

# REPORT OF THE APPRAISAL ON CAPACITY BUILDING FOR TEACHERS ON HIV/AIDS PREVENTIVE EDUCATION

**NANDI AND NYAMIRA DISTRICTS**



Republic of Kenya

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KENYA**



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# TABLE OF CONTENTS

Page

<b>LIST OF ABBREVIATIONS.....</b>	<b>ii</b>
<b>FORWARD.....</b>	<b>iii</b>
<b>ACKNOWLEDGEMENT.....</b>	<b>iv</b>
<b>EXECUTIVE SUMMARY.....</b>	<b>1</b>
<b>NANDI DISTRICT REPORT.....</b>	<b>3</b>
Introduction.....	3
Appraisal methodology.....	3
Findings of the appraisal.....	4
Conclusions.....	7
Recommendations for future training.....	9
<b>NYAMIRA DISTRICT REPORT.....</b>	<b>11</b>
Introduction.....	11
Appraisal methodology.....	11
Findings of the appraisal.....	11
Conclusions.....	15
Recommendations for future training.....	15

## **ANNEXES**

# LIST OF ABBREVIATIONS (ACRONYMS)

<b>ACU</b>	-	AIDS Control Unit
<b>AEO</b>	-	Area Education Officer
<b>CfBT</b>	-	Centre for British Teachers
<b>CRE</b>	-	Christian Religious Education
<b>DEO</b>	-	District Education Officer
<b>FGD</b>	-	Focus Group Discussion
<b>GHC</b>	-	Geography, History and Civics
<b>HIV/AIDS</b>	-	Human, Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
<b>KCPE</b>	-	Kenya Certificate of Primary Education
<b>KCSE</b>	-	Kenya Certificate of Secondary Education
<b>KIE</b>	-	Kenya Institute of Education
<b>KNATCOM</b>	-	Kenya National Commission for UNESCO
<b>KNEC</b>	-	Kenya National Examinations Council
<b>KNUT</b>	-	Kenya National Union of Teachers
<b>MOEST</b>	-	Ministry of Education, Science and Technology
<b>NGO</b>	-	Non-governmental organization
<b>PDE</b>	-	Provincial Director of Education
<b>PE</b>	-	Physical Education
<b>PLWA</b>	-	Persons Living with AIDS
<b>SEE</b>	-	Social Education and Ethics
<b>STD</b>	-	Sexually-Transmitted Disease
<b>STI</b>	-	Sexually-Transmitted Infection
<b>TOTs</b>	-	Trainers of Trainers
<b>TSC</b>	-	Teachers Service Commission
<b>UNESCO</b>	-	United Nations Educational, Scientific and Cultural Organization
<b>VCT</b>	-	Voluntary Counseling and Testing

# FORWARD

HIV/AIDS is a global concern that will have devastating consequences for decades to come for virtually every sector of society. In Kenya, the government declared the epidemic a national disaster in 1999. Since that time child orphans have increased while HIV infections have spread at an alarming rate within the education sector.

Preventive education is an important strategy in fight against HIV/AIDS. In 2001, the Kenya Ministry of Education, Science and Technology (MOEST) with support from UNESCO conducted training for teachers on HIV/AIDS preventive education in three districts of the country — Busia, Nandi and Nyamira.

In July 2003 an appraisal was carried out in two districts - Nandi and Nyamira - to assess the impact of the training that took place in 2001 and to plan for further training to be carried out by MOEST and UNESCO. This appraisal report provides insights that can guide the design and implementation of future training to be undertaken in 2004.

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MOEST would like to express its gratitude to the following individuals who participated in the appraisal exercise:

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Mr. A.K. Lang'at, MOEST, AIDS Coordinating Unit (ACU)  
Mr. J. M. Masunga, Kenya National Commission for UNESCO (KNATCOM)  
Sister Monica Mwandime, TSC  
Mrs. Felista Njuguna, MOEST, Inspectorate  
Mr. John Nteere, KNATCOM

Participation from the districts is also recognized, namely from the:

District Education Officer (DEO), Nyamira District  
DEO, Nandi North District  
DEO, Nandi South District  
Area Education Officers (AEO), Nandi and Nyamira Districts

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# EXECUTIVE SUMMARY

Following the declaration of HIV/AIDS as a national disaster by the President of the Republic of Kenya in November 1999, the Ministry of Education, Science and Technology (MOEST) was required to start HIV/AIDS education in all institutions of learning in the country. A curriculum on HIV/AIDS was introduced in Kenyan schools, but its implementation depends in large part on the ability and commitment of teachers to deliver HIV/AIDS preventive education.

It is in this context that the MOEST requested the Director-General of UNESCO to support its HIV/AIDS preventive education programme. As a start UNESCO contributed funds worth US \$25,000 under its Participation Programme for preliminary training. This initial training targeted primary and secondary school teachers and education officers from Busia, Nandi and Nyamira Districts — three districts reported to have a high incidence of HIV/AIDS. A training module was prepared for this purpose.

In February 2003, the Government of Kenya and UNESCO signed an agreement for the second phase of the MOEST/UNESCO preventive education training programme. This was made possible through a funds-in-trust agreement between the Government of Japan and UNESCO. Before commencing the second phase, it was agreed that an appraisal of the first phase would be carried out. The findings of the appraisal would be used to guide the development of further training activities.

## **OVERVIEW OF THE APPRAISAL**

### ➤ **Target group, timing and location**

The appraisal targeted the trainers of trainers (TOTs) who had received training offered by MOEST/UNESCO in 2001. Other teachers in the school, pupils and students, head teachers and field officers in the districts were also included (e.g. Area Education Officers - AEOs). The appraisal was carried out in July 2003 and focused on two districts — Nandi and Nyamira. Busia, the third district, was not included in the appraisal as the list of names of those who had undergone the training in 2001 was not available.

### ➤ **Research instruments**

A total of five instruments were developed for the appraisal. An instrument based on interview format was developed for the TOTs, the head teachers and the field education officers. Discussion guides were prepared for use in focus group discussions (FGDs) with teachers, pupils and students.

### ➤ **Sampling procedure**

The sampling of the divisions and schools for the appraisal exercise was done with the assistance of the DEOs. The head teachers provided information on enrolment

and the total number of teachers in the school as well as the number of streams per class. This information was used to sample respondents for the FGDs. Sampling of the pupils and students was based on the number of streams found in the school. Also, the number of girls and boys in each class was considered in mixed schools to ensure a good gender balance in the representation of pupils and students. In mixed schools, learners were chosen at random from their respective classes. In secondary schools, the students were selected from Form 1 to 4 while only pupils from Standard 5 to 8 were selected for the FGDs in the primary schools. Teachers were selected on the basis of gender and the total number of staff members in the school. The sampling was random mixing up those who had training on HIV/AIDS prevention with those who had not. Teachers were selected from Standard 1 to 8 in primary schools and from Form 1 to 4 in secondary schools.

➤ **Data collection**

Information for the appraisal was collected through the administration of interviews and FGDs. The FGDs did not address a specific category/level of teachers but lumped together all primary and secondary school teachers as well as field education officers. This was due to the fact that the October 2001 training had not focused on any particular category of teachers. Instead, the training was general and addressed both primary and secondary school teachers together with education officers.

➤ **Data analysis**

Descriptive reporting was used to report information provided by the respondents in the interviews and FGDs. Other issues that did not specifically relate to the training objectives also emerged and these feature in this report.

➤ **Findings, conclusions and recommendations**

The findings of the appraisal pointed at a number of inadequacies and flaws in an otherwise spirited training effort. It was found that:

- ✓ Head teachers need to be given an orientation on HIV/AIDS preventive education with a view to ensuring their support for the implementation of the HIV/AIDS programme in schools.
- ✓ Sensitization workshops need to be conducted on facts about HIV/AIDS with all teachers.
- ✓ The training package needs to be revised and expanded.
- ✓ There is need for specific recruitment criteria for training.
- ✓ Monitoring and evaluation mechanisms must be put into place.
- ✓ There is need for rationalization of training activities of various stakeholder groups through collaboration and coordination.



# NANDI DISTRICT REPORT

## **Members of the appraisal team:**

Mr. Graham M. Kang'ethe (KIE)

Sr. Monica Mwadime (TSC)

Mrs. Alice Ochanda (UNESCO Nairobi Office)

## **INTRODUCTION**

In 2001 a MOEST/UNESCO training programme on HIV/AIDS preventive education targeted 30 teachers and education officers in Nandi District. After the training, participants were referred to as 'trainers of trainers' (TOTs). Back in their divisions the TOTs were expected to organize training for other teachers in their respective schools and other schools within their divisions. Trained teachers were then expected to implement the HIV/AIDS curriculum. Education officers who received training were expected to supervise and advise on the curriculum implementation as well as initiate and participate in measures aimed at curbing the spread of HIV/AIDS.

## **APPRAISAL METHODOLOGY**

The start-up activity of the appraisal was the development of research instruments which included: (i) an interview schedule for TOTs; (ii) an interview schedule for education officers; (iii) an interview schedule for head teachers; (iv) a FGD guide for teachers; and (v) a FGD guide for pupils and students. These instruments were developed in collaboration with the appraisal team for Nyamira District. Information was collected from seven divisions out of a total of eleven divisions in Nandi North and South Districts.

The Nandi team sampled divisions and schools with the assistance of DEOs for Nandi North and South Districts. However, for the appraisal exercise itself, the two districts were treated as one district so as to reflect the situation when TOTs were trained in 2001 (the two districts were one at that time). Random sampling was used to select the divisions, while purposive sampling was applied in selecting schools and respondents. The guiding variables employed in the purposive sampling included: participation of school in training, gender, teaching subjects, class or forms, level of education (primary and secondary).

Some head teachers and TOTs were absent during the appraisal and this was a drawback. However, additional information was collected during a one-day workshop that was convened in Kisumu, Nyanza Province, with TOTs from both Nandi and Nyamira Districts. [See [Annex 1](#) and [Annex 2](#).] The TOTs attending this workshop made further recommendations on what should be done to ensure effective dissemination of HIV/AIDS information in schools, as well as measures that could be taken by the Ministry of Education to ensure successful implementation of the HIV/AIDS curriculum.

From the DEO it was confirmed that the MOEST/UNESCO training programme in 2001 had included 30 teachers and one education officer from Nandi District. Representing all 11 divisions of the district, these participants included 18 primary school teachers, 12 secondary school teachers and one education officer. The appraisal included teachers from five primary schools and two secondary schools from seven different divisions of the district. Four head teachers and three deputy head teachers were also interviewed. Five TOTs and two education officers were interviewed as well.

## **FINDINGS OF THE APPRAISAL**

### **1. Training of trainers and education officers**

The TOTs confirmed that during the MOEST/UNESCO training, all the topics in the training package were covered. Three TOTs said that their training expectations were met fully. Two TOTs said that their expectations were met only partially. All the TOTs found the topics highly relevant and suggested that the training package be expanded to include more areas such as prevention and management. One of the TOTs said that she had also received HIV/AIDS training from a NGO. Only two said that they were handling counseling in their schools and this was mostly done after classes. Most of the counseling related to social or discipline cases. The rest was academic, health or poverty-related. Interestingly, HIV/AIDS issues did not feature in counseling. None of the TOTs had introduced health/AIDS clubs in their schools. Nonetheless, they said that they had benefited from the training because it had improved their counseling skills and made them more confident in discussing HIV/AIDS. They also said that after the training they were able to disseminate HIV/AIDS messages outside the school to members of the community.

The TOTs indicated they had conducted training among other teachers in their schools. However, teachers in these schools said that the TOTs had only briefed them about the training and had not actually trained them. In only one primary school did the teachers confirm that the TOT concerned had actually trained them. Three out of the five TOTs had negative attitudes towards Voluntary Counseling and Testing (VCT).

Only one education officer in the district had benefited from the MOEST/UNESCO training. Unfortunately, this officer was not available at the time of the appraisal. The education officers interviewed during the appraisal said that they had received training from NGOs on HIV/AIDS transmission, prevention, care and support. One of the officers had also received training on the impact of HIV/AIDS. The education officers said that they had used their training to interact with members of the community and other stakeholders but not to assess the implementation of HIV/AIDS education in schools. The education officers explained that they were not adequately sensitized and knowledgeable about HIV/AIDS education in schools.

## 2. Training of teachers

A FGD guide was administered to a sample of 38 teachers from seven schools. Only 10 of these teachers had received training on HIV/AIDS. In three out of seven schools none of the teachers sampled had been trained. Those who were trained had received their training from NGOs or religious organizations but not from the TOTs trained by MOEST/UNESCO. The average duration of their training was three days. The trained teachers indicated, however, that training from these partner groups did not adequately cover the topics contained in the MOEST/UNESCO training package. Table 1 shows the number of teachers from each school.

**Table 1. Number of teacher, by school by division by gender**

School	Level	Division	Number of Teachers		
			Male	Female	Total
Mutwot	Primary	Kosirai	3	3	6
Chemase	Primary	Kobujoi	2	2	4
Septon	Primary	Nandi Hills	2	4	6
Tegat	Primary	Kapsabet	3	3	6
Terige	Primary	Kilibwoni	3	3	6
Aldai Girls'	Secondary	Kaptumo	4	2	6
Kiborgok Mixed	Secondary	Emgwen	2	2	4
<b>TOTAL</b>			<b>19</b>	<b>19</b>	<b>38</b>

Overall, few teachers (average three per school) were involved in any teaching of HIV/AIDS. Teachers, however, said that the training had enhanced their ability to teach the HIV/AIDS curriculum. They said that they were in a better position to address HIV/AIDS issues. Teachers suggested, however, that the TOTs should provide them with more formal training. They felt that the MOEST should treat all teachers as vulnerable individuals who need to be sensitized and knowledgeable about HIV/AIDS. Teachers also said that there should be a set criteria established for identifying potential TOTs. They further said that their effort to teach HIV/AIDS was hampered by a scarcity of materials. In four schools, for example, materials were not available at all. Where materials were available, they were rarely used due to lack of training.

## 3. Training of head teachers

Out of seven head and deputy head teachers only two were trained on HIV/AIDS preventive education. All respondents confirmed that counseling services were being offered in their schools. In four schools, head teachers had facilitated the display of factual HIV/AIDS messages. Absenteeism, poor curriculum coverage and sick offs were cited by head teachers as some of the effects of HIV. All respondents called for increased orientation of head teachers on HIV/AIDS. Five schools proposed that

the district administration should assume a more pivotal role in the prevention of HIV/AIDS while using a less subjective and more qualifications-based criteria for the selection of prospective TOTs. Head teachers also indicated the need for: (i) improved monitoring of the implementation of HIV/AIDS education through quarterly reports by TOTs; (ii) TSC to develop a more effective method of disseminating HIV/AIDS information to teachers; (iii) the creation of a welfare fund to support family members of the affected teachers; and (iv) improved collaboration among MOEST, TSC and Kenya National Union of Teachers (KNUT) in efforts to fight HIV/AIDS within the education sector.

#### 4. Learners' knowledge and information about HIV/AIDS

A total of 134 learners from the seven schools participated in FGDs. The number of learners was derived from the school enrolment. [See [Table 2.](#)]

In five of the schools, learners were aware that HIV/AIDS has no cure and is a killer disease. Those in four schools knew about modes of HIV/AIDS transmission. Learners from at least four schools indicated that their main source of knowledge and information on HIV/AIDS were: parents, teachers, friends, neighbours and the media.

**Table 2. Number of pupils/ students by school by division by gender**

School	Level	Division	Number of pupils /students			
			Male	Female	Total	%
Mutwot	Primary	Kosirai	8	8	16	12
Chemase	Primary	Kobujoi	9	7	16	12
Septon	Primary	Nandi Hills	11	11	22	16
Tegat	Primary	Kapsabet	15	24	39	29
Terige	Primary	Kilibwboni	8	8	16	12
Aldai Girls'	Secondary	Kaptumo	-	15	15	11
Kiborgok Mixed	Secondary	Emgwen	4	6	10	8
<b>TOTAL</b>			<b>55</b>	<b>79</b>	<b>134</b>	<b>100</b>

The main areas of knowledge that learners discussed during the FGDs were: transmission (all schools), prevention (all schools), care and support (five schools), symptoms (four schools). Learners said that they frequently discussed HIV/AIDS among themselves. Learners from four schools revealed that counseling services were offered in their schools. Those from five schools reported that they were generally comfortable in discussing their health problems with their teachers. However, STIs and HIV/AIDS were not among the health problems discussed with teachers. The main learner behaviour changes identified through the discussions involved abstinence/self control (five schools), taking precaution such as avoiding quacks (three schools) and avoiding

bad company/risky situations (three schools). Learners from six schools reported that there were no health/AIDS clubs in their schools. Respondents from all schools said that they were either scared or sad about HIV/AIDS while those from at least four schools sought clarification on matters related to facts, prevention and transmission of HIV/AIDS.

#### **5. Infusion and integration of HIV/AIDS into the school curriculum**

In all the schools, HIV/AIDS was being taught. Information gathered from various groups of respondents revealed that in four of the schools, HIV/AIDS was taught as an integrated subject. The main carrier subjects were those dealing with moral values and biological functions, namely: Christian Religious Education (CRE)/Social Education and Ethics (SEE) in all schools, home science in three schools, social studies, Geography, History and Civics (GHC) in five schools, languages in three schools and biology in the two secondary schools.

Although teachers were said to have confidence and expressed themselves freely in teaching and discussing HIV/AIDS, all groups of respondents agreed that teachers were generally less effective in infusing and integrating HIV/AIDS in the school curriculum. To encourage more infusion and integration respondents proposed training more teachers, provision of more teaching/learning materials, team work in addressing HIV/AIDS curriculum, revision and expansion of the HIV/AIDS curriculum, and inclusion of a compulsory question on HIV/AIDS in national examinations in selected subjects.

## **CONCLUSIONS**

In the absence of baseline data, it is difficult to accord some of the changes observed during the appraisal to the training programme alone. However, the following conclusions are made:

- **Training of trainers and field officers**

The basic objective of the training for TOT's and field officers was achieved. However, the trainees were not given orientation on training procedures and methods. The training package did not highlight crucial topics such as prevention and management of HIV/AIDS and did not address teachers as vulnerable individuals. The training was not focused as participants were drawn from different levels including primary schools, secondary schools and field education offices with no objective criteria used to identify them. The TOTs did not introduce health/AIDS clubs in their schools and only a small number handled counseling. Education officers were unable to supervise the implementation of HIV/AIDS curriculum.

- ♦ **Training of teachers**

The programme did contribute to building the capacity of teachers in the following ways: (i) teachers' counseling skills had improved; (ii) teachers were generally sensitized about HIV/AIDS and, as result, were more confident and free in discussing HIV/AIDS; and (iii) HIV/AIDS messages were displayed in most of the schools. It was observed that the capacity of teachers did not measure up to the expectations of the programme because very few teachers had been sensitized about HIV/AIDS through training and the little that had been done was largely due to the efforts of NGOs and/or religious organizations. A significant number of teachers expressed negative views about use of condoms and VCTs. Very few of the teachers were involved in teaching HIV/AIDS. Overall, the majority of head teachers were not trained on HIV/AIDS and this did not encourage them to support or initiate measures to sensitize the school community or to implement the HIV/AIDS curriculum. Some did not support specific HIV/AIDS control measures such as the availability of VCTs.

- ♦ **Knowledge and information of learners**

The extent to which the programme objectives set for learners were achieved is described as:

- Learners from over 50% of the schools had received information on HIV/AIDS from their teachers.
- In most of the schools visited, learners were aware that HIV/AIDS has no cure.
- Learners from at least 50% of the schools knew about transmission, symptoms and management of HIV/AIDS.
- Majority of the learners frequently discussed HIV/AIDS among themselves.

On the other hand, knowledge and information acquired by learners was far from being realized because:

- Learners rarely discussed STIs and AIDS with their teachers and parents.
- Peer education, health clubs, activities and reading materials were lacking in most of the schools.
- Virtually all learners viewed HIV/AIDS with fear and apprehension.
- Most of the schools did not have HIV/AIDS materials for learners.

- ♦ **Infusion and integration of HIV/AIDS into the curriculum**

There was a concerted effort to integrate HIV/AIDS education in school learning in the district noting that HIV/AIDS was taught in all classes. More than half of the schools visited attempted to infuse and integrate HIV/AIDS in subjects mainly

those dealing with moral values and biological functions. Full integration of HIV/AIDS education was hampered by teachers' lack of basic knowledge and skills about infusion and integration. Teachers also had the perception that HIV/AIDS preventive education was an added workload on an already overstretched timetable. It clearly emerged that teaching of HIV/AIDS was more effective where HIV/AIDS was taught as a separate subject. The main impediments to effective dissemination of information was lack of teaching/learning materials and the fact that HIV/AIDS is viewed as a non-examinable subject at national level, hence, not taken seriously as a subject.

## **RECOMMENDATIONS FOR FUTURE TRAINING**

1. The HIV/AIDS training package should be revised taking into consideration the following:
  - Trainees to be exposed to procedures and methods of training.
  - Infusion and integration to be given more time.
  - Teachers to be targeted as a vulnerable group.
  - Training to be focused on specific target groups including primary school teachers, secondary school teachers, head teachers and education officers and selection of participants to be guided by objective criteria.
  - Crucial topics such as prevention and management including condom use to be highlighted.
2. Head teachers and education officers should be encouraged to support TOTs in their efforts to train other teachers. Where training has failed, urgent measures should be put in place to realize the objectives of the training. Finally, head teachers should take a more active role in sensitizing the school community and parents on the dangers posed by HIV/AIDS.
3. Provision of teaching/learning materials to schools should be enhanced and schools should be encouraged to display HIV/AIDS messages. Other actions include:
  - Health/AIDS clubs and activities should be introduced in schools.
  - Teachers should encourage and help learners to address HIV/AIDS issues freely and without undue fear and apprehension.
  - Infusion and integration should be used only when teachers have mastered related knowledge and skills. Otherwise, it is more effective to teach HIV/AIDS as a separate subject.
  - Head teachers should be sensitized on HIV/AIDS to enable them to support preventive education in their schools.
4. An evaluation of the training programme should be conducted immediately after the training so that feedback can be obtained from the participants. Subsequent training

within districts should be monitored through quarterly reports sent by TOTs to DEOs who should forward the same to MOEST Headquarters. Inspectors of schools should reflect the implementation of the HIV/AIDS curriculum in their school assessments. An appraisal of the programme should be done one year after implementation so as to correct mistakes immediately. Impact studies should be carried out three to five years after implementation.

5. In order to realize the programme's overall objective of fighting HIV/AIDS through the school, various interest groups must support schools and collaborate among themselves. In particular:
- Provincial and district administration must ensure that materials and information meant for schools actually reach the schools.
  - Kenya National Examinations Council (KNEC) should incorporate HIV/AIDS questions in all subjects in both Kenya Certificate of Primary Education (KCPE) and the Kenya Certificate of Secondary Education (KCSE).
  - MOEST and TSC and the Teachers' Unions must come up with improved methods of delivering HIV/AIDS information to teachers and provide financial support to affected teachers.
  - The government and private sector (NGOs, religious groups etc.) must work together to strengthen and rationalize their efforts towards control and management of HIV/AIDS in the education sector.



# NYAMIRA DISTRICT REPORT

## **Members of the appraisal team:**

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Mr. John Nteere - KNATCOM

## **INTRODUCTION**

The MOEST/UNESCO training on HIV/AIDS preventive education in Nyamira District involved some 30 participants including education officers from the district divisions and teachers from both primary and secondary schools. The purpose of the training was to equip participants with the knowledge, skills, attitudes and values that would enable them to effectively implement the HIV/AIDS preventive education curriculum in schools. Trained teachers would be expected to disseminate the information and knowledge acquired to fellow teachers in the school. Education officers would be expected to use the knowledge and skills acquired to supervise and give the necessary support to HIV/AIDS preventive education in schools.

## **APPRAISAL METHODOLOGY**

The preparatory activity of the appraisal was the development of data collection instruments which included: i) an interview schedule for TOTs; ii) an interview schedule for field education officers; iii) an interview schedule for head teachers; iv) a FGD guide for teachers; and v) a FGD guide for pupils and students. These instruments were developed in collaboration with the appraisal team for Nandi District. With the assistance of the DEO, divisions and schools were sampled. Random sampling was used to select seven divisions, while purposive sampling was applied in selecting the schools and the respondents. The guiding variables included; gender, teaching subjects, class or form and level (primary and secondary). A major setback during the field work was the absence of some head teachers and TOTs. Additional data was collected through FGDs that took place subsequently in Kisumu with TOTs from Nyamira and Nandi Districts. [See [Annex 1](#) and [Annex 2](#).]

## **FINDINGS OF THE APPRAISAL**

### **1. Training of the trainers**

The majority of TOTs were of the view that the training met their expectations while a few TOTs felt that their expectations were not fully met. The TOTs were able to recall the topics covered in the training as follows: facts about HIV/AIDS, Voluntary Counseling and Testing (VCT) and condom use, guidance and counseling, adolescence and sexuality, infusion and integration of HIV/AIDS in curriculum, use of HIV/AIDS teacher's and trainer's guide, communication skills and monitoring and evaluation. A good number of the TOTs felt future training should also cover family life education, basic concepts

of human reproduction, care and support for the infected and affected, stress management, health club activities, skills for making posters, and communication within the family.

TOTs stated that the benefits derived from the training included: ability to integrate and infuse HIV/AIDS in their subjects, awareness about the dangers of HIV/AIDS, change in behaviour, ability to share experiences with other teachers, and the ability to handle affected and infected teachers and learners. Most of the schools visited had HIV/AIDS timetabled in their schools. HIV/AIDS messages were also disseminated through activities such as drama, music, and poems. It also emerged that all classes in primary and secondary schools were taught HIV/AIDS by either use of one physical education (PE) lesson or by infusion and integration.

Most of the TOTs felt that VCTs are relevant and useful and that people should be encouraged to go for testing. However, it was also noted that people fear being diagnosed as HIV positive, hence, their reluctance to visit VCTs. There was also a general feeling that VCT staff are not very confidential. This attitude of fear and mistrust discouraged many people from going for testing. Condom use was said by some to encourage immorality especially among the youth. Others were of the opinion that condoms could be availed to adults but not to pupils. Everybody was of the view that we should encourage abstinence from sex among pupils. Finally, most TOTs organized school-based training programmes on HIV/AIDS and the teachers interviewed reported that they were trained by the TOTs from their schools.

A good number of TOTs said they had undergone some training on HIV/AIDS from other organizations such as Seventh Day Adventist Church and Center for British Teachers (CfBT). Most of this training was conducted during 2001 and 2002 for at least one day. Facts about HIV/AIDS were fairly well-covered during such training.

## **2. Training of head teachers and other teachers**

All the head teachers sampled had attended training on HIV/AIDS organized by either NGOs, MOEST or the DEOs office. Most of the training was school-based while a few others were held at the Zonal Education Office or another venue. In their opinion, facts about HIV/AIDS, adolescence and sexuality, infusion/integration were well-covered while the other topics were poorly covered.

Overall, half of these teachers were not trained on HIV/AIDS prevention. The number of teachers involved in the teaching of HIV/AIDS ranges from one to three in the schools visited. Teachers are generally quite open and confident when teaching about HIV/AIDS. All the teachers interviewed had a teacher's guide on HIV/AIDS which was often used. In primary schools, these guides were used in teaching subjects such as

science, mathematics, GHC, CRE, English and Kiswahili while in secondary schools, inclusion of HIV/AIDS messages seem to be low in certain subjects like chemistry, physics, history, music, business education and commerce. Most teachers discuss HIV/AIDS more than once a term. On average two teachers in a school were actively involved in the teaching of HIV/AIDS.

All schools visited offered guidance and counseling. Teacher counselors dealt with cases ranging from indiscipline which was ranked highest followed by drug abuse, theft and other cases like pregnancy, truancy, drop-outs and poor performance. Other teachers were involved in counseling as well. Student peer counseling existed in some schools. Only a few schools had health clubs. The activities undertaken by the clubs were basically health-related such as cleaning toilets, advising on health issues including HIV/AIDS. These clubs generally met once a week with very few meeting more than once. The main problems were said to be lack of financial resources, inability to answer difficult questions and lack of time.

Training on HIV/AIDS has enabled teachers to handle HIV/AIDS issues in their schools more effectively and incorporate AIDS messages in their lessons and co-curricular activities. There was change of behaviour among teachers as a result of the HIV/AIDS awareness with curiosity to learn more. Teachers said they needed posters, books and a syllabus on HIV/AIDS. To enhance infusion and integration of the HIV/AIDS curriculum, most teachers (like their pupils) expressed the need for more books, posters and other relevant learning/teaching materials (most learners did not have books on HIV/AIDS). Other ways of disseminating HIV/AIDS information which were recommended by teachers include holding of rallies and use of social gatherings.

### **3. Training of education officers**

Most education officers had received training on HIV/AIDS. This was organized mainly by NGOs and focused on modes of transmission and prevention. Most education officers suggested that much more should be done to sensitize school communities. The major problems brought about by HIV/AIDS in Nyamira were the increased number of orphans, poverty, and, in some cases, death of teachers. It was generally reported that the major impact of HIV/AIDS in education was declining performance and high drop out rates in the area.

The education officers are expected to assess the implementation of the HIV/AIDS curriculum mainly during panel inspections conducted in schools. Those officers with positions of leadership in churches often include HIV/AIDS messages in church functions and sermons. They also take advantage of organized chiefs' barasas, funerals etc. to advise communities on the availability of VCT services and the dangers posed by HIV/AIDS.

Education officers recommended that future training include issues such as availing funds for training at the divisional level. It was also felt that the training should cover more schools and education officers on a continuous basis and such efforts should also be made to target local communities as well. MOEST needs to enhance awareness on HIV/AIDS by strengthening guidance and counseling services in schools; providing posters and other teaching materials on HIV/AIDS; and training primary and secondary school teachers to handle HIV/AIDS education.

#### **4. Knowledge and information of pupils and students**

Pupils and students seem to have some knowledge about HIV/AIDS, modes of transmission and methods of prevention suitable for their level. Sources of information cited (in order of priority) are: teachers, parents, media, resource persons, religious organizations, books, Persons Living with AIDS (PLWA), colleagues and relatives. Teachers and parents are said to be the first to talk about HIV/AIDS with pupils/students. Others include friends, pastor, media, doctor, and close relatives. Overall learners requested more books, charts and films on HIV/AIDS to be provided to schools.

Teaching HIV/AIDS occurs occasionally during subject-matter lessons generally once a week. The subjects where HIV/AIDS is taught and discussed are: science, health education, CRE, and Kiswahili. The majority of schools visited did not have factual messages on HIV/AIDS displayed. Those that did placed messages either in offices or classrooms. Examples of messages displayed included messages like "*Anybody can get AIDS*". Themes and messages on HIV/AIDS are incorporated into drama and music. It was noted that peers pass messages informally as they talk to one another either in school or outside school.

Nearly all schools had guidance and counseling services offered which are based on the following: health issues, good character formation, talk from a person living with HIV/AIDS, how to relate with people of opposite sex, STDs, performance in school, and how to treat people living with AIDS. These areas were said to be discussed anytime when there is a need and in some cases once or twice a week. Many learners discuss health problems with their teachers such as drug addiction, stomach ailments, early marriage, pregnancy, menstruation etc. Certain behavioral changes were reported among the students including: the ability to say no to sex, improved performance and discipline, carefulness about the company they keep and places they visit, showing sympathy to HIV/AIDS orphans, asking more questions about HIV/AIDS, and increased fear of the disease.

## **CONCLUSIONS**

- **Training of teachers**

Information on HIV/AIDS was being disseminated to teachers. Health clubs were being formed and 'question boxes' for HIV/AIDS being established. Some trained teachers, however, lacked confidence to disseminate information on HIV/AIDS to learners. Where the head teacher or a deputy head teacher was a TOT the dissemination of HIV/AIDS messages were more effective in the school. A number of NGOs are involved in the training of teachers and this should be encouraged.

- **Learners' knowledge and information about HIV/AIDS**

Both primary and secondary school learners displayed knowledge on HIV/AIDS. Many seem to have mastered facts such as the meaning of HIV/AIDS, modes of transmission and control mechanisms. In some cases, learners seem to be more informed on issues related to HIV/AIDS than the head teachers. In a number of schools, HIV/AIDS learning was timetabled as an independent subject. PE lessons were often used to teach HIV/AIDS and this made students and pupils more informed about HIV/AIDS.

- **Training of trainers and education officers**

There is evidence that some 30 TOTs from the district were trained on HIV/AIDS preventive education and these were found working in the schools visited or in their new teaching stations. The TOTs appeared to disseminate information on HIV/AIDS in their schools effectively when it was timetabled and learners appeared to have acquired what they were expected to learn. However, there was little infusion and integration in the co-curricular activities. It is also worth noting that the education officers were not monitoring the implementation of the HIV/AIDS preventive education programme except during panel inspections.

## **RECOMMENDATIONS FOR FUTURE TRAINING**

Several recommendations can be made. First, future training programmes for teachers and education officers should provide clear guidelines on what is expected of each trainee upon completion of the training and MOEST should set clear criteria for identifying the candidates for such training. Second, there should be harmonization of training programmes offered by MOEST, NGOs and other partners. Third, there is need for sensitization of all teachers including head teachers. Fourth, counseling departments in schools should be strengthened and all schools should start health/AIDS clubs. Fifth, there should also be training for peer educators and peer counseling. Finally, MOEST should decide on whether teaching of HIV/AIDS in schools should be done through timetabling as a subject or through infusion and integration and there should be regular monitoring and evaluation.

# ANNEX 1

**Report of a workshop with Trainers of Trainers (TOTs)  
from Nandi and Nyamira Districts  
Lakers' Inn, Kisumu  
21 July 2003**

TOTs from Nandi and Nyamira Districts were brought together for a one-day workshop in Kisumu, Nyanza Province. On behalf of the Nyanza Provincial Director of Education, the HIV/AIDS coordinator for the province, Mrs. P. Makonya, underscored the importance of cultivating responsible behaviour as the only way to effectively fight HIV/AIDS in educational institutions. The Secretary-General of the KNATCOM, Mrs. Monica Kilonzo, highlighted the effects of the HIV/AIDS pandemic in the educational institutions in Kenya including: absenteeism of both learners and teachers, death of teachers, increased number of child orphans, and high drop-out rates. She stressed the need for participants and other concerned people to develop desirable attitudes and virtues in the endeavor to support those affected and infected and also to curb the spread of the disease.

The objectives of the workshop were to: (i) to find out whether the TOTs benefited from the training received in October 2001 and if it helped them to change their own behaviour; (ii) to find out the obstacles that hinder TOTs from implementing HIV/AIDS preventive education in schools and come up with ways to deal with them; and (iii) to find out ways of improving the second phase of the MOEST/UNESCO training for teachers on HIV/AIDS preventive education. The participants at the workshop were divided into five working groups. FGDs were organized with nine to ten participants each. A summary of the comments made during these FGDs is as follows:

1. *Ways in which the HIV/AIDS training enabled you as TOT to change your own behaviour:*
  - It has given us confidence to talk about HIV/AIDS.
  - We now have a positive attitude towards the infected.
  - We have become more faithful to our partners.
  - We are able to train others on issues related to HIV/AIDS.
  - We are able to advise the affected and infected on how to continue living positively.
  - We have a more positive attitude towards VCTs.
  
2. *Main obstacles that have prevented TOTs from training others:*
  - Lack of support from higher authorities, e.g., head teachers and education officers.
  - Integration and infusion are perceived as extra workload for teachers.

- Lack of financial resources to conduct training sessions.
- Fear of being labeled as the “AIDS Teacher”.
- Lack of adequate time for training due to the congested curriculum.
- Negative attitudes from fellow colleagues.
- Cultural hindrances (e.g. in some communities, women are not able talk to elders about issues of sex and sexuality).
- Poor coordination from the DEO's Office.
- Lack of incentives.
- Lack of training materials.
- Lack of follow-up on training (e.g. monitoring and evaluation).

3. *How the capacity building on HIV/AIDS preventive education can be improved:*

- Both material and financial resources should be provided for training.
- There should be regular monitoring and evaluation of the training programme.
- Associations of TOTs should be formed to provide a core team of resource persons.
- TOTs' workload should be reduced.
- More TOTs need to be trained – at least there should be a TOT in every school.
- MOEST should ensure proper and adequate coordination of the training.

4. *Support needed to enable TOTs to train other teachers:*

- Adequate training materials.
- Reduction of workload.
- Training of head teachers on HIV/AIDS education.
- Proper planning and coordination by the DEO's Office.
- Regular follow-up by the MOEST.
- Identification badges.
- Programmed training.

5. *Most effective ways of disseminating information on HIV/AIDS in schools:*

- Inviting PLWA to give talks in schools.
- Using events in school to discuss issues on HIV/AIDS.
- Setting aside HIV/AIDS days to be observed at zonal levels.
- Establishing health/AIDS clubs in schools.
- Availing videos about HIV/AIDS to schools.
- Inviting resource persons to talk about HIV/AIDS.
- Having 'question boxes' on HIV/AIDS in schools.

- Composing songs, poems and plays about HIV/AIDS.
  - Having HIV/AIDS taught as a subject and examined by KNEC as a general paper.
  - Sensitizing teachers, parents and pupils/students.
  - Establishing information corners in schools for display of any information on HIV/AIDS.
6. *Measures to be taken to effectively fight HIV/AIDS in the education system:*
- Funds should be provided for training at the school and zonal levels.
  - At least one teacher should be trained on HIV/AIDS education in every school.
  - TSC should minimize the transfer of married teachers to reduce vulnerability to infection.
  - Training materials should be provided to TOTs.
  - A unit should be set up in KNUT to fight HIV/AIDS.
  - MOEST, TSC and KNUT should design a common programme to fight the pandemic.
  - NGOs should harmonize their training programmes with that of the MOEST to avoid duplication.
  - MOEST should make HIV/AIDS an examinable subject.
  - ACUs should be created at divisional levels.
  - HIV/AIDS training programmes should be monitored regularly.
  - Health/AIDS clubs should be started in schools.
  - All education officials should be sensitized on HIV/AIDS.
  - Incentives like certificates to TOTs should be offered.

## **SUGGESTIONS ON THE WAY FORWARD**

- The MOEST should provide funds for training teachers in every district and all teachers should be sensitized on HIV/AIDS.
- MOEST should monitor the implementation of the HIV/AIDS preventive education programme regularly and a quarterly report should be made available to the Director of Education.
- ACUs at the district level need to be strengthened.
- Every school should have a health club.
- All head teachers should be trained on HIV/AIDS.
- TOTs should be used as trainers for training sessions conducted in other districts.



# ANNEX 2

## LIST OF PARTICIPANTS

**Workshop with Trainers of Trainers from Nandi and Nyamira Districts  
Lakers' Inn, Kisumu  
21 July 2003**

### **NANDI DISTRICT**

Joshua Manduku  
Noah Koskey  
Elphas Lagat  
Margaret B. Nyaungu  
Emily Towett  
Richard K. Rotich  
Susan C. Kosgei  
Douglas Otwoma  
Julius Kiplagat Too  
Ruth N. Sitati  
Sammy Ngeny  
Julius K. Bitok  
Anthony Ruto  
Juma Bennister  
Jayne Serem  
Leah Sang  
Julius Gitonga  
Stanely R. Mwale  
Simon K. Rotich  
Mary G. Nderitu  
Paul Ketter  
Elizabeth Lagat  
James Simatei  
Morris Kiptoo  
Nancy Koech  
Roseline Choge

### **NYAMIRA DISTRICT**

Francis Mensire  
Omenda C.O Dickens  
Nyagah Onkobi  
Yophes O. Magaa  
Wilfred Mochoge  
Moraaa S. Masita  
Onsarigo Naftaly  
Juma Callen  
Robert N. Ong'era  
John Matiang'I  
Benard M. Mirera  
Peninah K. Mainye  
Regina Mumanti  
Thomas O. Mainye  
Stephen N. Getonto  
Mogaka I. Lissel  
Joseph N. Bogonko  
Alfayo O. Ombori  
Onsarigo Naftali  
Winifred O. Momanyi  
Shem Matuga Malok  
Joseph Onyancha