Nairobi

UNESCO Nairobi Cluster Consultation

HIV/AIDS and the Role of Education Service Commissions

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UNESCO Nairobi Cluster Consultation
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Introduction

1. The UNESCO Nairobi Office organised the second in a series of consultations on HIV/AIDS and education at the Nile Conference Centre in Kampala, Uganda, from 16th to 18th June 2003. This was convened upon recommendation of the first consultation on HIV/AIDS and education organised by UNESCO Nairobi that took place in Kigali, Rwanda, in March 2003.[1] A key recommendation of the Kigali consultation was to bring together the heads of the education and teachers' service commissions from the cluster countries, namely, Burundi, Kenya, Rwanda and Uganda, to review how the HIV/AIDS pandemic is affecting the quality of the teaching service. The Kampala consultation, therefore, convened heads of Education and Teachers' Service Commissions, those responsible for human resources in education, finance departments, leaders of teachers' unions and UNESCO representatives from the cluster. Also participating in the consultation were members of the Mobile Task Team on HIV and Education – the MTT.[2] [See the *List of Participants* in Annex 1 and the *Programme* in Annex 2.]

2. The purpose of the consultation was to enhance the understanding on how HIV/AIDS is influencing the education service and the provision of quality education and how those responsible for teacher management can sustain the quality of education provision in the face of HIV/AIDS. The consultation had three main objectives. The first was to increase awareness among educator management authorities about the principal challenges imposed by HIV/AIDS to the quality of the teaching service. The second was to enhance commitment among senior management of teaching services and ministries of education to respond appropriately to the impact of HIV/AIDS on the teaching service, on quality of education and on individual educators as employees. The third objective was to identify priority actions within the management of education service commissions and within education human resource management generally and to come up with action plans.

[1] UNESCO (2003). *HIV/AIDS and Education*. Report of a UNESCO Nairobi Cluster Consultation, Kigali, Rwanda, 4-6 March 2003.
[2] Mobile Task Team on HIV and Education (MTT) has been co-developed and supported by the United States Agency for International Development (USAID) in collaboration with the Health Economics and HIV/AIDS Research Division at the University of Natal, in Durban, South Africa. Members of the MTT at the consultation were: Carol Coombe, Dhianaraj Chetty and Anthony Kinghorn.

Background to the consultation

3. In March 2003, the four countries in the UNESCO Nairobi cluster grouping met at the Kigali Institute of Science and Technology (KIST) in Kigali, Rwanda, for the first cluster consultation on HIV/AIDS and education. This meeting looked at common issues and concerns within the education sector with key stakeholders from the cluster countries. It emerged from presentations made by the country teams that the focus of attention and intervention in the cluster is primarily on prevention of HIV through a curriculum approach. Much emphasis is given to the development of teaching and learning materials. Other interventions reported were primarily pilot-type projects and activities. However, scaling-up such pilot initiatives remains problematic in the four cluster countries. There was general consensus that much more attention is needed within Ministries of Education on issues of management, care and support, coordination and protecting the overall quality of education provision.

4. There is need to look at teacher management and the management of the teaching service. Matters such as teacher illness and absenteeism associated with HIV/AIDS, teacher attrition from HIV and AIDS-related deaths, teacher posting and redeployment to balance the provision of teachers, revision of pension and medical benefit schemes are yet to be addressed from a human resource management perspective. Teacher training is of concern considering the need for new models of accelerated pre-service training to meet emerging quantitative and qualitative requirements. Not to be overlooked are means to reach orphaned and vulnerable children and youth to assure their rightful participation and success in education.

5. For more than 20 years, HIV/AIDS has spread, claimed lives, destroyed families and eroded the social and economic fabric of communities. Eastern and Southern Africa have been particularly hard hit with the pandemic affecting individuals and institutions among which education is one of the central institutions affected. Fairly speaking, countries in Eastern and Southern Africa have been slow to realize how serious the impact of AIDS has been on the education sector, specifically on the demand for education and the supply of and quality of education provided at all levels. The more the pandemic spreads, the more damaging the impact on education services and the quality of these services. HIV/AIDS saps national investments in education across the region.

Opening remarks

6. In the opening session of the Kampala consultation, Mr. Hajj B. Lubega Wagwa, Chairperson of the Uganda Education Service Commission (ESC)[3] reminded participants that countries in the region lack policy frameworks to guide HIV/AIDS interventions in the education sector. This hinders coordination and regulation of activities for HIV/AIDS prevention, care and support. The Uganda

[3] Opening statement by H. B. Lubega Wagwa, Chairperson, Education Service Commission, Uganda. UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of Education Service Commissions, Kampala, Uganda, 16-18 June 2003.

ESC Chairperson underscored the need for such an education policy that should constitute a broad statement of intent and provide a framework for policy formulation and action at all levels from central, provincial, district to schools and learning centres. He expressed concern that the epidemic was having a negative impact on the morale at the education workplace. Fear of infection and death leads to increased suspicion and resistance to shouldering responsibility for teacher colleagues who may be sick and off-duty.

7. The public service will incur considerable costs due to increased teacher absenteeism, medical costs and labour turnover along with decreased productivity and demand for financial assistance and other health and welfare services. Education ministries and their partners will have to grapple with the challenges of HIV/AIDS including ways of protecting the quality and quantity of education in the face of teacher mortality and absenteeism and supply shortages. Remote and economically deprived communities are particularly vulnerable and the supply of teachers in these areas is likely to be badly affected. Cost-effective ways of dealing with these problems are needed. According to Lubega Wagwa, Education Service Commissions have a duty to pro-actively manage the epidemic by seeking to understand it, putting strategies into place to contain it, monitoring it and mitigating its impact. Ensuring that teachers and learners alike are aware of the HIV/AIDS policy and programme is essential and calls for sound communication strategies.

8. In his keynote address, Mr. John Rwomushana from the Uganda AIDS Commission pleaded for timely formulation of policies in the education sector and encouraged inter-country dialogue to facilitate the process.[4] The AIDS burden has fallen more heavily on Africa than on any other part of the world. Unfortunately, education sector AIDS-related information systems have not been well developed and reliable information on HIV/AIDS infection, prevalence and mortality of teachers is not readily available. Nevertheless, indications are that the costs of HIV/AIDS to the education sector are large. Many countries are providing extensive sick leave benefits to teachers and over time, teacher absenteeism will impose a serious burden on education budgets and constrain funds available to hire relief teachers. Since the disease develops over an average 10-year span of time, it is estimated the some 260 working days – about 10% of teaching time - are likely to be lost due to ill-health and absenteeism. Teacher absenteeism poses more difficulties in secondary schools where there is need for specialized subject-matter teachers.

9. Education budgets must now accommodate hiring and training of more teachers to replace those who have died. There are also payments of salaries made to absent – and non-performing – teachers with additional training and salary costs for substitute teachers

[4] Keynote address by J. Rwomushana. "Impact of HIV/AIDS on the Education Sector: A case of education employees." UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16-18 June 2003.

where absences are official. Some countries have started rehiring retired teachers. Classes are being combined and teaching time shortened.

10. Deliberate efforts are needed to improve management of the teaching service and to prepare teachers for new roles. This involves adjusting and improving pre-service and in-service teacher training to take into account new skills that may be required by educators and to make up for the loss of teachers and managers. There is need to review the teaching service regulations and their application, revisit existing codes of conduct and revise pension plans and medical benefits schemes.

11. Uganda's Minister for Education and Sports, Honourable Dr. Kiddu Makubuya, in his official opening address called for openness in the fight against HIV/AIDS.[5] He said that Uganda had made exemplary strides in the fight against HIV/AIDS particularly in prevention. This success is owed to the support and good will from the highest political office. He referred to the Uganda Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) that encourages and empowers teachers through sex education to talk openly with pupils and to equip them to confront HIV/AIDS. [6]

12. The Honourable Minister mentioned that Uganda had championed the cultural approach to HIV/AIDS that originated in research findings carried out by Ugandans with UNESCO support. In speaking on the cultural approach to prevention, the Honourable Minister referred to some cultural practices as illustration. It is believed by some, for example, that there should be no obstruction – or barrier such as a condom – to normal sexual activity. What are the implications of this belief in setting condom policies? In some areas, widows are not abandoned but are taken into the household of a surviving brother-in-law while last funeral rites among some communities involve forgetting grief by paying respects to the bereaved household a month or so after the burial. For the occasion, small huts are set up around the bereaved household to enjoy the company of friends and others for a night.

13. There is little doubt that the epidemic is seriously damaging the quality and quantity of education. Mortality rates among teachers and administrators at all levels of education appear to be increasing in Uganda and Africa as a whole, the Minister said. In Uganda, HIV-positive teachers are estimated to be more than 30%. In the next few years, this will become the prevailing mortality rate unless the situation is redressed. Stigma and discrimination have negatively affected the coping capacities and contributed to a loss of morale and determination among those affected by HIV/AIDS. Current estimates of the costs of HIV/AIDS on the education sector are large and rising. This is attributed to

[5] Speech by Hon. Dr. E. Khiddu Makubuya, Minister of Education and Sports, Uganda, at the official opening of the UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16-18 June 2003.
[6] Uganda Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY), Ministry of Education and Sports, Uganda.

extensive sick leave benefits to ill teachers, long-term absenteeism, hiring and retraining teachers to replace those lost or bed-ridden, treatment and burial expenses. In addition to financial costs, there are opportunity costs that include the loss of experienced teachers and other education sector personnel, as well as increasing numbers of children with reduced or no access to education.

14. Despite various efforts of the Government of Uganda and many stakeholders, the fight against the HIV/AIDS scourge is not without challenges. These include: 1) lack of an HIV/AIDS policy framework to guide interventions in the education sector; 2) inadequate funding to implement the strategic plan and other plans; 3) lack of adequate statistical data on the situation of HIV/AIDS in the education sector; 4) resistance from some groups and religious organisations regarding sex education for pupils and students; 5) high and unaffordable costs of anti retroviral drugs (ARVs) to infected teachers and others; 6) inadequate HIV/AIDS technical capacity in the education sector; 7) inadequate guidance and counselling on HIV/AIDS to institutions; and 8) past efforts that have mainly addressed pupils and students but not education sector employees like teachers and others.

15. Finally, the Minister said that there is need for managing teachers, teachers' unions and associations, as well as teachers themselves to work together in the fight against HIV/AIDS. Emphasis should be on HIV/AIDS prevention and care noting that prevention is better than relying on a cure to control the spread of HIV/AIDS.

Reports from the cluster countries

16. In the first session of the consultation, the cluster countries made presentations to highlight and raise important issues affecting the education system. Countries reported basic statistics and discussed issues such as salaries and costs, educator development (in-service and pre-service training), management, decentralization and the teaching establishment, among others. They spoke about measures taken to respond to the HIV/AIDS challenge.

- *Burundi*

17. The HIV/AIDS pandemic has hit Burundi particularly hard. Burundi is ranked in 13th position among the African countries in terms of HIV prevalence among adults (8.3%) and in 2nd position among the central African countries.[7] AIDS is the leading cause of death among adults and a major cause of infant mortality. While information on HIV/AIDS in the education sector is still lacking, education authorities are increasingly aware of the impact of HIV/AIDS on the

[7] V. Rurakengereza. 'Le programme de lutte contre le SIDA dans le système éducatif burundais'. UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16 -18 June 2003.

system and the risks. A study conducted in 1997 showed that 23% of primary school children, 33% of secondary school children, and 59% of university student were sexually active. Only 43% of sexually active youth reported using condoms. A more recent study (in 2000) showed that the average age for the first sexual encounter was 14.7 years.

18. Burundi's Ministry of Education is giving high priority to the fight against HIV/AIDS given the large proportion of the population of school-going age and the significant proportion of youth at risk. Orphans are particularly vulnerable and the number of orphans is increasing (from 230,000 at the end of 2001). Many factors are contributing to the spread of HIV in the country such as poverty, dislocation of families from the socio-political crisis that has plagued the country since 1993, unprotected sex, sexual promiscuity and prostitution, sexual taboos and withholding sex-related information from young people. The most serious impact of AIDS on the education sector is seen in the reduction in the number of teachers and the increased number of orphans. Generally speaking, HIV/AIDS is affecting teachers and impeding access to, and participation in, education.

19. The Burundi Ministry of Education has developed an HIV/AIDS plan with three main lines of action: 1) prevention; 2) care and support for those affected and infected by HIV/AIDS; and 3) building human and institutional capacity to mitigate the impact of HIV/AIDS on the education system. Prevention includes: HIV/AIDS training for some 4,000 primary and secondary school teachers; the integration of HIV/AIDS into the primary sand secondary school curriculum; awareness and sensitisation of university students and university teaching staff; capacity-building of Ministry of Education personnel. Actions also cover the training of facilitators to run STOP-AIDS Clubs, expanding distribution and access to condoms, developing and broadcasting school radio and television programmes on AIDS prevention. In the area of care and support, an AIDS solidarity fund has been created within the Ministry of Education to assist those in need and this is supported through contributions made by educational personnel themselves. Capacity building includes: advisory services created in schools and the workplace, training of educational personnel, provision of information, education and communication (IEC), and field supervision.

- *Kenya*

20. Kenya has a population of about 30 million people.[8] Some 50% of the population is under 15 years of age making education one of the top priorities of the government. The number of primary schools is 17,680 with a total school population of some 7 million and there are 3,010 secondary schools with a school population of 700,000. The 7.7 million school-going population is

[8] Presentation by I. M. Hussein. "Kenya Country Presentation on HIV/AIDS in the Education Sector and the Role of the Teachers Service Commissions". UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16-18 June 2003.

managed by a teaching force of some 240,000 teachers. In January 2003, the education sector in Kenya was transformed with the introduction of free primary education by the newly elected National Rainbow Coalition (NARC) government. Some 1.2 million children that were out of school were able to enroll in school under the free primary education policy. The government has also taken over the funding of boarding primary schools in arid and semi arid areas (ASAL) and is facilitating school feeding programmes in some 42 ASAL districts. There is also a bursary fund for needy secondary school students. Out of the total national revenue of 215 billion, 24% (51.6 billion shillings for 2003/2004 fiscal year) has been allocated for salaries and costs of teachers only.

21. The Kenya Teachers Service Commission (TSC) is the mandated employer of teachers. The TSC is expected to establish the number and maintain the supply of teachers. It also keeps under review the standard of education. For the TSC to carry out its functions effectively and efficiently much depends on the quantity and quality of the supply of teachers, factors affecting demand, attendant costs and productivity. The TSC is constrained now by the impact of HIV/AIDS on teachers. Unconfirmed reports indicate that 20-30 teachers die each month in Nyanza Province (one of the eight provinces in Kenya)[9] and it is said that of every 10 deaths reported in hospitals, two of these are teachers. Given the estimated national HIV/AIDS prevalence rate of 10% this implies that approximately 24,000 teachers are likely to be infected.

22. The TSC is confronted by the impact of HIV/AIDS. In addition to high teacher mortality; there is reduced productivity of chronically ill teachers, school managers and other education administrators; there is the stigma and discrimination of infected teachers and increased workloads for teachers to cover for chronically ill or dead teachers who cannot be sufficiently replaced due to the freezing of teacher employment since 1998. There are also teachers resigning from public schools to fill vacant posts in private schools occasioned by the death of personnel through AIDS. Although the TSC cannot authoritatively state how many teachers have died or are dying of AIDS, it is gravely concerned. TSC has set up an AIDS Control Unit (ACU) that is charged with the responsibility of mounting preventive education and other intervention measures. It is setting up a task force to formulate an HIV/AIDS policy to address issues of concern among teachers and TSC secretariat staff. The TSC plans to train heads of institutions and heads of departments/divisions to deal with emerging issues like trauma, stigma and discrimination. An HIV/AIDS strategic plan has been drafted and mainstreamed into the overall TSC draft strategic plan for 2003-2007.

23. There is need to conduct an assessment of the impact of HIV/AIDS on the education sector and scale-up sensitisation and awareness among teachers (only 6,000 out of 240,000 teachers are said to have been sensitised). There is also need for an education workplace HIV/AIDS policy, terms of employment and

[9] Op. Cit. Rwomushana.

service must be revised in light of HIV/AIDS taking into consideration frequently prolonged sick leave among chronically sick teachers. Early retirement, recruitment and replacements schemes are also needed to balance the loss of teachers. The TSC is exploring the possibility of provision of ARVs at affordable prices to teachers living with AIDS. It is in the process of reviewing its policy on posting to keep spouses nearer to each other, thus making them less vulnerable to high risk sexual behaviours.

- *Rwanda*

24. Rwanda's education policy priorities are: achieving education for all (EFA) by 2015, reducing gender disparities; use of information communication technologies (ICTs); applying outcomes-based education; monitoring learning achievement; improving access to post-primary education, introducing incentive measures for teachers, furthering decentralization and partnerships between the state, private sector and donors.[10] The Rwanda education strategic framework for achieving these education policies revolves around six areas: 1) basic education; 2) secondary education; 3) higher education; 4) science, technology and research; 5) quality and relevance; and 6) planning and management. The EFA plan that has quality improvement and access as central thrusts includes: construction of 19,500 new classrooms over 15 years; curriculum reform for teacher education; increase in teacher numbers by over 40% over 13 years; extended programme of remedial schooling for children who missed school because of war, genocide and socio-economic difficulties.

25. Recent assessment of the impact of HIV/AIDS on education delivery (April 2003) indicated that 7.5% of school heads reported that they had staff with suspected HIV/AIDS absenteeism (e.g., teacher illness, family illness and responsibilities, funerals). Reduced teacher performance due to HIV-related illness, stress or lower morale is often not reported, however. The projected AIDS death rates (0.32% in 2003 and 0.35-0.9% in future) seem likely to increase attrition rates to a limited extent when compared to other attrition rates. HIV/AIDS teacher losses are estimated to make only 1-3% difference in projected teacher training output over the next 10 years. Currently, the inability to fill posts for reasons other than HIV/AIDS attrition seems more important. The potential cost of ARV programmes for affected staff could be as high as 4-6% over and above basic staff costs. To compensate for premature teacher deaths, teacher training may have to increase by about 5% per annum and this need could possibly be met by adding slightly to the intake and class size rather than extra training capacity. It is estimated that relief teachers are not likely to exceed an extra 0.4% of the payroll over the next ten years.

[10] Presentation by N. Musabeyezu and Johnson Ntagaramba, "Rwanda: HIV/AIDS and Teacher Supply". UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16-18 June 2003.

26. There is no teachers' service commission in Rwanda. Responsibility for teacher management falls under the directorate of management and teacher personnel development. The education sector response to HIV/AIDS in Rwanda is planned around the following measures: development of education workplace guidelines, development of a code of practice, an HIV/AIDS communication strategy, provincial monitoring plans, integrating HIV/AIDS and life skills into teacher education by 2004.

- *Uganda*

27. The Government of Uganda launched its universal primary education (UPE) programme in 1997 and pupil enrolment in both public and private schools increased from 2 million to 5.4 million (in 1997).[11] Between 1999 and 2002, enrolments rose from 6.5 million to 7.2 million. The establishment staff ceiling had to be raised from 101,600 (in 1999) to 125,000 (in 2000). One of the challenges has been to fill teacher vacancies. Another is the need to expand post-primary provision to absorb the large numbers that are completing the primary cycle thanks to the UPE programme.

28. The Uganda Education Service Commission (ESC) is provided for under Articles 167 and 168 of the Constitution of the Republic of Uganda. It constitutes between 65-68% of those employed by the public service. The teaching personnel fall under primary schools, secondary schools, tertiary institutions and business technical and vocational education training institutions. At the primary school level, recruitment and appointment of teachers are decentralised to the districts. The ESC however issues guidelines to the District Service Commission on recruitment of education sector personnel. Staffing at the 734 government-aided secondary schools is at 16,730 teachers and these are recruited and appointed by the ESC. The ESC also handles recruitment and appointment of teaching and non-teaching staff in tertiary institutions (45 primary teacher training colleges, 33 technical institutes, 25 technical schools, 16 community polytechnics, 6 community polytechnics instructor colleges, 4 farm schools, 5 technical colleges, 10 national teacher training colleges, 5 colleges of commerce, 46 specialized vocational institutions).

29. Among the functions of the ESC is to review the terms and conditions of service, standing orders, training and qualifications of public officers in the education service. It takes up their management and welfare concerns and makes recommendations on them to the government. The ESC has responsibility to: 1) put in place policies to enhance prevention, initiate care and support and mitigation; 2) monitor and evaluate the impact of HIV/AIDS on the education sector especially workforce depletion; 3) review and enforce policies on pupil/student sexual abuse by teachers; 4) ensure that there is no discrimination

[11] M. Okot-Garimoi. "The work of the Uganda Education Service Commission and the challenge of HIV/AIDS". UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16-18 June 2003.

against personnel living with HIV/AIDS (which is in line with Article 21 of the Constitution which forbids discrimination against any citizen).

30. The ESC has the responsibility to ensure good quality education through developing and formulating national standards in relation to the training and qualification of persons in the educations service. It is expected to ensure that pre and in-service training is adjusted to effectively deliver and impart life skills related to HIV/AIDS. The ESC is responsible for recruitment and appointment processes to ensure that there is no discrimination against personnel because of their HIV/AIDS status. It makes in-house policies on care and support to infected and affected personnel and recommends that the posting of teachers take into account (as far as possible) those who are infected and in need of easy access to medical care. Since the teacher code of conduct clearly forbids teachers having sexual relations with learners, the ESC is expected to exercise strong disciplinary control to stop the spread of HIV/AIDS.

Developing a response to HIV/AIDS in terms of education human resources

31. Although HIV/AIDS is not expected to be the main determinant of an education system's ability to achieve its education goals, over time the epidemic will systematically drain resources and hinder the delivery and quality of education provision. The HIV/AIDS challenge, therefore, highlights limitations in human resource planning and management that make achievement of education goals more difficult. Ministries of education and teachers' service commissions will need to develop a response to HIV/AIDS that will enable them to balance HIV/AIDS needs with the human resource challenges of the sector particularly as they relate to key education objectives such as achieving UPE and EFA.

32. There is need for an action response agenda that covers prevention programmes, social support and services and human resource management, planning, development and administration. The country teams worked on a cluster response agenda covering four areas - prevention, social support, quality of education, and managing the response. The proposed agenda for the UNESCO Nairobi cluster countries appears in Table 1.

Table 1. UNESCO Nairobi cluster response agenda to HIV/AIDS

PREVENTION	General *Focus on gender* *Key messages* *Culture-sensitive* *Involve PLWAs*	▪ Media and advocacy campaigns ▪ IEC/awareness raising
		▪ Peer education ▪ Life skills training for teachers
		▪ Workplace code of conduct ▪ Zero-tolerance for sexual abuse, violence, harassment
		▪ Condom distribution ▪ STI treatment
SOCIAL SUPPORT	General *Research and dissemination*	▪ Improve medical access ▪ Treatment packages ▪ Medical insurance

	Apply human rights *Destigmatisation* *Create circle of care*	▪ Reduced/changed workload ▪ Redeployment for care
		▪ Counselling for psychosocial support ▪ VCT incentive ▪ Positive living
		▪ Financial/material support for sick ▪ Funeral/welfare assistance ▪ Family/dependent support
QUALITY OF EDUCATION PROVISION	*Educator management* ▪ Training/support in human resource management ▪ Efficient administration (e.g., pensions) ▪ Efficient recruitment/appointments ▪ Teacher allocation for equity + efficiency ▪ Sick leave/absenteeism management ▪ Relief teachers ▪ Succession planning/skills transfer ▪ Planning teacher supply ▪ Human resource information	
	Educator/teacher training ▪ Mainstream HIV into teacher training colleges and faculties of education ▪ Improve teacher educator skills ▪ Define a 'new teacher' ▪ Develop resource centres on HIV ▪ Promote academic research ▪ Develop courses and materials	
	Alternative education ▪ Acknowledge randomisation of learning ▪ Lifelong learning ▪ Distance education ▪ Further education and training ▪ Test methods	
MANAGING THE RESPONSE	*Leadership* ▪ Improve knowledge on HIV/AIDS of senior officials	
	Management	
	Research ▪ Impact assessment ▪ Analyse data/trends	
	Priorities ▪ High/low prevalence response	
	Funds ▪ Co-operation ▪ Budget allocations	
	Policy ▪ National Aids Policy ▪ Education Sector Policy	
	Plans ▪ Workplace plan	
	Capacity-building	
	Monitoring	

Changed learners, changed educators

33. The HIV/AIDS pandemic has changed the learning environment.[12] Both the learners and the educators have changed. In Uganda, HIV-infected teachers are estimated at more than 30% with a proportion of AIDS-related deaths among them being at 21%. Even with its low mortality rate at about 6-7%, Uganda is expected to loose 0.5% of its teachers and education officials to HIV/AIDS between 2000 and 2010. In Kenya, reports indicate that teacher deaths rose from 450 in 1995 to 1500 in 1999.[13] More recent reports indicate that some 20 to 30 teachers die from HIV/AIDS each month in one province alone (Nyanza). In fact, projections on teacher mortality indicate that Kenya will loose 1.4% if its teachers each year from 2000 to 2010.[14] HIV-infected teachers and other education personnel will become increasingly unproductive over time with increased periods of absenteeism and illness.[15] What can we do to ensure that teachers can respond to the new and often complex needs of learners affected by HIV/AIDS and others at risk? What needs to be done to ensure that children who are orphaned, otherwise affected by HIV/AIDS, and those at risk are kept alive, in school, and educated to become good citizens of the future?

34. What is a 'normal' classroom when both learners and teachers are affected? Learners may loose their motivation to learn and stay in school. Some may be coping with trauma and the stigma of HIV. Some may feel isolated while others may be at risk of sexual violence, abuse and harassment. Some may drop out of school or attend school randomly. As for teachers, some may lack resources and imagination to respond. Some are bound by sex and death related taboos, or cultural beliefs and practices. Some may lack access to knowledge about HIV/AIDS. Others may suffer from HIV infection or be affected by the influence of HIV/AIDS on their families.

35. HIV/AIDS is changing the learning environment and creating complex learning needs that teachers and schools must address. The increase in vulnerable children calls for a caring and non-abrasive teacher and learning environment that is safe and ready to help the child cope with trauma. There may be need for a 'new teacher' to effectively respond. The new teacher would need to identify children at risk and those in need of social and health care. The new teacher would need to know how to take time to discuss difficult subjects in class and to take children seriously. The new teacher would need to do more than teach and pass on knowledge but also be keen to understand the lives of children. Similarly, the 'new school' is one that would need to have an HIV/AIDS plan with a head teacher trained in management and planning and teachers knowledgeable about HIV/AIDS.

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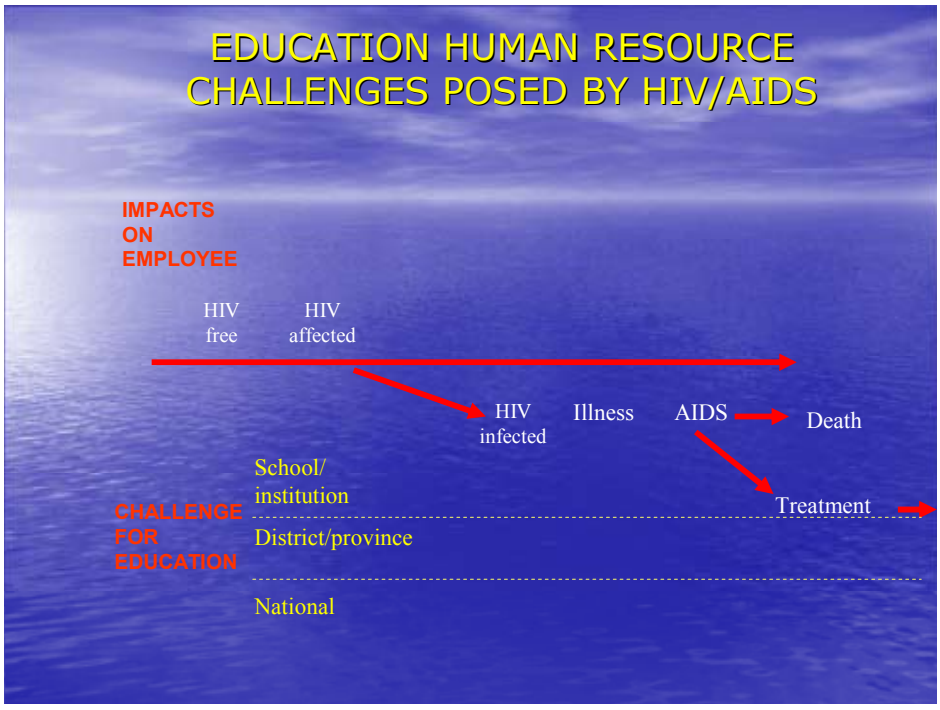
[12] Presentation by C. Coombe. "Maintaining the quality of education provision". UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16-18 June 2003.
[13] See: Gachuhi, D. 1999. "The Impact of HIV/AIDS on Education Systems in Eastern and Southern Africa Region and Response of Education Systems to HIV/AIDS: Life Skills Programs." Paper prepared for UNICEF presentation at the Sub-Saharan Africa Conference on Education for All, 6-10 December 1999, Johannesburg, South Africa.
[14] See: Goliber, J. T. 2000. Exploring the Implications of the HIV/AIDS Epidemic for Educational Planning in Selected African Countries: The Demographic Question.
[15] It was reported that in Kwa Zulu Natal Province, South Africa, the average age of teacher death is 32 years.

36. The challenges for the education system can be seen at different levels -- at the individual level of the education employee, at the level of the school and learning institution, at district and provincial levels and at national levels. Dr. A. Kinghorn proposed the following illustration to visualize how HIV/AIDS is affecting the individual education employee.[16] The assumption is that while most people in the cluster countries are still HIV-free almost everyone is affected by the HIV/AIDS pandemic in one way or another. Some people are infected. Over time, those infected face reoccurring illnesses over a 10-year period on average. At some point, full-blown AIDS sets in. Here, treatment with ARVs can prolong life. AIDS patients who go untreated die. The same schema could be used to interpret the HIV/AIDS impact at other levels (e.g., school, district/province, nation).

37. HIV/AIDS has also forced many children and young people out of school and kept others away from school. What alternative learning opportunities are there for them? There may be need for itinerant teachers working with community tutors, linkages with communities and community and faith-based organisations, distance education techniques and materials and so on.



[16] Presentation by A. Kinghorn on "Human resource problem analysis". UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16-18 June 2003.

(Source: A. Kinghorn, MTT/Health and Development Africa, Presentation on "Human resource problem analysis". UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16-18 June 2003).

The education workplace

38. Every school, every classroom, every education learning environment is a workplace.[17] The education workplace is different from other places of employment. It is a locus of social, pedagogical and behavioural interactions. Educational institutions are more than just a place for teaching and learning, they provide living, leisure and community space. The workplace is a space for personal and professional interaction. Such interactions make men, women and children vulnerable to the risk of HIV infection.

39. Teachers are more than employees, they are guardians of young people, they serve as moral role models, leaders and holders of social power, they are agents of behaviour change. Ministries of education have tended to focus on teachers as agents of behaviour change rather than on their personal roles and interactions with learners and other teachers. Why is it important to intervene at the workplace and with teachers directly? We must keep teachers HIV-free, protect and support those who are HIV infected and affected and keep both the affected and infected healthy and productive as long as possible. The education workplace must be safe, supportive and productive.

40. There are principles that can guide actions at the workplace. These principles include: responsiveness to different needs, participation, transparency, appropriateness (being culturally and gender-sensitive), doing what works, defining clear responsibilities, being consistent with the broader legal framework as well as with international good practice and human rights (confidentiality, non-discrimination etc). Teachers and learners are at the workplace everyday and many teachers live near schools. Sound interventions at the workplace can have a significant impact.

41. The education sector needs a workplace policy on HIV/AIDS.[18] The workplace policy should set out the rights and responsibilities of employers and employees. It should set out commitments to address HIV/AIDS at the workplace and within the wider society. It should create a framework for collective action. It should cover: teacher preparation, recruitment, selection, appointment, registration, induction, confirmation, training, supervision, discipline and dismissal. It should deal with employer concerns, employee concerns, prevention, confidentiality, employee benefits, recruitment procedures, performance management, education and information needs, policy instrument

[17] Presentation by D. Chetty on "HIV/AIDS in the Workplace: Prevention and Social Support". UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16-18 June 2003.
[18] See: International Labour Organisation. (2001). "An ILO Code of Practice on HIV/AIDS and the World of Work". Geneva, Switzerland.

including codes of conduct, enforcement mechanisms and referral systems. There should be a clear commitment from management and a participatory policy formulation process.

Need for HIV/AIDS policy at the workplace

42. The Uganda UNAIDS Country Coordinator, Dr. R. Del Prado, similarly underscored the need for HIV/AIDS policies and programmes at the workplace.[19] He said mortality rates among teachers and other Ministry of Education staff are currently at least half of the overall adult mortality rate. Teacher mortality currently accounts for one-third of all attrition and is highest among male primary school teachers. According to UNAIDS-Uganda, teacher absenteeism is not generally perceived to be a serious problem, yet most schools report on average at least one teacher to be persistently ill. During the past 20 years, many different approaches have been taken in an attempt to slow the spread of HIV and minimise its impact on individuals, families and society. It is now clear that there is no simple formula that works everywhere. A 'social vaccine' against HIV/AIDS includes: tolerance and solidarity with people living with HIV/AIDS, life skills training for teachers and youth, 100% condom use with all risky sexual behaviours, good quality care support and treatment for people living with HIV/AIDS, securing the development of all citizens, promotion of humanitarian values and HIV/AIDS policies and programmes at the workplace.

Experience from the private sector

43. The Standard Chartered Bank (Uganda) presented its HIV/AIDS policy that defines the responsibilities of the bank and its employees regarding HIV/AIDS.[20] The Standard Chartered Bank employees are primarily young and unmarried and at relatively high risk of HIV. The bank's policy covers eliminating discrimination based on HIV/AIDS status, raising awareness and understanding of HIV/AIDS among employees through an HIV campaign. Although bank employees are not required to disclose their HIV status, if they choose to do so, this information is treated in strict confidence and ARVs are provided as required. The bank assumes full costs for ARV treatment regimes of its employees. While some 80% of employees have volunteered for voluntary counselling and testing (VCT), many have not declared their status and do not benefit from the free ARV

[19] Presentation by R. F. Del Prado on "Rethinking Youth and Sex". UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16-18 June 2003.
[20] Presentation by Standard Chartered Bank, Kampala, Uganda. UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16-18 June 2003.

regime. Perhaps there is still fear that disclosure may curtail one's professional opportunities in the bank.

44. The experience from the local business community highlights the need to address the potential impact of HIV/AIDS on a company's future. The education service is the largest most expensive and highly trained workforce in developing countries. Learning from the business community and how it is adjusting conditions of employment is useful. However, representatives at the Kampala consultation noted with caution that many businesses such as Standard Chartered Bank have very small numbers of employees (say under 300) compared to teaching forces of up to 240,000, as is the case in Kenya. What is possible in a small company in terms of ARV treatment and defraying the costs onto the consumers is not possible for the teaching service. Nonetheless, it is useful for education and teaching service commissions to be aware and study examples of HIV/AIDS policies from the private sector. [Excerpts of an HIV/AIDS policy from a leading accounting firm in South Africa appear in Annex 3.]

Teachers Unions and the fight against HIV/AIDS

45. Representatives of Teachers Unions from the cluster had the opportunity to present what they were doing in the area of HIV/AIDS, their priorities and work with Ministries of Education. The representative of the Uganda National Teachers Union (UNATU) indicated that the major focus of the UNATU is on quality of education and ensuring quality of education in light of HIV/AIDS.[21] According to UNATU, teachers in Uganda are currently fighting the pandemic on their own. Most teachers, it is said, prefer working in the urban centres leaving rural schools understaffed and teachers in these schools overloaded. Even if a teacher is not infected, she/he must deal with parents, community members, learners, and their own families that are both infected and affected by HIV/AIDS. Currently, primary school teachers are earning less than US $50 a month making medical care and treatment nearly impossible

46. The current provisions for leave for teachers in Uganda are not workable in the eyes of UNATU. Teachers are known not to apply for maternity or sick leave for fear of losing their jobs. Even when leave is permitted, the provision of half or fraction pay scares teachers off. As a result, children are missing and losing out. It seems that the sick teacher is put on the 'fast track' to breakdown. Head teachers are known to put undue pressure on sick teachers to make up for time lost from sick leave. In the view of UNATU, the leave policy should be revised into a more work-friendly mode where it is possible to have sick leave with full pay and eventually voluntary retirement on medical grounds. Currently, the UNATU is developing its policy to guide all its education interventions. The

[21] Presentation by T. Birungi Mayanja, General Secretary, Uganda National Union of Teachers, UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16-18 June 2003.

policy incorporates HIV/AIDS into teacher recruitment, membership education, continuous professional development and social development programmes in education.

47. The Kenya National Union of Teachers (KNUT) has gone through difficult times.[22] KNUT is based on the need for teachers to come together and debate and to advocate for unified terms of service. With the support of KNUT, the TSC was formed through an Act of Parliament in 1967 to become the sole employer of teachers. KNUT has always advocated for partnership with the Ministry of Education, TSC and other stakeholders. It sees the need for HIV/AIDS prevention among its constituency and is looking for partners to reach out to all teachers. KNUT believes that fighting AIDS must be a common battle. There are no subordinates, rather, common actors working for a common cause.

48. There are two young teachers' unions in Rwanda, one for primary teachers and another for secondary.[23] The teachers' unions are working at central, provincial and district levels in collaboration with the Ministry of Education. Like other teachers' unions in Africa, the Rwandan unions work for the rights and benefits of teachers such as housing, medical care, teacher remuneration etc. In the fight against AIDS, the teachers' unions collaborate with the Ministry of Education and the Ministry of Health through a coordination committee. They intend to undertake a study on children and youth who are sick, to set up a solidarity fund for educational personnel based on teacher contributions, to train and build the capacity of teachers in life skills and HIV/AIDS and to negotiate treatment with ARVs for teachers.

49. In Burundi, there are frequent strikes with teachers' union support.[24] In the area of HIV/AIDS, the teachers' union in Burundi has brought teachers together to prepare a project for submission to donors that includes preparation of trainers for teacher training and VCT for young teachers. There is also the production of educational radio and motivating teachers to contribute to a solidarity fund for teachers to cover costs for ARV treatment. Funds are lacking, however, hindering such developments. Nonetheless, information, education and communication (IEC) sessions are organised on Saturdays by the teacher union to inform teachers on HIV/AIDS. The teachers' union also collaborates with the

[22] Presentation by F. Ng'ang'a, Secretary-General, the Kenya National Union of Teachers, UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16-18 June 2003.
[23] Presentation by K. Narcisse Président du comité National du Syndicat National des Enseignants du Primaire. UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16-18 June 2003.
[24] Presentation by S. Nibigira, Ministère de l'éducation nationale, Burundi. UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16-18 June 2003.

Ministry of Education on negotiations for teachers' salaries, conditions in schools and their situation in society.

50. According to cluster teacher union representatives, sick teachers are apprehensive to take sick leave as they risk being struck off the pay roll after some months. Teachers prefer to be absent from time to time and struggle coming to class up to the last moments of their lives. The integration of HIV/AIDS and life skills education into teacher education programmes must be considered important to empowering more teachers with information about the pandemic. While it is a fact that many teachers are themselves seriously affected by HIV/AIDS, nobody seems to be looking at the needs of the teacher as an individual. Teachers still lack the capacity to respond, are bound by taboos and are also ignorant of how infection takes place. In most cases, teachers hardly have the resource materials to use for their own information. Teachers' unions are encouraged to start programmes first and then ask for help from donors and partners afterwards. For example, they can set up a small solidarity fund and then ask others to help them. They can come up with concrete ideas and initiate a policy on substitute and relief teachers.

Responding to HIV/AIDS among education sector staff – planning and mitigation

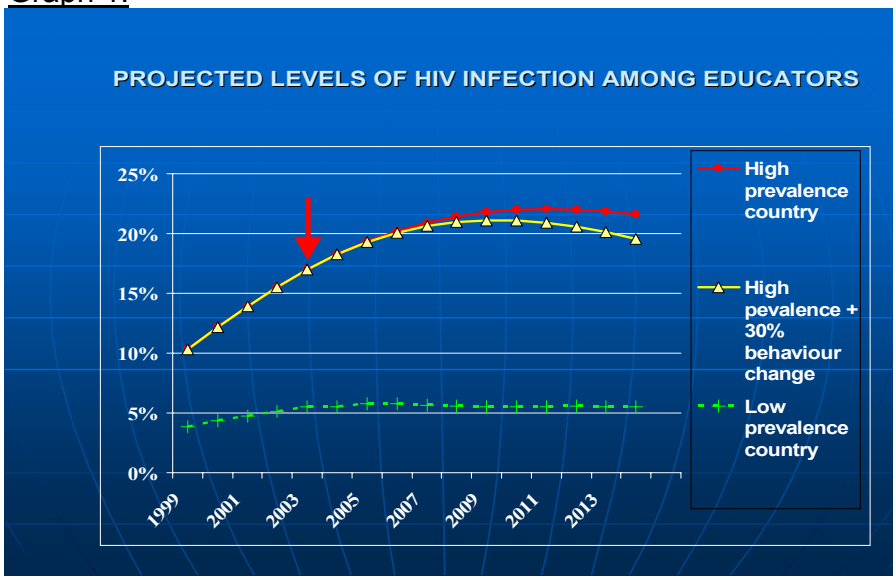
51. Dr. Anthony Kinghorn discussed the importance of ministries of education being clear about the HIV/AIDS mandate of the education sector and the expected role that the education service commissions can play in planning and mitigation.[25] What can be done, by whom and how well? There are many options. In the area of prevention, there is AIDS education, reproductive health information, condom distribution, peer education, advocacy campaigns, VCT, sexually transmitted infections (STI) treatment, life skills training for teachers. Treatment covers a range of intervention options as well such as: access to medical services, treatment of opportunistic infections, ARVs and contraception services. For care and support, there is psychosocial support/counselling, home-based care, gender support groups, orphan support, bereavement support, change in workload, family/dependent support, among others.

52. The HIV/AIDS response among education sector personnel requires good planning to mitigate the effects on the system said Kinghorn. Projections of HIV/AIDS infection among educators are based on various predication models, observation, interviews with key informants, as well as data collected through development partners and others. Three scenarios of projected levels of HIV infection among educators are presented in the following graph. The first predicts levels of infection in a high prevalence country, the second in a high prevalence

[25] Presentation by A. Kinghorn, "Responding to HIV/AIDS among education sector staff –planning and mitigation". UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16-18 June 2003.

country that has succeeded with a 30% behaviour change, and the third in a low prevalence country.

Graph 1.



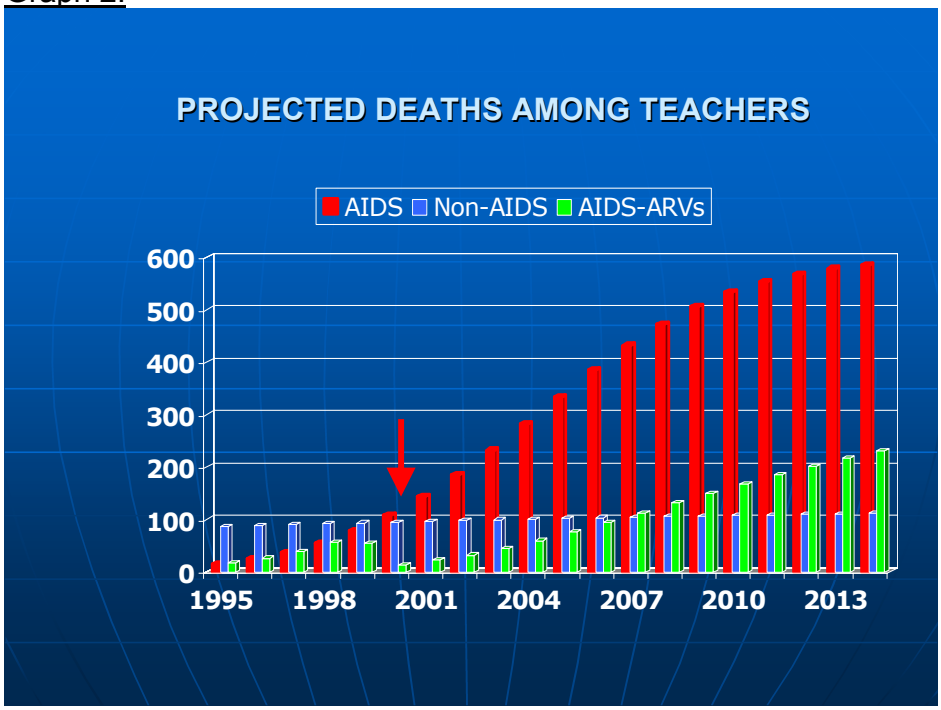
(Source: A. Kinghorn, MTT/Health and Development Africa, Presentation on "Responding to HIV/AIDS among education sector staff –Planning and Mitigation" UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16-18 June 2003).

53. Predictions can also be made in the same way in projecting deaths among teachers over time. The following graph shows the fairly constant number of teacher deaths due to reasons other than HIV/AIDS. It shows an increasing number of teacher deaths due to HIV/AIDS and compares AIDS death rates between those predicated to have received ARV treatment and those that do not. [See Graph 2.]

54. There is mixed evidence concerning whether or not teachers are more susceptible to HIV-infection. Nevertheless, there is a relatively high ability to reduce their risk to HIV infection when they are more informed about the disease. Teachers may be vulnerable for many reasons. Their basic knowledge may be lacking, there may be denial, a sense of fatalism, and attitudes and beliefs that may misguide them. The relative status and wealth of teachers compared to the general population may also put them at higher risk. Postings that separate partners and forms of entertainment may also put teachers at risk. In addition, programmes and services may be lacking for teachers such as condoms, VCTs, STI treatment etc.

55. There is need for situation analyses to determine the impact of HIV/AIDS on teachers. There is also need for prioritisation and role allocation. Where does the HIV/AIDS response fit best and strengthen other priority human resource management and planning agendas? What are the areas of prevention, care and support, and system and quality protection?

Graph 2.



(Source: A. Kinghorn, MTT/Health and Development Africa, Presentation on "Responding to HIV/AIDS among education sector staff – Planning and Mitigation". UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16-18 June 2003).

56. Managing the education human resource impact of HIV/AIDS can be categorised into two main areas. First, provision of social support for employees such as prevention and life skills programmes, in-service and pre-service teacher education, and an integrated HIV/AIDS workplace policy. This also includes prevention, care and support and impact management dealing with such issues as medical care, pensions, employee assistance, other care and support, as well as VCT. The second area covers: preserving quality, managing impact in system function. This involves strengthening basic human resource management from national to district levels, management of ill health and absenteeism (e.g., review of leave entitlements), substitute and relief teachers, success planning and system change for key positions. It also includes teacher allocation and deployment systems, transfer and replacement and factors influencing morale and professionalism. It covers appropriate human resource development and planning (e.g., training output, skills transfer and research capacity, content and role for efficiency and competencies) as well as human resource management information (e.g., HIV/AIDS prevalence surveys among teachers, EMIS, DEMMIS, pension fund, payroll databases).

57. There is generally poor management of information systems on HIV/AIDS in most of the countries. AIDS is an on-going problem that highlights the existing weaknesses in a system. Fortunately, it also presents opportunities to plan for other things. Many responses are possible and potentially affordable. HIV/AIDS should be seen as an opportunity as well as a threat. For example, an effective HIV/AIDS response can actually strengthen EFA objectives.

Putting practical actions into place

58. The challenge to the education service commissions and their stakeholders is to identify practical, viable actions that can be put into place quickly with effect.[26] An objective or work activity can be chosen in areas where the need is greater, where the impact is likely to be greater and where there is likely to be a multiplier effect. Coombe suggests using specific criteria for prioritisation. First, does the activity reach a large audience and number and does it promise to make the maximum impact on a specific aspect of the epidemic? Does the activity address the most urgent challenge (for instance, by targeting the most vulnerable children)? Does the activity promise the maximum leverage, making the biggest impact for the smallest effort, and promising quick and visible positive results?

59. Further criteria include: considering whether the activity deals with a new issue that is not being addressed elsewhere. Is its implementation straightforward because it uses existing processes and infrastructure? Is it independent and can it be executed without conditionality or other prerequisite activities? Is the activity a prerequisite to other important interventions that cannot be launched until the activity has been put in place? Is the activity non-controversial and will it easily get the necessary political, professional and administrative commitment? Does it use locally available resources that facilitate immediate implementation?

60. Suggestions were made on possible activities that fit these criteria. First, improved condition of service for teachers with more pay will improve motivation and performance in the classroom. Second, helping teachers to be less shy and less ignorant in putting the HIV/AIDS message across. Third, trying to include HIV/AIDS among the diseases that are cared for with the right to medical insurance. Fourth, in collaboration with teacher organisations, finding modalities for teacher relief and coming up with a concrete way to put them into practice. Fifth, making proposals on retirement for those with serious illness and seeing how the teachers' service can actually do something about the retirement policy, keeping in close touch with teacher associations and unions.

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[26] Presentation by C. Coombe. "Selecting priorities for action." UNESCO Nairobi Cluster Consultation on HIV/AIDS and the Role of the Education Service Commissions, Kampala, Uganda, 16-18 June 2003.

Managing the response

61. A series of questions were highlighted to guide education planners in planning for HIV/AIDS in the education system. These are: (i) What leadership and structures are required to coordinate and drive responses to HIV/AIDS related human resource issues? (ii) What advocacy and partnerships are needed? (iii) What dedicated management and personnel resources are required to ensure that responses are effective? (iv) What financial and budgetary arrangement should be made to ensure action on issues? (v) What capacity development and technical support may be required? HIV/AIDS functions/issues were mapped out to serve as a basis for country team discussions and guide the reflection on priority issues and actions. [See Table 2.]

Table 2. **HIV/AIDS related functions/issues**

1. Employment policy and regulations a) Workplace policy on HIV/AIDS b) Code of conduct c) Other employment codes, rules, orders, etc.	**2. HIV/AIDS programme** a) Plan b) Monitoring and evaluation	**3. Staff prevention and protection programmes** a) Behaviour change and advocacy b) Life skills c) Peer education d) STI treatment e) Condom access	**4. Efficient management and administration**a) Deployment, allocation b) Recruitment c) Appointment d) Transfer e) Discipline g) Housing	**5. Sick leave/absenteeism management** a) Leave entitlements (sick, special, normal) b) Relief teacher system c) Succession planning
6. Training and skills development a) Pre-service b) In-service c) Output planning d) Skills and curriculum e) Human resources and other management skills f) Other skills transfer and retention mechanisms	**7. Pension and benefits (Ill health, death, funeral)** a) Benefit design b) Financing c) Medical boarding d) Administration e) Other	**8. Medical care** a) Policy b) Finance, insurance c) Service provision	**9. Employee assistance programme** a) Counselling b) VCT c) STI treatment	**10. Information and research** a) Information systems/monitoring (e.g., death, ill health, turnover) b) Research (e.g., impact, option assessment

62. The country teams were asked to identify what they considered to be the most important and to indicate the types of actions (as mapped out above) that could realistically be taken up. The results of this reflection appear in Tables 3-6.

Table 3. BURUNDI HIV/AIDS FUNCTIONS AND ACTIONS

HIV/AIDS RELATED	RESPONSIBLE	ACTION (S)/ STRATEGY

FUNCTION/ISSUE	AUTHORITY	PROPOSED
EMPLOYMENT POLICY AND REGULATIONS		. Advocacy in favour of HIV-infected teachers and protection of rights
. Workplace policy on HIV/AIDS	MINEDUC MINISANTE Ministère à la Présidence charge de l'VIH/SIDA	. Legislation to protect HIV-infected teachers . Sensitisation sessions on AIDS prevention
. Code of conduct	Ministère à de la Justice	Zero tolerance for child abuse and rape
STAFF PREVENTION AND PROTECTION PROGRAMMES		Supplies and equipment for the prevention of HIV/AIDS
. Behaviour change, communication and advocacy	Ministère de la Présidence charge de la lutte contre le VIH/SIDA	. Sensitisation and training
. Life skills		. Integration of life skills in teacher training
. Peer education		. Elaboration of programmes in schools.
. Condom access		Mobilization of funds for the provision of condoms at the workplace
EFFICIENT MANAGEMENT AND ADMINISTRATION	MINEDUC Ministère de Finance	. Clarify the decentralization process in the MINEDUC . Develop plans of action to improve the working conditions of teachers
SICK LEAVE/ABSENTEEISM MANAGEMENT		
. Ill health/ Disability retirement		. Including mental health into the health scheme . Eliminate possibilities for early retirement
. Relief teacher system	MINEDUC MINESANTE Public service President's Office, HIV/AIDS UNIT	Reinforce a system of relief teachers to cover for teachers affected by HIV/AIDS
TRAINING AND SKILLS DEVELOPMENT		Expand training on prevention of HIV/AIDS
PENSION AND BENEFITS (ILL HEALTH, DEATH, FUNERAL)		Setting up commissions specialized in benefits for teachers with AIDS
. Financing		Creation of a budget line to support teachers with AIDS
. Medical care		Interest development partners to support teachers with AIDS
EMPLOYEE ASSISTANCE PROGRAMME		Care and support to teachers with AIDS
. VCT		Encourage VCT among

		teachers
. Other support		Mobilise funds for the purchase of ARV

[MINEDUC: Ministry of Education; MINISANTE: Ministry of Health]

Table 4. KENYA HIV/AIDS FUNCTIONS AND ACTIONS

HIV/AIDS RELATED FUNCTION/ISSUE	RESPONSIBLE AUTHORITY	PRIORITY	ACTION (S)/ STRATEGY PROPOSED
EMPLOYMENT POLICY AND REGULATIONS			
. Workplace policy on HIV/AIDS	Office of the President/TSC/KNUT	HIGH	. Data formulation . Implementation . Monitoring
HIV/AIDS PROGRAMME			
. Plan	Ministry of Education/TSC/KNUT	HIGH	Scaling-up
STAFFPREVENTION PROGRAMMES			
. Life skills	Ministry of Education /TSC/KNUT/KIE	HIGH	Curriculum development
EFFICIENT MANAGEMENT AND ADMINISTRATION			
. Deployment/ allocation	TSC	MEDIUM	On-going
SICK LEAVE, ABSENTEEISM MANAGEMENT			
. Relief teacher system	TSC/ Ministry of Education	HIGH	Initiate immediate discussions
TRAINING AND SKILLS DEVELOPMENT			
. Skills and curriculum	Ministry of Education/Kenya Institute of Education/TSC/KNUT	HIGH	Accelerate and develop log frames
PENSION AND BENEFITS (ILL HEALTH, DEATH, FUNERAL)			
. Financing and insurance	Government of Kenya	HIGH	Implement Kipkulei Report (1999)
. Administration	TSC/Ministry of Finance	HIGH	Accelerate
EMPLOYEE ASSISTANCE PROGRAMME			
. Counselling	Ministry of Education/TSC/KNUT	HIGH	Capacity-building in human resources and financing
INFORMATION RESEARCH			
. Information systems/monitoring (e.g., deaths, ill health, turnover)	Ministry of Education/TSC/KNUT	HIGH	Increase counselling units/sessions

Table 5. RWANDA HIV/AIDS FUNCTIONS AND ACTIONS

HIV/AIDS RELATED FUNCTION/ISSUE	RESPONSIBLE AUTHORITY	ACTION (S)/ STRATEGY PROPOSED
EMPLOYMENT POLICY AND REGULATIONS		. Advocacy in favour of HIV-infected teachers and protection of rights
. Workplace policy on HIV/AIDS	MINEDUC MINISANTE MIFOTRAV	Legislation to protect HIV-infected teachers . Sensitisation sessions on AIDS prevention
. Code of conduct	Ministère de Finance	Zero tolerance for child abuse and rape
STAFF PREVENTION AND PROTECTION PROGRAMMES		Supplies and equipment for the prevention of HIV/AIDS
. Behaviour change, communication and advocacy	Ministère de la Présidence charge de la lutte contre le VIH/SIDA	. Sensitisation and training
. Life skills		. Integration of life skills in teacher training
. Condom access		Mobilization of funds for the provision of condoms at the workplace
EFFICIENT MANAGEMENT AND ADMINISTRATION	MINEDUC MIFOTRAV	. Clarify the decentralization process in the MINEDUC . Develop plans of action to improve the working conditions of teachers
SICK LEAVE/ABSENTEEISM MANAGEMENT		
. Ill health/ Disability retirement		. Including mental health into the health scheme . Eliminate possibilities for early retirement
. Relief teacher system	MINEDUC MIFOTRAV	Reinforce a system of relief teachers to cover for teachers affected by HIV/AIDS
TRAINING AND SKILLS DEVELOPMENT		Expand training on prevention of HIV/AIDS
PENSION AND BENEFITS (ILL HEALTH, DEATH, FUNERAL)		Setting up commissions specialized in benefits for teachers with AIDS
. Financing		Creation of a budget line to support teachers with AIDS
. Medical care		Interest development partners to support teachers with AIDS
EMPLOYEE ASSISTANCE PROGRAMME		Care and support to teachers with AIDS
. VCT		Encourage VCT among

		teachers
. Other support		Mobilize funds for the purchase of ARVs

[MINEDUC: Ministry of Education; MINISANTE: Ministry of Health; MIFOTRAV, Ministère de la Fonction Public et du Travail]

Table 6. UGANDA HIV/AIDS FUNCTIONS AND ACTIONS

HIV/AIDS RELATED FUNCTION/ISSUE	RESPONSIBLE AUTHORITY	PRIORITY	ACTION (S)/ STRATEGY PROPOSED
EMPLOYMENT POLICY AND REGULATIONS	ESC, MOPS, MOES	VERY HIGH	. Identify partners . Initiate meetings
. Code of conduct	ESC, MOES	HIGH	. Review code . Disseminate info. And sensitise . Monitor comp??.
. Other employment codes, rules, orders, etc.	MOPS, MOGLSD	MEDIUM	Action research on what is happening
HIV/AIDS PROGRAMME	MOES, ESC	VERY HIGH	. Start on strategic plan
. Monitoring & evaluation	MOES, ESA, ESC, teachers' organisations		. Develop M & E tools . Implement
STAFF PREVENTION AND PROTECTION PROGRAMMES	ESC, MOES, Teachers' organisations, T. Tr. INST	VERY HIGH	. Identify the key partners . Identify and develop modules and materials
. Life skills	MOES, ESA		. Develop advocacy strategy . Disseminate and sensitise PIASLY
. Peer education	MOES, MOH		
. STI treatment	MOH, MOES	VERY HIGH	. Advocate . Supply condoms
SICK LEAVE/ABSENTEEISM MANAGEMENT	MOES, ESC, MOPS	VERY HIGH	. Review Policy . Disseminate
. Relief teacher system	MOPS, MOES, ESC, Teachers' organisations, MOFPED	MEDIUM	. Develop & disseminate guidelines . Follow-up
. Succession planning	MOPS, MOES, ESC, Teachers' organisations, MOFPED	LOW	. Develop policy guidelines . Disseminate . Follow-up
EMPLOYEE ASSISTANCE PROGRAMME			
. STI Treatment		VERY HIGH	
INFORMATION RESEARCH	MOES, ESA, ESC	HIGH	. Design format . Identify data requirements . Collect, analyse data . Use data

[MOPS: Ministry of Public Service; MOES: Ministry of Education and Sports; MOGLSD; Ministry of Gender, Labour and Social Welfare; ESA: Education Standards Agency; MOH: Ministry of Health; MOFPED: Ministry of Finance: Planning and Economic Development]

63. All four countries selected employment policy and regulations, staff protection/prevention programmes, sick leave and absenteeism management,

and employment assistance programmes as central functions and issues to be addressed by teachers service commissions. See Table 7.

Table 7. Priority issues in the cluster countries

	BURUNDI	KENYA	RWANDA	UGANDA
1. Employment policy and regulations	√	√	√	√
2. Staff protection and prevention programmes	√	√	√	√
3. Sick leave and absenteeism management.	√	√	√	√
4. Employment assistance programmes	√	√	√	√
5. Efficient management	√	√	√	
6. Training and skills development	√	√	√	
7. HIV/AIDS programmes		√		√
8. Pension and benefits	√	√	√	
9. Information and research		√		
10. Medical care				

Recommendations on the way forward

64. The Kampala consultation agreed on the need for an immediate response to HIV/AIDS in the education sector. Key areas and actions were identified for education service commissions to address in collaboration with ministries of education, teacher unions and other stakeholders.

65. Countries welcomed the cluster-approach adopted by UNESCO/Nairobi as many concerns are common and valuable lessons are learned from each other within the cluster to help in the fight against HIV/AIDS. Countries requested UNESCO to pursue the cluster-approach for HIV/AIDS and education and to call upon the services of the MTT to strengthen the process.

66. The Kampala consultation merged well with the first cluster consultation on HIV/AIDS and education that was organised by UNESCO/Nairobi three months earlier in Kigali, Rwanda. The four countries in the cluster were able to build on the knowledge and experiences gained in Kigali and move quickly to the next step - giving specific focus to the teaching service and management of the service in the face of the challenges of HIV/AIDS.

67. The Kampala consultation offered a unique opportunity for partnership building between the teachers' service commissions, ministries of education and the teachers' unions. Country teams were able to identify more concerted and effective actions to protect teachers and education systems overall. Ministries of education, teachers' service commissions and the teachers' unions considered themselves partners in development and agents of change despite their differences. Particularly encouraging was the unanimous support expressed by representatives of the teachers' unions on the need to make HIV/AIDS a priority. The unions declared that they needed to shout loud and clear about protecting teachers from HIV infection. They expressed unwavering commitment to finding ways to keep teachers HIV-free.

68. The consultation focused on teachers as individuals and employees and schools and learning institutions as workplaces. Countries in the cluster are now aware of the need to develop a policy on HIV/AIDS for the education workplace. Here, experiences from ILO can guide the process that must be tailored to the particular needs of countries in the cluster. There is need for a workplace policy at different levels, for the teachers service commissions and the ministries, district and provincial offices, for schools and learning institutions.

69. Policies and systems for reducing the costs of HIV/AIDS to the education sector, improving efficiency and planning staff deployment and redeployment must be put in place. Teachers' establishment policies need to be revisited to take into account HIV/AIDS and the need to sustain the provision of quality education. Service commissions along with the teachers' unions and other concerned parties should begin to review early retirement schemes to enable sick teachers to take early retirement with entitlement without fear and victimization.

70. HIV/AIDS prevention training for teachers and other educational personnel must be put into place. Service commissions must ensure preventive education among teaching personnel so that all teachers understand that they are critical agents of change and important actors in the fight against HIV/AIDS.

71. Effective AIDS education programmes must be tailored to disseminate information and knowledge about HIV/AIDS in a medium that is culturally acceptable. Effective communication strategies must gain the commitment of all stakeholders. Better resource materials for teachers should be developed as a matter of priority to provide them with life skills that can help and make them more effective in imparting life skills and sex education.

72. Teachers should be encouraged to seek out voluntary counselling and testing (VCT) to be able to protect and take care of themselves accordingly. Those who are HIV-free must know how to keep themselves and their partners HIV-free. HIV-positive teachers should learn how to stay healthy and when and where to seek medical advice and care. They must be aware of the

consequences of unsafe sexual practices. VCTs must meet legal and confidentiality requirements and in no way should one's HIV-status be disclosed without their consent and used to discriminate against them in the work environment.

73. Codes of conduct and discipline need to be applied rigorously and consistently. They need to be reviewed to take into account the challenges of HIV/AIDS. There should be zero tolerance for sexual harassment and sexual abuse by teaching staff on students, or of students on students. Schools must provide a safe and caring environment. Sexual abuse in the school environment cannot be tolerated under any circumstances.

74. There is need for impact assessments to establish the actual impact of HIV/AIDS on teachers. Planning and management capacities must respond to and implement the recommendations of such impact assessments.

❖

ANNEX 1

UNESCO Nairobi Cluster Consultation
HIV/AIDS and the Role of the Education Service Commissions

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ANNEX 2

UNESCO Nairobi Cluster Consultation
HIV/AIDS and the Role of the Education Service Commissions

PROGRAMME

DAY 1:	**Monday, 16 June 2003**
8:00-8:45	Registration
OPENING SESSION	*Mr. Hajj B. Lubega Wagwa, Host* *Chairperson/Education Service Commission*
9:00-9:10	Welcome and Introductions by the Chairperson of the Workshop
9:10-9:25	Background to the consultation *Dr. Susan Nkinyangi, UNESCO Nairobi*
9:25-9:45	Keynote Address *Professor Rwomushana, Uganda AIDS Commission*
9:45-10:00	Official Opening by the Guest of Honour *Hon. Dr. Kiddu Makubuya* *Minister for Education and Sports, Uganda*
10:00-10:30	*Coffee/tea break*
SESSION 1 Plenary	*Chairperson, Dr. Jane Mulemwa, Deputy Chairperson,* *Education Service Commission, Uganda*
10:30-13:00	**The work of teaching service commissions in Eastern Africa and the challenge of HIV/AIDS.** Country presentations by: • Burundi • Kenya • Rwanda • Uganda
13:00-14:00	Lunch break
SESSION 2	*Chairperson, Kenya* Plenary and small groups
14:00-15:15	**What problems does HIV/AIDS pose for Education Human Resource (EHR) management at national, district and school levels?** *Introduction in plenary followed by group work.* *Dr. Dhianaraj R Chetty (MTT)*
SESSION 3 Plenary	*Chairperson, Rwanda*
15:15-17:00	D**eveloping a response to HIV/AIDS in terms of EHR.**

	Report back in plenary (on cards) and discussion of emerging EHR themes. Ms. Carol Morgan Coombe and Dr Anthony Kinghorn (MTT)
17 :00	*Coffee/tea break*

DAY 2: Tuesday, 17 June 2003

SESSION 4 Plenary 9 :00-10:00	HIV/AIDS Questions & Answers *Dr Anthony Kinghorn, MTT*
SESSION 5 Plenary	*Chairperson, Rwanda*
10:00-10:15	**Developing a response to HIV/AIDS in terms of EHR.** Report back in plenary (on cards) and discussion of emerging EHR themes. Ms. Carol Morgan Coombe and Dr Anthony Kinghorn (MTT)
SESSION 6 Plenary	*Chairperson, Mr. Yusuf Nsubuga,* Commissioner Secondary Education, Uganda
10:15-11:00	**Responding to HIV/AIDS in the classroom and community.** *Presentation by Carol Coombe (MTT) and discussion*
11:00-11:30	*Coffee/tea break*
SESSION 7 Plenary	Chairperson, Kenya
11:30-12:15	**Responding to HIV/AIDS through planning and mitigation.** Presentation by Dr Anthony Kinghorn (MTT) and discussion
SESSION 8 Plenary	*Chairperson, Rwanda*
12:15-13:00	**Responding to HIV/AIDS in the workplace.** *Presentation by Dhianaraj Chetty (MTT) and discussion*
13:00-14:00	Lunch break
SESSION 9 Plenary	Chairperson, Ms. A. Nakkazi, Secretary-General, Uganda National Commission for UNESCO
14:00- 15:00	**Notable examples of prevention in the workplace (NGOs, business, inter alia) in Uganda.** Panel and plenary discussion
SESSION 10 Plenary	*Chairperson, Burundi*
15:00-16:30	**Stakeholder issues: unions, communities, dependants.** Panel discussion with Teachers' Union representatives

SESSION 11	*Chairperson, Burundi*
16:30-17:30	**Prioritisation: where to start, what is appropriate and possible in the short and long term?** *Presentation by Carol Coombe (MTT) and discussion.*
17:30	*Coffee/tea break*

DAY 3: Wednesday, 18 June 2003

SESSION 12	*Chairperson, Kenya*
08:30-10:30	Group work **Identifying key issues, responsibilities, priorities and actions**
10:30-11:00	Group work **Key capacity and resources to drive responses to human resource issues raised by HIV/AIDS**
11:00-11:30	*Coffee/tea break*
SESSION 13	*Chairperson, Rwanda*
11:30-12:30 Plenary	**Report back by country groups on ESCs, TSCs/PSCs commitment to action**
SESSION 14 *Plenary*	Chairperson, Ms. Mary L. Nannono, Secretary, *Education Service Commission*
12:30-13:30	**Way forward** Next steps in process UNESCO Nairobi Cluster and partnerships MTT support partnerships
13:30-14:00	Official Closing, Honourable Geraldine Namirembe Bitamazire, Minister of State for Primary Education, Uganda
	Adjourn

ANNEX 3

EXAMPLE OF A PRIVATE SECTOR HIV/AIDS POLICY -EXCERPTS[27]

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) POLICY

PURPOSE
The purpose of the AIDS policy is to:

a) Define the responsibilities of the 'Firm' and Staff regarding HIV/AIDS
b) Confirm the confidentiality of any voluntary disclosure of HIV/AIDS status
c) Reassure employees that nobody will be unfairly discriminated against based on their HIV status
d) Set the 'Firm's position concerning AIDS in our workplace
e) Clarify uncertainties regarding HIV/AIDS in the workplace
f) Align the 'Firm' to existing Codes of Good Practice and other national and international legal and regulatory frameworks relating to HIV/AIDS in the workplace.

RESPONSIBILITIES
It is the responsibility of the 'Firm' to:

- Eliminate unfair discrimination on the basis of HIV/AIDS status
- Raise the awareness and understanding of the disease amongst employees
- Encourage sensitivity to and understanding of employees affected by HIV/AIDS
- Minimise the impact of HIV/AIDS on the 'Firm', its employees and their families
- Provide access to adequate medical and income protection for staff
- Develop an HIV/AIDS management programme for the workplace
- Develop a communication plan to ensure that the Policy and Programme are understood by employees

It is the responsibility of Staff to:

- Understand the disease and how it is transmitted
- Participate in the medical and income protection programmes made available by the 'Firm'
- Take all reasonable steps to safeguard their own health and the health of their families and colleagues
- Advise the 'Firm' when they are unable to perform the tasks for which they were employed

CONFIDENTIALITY AND DISCLOSURE
Employees are not legally required to disclose their HIV/AIDS status. Such disclosure is voluntary. If an employee discloses his/her HIV/AIDS status to any person employed by the 'Firm' (e.g. colleague, manager, partner or Human Resources Professional), this will be treated in the strictest of confidence and further disclosure will not take place without the employee's express written consent.

Employees are encouraged to disclose their HIV/AIDS status so that they can be advised and supported in the following areas:

o Confirmation that they have the disease (certain tests are not reliable)
o Knowledge of the disease and ways it can be effectively managed
o Access to appropriate medical benefits, counselling and services to manage the disease
o Proper management and effective treatment of the disease from an early stage will improve an employee's quality of life and extend life expectancy
o Knowledge of the Firm's Disability Assurance policy, which provides employees with income

[27] Excerpts from an HIV/AIDS policy of Deloitte & Touche (South Africa) dated November 2001.

protection during periods of disability, should such disability arise
o Communications with the 'Firm' and family members, if this is requested by the employee concerned
o Any matter that the employee may regard as unfair discrimination relating to the disease

HIV TESTING
Employees are encouraged to know their HIV/AIDS status. The 'Firm' can refer employees (at their own expense) to relevant specialist practitioners who can provide reliable testing with pre- and post-test counselling, should they wish to be tested.

The 'Firm' may occasionally request employees to participate in a general workplace HIV/AIDS testing programme at its own expense. The purpose of any such programme will be to ascertain the prevalence of the disease within the 'Firm' for group insurance purposes. However, employees are not obliged to participate in any HIV/AIDS medical testing arranged or requested by the 'Firm'. Any programme of this nature will protect the identity of employees who elect to participate, as well as the results of all tests conducted. In addition appropriate pre- and post- test counselling will be provided, along with a confidential method of obtaining test results from a qualified medical practitioner, should the employee require such results.

LEADERSHIP
Due to the priority afforded by the 'Firm' to the HIV/AIDS issue, the CEO and EXCO will monitor the implementation of the 'Firm' 's HIV/AIDS policy and any related workplace HIV/AIDS programme by Group Human Resources and Development to ensure its usefulness and effectiveness.

CONTINUED EMPLOYMENT, TRAINING AND PROMOTION
The 'Firm' is committed to the following:

a) No employee will be unfairly discriminated against based on his or her HIV/AIDS status.
b) All employees will be eligible for training and development irrespective of their HIV status.
c) Decisions made regarding the promotion of an employee will be based solely on merit and ability to fulfil the requirements of the job.
d) Employment will not be discontinued because an employee has HIV/AIDS. The 'Firm' will treat HIV/AIDS as it would any other life threatening disease. Employees may continue to work for as long as they meet the required performance and safety standards.

Employees who are unable to continue working due to the effects of AIDS may apply for disability benefits in terms of the Firm's policy. In terms of the 'Firm's Disability Assurance employees who have been treated for a condition in the 6-month period preceding employment will be excluded from cover for that specific pre-existing condition if it renders them incapable of performing their duties during the first 12 months of employment.
The Labour Relations Act provides for the termination of employment on the grounds of incapacity due to ill health or injury. The 'Firm' will adhere to the guidelines as set out in the statute when considering the feasibility of continued employment should an employee's illness adversely affect his/her performance.

COUNSELLING
The Human Resources Professional is in a position to arrange professional HIV/AIDS counselling services for employees. These services are available for employees who require assistance in dealing personally with HIV/AIDS infection and also in cases where they or their families require assistance in coping with family/friends/colleagues who may be infected.

BENEFITS

Medical scheme cover

The Firm's medical scheme, CAMAF, provides an HIV/AIDS benefit management programme. Details of the programme are available from CAMAF. This programme guarantees absolute confidentiality.

Retirement Funding

Employees who leave the service of the 'Firm' in accordance with the 'Firm' 's Disability Policy will continue to contribute to the Pension and Provident Funds.

Disability and Group Life Assurance

No distinction in benefits is made between disability resulting from HIV/AIDS and any other cause of disability and provided an employee is not excluded on the basis that HIV/AIDS is s pre-existing condition (as set out in the Policy) benefits will be payable. Employees who die as a result of opportunistic infections caused by HIV/AIDS are subject to the same Group Life Assurance Policy as all other employees. In the event that the insurers introduce specific limits and/or exclusions, employees will be informed accordingly.

SICK AND COMPASSIONATE LEAVE

Sick and compassionate leave benefits are provided for in employee terms and conditions of employment. These benefits conform to relevant legislation.

FLEXIBLE WORK ARRANGEMENT POLICY

The 'Firm' has a Flexible Work Arrangement Policy, which allows employees in certain roles to make use of flexible work arrangements. Employees directly or indirectly affected by HIV/AIDS may request to be allowed to make use of the flexible work arrangements in terms of this policy. Requests of this nature are to be submitted to the relevant Partner, who will make a decision in consultation with the Human Resources Professional. Each request will be considered on its own merits, provided the role allows for the flexibility required.

FIRST AID EQUIPMENT

Appropriate protective First Aid equipment will be available to deal with workplace accidents or incidents where body fluids may be present. The practise of precautions will limit risk and will be part of all first aid training.

WORKING WITH HIV/AIDS INFECTED COLLEAGUES

The disease is transmitted through the exchange of body fluids. Where the risk of infection arises, the 'Firm' will provide appropriate protective equipment. Provided that such equipment is available when required, there is no basis for refusing to work with infected colleagues on grounds of risk to health.

HIV/AIDS PROGRAMMES

The 'Firm' will implement HIV/AIDS programmes in line with best practice. The programmes will be designed to equip employees to effectively address the impact of HIV/AIDS in their own lives and on the activities of the 'Firm' and its clients.

MONITORING AND REVIEW

This Policy and the HIV/AIDS programmes will be subject to on-going monitoring and review to ensure that the 'Firm' is in line with best practice, and to ensure that set goals and objectives are met.

ANNEX 4

UNESCO Nairobi Cluster Consultation
HIV/AIDS and the Role of the Education Service Commissions

Evaluation of consultation

Participants were generally positive in their evaluation of the meeting. The majority ranked the various sessions as valuable, if not, absolutely essential. Participants also provided indication of what new knowledge they acquired and where they hope to go in the response to HIV/AIDS.

Comments from participants:

- There is a need for a workplace HIV/AIDS policy as a pre-requisite for other interventions.
- The presentations all justify the need for a policy on HIV/AIDS and education.
- There is need to mainstream HIV/AIDS in all policy areas.
- Teachers' unions need to do more on HIV/AIDS.
- It is time we begin working together (with the Teachers' Union), the Ministry of Education cannot handle everything.
- Very significant that we include HIV/AIDS in the Teachers' Union policy and then develop a strategic plan.
- The single most important next step: 'starting now', 'commitment', 'involving the teachers' union', 'information dissemination', 'maintaining enthusiasm and focus'…
- The workshop created great awareness and motivation to go and do something.
- The sessions on responding to HIV/AIDS in the classroom and community and through planning and mitigation were very good but too short.
- The session on responding to AIDS in the workplace was stellar??.
- The experience presented from the Standard Chartered Bank is not very easily workable in government … it was not appropriate to the teaching sector … it was not the best example.
- It is clear that a teachers' service commission must be put in place (in our country).
- We must inform national authorities of the results of this conference in order to guide them in putting into place actions that are required.
- We must set up a permanent coordination structure at the level of the cluster countries and include Tanzania.

- There must be a cluster-level plan of action outlining the responsibilities of the participating countries and stakeholders.
- Peer education can help a great deal in influencing behavioural change.
- We have gained a lot from this consultation that has reinforced the experiences and knowledge gained from the March 2003 Kigali Cluster Consultation.
- This consultation will guide us in putting into place an action plan to reduce the rate of HIV/AIDS infection and mitigate the impact of the disease on individuals, the families and communities.
- Teachers' service commission can facilitate peer education.
- There should have been more time for the HIV/AIDS Q & A session.
- We need to have more interaction among the teachers' service commissions in the cluster.
- Appropriate policies must be put into place and practical solutions found.
- It is possible to manage better the impact of HIV/AIDS; the country presentations provided a pool of possible actions to mitigate the effects.
- There is need to draw up a plan of action clearly indicating activities to be carried out in the short, medium and long term with indication of the timeframe and delegation of responsibility.
- We need to prepare for a relief teacher system.
- More time should have been allocated for identifying the way forward and ensuring country commitments. A feedback mechanism should have been instituted as well.
- Now we know where we are and how much there is to be done.
- More time was needed on the way forward.
- Now I agree the Education Service Commission needs to stand up and quickly take a lead.
- We need to work as a team and find relevant laws and regulations to answer the call.
- The meeting allowed us to share experiences and become aware of the challenges ahead of us.
- We have waited too long to respond to the HIV/AIDS pandemic. Nonetheless, I am pleasantly surprised to learn of interactions being tried to assist the population at large and more specifically teachers.
- Many aspects interested me. However, I ponder why the MTT (USAID) has not placed offices in our respective countries.
- What interested me the most was how HIV/AIDS has affected each individual, each workplace, each institution and especially the education sector.