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Teacher management in a context of HIV and AIDS

Lesotho report

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Education in the context of HIV & AIDS

This report is one of a series of case studies and forms part of a project entitled 'Teacher Management in a Context of HIV and AIDS'.

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Background to the research

Introduction

This study aims to describe and analyse the results of a qualitative research study on teacher management policies, tools and practices in Lesotho, a country where HIV and AIDS is highly prevalent. The research aims to discover whether teacher management policies, tools and practices have evolved in high prevalence settings as a response to the HIV epidemic.

The current report is part of a series of monographs commissioned in 2008–2009 by the International Institute for Educational Planning (IIEP) at the United Nations Educational, Scientific and Cultural Organization (UNESCO) and will contribute to a multi-country synthesis of similar studies. The eight countries included in the study have some of the highest HIV prevalence rates in southern Africa: Botswana, Kenya, Lesotho, Malawi, Swaziland, Tanzania, Zambia and Zimbabwe. It is expected that analysing the situation in countries most affected by HIV and AIDS will shed light on innovative approaches undertaken in terms of teacher management.

Overview

The push for Education for All (EFA) has greatly increased primary school completion rates and demand for secondary education. In order to sustain the rapid expansion of education in developing countries, a large number of teachers will have to be recruited over the next decade. The UNESCO Institute for Statistics (UIS) estimates that 18 million primary school teachers will be needed over the same period to achieve Universal Primary Education (UPE) (UIS/UNESCO, 2006). However, while teacher demand is increasing, the epidemic is having a negative impact on teacher supply. Many countries are already facing teacher shortages, and the AIDS epidemic has created additional obstacles in responding to demand and in meeting the objectives of quality education.

In sub-Saharan Africa alone, the region most affected by the epidemic, 1.6 million additional primary teachers will be required by 2015 (UIS/UNESCO, 2006). In the hardest hit countries, where overall mortality rates have increased as a result of the epidemic, teachers have been dying in greater numbers than in the past. However, it is impossible to say with any precision what proportion of these deaths is related to AIDS. In Malawi, nearly 40 per cent of all teacher losses are due to terminal illnesses, most of which are presumed to be AIDS-related illnesses (World Bank, 2007).

Attrition remains high among teachers, estimated between 6.5 per cent and 10 per cent in southern African countries (UIS/UNESCO, 2006). How much of this loss is due to AIDS-related stress and illnesses is not known. The number of teachers who die every year is fortunately lower than predicted in earlier studies using AIDS-adjusted demographic projections (Bennell, 2005). Precise rates of HIV infection among teachers remain unknown in most countries, but recent research shows that HIV prevalence rates among teachers tend to be similar to those found in the general population. A comprehensive study of South African public schools, for example, found that 12.7 per cent of teachers were HIV-positive – a very high figure, but not significantly different from the rate among the general population (Shisana et al., 2004).

Absenteeism is problematic in many countries,[1] regardless of HIV and AIDS. However, the epidemic has transformed absenteeism into a very serious issue in highly impacted settings. In Zambia it is estimated that 60 per cent of teacher absences are due to illness or having to care for family members or attend funerals (UNAIDS/WHO, 2006). In Namibia, sick leave and attendance at funerals are the largest causes of absences in the northern provinces (Castro et al., 2007). Absenteeism has major implications for the quality of education; classes are often not taught and it creates heavier workloads for the remaining teachers and increases reliance on less qualified teachers (see Caillods

[1] It is very difficult to obtain reliable data on the extent of teacher absenteeism, but it is generally understood to be quite high for a number of reasons such as illness, low salaries, collecting payments, etc.

et al., 2008). The effects on teacher morale also have an impact on job commitment and performance.

This has major implications in terms of costs. The financial impact of teacher absenteeism due to AIDS-related illness for Mozambique and Zambia in 2005 was estimated at US$3.3 million and US$1.7 million respectively (plus an additional US$0.3 million and US$0.7 million respectively in increased teacher training costs). According to projection data, it appears that absenteeism generates significantly higher costs (24 per cent to 89 per cent of overall HIV and AIDS costs) than the cost of hiring and training new employees to replace those lost to AIDS (17 per cent to 24 per cent). This differential may be slightly lower for teachers, given the length of their training (see Desai and Jukes, cited in UNESCO, 2005, p. 89).

Little information is available on how teacher policies and management practices have been affected by and adapted in response to the HIV epidemic. In a context where HIV is prevalent, teacher management issues such as workplace policies, access to treatment, retention, early retirement, redeployment of teachers needing care, training and replacement of missing or absent teachers are all issues that need to be addressed.

While the role of education in HIV prevention efforts has been recognized as a key factor in tackling the HIV epidemic, less attention has been paid to mitigating the impact on the education sector itself. Implications for the management of teachers, who in most developing countries represent the largest segment of the public workforce, need to be explored. The present research intends to fill this gap and will seek to review current teacher management practices in some of the most highly affected countries.

Scope and key research questions

This study, and all eight country studies, are concerned with describing and reviewing current teacher policies and management practices in primary and secondary formal education. Issues relating to teacher management and support in tertiary institutions are not addressed, as well as issues of pre-service training, curriculum, practices at school level or the distinction between different types of schools. The visits to schools provide insights into the awareness of policies by the head teacher and teachers themselves, as well as possible difficulties in the implementation of these policies.

The main objectives of the research for this study, and for all eight country studies, are as follows:

- to enhance knowledge on the extent of the impact of HIV on teachers
- to highlight teacher management strategies that can be replicated and/or adapted by policymakers
- to provide practical suggestions and policy directions for improving teacher management in a context of HIV and AIDS.

The current study specifically addresses the following questions:

- What is the degree and monitoring of teacher absenteeism and attrition in Tanzania and what are the measures adopted to address those problems, including replacing teachers?
- To what extent have HIV and AIDS affected teacher management practices, and to what extent are the effects of HIV taken into account to plan teacher supply and demand?
- Has the role of stakeholders in teacher management evolved as a result of HIV or indirectly through new legal and social measures affecting the teacher policy framework?
- What measures, if any, have been adopted to protect the rights of HIV-positive teachers?

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List of acronyms

ACL	Anglican Church of Lesotho
AHRO	Assistant Human Resources Officer
AIDS	Acquired Immune Deficiency Syndrome
AME	African Methodist Episcopal
ART	Antiretroviral treatment
ARV	Antiretroviral drugs
ASC	Advisory School Committee
CEO	Chief Education Officer
CGPU	Child Gender Protection Unit
DEO	District Education Officer
DRT	District Resource Teacher
DTEP	Distance Teacher Education Programme
ECCD	Early Childhood Care and Development
EFA	Education for All
EFAIDS	Education for All and HIV/AIDS
EGIS	Education Geographic Information System
EMIS	Educational Management and Information Systems
ESDP	Education Sector Development Plan
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
GNP	Gross National Product
GoL	Government of Lesotho
HIV	Human Immunodeficiency Virus
IIEP	International Institute for Educational Planning
ILO	International Labour Organization
JC	Junior Certificate
LCE	Lesotho College of Education
LEC	Lesotho Evangelical Church
LENEPOWA	Lesotho Network of People Living Openly with HIV and AIDS
LNLDC	Lesotho National Curriculum Development Centre
LP	Lesotho Polytechnic
LTTU	Lesotho Teacher Trade Union
MC	Management Committee
MOE	Ministry of Education
MOET	Ministry of Education and Training
MOF	Ministry of Finance
MOHSW	Ministry of Health and Social Welfare
NAC	National AIDS Commission
NCDC	National Curriculum Development Centre
NER	National Enrolment Rate
NFE	Non-formal education
NGO	Non-governmental organization
NUL	National University of Lesotho
PPP	Purchasing power parity
RCM	Roman Catholic Mission
SIAPAC	Social Impact Assessment and Policy Analysis Corporation Ltd.
SMC	School Management Committee
TSC	Teaching Service Commission
TSD	Teaching Service Department
TVET	Technical and Vocational Education Training
UIS	UNESCO Institute for Statistics
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme

UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing

Executive summary

Introduction

This study aims to describe and analyse the results of a qualitative research study on teacher management policies, tools and practices in Lesotho, a country where HIV and AIDS is highly prevalent. It looks at whether these policies, tools and practices have evolved in response to the HIV epidemic.

Study design and data collection

The research was conducted in November 2008 by Lesotho's Ministry of Education and Training (MOET) and UNESCO's International Institute for Educational Planning (IIEP). The research was carried out by Senior Economic Planner Mr Haleokoe Jopo, who was responsible for the logistics. The Senior Education Officer for Berea District is the main author of this report.

The research team conducted in-depth interviews with teachers, principals/head teachers, members of School Management Committees, and senior- and middle-level officers from the MOET. The team also visited an urban school in Maseru District and two rural schools in Berea District (one primary school and one secondary school). Maseru District was chosen because of the high HIV prevalence in the district of 35 per cent and the high concentration of stakeholders in the nation's capital. Berea District was chosen because of its geographical proximity to Maseru, although the HIV prevalence in this district is relatively low (13 per cent).

Education officers from four districts – Maseru, Berea, Leribe and Mafeteng – were invited to Maseru for interviews. Representatives from two teachers' unions, as well as the Chairperson of the Lesotho Network of People Living Openly with HIV and AIDS (LENEPOWA), were also interviewed. In total, interviews were conducted with 25 different stakeholders. This research was supplement by information from background documents and literature searches.

Key findings

1. Attrition

In 2007, a total of 874 primary and secondary school teachers left the teaching service in Lesotho, according to the Teaching Service Commission (TSC). The attrition rate among primary teachers is around 7 per cent, while among secondary teachers, it is about 10 per cent. There are many reasons for teachers leaving the profession, including seeking better paid jobs elsewhere, study leave, sickness and retirement.

HIV significantly increases teacher attrition, particularly in high prevalence settings, because infected teachers become sick, die, retire early on medical grounds, resign or stop attending school. This is contributing to an already critical shortage of teachers in Lesotho.

Obtaining reliable data on rates of and reasons for teacher attrition in relation to HIV and AIDS is very difficult, especially due to the stigma surrounding the epidemic and issues of confidentiality. However, estimates of HIV prevalence among teachers in Lesotho of up to 31 per cent give an idea of the extent to which HIV and AIDS directly or indirectly impact teacher attrition in Lesotho (this compares to an average prevalence rate of 23.2 per cent among adults in the country).

The TSC reports an increasing number of deaths (from 131 in 2004 to 231 in 2007), as well as resignations (from 362 in 2004 to 574 in 2007). Projections about HIV prevalence show a steady rise from 2000 to 2007. Cumulative deaths from AIDS among teachers are estimated to be between 3,400 and 4,100 by 2010, representing up to 2 per cent of the teaching force in that year (SIAPAC, 2003). The availability of antiretroviral treatment (ART) may have a significant impact on the death rate, but it is not yet clear to what extent.

2. Absenteeism and leave

All respondents confirmed that teacher absenteeism is very problematic in Lesotho. The TSC states that "[t]eacher absenteeism has reached crisis levels in schools". Although there is no specific data that bears these findings out, it is nevertheless clear that HIV has a negative impact on the teaching cadre by increasing absenteeism, increasing the number of deaths and decreasing productivity. Some teacher absences are related to HIV, either through personal illness, attendance at funerals or having to care for a sick family member. Some teachers absent themselves when their spouses are sick.

A head teacher may grant a teacher sick leave with full pay for a period not exceeding three consecutive days, not more than once in any quarter. Beyond this limit, the head teacher may grant a teacher sick leave with full pay upon submission of a doctor's certificate. If a teacher is certified by a doctor as being unfit for duty for a period of more than 15 days, the school board or management committee may apply to the TSC for a temporary substitute teacher. If the sick leave exceeds 60 school days, a substitute teacher shall be elected. In terms of long-term sick leave, teachers are entitled to six months with full pay, followed by six months on half pay upon submission of a doctor's certificate. After this, retirement on medical grounds can be considered.

In practice, short-term sick leave of one week at a time can be extended for months. The sick teacher will come back for a week or two so that his/her absence cannot be considered as continuous. As a result, schools cannot apply for substitute teachers, adding to the already heavy workload of teachers who remain in post. Teachers are unaware of their entitlement to take sick leave and are reluctant to claim their entitlement for fear of losing their jobs. And head teachers are reluctant to take action against absent teachers, expecting the District Education Officer (DEO) to take responsibility.

3. Deployment and transfer

There is no policy on teacher transfers. Each case is treated on its own merit and the final decision lies with the School Management Committees for recommendation to the TSC. However, it is clear from this research that some teachers are citing illness as a reason for requesting a transfer.

No official measures have been put in place for teachers requesting to be transferred closer to a health centre, but according to the TSC, such requests are generally granted on an individual basis. However, this study concluded that a general transfer policy could lead to a concentration of HIV-positive teachers in urban areas, leaving rural areas with even fewer teachers. Instead, it was recommended that the Ministry of Health should bring health services closer to the people who need treatment, possibly using mobile health units.

4. Teacher management tools

Teacher management tools in Lesotho are extremely unreliable. At the school level, teacher absenteeism is supposed to be recorded in books. However, these books are not always well maintained and some head teachers do not use them at all. As a result no disciplinary measures can be taken against teachers because there is no evidence against them.

At the central level, three databases exist: 1) the Teaching Service Department (TSD) database; 2) the Ministry of Finance (MOF) payroll database; and 3) the Education Management Information System (EMIS) database. However, these databases are unreliable and do not communicate with each other, leading to duplication of efforts. Lack of information about teachers at a central level makes it extremely difficult for the education sector to plan ahead.

A proposal was put forward by the EMIS Unit in 2005 to pilot a District-level EMIS (DEMIS) based on a similar initiative conducted in Zimbabwe. DEMIS forms are designed to capture the changes occurring in the school from month to month. Teacher-related information requests included such information as absenteeism by reason on a monthly basis, the number of staff trained in HIV & AIDS and life skills education, the number of school days lost through staff absenteeism by reason, and the number of staff who left the school. Unfortunately, however, the initiative was not taken forward.

5. Policies

Lesotho is developing an HIV and AIDS Bill. In so doing, it has adopted an inclusive process by setting in motion an extensive consultancy process. The Labour Code (Amendment) Act (No. 5 of 2006) prohibits the imposition of HIV testing prior to and during employment, ensures confidentiality and

non-disclosure, and prohibits discrimination in employment (UNGASS, 2008, p. 5–6). However, there is no official HIV and AIDS plan for the education sector or approved workplace policy. There is a draft education sector policy on HIV and AIDS, but it has not yet been approved at the time of writing. Despite the in-service teacher training intended to benefit learners, it is evident that currently there is no programme, plan or strategy to address the needs of teachers in relation to HIV and AIDS. The Ministry of Education (MOE) has developed a draft workplace policy that is awaiting consensus review. There are also programmes that have been developed by the teacher unions, but these remain uncoordinated by the sector leadership.

6. Structures

In 2000, an *ad hoc* committee of seven officers from various MOE departments was formed to focus on HIV and AIDS. They in turn developed a training manual on counselling and HIV and AIDS in schools. This manual was used as a first tool to sensitize education sector personnel on HIV and AIDS and counselling issues in 2002/2003.

The office of HIV and AIDS Coordinator was established in 2003 within the Ministry of Education and Training (MOET). In 2004, the MOET started HIV interventions by launching voluntary counselling and testing (VCT) for the education sector. In 2004 and 2005, the sector personnel at central and field level (teachers included) received free HIV testing and counselling, as well as free HIV and AIDS care and treatment from doctors of clients' choices throughout the country.

The MOE Unit is staffed by the HIV and AIDS coordinator and counsellor. The HIV coordinator is responsible for coordinating all HIV activities within the Ministry, spending 100 per cent of his time on HIV issues. The HIV counsellor is part of the HIV Unit of the MOE, spending about 80 per cent of staff time on HIV issues. The unit carries out sensitization campaigns, training, counselling and testing to all pupils as well as staff. However, the unit is significantly understaffed.

In all District Education Offices (DEO) there is an HIV focal point. Responsibilities include organizing the workshops decided by the HIV Unit, organizing meetings at the request of head teachers and speaking to teachers. They spend a lot of their time monitoring, talking to teachers on how to deal with orphans and registering them, advising on medication, visiting teachers and attending district meetings on HIV and AIDS organized by the National AIDS Commission.

There are plenty of structures for HIV-positive teachers to turn to including their head teacher or trained lay counsellors (see section 8 on Training); they can also go to the HIV and AIDS Unit for counselling services with the HIV and AIDS counsellor to organize voluntary testing and awareness campaigns, to the district focal point or the trade unions, which all have an HIV and AIDS coordinator.

7. Treatment

The Government of Lesotho has now made antiretroviral treatment (ART) freely available to all citizens, including HIV-positive teachers, and has been running a campaign for voluntary counselling and testing of teachers across the country. Those who test positive are referred to the public health system.

Since 2003, the MOET put 2 per cent of its budget aside for HIV, and treatment was made available to teachers through approved doctors in a confidential manner. The HIV Unit had established structures in each district (identified doctors with required qualifications to deliver ART and negotiated prices with them). Teachers did not have to travel far for treatment. Those who tested positive would receive counselling from the HIV Unit and be referred to a trained medical doctor in their area for ARV medication and health check-ups. The doctor would invoice the MOET directly. This was effective in keeping confidentiality. However, the MOET was paying a high cost and system abuses led them to discontinue this practice. The provision of treatment was delegated to the Ministry of Health in 2006. All ART was then made available free of charge and administered in government clinics.

However, there are several problems with the new arrangement, namely the lack of confidentiality in government clinics, overcrowding, lack of counselling and, in some areas, unavailability of medication.

8. Training

The shortage of teachers in Lesotho is such that Lewin and Stuart (2003) reported that teacher training institutions needed to produce five times more than their usual output to address the

shortage. While there are plans to increase the intake into primary teacher training to meet this demand, at present training institutions are not attracting sufficient numbers of applicants. Shortages are particularly difficult to address at secondary level, especially in mathematics, science, and increasingly in IT.

In terms of HIV and AIDS awareness training for existing personnel, the HIV and AIDS Unit within the MOET has been training teachers in lay counselling since 2006 to give them skills for psychosocial support to both their colleagues and the pupils in their schools. District Education Officers (DEOs) receive training on the basics of HIV from the HIV coordination unit and then two teachers from each school are trained as lay counsellors.

The HIV and AIDS Unit has now trained 22 steering committee members, composed of one officer from each department of the ministry at central level, and 74 district officers of various levels as trainers. The unit counsellors and trained officers have trained 3,540 teachers in eight districts from Early Childhood Care and Development (ECCD), Non Formal Education (NFE), primary and post-primary schools as 'lay counsellors'. Two teachers are trained per primary school; one teacher is trained per secondary/high school; five LDTC (Lesotho Distance Teaching Centre) teachers are trained and five ECCD teachers are trained per area, depending on the number of centres per area.

The training teachers receive is designed to help them play a counselling role at school level. It covers the following issues: definition, transmission, prevention, impact, knowing your status, counselling, stigma and discrimination. The training lasts between three and five days. Out of ten districts, eight have received training. Some districts have gone further and trained school management committees, for instance, the Berea District. The teachers who have been trained have to report to their head teachers on the content of the training and then train the rest of the staff. However, there are only a few cases where teachers have formed support groups after lay counsellor training.

The MOET also developed a standalone course on life skills (including HIV and AIDS). Since 2007 the life skills curriculum has been piloted by trained teachers in upper primary school (Levels 4-7) and junior secondary school (A, B and C levels). The roll-out of the life skills curriculum is planned to take place in 2009 to all remaining classes, followed by an impact assessment after 2010.

Major challenges

The reality on the ground shows that not much has been done to address the problem of HIV and AIDS in the education sector in Lesotho. Due to the lack of reliable data on teachers, it is very difficult for the sector to plan efficiently and effectively to mitigate the impact of HIV and AIDS.

The weakness of the existing policies on teachers in the context of HIV and AIDS is that teachers do not have a legally binding policy focusing on them and their needs. There is no clear policy pertaining to transfers or to absenteeism. This becomes a challenge for management of teachers because they absent themselves without actually saying why they are not at work and it becomes difficult to find a substitute teacher.

Stigma and discrimination remain a major problem in Lesotho, which prevents teachers from revealing their status. The MOET reports that the stigma affects the information teachers have and how they disseminate this to learners, colleagues and community members. There is a huge burden on individual teachers to deal with the impact of HIV and AIDS in their schools.

The shortage of teachers in Lesotho has reached a crisis point and teaching is not regarded as an attractive career, due to low salaries and low prospects. Teachers are demotivated and demoralized. The situation is even more complex in hard-to-reach areas, where there is a serious shortage of qualified teachers and where it is very difficult to recruit staff to rural posts (Bennell and Akyeampong, 2007, p. 47). In some remote areas of Lesotho, when schools need a teacher they will often bring back retired or unqualified teachers.

The TSC is losing teachers in unprecedented numbers. Although the cause of death is never clearly stipulated, the assumption is that many teachers are dying from HIV and AIDS, particularly because the highest percentage is reported within the age group 25 to 45 years.

A major challenge is making sure that teachers receive ART treatment that will prevent them from falling sick. There is an urgent need to address the lack of confidentiality in government clinics,

overcrowding, lack of counselling and, in some areas, unavailability of medication that is a disincentive for some teachers to seek treatment.

Policy and programmatic recommendations

- Policymakers should prioritize policies affecting the efficient use of personnel, policies around benefit packages, and policies that need to be considered to protect educators from HIV infection, as well as policies that would allow HIV-positive educators to access anti-retroviral drugs.
- An integrated human resource database is necessary for proper staff planning. Developing a comprehensive district database, DEMIS, would assist towards capturing much of the statistical information on teachers needed for effective planning, including: teacher deaths over the years; causes of absenteeism; reasons for transfer; effective and efficient payment of teachers' remuneration; how schools cope with absenteeism and correlating these factors with learners' achievements. Reporting monthly on teacher absenteeism and attrition should be a compulsory responsibility of the head teacher.
- There is an urgent need to reconsider ART delivery methods in health clinics to ensure confidentiality and to address the issue of overcrowding, possibly by opening more centres. The option of having ARV drugs delivered free of charge through private doctors needs to be revisited. The costs of implementing such a system need to be evaluated and weighed against the costs generated by HIV-related absenteeism and replacements for the education sector as a whole.
- There is a need for the Ministry of Health and Social Welfare (MOHSW) to place health centres at locations that are easy to reach and also to strengthen knowledge among people who are already on ARVs not to wait for their next visit to the clinics when they are just about to run out of supplies.
- The MOHSW also needs to consider the option of taking mobile clinics to schools. Because of the issue of confidentiality and stigmatization, teachers are not very comfortable going to overcrowded places.
- Teachers are currently not conversant with the regulations that govern them. To address this, the Human Resource Officers and the entire district team need to raise teachers' awareness about the importance of knowing these regulations as well as complying with them.
- Teachers' terms and conditions of service are laid down in the Teaching Service Regulations of 2002, a document advocating integrity, objectivity, loyalty, respect, accountability and excellence. This document makes reference to misconduct and criminal offences. Although it addresses mutual respect, however, it does not directly refer to intimidation based on gender or to sexual misconduct. The regulations need to be reviewed to directly address the latter.
- It is essential for Senior Education Officers to provide training for newly approved School Management Committees for monitoring purposes.
- Schools need to be encouraged to create more support groups. Education officers also need to be more enlightened about issues surrounding HIV and AIDS so that they can have more enthusiasm for monitoring purposes, particularly those who have been identified as focal persons in the districts. They would then liaise with the HIV and AIDS counsellor at the central level whenever necessary. There is also a need to consider having counsellors regionally due to the amount of work involved.
- The pool of qualified teachers in Lesotho needs to be enlarged independently of HIV and AIDS. The MOET is presently working on a revised teacher salary structure and incentives to attract more candidates to the profession.

1. Study design and data collection

Introduction

This chapter will outline the research methodology adopted for the study. It includes an overview of the study research design and approach, selection of the study areas and techniques for data collection and data analysis.

Research personnel and programme

The research was conducted in November 2008 by Lesotho's Ministry of Education and Training (MOET) and UNESCO's International Institute for Educational Planning (IIEP). The work was led by Barbara Tournier from IIEP. In Lesotho, the research was carried out by Senior Economic Planner Mr Haleokoe Jopo, who was responsible for the logistics. The Senior Education Officer for Berea District, Phaee Mariti, compiled the report.

Data collection techniques

Stakeholder interviews

The research team conducted in-depth interviews and focus group discussions with teachers, principals/head teachers, members of School Management Committees, and senior- and middle-level officers from the MOET. The team also visited an urban school in Maseru District and two rural schools in Berea District (one primary school and one secondary school). Education officers from four districts – Maseru, Berea, Leribe and Mafeteng – were invited to Maseru for interviews. In terms of civil society representation, representatives from two teachers' unions, as well as the Chairperson of the Lesotho Network of People Living Openly with HIV and AIDS (LENEPOWA), were interviewed. In total, 25 people were interviewed (see Table 1.1.)

Documents and statistics

Little documentation is available on HIV and AIDS in the education sector in Lesotho. However, we were provided with a series of useful documents, including: the National HIV and AIDS Policy; the draft HIV and AIDS Workplace Policy of the MOET; the 2006 Educational Management and Information Systems (EMIS) bulletin[2]; the 2007 report of the Teaching Service Commission (TSC); the report prepared by the Ministry of Education's HIV and AIDS Counselling Unit; and the Impact Assessment of HIV/AIDS on the Education Sector in Lesotho (2003).

Information for this research also came from a variety of background literature, including:

- Education Sector Strategic Plan 2005-2015[3]
- Lesotho Census of Population and Housing Preliminary Results Report (2006)
- National Human Development Report (2006)
- Lesotho UNGASS Country Report (2007)
- National HIV and AIDS Workplace Policy
- Education Sector Development Plan 11 (ESDP 11) Status report (2005)

[2] 2007 and 2008 EMIS bulletins were not available, as the EMIS Unit was experiencing problems with their database software. As a result, most of the data used in the study refer to 2006.

[3] Available on http://planipolis.iiep.unesco.org/basic_search.php

Table 1.1 Respondents by type

Types of instruments used	Title	District	Number of individuals
Semi-structured interviews	Senior Education Officer	Maseru	1
	Human Resource Officer	Maseru	1
	Teaching Service Commission	Maseru	1
	Human Resources – TSD	Maseru	2
	CEO Teaching Service	Maseru	1
	EMIS Officer	Maseru	1
	HIV Coordinator a.i.	Maseru	1
	HIV and AIDS Counsellor	Maseru	1
	Director of Planning Unit a.i.	Maseru	1
	CEO Primary	Maseru	1
	Lesotho Teacher Trade Union (LTTU)	Maseru	1
	Lesotho Network of People Living Openly with HIV & AIDS (LENEPOWA)	Maseru	1
	Lesotho Association of Teachers (LAT)	Maseru	1
	Primary school teacher	Maseru	1
	Secondary school teacher	Berea	1
	District resource teacher	Berea	1
	CEO Secondary	Maseru	1
	Secondary Education Department HIV Focal Point	Maseru	1
	Director of Lesotho National Curriculum Development Centre (LNCDC)	Maseru	1
Focus-group discussions	District Education Officers	Berea, Leribe, Maseru, Mafeteng	4
	School management committee of Rasetimela integrated government school (ECCD, Primary and Secondary)	Berea	1
Total			25

Selection of study districts and samples

The research was conducted in two districts, one urban district and one rural district. Maseru was chosen as the urban district because of its high HIV prevalence rate and because of the immediacy of many different respondents in the capital, implying cost and time savings for the research team. For the rural district, Berea was selected because of its proximity to Maseru and the fact that the writer of this report was head of that district, which facilitated easier access to respondents.[4]

[4] While this was an advantage in most situations, in one focus group discussion breaking down power-asymmetries did initially prove difficult.

Figure 1.1 Administrative map of Lesotho

1.Berea
2.Butha-Buthe
3.Leribe
4.Mafeteng
5.Maseru
6.Mohale's Hoek
7.Mokhotlong
8.Qacha's Nek
9.Quthing
10.Thaba-Tseka

Source: http://en.wikipedia.org/wiki/Districts_of_Lesotho, retrieved on 16 September 2009.

Limitations

As part of the planning process, the scope of the research was limited to primary and secondary formal education. Issues relating to teacher management and support in tertiary institutions are therefore not addressed. For reasons of time and budgetary constraints, the issues under investigation exclude teacher pre-service training, curriculum, practices at school level, and distinction between different types of schools.

A limitation of the study is that only a small number of visits to schools could be arranged within the time and budget available, and hence a limited number of district officers, head teachers and teachers could be interviewed. Also tape recorders were deliberately not used due to cost implications and the nature of the research, which was more focused on the policy level rather than extrapolating meaning from speech. The visits to districts and schools provided complementary qualitative evidence on the awareness of policies by district- and school-level managers and teachers themselves, as well as possible difficulties in the implementation of these policies.

2. Demographic and economic context

Geography

Lesotho is a mountainous country that covers 30,350 square kilometres. It is the second smallest country in the Southern Africa region after Swaziland. The country is landlocked by its neighbour, South Africa. It is divided into ten districts, which comprise highlands, foothills and lowlands. Each of these districts is made up of rural and urban areas. Mountains cover 59 per cent of the country. Some villages in this part of the country are inaccessible due to a limited road network. The two main languages spoken in Lesotho are Sesotho and English, which are both regarded as languages of official communication. Lesotho gained political independence from the United Kingdom in 1966.

Figure 2.1 Map of Lesotho

Source: Perry-Castañeda Library Map Collection, the General Libraries, the University of Texas at Austin, 2001.

http://map.primorye.ru/raster/maps/africa/lesotho_pol90.jpg

Population

The preliminary results of the 2006 Lesotho Census of Population and Housing reflect that the population of Lesotho is 1,880,661. There are 916,282 men (48.7 per cent of the population) and 964,379 women (51.3 per cent of the population).

Economy

Lesotho has few natural resources of economic value, with water being one of the few exports to South Africa. The fact that Lesotho is completely surrounded by South Africa, and has a comparatively small economy, makes the country dependent on South Africa. A large proportion of the country's labour force is employed in South African mines, although a large number of them have since been returned. Skilled workers often travel to South Africa and other neighbouring countries for more highly paid jobs.

One of the biggest threats to Lesotho's development is the HIV and AIDS pandemic that has affected other countries in the region, as can be seen from Table 2.1.With a Human Development Index rank of 138 (out of 177 country), Lesotho is a very poor country relative to other states.

Table 2.1 presents information on some basic development indicators for Lesotho to provide some background and context to the research findings.

Table 2.1 Basic social indicators

	Total population 2006 (000)	**Life expectancy at birth (years). Total 2005-2010**	**Gross National Product (GNP) per capita (PPP US$) 2006**	**HIV prevalence rate (%) in adults (ages 15-49) 2007**	**Deaths due to AIDS 2007**	**Orphans due to AIDS (as a % of children in the country) 2007**
Lesotho	1,881(*)	42.6	810	23.2	180,00	6%
World	6,578,149	68.6	9,209	0.8	2,000,000	0%
Sub-Saharan Africa	745,842	50.3	1,681	5.0	1,500,000	1.6%

Source: (*) Lesotho Census of Population. Education for All (EFA) Global Monitoring Report website5 – United Nations Development Programme (UNDP), 2007 - UNAIDS/WHO, 2008.

[5] http://gmr.uis.unesco.org/selectIndicators.aspx

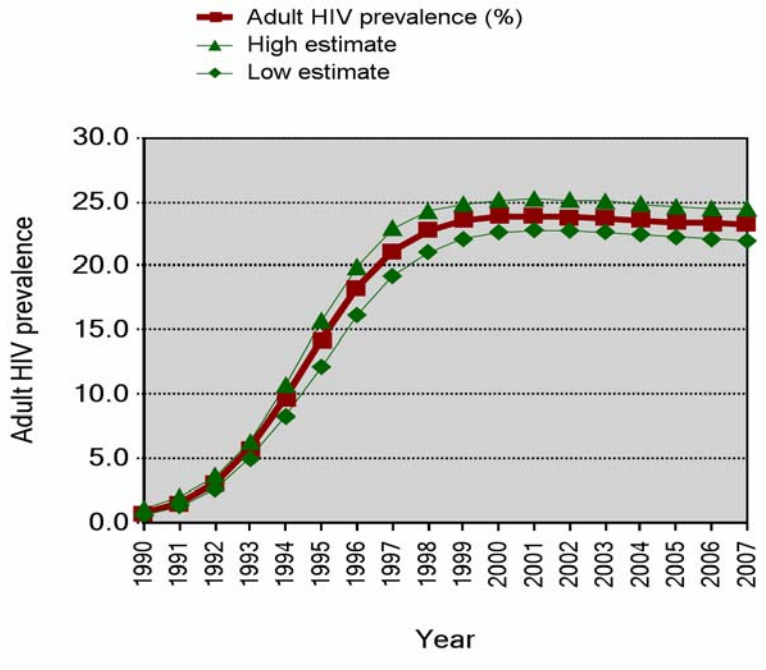
3. The HIV and AIDS epidemic: its evolution and impact

The current HIV prevalence of 23.2 per cent makes Lesotho the third highest affected country in the world, following Swaziland and Botswana. The epidemic is the most urgent problem facing the country. There are an estimated 62 new infections and about 50 deaths due to AIDS each day. The epidemic is threatening the attainment of the Millennium Development Goals and is a major obstacle to human development: it is estimated that the epidemic will reduce Gross Domestic Product (GDP) in Lesotho by almost one third by 2015 (UNGASS, 2008).

Epidemiology

The first case of HIV in Lesotho was diagnosed in 1986 in the Mokhotlong District. The prevalence of the disease escalated from 2 per cent in 1992 to 21 per cent by 2000. Currently the prevalence is 23.2 per cent. There were an estimated 270,273 people living with HIV in Lesotho by the end of 2007 (UNGASS, 2008).

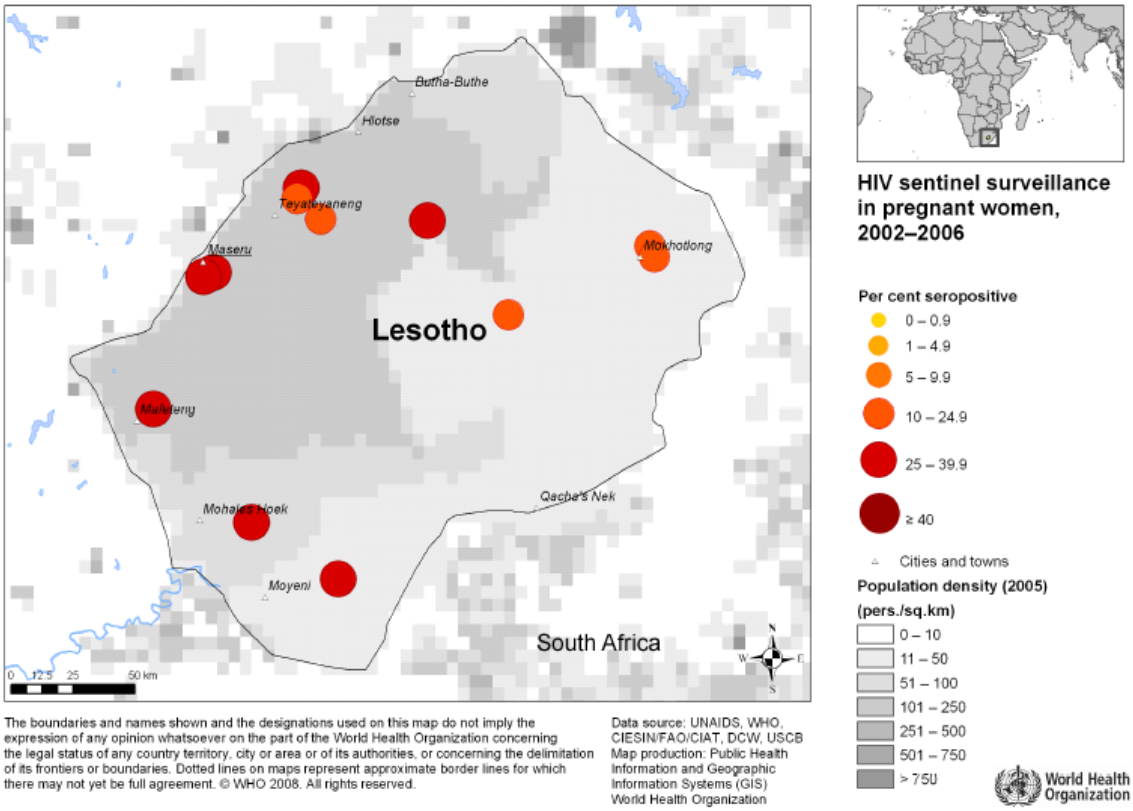
Figure 3.1 Estimated adult HIV prevalence in Lesotho among 15 to 49 year olds (%), 1990–2007



Source: UNAIDS/WHO, 2008.

Geographically-based data on HIV prevalence comes from antenatal surveys in four sentinel sites. These data show that HIV is disproportionately concentrated in urban areas. In the Maseru District (the capital), HIV prevalence among women in antenatal care clinics increased from 5.5 per cent in 1991 to 37.2 per cent in 2005, whereas in the district of Quthing, the comparable figures are 0.7 per cent and 22.6 per cent (UNAIDS/WHO, 2008). The significant variation in the prevalence rates by districts ranges from 20 per cent in Mokhotlong and Thaba Tseka (rural) to 30 per cent in Leribe (urban). On average, there is a vast difference between HIV prevalence rates among urban populations (28 per cent) and rural populations (21 per cent) (see Annex 1).

Figure 3.2 HIV sentinel surveillance in pregnant women, 2002–2006



Source: UNAIDS/WHO, 2008.

Distribution of HIV

The pandemic mostly affects the economically productive adult population (people aged from 15–49), resulting in drastic cuts in life expectancy and high mortality rates. Among the infected adults, 60 per cent are women (UNGASS, 2008). It is encouraging to note from the Government of Lesotho surveillance data, however, the slight downward trend in the HIV prevalence among young people (aged 15–24), from 11 per cent in 2005 to 8.9 per cent in 2007 (UNGASS, 2008). Factors contributing to this trend have not yet been clearly verified.

Government response to HIV and AIDS

National policies and strategies

There was no formal policy on HIV and AIDS until the development of the preventive strategy to combat HIV and AIDS. The first framework was only developed in 1995 by the National AIDS Prevention and Control Programme within the Ministry of Health. In 2003, his Majesty King Letsie III declared HIV and AIDS a national disaster.

The Government's proposed policy framework reflects commitment towards ensuring adequate protection, care and support to all vulnerable groups in all HIV and AIDS interventions. The framework also provides guidance for stakeholders in the formulation of the National HIV and AIDS Strategic Plans and the development of sectoral policies and plans. It also provides the framework for coordination, management arrangements, research, monitoring and evaluation of policies, including resource mobilization, utilization and accountability. In 2000, the Lesotho AIDS Programme Coordinating Authority became instrumental in the development of the first National Strategic Plan. The purpose of this policy is to strengthen the national HIV and AIDS response.

Box 3.1 National response to HIV and AIDS

The national response was established immediately after the first case of AIDS was reported in 1986. The Government of Lesotho has over the years developed and put in place several policies and plans to guide the response to the HIV and AIDS epidemic. It took concrete actions to address the epidemic by declaring HIV and AIDS a national disaster in the year 2000. The declaration was followed by the adoption of the first National Policy Framework for the Prevention of HIV and AIDS, as well as a National Strategic Plan for 2000/2001–2003/2004 in the same year, and the establishment of the Lesotho AIDS Programme Coordinating Authority under the Prime Minister's Office. In 2005, the Government passed a bill establishing the semi-autonomous National AIDS Commission (NAC) and National AIDS Secretariat to coordinate and support strategies. Based on the joint review of the national response and developments in 2005, the Government adopted an updated national HIV and AIDS policy. The National Strategic Plan 2006–2011 replaced the previous National Strategic Plan 2002–2005. The document is a culmination of widespread consultation and participation across the country. The first phase was a joint review of the national HIV and AIDS response undertaken in September 2005 to determine achievements, lessons learned, weaknesses and challenges met during the course of implementation. The second and third phases were the development of the multisectoral National HIV and AIDS Policy (2007) and the multisectoral National Strategic Plan.

Source*: USAID, http://www.usaid.gov/our_work/global_health/aids/Countries/africa/lesotho_profile.pdf*

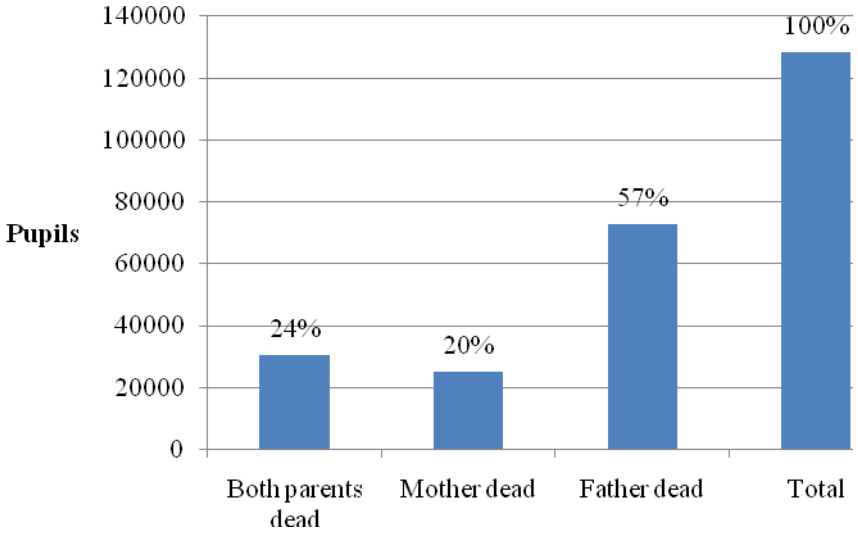
http://www.safaids.net/?q=node/437

The impact on education

The impact of HIV and AIDS is quite significant on the education sector. In 2003, a campaign of voluntary testing and counselling of all Ministry of Education headquarters staff and teachers in seven districts was carried out. Among the teachers and administrators who opted for testing, 22 per cent tested HIV positive. A conclusion could be drawn that the overall prevalence rate among those who chose not to be tested could be higher (see Chapter 6).

The HIV and AIDS epidemic is one of the factors contributing to the increased number of orphans. In 2007, the number of children orphaned by AIDS in Lesotho was estimated at 110,000, representing a staggering 6 per cent of the total national population (UNAIDS/WHO, 2008). The education sector is faced with the serious challenge of bringing these children into school and retaining them in the system. The 2006 MOET Statistical Bulletin reported that the total number of orphans (from all causes) represented 30.1 per cent of total children enrolled in school. About 57 per cent of these orphans had lost a father compared to 20 per cent who had lost a mother. Those who had lost both parents constituted 24 per cent of total orphans enrolled.

Figure 3.3 Orphans as percentage of total school enrolment, by type



Source: MOET Statistical Bulletin, 2006.

4. Overview of the education system

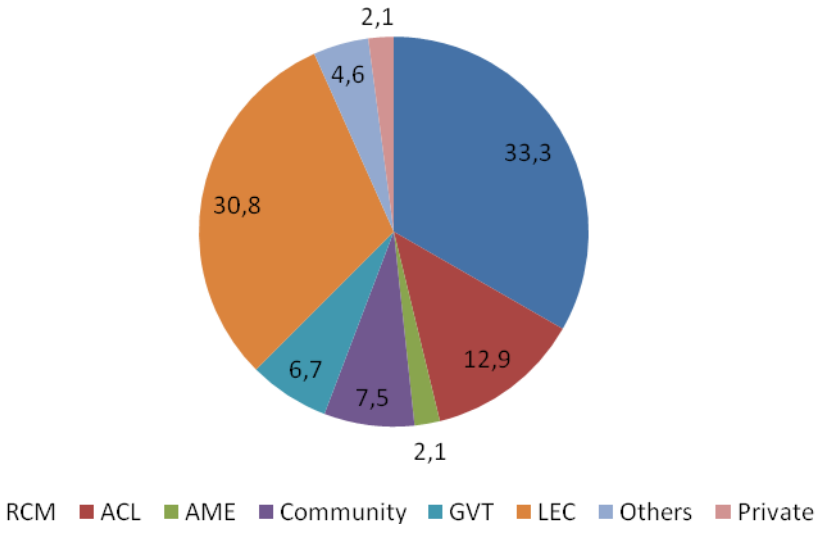
Structure of the education system

The education system is divided into three sub-levels: seven years of primary education (Standards 1 to 7); five years of secondary education; three years of junior secondary (Forms A to C) and two years of upper secondary (Forms D and E); and tertiary education, which takes a maximum of four years to complete.

Ownership of schools

Primary and secondary schools in Lesotho fall under four main categories of ownership: church, government, community and private. The 2006 school census indicates that there are a total of 1,476 primary schools (both registered and unregistered); only 126 of these schools are government schools. Similarly, of over 264 secondary schools in the country, only 31 belong to the Government (GVT). Among church-owned schools, there are the following denominations: Roman Catholic Mission (RCM), Lesotho Evangelic Church (LEC), Anglican Church of Lesotho (ACL) and African Methodist Episcopal (AME). Many schools were established when missionaries arrived in Lesotho in 1833. There are a few private schools, which are either international or owned by private entities (see Figure 4.1).

Figure 4.1 Composition of primary schools by type, 2006

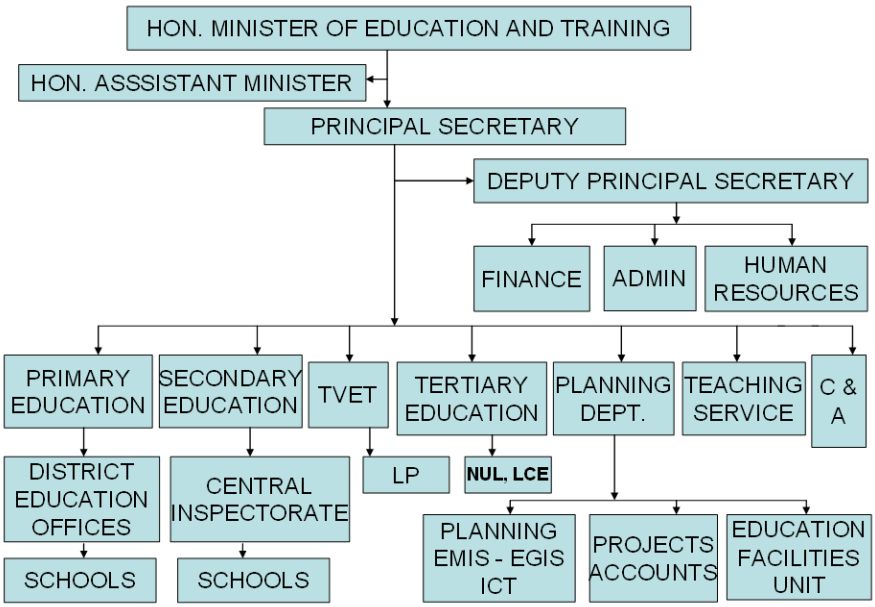


Source: MOET Statistical Bulletin, 2006.

Administration and management of education

The Ministry of Education and Training (MOET) is responsible for the management, provision and regulation of education. It is headed by the Minister (assisted by an Assistant Minister). The Principal Secretary is the administrative head and chief accounting officer, assisted at the executive level by: the Deputy Principal Secretary; five Chief Education Officers responsible for Primary, Secondary, Teaching Service, Curriculum Services and Tertiary Education; Director of Education Planning; Director of Human Resources; Director of Technical and Vocational Education; and the Secretary General of the National Commission for UNESCO. These senior managers head departments composed of programmers, which form operational units by sector at the headquarters level (see Figure 4.2).

Figure 4.2 Organizational structure within the MOET



Source: MOET.

The management of primary schools falls under the control of the districts. The MOET is also responsible for all policy and planning. It ensures the implementation of a standard curriculum nationwide through the National Curriculum Development Centre (NCDC), which reviews the basic education curriculum once every five years. The School Supply Unit of the MOET purchases and distributes teaching and learning materials to primary schools. All financial matters relating to salaries, teacher training and construction of schools fall under the control of central office

The District Office provides administrative support and professional guidance to primary schools. The Secondary Inspectorate has responsibility over secondary/high schools only, and it still operates from the central level. This situation tends to overload education officers because they also have to attend to administrative matters in secondary schools, making it difficult for education officers to meet their target of providing thorough inspections to 30 schools per year.

Each primary school is required to have a Management Committee (MC). Each MC is responsible for a maximum of eight schools, while government schools are governed by one MC per school. MCs consist of two representatives of the proprietor, three representatives of parents, one representative of teachers, one principal (elected by the schools' principal or head teacher) and one representative of the chiefs under whose jurisdiction the schools fall.

The responsibilities of the MCs relate to the supervision and management of schools, and the provision of recommendations to the Educational Secretary or Supervisor (in the case of government schools) with regard to staffing issues. The MCs receive advice on all matters related to education from an Advisory School Committee (ASC), which is in place for every primary school. Every post-primary school is managed by a school board, which is appointed by the proprietor and performs the same functions as the MC for primary schools. After receiving approval by the Minister, committee members are given training.

In addition to these structures, churches also appoint an Educational Secretary to coordinate the work in their schools, and also to liaise with MOET and perform duties assigned to them by the Minister. Finally, government schools are generally supervised from central level, although they also have the committees mentioned above.

The Teaching Service Commission (TSC) is the body responsible for hiring, promoting, transferring and confirming benefits to be processed by the Teaching Service Department and they are also responsible for firing staff, following disciplinary cases through the adjudicator.

The main role of District Resource Teachers (DRTs) and advisors is to offer individual support to teachers. DRTs are responsible for primary schools while advisors are responsible for post-primary education. They also provide support to tackle the problem of repetition and improve primary school management. Inspectors are *"to provide support for schools in the form of administrative assistance and professional guidance"* (MOET, 1992:132). Their role is to monitor, in a participatory manner, the quality of the teaching-learning process, which is supposed to be focused on learners.

Last but not least, inspectors are required to provide professional support to teachers. Inspection of schools is the key responsibility of inspectors, but the heavy workload and limited resources sometimes interfere with their responsibilities, which then leads to demotivation, turnover of education officers and eventually a shortage of education support services. Schools in the remote areas are not visited regularly due to inaccessibility resulting from poor roads and due to the inspectors' involvement in many other activities. The disparities in the districts with regards to the number of primary schools, teachers and inspectors in charge of schools contributes to the varing frequency of visits. The intention is to have 40 inspectors (i.e., 4 per district), but due to unsatisfactory working conditions and low remuneration, there is a high turnover of inspectors.

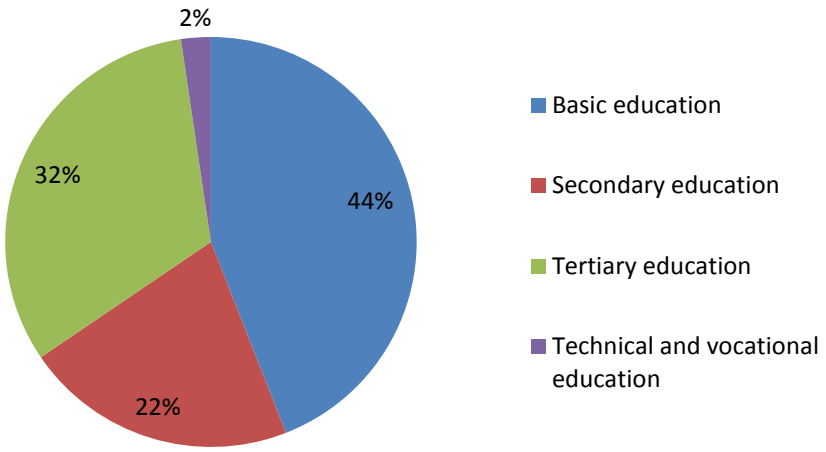
Trends in education sector development

Financing education

Throughout the post-independence period, the Government made education a priority. This is reflected in the budget allocation to the Ministry of Education. The Government of Lesotho (GoL) is committed to providing quality education in all the levels of education equitably. The country has one of the highest levels of adult literacy on the continent at 81.4 per cent (UNDP, 2007, p. 230). The Government's budget allocation for education is higher than all other sectors. The education sector budget amounted to 20 per cent of overall Government spending for the year 2006/2007. The MOET Statistical Bulletin 2006 shows that the biggest budget for education is allocated to basic education (457.8 million maloti[6]); tertiary level education received 334.4 million maloti (National Manpower Development Secratariat and MOET budget); secondary education came third, with 222.7 million[7] maloti. Technical and vocational schools received 24.3 million maloti[8] (see figure 4.3).

[6] Equivalent to 45.8 million US$ (in November 2008, the UN exchange rate was of 1 US$ for 9.99 maloti).
[7] Approximately 22.3 million US$.
[8] Approximately 2.4 million US$.

Figure 4.3 Education sector budget allocation by education level, 2006



Source: MOET Statistical Bulletin, 2006.

At primary school level, pupils are provided with free tuition and free facilities such as stationery, books and food, as well as building of schools and other school facilities. The highest costs come from teacher salaries, instructional supplies and tuition. School feeding ranks at the bottom in terms of spending. At secondary level, the biggest portion of expenditure also goes towards payments of teachers and instructional materials. While at higher education levels, the biggest expenditure is bursaries and day-to-day running costs, as well as lecturers' salaries.

Access

Rising trends reflect an improvement in the participation at the specified level of education. When the Net Enrolment Ratio (NER) is compared with the Gross Enrolment Ratio (GER), the difference of 43 per cent between the two ratios highlights the incidence of under-aged and over-aged enrolment. The contribution of underage and overage in the total GER is 1.0 and 42.0 percentage, respectively. The proportion of children who were not enrolled at the appropriate age of primary level constituted 16.8 per cent.

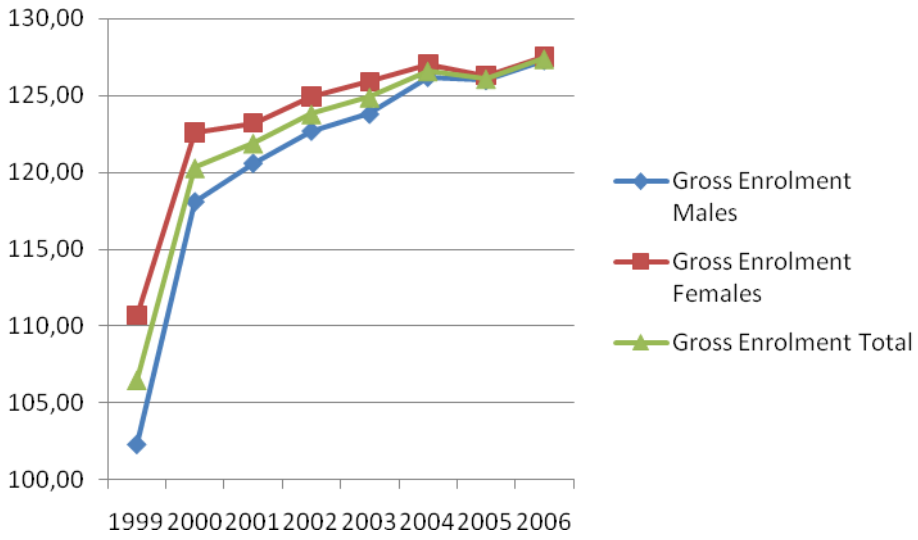
The MOET Statistical Bulletin reports that, between 1999 and 2006, there were some improvements in both the GER and NER (see Figures 4.4 and 4.5). The increase in enrolment in the first grade in 2000 due to the introduction of a comprehensive programme of Free Primary Education influenced the overall enrolment. In 2006, GER for both males and females was the same at 127 per cent, while NER was 86 per cent for males and 84 per cent for girls.

Table 4.1 Education access and performance

	Gross Enrolment Ratio (GER) in primary education (%), Total 2006	Net Enrolment Ratio (NER) in primary education (%), Total 2006	Out-of-primary-schoolchildren (000), Total 2006	Transition from primary to secondary general education (%), Total 2005	GER in lower secondary (%), Total 2006	NER in secondary education (%), Total 2006
Lesotho	127.4*	83.9*	101.5	68.3	45.4	23.9
World	105.2	86.4	75,177.3	92.9	78.4	57.8
Sub-Saharan Africa	95.1	70.2	35,155.9	61.7	38.7	25.4

*Source: * MOET Statistical Bulletin, 2006; EFA Global Monitoring Report website*

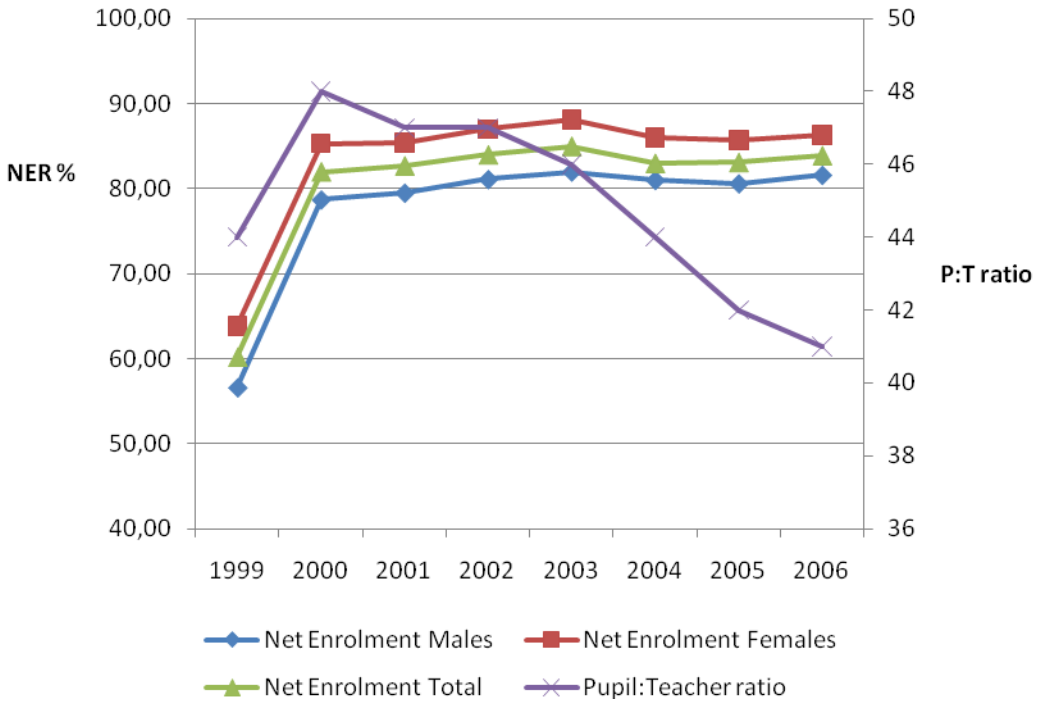
Figure 4.4 Primary Gross Enrolment Ratio (GER) %, 1999–2006



Source: MOET Statistical Bulletin, 2006.

After the introduction of Free Primary Education in 2000, the NER increased from 58 per cent in 1999 to 73 per cent in 2006 (see Figure 4.5).

Figure 4.5 Primary Net Enrolment Rates and pupil-teacher ratio (P:T) %, 1999–2006



Source: MOET Statistical Bulletin, 2006.

Efficiency

The following information is drawn from children who registered in 1999 for primary education. The Education Sector Development Plan (ESDP 2) status report reflects that, overall, 84 per cent of 6–14 year-olds who are enrolled in primary education go on to the next class, while 11 per cent repeat the year and 6 per cent drop out of school altogether. Grade repetition occurs more often in Standard 1. It is reported that, at this point, 25 per cent of children repeat the year, 6 per cent drop out and 69 per cent successfully pass to Standard 2 the following year. From Standard 2, repetition and dropping out rates are generally much smaller. However, a large proportion of pupils (about 10 per cent) drop out at the end of Standard 6. Among those enrolled in Standard 7, around 70 per cent continue their lower secondary education, 21 per cent drop out and more than 10 per cent repeat the year.

The same report reveals that repetition is more prevalent among boys than girls: 12 per cent of boys repeat a year compared to 9.5 per cent of girls. On average, girls drop out of school slightly more often than boys. However, in Standard 6 and 7, the differences between genders are quite significant: 7 per cent of boys drop out at the end of Standard 6 compared to 11 per cent of girls, whereas 23 per cent of girls leave the education system at the end of Standard 7 compared to 18 per cent of boys.

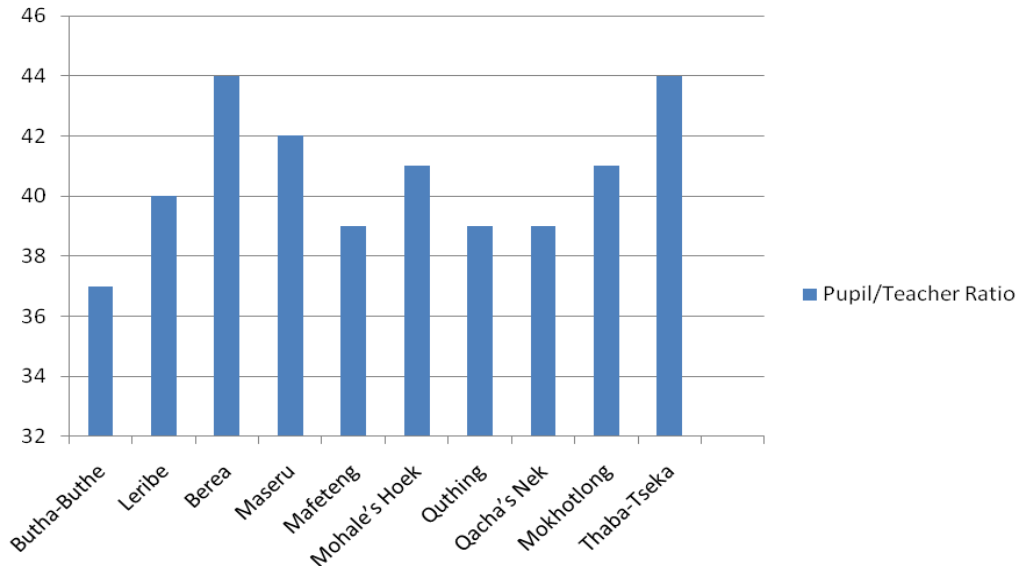
Orphans are reported to be more at risk of dropping out of school than children who are not orphaned, particularly at the beginning of the primary cycle. For example, 13 per cent of children who have lost both parents drop out at the end of Standard 1 compared to 5 per cent for non-orphans (MOET Statistical Bulletin, 2006).

Quality

As reflected in the MOET Statistical Bulletin of 2006, the total number of primary teachers is 10,418 (77.6% are female). The total number of secondary teachers is 3,673 (55% are women). The number of primary teachers rose from 8,225 in 1999 to 10,418 in 2006. As a result of this steady increase, the average pupil-teacher ratio decreased from 48 in 2000 to 41 in 2006. Nevertheless, due to uneven distribution of teachers between and within schools, class sizes of up to 60 pupils are still commonplace.

One of the strategic goals of MOET is provision of quality basic education. The Ministry set itself the target of reducing the pupil-teacher ratio from 46:1 in 2003 to 41:1 in 2007 and 40:1 by 2015 at primary level. Figure 4.6 indicates that there is a high probability that the targets will be reached. In 2006 the ratio was 41:1. As seen in the figure, the districts of Berea and Thaba-Tseka had the highest pupil-teacher ratio of 44:1, while Butha-Buthe had the lowest pupil-teacher ratio with 37:1.

Figure 4.6 Pupil-teacher ratio by district for primary education, 2006



Source: MOET Statistical Bulletin, 2006.

5. Overview of teacher management

Teacher qualifications

The total number of primary school teachers has been increasing steadily over the past few years as a result of the Government's effort to reduce the pupil-teacher ratio by creating on average 400 new teaching positions per year. The period of rapid expansion in teacher numbers has been accompanied by a rise in the number of unqualified teachers. The proportion of unqualified teachers rose steadily from 2000 to 2006, reaching 41 per cent by 2006. The requirements to become a teacher have increased from eight years of primary schooling to 12 years. As a result, older teachers remain less qualified.

When Free Primary Education was introduced in the year 2000, people with a Junior Certificate (JC) were encouraged to register (these are people who have gone to school for three years after seven years of primary education, and can be as young as 15). Many people registered. At the secondary and high school level, however, higher qualifications are required.

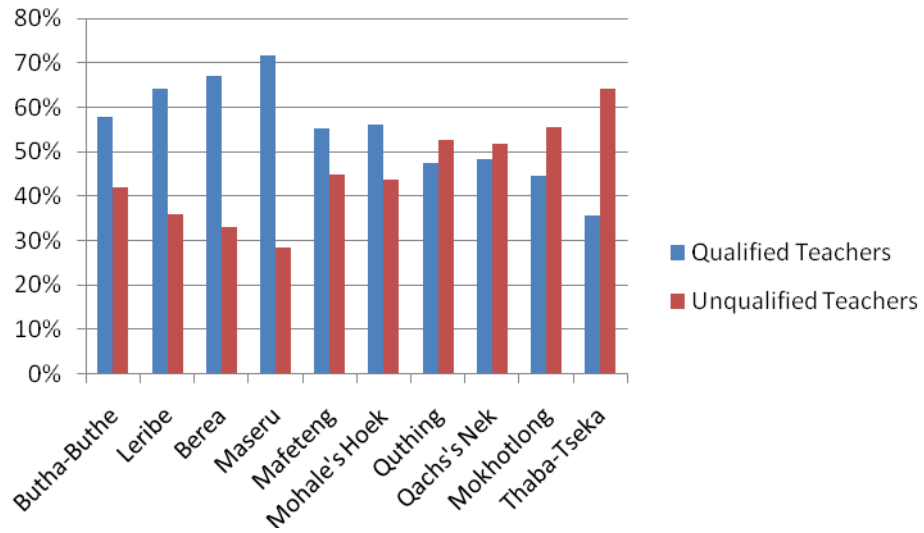
Overall, the output of trained teachers in Lesotho remains inadequate, and expansion of teacher training capacity is a priority.

Table 5.1 Teacher numbers and qualifications

Primary teachers 2006	% trained teachers, primary 2006	Pupil-teacher ratio, primary 2006	Secondary teachers 2006	% trained teachers, secondary	Pupil-teacher ratio, secondary 2006
10,418	59	41	3,673	72	25.7

Source: MOET Statistical Bulletin, 2006.

Figure 5.1 Qualified and unqualified teachers by district, 2006



Source: MOET Statistical Bulletin, 2006.

Teacher shortage

The shortage of teachers in Lesotho is such that Lewin and Stuart (2003) reported that teacher training institutions needed to produce five times more than their usual output to address the shortage. Furthermore, the situation becomes even more complex in hard-to-reach areas, where there is a serious shortage of qualified teachers and where it is very difficult to recruit staff to rural posts (Bennell and Akyeampong, 2007, p. 47). That is why, in some remote areas of Lesotho, when schools need a teacher they will often bring back retired or unqualified teachers.

Lesotho has one teacher training college for primary and secondary teachers – the Lesotho College of Education (LCE). The University of Lesotho also trains secondary teachers. The supply of primary teachers is inadequate. The output from pre-service teacher training is approximately equal to annual attrition, leaving little scope for the needed expansion in teacher numbers.[9] While there are plans to increase the intake into primary teacher training to meet this demand, at present the LCE is not attracting sufficient numbers of applicants. Teaching is often turned to as a last choice career. The entry requirements to the profession and to the LCE are very low and this attracts the least qualified people. The fact that the profession is not attracting enough qualified candidates leads to a low public perception of teachers.

In parallel with this, there is a system of in-service teacher training through the Distance Teacher Education Programme (DTEP), which is a new scheme. The first cohort (constituting 447 teachers) graduated in 2006 (MOET [a], n.d.). DTEP is not adding to the overall primary teacher numbers but it is upgrading qualifications for existing teachers. Shortages are particularly difficult to address at secondary level, especially in mathematics, science, and increasingly in IT.

The Teaching Service Commission Report 2007 submitted to the Minister of Education and Training in February 2008 reports that the Commission has been retaining teachers who have reached retirement age yearly and the numbers are increasing. For instance, 112 teachers were kept in service in 2006, whereas in 2007, 130 teachers who were supposed to retire were kept in post.

Projections were made to cover the predicted increase of the primary school age pupils with enough teachers up to the year 2010, after which it was projected there will be a slight decline in pupil numbers. The MOET projects that an additional 19,947 students will complete primary school in 2006. If all of them continue to secondary school, an additional 686 teachers will be required. A further expanded cohort will reach secondary school over a three-year period for Form A, B, and C; 70% of the increase will continue to Form D and E. It is clear that even more teachers will be needed to meet demand and to help Lesotho meet its commitments to EFA.

Appointment of teachers

Recruitment procedure

Table 5.2 How a teacher is employed

1. The MOET decides how many teachers can be employed. This decision is based on available budget, agreed employment levels and projected student population in each sector.
2. The Chief Education Officer (CEO) Primary or Secondary decides how the available new positions are distributed. The CEO uses a formula based on student numbers to identify the schools in need of additional teachers and decides on the 'grants' (the permission to employ a teacher) allocated to each.
3. These positions are advertised by the Teaching Service Department (TSD), in the national media and MOET website. Applicants apply to the individual school board or school management committee, with copies to the District Education Office (DEO).
4. The school management selects a teacher from the applicants and passes this recommendation to the District Education Officer for approval.
5. The DEO checks that the best-qualified candidate was selected, and endorses the selection, which

[9] With an output of 321 teachers from the Lesotho College of Education in 2006 (MOET [a], n.d.) for both primary and secondary, the current output is much lower than the estimated attrition.

is then referred to the Teaching Service Commission (TSC).
6. The TSC approves the appointment, which is then referred to TSD for processing.
7. TSD completes the process, and sets up salary payments.

Source: Teacher Survey Report 2007 Lesotho (written by Aidan Mulkeen, Suzanne Miric and Puleng Mpuru).

Medical checks

When teachers register for teaching, one of the requirements is to undergo a medical check-up before appointment. However, knowing your HIV status is not one of the requirements as people are not forced to know or reveal their status. HIV testing is voluntary.

Teacher benefits

Teacher career structure

The Ministry of Education is seeking to revise the career and salary structure of the teaching service that was established in the 1990s. One of the stated objectives is to: "Enhance the competitiveness of teaching as a career prospect for school leavers in light of increased demand for good quality teachers and other available career opportunities in the public and private sectors" (MOET,2006, p1). Propositions were put forward in December 2006 and, at the time of writing, the proposed Teaching Service Management structure had not yet been approved. The report qualifies the current situation in the teaching service as one that:

> *"1) does not appropriately reward attributes among teachers that have a direct impact on quality education, 2) is not cost-effective and does not offer good value for money and 3) has become increasingly cumbersome to administer."* (MOET, 2006, p1)

Among the problems identified are: the lack of professional development of teachers under what is basically a salary structure rather than a career structure; a career progression based solely on experience and qualification (see Table 5.3) without rewarding competence; an unjustifiable gap between the salary of primary and secondary teachers; 'flat-rate' annual increases across the payroll widening the gap between those at the bottom of the salary structure and others; fierce competition for few positions of responsibility; retention of a number of untrained people; incapacity of schools in difficult-to-reach areas to attract certified teachers and insufficiency of the hardship allowance to curb the high staff turnover in those areas. It adds that:

> *"There is a growing perception that teachers are de-motivated and demoralized, as illustrated by rampant ill discipline, high teacher attrition and recent petitions to Government by the teacher associations."* (MOET, 2006, p2-3)

Table 5.3: Sample annual salaries for a primary teacher, 2008[10]

	Starting point		**Highest increment**		**No of steps**
	Maloti	**USD**	**Maloti**	**USD**	
Unqualified (STD7)	13 368	1 338	840	84	3
Unqualified, COSC	14 484	1 450	5 052	506	11
Qualified	20 220	2 024	10 260	1 027	13
Experienced	31 368	3 140	5 880	589	6
Senior	38 364	3 840	7 164	717	6

[10] Using the November 2008 UN exchange rate of 1 US$ for 9.99 maloti.

Deputy Head Teacher	46 944	4 699	8 772	878	6
Head Teacher	56 832	5 689	3 480	348	3
District Resource Teacher	62 088	6 215	3 468	347	3
Senior District Resource Teacher	67 512	6 758	5 904	591	4

Source: Salary adjustments for primary teachers, effective from April 2008 (obtained from the TSC).

Attractiveness to remote areas

There is a proposed re-structuring of the teaching profession. Promotions in remote areas will be accelerated by two increments per year instead of one. A hardship fund is also to be increased especially at specific 'difficult schools'. At the moment the hardship fund is 175 maluti per month.

Teacher attrition

The Teaching Service Commission (TSC) records the number of teachers leaving the profession each year under a variety of different categories. Overall in 2007 a total of 874 teachers left the service. However, this data is not separated into primary and secondary teachers and it seems unlikely that attrition for the two groups is at the same rate. TSC estimates of attrition for primary teachers of approximately 300 per year implies an attrition rate of secondary teachers at 350 per year or 10 per cent (MOET website). However, these figures must be treated with some caution, as the number of retirements can be inflated by teachers 'retiring' to facilitate an unauthorized move to another school. The teacher age profile suggests that between 60 and 215 teachers will reach the age of 65 (retirement age) each year for the next ten years. In addition there is temporary attrition through study leave. Over 150 teachers are granted study leave each year and they can be away for up to four years. The teacher death rate is significantly than normal death rates among teachers (this is commented in more detail in the next chapter).

Table 5.4 Levels and causes of teacher attrition (primary and secondary), expressed in % of total teacher population

Year	**2004**		**2006**		**2007**
Death	131	1%	163	2%	231
Retirement	144	1%	59	0%	54
Resignation	362	3%	482	4%	574
Dismissal	6	0%	-	-	15
Desertion	17	0%			
Total	660	5%	704	6%	874

Source: compiled from the 2007 Teaching Service Commission Report for the years 2006 and 2007 Unfortunately, data on the number of teachers in 2007 was not yet available. Data for 2004 was available in the World Bank report (World Bank, 2007b).

Teachers leave the teaching service in many ways including by giving up teaching to seek better paid jobs outside the teaching service; going to South Africa, where they receive higher salaries; going back to their home country, if outside Lesotho; losing their jobs to qualified teachers; ending their contract if employed temporarily.

6. Problems facing the management of teachers in an HIV context

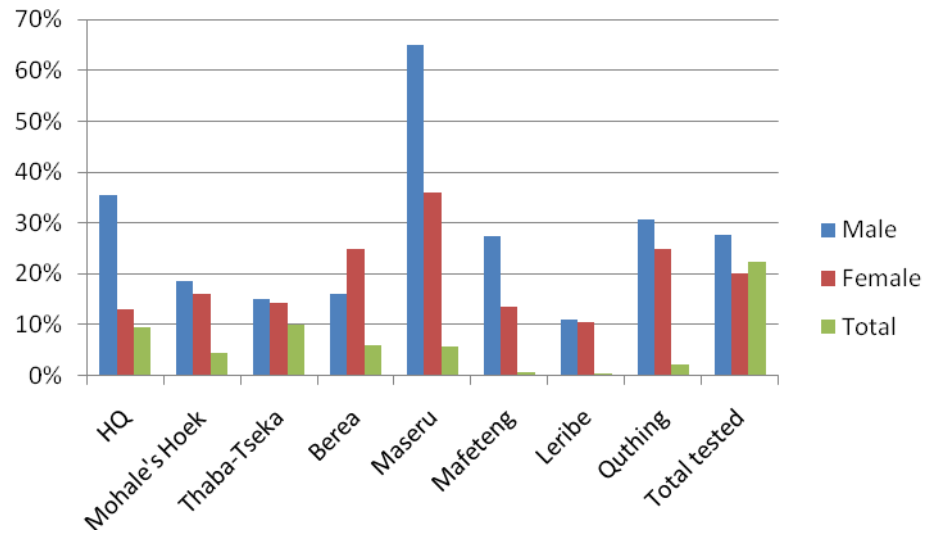
Teacher supply and demand

HIV and AIDS-related attrition

For the purposes of this paper, teacher attrition is understood to mean all teachers leaving the profession from all causes, including retirement, desertion, dismissal, resignation, death or illness. HIV increases teacher attrition in high prevalence settings because infected teachers are sick, die, retire early on medical grounds, resign or stop attending school. Obtaining reliable data on rates of and reasons for teacher attrition in relation to HIV and AIDS is very difficult, especially due to the stigma surrounding the epidemic and issues of confidentiality. However, estimates of HIV prevalence among teachers in Lesotho give an idea of the extent to which HIV and AIDS directly or indirectly impact teacher attrition in Lesotho.

Earlier studies of HIV and its impact on the education system project high rates of teacher attrition. The Impact Assessment of HIV/AIDS on the Education Sector in Lesotho study (SIAPAC, 2003) conducted in 2003 for the MOET, suggests that HIV prevalence among teachers was 27 per cent (for high prevalence projections) and 22 per cent (for low prevalence projections), respectively.[11]

Figure 6.1 HIV and AIDS prevalence among education sector staff by district, 2003



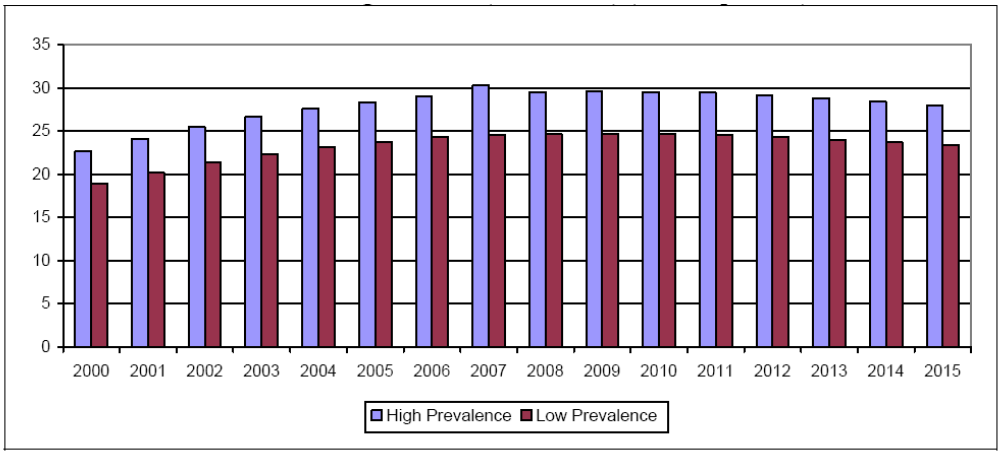
Source: MOET, 2003.

Projections about HIV prevalence among teachers were made for the period 2000 to 2015 as part of the Impact Assessment of HIV/AIDS on the Education Sector in Lesotho study (SIAPAC, 2003). The projections show a steady rise from 2000 to 2007 (see Figure 6.2). Knowing that people generally die between eight and ten years after HIV infection, we can assume that the death rate among teachers in Lesotho will continue to rise. The study estimated that cumulative deaths from AIDS among teachers will be between 3,400 and 4,100 by 2010 (SIAPAC, 2003). The availability of antiretroviral treatment

[11] 1,954 staff were tested (see Annex 2), resulting in an average 22 per cent prevalence rate (MOET, 2003).

(ART) may have a significant impact on the death rate, but it is not yet clear to what extent. UNAIDS/WHO (2008) estimates that 26 per cent of the population in need of ART in Lesotho are receiving it (this issue is discussed in Chapter 8).

Figure 6.2 HIV prevalence among teachers (2000–2015), (% HIV-positive)

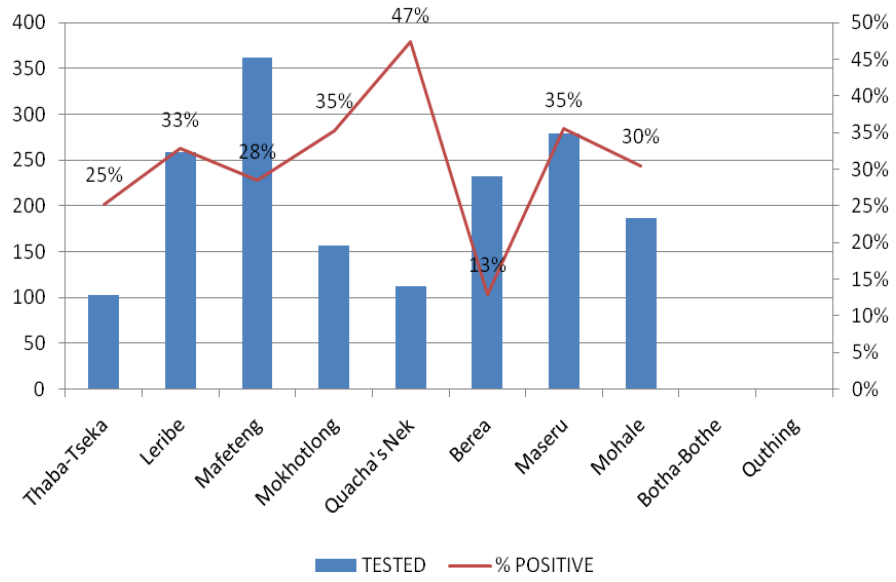


Source: SIAPAC, 2003.

No official information is available on HIV prevalence among teachers, but data collected by the HIV and AIDS Unit Counselling Services during their sensitization and testing campaigns in eight out of the ten districts since 2006 seem to confirm the high level of the projections. On average, 31 per cent of the teachers who agreed to be tested were found to be HIV positive (see Annex 2). Only half of the teachers attending these sessions agreed to be tested. The number of teachers attending counselling sessions represents 25 per cent of the total teacher population (primary and secondary). It is unclear how the average 31 per cent prevalence rate is to be interpreted: it could either be an over-inflated figure or an underestimation, if the teachers who already knew or suspected their status refused to be tested or simply did not attend the sessions. However, it does emphasize the gravity of the situation in Lesotho in terms of teacher infection.

Figure 6.3 shows a breakdown of the prevalence rate of teachers by district in the eight districts visited by the HIV Unit. The graph shows considerable variation between districts, from 13 per cent in Berea District to 47% in Quacha's Nek. These variations are difficult to explain, all the more so when considering the geographical pattern of HIV prevalence in the country (see map in Annex).

Figure 6.3 Per cent of teachers testing positive during sensitization and testing campaigns between 2006 and 2008 in eight districts of Lesotho



Source: MOET [d]. Compiled from the data gathered by the HIV and AIDS Unit-Counselling Services during their sensitization and testing campaign between 2006 and 2008.

Teacher deaths

Data on teacher attrition is collected by the Teaching Service Commission (TSC) for both primary and secondary education. The TSC reports an increasing number of deaths (from 131 in 2004 to 231 in 2007), as well as resignations (from 362 in 2004 to 574 in 2007) (see Table 5.4 in Chapter 5). According to the Chairwoman of the TSC, there are at least two teacher deaths per month and many teachers are resigning because of ill health. It is not easy to say why teachers leave the teaching profession because they hardly ever give the exact reason and the reason most often cited will be 'Personal reasons'. As she explains, "The death rate is increasing, probably due to HIV. In the notice you will find pneumonia, chest pain, all this is very common, young teachers dying."

The reason people do not talk about their HIV status, especially if they are positive, is because of the stigma attached to HIV and AIDS. However, it is clear that the loss of additional teachers to AIDS is very problematic, because of the critical shortage of teachers in Lesotho. According to the Chief Education Officer for primary education, the loss of teachers, no matter how few, is too many.

The Assistant Human Resource Officer (AHRO) of Maseru District reported at least one death among teachers each month. The TSC also mentioned that one of the major challenges they face as losing teachers in unprecedented numbers. Although the cause of death is never clearly stipulated, the assumption is that many teachers are dying from HIV and AIDS, particularly because the highest percentage is reported within the age group 25 to 45 years.

The unreliability of teacher databases (see section on Teacher management tools p.41) means that these figures may be inaccurate or lower than reality. The figures collected during the 2003 impact assessment showed that, for the low prevalence projection, AIDS-related teacher deaths represented about 2 per cent of the teaching force in that year, rising to 2.5 per cent in 2015. For the high prevalence projection, they totalled around 2 per cent and 3 per cent for the same years. These figures are higher than the normal death rates among teachers, and subsequently significantly contribute to the already high attrition levels (estimated at 7 per cent for primary and 10 per cent for secondary teachers) that the profession has been experiencing in the last few years.[12]

[12] Despite there also being a drop in the school-age population due to HIV and AIDS, it must be borne in mind that the student population is expected to rise as a result of efforts such as Education for All (EFA), fee-free primary education

Teacher absenteeism

All respondents confirmed that teacher absenteeism is very problematic in Lesotho. The TSC report states that "[t]eacher absenteeism has reached crisis levels in schools".

> "*It [absenteeism] is rife. Teachers absent themselves even to the point of desertion. They go away for a long time. Not only sick teachers. Teachers who are unsubordinated, lazy*." (Member of the TSC)

> "*There is an evident lack of commitment of teachers. Sometimes you think they are just there to pass the day. I'm about to retire. I dream of changing the attitude of teachers. I haven't achieved much*." (District Resource teacher)

When responding to the main causes of absenteeism, the AHRO cited negligence. Sometimes teachers do not seem to know that absenteeism is a breach of contract that may warrant a fine or dismissal, hence there is a need to raise awareness in this regard. Education officers from the three districts, Maseru, Berea and Leribe, also raised concerns about absenteeism rates. According to the Teaching Service Deparment (TSD), there have always been problems of absenteeism, even before the HIV epidemic. As one HR officer explained, absenteeism is under-reported.

> "*Every time you visit a school, you'll find there are always one or two teachers absent. You don't even report it*." (District Resource Teacher)

Although there is no specific data available on absenteeism that bears these findings out, it is nevertheless clear that HIV has a negative impact on the teaching cadre by increasing absenteeism, increasing the number of deaths and also decreasing productivity. The problem of absenteeism is aggravated by HIV. This was evident in certain areas: "*There is a direct impact of HIV prevalence*" (District Resource Teacher). Some incidences are related to HIV, either through personal illness, attendance at funerals or having to care for a sick family member. Some teachers absent themselves when their spouses are sick. Principals and head teachers are reluctant to take action against absent teachers, expecting the DEO to take responsibility.

Some teachers absent themselves to the point of desertion, going away for long periods at a time. Some teachers take sick leave, renewed for two weeks continuously, which hinders the decision to hire a substitute teacher. Reports from inspection visits in secondary schools also mention teachers being absent for days. The perception is that absenteeism is higher in the mountainous areas where greater distances have to be travelled to access services and to attend meetings or workshops. Moreover, the problem in the mountainous areas is accentuated by the fact that multigrade teaching[13] is a common phenomenon: "*When the teacher is not there, there is no schooling*" (CEO primary).

Policy and management responses

Leave

The teacher service regulations passed in 2002 stipulate that the head teacher may grant a teacher sick leave with full pay for a period not exceeding three consecutive days, not more than once in any quarter. Beyond this limit, the head teacher may grant a teacher sick leave with full pay upon submission of a doctor's certificate. If a teacher is certified by a doctor as being unfit for duty for a period of more than 15 days, the school board or management committee may apply to the TSC for a temporary substitute teacher. If the sick leave exceeds 60 school days, a substitute teacher shall be elected. In terms of long-term sick leave, teachers are entitled to six months with full pay, followed by six months on half pay upon submission of a doctor's certificate. After this, retirement on medical grounds can be considered.

(FPE) and universal basic education. Therefore it is essential that the teaching workforce should be large enough to meet the education sector estimations (MOET website:

http://www.education.gov.ls/index.php?option=com_content&task=view&id=15&Itemid=27)

[13] Multigrade Teaching in this context is used to describe the teaching in primary education of children from a number of grades usually in one class.

In practice, short-term sick leave of one week at a time can be extended for months. The sick teacher will come back for a week or two so that his/her absence cannot be considered as continuous. As a result, schools cannot apply for substitute teachers. As one head teacher explained, despite the existing regulations, teachers are very reluctant to take sick leave for periods exceeding 15 days.

> "*Sometimes teachers take two weeks' sick leave and renew it. This can go on for a year. Unless they are given a month's leave, there is no substitute. The doctors are reluctant to give one month's leave. They are afraid that the teachers will be at risk of losing their job*." (District Supervisor)

> "*They continuously bring the sick leave. This delays the decision … It is endangering the teaching profession … We try to encourage them to take two or three months' leave*." (District Resource Teacher)

Taking many short periods of sick leave creates problems for the School Management Committees (SMCs), which are entitled to call in a substitute teacher after 15 days of absence. However, given the teacher shortage in Lesotho and the unwillingness of available teachers to fill these temporary appointments, substitutes are very rare. This often results in the recruitment of an unqualified community member. In most cases, classrooms are left unattended or arrangements are worked out with the other teachers.

This creates problems for the school management and leads to tensions with the teaching staff. Head teachers sometimes deny teachers leave to go for a medical check-up. They believe the teacher has already been absent enough. Sometimes head teachers will ask for sick teachers to be removed.

> "*Currently there are no policies for teachers to be released for treatment. But because teachers don't disclose to principals, they get angry because of their absence and reprimand the teacher. In turn the teacher feels bad and stops taking the medication which leads to further complications*." (CEO primary)

The importance of training school management and promoting tolerance was underlined by several of the respondents, as well as the need to remind teachers of the sick leave regulations and to encourage them to apply them.

> "*It could be that they [teachers] are not aware of this regulation. The TSD has to intervene. If they are sick, the performance is affected. It is our responsibility to make teachers aware of these regulations*." (CEO secondary)

Early retirement

To be granted early retirement, a request must be sent to the TSC for the medical board to assess the health status of the teacher. As one HR officer explained, this takes a very long time: "*It usually takes a year to get a response from the medical board*". As a result, regardless of whether there has been a response from the medical board, the teacher's contract will be terminated after a year. There can be a lapse of time during which the teacher will receive no income. This is obviously problematic. Moreover, teachers who benefit from early retirement do not get a full pension, as the latter is calculated on the number of years of service. In addition, prior to taking early retirement, teachers only receive half of their salary, which, according to one TSD officer, is not enough to cover personal and medical expenses.

Benefits for HIV infected and affected teachers

No special measures have been adopted for HIV-positive teachers in Lesotho. In fact, one HR officer explained: "*In terms of special measures for HIV infected teachers, maybe we could talk of something that is yet to come*".

Teacher replacement

As already discussed above, the long-term absence of a teacher, for whatever reason, prompts a call for a substitute teacher. At the primary level, the use of volunteer teachers is also considered. In primary schools, when a teacher is absent, his or her class is split among the other classes, but this is not always the case.

"*When the teacher is absent the children are 'roaming around' making a lot of noise or you'll find on the blackboard that they have been given exercises to do*." (District Resource Teacher)

"*If one teacher is not in class, another teacher has to cater for his class. The other class is suffering. It's torturing*." (Head teacher)

In secondary schools, teachers often make arrangements among themselves. In most cases another teacher will step in to take on their colleague's responsibilities, adding to their heavy workload. Sometimes arrangements are made for a teacher to teach extra hours, either after school or on Saturdays:

"*It is annoying even the other teachers. You are not doing your job. The other teacher is going from corner to corner caring for his or her pupils*." (Head teacher)

Replacing teachers is also problematic. Some teachers are more difficult to replace than others, such as maths and science teachers. In practice it is very difficult to find qualified substitutes:

"*Normally they will ask the sick teacher himself to get a teacher to substitute. Sometimes they ask the child of one of the members of the SMC. They are not enough qualified teachers*." (HR district officer)

Replacing teachers in urban areas is less problematic than in remote areas, which are unpopular with teachers. In those areas "*[y]ou'll find the person who has been substituting will automatically be recruited to the position*."

"In a situation where skills are scarce, it is difficult to get a substitute teacher. To get the right person is not easy … The skills are rare, especially for schools in hardship areas. Students are suffering" (CEO secondary)

In addition, once the decision is made to hire a substitute teacher, the long recruitment process can leave the school in difficulty for several weeks or months. One district supervisor explained:

"*SMCs take so long to decide to substitute or replace a teacher. I don't know if it is because of their personal relations. They expect someone from outside to intervene. It takes too long. They are delaying the whole process and children are left unattended*."

As the CEO for primary education added:

"*By the time the commission approves the substitute, the teacher has already come back … The tendency is that very few are willing to be substitutes because you never get paid … You get the worst people out there to be substitutes.*"

Transfers

There is no policy on teacher transfers. Each case is treated on its own merit and the final decision lies with the MCs for recommendation to the TSC. However, it is clear from this research that some teachers are citing illness as a reason for requesting a transfer.[14]

No official measures have been put in place for teachers requesting a transfer closer to a health centre, but according to the TSC, this is generally granted on an individual basis. To explain the difficulties of approving an official policy with regard to the transfer of HIV-positive teachers, the CEO of primary education gave the following example:

"A teacher who found out she was positive during one the Ministry's sensitization and testing campaigns. On finding out her CD4 count it revealed she was badly in need of treatment but lived in a remote area half a day's walk to the nearest health centre. The question of the transfer comes up. How can we facilitate the transfer 'administratively'? SMCs are the ones who employ. The TSC approves the transfer. In order to be transferred a teacher has to have applied voluntarily for the transfer, needs to get the approval of the SMC, followed by the TSC and that of the new host school. Three actors need to know the reason behind the urgency of the transfer: this raises serious confidentiality issues."

[14] Teachers in Lesotho do not receive social security benefits, in any form.

Other problems associated with transferring HIV-positive teachers are that it could lead to a concentration of HIV-positive teachers in urban areas. However, teacher shortages are mostly felt in remote areas. This would mean sending HIV-positive teachers to schools where there are no vacancies. This could not be done for a large number of teachers, as vacancies have to be filled in the school where the teacher was originally posted. Moreover, as the CEO for primary education added, it is not the mandate of the Ministry of Education to locate all infected teachers closer to health centres. Other people in the community also need the services. It is the remit of the Ministry of Health to bring the health centres closer to the people who need treatment.

Teacher management tools

School level

Teacher absenteeism is supposed to be recorded in books at the school indicating the time-in and time-out of the teachers. However, these books are not always well maintained and, according to respondents, some head teachers do not use them at all. During one of the focus group discussions, a DEO explained that "*Sometimes it is a problem of management and administration; teachers just get in and out as they please because the head teacher is not effective*". As a result no disciplinary measures can be taken because there is no evidence, and it is difficult to distinguish whether the absenteeism is due to poor management, poor teacher motivation or sickness. Moreover, the TSC report mentions that:

> *"[d]elay by school management in dealing with disciplinary cases properly seem to encourage impunity. For example teachers who have absented themselves for long periods have continued to draw salaries due to failure or delay to take disciplinary action."* (TSC report)

Central level

Three databases exist where information on teachers is available: 1) the TSD database; 2) the Ministry of Finance (MOF) payroll database; and 3) the Education Management Information System (EMIS) database. However, these databases are unreliable and do not communicate with each other, leading to duplication of efforts. According to the CEO of TSD, at the moment "*both [MOF database and TSD database] are unreliable … We need to cut errors down to 10%. At the moment it is high. I cannot say how many cheques we are paying to teachers who are not teaching … We have problems of teacher payment, even after a year*."

The TSD is working on building a new human resource management database under a project led by the MOF (Integrated Financial Management Information System). According to the CEO for Teaching at the TSD, under the new system, the TSD database and MOF payroll will then 'speak to each other'.

Over the last few years the EMIS Unit has included a number of new information requests relating to HIV. Information on orphans has been included and has proved very useful in the allocation of bursaries to orphan pupils in secondary schools. More recently, further information requests were introduced, such as asking the head teacher how many teachers in the school have been tested for HIV (introduced in 2006),[15] the number of lay counsellors trained (2007),[16] as well as teacher and learner attrition and reasons for this attrition (2007). Previously there was no information on attrition, making it hazardous to estimate the attrition rate.

At the time this research was conducted, the EMIS Unit was experiencing difficulties with the software used for data entry and processing. As a result, the 2007 EMIS bulletin had not yet been issued. Unfortunately data for this study was therefore not available.

Delays with the publication of EMIS statistics are commonplace in many developing countries, but it is precisely the lack of information about teachers that is a primary cause of many failings. As the CEO for secondary education explained, the lack of data in 2007 and 2008 is problematic when making plans. They do not know how many teachers they have in the secondary system. TSD database and

[15] It is unclear to what extent head teachers will be able to provide reliable information in this respect.

[16] Teachers are being trained as lay counsellors in schools by the MOET HIV unit. More on ay counselors is available in Chapter 8.

payroll are not reliable. There are lots of ghost teachers. In this case the MOET was operating complex software designed by an external consultant but lacked the internal IT competencies to modify it.

District level

A proposal was put forward by the EMIS Unit in 2005 to pilot a District-level EMIS (DEMIS) based on a similar initiative conducted in Zimbabwe. DEMIS forms are designed to capture the changes occurring in the school from month to month. Teacher-related information requests included such information as absenteeism by reason on a monthly basis, the number of staff trained in HIV & AIDS and life skills education, the number of school days lost through staff absenteeism by reason, and the number of staff who left the school.

Unfortunately, the initiative was not taken forward. The piloting was not carried out because of lack of political will at central level and the fact that the main officer in charge left for one year of study. According to the head of the planning unit, the DEMIS was never piloted because the general feeling was that there was a lack of capacity at MOE and district level to implement it and that improving the EMIS should be the priority before launching a DEMIS. However, it appears the districts did not wait to collect this type of information. In one district we visited, teacher absenteeism is such a big problem that the HR officer devised a form that was circulated to head teachers and collected on a quarterly basis to monitor absenteeism. The idea was to monitor teachers and follow this up at the end of the year with those who were absent most frequently. The forms materialised less than a year ago and as yet no follow up has been effected.

7. The policy framework on HIV

Lesotho is developing an HIV and AIDS Bill. In so doing, it has adopted an inclusive process by setting in motion an extensive consultancy process. The Labour Code (Amendment) Act (No. 5 of 2006) prohibits the imposition of HIV testing prior to and during employment, ensures confidentiality and non-disclosure, and prohibits discrimination in employment (UNGASS, 2008, p. 5–6). However, at the sector level, there is no official HIV and AIDS plan for the education sector or approved workplace policy. There is a draft education sector policy on HIV and AIDS, but it has not yet been approved (see below). Despite the in-service teacher training intended to benefit learners, it is evident that currently there is no programme, plan or strategy to address the needs of teachers in relation to HIV and AIDS. The Ministry has developed a draft workplace policy that is awaiting consensus review. There are also programmes that have been developed by the teacher unions, but these remain uncoordinated by the sector leadership.

Education sector policy

The draft Education Sector Policy on HIV and AIDS was developed in 2007 in consultation with all relevant stakeholders (tertiary institutions, church leaders, teachers' trade unions, etc.). The draft policy has been presented to MOET senior management but has not yet been approved.

Workplace policy

Despite the MOET draft workplace policy pending approval, there is a national workplace policy, which ensures that people, including teachers, are not discriminated against and are offered a compassionate, safe and decent working environment. HIV and AIDS prevention, treatment, care and support are recognized as mutually reinforcing elements along the continuum of an effective response to HIV and AIDS, and employees' human rights are fully enjoyed. The following are some of the objectives that the Lesotho Government adopted for all civil servants:

- to provide equal employment opportunities to all public officers
- to provide care and support to people infected and affected with HIV and AIDS
- to prevent discrimination and remove stigmatization of such public officers
- to protect the fundamental human rights and dignity of HIV infected public officers and AIDS status
- to prevent new infections in the workplace
- to provide [and] encourage voluntary counselling and testing of public officers
- no public officers infected and affected by HIV/AIDS shall be discriminated against directly or indirectly. This includes allowing public officers who are HIV positive to continue employment if they are medically fit and capable of achieving reasonable performance standards
- public officers shall be informed and educated about HIV/AIDS. Strategies to achieve this will include establishing and implementing appropriate training, education and awareness programmes on HIV /AIDS prevention.

Teachers' code of conduct

The teachers' code of conduct explicitly states that teachers are not allowed to sexually abuse pupils/children they teach. There are 15,000 primary schools in Lesotho. Only two primary schools were visited for this study and in one of the two schools visited there was a case of a teacher sexually abusing pupils. Another case was also reported of a teacher who sexually abuses girls, particularly orphans. This was also reported to the Child Gender Protection Unit (CGPU) and the police are investigating the case. Despite stipulations in the teachers' code of conduct, it does not appear to be in use. When asked about the code, the Chairwoman of TSC stated that there used to be a code but

she did not know if it was still in circulation, which implies that it is certainly not being disseminated and adhered to. The TSC report (TSC, 2007) signals an “alarming trend of sexual abuse of pupils by teachers” and a “general deterioration of teacher conduct and professional ethics”. Included in the recommendation is “an urgent need to put in place modalities for development of a professional code of conduct for teachers. This would curb the seemingly rampant rate of indiscipline and breach of conduct by teachers”.

8. Teacher support and referral structures

Structures

MOET Unit

In 2000, an *ad hoc* committee of seven officers from the various departments of the Ministry of Education was formed to focus on HIV and AIDS. They in turn developed a training manual on counselling and HIV and AIDS in schools. This manual was used as a first tool to sensitize education sector personnel on HIV and AIDS and counselling issues in 2002/2003.

The office of HIV and AIDS Coordinator was established in 2003 within the MOET. In 2004, the MOET started HIV interventions by launching voluntary counselling and testing (VCT) for the education sector. In 2004 and 2005, the sector personnel at central and field level (teachers included) received free HIV testing and counselling, as well as free HIV and AIDS care and treatment from doctors of clients' choices throughout the country. The MOET used to interact with Ministry of Health by paying the 2 per cent funds for its infected personnel. These funds are now made available through the National AIDS Commission (NAC) to coordinate all HIV and AIDS activities. Individual ministries like MOET can submit proposals to the NAC for HIV and AIDS activities.

The MOE Unit is staffed by the HIV and AIDS coordinator and counsellor. The HIV coordinator is responsible for coordinating all HIV activities within the Ministry, spending 100 per cent of his time on HIV issues. He is also the EDUCAIDS coordinator, a permanent member of the UNAIDS 'delivering as one' team, a representative in the National AIDS Commission and an MOE representative in any other relevant fora. The HIV counsellor is part of the HIV Unit of the MOE, spending about 80 per cent of staff time on HIV issues. The unit carries out sensitization campaigns, training, counselling and testing. It provides counselling not only on HIV but on other kinds of issues too (drinking, etc.) to all pupils as well as staff. However, the unit is significantly understaffed.[17] There used to be two staff, now it is down to one.

Lay counsellors and district HIV focal point DEOs

The HIV and AIDS Unit within the MOET has, since 2006, been training teachers in lay counselling to give them skills for psychosocial support to both their colleagues and the pupils in their schools. District Education Officers (DEOs) receive training on the basics of HIV from the HIV coordination unit and then two teachers from each school are trained as lay counsellors.

The HIV and AIDS Unit has now trained 22 steering committee members, composed of one officer from each department of the ministry at central level, and 74 district officers of various levels as trainers. The unit counsellors and trained officers have trained 3,540 teachers in eight districts from Early Childhood Care and Development (ECCD), Non Formal Education (NFE), primary and post-primary schools as 'lay counsellors'. Two teachers are trained per primary school; one teacher is trained per secondary/high school; five LDTC (Lesotho Distance Teaching Centre) teachers are trained and five ECCD teachers are trained per area, depending on the number of centres per area.

Teachers are not expected to replicate the training in the classroom. The training they receive is designed to help teachers play a counselling role at school level. The training covers the following issues: definition, transmission, prevention, impact, knowing your status, counselling, stigma and discrimination. The training lasts between three and five days. Out of ten districts, eight have received training. Some districts have gone further and trained school management committees, for instance, the Berea District. The teachers who have been trained have to report to their head teachers on the content of the training and then train the rest of the staff.

[17] With the HIV Coordinator on study leave at the time of the research, the HIV counsellor was the only staff in the HIV Unit.

An HIV-positive teacher can hence turn to their head teacher or trained lay counsellors; they can also go to the HIV and AIDS Unit for counselling services with the HIV and AIDS counsellor to organize voluntary testing and awareness campaigns, to the district focal point or the trade unions, which all have an HIV and AIDS coordinator.

Role of lay counsellors

The kind of support provided by lay counsellors includes: referral to health services; family visits; support for children caring for sick parents so they can go to school for a few hours; providing information to the communities and fighting misconceptions; encouraging teachers to find out why pupils are not attending school. In short, lay counsellors provide psychosocial support to teachers, pupils and their communities.

For example, one lay counsellor remarked that most uneducated people or people from traditional communities believe they have been bewitched, therefore they go to traditional doctors rather than health centres. They do not believe in HIV and AIDS. "*Sometimes they don't believe that AIDS is reality that is something that is there. They think of witchcraft, they don't go to the health centre. To convince a teacher to get tested is difficult*." Sometimes lay counsellors help communities and school management committees to form a support group, together with teachers. At times they may intervene to convince guardians (foster parents) of orphans to take these children to school and stop making them tend the land or look after cattle. If the foster parent or guardian does not listen, they should be reported to the Child Gender Protection Unit (CGPU).

Follow up work is done through visits to schools and inspections. However, there were reports that lay counsellors are not always very effective in helping pupils. There were also reports that the meetings that are supposed to happen in dissemination centres to discuss counselling often do not take place.

DEO HIV focal points

In all district offices there is an HIV focal point. Responsibilities include organizing the workshops decided by the HIV Unit, organizing meetings at the request of head teachers and speaking to teachers. District HIV focal points informed us that they spend a lot of their time monitoring, talking to teachers on how to deal with orphans and registering them, advising on medication, visiting teachers and attending district meetings on HIV and AIDS organized by the National AIDS Commission.

Some districts have appointed one of their DEOs as focal points for HIV and AIDS issues, but without any formal prior training. As one HR officer explained "*What we are doing is to improvise. We take one of the officers to deal with HIV issues but they don't have training and we expect them to deal competently with issues of HIV/AIDS. Even in the schools one feels there should be some kind of support system… Ideally there should be an officer from the HIV Unit at district level."* Moreover, not all school heads seemed to be aware of the existence of district HIV focal points, pointing to the need to further formalize their appointments as well as attending to their training requirements.

Access to treatment

Access to treatment is vital in reducing costs generated by HIV-related sick leave. The Government of Lesotho has now made antiretroviral treatment (ART) freely available to all citizens, including HIV-positive teachers, and has been running a campaign for voluntary counselling and testing of teachers across the country. Those who test positive are referred to the public health system.

Since 2003, the MOET put 2 per cent of its budget aside for HIV, and treatment was made available to teachers through approved doctors in a confidential manner. The HIV Unit had established structures in each district (identified doctors with required qualifications to deliver ART and negotiated prices with them). Teachers did not have to travel far for treatment. Those who tested positive would receive counselling from the HIV Unit and be referred to a trained medical doctor in their area for ARV medication and health check-ups. The doctor would invoice the MOET directly. This was effective in keeping confidentiality. However, the MOET was paying a high cost and system abuses led them to discontinue this practice. It is alleged that people would make arrangements with infected teachers for them to get medication on their behalf in exchange for a small fee and some doctors gave out medicine in bulk that was then sold on the black market. The provision of treatment was delegated to

the Ministry of Health in 2006. All ART was then made available free of charge and administered in government clinics.

However, several problems were identified by respondents with the new arrangement, namely the lack of confidentiality in government clinics, overcrowding, lack of counselling and, in some areas, unavailability of medication. The report of the MOET HIV counsellor states that some teachers went into withdrawal when the system was changed due to confidentiality issues.

> "*When we stopped taking care of them they withdrew. Some stopped taking their medication. Some died. Some became drug-resistant*."

The lack of confidentiality in some government clinics means that some teachers are aware of their status but choose not to take action.

> *"They don't want to go during the day. Teachers do not want to be seen … Previously teachers could decide which doctor they wanted to go to. This was working."* (District supervisor)

Moreover, in some districts, availability of treatment is still a problem (they sometimes go for a month or two without medication), and access to clinics in remote areas is problematic. As a result, teachers prefer to go to private clinics, which are very expensive.

> *"Teachers have to travel from far away to go to the medical centres. By the time they arrive at the health centre it is closed. That is why they take days off."* (District supervisor)

> *"Some health centres are not accessible for teachers. It takes long to get there and long to get back home. Some are complaining of the services they receive in health centres. There is no confidentiality."* (MOET HIV counsellor)

> *"The supply of ARVs is not consistent. This is making people lose interest in knowing their status … They'd rather die not knowing than die knowing."* (MOET HIV counsellor)

Overcrowding in health clinics is a serious issue in Lesotho:

> "*Sometimes teachers go to a health centre. The queue is too long. You are n° 28. They will tell you 'we stop here for today'. There are still 70 people outside*." (MOET HIV counsellor)

Collaboration between MOE, agencies and associations

Forums

There are two forums where stakeholders meet: the education sector forum and the National AIDS Commission forum.

Established in 2006, the education sector forum is a broad stakeholder Education Sector HIV and AIDS Forum, which meets several times a year and discusses progress made, plans and challenges related to the sector response to the epidemic. The forum consists of development partners, teachers' unions, representatives from ministry departments and institutions and non-governmental organizations (NGOs) working in education. The forum was established because there was a strong need for coordination among the various external partners engaged in HIV and AIDS activities in the education sector. The forum now plays that role. The forum has had a positive impact and is very useful and a good means of providing inputs and informing the Ministry about activities across the sector.

The National AIDS Commission forum is a cross-ministry forum also established in 2006. There are 14 members including the Ministry of Health, MOE, Ministry of Trade and Ministry of Local Government. The forum is very active and meets on a quarterly basis as well as more regularly for *ad hoc* meetings. There is a formal method of reporting, which makes it an effective forum for improving coordination across sectors.

Steering committee

Before the HIV Unit was established, a steering committee was set up in 2002. The committee started the sensitization campaigns. The members are made up of a representative from each department of the MOET. This committee is now subsumed into the education sector forum. All department representatives act as HIV focal points for their departments and report to the HIV Unit. The HIV Unit

then intervenes on workplace issues in departments where there is a problem of stigma and discrimination.

The role of teachers' unions

There are four associations of teachers in Lesotho: Lesotho Teachers' Trade Union (LTTU); Lesotho Association of Teachers (LAT); Association of Principals (now also open to teachers) and PALT (Progressive Association of Lesotho Teachers). The research team met with the two most important unions.

LTTU (Lesotho Teachers' Trade Union)

The Lesotho Teachers' Trade Union (LTTU) was created in 1990, and has approximately 2,000 members (primary and secondary teachers). It is concerned with the welfare of the teachers. There is a position within the union of HIV officer (established in 2003). This officer is also a representative to the National AIDS Commission and is responsible for evaluating the effects of HIV and AIDS on teachers and students, providing union members with knowledge of HIV and AIDS, helping the teachers and pupils and the communities by setting up HIV and AIDS clubs in schools and training peer educators on matters relating to HIV and AIDS. There are also district focal points for the union, who are also trained as lay counsellors. They meet periodically to discuss progress on their activities and produce an annual report. The union was involved with the drafting of education sector policy on HIV and AIDS with the MOET. It is also engaged in drafting its own union policy on HIV and AIDS in order to outline the position of the union and to provide guidelines for those working in the districts.

According to the coordinator, the union would like HIV integrated into various career subjects in the curriculum and they have started drafting a manual for teachers. The union also trains teachers on HIV and AIDS stigma and discrimination, which is prevalent. Union management has observed that most HIV-positive teachers disclose their status to the union and not to their head teachers.

The union works closely with the MOET when it is implementing activities and the senior education officers of the districts where they are working. However, to function effectively, there should be one full-time staff member working on HIV within the union. The HIV officer is a secondary teacher and doing this on top of his regular workload. The respondent felt that in order to improve its impact, the union needs more regular and well-structured meetings and sponsoring so that it can carry out more activities. Lack of funding is preventing the implementation of many HIV activities.

LAT (Lesotho Association of Teachers)

The Lesotho Association of Teachers (LAT) has approximately 5,800 members. Its mandate is to protect the rights of teachers, strive for their welfare and attain quality education. There has been a position of HIV and AIDS coordinator since 2003, which later became the EFAIDS coordinator. The post is fully financed by Education International (EI). There is therefore a full-time person working on HIV. His responsibilities include carrying out the plan of action on EFAIDS and budget activities and coordinating the organization with all stakeholders involved in HIV and AIDS issues as well as education.

The EFAIDS project has five components: training; policy development; publicity and communication; advocacy; and research. The association has made an attempt to develop a policy, but the respondent informed us that the document needs to be further strengthened, especially through consultations with the MOE. It would be proper if the policy could make reference to the HIV and AIDS policy of the education sector. LAT should be advocating for the rights of teachers living with HIV. However, without any relevant figures, this is proving very difficult. Every time an attempt is made, data is requested. The LAT feels it ought to be involved in the following advocacy work:

- the right for positive teachers to transfer to be closer to a health centre
- special package for positive teachers: salaries are not enough to support their family, pay medical bills and food.
- protection against discrimination.

Association of HIV-positive teachers

There is also an organization called the Lesotho Network of People Living Openly with HIV and AIDS (LENEPOWA), of which some teachers are members. There is no association specifically for HIV-positive teachers. The LTTU tried to organize a first meeting of positive teachers, but this initiative failed because teachers were too geographically scattered and because teachers did not want to disclose their status to one another.

Some teachers are members of LENEPOWA, some are open about their status and engaged in support groups. The association is encouraging them to create a teachers' support group. The respondent was not aware of any that had yet been created. In Leribe, there are days when teachers sit together to talk about HIV (the respondent was from Leribe and more aware of what was going on in that district).

Unfortunately, the respondent informed us that the association is not involved in the education sector forum. The respondent felt this was a drawback because they would like to be updated on curriculum issues and that LENEPOWA should be playing a greater role in this.

Professional training

The MOET developed a standalone course on life skills (including HIV and AIDS). Since 2007 the life skills curriculum has been piloted by trained teachers in upper primary school (Levels 4-7) and junior secondary school (A, B and C levels). The roll-out of the life skills curriculum is planned to take place in 2009 to all remaining classes, followed by an impact assessment after 2010.

Life skills on HIV prevention is included in the curriculum and taught to teachers during pre-service training. The National Curriculum Centre also runs in-service workshops for teachers.

According to the CEO for primary education, there is a great deal of expectation that if teachers are taught properly, pupils will not adopt risky sexual behaviours. However, it was also felt that there are too many expectations placed on teachers. "*The teacher becomes the village counsellor, village pastor, need I go on. That creates a lot of stress on teachers*".

Stigma and discrimination are still huge problems in Lesotho despite the country's very high prevalence rate. This seems to be the result of the sexual mode of transmission. The MOET reports that the stigma affects the information teachers have and how they disseminate this to learners, colleagues and community members. There is a huge burden on individual teachers. They have to deal with orphans, but also with children who are not orphaned but whose parents are sick. "*Teachers are very stressed when they go on leave, it is a breather!*" *"You need to be a good deal more than a good teacher*".

Discussion and recommendations

The weakness of the existing policies on teachers in the context of HIV and AIDS is that teachers do not have a legally binding policy focusing on them and their needs. There is no clear policy pertaining to absenteeism. And this becomes a challenge for management of teachers because they absent themselves without actually saying why they are not at work and it becomes difficult to find a substitute teacher. Stigma is a major problem that prevents teachers from disclosing their status.

A number of recommendations will be made on the basis of this study for the attention of policymakers. However, for the purpose of this assignment, key reflections emerging from the research will be explained here.

Sick leave and absenteeism

With regard to sick leave, the policy does not appear to be adapted to HIV-positive teachers. Although teachers' reluctance to take sick leave may be explained through fear of stigma and discrimination, as well as fear of losing their job, this does raise a number of issues.

Should special measures be adopted specifically for HIV-positive teachers? This would lead to problems of confidentiality. Also, teachers suffering from other serious illnesses should benefit from the same regulations. While regulations will need to be adapted to allow teachers to absent themselves for treatment or to accelerate the replacement of teachers, it is doubtful whether new regulations should be specific to HIV-positive teachers.

What are the costs involved? Under the existing regulations, if all sick teachers were to go on prolonged leave of absence, it is doubtful that the MOET would have the resources to continue paying salaries, as well as recruiting substitute teachers. In any case, given the existing pool of teachers, the MOET would probably lack the human resources necessary to replace many absent teachers. This calls for serious investigation and feasibility studies to be carried out in order to propose solutions that can realistically be implemented, taking into account the issues of cost, extent of absenteeism and teacher replacement options.

Under the existing regulations, sick teachers will not run the risk of losing half their salary or facing early retirement because of the financial drawbacks this would imply. The regulations need to be adapted, but the question raised again is whether the MOET has the financial resources to continue paying full salaries to sick teachers. This could also lead to system abuses.

Deployment and transfer

As explained above, it does not appear to be a viable option to transfer HIV-positive teachers to schools closer to health services in countries with very high rates of HIV prevalence, as this would lead to a concentration of infected teachers in urban areas. This kind of arrangement may be suitable in countries with lower rates of HIV prevalence, but in countries such as Lesotho, a better option would be to bring health services closer to the communities. This could possibly be done using mobile health units, providing healthcare to all, including HIV counselling and treatment.

Replacement

The pool of qualified teachers in Lesotho needs to be enlarged independently of HIV and AIDS. The MOET is presently working on a revised teacher salary structure and incentives to attract more candidates to the profession.

Access to treatment

There is an urgent need to reconsider ART delivery methods in health clinics to ensure confidentiality and to address the issue of overcrowding, possibly by opening more centres. In the case of Lesotho, the option of having ARV drugs delivered free of charge through private doctors needs to be revisited. The costs of implementing such a system need to be evaluated and weighed against the costs generated by HIV-related absenteeism and replacements for the education sector as a whole.

Teacher management tools

An integrated human resource database is necessary for proper staff planning. Moreover, it could record teacher absenteeism at district level. DEMIS should be introduced at district level to monitor absenteeism and attrition, as well as regular quality monitoring. Reporting monthly on teacher absenteeism and attrition should be a compulsory responsibility of the head teacher.

Recommendations

Policymakers should prioritize policies affecting the efficient use of personnel, policies around benefit packages, and policies that need to be considered to protect educators from HIV infection, as well as policies that would allow HIV-positive educators to access anti-retroviral drugs.

Teachers' code of conduct: Teachers' terms and conditions of service are laid down in the Teaching Service Regulations of 2002, a document advocating integrity, objectivity, loyalty, respect, accountability and excellence. This document makes reference to misconduct and criminal offences. Although it addresses mutual respect, however, it does not directly refer to intimidation based on gender or to sexual misconduct. The regulations need to be reviewed to directly address the latter and the code of conduct revived.

Statistical information on teachers: Developing a comprehensive district database, DEMIS, would assist towards capturing much of the statistical information on teachers needed for effective planning, including: teacher deaths over the years; causes of absenteeism; reasons for transfer; effective and efficient payment of teachers' remuneration; how schools cope with absenteeism and correlating these factors with learners' achievements.

Awareness campaigns: Teachers are currently not conversant with the regulations that govern them. To address this, the Human Resource Officers and the entire district team need to raise teachers' awareness about the importance of knowing these regulations as well as complying with them.

Accessibility of health centres: (a) There is a need for the Ministry of Health and Social Welfare (MOHSW) to place health centres at locations that are easy to reach and also to strengthen knowledge among people who are already on ARVs not to wait for their next visit to the clinics when they are just about to run out of supplies.

(b) The MOHSW also needs to consider the option of taking mobile clinics to schools. Because of the issue of confidentiality and stigmatization, teachers are not very comfortable going to overcrowded places. Since the provision of ARVs is no longer coordinated by MOET's HIV and AIDS counsellor, some teachers have since stopped taking their treatment.

Training of management committees: Funds for the training of MCs are obtainable from the MOET AIDS Unit upon request, so it is essential for Senior Education Officers to provide training for newly approved committees for monitoring purposes.

Close monitoring and follow up: Schools need to be encouraged to create more support groups. There are only a few cases where teachers have formed support groups after lay counsellor training. Education officers also need to be more enlightened about issues surrounding HIV and AIDS so that they can have more enthusiasm for monitoring purposes, particularly those who have been identified as focal persons in the districts. They would then liaise with the HIV and AIDS counsellor at the central level whenever necessary. There is also a need to consider having counsellors regionally due to the amount of work involved.

Conclusion

The current study is very relevant in several respects. First, because it calls into question some of the possible strategies that have been put forward, such as the transfer of HIV-positive staff, and shows that these need to be explored further. Second, because the reality on the ground shows that not much has been done to address the problem of HIV and AIDS in the education sector in Lesotho, contrary to what is believed. How to mitigate the impact of HIV and AIDS on the education sector remains very much linked to efficient planning and management and calls for a rigorous assessment of policy options and their feasibility in diverse contexts.

References

Bennell, P. (2005). *Teacher mortality in sub-Saharan Africa: an update*. Retrieved 4 March 2008 from http://hivaidsclearinghouse.unesco.org/ev_en.php?ID=5531_201&ID2=DO_TOPIC.

Bennell, P. and Akyeampong, K. (2007). *Teacher motivation in sub-Saharan Africa and South Asia*. UK Department for International Development, Educational Papers 71. London: DFID.

Caillods, C., Kelly, M. J. and Tournier, B. (2008). *IIEP brief for planner, HIV and AIDS: challenges and approaches with the education sector.* Paris: UNESCO Institute for Educational Planning).

Castro, V., Duthilleul, Y. and Caillods, F. (2007). *Teacher absences in an HIV and AIDS context: evidence from nine schools in Kavango and Caprivi (Namibia).* Paris: IIEP-UNESCO.

MOET [a]. (n.d.). *2006 EMIS bulletin* (unpublished manuscript).

MOET [b]. (n.d.) *Draft HIV and AIDS workplace policy* (unpublished manuscript).

MOET [c]. (n.d.). Retrieved on 16 April 2009 from http://www.education.gov.ls/index.php?option=com_content&task=view&id=15&Itemid=27.

MOET [d]. (n.d.). *Report on HIV prevention component, through knowledge, attitude, behaviour change and practices (KABP)*, prepared by Education Counsellors, HIV/AIDS Unit (Counselling services), Education facilities unit (unpublished manuscript).

MOET. (2006). *Proposed improvements of the career structure under the teaching service* (unpublished manuscript).

MOET. (2008). Life skills education curriculum in Lesotho primary and secondary schools, overview briefing prepared for stakeholders meeting (unpublished manuscript).

Lesotho National AIDS Commission. (2006). *National HIV and AIDS policy*. Maseru: Government of Lesotho.

Lewin, K.M. and Stuart, J.S. (2003). *Researching teacher education: new perspectives on practice, performance and policy*. DFID Research Series 49a.

Shisana, O., Peltzer, K., Zungu-Dirwayi, N. and Louw, J. (2004). *The health of our educators: a focus on HIV/AIDS in South African public schools*. Pretoria: HSRC Press.

SIAPAC. (2003). *Impact assessment of HIV/AIDS on the education sector in Lesotho, Phase 1 Final Report* (unpublished manuscript).

Teaching Service Commission (TSC). (2007). *The teaching service commission report 2007, submitted to the Honourable Minister of education and Training, February 2008* (unpublished manuscript).

Teaching Service Commission (TSC) (2002), *Teaching Service Regulations 2002, Legal Notice No. 3 of 2002* (unpublished manuscript).

UIS/UNESCO. (2006). *Teachers and educational quality: monitoring global needs for 2015*. Montreal: UNESCO Institute of Statistics (UIS).

UNAIDS. (2008). *2008 Report on the global AIDS epidemic*. Geneva: UNAIDS.

UNAIDS/WHO. (2006). *AIDS epidemic update: December 2006*. Geneva: UNAIDS/WHO.

UNAIDS/WHO. (2008). *Lesotho epidemiological country profile on HIV and AIDS.* Geneva: UNAIDS/WHO.

UNDP. (2007). *Human development report 2007/2008. Fighting climate change: human solidarity in a divided world*. New York: UNDP.

UNESCO. (2005), EFA global monitoring report 2006, Literacy for life. Paris: UNESCO.

UNESCO. (n.d.) EFA Global Monitoring Report Data. Retrieved 18 April 2009 from http://gmr.uis.unesco.org/selectIndicators.aspx.

UNGASS. (2008). *Lesotho UNGASS country report: status of the national response to the 2001 declaration of commitment on HIV/AIDS*. Retrieved 16 April 2009 from

http://data.unaids.org/pub/Report/2008/lesotho_2008_country_progress_report_en.pdf.

UIS/UNESCO. (2006). *Teachers and educational quality: monitoring global needs for 2015*. Montreal: UNESCO Institute of Statistics.

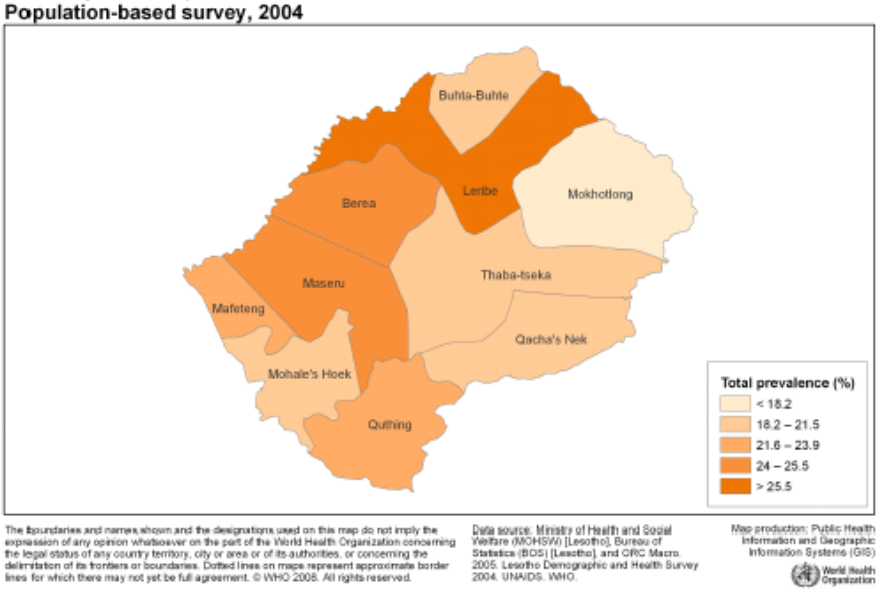
World Bank. (2007a). *Teacher issues in Malawi, Workshop background paper September 2007* (unpublished manuscript).

World Bank. (2007b). *Teacher issues in Lesotho, Workshop background paper September 2007* (unpublished manuscript).

Annexes

Annex 1: HIV and AIDS in Lesotho districts

Adult (aged 15–49 years) HIV prevalence in Lesotho districts, Population-based survey, 2004



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2008. All rights reserved.

Data source: Ministry of Health and Social Welfare (MOHSW) [Lesotho], Bureau of Statistics (BOS) [Lesotho], and ORC Macro. 2005. Lesotho Demographic and Health Survey 2004. UNAIDS. WHO.

Map production: Public Health Information and Geographic Information Systems (GIS)
World Health Organization

Urban and rural adult (15-49) HIV prevalence (%)

Year	Urban	Rural
2004	29.1	21.9

Source: See sources above in map.

Source: UNAIDS/WHO, 2008.

Annex 2: MOE data on HIV prevalence among teachers in eight districts

DISTRICT	COUNSELLED	TESTED	% TESTED	POSITIVE	% POSITIVE
Thaba-Tseka	326	103	32%	26	25%
Leribe	467	259	55%	85	33%
Mafeteng	498	362	73%	103	28%
Mokhotlong	229	156	68%	55	35%
Quacha's Nek	309	112	36%	53	47%
Berea	717	232	32%	30	13%
Maseru	630	279	44%	99	35%
Mohale	364	187	51%	57	30%
Botha-Bothe	NA	NA	NA	NA	NA
Quthing	NA	NA	NA	NA	NA
TOTAL	3,540	1,690	49%	508	31%

Source: MOET [d]. Compiled from the data gathered by the HIV and AIDS Unit-Counselling Services during their sensitization and testing campaign between 2006 and 2008.