programmes.
- Building capacity to integrate HIV/AIDS with the current curriculum.
- Development of monitoring skills for implementation of the HIV/AIDS curriculum.
- Development of skills to successfully handle the HIV/AIDS curriculum in schools.
- Strengthening the role of school boards in the management of HIV/AIDS in schools.
- Equipping staff with guidance and counselling skills in relation to HIV/AIDS.

</div>

## 5.2.4 Human resource management

The District Education Office normally uses TSC- or ministry-approved forms for recording teacher attendance. Teachers that wish or need to take time off are required to fill out leave forms and forward them, via their headteachers, to the district human resources officer. Using these leave forms, it is possible to detect teachers that are frequently sick. Any sickness exceeding two weeks or any teacher seeking frequent leave raises the suspicions of staff. The study team was informed that when sick leave exceeds three months it often ends up with the death of the teacher concerned. Teacher deaths are easily captured, as headteachers are required to report a death within 48 hours. Information is then passed on to the TSC to effect salary stoppage. A few cases of desertion of duty due to sickness were also reported.

This valuable information is routinely collected at most stations, but because it is manually stored, it is cumbersome to search and analyze. A further problem is that sick leave is often not reported, for fear that it may be used as a basis for disciplinary action (see also Mbwika et al., 2003).

To deal with teacher shortages at the secondary level, the provincial directors of education, through the DEOs, have authorized school boards of governors to employ temporary teachers and staff, while they wait for an official TSC appointment. The DEOs have also tried to deal with teacher shortages by transferring teachers from staff-rich schools to others with acute shortages. DEOs also transfer affected or infected teachers out of sympathy to schools close to their rural homes or medical facilities. This movement tends to be relatively limited, however, as very few infected teachers are willing to disclose their status to district officials, for fear of social stigma. The study team found that teachers are more willing to open up to their union representatives than to the DEOs.

In the past parents were able to go some way towards alleviating staff shortages in primary schools by employing teachers to plug the gaps. Following the introduction of free primary education, this is no longer possible, as schools are no longer able to charge levies to pay the extra teachers.

<div style="border:2px solid orange; background:#fff8b0; padding:10px">

**Box 15        Human resource management training needs at the district level**

- Development and implementation of workplace policies on HIV/AIDS.
- Building HIV/AIDS impact assessment skills.
- Building human resource management skills.
- Building staff appraisal skills, especially for those dealing with HIV/AIDS programmes.
- Designing support systems for infected and affected staff.
- Handling HIV/AIDS stigmatization in the workplace.

</div>

## 5.2.5 Financial planning and management

The district education offices receive all of their funds from ministry headquarters.  None of the districts visited have an HIV/AIDS budget allocation and the district heads have limited powers to alter the vote heads of the approved budgets.  The lack of direct funding for HIV/AIDS partly explains why the district-level response has been so limited.  Given adequate fundraising skills, however, the districts could raise funds directly for their own HIV/AIDS programmes.

<div style="border:2px solid orange; background:#fff8b0; padding:10px">

**Box 16        Financial planning and management training needs at the district level**

- Building fundraising, financial management and budgeting skills.
- Building project proposal-writing skills to source funding.
- Building skills for formulating action and workplans.
- Building report-writing skills.

</div>

## 5.3   Functional capacity at the institutional level

### 5.3.1 HIV/AIDS units

ACUs have not been established in all educational institutions.  At the University of Nairobi, an ACU was proposed in the recently drafted university HIV/AIDS policy document.  The ACU will be made up of two senior professors from the College of Health Sciences, the chief medical officer, one senior administrator and one middle level administrator.  The University also proposes to set up an AIDS Control Centre.  The TSC has established its own ACU, while KIE has a teacher HIV/AIDS education programme to co-ordinate all HIV/AIDS-related activities.

At the secondary level, the degree of HIV/AIDS institutionalization varies from school to school.  Some schools have integrated in-class teaching, peer clubs and HIV/AIDS extra-curricula activities.  In Makueni and Mombasa districts, most schools have focal point committees and have initiated contact with NGOs to provide training and capacity building for staff.  Most of these committees are headed by headteachers that have been sensitized on HIV/AIDS or teachers that have been trained in HIV/AIDS advocacy, guidance and counselling skills.

## 5.3.2 Plans and programmes

None of the institutions visited have put a strategic plan in place to deal with HIV/AIDS at the institutional level.  Most HIV/AIDS activities in the institutions are supply driven, fronted by NGOs or emanate from ministry headquarters via the DEO's offices.  Where schools have taken the initiative, the activities have been ad hoc in nature.  The following list gives a flavour of the activities that take place in some schools:

- Teachers benefit from short courses from the ministry or NGOs on mainstreaming HIV/AIDS in the education sector.
- HIV/AIDS is mainstreamed in the curriculum through dedicated classes or delivery in other subjects.
- Outside resource people (e.g. from churches and NGOs) are invited to give lectures on HIV/AIDS and guidance and counselling.  They may bring along videos as part of the resource materials.
- The administration takes a leadership role in creating a conducive environment for those affected or infected by HIV/AIDS through promoting love, care and understanding among the school community.
- The special needs of orphaned children are met through voluntary contributions from teachers and students.
- The school administration allows pupils that are household heads to leave school early to attend to family matters.
- Classes are merged where there are acute staff shortages.

## 5.3.3 Curriculum development

Most primary and secondary schools are implementing the KIE-developed and MoEST-approved curriculum.  While some have allocated full lessons to HIV/AIDS, the majority prefer to integrate the themes with other subjects.  Some schools expressed problems teaching HIV/AIDS because they did not know where to fit it in the timetable.  Teachers' colleges have also implemented a KIE-developed curriculum.

Schools and colleges are free to develop their own co-curricula activities, which may address HIV/AIDS issues.  They can also determine the best way to integrate HIV/AIDS into existing drama, music and other co-curricula activities.  Individual schools have the option of forming peer educators clubs.  In Tumaini House in Nakuru, for example, there is a very strong peer educators club called 'the Bash Club'.  The club receives capacity building from Egerton University Bash Club.  Committee members have been trained by the university club on

guidance, counselling and life skills. These have been very useful, as most of the pupils are orphans or come from extremely poor families. Some schools have also invested in having selected teachers trained in guidance and counselling in order to meet the increasing in-school demand for such services.

---

**Box 18        School-level curriculum development training needs**

- Identification of potential sources and access to current and evolving information on HIV/AIDS.
- Building capacity for integration and effective delivery of the HIV/AIDS curriculum, especially through in-service training for teachers.
- Development of guidance and counselling skills.

---

The University of Nairobi has developed an HIV/AIDS curriculum that will be taught to all undergraduate students as a compulsory unit of 45 hours. The topics are:

- HIV/AIDS: the epidemic;
- Prevention and control;
- Managing HIV infection;
- Socio-economics of HIV/AIDS;
- Legal and ethical aspects of HIV/AIDS;
- HIV/AIDS as a national disaster.

HIV/AIDS also features prominently in drama, music and other co-curricula activities at the university. Despite these interventions, the university administration still feels that there has been very little change in behaviour on the part of students, teaching and non-teaching staff.

The Educational Media Service of KIE, which is responsible for research, evaluation, production and dissemination of educational programmes and resource materials for all levels of the education system, has produced a number of multimedia curriculum packages, containing print and audio materials on HIV/AIDS. Audiotapes produced by the Institute include the following episodes:

- Tape 1: *Majuto* (remorse), *Mukingo* (Kikuyu word for HIV/AIDS), Syndrome, *Masoke*, The banana, The swim, *Tunda Tamu* (sweet fruit), Beehive serpents, Death's destiny, Dust to dust;
- Tape 2: *Spirogyra, Yango wach, Chozi* (tear), Prescription, The drought, The banana, *Mkakasi*.

Videos on AIDS, which are also used for guidance and counselling include:

- Tape 3: Clean hands, Love bug, Does any one care;
- Tape 4: Facing the challenge, AIDS frankly speaking, AIDS: item from Australia – what is AIDS, AIDS and the health care worker, AIDS and the in and out of school youth;
- Tape 5: The silent epidemic, AIDS facts for life, *Sio mimi* (not me), The scourge, HIV/AIDS the basics, Brave response.

These tapes are available at KIE, but not yet in schools to help teachers deliver the HIV/AIDS curriculum.  A few schools have had the advantage of being visited by NGOs with some of the tapes to educate students and teachers.

The Institute has produced the following books for the primary and secondary HIV/AIDS curricula:

- *Let's talk about AIDS Book 1, for Standards 1, 2 and 3;*
- *Let's talk about AIDS Book 2, for Standards 4 and 5;*
- *Let's talk about AIDS Book 3, for Standards 6, 7 and 8;*
- *Bloom or doom for secondary schools*;
- Facilitator's handbook;
- *Good health magazine*;
- AIDS education syllabus.

## 5.3.4 Human resource management

The challenges facing individual educational institutions include:

- acute staff shortages;
- high demand for staff transfer;
- high levels of sick leave and absenteeism;
- excess workload for remaining staff, as they take on the duties of those who are sick, dying or have retired;
- interruption of teaching programmes;
- high levels of trauma and stress among staff and students;
- stigmatization of those infected or affected by the epidemic;
- lack of skills to deal with the pandemic;
- declining levels of financing.

These have brought challenges in human resource management (e.g. how to plan with limited staff numbers or fewer skilled personnel), increasing demands for medical care, financial management constraints due to declining resources and increasing demand, and demands for training in life skills, guidance and counselling and mainstreaming HIV/AIDS in the curriculum.

Some schools have chosen to sponsor their teachers through guidance and counselling classes (e.g. Chania High School in Central Province, Star of the Sea Girls High School in Coast Province and Nakuru High School in Rift Valley Province).  In other instances, teachers have opted to pay for their own training.  Where these initiatives have occurred, it has largely been due to the support and goodwill of the principal or headteacher.

At the University of Nairobi, the administration has addressed the problem of staff shortages by increasing staff recruitment and retraining existing staff through seminars and workshops. Areas that would be of importance for capacity building at the University include providing training for:

- dealing with adolescent behaviour;
- managing programme succession issues;

- human resource planning in an environment of increasing death and absenteeism due to HIV/AIDS;
- implementation of the proposed policy document.

Staff at the TSC require training in human resource management, especially deployment of teachers to mitigate the effects of HIV/AIDS. They also need to develop the capacity to establish and manage a comprehensive electronic human resource database for all teachers and TSC staff, and be given training in data collection (especially reformulation of their current monthly data collection forms to reflect HIV/AIDS issues), analysis and presentation.

<div style="border:1px solid #000; background:#ffff99; padding:10px;">

**Box 19     Human resource management training needs at the school level**

- Building capacity for human resource management in the face of staff shortages, high levels of absenteeism etc.
- Development of motivation and teambuilding skills.
- Identification and selection of teachers for training on HIV/AIDS issues.
- Development of support services for infected and affected staff.
- Dealing with the stigma associated with HIV/AIDS.

</div>

## 5.3.5 Educational media

NGOs working on HIV/AIDS are the main source of educational media for schools. Boarding schools with television facilities also benefit from televised school debates, which at times include HIV/AIDS topics. Individual schools organize video shows on HIV/AIDS. Schools were unanimous that co-curricula activities, such as drama, music, debate and media education are some of the most effective tools for delivery of HIV/AIDS education.

<div style="border:1px solid #000; background:#ffff99; padding:10px;">

**Box 20     Educational media training needs at the institutional level**

- Provision of information about accessing sources of media materials on HIV/AIDS.
- Development of communication and interpretation skills for relating media information to school and out-of-school life.
- Information for staff on how to use media for life skills training.

</div>

## 5.3.6 Financial planning and management

Universities and teacher colleges rely jointly on budgetary allocations from the ministry and fees charged to students to finance their programmes. The University of Nairobi has increased financing for students and also restructured the budget so that it caters for HIV/AIDS activities more effectively.

Secondary schools rely on fees charged to the students to finance education. The teachers are paid directly by the government, through the TSC. The government also allocates bursary funds to individual schools to be awarded to deserving students. Following the introduction of free primary education, all public primary schools are now funded directly by the

government. Funding is based on the level of enrolment at the school. Funds are spent according to government-approved guidelines. There are no HIV/AIDS budget lines.

At both primary and secondary levels headteachers are responsible for the preparation of the school budget, with assistance from their deputies. The school board, in the case of secondary schools or the school committee, in the case of primary schools, then approve the budget.

Schools such as Aladina Visram, Star of The Sea Girls High and Changamwe Secondary School, raise money from charitable foundations to support orphaned children who are unable to pay school fees. Schools also favour orphaned children with the government-operated bursary scheme. However, not all school administrators are aware of the fundraising avenues that are available or the procedures involved in accessing funding. The disbursement of school bursaries is also set for change, following an act of parliament that gives members of parliament the right to disburse the funds through their constituencies. This will automatically prevent the school authorities from determining which students within their schools can benefit from the scheme. There is a feeling within educational circles, and especially administrators of secondary schools, that this will worsen the problems faced by orphans in schools. It is too early, however, to know whether the new system will be more, or less, effective in addressing needs of orphaned children.

---

**Box 21       Financial planning and management training needs at the school level**

- Building capacity for school financing in an environment of declining resources.
- Development of funding proposal-writing skills.

---

# 5.4 Local capacity to mainstream HIV/AIDS in educational planning and management

In conclusion, Kenya has a limited capacity to train educational managers and planners in mainstreaming HIV/AIDS in the sector. The lack of a Ministry strategy or policy to build the capacity of its managers and planners to mainstream HIV/AIDS in their work means that existing staff potential has remained untapped. Capacity currently rests with various NGOs, universities and other training institutions in the country, but their main focus has been to provide training on guidance and counselling, rather than management issues. Capacity building has also focused on the training of trainers, principally teachers, in the integration of the HIV/AIDS curriculum in other subjects.

The Amani Counselling Centre in Nairobi is one of the main resource institutions providing guidance and counselling training for teachers and education managers. The Kenya Association of Professional Counsellors has also played an important role in training staff for guidance and counselling. Other important institutions include the Universities of Nairobi, Kenyatta and Egerton, which all run guidance and counselling courses and programmes. They are the main resource centres for departments wishing to conduct training in guidance and counselling. University lecturers are also used by other organizations as consultants for guidance and counselling training.

In the area of formulating a policy response to HIV/AIDS in the education sector, the Ministry has benefited from the technical assistance of the South African Mobile Task Team. In the past, the development of various educational planning and policy documents has greatly relied on external technical expertise.

There is adequate in-country capacity to train educators in data collection, analysis and interpretation, including at the Central Bureau of Statistics. It appears that lack of funds and general inertia have been the main reasons for the ministry's lack of progress on initiating efficient data collection and management systems to monitor and respond to the effects of HIV/AIDS.

# 6. Recommendations

The findings of this study demonstrate a wide range of capacity deficiencies in the management of the HIV/AIDS pandemic in the education system in Kenya.

The key issues relate to a lack of strategies at the national and regional levels to monitor and evaluate the impact of HIV/AIDS. The ministry needs to move fast to ensue that the sector HIV/AIDS policy document is implemented. Efforts to integrate the HIV/AIDS curriculum have been hampered by a lack of resources and capacity among educational planners and managers. The creation of an ACU in the ministry without the requisite strategy, staff, skills or resources, undermines the unit's ability to perform its mandate.

As the pillars of all educational programmes in the country, district education offices also need to have strong and well-managed ACUs, with adequate and skilled staff, as well as the resources to deal effectively with HIV/AIDS.

In Kenya, most HIV/AIDS activities in the education sector are donor funded and therefore donor driven. More local resources need to be made available to deal with the epidemic. The Ministry's current budget line for HIV/AIDS activities is woefully inadequate. The planning and finance divisions need to work together to ensure that sufficient funds are allocated to HIV/AIDS control activities.

The introduction of free primary education at the beginning of 2003 gave hope for new opportunities and a new future to many children whose lack of financial resources ensured that they had been locked out of the education system. Despite this positive development, many children still face numerous problems. For example, free primary education opened access to many orphaned and street children for the first time, who brought with them a whole range of complex physical, socio-economic and emotional needs. Street children may introduce or intensify other management challenges, such as dealing with drug exposure and addiction. The ministry needs to establish a closer working relationship with organizations like the World Food Programme, whose school-feeding programme complements the free primary education drive by providing children with free meals. The introduction of free primary education is not a panacea to the provision of education since elements of discrimination against HIV-positive children still abound.

It is likely that the level of orphans in schools is higher than officially acknowledged, causing increasing levels of school fees imbalances in secondary schools. The ministry needs to move fast to develop a strategy to deal with the increasing numbers of orphans, especially at the secondary level, where free education has not yet been introduced. At the moment the ministry's bursary scheme does not specifically target children orphaned by AIDS; nor does the ministry know exactly how many orphans are in school. There is, therefore, an urgent need to capture data on all orphans in the system.

Lack of data can be seen as a sector-wide problem. There is an acute shortage of accurate data on the impact of the pandemic on the sector. Most information is kept manually because of the lack of staff, skills or resources to process and store it in an easily retrievable way. The Ministry of Education needs to develop its capacity to establish an efficient management information system, which can be updated easily and regularly. The ACU, planning, finance

and personnel divisions all need access to the system. This information system should also be link the ministry with all of its SAGAs, most especially the TSC (which collects and keeps all data concerning teachers), to facilitate the sharing of information.

Schools are facing problems in planning teaching programmes due to an acute shortage of teachers and the frequent absences of those that are chronically ill. School administrators have been forced to respond by merging classes and overloading the timetables of available teachers. The TSC, through the district education offices, needs to put in place an efficient personnel tracking system, to detect cases of chronic illness in schools. Data needs to be captured on the subjects being covered by absent teachers and the pupil:teacher ratios. To implement this effectively, district human resources and personnel offices will require skills development and resources to be made available. Efficient communication linkages through email should also be established, to ensure that data on teacher status is passed on to headquarters on a weekly or monthly basis. A lack of sector workplace policies on HIV/AIDS has contributed to the stigmatization of those perceived to be HIV positive. All educational institutions should be supported to develop and implement institution-based HIV/AIDS policies.

Mainstreaming of HIV/AIDS in the curriculum needs to be strengthened by creating efficient links between all stakeholders for the development and implementation of HIV/AIDS curricula. Regular reviews of the curriculum should also be conducted to ensure that best practices are internalized. HIV/AIDS teacher trainers, be they teachers or field education managers, should be selected using a set of agreed criteria to ensure that trainers have the interest and capacity to train others. At the moment this does not seem to be the case, with the result that following training, personnel have not even briefed colleagues on their experience, let alone organized further training sessions. A system should be put in place to monitor and evaluate those who have been trained, to find out if they have been able to train others and what lessons they have learned. Where trainers have been selected on a district basis it is important to have a system to track their work locations, so that when they are transferred to other districts they do not end up being selected for training a second time.

The study makes the following specific recommendations:

- The current ministry strategic plan should specifically and strongly state the ministry's policy to tackle HIV/AIDS.
- All ministry heads of departments should be sensitized on how to mainstream HIV/AIDS activities in programmes, plans, activities and services.
- The ministry should ensure that all HIV/AIDS activities are adequately funded.
- The ministry ACU should immediately develop a strategic plan outlining how it will implement its mandate.
- The ministry should hold a meeting with all SAGAs to discuss the information that needs to be collected, analyzed and shared to monitor and respond to the HIV/AIDS impact on the sector.
- An effective management information system should be established to link the ministry with the SAGAs and field stations to facilitate information sharing.
- All DEOs should be sensitized on the implementation of the ministry's HIV/AIDS policy, programmes and curriculum.
- All DEO's offices should develop district-based HIV/AIDS strategic plans.
- All DEO's offices should ensure that ACUs are created and staffed by sensitized personnel.

- Secondary and tertiary level institutions should develop institution-based HIV/AIDS policies.
- A forum to share experiences between all stakeholders with HIV/AIDS programmes in the sector should be established. It should meet quarterly to evaluate and share experience and lessons learned, especially in the mainstreaming of HIV/AIDS in education services.

**Table 6.1    Recommendations on training needs by level and function**

| Function | Central level | District level | Institutional level |
|---|---|---|---|
| *Policy, leadership and governance* | ▪ Policy response to HIV/AIDS<br>▪ Strategy to monitor and manage HIV/AIDS in the sector<br>▪ Data and information for decision making | ▪ District-based HIV/AIDS policies<br>▪ Mainstream HIV/AIDS in district plans and programmes<br>▪ Implementation of a DEMMIS<br>▪ Monitoring and evaluation<br>▪ Leadership, administration co-ordination and communication skills | ▪ Institutional HIV/AIDS policies<br>▪ HIV/AIDS response strategy<br>▪ Design and delivery of curriculum that integrates HIV/AIDS<br>▪ Shared awareness among leaders<br>▪ Skills for tracking HIV/AIDS impact, e.g. capturing, analyzing and presenting data on absenteeism, status and deaths of affected and infected staff, students and pupils<br>▪ Guidance and counselling skills<br>▪ Communication and financial and human resource planning and management skills in an environment of HIV/AIDS |
| *HIV/AIDS focal groups* | ▪ HIV/AIDS response strategy<br>▪ Implementation of HIV/AIDS policies in the sector<br>▪ Mainstreaming HIV/AIDS in all ministry plans, programmes, projects, activities and services<br>▪ Monitoring and evaluation<br>▪ Data collection analysis, interpretation and reporting skills<br>▪ Co-ordination, strategic planning, workshop organization and management and proposal writing skills | ▪ Monitoring and impact evaluation<br>▪ Data collection, analysis, reporting and presentation skills<br>▪ Guidance and counselling skills<br>▪ Co-ordination, strategic planning, fundraising and proposal writing skills | ▪ Mainstreaming HIV/AIDS in institutional activities<br>▪ Design and management of AIDS interventions<br>▪ Strategies to motivate and drive the AIDS agenda<br>▪ Science and epidemiology of HIV/AIDS<br>▪ Guidance and counselling skills<br>▪ Effective communication skills |

| Function | Central level | District level | Institutional level |
|---|---|---|---|
| *Plans and programmes* | ▪ Mainstreaming HIV/AIDS in sector plans and programmes<br>▪ Development of basic indictors to monitor impact of HIV/AIDS<br>▪ Implementation of a DEMMIS<br>▪ Data gathering, analysis and presentation<br>▪ Monitoring and evaluation skills<br>▪ Programme co-ordination skills | ▪ Mainstreaming HIV/AIDS in district education strategies, plans, programmes, projects and activities<br>▪ Monitoring the impact of HIV/AIDS on district education development plans<br>▪ Identification and access to current information on HIV/AIDS<br>▪ Planning and programme development skills<br>▪ Management information system skills<br>▪ Impact analysis skills<br>▪ Report writing and dissemination skills | ▪ Institutional policy response to HIV/AIDS<br>▪ Institutional response strategies<br>▪ Design and implementation of HIV/AIDS programmes<br>▪ Mainstreaming HIV/AIDS in institutional strategic plans<br>▪ Institutional strategic planning skills<br>▪ HIV/AIDS information gathering, analysis and presentation |
| *Human resource management* | ▪ HIV/AIDS workplace policies<br>▪ Establishment of a centralized human resource management information system<br>▪ Human resource balancing in the face of HIV/AIDS<br>▪ Interpretation of latest available statistics on HIV/AIDS<br>▪ Support initiatives for affected and infected staff | ▪ Workplace policies on HIV/AIDS<br>▪ Designing support systems for infected and affected staff<br>▪ Human resource management skills<br>▪ HIV/AIDS impact assessment skills<br>▪ Data capturing, analysis and management skills | ▪ Human resource management in an HIV/AIDS environment<br>▪ Establishment of an electronic personnel database<br>▪ Support services for affected and infected<br>▪ Identification and selection of teacher trainers<br>▪ Dealing with HIV/AIDS stigma<br>▪ Motivation and team building skills |
| *Curriculum development* | ▪ Mainstreaming HIV/AIDS in the curriculum<br>▪ Curriculum monitoring and evaluation<br>▪ Advocacy skills | ▪ Integration of HIV/AIDS in the curriculum<br>▪ Design of district-based HIV/AIDS prevention programmes<br>▪ Role of school boards in HIV/AIDS management in the education sector<br>▪ Monitoring skills for implementation of the HIV/AIDS curriculum<br>▪ Guidance and counselling skills | ▪ Effective integration of HIV/AIDS in the curriculum and proper delivery methods<br>▪ Mainstreaming of HIV/AIDS in curricula and co-curricula activities<br>▪ Potential sources of current and evolving information on HIV/AIDS<br>▪ Guidance and counselling skills |

| Function | Central level | District level | Institutional level |
|---|---|---|---|
| *Educational media* | ▪ Development of educational media on HIV/AIDS for schools<br>▪ Mainstreaming educational media on HIV/AIDS in curriculum<br>▪ Sharing of best practices through media (including prevention initiatives, provision of care and treatment, good curriculum materials, planning tools, etc.) | ▪ District-based education media programmes on HIV/AIDS<br>▪ Sharing of best practices on using the media | ▪ Use of media for life skills training<br>▪ Information on different sources of media materials on HIV/AIDS<br>▪ Communication and interpretation skills for media programmes |
| *Financial planning and management* | ▪ Mainstreaming HIV/AIDS in ministry budgeting and financing process<br>▪ Advocacy and fundraising skills | ▪ Fundraising, proposal writing, action plan, work plan and budget preparation skills | ▪ School financing in an environment of declining resources<br>▪ Fundraising skills |

# References

Central Bureau of Statistics. 2003. *Economic survey 2003.* Nairobi: Ministry of Planning and National Development, Government Printer.

– 2004. *Economic survey 2004.* Nairobi: Ministry of Planning and National Development, Government Printer.

Central Bureau of Statistics; ORC Macro. 2003. *Kenya demographic and health survey, 2003.* Calverton, Maryland: Central Bureau of Statistics and ORC Macro.

Gachuhi, D. 1999. *The impact of HIV/AIDS on education systems in the Eastern and Southern Africa Region, and the response of education systems to HIV/AIDS: life skills programme.* Paper prepared for a UNICEF presentation at the All Sub-Saharan Africa Conference on Education for All 2000, Johannesburg, South Africa, 6-10 December, 1999.

Goliber, T.J. 2000. *Exploring the implications of the HIV/AIDS epidemic for educational planning in selected Africa countries: the demographic question.* Washington, DC: World Bank.

Kelly, M. J. 1999. *The impact of HIV/AIDS on schooling in Zambia.* Paper presented at the XIth International Conference on AIDS and STDs in Africa (ICASA), Lusaka, Zambia, 10-12 September 1999.

– 2000. *Planning for education in the context of HIV/AIDS.* Fundamentals of Educational Planning – 66. Paris: UNESCO/IIEP.

Kitaev, I. 1995. *Assessment of training needs in educational planning and management (with special reference to Central Asia).* Educational Forum Series No. 5. Paris: UNESCO/IIEP.

Mbwika, J.M.; Mburu, B.N.; Thuita, I. 2003. *Understanding the impact of HIV/AIDS on the education sector – Kenya.* London: Institute of Education, University of London and Department for International Development (United Kingdom).

Ministry of Education. 1994. *Education in Kenya: information handbook.* Nairobi: Jomo Kenyatta Foundation.

– 2003. *Education sector strategic plan, 2003-2007.* Nairobi: Government Printer.

Ministry of Health. 2001. *AIDS in Kenya, background, projections, impact, interventions and policy, sixth edition*. Nairobi: Government Printers.

Ministry of Planning and National Development. 2003-2007 *National development plan.* Nairobi: Government Printer.

NACC. 2000. *Kenya national HIV/AIDS strategic plan, 2000-2005.* Nairobi: Government Printer.

NASCOP. 1999. *Annual report 1999.* Nairobi: Government Printer.

Nkinyangi, S. 2003. *HIV/AIDS and education.* Report of a UNESCO Nairobi Cluster Consultation, Kigali, Rwanda, 4-6 March, 2003.

Nkinyangi, S.; Ochanda, A. 2003. *HIV/AIDS and the role of education service commissions.* Report of a UNESCO Nairobi Cluster Consultation, Kampala, Uganda, 16–18 June, 2003.

Nzioka, C. 1994. "AIDS policies in Kenya: a critical perspective on prevention." In: P. Aggleton, P. Davies and G. Hart (Eds.), *AIDS: foundations for the future.* London: Taylor & Francis.

– 2000. *The impact of HIV/AIDS on the University of Nairobi.* Report submitted the Association for the Development of Education in Africa on behalf of the World Bank.

Republic of Kenya. 1997. *Sessional paper number 4 of 1997 on HIV/AIDS in Kenya.* Nairobi: Government Printer.

– 1998. *Master plan on education and training, 1997-2010.* Nairobi: Jomo Kenyatta Foundation.

Rugalema, G.; Weigang, S.; Mbwika J. 1999. *HIV/AIDS and the commercial agriculture sector of Kenya: impact, vulnerability, susceptibility and coping strategies.* Rome: Food and Agriculture Organization and United Nations Development Programme.

UNAIDS. 2002. *Report on the global HIV/AIDS epidemic.* Geneva: UNAIDS.

– 2004. *Report on the global HIV/AIDS epidemic.* Geneva: UNAIDS.

UNESCO. 2000. The *Dakar framework for action. Education for All: meeting our collective commitments.* Paris: UNESCO.

UNESCO; MoEST. 2000. *Education for All handbook.* Nairobi: UNESCO, Nairobi Office.

– 2004. *Education sector policy on HIV and AIDS.* Nairobi: UNESCO, Nairobi Office.

# Appendix

# A list of people interviewed

| | |
|---|---|
| **MoEST headquarters** | ▪ Mrs Njoroge, Senior Deputy Director of Education<br>▪ Mr Ojijo, Chief Inspector of Schools<br>▪ Mr Mugambi, Chief Finance Officer<br>▪ Mr Odijo, Senior Deputy Director, Administration |
| **Provincial and district staff** | |
| Rift Valley Province | ▪ Mr Makite, Provincial Director of Education |
| Nakuru District | ▪ Patrick O. Osare, District Commissioner |
| *District Education Office* | ▪ Jane Mtange, DEO<br>▪ Mrs Maina, Deputy DEO<br>▪ Mrs Kiptugen, Staffing Officer<br>▪ Mr Osoro, Human Resource Officer |
| Coast Province | ▪ Mrs Karim, Provincial Director of Education |
| Mombasa District | ▪ John Egesa, District Commissioner<br>▪ Davis Mwailemi, Municipal Education Officer |
| *District Education Office* | ▪ Abikadir M. Kike, DEO<br>▪ Alice Kaunda |
| Thika District (Central Province) | ▪ Peter Mooke, District Commissioner and Chairman of the District Education Board<br>▪ F. Ndirangu, Muncipal Education Officer |
| *District Education Office* | ▪ J.M. Wamocha, DEO<br>▪ Mr Kiogora, Staffing Officer<br>▪ Mr Munene, Human Resource Officer<br>▪ Festus Muturi, District Inspector of Schools<br>▪ Mr Kariga, Deputy District Inspector of Schools – Primary |
| Makueni District Education Office (Eastern Province) | ▪ Mr Mutangili, DEO<br>▪ Elizabeth Danson, Human Resource Officer<br>▪ Mr Makumi, Statistics Officer |
| **SAGAs** | |
| KIE | ▪ Robert R. Kamau, Programme Co-ordinator, Teacher and HIV/AIDS Education, Teacher Education Division<br>▪ Mr Nkabu, Deputy Director, Finance and Administration |
| KNUT | ▪ David Muriu, Executive Secretary, Nakuru<br>▪ Jane Ogembo, Nakuru<br>▪ Samuel Ndirangu, HIV/AIDS Training of Trainers, Nakuru<br>▪ Mr Ahaya, Executive Secretary, Mombasa<br>▪ Benson Kithuku, Executive Secretary, Makueni |
| **Institutes of Higher Education** | |
| University of Nairobi | ▪ Emmy Sumbeiywo, Dean of Students<br>▪ Elizabeth Mbebe, Ag. Deputy Registrar, Administration |
| Shanzu Teachers College | ▪ J.K. Ziroh, Principal<br>▪ Mrs Mutua, Deputy Principal |

| | |
|---|---|
| Rift Valley Institute of Science and Technology | ▪ K.A.T. Kibowen, Deputy Principal |

## Secondary schools

| | |
|---|---|
| Summer Field Secondary School, Nakuru | ▪ Rupinder Kaur, Bursar and Teacher |
| Nakuru High School | ▪ Mr Kendagor, Principal |
| Njoro Girls High School | ▪ Mrs Talam, Principal<br>▪ Mrs Wachira, Deputy Principal<br>▪ Mrs Muteero, Guidance and Support Teacher |
| Ituru Secondary School, GatundoGatundu | ▪ Paul Wachira, Principal |
| Juja Secondary School, Kalimoni | ▪ Mrs Karanja, Deputy Principal<br>▪ Francis Kibe, Guidance and Support Teacher |
| Tumaini House School, Nakuru | ▪ Mr Kahendah, Director<br>▪ Mr Okioga, Deputy Headteacher<br>▪ Mr Sawe, Administration Director |
| Koilel Secondary School, Gilgil | ▪ Peters Orega, Principal<br>▪ Karimi L. Njoroge, Deputy Principal |
| Makueni Boys High School | ▪ J. Nzioka, Principal<br>▪ Daniel Muli, Guidance and Counselling Assistant |
| Chyeni Secondary, Makindu | ▪ Peter Murigi Kamau, Principal |
| Enguli Secondary School | ▪ Mr Malonza, Senior Teacher |
| Kiteta Girls Secondary School, Tawa | ▪ Mrs Kioko, Principal |
| Trikha Girls Secondary School, Thika | ▪ Mrs Kamau, Principal |
| Chania High School, Thika | ▪ A.B.W. Wachira, Principal<br>▪ Mr Arumu, Deputy Headteacher<br>▪ Nelius W. Mburu, Head of Guidance and Counselling |
| Star of the Sea Girls Secondary School | ▪ Lonah N. Amuka, Principal |
| Changamwe High School, Mombasa | ▪ A.M. Yeya, Principal |

## Primary schools

| | |
|---|---|
| Belbur Primary School, Nakuru | ▪ Wilson Ruto, Headteacher<br>▪ Mr Kihiu<br>▪ Rose Wamathai, HIV/AIDS Teacher |
| Gikindu Primary School, Thika | ▪ Nelly Muturi, Senior Teacher |
| Githunguri Ranching Primary School, Ruiru | ▪ Daniel K. Njoroge, Headteacher |
| Magomano Primary School, Nakuru | ▪ Michael Nuguna Njoroge, Headteacher<br>▪ Naftali Kamunge, Guidance and Support Teacher<br>▪ Paul Njuguna, HIV/AIDS Teacher |
| Oserian Primary School, Naivasha | ▪ Samson Mokua, Headteacher |
| UNOA Primary School, Makueni | ▪ Daniel M. Munywovoo, Headteacher<br>▪ Mr King'ola, Ag. Deputy<br>▪ Dorothy Muthusi, Head of Guidance and Support<br>▪ Mrs Kilonzo, Guidance and Support Teacher |
| Mtito Andei Primary School | ▪ Okoth John, Headteacher<br>▪ Scholastica Mutei, Deputy Headteacher<br>▪ Winfred Kioko |

| | |
|---|---|
| Itumbule Primary School, Makueni | • Jane Ndambuki, Headteacher |
| Kararara Primary School, Thika | • Muhoni Simon, Headteacher |
| St. Mary's Primary School, Mombasa | • Philemon Mulokumi, Deputy Headteacher<br>• Selistar Juma, Class IV Teacher |
| Mwakirunge Primary School, Mombasa | • Alice Ngome, Senior Teacher |
| Ganjoni Primary School, Mombasa | • Zena Mshenga, Headteacher |
| **UNESCO** | • Alice Ochanda, Programme Officer and HIV/AIDS Focal Point, National Office<br>• Monica Kilonzo, Secretary, National Commission |
| **NGOs and other actors** | |
| Presbyterian Church of East Africa, Community AIDS, Nakuru | • Peter Kinuthia |
| WEM Integrated Health Services, Thika | • Jacinta Sila<br>• Naomi Jelagat |
| Foundation Agency for Rural Development, Kibwezi | • John Kavisi |