Contextualizing HIV/AIDS in educational planning and management

A training needs assessment for educational planners and managers in Rwanda

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List of abbreviations and acronyms

AIDS	Acquired Immunodeficiency Syndrome
CBO	Community-Based Organization
CNLS	*Commission nationale de lutte contre le SIDA*
CPLS	Provincial Commission on AIDS
DFID	Department for International Development (United Kingdom)
EMIS	Education Management Information System
FBO	Faith-Based Organization
HIV	Human Immunodeficiency Virus
HLI	Higher Learning Institution
IIEP	International Institute for Educational Planning
INSET	In-service education of teachers
MINEDUC	Ministry of Education, Science, Technology and Scientific Research
MINISANTE	Ministry of Health
NACC	National AIDS Control Commission
NCDC	National Curriculum Development Centre
NGO	Non-Governmental Organization
RAMA	*La Rwandese d'assurance maladie*
STI	Sexually Transmitted Infection
TRAC	Treatment and Research AIDS Centre
TTC	Teacher Training College
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
VCT	Voluntary counselling and testing
WHO	World Health Organization

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Executive summary

The first AIDS case was identified in Rwanda in 1983, and since then the prevalence rates of the epidemic have remained high, despite efforts at prevention. In Rwanda, impact studies also predict adverse impacts of HIV/AIDS on the supply and quality of education in the country.

Educational planners and managers at various levels need to recognise the nature and extent of this impact and be equipped with the necessary conceptual and analytical tools to deal with HIV/AIDS. This would enhance their capacity to monitor the impact, and design strategies and programmes for prevention, care and impact mitigation.

The primary objective of this study is to identify HIV/AIDS-related capacity development needs within the education sector in Rwanda. The study was carried out at various levels of the education system in the country. These included ministry headquarters, the provinces and districts, and the institutions. Primary data were obtained through interviews with educational planners and managers, whilst secondary data were obtained through a perusal of published and unpublished literature on HIV/AIDS and the education sector in Rwanda. Students involved in the fight against AIDS and in the Students' Guild leadership were also interviewed.

Findings

- There is a national strategic framework on HIV/AIDS in Rwanda and an education sector policy on HIV/AIDS is being formulated. An HIV/AIDS unit had also been established in the Ministry of Education.

- The HIV/AIDS unit shoulders the responsibility for HIV/AIDS issues for the ministry, but its operations are constrained by lack of sufficient human and material resources.

- Most of the directorates at ministry headquarters did not find HIV/AIDS a pressing issue, and this was attributed to lack of capacity to ascertain and monitor the impact of HIV/AIDS in their specific departments.

- Information provided by the HIV/AIDS unit and the National Curriculum Development Council suggests a substantial need to train various categories of educators in the sector.

- Despite the absence of an education sector policy on HIV/AIDS, most of the provinces and districts visited had already developed action plans on HIV/AIDS. Key persons and institutions in the implementation of the action plan included vice-mayors in charge of social affairs, district health officers, church-based organizations, non-governmental organizations (NGOs), anti-AIDS club executives, and district youth committees. Co-ordination of these programmes falls to the co-ordinator of the provincial commissions on AIDS.

- The education sector policy has limitations in addressing HIV/AIDS-related problems at the provincial level due to lack of programmes on policy implementation and follow up.

- There was strong indication that provincial staff do not have the competence to handle HIV/AIDS-related issues. There, training needs appear to range from basic knowledge on HIV/AIDS and other sexually transmitted infections, to advanced project management skills.

- The Ministry of Education has made no arrangements in the provinces and districts to deal with AIDS-related illnesses among its employees. Family members/or friends contribute finances for sick individuals or to families of the deceased. In cases of long illness or death, other staff work to cover the gap before a replacement is found. Districts arrange for replacement of staff who are very ill or who die, but the process takes a long time.

- There is no mechanism for identification of educators or learners affected by HIV/AIDS. Education institutions have no facilities for testing for HIV, although voluntary testing is advised. Such services are provided by voluntary counselling and testing facilities within the region. These facilities are usually managed by the Ministry of Health and/or NGOs, community-based organizations and faith-based organizations. These facilities are still few, although they are being expanded under the Global Fund to fight AIDS, TB and malaria.

- Life skills counselling has been integrated in the school curriculum, but few teachers have the skills to teach it. Counselling services are available for learners in some schools. Educators and management staff of different educational institutions at all levels access programmes available to the general public.

- The welfare arrangements for the education sector staff in the district include a credit scheme and a health insurance scheme (RAMA – *La Rwandese d'assurance maladie*). These facilities are for all staff, and are not specific to staff affected or infected with HIV/AIDS. RAMA, however, does not provide for antiretroviral treatment.

- There is no workplace policy for teachers living with HIV/AIDS.

- There is no data regarding AIDS-related deaths, orphans, and sick leave and absenteeism due to HIV within the sector, because the existing Educational Management Information System does not capture such data.

- With no HIV/AIDS policy in place at the institutional level, the strength of the response towards HIV/AIDS depends on the level of commitment of individual heads of institutions.

- There is some significant level of involvement in HIV/AIDS prevention by individual institutions, but such efforts are still weak and un-coordinated.

- HIV/AIDS-related activities are largely carried out by students, with inadequate capacity, and their focus is mainly on preventive activities. Staff involvement is usually limited to roles as club patrons.

- Messages being given out on prevention are not streamlined and their impact is not monitored.

- There is evidence that stigma surrounding HIV/AIDS is still an issue that may hamper the involvement of people living with HIV/AIDS in formulating and communicating responses. No evidence of institutionalised discrimination was however observed.

- There is no evidence of existence of associations or networks for people living with HIV/AIDS at the institutional level.

- Condom promotion for safe sex seems generally acceptable, but uptake is low – mainly due to cultural and social inhibitions.

1 Introduction

1.1 Rwanda – a brief overview

Rwanda is a very small country (see Figure 1.1), with a surface area of 26,338 km^2. The country is divided into 12 administrative units – 11 are provinces and the City of Kigali (*Marie de Ville de Kigali*). The provinces are further divided into 106 districts.

Figure 1.1 Map of Rwanda

Source: Perry-Castañeda Library Map Collection, the General Libraries, the University of Texas at Austin, 2004.

This small Central African state, ravaged by war and genocide in 1994, has just emerged from a transition period of governance. Between May and November 2003 the country wrote a new constitution and elected a parliament, senate and president, in what was generally perceived as a peaceful, free and fair election. The country continues to face a multitude of development challenges, notably poverty alleviation, national unity and reconciliation, human resource development, economic growth and development, and high HIV/AIDS prevalence rates.

Rwanda has a population of 8.4 million inhabitants, and a population density of 336 people/km^2 – the highest in Africa (National Population Office, 2002). It is demographically a young country: in 2004, 44 per cent of the population is under 15 years of age, while only 4 per cent is aged 60 years and above (United Nations Population Division, 2005). Due to the genocide, 36 per cent of households are headed by women, mostly widows,

and children. This probably accounts for the huge dependency rate of 91 per cent in 2003 (WHO, 2005). Thirty-six per cent of the population lives below the poverty line (UNDP, 2004).

The majority (52 per cent) of the population comprises women. Overall, nearly 40 per cent of adult women and over 25 per cent of adult men are not able read or write (UNESCO, 2003). Access to education, however, is improving for the younger generation. Some 35 per cent of men and nearly 60 per cent of women have no access to media.

1.2 Overview of the HIV/AIDS epidemic in the country

Rwanda experienced a prolonged period of civil war that culminated in genocide in 1994. Subsequent massive population movements, total or partial loss of families and loved ones, gang rape and social strife thereafter fuelled the spread of HIV/AIDS.

The HIV prevalence in the country is now estimated to be 5.1 per cent. Studies have revealed wide disparities in HIV prevalence rates between rural and urban areas. This disparity has largely been attributed to the massive population movements and mixing of rural and urban populations in refugee camps, in and out of the country. HIV prevalence ranged between 25 and 33 per cent among antenatal clinic attendees in Kigali, the major urban area, through 1995. Outside of the major urban areas, HIV prevalence among antenatal clinic attendees was significantly lower, estimated at 3 to 9 per cent between 1991 and 1996. More recently, in 2003, HIV prevalence in Kigali among antenatal clinic women tested was 16 per cent, compared to 2.8 per cent in rural areas (UNAIDS and WHO, 2004).

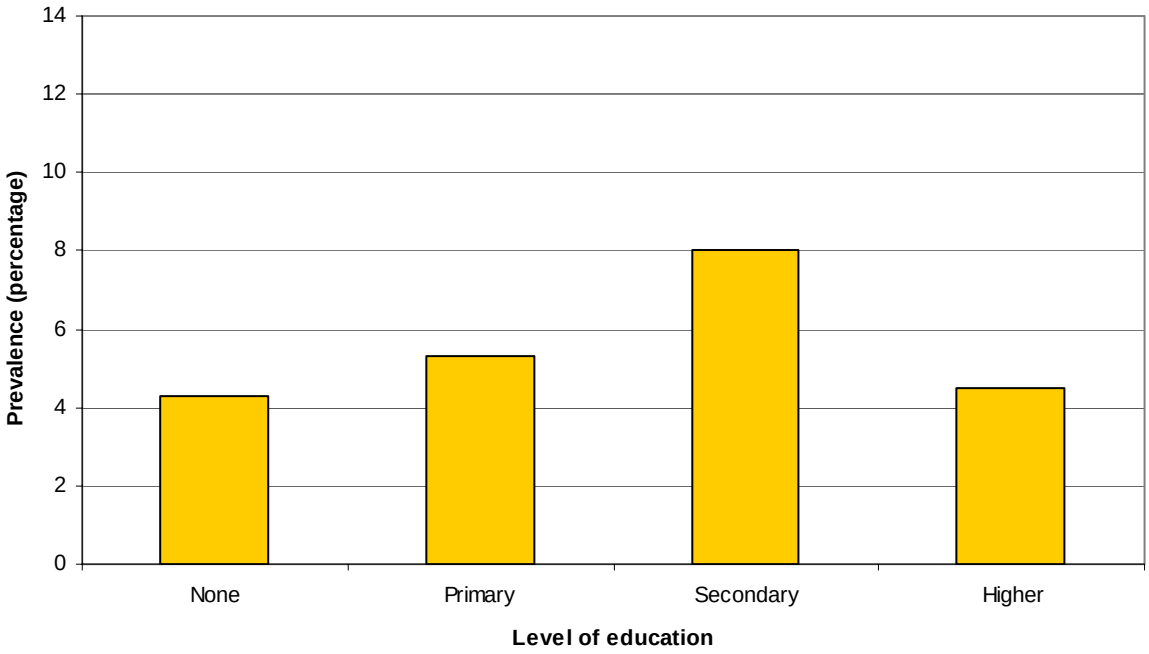
A survey carried out in 1997 observed that women were more affected than men, with a prevalence rate of 13.3 per cent and 8.9 per cent respectively, and that level of education had a direct influence on prevalence rates (see Figure 1.2), particularly for men (NACP, 1997). The most commonly affected age group in Rwanda, just like the rest of sub-Saharan Africa is also the most productive. HIV prevalence rates among the 20-24 and 25-29 age groups were found to be 12.3 per cent and 18.8 per cent respectively. The majority (61 per cent) of women with HIV were in monogamous marriages.

In spite of government efforts to commission HIV/AIDS studies, there is inadequate data to determine impact and appropriate response mechanisms. An example is the recent HIV/AIDS impact study (Health and Development Africa, 2003), which draws on the results of the first comprehensive, nationwide HIV/AIDS sentinel surveillance survey of pregnant women, undertaken in 2002 by the Treatment and Research AIDS Centre (TRAC, 2002). This suggests that the epidemic is not as severe as was previously estimated and that HIV/AIDS prevalence levels may be falling in some locations. The study revealed that in urban areas there are strong indications that levels of infection have been decreasing. The level of infection in rural areas is generally low. However, the same report warned that there is still uncertainty about the levels at which urban and rural rates will stabilize. The 2002 results may therefore underestimate urban and rural rates and exaggerate any declining trends observed.

However, it should be emphasized that the epidemic remains a major public health concern and it will continue to create serious additional obstacles to achieving education and development objectives. Furthermore, levels of infection in urban and rural areas could actually increase in the future. Persistent poverty and lower understanding of HIV/AIDS will

make rural areas particularly fertile ground for the epidemic. Resettlement schemes, urbanization and post-war changes, such as the reduction of restrictions on movement, create potential for higher risk behaviour, as does modernization, which threatens to erode traditional social norms that have limited sexual networking in many communities. This becomes especially dangerous, the report goes on to argue, if the conservative traditions that remain undermine prevention by limiting the open discussion of HIV/AIDS risks and impact.

Figure 1.2 HIV prevalence among antenatal clinic attendees by level of education



Source: HIV sentinel surveillance (TRAC, 2002)

1.2.1 Governmental response

The Government of Rwanda recognizes that HIV/AIDS is not just a medical problem but also a serious socio-economic challenge that threatens the development of the nation. A multi-sectoral and multi-disciplinary approach to HIV/AIDS control was thus adopted in 2000. AIDS control has also been broadened, to include the active participation of various stakeholders, including policy makers, civil society, Faith-Based Organizations (FBOs), the private sector and development partners.

The National AIDS Control Commission (NACC) was established under the Office of the President, in 2000, with a mandate to facilitate and co-ordinate a national strategic framework. A policy document was elaborated in 2001, and a Minister of State in the Ministry of Health was appointed to strengthen co-ordination, advocacy and planning. A national strategic framework for HIV/AIDS control was produced in 2002 (NACC, 2002).

1.3 Overview of the education system in Rwanda

Education delivery in Rwanda is mainly the responsibility of the Ministry of Education, Science, Technology and Scientific Research (MINEDUC). There are, however, non-governmental organizations (NGOs), FBOs and the private sector, which play a complementary role.

Other ministries involved in education provision include the Ministry of Health (MINISANTE), the Ministry of Local Government, Information and Social Affairs, and the Ministry of Public Service, Skills Development and Labor.

At the political level, a minister heads MINEDUC. The minister of state in charge of primary and secondary education assists the minister. Administratively, the secretary general is the highest civil servant in the ministry. At the policy planning and implementation levels there are seven directorates and three support departments. The directorates include Human Resource and Support Services, Planning, Primary Education, Secondary Education, Higher Education, Research, and Teacher Training and Development. The support departments are the HIV Unit, The National Curriculum Development Centre (NCDC) and the General Inspectorate of Education.

The provincial director of education, culture and youth is the highest-ranking education officer in a province. Each provincial education office also has an HIV/AIDS focal point. The district inspector of schools manages the Ministry of Education programmes at this level.

Rwanda has close to 400 secondary schools and 2,203 primary schools. More than half of the secondary schools are private, or run by FBOs with government subsidies. Rwanda also has a number of institutions of higher learning, including two institutes and two semi-autonomous universities. There are 11 teacher training institutions for primary education and one for secondary education.

1.4 Interaction between HIV/AIDS and education

As a result of the genocide and civil war, 52 per cent of the population in Rwanda is female, 48 per cent is male (United Nations Population Division, 2005), and widows and children head around a third of all households. HIV/AIDS will exacerbate this situation; the risk of HIV infection among girls is higher than among boys, and when family resources are limited or family members become sick, girls are more likely to be withdrawn from school.

HIV/AIDS is likely to impact negatively on the demand, supply and quality of education in Rwanda. An impact study on the education sector in Rwanda (HIV/AIDS Unit, 2003) did, however, conclude that levels of children orphaned due to AIDS would have a no more than marginal impact on enrolment, due largely to population growth. The number of children of school age is expected to increase substantially from 2003 to 2015. Over the next decade and in the longer term, however, the study observed that HIV/AIDS would adversely impact the supply and quality of education. The study recommends balancing the need for HIV/AIDS education among staff and trainees with the huge human resource challenges of achieving Education for All and Universal Primary Education, as well as the limited capacity for human

resource management and planning. Specific recommendations on training include prioritizing:

- prevention programmes for staff, particularly for pre- and in-service trainees;
- strengthening core human resource management, planning and development capacity and systems;
- integrating HIV and AIDS-related issues into system planning. This is a prerequisite for effective impact management and, at the same time, improved overall system performance.

1.5 Rationale of the study

Despite all intervention efforts towards the fight against HIV/AIDS, very little is known about the capacity needs within the education sector that are necessary for efficient programme planning and implementation. It is axiomatically accepted that new skills and resources among educational planners and managers are needed if educational institutions are to cope with the impact of the epidemic. Capacity building, particularly the training or retraining of staff, is imperative if the education sector and institutions (ministries, district offices and institutions of higher education) are to address the effects of the epidemic on the system.

The education system in Rwanda faces a number of human resource challenges that characterize post-genocide Rwanda. Challenges posed by HIV highlight the weaknesses in the education system as a whole. The most critical impacts of HIV and AIDS on the education system are that:

- HIV/AIDS changes the resource base and structure of institutions through staff attrition, increased expenditure on illness and death, large amounts of time spent on socially important, if unproductive, activities such as funerals etc;
- HIV/AIDS leads to a decrease in the level, quality and amount of skills available to the sector through death of experienced staff;
- HIV/AIDS forces educational institutions to work with fewer resources or to mobilize additional resources;
- HIV/AIDS leads to problems of ill health and absenteeism at the management level.

1.6 Objectives of the study

The general objective of this study is to identify the capacity gaps in the education sector that have been created by HIV/AIDS and the conceptual, material and human resources that are required to fill these gaps. It seeks to identify the capacity needs of the education sector to effectively deal with the challenges posed by the HIV/AIDS epidemic.

The specific objectives are to identify:

- the policy instruments and strategies used currently in the education sector to address the effects of HIV and AIDS;
- the level at which current instrument and strategies are being implemented, and priority areas of weakness that need to be addressed;

- the existing skills and experience profiles of the staff dealing with HIV and AIDS in the education sector, with a view to determining capacity gaps, both at the policy-making and technical levels;
- key departments and their needs in terms of financial resources and information systems (statistics and research);
- training materials in use in the training of educational managers and planners, and the areas where new or modified materials are needed.

2. Review of literature

2.1 Impact of HIV/AIDS on the education sector

The education sector in Rwanda faces multiple challenges, including preventing the spread of HIV/AIDS, providing social support for orphans and other vulnerable children, and containing the impact of the HIV/AIDS pandemic on the education sector to sustain provision of quality education.

These challenges are exacerbated by the heavy losses of educated staff during the genocide. Educational institutions are currently staffed by large numbers of unqualified personnel, who are poorly motivated and inadequately paid. In addition, services such as teacher management, in-service and pre-service teacher training, inspection, in-service support, finance and personnel procedures, and book distribution are reported to be fragile.

Learners and educators alike are suffering from the traumas of orphanhood, terminal illness and loss. Thus, the HIV/AIDS pandemic is impacting on performance, management and the quality of education.

A study on the impact of HIV and AIDS on the education sector in Rwanda looked at three critical areas: the impact on demand and supply of education; quality and role of education, and the role played by each education sub-sector and stakeholder. The study showed that there is a need to develop capacity for continued identification, analysis and monitoring of the impact of HIV/AIDS on the education sector (Health and Development Africa, 2003).

The study also found that prevention efforts in the education sector were weak and that there is minimal programming for impact mitigation. It observed that HIV/AIDS would continue to undermine the delivery and quality of education. While noting that HIV/AIDS will not significantly affect enrolment at the primary level, it nevertheless recognized that it would affect performance and retention, especially for girls.

The government of Rwanda is also investing heavily in students at the higher and tertiary institutions. Here to, however, HIV and AIDS will have a significant impact. Increases in the number of unwanted pregnancies are indicative of risky sexual behaviour among students on campus. It is also probable that many HIV/AIDS cases remain unreported, mainly because of fear of stigmatization, ignorance, and the fact that these institutions do not have HIV testing facilities.

Most reports on HIV/AIDS say relatively little about the impact that it has on teachers, children and caregivers. However, there is ample information related to the importance of school-based HIV prevention programmes and much emphasis is placed on mainstreaming impact issues through planning.

According to Health and Development Africa (2003), the number of maternal AIDS orphans aged 16 years old is projected to climb from around 65,000 in 2003 to 208,000 by 2015. Most children orphaned by AIDS, however, will be of primary and early secondary school age.

The educational problems faced by orphans seem to be similar to those of other vulnerable children in Rwanda; most are related to poverty and lack of basic needs, such as money, food and clothing. In addition to these basic problems, children orphaned by AIDS also have significant psychological needs and often face stigma and discrimination. From this perspective it is important to address the needs of orphans and other vulnerable children in order to achieve both the Education Sector Policy and Plan and broader Education for All goals.

There is little available data to describe the rate of HIV infection among teaching staff. The 2003 study put teacher mortality from all causes at 0.25 per cent in 2001. The AIDS death rate seems unlikely to exceed 0.9 per cent per year, which translates roughly into a maximum of 1 death for every 110 members of staff. Therefore, other causes of attrition are likely to remain much more prominent. In addition, antiretroviral drugs could reduce AIDS deaths over the next decade by as much as 50 per cent.

Nevertheless HIV/AIDS is likely to magnify the problems relating to the quality and delivery of education brought about by the genocide. In the event of high levels of HIV infection, increases in staff illness will lead to absenteeism and death. Pupil:teacher ratios will rise, vacant positions will take a long time to fill (considering that it takes four or more years to train a secondary school teacher) and unqualified staff, receiving low salaries and working in poor conditions, will be compelled to plug the gaps as best they can. Performance will be reduced greatly, morale will fall and more stress will be evident.

The loss of skills to the country will demand levels of training that the economy may not be able to sustain due to enormous costs involved. This will call for a serious assessment and planning of supply and demand of personnel.

From this brief overview, it is clear that the impact of HIV/AIDS on the education sector in Rwanda cannot be overemphasized.

2.2 National policies and strategies on HIV/AIDS

The Ministry of Education works with other government ministries and departments in the planning and management of the education sector, with the participation of NGOs, FBOs and the private sector.

In Rwanda, the following ministries intervene in the education sector:

- MINEDUC, which sets policy and standards for the education sector, oversees the formal system at pre-primary, secondary and tertiary levels and promotes science, technology and research.
- Ministry of Local Government and Social Affairs, which administers salaries, oversees the decentralization of education, and provides non-formal education for adults, young people and out-of-school children.
- The Ministry of Public Service, Skills Development and Labor sets salary levels and conditions of service for teachers, and provides vocational training for young people and adults.

- The Ministry of Finance and Economic Planning sets the broad policy and planning framework, and oversees financial planning and the Medium-Term Expenditure Framework.

Despite HIV/AIDS being a priority area in the Education for All plan of action (MINEDUC, 2003), HIV/AIDS programmes for schools have been remarkably slow to develop. This is because HIV/AIDS has largely been perceived as a health problem. The education system also appears to lack sufficient human and financial resources to deal with the problem in school, and even when resources are available, co-ordination is poor.

In spite of these constraints, strategies to promote HIV/AIDS programmes in schools have been formulated. They include:

- co-ordination of all the efforts of relevant partners;
- continuous sensitization in school for teachers, pupils and parents;
- strengthening awareness of HIV/AIDS in schools and communities;
- provision of HIV/AIDS emergency guidelines and other materials for all educators;
- intensification of information and education given in class, through the training of teachers, use of the media and anti-AIDS clubs;
- increased and improved learning and teaching materials on HIV/AIDS;
- provision of information on HIV/AIDS to all local authorities and institutions;
- strategies to promote changes in the social behaviour of young people and teachers to reduce risk of infection;
- publishing and distributing directives on how to deal with emergency situations;
- agreeing on a code of conduct for the teaching profession, and dissemination and implementation of that code;
- integration of HIV infection data into an improved Education Management Information System (EMIS);
- re-activation of anti-AIDS clubs in schools and establish peer education;
- expanding HIV/AIDS programmes in provinces;
- developing coherent planning and policy for in-school programmes;
- undertaking HIV/AIDS impact assessments for the education sector;
- enhancing sector management capacity for planning and implementation through capacity building for the HIV/AIDS unit in MINEDUC and for school heads and inspectors;
- integrating guidance and counselling services with HIV/AIDS voluntary counselling and testing (VCT) and general poverty reduction activities;
- integrating HIV/AIDS education into teacher education programmes;
- integrating HIV/AIDS awareness into school health education programmes.

2.3 Education sector policy and strategies on HIV/AIDS

At the time of writing, the HIV/AIDS policy of the Rwandan education sector was still in draft form (HIV/AIDS Unit and MINEDUC, 2002). The draft policy stresses the need for each child to be taught the value of relationships, be informed of all reproductive health issues, gender relationships, and the importance of abstinence, delaying the onset of sexual activity, reducing the number of sexual partners and protecting oneself against sexually transmitted infections (STIs), including HIV. The HIV/AIDS unit and focal points of the

Ministry of Education are also supposed to show committed leadership and to encourage high profile individuals to be tested for HIV.

The draft policy also recognizes the importance of 'participatory conversation' on HIV/AIDS in every sector of society – of engaging people emotionally and using real stories and testimonies from people working and living with HIV in Rwanda. The draft also calls for research to provide data on every aspect of the epidemic, and provides guidelines on 'universal precautions', especially within educational institutions. Another major highlight concerns the rights of young people, such as the right to confidentiality for those seeking VCT.

Teachers' rights are also highlighted. For instance, confidentiality is to be guaranteed, especially for VCT, and institutions are to promote a culture of respect and non-tolerance of discrimination. Importantly, teachers are to be allowed to continue working regardless of their health status, as long they do not pose a health risk to others.

HIV/AIDS education is to be a pedagogical requirement and knowledge will be examined, where appropriate, across the curriculum. Both the MINEDUC textbooks and curriculum policies require that life skills content, including material on HIV/AIDS, be a basis for selection of curricula and pedagogical materials.

Another important issue concerns pre and in-service teacher education, which must now include training on all aspects of HIV/AIDS, especially on subject information, life skills and methodologies for engaging young people in the issues. The role of MINEDUC will be to monitor staffing and enrolment levels, rates of sick leave and student absenteeism, to assess the impact of HIV/AIDS on the provision of teachers, to assess potential demand crises (e.g. when families can no longer afford to send children to school), and to ensure adequate and continuous strategic planning.

3. Methodology

3.1 Study design

The study was carried out in selected areas, at different levels of education and among selected key players. Selection of respondents depended on their level of involvement and importance at the policymaking and planning levels. At the level of implementation, the study covered all units and individuals that deal specifically with HIV in the sector.

3.2 Study sites and selection criteria

The study sample included the relevant Ministry of Education directorates and support units, selected departments in the other ministries with a stake in education, individual institutions, selected student groups and other stakeholders in HIV prevention and education delivery.

At ministry headquarters, the following persons were interviewed: the Secretary General, and the directors of Human Resource and Support Services, Planning, Primary Education, Secondary Education, Higher Education, Research, Teacher Training and Development; the NCDC, and the General Inspectorate of Education.

Five provinces were selected for inclusion in the study: the City of Kigali, Butare, Gisenyi, Umutara and Gitarama. Interviews were conducted with the directors of education, culture and youth, HIV/AIDS focal points, and co-ordinators for the provincial Commission on AIDS (CPLS) of each province.

In the City of Kigali, the president of the National Youth Council, the person responsible for the HIV programme and the co-ordinator of the city's reproductive health programme were also interviewed.

Five district inspectors were interviewed from each of the selected provinces. The sampling process ensured that both urban and rural districts were represented.

At the institutional level, five Higher Learning Institutions (HLIs) were visited, including a higher institute of education. Two were public and two were private institutions. The persons interviewed included the rector or director, vice rector or deputy director, the heads of the counselling and HIV units or task teams, guild presidents and chairpersons of anti-HIV/AIDS clubs.

Seven secondary schools, two teacher training colleges and two seminaries were visited, and the following people interviewed: head teacher, deputy head teacher, teacher/matron in charge of life skills counselling and the chairperson of the school anti-HIV/AIDS club. Five primary schools were also sampled in the selected districts, and in each school the respondents included the head teacher, teacher in charge of social issues or life skills counselling and the *animateur* (activity leader)

3.3 Data collection methods

Secondary data were obtained through a review of publications, survey reports, project reports and journals.

Primary data were obtained through structured interviews with respondents at ministry, provincial, district and individual levels. The research assistants could also administer them easily.

3.4 Dissemination

A dissemination workshop of 30 people was organized to discuss the major findings of the study. Participants were mainly Ministry of Education directors, provincial directors of education and other HIV/AIDS and education stakeholders. They included people from research units, MINISANTE, an NGO forum on HIV/AIDS, the National Youth Council, FAWE/Rwanda and the national association of people living with HIV/AIDS.

3.5 Research team

One principal researcher and three research assistants conducted the survey. The principle researcher was a medical doctor with experience in public health issues, HIV/AIDS programmes and the education system in Rwanda. Two of the research assistants were education specialists and the third was a social scientist.

3.6 Problems and limitations

During data collection, the country underwent national elections during which key respondents were not readily available. Higher education institutions were also in the middle of the vacation period.

Several districts had been merged as part of the Rwandan decentralization programme. The result was that the headquarters of some districts that were initially sampled had been since relocated to more distant places, leading to longer journeys and higher transport costs.

A significant number of respondents were reluctant to participate because they felt that much of the earlier research in which they had participated had not yielded meaningful results. This was a particular problem at the ministry and province levels.

4. Study findings

4.1 Functional capacity and training needs at ministry level

This section examines the functional capacity of senior managers to mitigate the impact of HIV/AIDS, and their capacity building needs.

4.1.1 Leadership capacity

Support and advocacy from the most senior figures in the ministry (i.e. the Minister and the Secretary General) are crucial for effective HIV and AIDS programme formulation, implementation and monitoring. The study found that this cadre was instrumental in the creation of the sector HIV/AIDS unit and obtained support from other stakeholders, such as the United Kingdom Department for International Development (DFID) and the United Nations Children's Fund (UNICEF). The unit has since become responsible for formulation of an education sector policy and a strategic plan on HIV/AIDS.

The ministry leadership has also supported the integration of HIV/AIDS in the school curriculum – work that is being spearheaded by a distinct directorate. The leadership does not feel a need to engage beyond these two functions, and all issues pertaining to HIV/AIDS are referred to the unit. There is, however, recognition that HIV/AIDS concerns must be factored in all education programmes.

4.1.2 Functional capacity of departments

HIV/AIDS unit

At ministry headquarters, an HIV/AIDS unit was established in 2000. Headed by a director and programme co-ordinator, it is responsible for HIV/AIDS policy formulation and implementation in the sector. It is also responsible for co-coordinating HIV and AIDS activities with other national and international agencies.

The unit has formulated a sector-wide policy and strategic framework to respond to HIV/AIDS. The unit's main responsibilities include: containment of the spread of the virus through life skills teaching and other learner-focused activities; the provision of a basic level of care and support for educators and learners infected by HIV; protection of the education system so that the sector can provide education and training of suitable quality, and strengthening the capacity of the sector to respond to and manage the pandemic.

The unit recognizes that management infrastructures are fragile and that decision-making and funding procedures in the sector are not fully operational. There is also a shortage of experienced and qualified professionals, and the co-ordination between the government, NGOs and other agencies is poor. The unit requires strong support from the leadership if it is to carry out its mandate effectively. The key issues the unit is seeking to address include:

identification of training requirements; life skills curriculum development, and the provision of guidelines and manuals.

Box 1 HIV/AIDS unit training strategies and needs

The unit has two training strategies. The first is to contract training out to NGOs, institutions, agencies and FBOs. The second is to use provincial inspectorates, under the Inspector General of Police, to carry out training. The concern is, however, that the provincial inspectorates do not have the skills to adequately train educators and learners. And if they do, it is by no means certain that they can actually take on extra responsibilities given their current workload.

The unit also plans to adapt HIV/AIDS training materials that have been successful elsewhere for use in Rwanda. These materials include:

- HIV/AIDS emergency guidelines for educators (from South Africa or Zambia);
- care and counselling guidelines for educators (from South Africa);
- handbook on the aetiology of HIV/AIDS (from UNICEF, local agencies or South Africa);
- practical activity materials for peer health educator teams and anti-AIDS clubs (from Botswana, local agencies and NGOs).

The unit intends to use these training strategies and materials to address the following areas, where training is most urgently needed:

- monitoring of the epidemic in the sector;
- monitoring of the impact of the epidemic on the sector;
- costing the impact;
- long-term planning in the context of the epidemic;
- operationalizing and harnessing multi-sectoral collaboration.

The National Curriculum Development Centre (NCDC)

The NCDC was established to co-ordinate and manage the development of a quality, relevant curriculum for all schools in Rwanda. The Centre is therefore responsible for the incorporation of HIV/AIDS in the curriculum, in compliance with the sector policy. The Ministry of Education has already started a three-year programme to introduce life skills to the curriculum for years one to six. This requires the development of pedagogical materials and the training of educators for their effective delivery.

The NCDC has been able to begin this process, through the implementation of a deliberate ministry policy, in collaboration with the HIV/AIDS unit. Is has also been able to train some teachers on HIV/AIDS issues, although it was not easy to establish how many teachers had actually been trained. The NCDC has also been able to provide some pedagogical materials, although the extent of coverage could not be ascertained.

It is crucial that curriculum developers be provided with training for effective curriculum development and coverage.

Box 2 Training needs identified by the NCDC

The areas identified by the NCDC where training is needed include:

- planning and management of HIV/AIDS;
- integration of HIV/AIDS into the curriculum, and
- management of HIV/AIDS in the education sector.

General Inspectorate of Schools

The Inspectorate is responsible for the inspection of all formal educational institutions in order to assure quality education. It is based in the capital, but works through district inspectors posted across the country under the decentralized inspection service. The district field staff have been trained in basic HIV/AIDS issues (transmission, prevention and follow-up of teaching in schools). However, inspection staff need training to cover tools for monitoring and evaluation of HIV/AIDS teaching in schools and managing HIV/AIDS in the education sector

Directorate of Primary Schools

The directorate is in charge of pre-primary, primary and special needs education in the country. The introduction of HIV/AIDS education began with primary schools and the directorate has a central role in its implementation. The directorate has enormous potential because more teachers are available for primary than secondary education. It can also collaborate with other ministry departments (teacher training, NCDC etc). However many teachers are poorly trained or unqualified. This is a general problem for all levels of the sector but more striking at the primary level.

In addition to this, many teachers that have been trained were done so before the introduction of the new curriculum that includes HIV/AIDS. And teachers are often shy about handling HIV/AIDS issues. The directorate is not satisfied with the contents of the training proposed by the HIV/AIDS unit, or the mode of delivery of the HIV/AIDS curriculum. It has suggested that more life skills education is needed and that a more child-centred, participatory approach should be used. There is a general lack of pedagogical materials and teaching aids, and where they do exist and are used, the directorate lacks the capacity to monitor and evaluate their effectiveness.

Box 3 Training needs identified by the Directorate of Primary Schools

The following areas were identified for change:

- training more teachers and ensuring that skills and capacities are continuously updated;
- sensitization of teachers and parents on HIV issues;
- making parents and local authorities participants in HIV policy formulation and implementation.

Directorate of Planning and Research

The directorate lacks an effective institutional framework, from the centre down to the school level, to handle HIV/AIDS issues. Other problems cited included the lack of competent personnel to manage the HIV/AIDS unit, and a lack of information and data on HIV/AIDS.

Box 4 Training needs identified by the Directorate of Planning and Research

The main training needs identified were in the areas of:

- information management;
- research methodology;
- leadership.

Directorate of Finance

The directorate is responsible for the financial and budgetary management of the ministry. The director did indicate that HIV/AIDS is provided for in the ministry budget. About 7 per cent of core funds (excluding donor funds) come from the government budget – a level that is deemed to be inadequate. The HIV/AIDS activities funded include sensitization of students (e.g. through competitions and cultural songs), curriculum development, and training of teachers, provincial and district staff.

The current constraints faced by the directorate include inadequate resources to channel into HIV/AIDS activities, lack of data about those affected in the system and consequently lack of capacity to forecast or project the future financial impact of HIV and AIDS.

Box 5 Training needs identified by the Directorate of Finance

The training needs identified included:

- financial management related to HIV/AIDS;
- data collection and analysis.

Directorate of Human Resources and Support Services

MINEDUC employs hundreds of primary and secondary teachers and other officers. The Directorate of Human Resources and Support Services is responsible for the development and welfare of all staff. The directorate is aware of the impact of HIV/AIDS on teachers and the compromising effect that this has on the quality of education. Treatment facilities are not available for infected teachers and the absence of a workplace policy means that there are no special provisions for staff living with HIV. They acknowledge that this can lead to a lack of hope and commitment. And upon death, the ministry has to find a replacement.

There are no mechanisms to monitor the prevalence and impact of HIV/AIDS on human resources in the sector. There are no data on AIDS-related deaths, sick leave or absenteeism. Human resource needs are normally planned for at the level of the previous year; there is no factoring for HIV/AIDS, as its effect on staff has not been quantified. Training on planning for optimal human resource needs in the context of HIV and AIDS is therefore required.

Directorate of Secondary Education

The directorate oversees the management of secondary schools in the country. While it has enormous capacity for HIV/AIDS mainstreaming, the directorate does not have enough teachers that are trained to address HIV/AIDS issues in the curriculum. It lacks capacity to monitor the impact of HIV/AIDS in secondary schools, has no data on pupils and teachers affected or infected, and no programmes for terminally ill teachers. Both materials and teachers are felt to be inadequate to the challenge.

Box 6 Training needs identified by the Directorate of Secondary Education

Training is needed to cover:

- general information about HIV and its impact;
- the development of policy incorporating HIV/AIDS at the secondary level;
- the rights of people living with HIV;
- teaching HIV and AIDS issues in secondary schools.

Directorate of Teacher Training

The directorate is responsible for teacher development and training for the ministry. It relies on teacher training institutions (namely the Kigali Institute of Education and the other universities) in the country to offer the training required for all categories of teachers. Issues regarding HIV/AIDS are referred to the ministry's HIV/AIDS unit.

The directorate is unable to assess the progress of HIV/AIDS teaching in schools, or to monitor and evaluate the use of pedagogical materials. There are no data on the number of teachers trained in HIV/AIDS issues, and the directorate does not have the capacity to track the impact of HIV/AIDS on teachers. It is also experiencing a shortage of teachers and materials.

Box 7 Training needs identified by the Directorate of Teacher Training

Training is needed in the following areas:

- management and planning for HIV/AIDS;
- general information, impact and related topics;
- how to integrate HIV/AIDS into pre- and in-service education and training

4.2 Functional capacity and training needs at the provincial and district levels

4.2.1 Functional capacity

With the decentralization programme in Rwanda, districts are the lowest functional units of the education sector. However, since the capacities of these districts are not yet fully developed, the provinces still serve the key educational functions. For that reason, the analysis of both levels will be merged in this report.

HIV/AIDS is considered to be a problem, but it ranks below many other issues for staff at the provincial and district levels. The major problems that are impacting the education sector are listed below in perceived order of importance:

- Lack of school infrastructure and scholastic materials.
- General poverty levels, especially among people in rural areas, which determines the affordability and regularity of school fees. Learners may miss classes because they are engaged in part-time employment to meet their financial requirements, both for school fees and for their families.
- Parents' negative attitude towards education.
- AIDS orphans and widows. Major problems include poor nutrition, lack of school fees, psychological trauma etc.
- High pupil:teacher ratio.
- Poor training and low skills of planners and managers.
- Problems associated with the decentralization programme.
- Poor teacher motivation, partly as a result of low salaries and sometimes irregular payment.
- Diseases like HIV/AIDS and malaria.
- High rate of school dropout.

With the re-emergence of political stability and security in the country, these problems are slowly easing. The Government of Rwanda and some NGOs are making improvements to the school infrastructure. The decentralized participatory approach is producing results and parents, as well as the general public, are becoming sensitized towards the importance of education. An education policy is in place: short training programmes for educational planners and managers at district and provincial levels are being organized to improve skill levels, and Teacher Training Colleges (TTCs) have been established at the district level to accelerate the training of teachers.
The provinces and districts are playing a significant role in finding solutions to the HIV/AIDS problem. Provincial directors of education and district inspectors of schools have played a central role in sensitizing the public to the value of education, in establishing and supporting TTCs, and in resource mobilization, particularly through the establishment of a Community Development Fund. They have also been involved in the setting up of anti-AIDS (SIDA) clubs and sensitizing the public to reduce stigma and discrimination towards people living with HIV/AIDS.

A co-ordination network exists at these two levels. Regular meetings are organized between different provinces and districts to share experiences and develop common strategies. Training programs are planned and implemented jointly and there is an inter-district exchange

of teachers and pupils. Children who head households are involved in income-generating activities to sustain their families.

4.2.2 Implementation of sector policy on HIV/AIDS

Knowledge and awareness of national and education sector policies on HIV/AIDS is high (90 per cent) among provincial and district level educational planners and managers. Almost all respondents were conversant with the policies because they had participated in their formulation. Apart from the provincial and district inspectors of schools, the other stakeholders that were involved in the formulation of the education sector policy on HIV/AIDS included:

- district mayors and vice-mayors in charge of social affairs;
- primary and secondary headteachers;
- persons of integrity in the districts (*Inyangamugayo*);
- medical practitioners in the districts;
- district youth representatives;
- Association of People Living with HIV/AIDS;
- NGOs and donors.

More than a half of the respondents interviewed for this study believed that the HIV/AIDS problem is being adequately addressed within the education sector in Rwanda. However, this leaves a significant number of respondents that did not believe that the policy is adequately addressing HIV/AIDS issues in the sector.

This study found that the majority of the provinces and districts visited had already developed action plans on HIV/AIDS, but that implementation of these plans was progressing slowly. Implementation of the action plans mainly falls to:

- vice-mayors in charge of social affairs;
- district health officers;
- anti-AIDS club executives;
- district youth committees;
- NGOs and FBOs.

The majority of these persons had received some training on HIV/AIDS, although the level of training was still considered to be inadequate. Lack of funds and training materials were also reported as constraints to implementing the action plans.
Respondents also felt that the sector policy HIV/AIDS had a number of limitations in its approach to HIV/AIDS-related problems at the province level. The key areas of weakness were identified as:

- lack of programmes on policy implementation and follow up;
- no planned training, seminars or workshops for dissemination to stakeholders;
- policy not fully taken care of in the school curriculum;
- failure to address poverty issues, yet these are related to HIV transmission;
- failure to address cultural issues in relation to HIV/AIDS;
- inhibitions regarding sexual behaviour, sex and sexuality.

4.2.3 Co-ordination of HIV/AIDS-related activities

There are many reported actors in the fight against HIV/AIDS at the province and district levels, including NGOs, Community-Based Organizations (CBOs), FBOs, the CPLS, the District Commission on AIDS, academic and health institutions and local government. To avoid duplication of roles and for ease of monitoring of programmes, a multi-disciplinary team has also been established to oversee the implementation of the HIV/AIDS action plan. Partners also network to share information and harmonize activities in the fight against HIV/AIDS. The CPLS has the central co-ordination role at the provincial level.

4.2.4 Care and support programmes for educators and learners affected by or living with HIV/AIDS

Evidence from this study showed that there are no existing mechanisms for identifying educators or learners affected by HIV/AIDS. Similarly, education institutions have no facilities for carrying out HIV testing, although voluntary testing was advised. HIV testing falls under VCT programmes, most of which are run by the Ministry of Health, NGOs, CBOs and FBOs. VCT facilities are few and far between, although there are plans to increase and expand them under the Global Fund initiative.

Stigma and discrimination against people infected with or affected by HIV/AIDS was reported to be rampant. Measures taken to counter stigma and discrimination included supporting student anti-AIDS clubs, as well as encouraging public talks and sensitization campaigns against stigma and discrimination. People living with HIV/AIDS are also being accorded equal access to services and opportunities, such as employment, access to education and to health care.

Life skills counselling has also been integrated into the school curriculum. However, very few teachers have the skills to teach it. Similarly, counselling services are available for learners in some schools, but there are none for educators.

The survey also revealed that several measures have been introduced to militate against the effects of the epidemic among children orphaned by AIDS and other vulnerable children in the districts. These measures include free primary education and financial support from government and donors, and promotion of adoption for these children.

4.2.5 Budget for HIV/AIDS activities

Most respondents indicated that their provinces and districts do not have a separate budget for HIV/AIDS activities. Only a few districts and provinces were said to have distinct HIV/AIDS budget lines. A number of respondents did not know whether there was a budget for HIV/AIDS in their districts and provinces. Since there are no formal arrangements in the provinces and districts surveyed to handle AIDS-related illnesses, the ad hoc responses were that:

- individuals and families receive financial and other forms of support from the colleagues of a deceased member of staff;

- in the event of long illness or death, other staff cover their workload until a replacement can be found;
- districts arrange for replacement of a member of staff who is very ill or who has died.
- schools in rural areas have to close as a cultural sign of respect, so that people can attend the burial of a member of staff or pupil;

The welfare package for the sector staff in the district consists of credit and health insurance schemes (RAMA – *La Rwandese d'assurance maladie*). The insurance scheme provides explicitly for staff living with HIV and makes provision for antiretroviral treatment.

4.2.6 Training needs and capacity gaps

The capacity and training gaps identified at the provincial and district level in Rwanda are summarized in the table below.

Table 4.1 Summary of training needs at province and district levels

Target staff	Type of training required

Provincial directors (education, culture & youth) and district inspectors (schools)	▪ Basic knowledge on HIV/AIDS/STDs:
	  ▪ transmission;
	  ▪ prevention;
	  ▪ living positively with HIV/AIDS.
	▪ Communication skills
	▪ Counselling skills
	▪ Advocacy skills
	▪ Project management

Social workers (0–3 years of post-primary education)	▪ Basic knowledge on HIV/AIDS/STDs ▪ HIV management skills ▪ Communication skills ▪ Counselling skills ▪ Management skills
Medical assistants	▪ Communication skills ▪ Counselling skills ▪ Management, including project management, skills

Mayors & vice-mayors	▪ Basic knowledge on HIV/AIDS/STDs:
	  ▪ transmission;
	  ▪ prevention;
	  ▪ living positively with HIV/AIDS.
	▪ Communication skills
	▪ Counselling skills
	▪ Advocacy skills
	▪ Project management

Community leaders	▪ Basic knowledge on HIV/AIDS/STDs:
	  ▪ transmission;
	  ▪ prevention;
	  ▪ living positively with HIV/AIDS.
	▪ Communication skills
	▪ Counselling skills

4.2.7 Recommendations

The respondents proposed a number of recommendations for improving the education sector policy on HIV/AIDS, and training programmes for capacity building.

Policy

- Decentralizing the implementation of the policy and giving power and roles to people at the grassroots level.
- Emphasizing HIV/AIDS as a subject in the school curriculum at all levels of education.

Training

- Establishment of mobile, free voluntary counselling and testing for HIV/AIDS.
- Organizing HIV/AIDS sensitization programmes for teachers and pupils, especially during holidays.
- Post-training follow up, to ensure proper implementation of the skills attained.
- Regular and continuous provision of HIV/AIDS training materials and training.

4.3 Functional capacity and training needs at the institutional level

4.3.1 Higher Learning Institutions (HLIs)

Leadership capacity

Five of the ten HLIs in Rwanda were visited for this study. Two of the institutions are private, and receive support from the church; the rest are public.
Most institutions visited for this study reported that they had participated in on-campus HIV/AIDS awareness activities. Most institutional heads were also well informed of the National Strategic Framework for HIV Prevention and the education sector policy on HIV/AIDS.

Four of the five HLIs have identified HIV/AIDS as a threat to achieving their and have engaged in initiatives to raise the level of awareness on HIV/AIDS. Most of these interventions have been planned and implemented by students, however; staff involvement has been generally very limited. In most cases, staff have participated on a voluntary basis and only as club patrons, although two institutions did report having stretched their interventions to cover both the administrative and teaching staff.

The key findings were that less than half of the heads of institutions interviewed seems to believe that they have a role to play in HIV/AIDS programmes other than supporting student initiatives. It also appears that it is not so much lack of capacity that hinders the institutional response to HIV/AIDS, as lack of commitment. HIV/AIDS is not central to their mandate, so it is seen as the responsibility of people outside the institutes and is not prioritized in their programmes. HLIs have also been left out of funding for HIV programmes, leading to staff and students feeling less compelled to become involved in HIV/AIDS-related activities. As a

result, despite having staff that are capable of conceptualizing and implementing programmes, HLIs appear to be doing very little about HIV/AIDS. Moreover, there are no formal support systems for staff affected by HIV: members of staff seeking help have to approach administration individually.

Awareness messages

In most HLIs, HIV/AIDS interventions have mainly focussed on prevention – emphasizing behaviour change and condom use. There has been limited emphasis on abstinence. Most of these preventive education messages have been passed on through drama, writing competitions, conferences, debates, poems, songs and cartoons, posters and other cultural activities. The student anti-AIDS clubs organize most of these activities, with financial support from administration.

There are no systems for evaluating the appropriateness and adequacy of these messages or even the effectiveness of the channels used. In some institutions, some of the public messages were being blamed for promoting sexual experimentation among the youth.

Presence of institutional policy

None of the institutions visited had a policy on HIV/AIDS. Two institutions did have strategic plans and action plans on HIV/AIDS that were being implemented, while two others reported that they had recognized the importance of a policy, and were at different stages of development. Some HLIs have been involved in HIV/AIDS activities, but to a limited extent and in an un-coordinated manner. The absence of policies as guiding and advocacy tools has slowed the planning and implementation of HIV/AIDS-related activities. It has also left decisions about the presence and strength of HIV programmes to the discretion of the senior leadership, plus a few other interested staff members.

Presence of a functional HIV/AIDS unit

All HLIs visited have student anti-AIDS clubs. Students, assisted by a patron who is usually a member of staff, run the clubs. Three of the institutions had a steering committee on HIV/AIDS, composed of members of staff. The role of these steering committees varied between and among institutions, ranging from advisory to planning. Two of the institutions had HIV/AIDS units, and counselling services. In all but one institution HIV/AIDS-related activities are co-ordinated or implemented by people with other duties. None of the HIV/AIDS unit personnel have the necessary skills: most of the people manning these clubs or units had received just one week's training on general issues surrounding HIV/AIDS. Most had no training on message delivery methodologies, message development, communication skills or project management. This has led to poor service delivery.

Presence of partners for HIV/AIDS Interventions in HLIs

There is a weak relationship between HLIs and the national co-ordinating body for HIV/AIDS, the *Commission nationale de lutte contre le SIDA* (CNLS). All HLIs have identified focal points to work with the CNLS, but there is no established collaboration strategy. The meetings between CNLS and focal points are therefore rather erratic. There is also no established framework for co-ordination between institutions and the CNLS, and no strategy for resource mobilization.

The partners that have participated in HIV/ADS-related activities in HLIs to date are the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Association for African Universities and the Association for the Development of Education in Africa. The Association is currently financing the elaboration of an institutional policy on HIV/AIDS for one of the universities. Other bilateral donors believe that higher education institutions should look within themselves for the resources they require, be they financial or human.

Presence of advocacy strategies

HLIs have not really invested in developing strategies for strong HIV/AIDS prevention and impact mitigation responses. Only one of the institutions visited had identified HIV/AIDS prevention and impact mitigation as an objective in their long term strategic planning. Without a policy, or staff qualified for HIV/AIDS interventions, an advocacy strategy may still be a long way off. There is also very little HIV/AIDS-related research being carried out by the HLIs in Rwanda.

Financing for HIV/AIDS programmes

All government HLIs have very small budgets lines for HIV/AIDS-related activities incorporated in their annual budgets. The budgets are mainly to support student anti-AIDS clubs, although in two of the institutions this budget has been used to purchase HIV testing kits.

None of the institutions have made provisions for temporary replacement of staff that are absent due to illness. Most institutions view the impact of HIV/AIDS on resources as minimal, and have made no provision for it. Only one institution had a policy and budget for funerals and death benefits – and this was not specifically for AIDS-related deaths. In some institutions, individual members of staff sometimes just disappear, especially if the case is AIDS related. There was also reluctance on the part of institutions to acknowledge the shortcomings of their medical coverage.

Respondents reported having difficulty in ascertaining the cause of death of an individual. Even at the burials of individuals that are strongly suspected to have died of AIDS-related causes, family members generally find another medical reason to give for the cause of death. HIV/AIDS is hardly ever mentioned. Institutions without any HIV testing facilities are therefore most unlikely to know the number of staff members or even students living with HIV in the institution.

Despite the lack of information, most institutions do not seem to view HIV/AIDS as a major cause of staff or student attrition. Only one institution admitted that they had lost four members of staff due to AIDS in two years and had one prolonged absence of more than six months (of a lecturer in the same department). This institution felt that HIV/AIDS was a priority area that had to be considered in all aspects of planning. By and large government institutions were found to be making more significant efforts to include HIV/AIDS in their programmes; private institutions seem to lag behind.

Inclusion of HIV/AIDS in the curriculum

In three of the institutions, HIV/AIDS has been incorporated in the curriculum, either as a foundation semester topic, in which case it is taught as a separate subject, or as part of other, crosscutting subjects, like comparative education, guidance, counselling, development studies and ethics. In some institutions, HIV/AIDS is still being handled as a moral and disciplinary issue. Instructors and lecturers seem to believe that once the spiritual part has been covered or they have talked about discipline and dress code, HIV has been addressed.

Most of the institutions handling HIV/AIDS, including those that have given it prominence in their programmes, acknowledge there is a deficiency in the amount and depth of training. Two HLIs have sought support from the United Nations Development Programme (UNDP) (HIV & Development) and technical support from the University of South Africa, to train lecturers on how to integrate HIV/AIDS into the university curriculum.

Box 8 Training and capacity gaps identified by the HLIs

The following capacity needs were identified in this study:

- Critical lack of skilled personnel to handle HIV/AIDS issues, including lack of planning skills.
- Lack of generic materials that could guide institutions on how to integrate HIV/AIDS issue in their programmes.
- Lack of teaching and sensitization materials.
- Absence of a management information system that monitors staff absenteeism and performance, and the reasons for any changes.
- Lack of advocacy skills.
- Lack of funds.
- Poor co-ordination of activities.

Most of the institutions generally felt at a loss as to how they can address HIV/AIDS.

Training needs

Most of the above gaps could be addressed through aggressive and targeted training. The following form part of the training needs cited by different institutions:

- All rectors and directors need to undergo short-term courses on HIV and development.
- Training lecturers to develop an HIV/AIDS university curriculum or to integrate HIV/AIDS into the current university curriculum.
- Training lecturers in development of training materials, including facilitators' manuals on HIV/AIDS.
- Training of lecturers on the methodology of teaching HIV/AIDS.
- Training of staff working in HIV units on effective communication and counselling.
- Training of anti-AIDS club leaders and members to promote peer education.
- Training on development of messages.
- Training on advocacy skills.

Table 4.2 Summary of target staff and training gaps in HLIs

Staff category	Training required
Rector/director	▪ HIV and development ▪ Advocacy skills
Lecturers	▪ HIV & development ▪ Basic information on HIV/AIDS ▪ Methodology of teaching HIV/AIDS ▪ Development of HIV teaching materials; including manuals ▪ Integration of HIV in university curriculum ▪ Peer education and counselling ▪ Research methodology
Staff in HIV and counselling units	▪ Peer education and Counselling ▪ Advocacy skills ▪ Monitoring and evaluation ▪ Communication skills
Anti-AIDS club leaders	▪ Basic information on HIV/AIDS ▪ Peer education ▪ Group counselling ▪ Communication skills

4.3.2 Secondary schools, primary schools and teacher training colleges (TTCs)

Leadership capacity

All school directors have been sensitized on HIV/AIDS and recognize the need to ensure that learners are not infected. Virtually all schools have functional student anti-AIDS clubs. Life skills counselling has also just been incorporated in the curriculum for primary and secondary schools, and TTCs. All heads of institutions have also participated in the dissemination workshops on the education sector policy on HIV/AIDS.

Some seminaries are involved in the fight against HIV/AIDS, while others do not regard it as part of their mission. By and large, secondary and primary schools provide an opportune entry point for HIV education, but most schools appear to be preoccupied with the traditional activities of formal education. Taking on HIV seems more like a voluntary extra. Directors also seem to be involved in HIV activities as a directive from the ministry of education.

Functional capacity

As at the time of this study, the following had been achieved:

- A curriculum on HIV/AIDS for TTCs had already been completed and the final phase for training of teacher educators was underway.
- A study on the counselling needs of learners had also been conducted and life skills counselling had been integrated in the curriculum for primary and secondary schools.
- HIV/AIDS had been incorporated in the curriculum for secondary and primary schools.

- Teachers' guides on HIV/AIDS had been developed for primary and secondary schools.
- Student anti-AIDS clubs had been established in over 90 per cent of schools.

Teacher management

Teacher management falls to the Directorate for Human Resource Management and Planning, in the Ministry of Education. Rwanda does not have a Teachers' Service Commission, which is the more usual employer of teachers, issuer of recruitment guidelines, reviewer of conditions of service and protector of staff welfare. Transfers are usually affected by the ministry, on the recommendation of the local authorities, province and district. It is usually a lengthy procedure that does not favour weak or sick staff.

There is no system in place to track staff absenteeism due to HIV/AIDS. Individual schools manage differently, but usually fellow teachers stand in for absent ones. Lack of a legal framework on discrimination, and counselling or support services, may push infected individuals to just abscond from work for fear of being discriminated against.

There are no institutional provisions for early retirement or funeral benefits. Most of the institutions regard death as a community issue. It is the community that handles burial arrangements. Generally though, HIV is not viewed as a major hindrance to the education system's ability to achieve its goals, and this view is consistent with the findings of the study on the impact of HIV on the education sector in Rwanda (Health and Development Africa, 2003).

Role of teacher unions

There are two teacher unions in Rwanda – one for primary and the other for secondary teachers. They form part of the National Workers' Union, whose main mission is to improve the welfare of teachers. HIV/AIDS education features among the priority areas of these teacher trade unions. The key HIV/AIDS-related activities being given attention include:

- improving the knowledge of teachers on HIV/AIDS;
- setting up a solidarity fund for infected teachers;
- training teachers on how to support and respond to infected learners;
- improving care of the sick, including providing antiretroviral treatment through negotiations with the government and RAMA;
- undertaking research on the impact and effects of HIV on the youth.

The unions work with the ministries of education and health through a co-ordination committee. These unions are, however, still very young.

HIV/AIDS trained personnel

Few teachers have been trained on HIV/AIDS issues or as life-skills counsellors. Five of the fifteen schools in this category reported having at least one member of staff trained on HIV/AIDS/STI issues and counselling. The proportion of trained staff compared to those that need training is still small, and TTCs have also still to train their tutors on how to teach HIV/AIDS.

Existence of partnerships

International organizations and bilateral donors are working with the Ministry of Education in planning for HIV/AIDS. UNICEF, UNESCO, DFID and the World Bank have supported various studies on HIV/AIDS within the sector. They have also supported curriculum development and teacher training.

There is evidence of support from CBOs towards orphans, including those affected by and infected with HIV but there is weak co-ordination between the schools and those supporting organizations.

Box 9 Training and capacity gaps identified by the schools and TTCs

The following capacity needs were identified in this study:

- Lack of capacity to monitor the progressive impact of HIV in schools and plan for it accordingly.
- Institution directors need to be sensitized on their role in the fight against HIV/AIDS, and to recognize HIV/AIDS as a major academic activity.
- The majority of teachers do not have adequate information on HIV/AIDS.
- Teachers who teach HIV/AIDS in schools have yet to be trained to use the materials available.
- There is no system in place for tracking and evaluating HIV/AIDS education materials.
- The EMIS does not capture data on sickness and prolonged absenteeism.
- Targeted, varied messages that appeal to different age groups in different settings need to be developed.
- Counselling facilities, where they exist, are weak.
- There is a lack of funds for HIV/AIDS activities.

Training needs

- Headteachers need training on the basics of HIV/AIDS.
- Headteachers and selected teachers should receive training to develop advocacy and motivation skills.
- Teachers need to be trained to teach HIV/AIDS in the classroom, using the materials available. In the absence of locally developed messages, messages from the region and UNESCO can be adapted.
- Teachers should be given skills to write simple grant proposals.
- A selected group of Trainers/facilitators can be trained on message development, especially in the TTCs.
- Training is needed on the importance of use of the EMIS, so that reporting can be improved.
- Selected teachers should be trained on the basics of monitoring and evaluation, including tools development.
- Training of counsellors needs to be strengthened.
- Peer education training is necessary for selected staff and students, particularly students leading anti-AIDS clubs.

Table 4.3 Target staff and training needs identified by the schools and TTCs

Staff category	Training required
Headteachers	▪ Sensitization on HIV prevention ▪ Basic information on HIV/AIDS ▪ EMIS and the importance of reporting ▪ Advocacy and motivation
Teachers	▪ Basic information on HIV/AIDS ▪ Development of messages for selected staff ▪ Methodology of teaching HIV in the classroom ▪ EMIS for select teachers ▪ Monitoring and evaluation for selected teachers
Counsellors	▪ General counselling ▪ Counselling related to voluntary testing for HIV ▪ Life skills counselling ▪ Peer counselling and peer education
Anti-AIDS club leaders	▪ Peer counselling and peer education ▪ Communication skills ▪ Message development

5. Summary of findings and recommendations

5.1 Summary of findings

5.1.1 Ministry level

The study found that strong leadership from senior managers in the Ministry of Education had led to the formulation of an HIV/AIDS policy and the creation of an HIV/AIDS unit to implement the policy for the education sector. The HIV/AIDS unit has the main responsibility for HIV/AIDS issues in the ministry. Its ability to carry out its mandate is constrained, however, by insufficient resources (human and material). Other departments get involved only where the issues intersect with their functions. The NCDC and teacher training department are involved in the development of the HIV/AIDS curriculum and teacher training.

Most of the directorates at ministry headquarters did not consider HIV/AIDS to be a pressing management issue and chose to refer researchers to the HIV/AIDS unit for information. Information provided by the HIV/AIDS unit and the NCDC indicates a substantial need to train various categories of educators in the sector. Similarly, individual departments at the ministry have indicated training needs for their staff, which range from the provision of general information about HIV/AIDS to developing managing and planning capacity for HIV/AIDS.

5.1.2 Provincial and district levels

At the provincial and district levels, HIV/AIDS has influenced, and in some cases altered, the roles of educational planners and managers. There is a high level of awareness among the provincial and district level educational planners and managers of the national policy on HIV/AIDS. More than half of those interviewed reported having participated in the formulation of the national sector policy on HIV/AIDS. Study findings also demonstrate that there are weaknesses in the education sector policy's treatment of HIV/AIDS-related problems within the provinces.

The majority of the provinces and districts had developed HIV/AIDS action plans, but lack of funds, materials, equipment and skills had delayed their implementation. At these levels, the majority of the people that are in charge of implementing action plans do not have the skills and training needed to handle HIV/AIDS problems.

5.1.3 Institutional level

On the whole, institutions have made significant efforts to promote HIV prevention, despite the low commitment to HIV/AIDS prevention and impact management from leaders at this level. Students, who largely have limited capacity, mount most preventive efforts in most institutions.

The messages that are being communicated are not streamlined, and their impact is not monitored. With no policy in place at the institutional level, the strength of response depends on the level of commitment of individual heads of institutions. There is also evidence that stigma surrounding HIV and AIDS is still an issue for institutions and may hamper responses. There is no evidence of associations or networks of people living with HIV/AIDS operating in most institutions.

Condom promotion appears to be more acceptable at the institutional level, although there is a need for more sensitization and better distribution strategies. Generally, institutions cannot comment on the impact of HIV/AIDS, as there are no motoring systems in place.

5.2 Recommendations

5.2.1 Ministry level

- The ministry should fully support and facilitate the HIV/AIDS unit in the realization of its mandate.
- The ministry leadership should do more to advocate on HIV/AIDS issues within the sector.
- HIV/AIDS should be mainstreamed in all ministry departments and at all levels in the sector.
- The ministry should work towards fully operationalizing the HIV/AIDS policy.
- An HIV/AIDS workplace policy needs to be developed and implemented.
- All training programmes and policies should have an HIV/AIDS management component.
- Research on HIV/AIDS and the education sector should be enhanced.

5.2.2 Provincial and district levels

- The provincial and district level education planners should be empowered, in accordance with the national decentralization policy, to implement the education sector policy on HIV/AIDS.
- To improve efficiency in the fight against HIV/AIDS, a policy implementation network should be formed, drawing together all stakeholders.
- Continuous support from government and other donors for the provision of materials and training is necessary.
- There should be a proper HIV/AIDS training programme, with measurable indicators for easy monitoring.
- Training in multiple skills and refresher courses should be planned.
- Establishment of mobile, free voluntary counselling and testing for HIV/AIDS could be considered.

5.2.3 Institutional level

- HLIs should be supported to promote HIV/AIDS education and research.
- HIV/AIDS and other STI topics should be emphasized in the school curriculum at all levels of education.

- Specialized schools – i.e. medical schools, the School of Public Health and the School of Journalism need to be motivated and encouraged to spearhead the fight against AIDS.
- Teacher training institutions and seminaries should be targeted as critical introduction points for any programmes geared towards increasing the level of awareness of HIV/AIDS and any other prevention interventions.
- To improve information about the impact of HIV/AIDS on HLIs, better information systems, such as EMIS, should be put in place.
- All HLI in the country should have a policy on HIV/AIDS.

Table 6.1 Summary of priority areas for training

Target audience	Priority areas of training	Responsible department(s)/individual(s)
Directors at ministry level	▪ Managing HIV/AIDS in the education sector ▪ Advocacy skills	▪ HIV unit, Ministry of Education
Heads of departments and sections	▪ Aetiology ▪ Pedagogy ▪ Care and counselling ▪ In-service education of teachers (INSET) support and system planning ▪ Integration of HIV into the curriculum	▪ HIV unit, Ministry of Education ▪ Directorate and Director of Human Resources and Support Services
Provincial directors of education, culture and youth *District inspectors of schools, co-ordinator, CPLS*	▪ Aetiology ▪ Pedagogy ▪ Care and counselling ▪ INSET support and system planning	▪ HIV unit, Ministry of Education ▪ General Inspectorate of Schools ▪ NGOs
Heads of HLIs	▪ HIV and development ▪ Advocacy skills	▪ HIV unit, Ministry of Education ▪ Directorate, Higher Education
Teacher educators	▪ Aetiology ▪ Pedagogy ▪ Care and counselling ▪ Curriculum development ▪ INSET strategic planning ▪ Pre-service education of teachers adjustment	▪ HIV unit, Ministry of Education ▪ Directorate, Teacher Education
Heads of schools	▪ Aetiology ▪ Curriculum support ▪ Information collection and Reporting ▪ Support for school health teams and anti-AIDS clubs	▪ HIV unit, Ministry of Education ▪ District inspectors of schools
Secondary and primary school teachers	▪ Aetiology ▪ Pedagogy ▪ Care and counselling universal safety guidelines ▪ Human rights ▪ Working with the community and support for school health team ▪ Development of messages	▪ HIV unit, Ministry of Education ▪ District inspectors of schools ▪ Individual schools

Target audience	Priority areas of training	Responsible department(s)/individual(s)
Lecturers	▪ HIV & development ▪ Basic information on HIV/AIDS ▪ Methodology of teaching HIV/AIDS ▪ Development of HIV teaching materials, including manuals ▪ Integration of HIV in university curriculum ▪ Peer education ▪ Counselling ▪ Research methodology ▪ Development of messages	▪ HIV Unit, Ministry of Education ▪ Individual HLIs
Heads of HIV/AIDS units at the institutional level	▪ Peer education ▪ Counselling ▪ Advocacy skills ▪ Monitoring and evaluation ▪ Care and support ▪ Communication skills	▪ HIV unit, Ministry of Education ▪ Individual HLIs

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Appendix

A list of people interviewed

MINEDUC	▪ Mr Rutayitera, Secretary General ▪ Mr Bogere, Programme Advisor, HIV/AIDS Unit ▪ Mr C. Gahima, Director, Inspectorate of Schools ▪ Ms R. Umuhire, Ag. Director, Teacher Training ▪ Mr I. Nkusi, Director, Finance and Administration ▪ Mr Y. Claver, Director, Planning and Research ▪ Mr N. Musabeyezu, Director, Primary Education ▪ Mr M. Theodore, Director, Secondary Education
Provincial and district staff	
City of Kigali	▪ Mr Apolinari, Co-ordinator, CPLS ▪ Mr H. Charles, Director, Education, Culture and Youth ▪ Mr T. Nsengiyunva, District Inspector of Schools ▪ Mr Nzeyimana, District Inspector of Schools ▪ Mr J.D. Ndagijimana, District Inspector of Schools ▪ Mr M. Sekigera, District Inspector of Schools
Gisenyi	▪ Mr R. Gifota, Executive Secretary, CPLS ▪ Mr B Dukuze, Director, Education, Culture and Youth ▪ Mr D. Twahirwa, District Inspector ▪ Mr D. Iyamuremye, District Inspector of Schools ▪ Mr E. Mazimhaka, District Inspector of Schools ▪ Mr M. Nangamabwire, District Inspector of Schools ▪ Mr E. Nzamuhimana, District Inspector of Schools
Butare	▪ Mr A. Mutsindashyaka, Director, Education, Culture and Youth ▪ Mr J.P. Mugabo, District Education ▪ Mr T. Biziyaremye, District Education ▪ Mr N. Munyakazi, District Inspector of Schools ▪ Mr C. Niyibize, District Inspector of Schools ▪ Mr J.D. Mihunge, District Inspector of Schools
Umutara	▪ Mr E. Gasheruke, Vice-Mayor, Social Affairs ▪ Mr T. Gashugi, District Inspector of Schools ▪ Mr C. Rwigamba, Ass. District Inspector of Schools ▪ Mr A. Kayitamahe
Gitarama	▪ Mr J. Manege, Vice-Mayor, Social Affairs ▪ Mr A. Nteziryayo, Provincial Focal Point on HIV/AIDS ▪ Rev. Fr. E. Rukanika, Co-ordinator, CPLS ▪ Mr J. Uwizeye, District Inspector of Schools ▪ Mr C. Uwimana, District Inspector of Schools ▪ Mr I. Kabera, District Inspector of Schools ▪ Mr C. Muragire, District Inspector of Schools ▪ Mr J. Mukamanzi, District Inspector of Schools
Institutes and schools	
HLIs	▪ Prof. S. Lwakabamba, Rector, Kigali Institute of Science, Technology and Management ▪ Dr. E. Rwamasirabo, Rector, National University of Rwanda, Butare ▪ Mr E. Mudidi, Rector, Kigali Institute of Education ▪ Senator Prof. Rwigamba, Rector, *Université Libre de Kigali* ▪ Prof M. J. Musonera, Secretary General, *Université Libre de Kigali*

	▪ Dr. E. Kanyarukiga, Vice-Rector (Student Affairs), *Université Adventiste d'Afrique Centrale*
TTCs	▪ Mr D. Twasinga, Director, Umutara TTC ▪ Mr G. Bahizi, Headmaster, Gacuba TTC
Schools	▪ Mr C. Mutazihana, Headmaster, Kigali Parents' School ▪ Mr M. Masabo, Director, *Lycée de Kigali* ▪ Ms B. Kayisenga, Headmistress, *Lycée de Notre Dame d'Afrique* ▪ Ms M.C. Uwimana, Teacher in charge of HIV Programme, *Lycée de Notre Dame d'Afrique* ▪ Mr F. Tumisiime, Director of Studies, Kigali International Academy ▪ Mr C. Kaggwa, Teacher in charge of HIV/AIDS, Kigali International Academy ▪ Mr G. Deo, Chairperson, *Club anti-SIDA*, Kigali International Academy ▪ Mr L. Bayigamba, Deputy Director, Kabutare Agricultural Secondary School ▪ Rev. Fr. P. Bicamumupaka, Director, Kabgayi Junior Seminary, Gitarama ▪ Fr. L. Hakizimana, Deputy Director (Discipline), Kiziguro Secondary School ▪ Sr. M.T. Mukabacondo, Director, GNDL Byimana ▪ Mr Rwagatare, Headmaster, FAWE Girls' School, *Marie de Ville de Kigali* ▪ Mr Musabyimana Moise, Deputy Director, Gacuba Primary School, Gitarama ▪ Ms B. Mukankuranga, Director, *Ecole Primaire de Byimana*
NGOs and other actors	▪ Dr A. Binagwaho, Executive Secretary, CNLS